

Public Trust Board – 28 March 2023

Safe Staffing – January 2023

Purpose of the report

This report provides a full overview of nursing safe staffing during the month of January 2023, including a summary/update of new staffing areas to note, potential risks, and actions to mitigate the risks to ensure that safety and care quality are maintained. This report triangulates workforce metrics; fill rates, Care Hours Per Patient Day (CHPPD), quality and outcomes linked to Nurse Sensitive Indicators (NSI's) and patient experience feedback. (Annex 1 contains in-patient scorecard).

Analysis of the issue

Right Staff

- Temporary worker utilisation rate increased this month; 1.2% reported at 43.71% overall and Trust wide agency usage slightly increased this month by 0.36% to 21.62% overall.
- In January 2023; 29 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 87.87% of our inpatient Wards and Units, no changes from last month.
- Senior nursing review is undertaken to triangulate metrics where there is high percentage of temporary worker/agency utilisation or concerns directly relating to; increased acuity, high caseloads of high-risk patients, increased staff sickness, ability to fill additional shifts and the potential impact to safe and effective care.
- The table below identifies the key areas to note from a safe staffing, quality, safety, and experience review:

Area	Situation	Actions/Mitigations	Risk rating
CHS in Patients	<p>High percentage of temporary workforce on ten out of eleven wards due to vacancies, annual leave, enhanced observations, increased patient levels of acuity including delirium presentation of patients requiring additional HCA support. Key areas to note ward 4 (surge ward) at 50% temporary workforce due to block booking of agency staff, East ward at 41.7% due to an additional 5 beds being opened to support system pressure and Rutland at 41.2 % undergoing refurbishment.</p> <p>A review of the NSIs has identified an increase in the number of falls incidents from thirty-seven in December to forty-seven in January 2023. Ward areas to note are East ward, Dalgleish and Beechwood</p> <p>The number of medication incidents has decreased from twenty-two in December to eleven in January 2023.</p> <p>The number of category 2 pressure ulcers developed in our care has increased to nine</p>	<p>Daily staffing reviews, staff movement to ensure substantive RN cover, e-rostering reviewed. Review of increased incidences has not identified any direct correlation between number of staff on duty and impact to quality and safety of patient care/outcomes.</p> <p>There were fifteen staffing related incidents reported in month. These incidents were relating to lack of fill by agency, last minute cancellations due to sickness, delayed tasks, impact on available staff to provide 1:1 enhanced observations and access to electronic systems. There was no direct impact on patient care on each of these occasions, however impact noted on health and wellbeing of staff.</p> <p>A review of themes of investigations has identified an emerging correlation between staff skills, confidence, and competencies as a contributory factor for deteriorating patient, pressure ulcer prevention and falls. Clinical teams working with substantive staff, regular and block booked agency workers providing role essential/specific training for staff working on the wards.</p> <p>The senior team with community hospitals matron lead for falls will be completing a deep dive into falls and also focusing on falls assessments education, care planning, footwear, and alternative equipment. Flat lifting equipment is in place to ensure safe transfer and maintenance of dignity for patients following a fall and flat lift training continues to be monitored through service line governance forum. Flat lift training compliance at 69% and a focus for February 2023.</p> <p>A QI focus on preventative management of pressure ulcers has commenced, led by the matron lead for pressure ulcer prevention. Progress continues with Tissue Viability Nurse Specialist team to improve education and training for both staff and patients on pressure ulcer prevention and leaflets/posters shared with all wards. Monitoring is through directorate pressure ulcer prevention working group. Additional pressure relieving mattresses and equipment have been purchased to support preventative management.</p>	
DMH In patient	<p>High percentage of temporary workforce on all wards. Beaumont, Belvoir, Bosworth, Heather, Watermead, Griffin and Willows – above 50 % temporary workforce due to vacancies, high acuity, patient complexity and increased therapeutic observations. Thornton - planned staffing reduced to 2 RN's due to reduction in beds, hence reduced fill rates on days. Phoenix - reduced fill rate for RNs on nights. MHSOP wards, no change to key area's noted -Kirby, Welford Coleman, and Gwendolen. Reduced fill rates for RNs on days on Kirby, and Gwendolen.</p> <p>A review of the NSI's has identified a increase in the number of falls incidents from thirty-nine in December 2022 to 42 in January 2023.</p> <p>The number of medication incidents decreased to six this month.</p> <p>The number of medication incidents decreased to fourteen this month</p>	<p>Staffing is risk assessed daily across all DMH and MHSOP wards and staff moved to support safe staffing levels, skill mix, and patient needs. Staff movement not always reflected on e- roster impacting accuracy of fill rate data. Review of increased incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes. Active recruitment ongoing.</p> <p>Medication Administration Technicians and Nurse Associates are not reflected in the fill rates hence rates not achieved, RN to Patient ratio is 1:12/1:10 as per staffing model.</p> <p>All patients receive a falls risk assessment/multi-factorial falls risk assessment on admission. Falls huddles in place and physiotherapy reviews for patients with sustained falls and increased risk of falling.</p> <p>Review of NSIs has identified no correlation with staffing levels and impact to quality and safety of patient care/outcomes.</p>	
FYPCLD In-patients	<p>No change to key areas noted- Beacon, Agnes, and Langley wards. Reduced fill rates for The Grange.</p>	<p>Mitigation remains in place- potential risks being closely monitored. Staff movement from the Gillivers (due to re-furnishment) to the Grange for safe staffing levels. Staff movement not always reflected on e- roster impacting accuracy of fill rate data.</p>	

	A review of the NSIs has identified an increase in falls from six in December 2022 to nine in January 2023 and increase to twelve medication errors in January 2023 from six in December 2022.	Review of NSIs has identified no correlation with staffing levels and impact to quality and safety of patient care/outcomes.	
CHS Community	No change to key areas noted - City East, City West, East Central and Hinckley Hubs with Overall OPEL rating at level 3/ level 3 actions due to increased patient acuity with increased caseloads, high vacancy levels and absence. Essential visits maintained.	Daily review of all non-essential activities per Level 3 OPEL actions. Reprioritised patient assessments. Pressure ulcer and community nursing quality improvement and transformational plans continue.	
DMH Community	Services continue with High RN vacancies in the Crisis Mental Health team, City Central, Melton, and Charnwood CMHT. High locum use continues.	Mitigation remains in place, potential risks closely monitored within Directorate. Quality Summit in November 2022 and QI plan in place.	
FYPC.LD Community	No change to key area's previously noted - LD Community rated red and no change to Healthy Together, Psychology, Therapy and Looked After Children.	Mitigation remains in place with potential risks being closely monitored within Directorate.	

Measures to monitor the impact of staffing on quality.

National Quality Board guidance suggests drawing on measures of quality alongside care hours per patient day (CHPPD) to understand how staffing may affect the quality of care. Suggested indicators include patient and staff feedback, completion of key clinical processes – NEWS, observations, VTE risk assessments, medication omissions, patient harms including pressure ulcer prevalence and in-patient falls and learning from patient safety investigations and serious incidents.

Triangulation of complaints and nurse sensitive indicators with planned versus actual staffing has not identified any direct correlation between staffing levels and the impact on quality and safety of patients. We are starting to see some correlation of impact of staffing skill mix and competencies as a contributory factor in some serious incident and incident reviews. The key high-level themes are linked to deteriorating patient and NEWS escalation, mental health observations and pressure ulcer risk assessment and prevention, there are specific Trust groups working on improvement plans and new group collaboratives established with NHFT led by our group director for patient safety and deputy directors of nursing and quality specific to these three areas.

Staffing and safety and incident reviews have identified that as workload, acuity and dependency increases with mitigating actions such as re-prioritisation of visits, step down of non-clinical activities, review of training, movement of staff and increased reliance on agency workers there is an impact on role essential training, equipment training such as use of Flat Lift equipment, timeliness of care plan and risk assessment updates and challenges with clinical continuity and oversight of standards. Senior clinicians and leaders are working every day to minimise and mitigate these risks however it is important to note this reality in practice and impact to patient and staff experience.

Right Skills

Staff Group	Appraisal	Clinical Supervision	Core Mandatory Training	Data Security Awareness IG	Basic Life Support	Immediate Life Support
All Substantive	81.9%	81.1%	All compliance subjects green	94.4%	88.3%	82.1%
Bank					66.9%	58.8%

- Compliance with face-to-face mandatory training is reported through the Training Education Development and Strategic Workforce Committee.
- In response to the emerging correlation between staff skills and competencies and incidences as a contributory factor and focused patient safety collaboratives for deteriorating patient, mental health observations and pressure ulcer prevention, clinical teams and services have worked with block booked agency workers to provide role

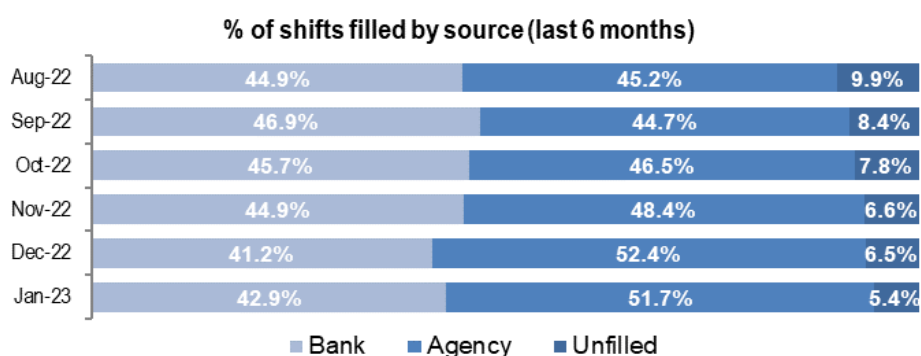
essential/specific training for staff working in CRISIS and urgent mental health care teams and community nursing.

- Train the trainer Flat Lift equipment training has been rolled out by the Trust Manual Handling Lead with a focus on staff working in Community Hospitals and MHSOP wards, further work to include regular agency workers to be trained.
- Flat lift training compliance figures (as reported at the Trust falls group) is currently 69% for CHS and 32% for MHSOP

Right Place

- Fill rates above and below 100% for actual HCSWs predominantly on days reflect adjusted staffing levels and skill mix to meet patient care needs.

Table 1 - Temporary Workforce



Care Hours Per Patient Day (CHPPD)

The total Trust CHPPD average (including ward based AHPs) is calculated by the Corporate Business Information Team at 10.9 CHPPD (national average 10.8) consistent with December 2022, ranging between 5.7 (Stewart House) and 70.6 (Agnes unit) CHPPD. CHPPD is calculated by the total actual staffing hours divided by the total occupied bed days (OBDs). General variation reflects the diversity of services, complex and specialist care provided across the Trust. Analysis has not identified significant variation at service level; indicating that staff are being deployed productively across services. Table 2 reflects the variation in directorate and table 3 illustrates the proportion of staff absent due to sickness absence.

Table 2 – CHPPD by Directorate (previous 12 months)

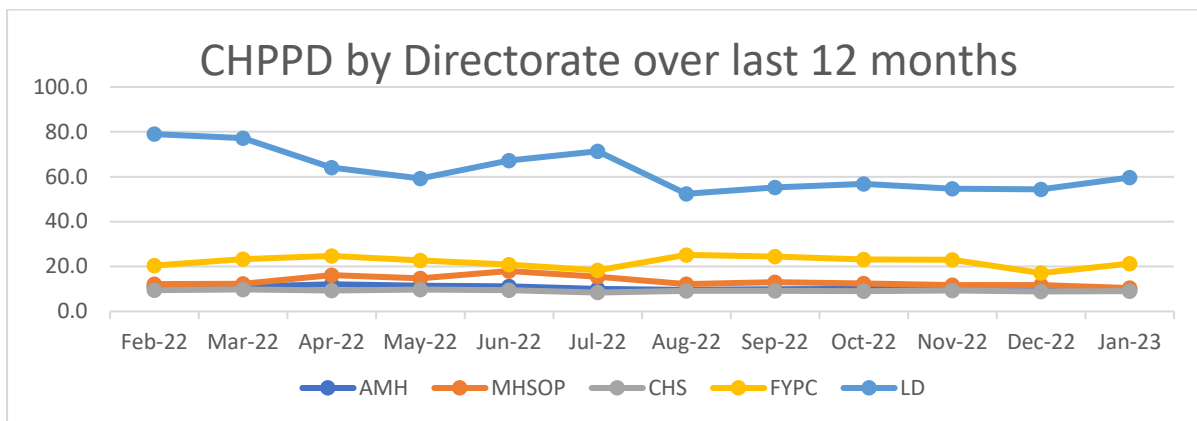


Table 3 – including CHPPD, RN Vacancies, Sickness and RN Turnover Rate.

Directorate	CHPPD	RN vacancies (WTE)	RN Vacancies (%)	RN Sickness %	RN 12m Turnover rate %
CHS	9.1	136.2	22.3%	4.8%	11.0%
DMH Inc MHSOP	9.6 10.4	154.0	22.0%	6.7%	8.1%
FYPC LD	21.3 59.7	112.4	20.3%	7.5%	9.6%
All clinical directorates combined	10.9	402.6	21.6%	5.9%	9.5%

The RN vacancy position is at 402.6 Whole Time Equivalent (WTE) with a 21.6% vacancy rate. The change in vacancy WTE is impacted as much by changes to the establishment as it is changes to how many staff are in post/recruitment/turnover. RN turnover for nurses is at 9.5%, (includes all reasons for leaving - voluntary leavers, retirements, dismissals etc). This is below the trusts target of 10%. Progress continues by participating in the People Promise Exemplar scheme focusing on retention working with system /regional/national teams to review existing retention approaches and develop further activity. Development of three key priority nursing retention actions areas; increasing pride and recognition, improving flexible working and accessible career development pathways.

Recruitment Pipeline

Throughout January 2023 we continue to grow and develop our nursing workforce. A total of 17.6 WTE nursing staff (bands 5 to 8a) were appointed. In addition to local recruitment activity a number of staff are in the pipeline and due to commence in post over a 3-month period.

Health and Well Being

The health and well-being of all our staff remains a key priority. The trust continues to support staff mental and physical health through referrals, signposting, communications, health and wellbeing champions and access to available resources.

Proposal

Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in January 2023 staffing challenges continue to increase. There is emerging evidence that current controls and business continuity plans are not fully mitigating the impact to the quality and safety of patient care across all services, at all times hence with temporary workforce utilisation to maintain safety.

Whilst there has been no evidence through the in-patient monthly triangulated review of Nurse Sensitive Indicators and quality metrics that staffing numbers is a contributory factor to patient harm, we are starting to see some correlation of impact of staffing skill mix and competencies as a contributory factor in some serious incident and incident reviews linked to deteriorating patient, pressure ulcer harm and mental health observations. There is a level of concern about pressure ulcer harm in community nursing and longer term impact of deferred visits, and potential for unknown risks and impact to outcomes and harm linked to reduced service offer/Health assessments in Healthy Together teams and Looked After Children services, all of which are being reviewed and risk managed.

Decision required.

The board is asked to confirm a level of assurance that processes are in place to monitor inpatient and community staffing levels and actions in place to try to mitigate the risk of impact to patient safety and care quality

Annexe 1 January 2023

Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Fill Rate Analysis (National Return)						% Temporary Workers (NURSING ONLY)			Overall CHPPD (Nursing And AHP)	Medication Errors	Falls	Complaint	PU Category 2	PU Category 4	Staffing related Incidents
				Actual Hours Worked divided by Planned Hours						Total	Bank	Agency							
				Nurse Day (Early & Late Shift)		Nurse Night		AHP Day											
				Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered AHP	Average % fill rate non-registered AHP										
>=80%	>=80%	>=80%	>=80%	-	-	<20%													
DMH Bradgate	Ashby	14	14	91.7%	178.5%	104.4%	134.4%			42.3%	11.8%	30.5%	8.6	0↓	0→	0→			
	Beaumont	23	22	113.1%	314.0%	104.4%	160.8%			56.0%	24.5%	31.6%	7.3	0→	2→	0→			
	Belvoir Unit	9	10	141.1%	247.8%	106.1%	310.9%			57.9%	29.7%	28.2%	22.1	0→	0↓	0→			
	Bosworth	14	14	128.1%	136.8%	105.2%	143.3%		100.0%	56.3%	28.3%	28.0%	9.5	1↑	4↑	0→			
	Heather	18	18	105.6%	148.0%	104.9%	104.7%			52.6%	33.4%	19.2%	6.4	0→	1↓	0→			
	Thornton	12	12	68.6%	220.9%	91.3%	122.9%			36.9%	24.8%	12.1%	9.7	0→	0→	0→			
	Watermead	21	20	107.1%	202.8%	105.3%	183.5%			61.7%	21.9%	39.8%	6.9	3→	0↓	0→			
	Griffin - Herschel Prins	6	6	105.0%	214.0%	100.9%	498.0%			58.6%	32.1%	26.5%	28.1	0→	1→	0→			
DMH Other	Phoenix - Herschel Prins	12	12	104.7%	127.5%	52.3%	190.3%		100.0%	46.2%	24.9%	21.3%	10.3	0→	0→	0→			
	Skye Wing - Stewart House	28	30	120.6%	125.6%	143.3%	149.6%			39.4%	38.0%	1.4%	5.7	0↓	0↓	0→			
	Willows	12	9	173.9%	122.2%	140.0%	119.2%			59.7%	47.5%	12.2%	9.9	1→	1↓	0→			
	Mill Lodge	12	14	116.6%	128.4%	103.2%	110.2%			31.3%	26.5%	4.9%	14.1	0→	4↑	0→			
	Kirby	21	23	65.9%	117.3%	127.5%	139.9%	100.0%	100.0%	39.6%	26.8%	12.8%	7.8	1↑	4↑	0→			
	Welford	17	17	97.2%	124.4%	133.3%	216.4%			47.1%	33.2%	13.9%	8.8	6↑	9↑	0→			
	Coleman	18	18	105.1%	168.9%	104.5%	296.1%	100.0%	100.0%	65.7%	47.9%	17.8%	13.4	2↑	3↓	0→			
	Gwendolen	16	19	77.7%	117.1%	141.4%	158.2%			43.0%	27.4%	15.7%	12.2	0→	13↑	0→			
CHS City	Beechwood Ward - BC03	21	24	116.3%	113.3%	101.8%	133.4%	100.0%	100.0%	38.1%	17.4%	20.7%	9.1	2↓	5↑	1↑	0→	0→	
	Clarendon Ward - CW01	20	21	85.6%	127.8%	97.6%	145.6%	100.0%	100.0%	27.6%	9.4%	18.2%	9.6	2↑	4↓	0→	0↓	0→	
CHS East	Dalgleish Ward - MMDW	16	17	110.2%	89.9%	102.8%	105.6%	100.0%	100.0%	18.0%	6.2%	11.8%	7.9	0↓	7↑	0→	3↑	0→	
	Rutland Ward - RURW	18	17	119.2%	164.9%	116.8%	125.8%	100.0%	100.0%	41.2%	19.3%	21.8%	8.9	0↓	3↓	0→	0↓	0→	
	Ward 1 - SL1	19	21	91.6%	115.7%	101.4%	146.1%	100.0%	100.0%	34.7%	23.8%	10.9%	8.9	0↓	3↑	0→	1→	0→	
	Ward 3 - SL3	13	14	113.6%	88.3%	100.0%	96.1%	100.0%	100.0%	19.9%	11.9%	8.0%	9.4	0↓	1→	0→	0→	0→	
CHS West	Ellistown Ward - CVEL	18	20	102.7%	121.3%	104.5%	122.5%	100.0%	100.0%	22.3%	5.7%	16.6%	8.5	0↓	2→	0→	1↑	0→	
	Snibston Ward - CVSN	19	20	84.5%	128.3%	100.0%	153.0%	100.0%	100.0%	28.6%	11.1%	17.4%	9.0	1↑	3↓	0→	0↓	0→	
	East Ward - HSEW	27	28	142.3%	151.5%	157.3%	195.3%	100.0%	100.0%	41.7%	10.5%	31.2%	9.8	2→	9↑	0→	1→	0→	
	North Ward - HSNW	18	19	99.6%	91.6%	100.9%	111.5%	100.0%	100.0%	31.6%	12.2%	19.4%	8.9	0→	3↑	0→	1→	0→	
	Ward 4 - CVW4	11	15	96.6%	118.6%	99.9%	145.9%	100.0%	100.0%	50.0%	0.0%	50.0%	12.0	3	3	1	0	0	
	Swithland Ward - LBSW	20	22	102.7%	101.1%	99.8%	183.5%	100.0%	100.0%	22.6%	7.7%	14.9%	8.5	1↑	3↑	0→	2→	0→	
FYPC	Langley	13	15	88.8%	103.5%	130.6%	52.5%	100.0%		47.0%	34.8%	12.3%	15.7	5↑	7↓	0→			
	CAMHS Beacon Ward - Inpatient Adolescent	7	17	93.6%	117.2%	111.9%	90.5%	100.0%		63.5%	18.1%	45.3%	31.5	6↑	0↓	0→			
LD	Agnes Unit	2	1	135.7%	106.7%	127.1%	175.1%			64.9%	14.9%	50.1%	70.6	0↓	0→	0→			
	Gillivers	2	5	119.6%	89.6%	136.7%	88.2%			3.5%	3.5%	0.0%	46.0	0→	0↓	0→			
	1 The Grange	2	3	62.8%	60.2%	4.5%	128.7%			10.7%	10.7%	0.0%	32.2	1↑	2↑	0→			

Governance table

For Board and Board Committees: Paper sponsored by:	Trust Board 28.3.23	
	Anne Scott Executive Director of Nursing, AHPs and Quality	
Paper authored by:	Elaine Curtin Workforce and Safe staffing Matron Emma Wallis Deputy Director of Nursing and Quality	
Date submitted:	28.03.2023	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s): If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured: State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Monthly report	
STEP up to GREAT strategic alignment*:	High Standards	√
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	√
	Single Patient Record	
	Equality, Leadership, Culture	
	Access to Services	
	Trust wide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	1: Deliver Harm Free Care 4: Services unable to meet safe staffing requirements
Is the decision required consistent with LPT's risk appetite:	Yes	
False and misleading information (FOMI) considerations:	None	
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:	Considered	