Public Trust Board – 30 May 2023

Safe Staffing – March 2023

Purpose of the report

This report provides a full overview of nursing safe staffing during the month of March 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 decreased this month; 0.04% reported at 46.63% overall and Trust wide agency usage slightly decreased this month by 1.11% to 21.39% overall.
- In March 2023; 30 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 93.75% 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	High percentage of temporary workforce to meet planned staffing levels across all wards due to vacancies, maternity leave, annual leave, enhanced observations for patients with increased acuity requiring additional HCA support. Key areas to note ward 4 (surge ward) utilising 85.5% temporary workforce including block booking of agency staff, Beechwood ward at 51.1% and Clarendon at 50.5%. Rutland ward, St Luke's ward 1, Snibston, East and North ward utilising above 30% temporary workforce. Increased fill rate HCA day and nights shifts due to increased acuity and dependency, increasing number of patients admitted requiring enhanced observations and additional beds opened due to LLR wide system request. Clarendon also noted for increased fill rate due to high number of enhanced observations. A review of the NSIs has identified an increase in the number of falls incidents from thirty-three in February to thirty-six in March 2023. Ward areas to note are North ward, Snibston and Elllistown. The number of medication incidents has decreased from fourteen in February to nine in March 2023. The number of category 2 pressure ulcers developed in our care has increased to thirteen.	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. Of the thirty-six falls incidents, one was reported as moderate harm and reviewed via the trusts IRM meeting for lessons learnt. There were sixteen staffing related incidents reported in month. There was one red flag incident reported which left one RN on a shift. These incidents related to communication issues, last minute cancellations due to sickness, delayed tasks due to clinical skills available, impact on staff to provide 1 to 1 enhanced observation. There was no direct impact to patient care on each of these occasions, however impact noted on health and wellbeing of staff. A review of themes of investigations has identified an emerging correlation between staff skills, confidence, and competencies as a contributory factor for response to the deteriorating patient, pressure ulcer prevention and falls. All staff substantive and temporary workforce are now included in all role essential training taking place. The senior team with the hospitals Matron lead for falls will be completing a deep dive including the themes in relations to the times of the day and focusing on education around falls assessments and care planning. 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. The lead Matron for pressure ulcer prevention is working with the QI team to commence focused work on preventative management of pressure ulcers. A new CHS pressure ulcer group is being established to oversee the QI work across the directorate.	
DMH In patient	High percentage of temporary workforce on all wards to meet planned staffing. Ashby, Beaumont, Griffin, Coleman, Welford and willows – above 60 % 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 RN 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. A review of the NSI's has identified an increase in the number of falls incidents from 56 in February to 60 in March 2023. The number of medication incidents decreased to fourteen this month	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 is ongoing. 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. Post falls documentation also being reviewed in BMHU. 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. Review of NSIs has identified no correlation with staffing levels and impact to quality and safety of patient care/outcomes.	
FYPCLD In-patients	No change to key areas noted- Beacon, Agnes, and Langley wards. Langley – reduced fill rate for RNs on days and reduced fill rates for RNs and HCAs at the Grange.	Mitigation remains in place- potential risks being closely monitored. Ward sister and matron working clinically to ensure safe staffing on Langley and staff movement from the Gillivers (due to re-furnishment) to the Grange ensuring safe staffing levels. Staff movement not always reflected on e- roster impacting accuracy of fill rate data.	

	A review of the NSIs has identified a decrease in falls from six in February to five in March 2023 and a decrease to two medication errors in March from six in February 2023.	Review of NSIs has identified no correlation with staffing levels and impact to quality and safety of patient care/outcomes. Eight staffing incidents were reported this month, three on Langley relating to temporary workforce lack of access to systems, lack of adherence to Mental Health observations, use of mobile phone at work. Three reported on Beacon relating to a safeguarding allegation and two were lack of adherence to mental health observations. Two incidents reported on Agnes one relating to a safeguarding allegation and staff performance and conduct.	
CHS Community	Key areas to note City East, City West, East Central, Hinckley and Charnwood Hubs due to high patient acuity, high vacancy levels and absence. Overall, the community nursing Service OPEL has been level 2, working to level 3 actions.	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. On the 2 March a Community Nursing time out, session took place. This has resulted in the setting up of key work streams to support the service moving forward.	
DMH Community	No change to key area's previously noted - Services continue with High RN vacancies in the Crisis Mental Health team, City Central, Melton, and Charnwood CMHT's and Assertive Outreach. High locum use continues.	Mitigation remains in place, potential risks closely monitored within Directorate. Quality Improvement Plan in place. Case load reviews continue, introduction of alternative and skill mix roles on identified service need. LPT Skill Mix reviews complete for ACP/MPAC roles for consideration at DMT Workforce in April 2023.	
FYPC.LD Community	No change to key area's previously noted - LD Community rated red and no change to Healthy Together, Psychology and Therapy. Looked After Children (LAC) improving position.	Mitigation remains in place with potential risks being closely monitored within Directorate. LAC have an improving position following investment and recruitment to vacant and new roles.	

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. There is an emerging theme through the 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	84.4%	84.2%	All compliance subjects green	93.1%	86.7%	79.0%
Bank					66.9%	57.1%

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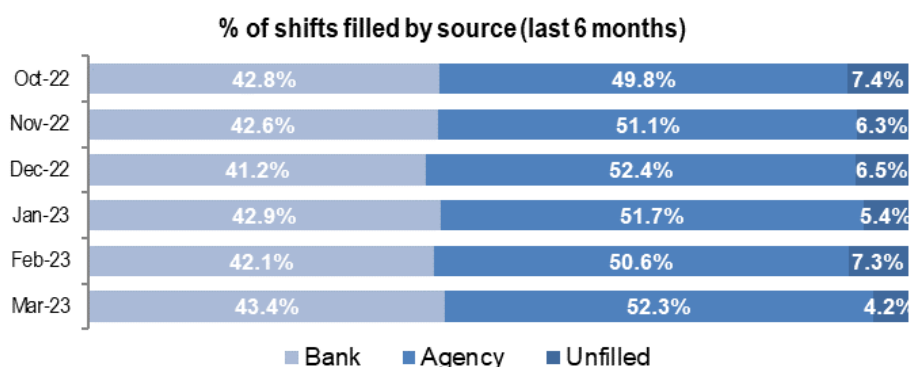
essential/specific training for staff working in CRISIS and urgent mental health care teams and community nursing.

- Train the trainer Flat Lift equipment training continues, (delivered by the Trust Manual Handling Lead) 6 additional staff have been trained in MHSOP and 4 at Mill Lodge with further work to include regular agency workers to be trained.

- Flat lift training compliance figures (as reported at the April Trust falls group) remains at 83% for CHS and 32% for MHSOP. It has now been agreed at TED for Flat lift training to be a mandatory requirement for role essential training and will be provided for new starters at induction from April 2023. Work is ongoing to collate historic training records centrally and agree who requires the training. This will enable us to produce regular compliance reports in the summer.

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

% of shifts filled by source (last 6 months)

	Bank	Agency	Unfilled
Oct-22	42.8%	49.8%	7.4%
Nov-22	42.6%	51.1%	6.3%
Dec-22	41.2%	52.4%	6.5%
Jan-23	42.9%	51.7%	5.4%
Feb-23	42.1%	50.6%	7.3%
Mar-23	43.4%	52.3%	4.2%

Care Hours Per Patient Day (CHPPD)

The total Trust CHPPD average (including ward based AHPs) is calculated by the Corporate Business Information Team at 11.0 CHPPD (national average 10.8) consistent with February 2023, ranging between 5.6 (Stewart House) and 78.7 (Agnes unit) CHPPD. CHPPD is calculated by the total actual staffing hours divided by the total occupied bed days (OBDs). Not all AHP and Therapeutic Liaison Worker (TLW) roles are included currently and will be as an outcome of the establishment review. 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.
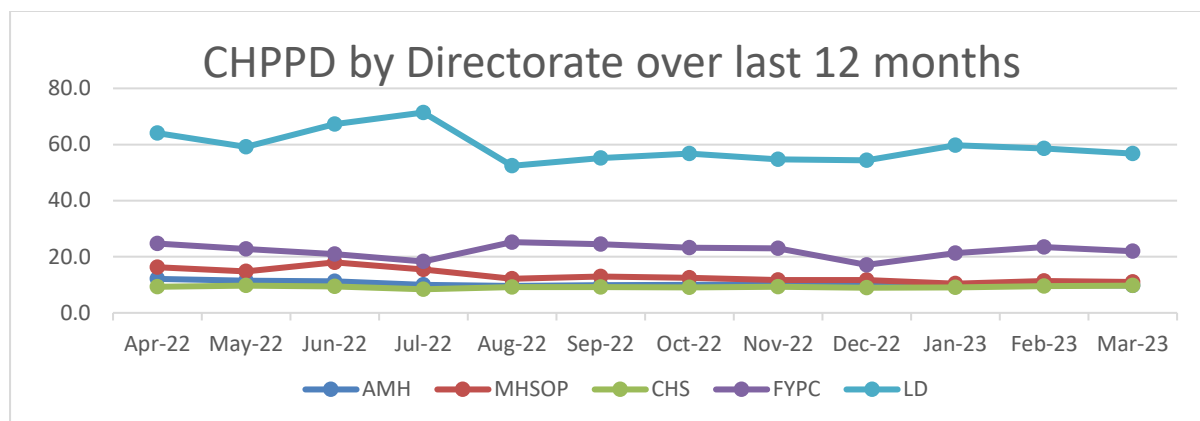
Table 2 – CHPPD by Directorate (previous 12 months)

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	9.7	133.1	21.9%	3.8%	9.62%
DMH Inc MHSOP	9.7 11.0	155.0	22.2%	5.7%	7.4%
FYPC LD	22.0 56.8	129.6	23.0%	5.7%	8.08%
All clinical directorates combined	11.0	417.7	22.3%	5.5%	8.33%

The RN vacancy position is at 417.7 Whole Time Equivalent (WTE) with a 22.3% 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 8.33%, (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 March 2023 we continue to grow and develop our nursing workforce. A total of 65.80 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. The Daisy awards are a key retention action, to increase pride and recognition and will be launched on 1 June 2023 to aide retention, reward, and meaningful recognition.

Proposal

Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in March 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 (right staff) is a contributory factor to patient harm, we are starting to see some correlation of impact of staffing skill mix and competencies (right skills) 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

March 2023

Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Nurse Day (Early & Late Shift) Average % fill rate registered nurses	Nurse Day Average % fill rate care staff	Nurse Night Average % fill rate registered nurses	Nurse Night Average % fill rate care staff	AHP Day Average % fill rate registered AHP	AHP Day Average % fill rate non-registered AHP	% Temporary Workers (NURSING ONLY) Total	Bank	Agency	Overall CHPPD (Nursing And AHP)	Medication Errors	Falls	Complaints	PU Category 2	PU Category 4	Staffing Related Incidents
				>=80%	>=80%	>=80%	>=80%	-	-	<20%									
DMH Bradgate	Ashby	13	14	97.6%	238.3%	105.0%	215.2%			63.6%	19.3%	44.3%	11.8	8↑	2↑	1↑			
	Beaumont	23	22	113.5%	311.5%	105.2%	145.4%			62.9%	31.8%	31.1%	7.0	1↓	1→	0↓			
	Belvoir Unit	10	10	118.0%	208.1%	106.7%	241.2%			53.4%	32.4%	21.0%	17.5	0↓	0→	0→			
	Bosworth	14	14	151.3%	114.9%	106.3%	122.7%		100.0%	53.2%	31.8%	21.4%	8.8	0→	1↓	0→			
	Heather	18	18	115.9%	141.3%	110.7%	109.7%		100.0%	49.9%	34.8%	15.1%	7.0	0↓	0↓	2↑			
	Thornton	13	13	76.7%	230.9%	89.4%	131.5%			31.9%	25.4%	6.5%	9.5	1→	0→	0→			
	Watermead	20	20	105.6%	191.4%	103.1%	125.6%		100.0%	51.0%	18.6%	32.3%	6.7	1↓	5↑	0→			
	Griffin - Herschel Prins	6	6	110.7%	227.9%	104.4%	519.3%			67.4%	40.6%	26.8%	29.8	0→	0→	0→			
DMH Other	Phoenix - Herschel Prins	12	12	104.4%	111.0%	52.5%	166.9%		100.0%	38.5%	26.0%	12.5%	9.4	0→	0→	0→			
	Skye Wing - Stewart House	28	30	116.8%	124.7%	144.6%	156.3%			39.0%	37.0%	2.0%	5.6	0↓	0→	0→			
	Willows	11	9	159.0%	124.5%	140.2%	116.7%			62.8%	52.6%	10.1%	10.0	1↑	2↓	0→			
	Mill Lodge	12	14	122.4%	126.6%	105.0%	139.2%			38.2%	29.3%	8.9%	15.0	0↓	15↓	0→			
	Kirby	22	23	65.2%	129.5%	128.0%	159.7%	100.0%	100.0%	45.2%	23.8%	21.4%	8.2	1→	7↓	1↑			
	Welford	17	15	95.4%	156.4%	131.4%	301.0%			60.4%	35.4%	25.0%	11.6	0↓	14↑	0→			
	Coleman	17	18	106.1%	147.4%	104.5%	252.0%	100.0%	100.0%	61.6%	45.4%	16.2%	12.8	1↑	3↓	0→			
	Gwendolen	16	19	103.1%	155.8%	104.4%	305.0%			47.2%	34.2%	12.9%	12.1	0→	10↑	0→			
CHS City	Beechwood Ward - BC03	21	22	95.8%	125.1%	100.7%	159.3%	100.0%	100.0%	51.1%	21.2%	30.0%	9.8	0↓	1↓	0→	0→	0↓	2↑
	Clarendon Ward - CW01	19	21	83.2%	170.2%	98.6%	235.4%	100.0%	100.0%	50.5%	14.2%	36.4%	13.2	0↓	3→	1↑	1↑	0→	1→
CHS East	Dalgleish Ward – MMDW	16	17	112.6%	97.2%	96.7%	136.4%	100.0%	100.0%	21.5%	7.1%	14.5%	9.3	1↓	1↓	0→	3↑	0→	5↑
	Rutland Ward – RURW	15	15	88.1%	126.1%	91.9%	89.8%	100.0%	100.0%	37.8%	27.4%	10.4%	8.8	0→	3↓	0→	0→	0→	3↑
	Ward 1 - SL1	18	20	89.6%	119.8%	98.2%	167.5%	100.0%	100.0%	37.7%	14.8%	23.0%	9.3	1→	1↓	0↓	2↑	0→	1↑
	Ward 3 - SL3	13	14	102.3%	86.0%	100.0%	104.4%	100.0%	100.0%	24.9%	13.6%	11.3%	8.6	0↓	3↑	0→	0↓	0→	1↑
CHS West	Ellistown Ward – CVEL	17	20	100.5%	121.7%	100.1%	114.2%	100.0%	100.0%	26.4%	8.7%	17.7%	8.8	0→	5↑	0→	0↓	0→	0→
	Snibston Ward – CVSN	19	21	95.2%	135.6%	99.7%	181.1%	100.0%	100.0%	34.7%	12.7%	22.0%	9.7	2↑	5↑	0→	2↑	0→	1↑
	East Ward – HSEW	25	27	128.6%	136.4%	148.4%	141.7%	100.0%	100.0%	43.8%	15.1%	28.7%	9.2	2↑	3↑	0→	1→	0→	2↓
	North Ward – HSNW	18	19	98.6%	99.7%	103.2%	97.8%	100.0%	100.0%	33.1%	11.7%	21.4%	8.9	2↑	6↑	0→	2↑	0→	0↓
	Ward 4 - CVW4	11	16	94.2%	107.9%	100.2%	99.9%	100.0%		85.5%	27.3%	58.2%	11.2	0↓	2↑	0→	1↑	0→	0→
	Swithland Ward – LBSW	18	20	104.4%	99.3%	93.5%	176.6%	100.0%	100.0%	28.7%	13.4%	15.3%	9.1	1↓	3↑	0→	1↑	0→	0→
FYPC	Langley	15	14	75.5%	102.3%	129.0%	135.8%	100.0%		57.1%	41.7%	15.4%	14.2	1→	3↓	0→			3→
	CAMHS Beacon Ward - Inpatient Adolescent	6	17	85.2%	130.6%	115.1%	95.0%	100.0%		61.1%	18.5%	42.7%	39.9	0↓	1→	0→			3↓
LD	Agnes Unit	1	1	117.6%	97.5%	104.1%	160.9%			61.8%	13.9%	47.9%	78.7	0↓	0→	0→			2↑
	1 The Grange	3	4	51.7%	40.8%	0.0%	84.8%			10.4%	10.4%	0.0%	14.9	0↓	1→	0→			

Governance table

For Board and Board Committees:	Trust Board 30.5.23	
Paper sponsored by:	Anne Scott Executive Director of Nursing, AHPs and Quality	
Paper authored by:	Elaine Curtin Workforce and Safe staffing Matron, Jane Martin Assistant Director of Nursing and Quality, Emma Wallis Deputy Director of Nursing and Quality	
Date submitted:	30.05.2023	
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 **S**tandards	√
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	√
	Reaching Out	
	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:		