P

NHS
Leicestershire Partnership
NHS Trust

Public Trust Board – 25 July 2023

Safe Staffing – May 2023

Purpose of the report

This report provides a full overview of nursing safe staffing during the month of May 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 in-patient scorecard).

Analysis of the issue

Right Staff

- Temporary worker utilisation rate decreased this month by 1.63% reported at 44.63% overall and Trust wide agency usage slightly decreased this month by 1.11% to 21.77% overall.
- In May 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, changes from last month include Stewart House, Willows and the Gillivers.
- 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 increased patient acuity and dependency, enhanced observations due to one-to-one care, annual leave, vacancies, maternity leave, and increasing seasonal sickness. Key areas to note ward 4 (surge ward) and Beechwood utilising above 40% temporary workforce. Clarendon, Dalgliesh, Rutland, St Luke's ward 1 and ward 3, East and North ward and Snibston are 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. A review of the NSIs has identified a decrease in the number of falls incidents from forty-two in April 2023 to thirty-three in May 2023. Ward areas to note are North ward, Clarendon, East ward and Beechwood. The number of medication incidents has decreased from twelve in April 2023 to five in May 2023. The number of category 2 pressure ulcers developed in our care has decreased to six.	Daily staffing reviews, staff movement to ensure substantive RN cover, e-rostering reviewed. A review of the recruitment process and adverts has been undertaken and updated to support attracting new recruits to the wards. 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- three falls' incidents, twenty were first falls, seven repeat falls and six patients placed themselves on the floor. Further review of timings of the falls are between 4-8 pm during key activity times within the ward e.g., mealtimes, handover to night shift. The hospitals matron lead for falls is to focus on education around falls assessments and care planning. Swithland ward has reported three category 2 pressure ulcers, the matron for the ward is completing a review with the ward team to understand the increase. There were six staffing related incidents reported in month. These incidents were relating to last minute cancellations due to sickness, delayed tasks e.g., documentation due to clinical skills available. There was no direct impact on patient care on each of these occasions, however impact noted on health and wellbeing of staff who remained on shift over and above rostered hours until RN cover arrived.	
DMH In patient	High percentage of temporary workforce on all wards to meet planned staffing. Beaumont, Belvoir, Griffin – above 60 % temporary workforce due to vacancies, high acuity, patient complexity and increased therapeutic observations. Thornton reported a fill rate of less than 80% of RNs for day shifts - planned staffing reduced to 2 RN's due to reduction in beds, hence reduced RN fill rates on days. MHSOP wards, no change to key area's noted -Kirby, Aston, Coleman, and Gwendolen. Kirby reported a fill rate of less than 80% of RNs in the day. A review of the NSI's has identified an increase in the number of falls incidents from 55 in April 2023 to 56 in May 2023. The number of medication incidents increased from four in April 2023 to thirteen in May 2023.	Staffing is risk assessed daily across all DMH and MHSOP wards and staff moved to support safe staffing levels, skill mix, and patient needs. Review of incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes. Active targeted recruitment is ongoing as per directorate workforce plan. Kirby staffing model is 2 RNs in the day with a RN to Patient ratio of 1:12/1:10. Work progressing with Business support to identify cause of reduced fill rate, as planned staffing levels consistently met in May 2023. 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. The 11 medication error incidents were due to, incorrect charting and damaged Controlled drugs, medication given to wrong patient by agency worker (no harm to the patient), an in-correct medication dose given and medication not being available. Medication error process followed, reflections completed and agency worker undergoing supervised practice. 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 Welford (ED) wards. Welford (ED) – reduced fill rate for RNs on days and reduced fill rate for HCAs on days at the Gillivers and the Grange. A review of the NSIs has identified an increase in falls from six in April 2023 to 17 in May 2023 and an increase to six medication errors in May from four medication errors in April 2023.	Mitigation remains in place- potential risks being closely monitored. Ward sister and matron working clinically to ensure safe staffing on Welford (ED) 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. Work is progressing with Business Support to further explore reduced fill rates. Review of NSIs has identified no correlation with staffing levels and impact to quality and safety of patient care/outcomes. Of the 17 falls incidents, 12 related to one patient at the Beacon and their condition, no harm was sustained. 3 falls reported as no harm at Agnes and 2 at the Grange,1 of which reported as minor harm due to a patient seizure. The patient was treated at UHL and returned to the Grange. Concerns raised regarding staff conduct at Agnes and Beacon and allegations against staff at the beacon which have all been managed in line with trust policy and safeguarding advise sought.	
CHS Community	Key areas to note City East, City West, East North, Hinckley and Charnwood Hubs due to high patient acuity, high vacancy levels and absence. East Central continue to move into an improving picture. 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. The Community Nursing transform work continues with its 4 workstreams that report into the Transformation Group and onwards to DMT. Plans agreed to pilot the Community Nursing Safer Staffing Tool (CNSST) in a team within Northwest Leicestershire hub. Planning and training taking place in preparation for piloting the CNSST in July 2023.	
DMH Community	No change to key area's previously noted - Services continue with high RN vacancies in South Leicestershire and Northwest Leicestershire. Medical cover is improving, significant vacancies across Occupational Therapy, Psychology and non-registered staff groups.	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. Significant reduced staffing is impacting on staff morale and retention.	
FYPC.LD Community	No change to key area's previously noted - LD Community rated red and no change to Healthy Together, Psychology and Therapy.	Mitigation remains in place with potential risks being closely monitored within Directorate. Looked After Children's team at 65% staffing, recruitment is progressing but yet to have impact as new starters require onboarding and training. LD Community has successfully recruited into several posts awaiting onboarding.	

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 a theme that shows there is   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	85.2%	83.5%	All compliance subjects green	90.7%	83.0%	82.1%
Bank					62.1%	52.6%

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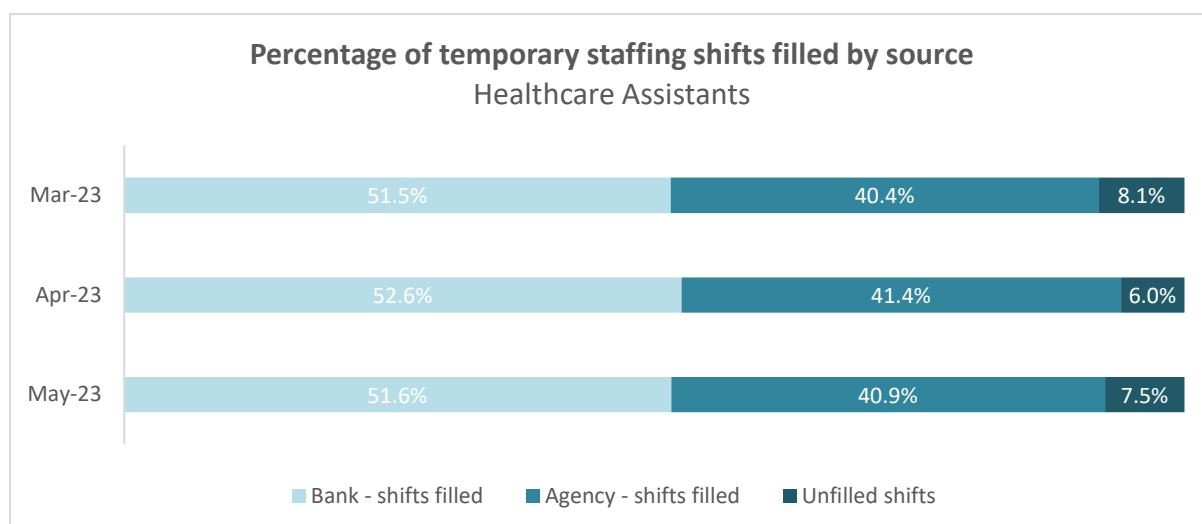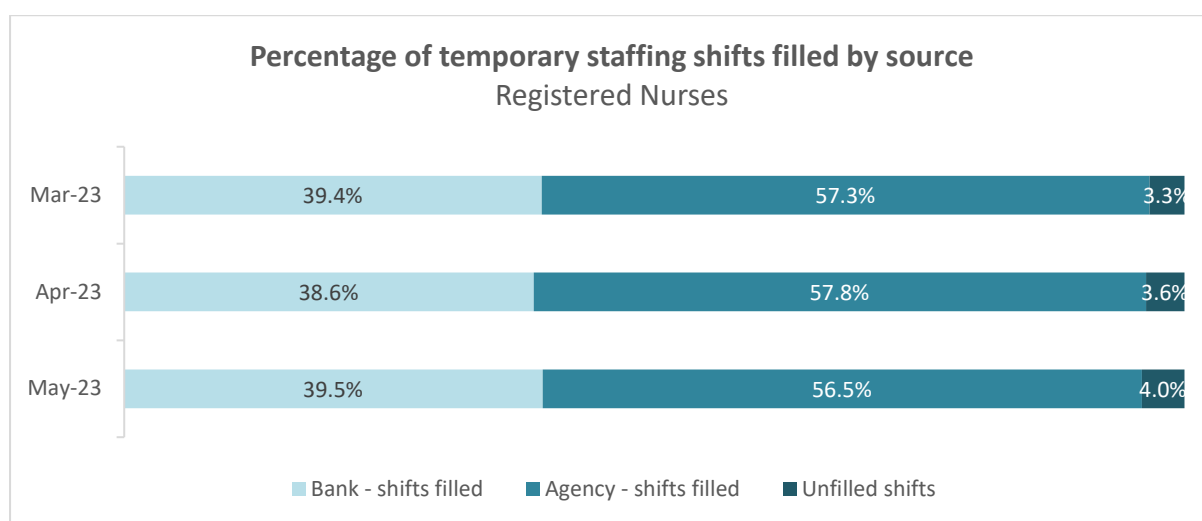
essential/specific training for staff working in CRISIS and urgent mental health care teams and community nursing.

- Following central collation of historic training records, flat lift training compliance (as reported at Trust falls group) is rag rated red at 57.8% for CHS, 22.1% for DMH and 0.7% for FYPC.LD and 4.2% for bank staff. Training now classified as 'essential to role.'

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 Nursing Workforce

Percentage of temporary staffing shifts filled by source
Registered Nurses

Month	Bank - shifts filled	Agency - shifts filled	Unfilled shifts
Mar-23	39.4%	57.3%	3.3%
Apr-23	38.6%	57.8%	3.6%
May-23	39.5%	56.5%	4.0%

■ Bank - shifts filled   ■ Agency - shifts filled   ■ Unfilled shifts

Percentage of temporary staffing shifts filled by source
Healthcare Assistants

Month	Bank - shifts filled	Agency - shifts filled	Unfilled shifts
Mar-23	51.5%	40.4%	8.1%
Apr-23	52.6%	41.4%	6.0%
May-23	51.6%	40.9%	7.5%

■ Bank - shifts filled   ■ Agency - shifts filled   ■ Unfilled shifts

Care Hours Per Patient Day (CHPPD)

The total Trust CHPPD average (including ward based AHPs) is calculated by the Corporate Business Information Team at 11.3 CHPPD (national average 10.8) consistent with April

2023, ranging between 6.2 (Stewart House) 75.7(Agnes unit). CHPPD is calculated by the total actual staffing hours divided by the total occupied bed days (OBDs). Registered Nursing Associates and Therapy link Workers actual hours worked are now included in the CHPPD. 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.

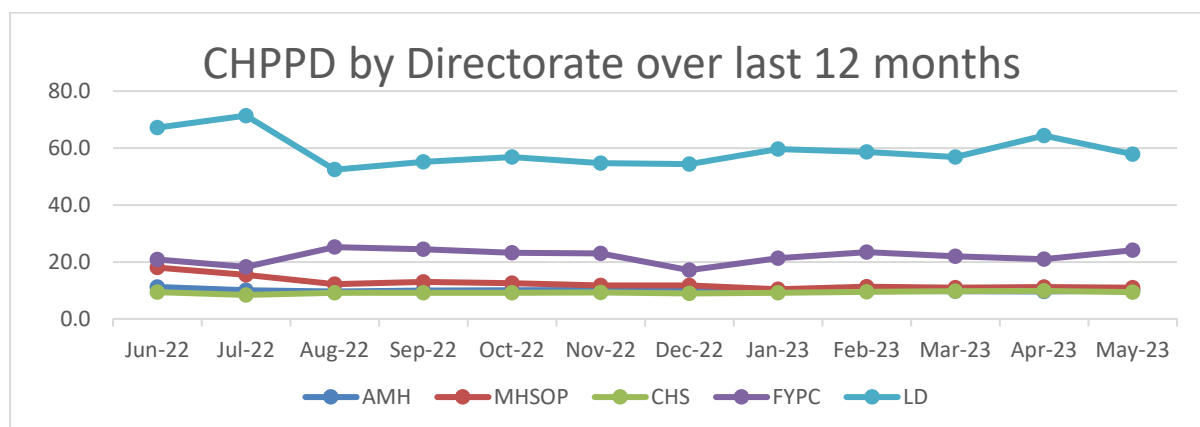**Table 2 – CHPPD by Directorate (previous 12 months)**

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	9.4	136.7	22.5%	5.3%	9.4%
DMH Inc MHSOP	10.1 10.9	198.1	27.0%	6.2%	6.3%
FYPC Inc LDA	24.1 57.9	143.3	24.7%	5.8%	7.7%
All clinical directorates combined	11.3	478.1	24.9%	5.8%	7.7%

The RN vacancy position is at 478.1 Whole Time Equivalent (WTE) with a 24.9% vacancy rate. The change in vacancy WTE and rate has been impacted by increase's made to the budgeted establishment (due to annual establishment review 2022) and establishment changes due to how many staff are in post/recruitment/turnover. RN turnover for nurses is at 7.7%, (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 May 2023 we continue to grow and develop our nursing workforce. A total of 26.72 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 May 2023 staffing challenges continue to increase. There is some 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.

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

May 2023

Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Fill Rate Analysis (National Return) Actual Hours Worked divided by Planned Hours — Nurse Day (Early & Late Shift) — Average % fill rate registered nurses (>=80%)	Average % fill rate care staff (>=80%)	Nurse Night — Average % fill rate registered nurses (>=80%)	Average % fill rate care staff (>=80%)	AHP Day — Average % fill rate registered AHP (-)	Average % fill rate non-registered AHP (-)	% Temporary Workers (NURSING ONLY) — Total (<20%)	Bank (<20%)	Agency (<=6%)	Overall CHPPD (Nursing And AHP)	Medication Errors	Falls	Complaints	PU Category 2	PU Category 4	Staffing Related Incidents
DMH Bradgate	Ashby	14	14	96.4%	205.3%	105.1%	149.4%			55.2%	13.9%	41.3%	9.7	2↑	2↓	0↓			
	Beaumont	23	22	109.4%	265.3%	112.4%	159.7%		100.0%	63.6%	34.4%	29.1%	7.1	2↑	2↑	0→			
	Belvoir Unit	10	10	123.6%	277.1%	100.9%	337.8%			65.2%	34.0%	31.2%	22.4	1↑	1↑	0→			
	Bosworth	14	14	152.1%	128.1%	109.3%	114.7%			46.0%	34.7%	11.3%	8.9	0→	0→	0→			
	Heather	17	18	118.0%	158.5%	109.3%	151.3%		100.0%	58.7%	37.5%	21.2%	8.0	2↑	5↑	0→			
	Thornton	14	12	65.6%	229.6%	91.1%	129.5%			38.9%	26.9%	11.9%	8.9	0→	2↓	0→			
	Watermead	20	20	103.7%	155.0%	105.0%	128.8%		100.0%	48.8%	19.5%	29.3%	6.3	2↑	2↓	0→			
	Griffin - Herschel Prins	6	6	108.5%	281.0%	106.2%	617.5%			66.3%	41.6%	24.7%	34.6	0→	2↑	0→			
DMH Other	Phoenix - Herschel Prins	12	12	104.7%	120.7%	104.5%	177.2%		100.0%	42.8%	28.5%	14.4%	10.7	0→	0→	0→			
	Skye Wing - Stewart House	26	30	131.0%	119.5%	141.6%	155.1%			36.0%	35.6%	0.4%	6.2	1↑	1→	0→			
	Willows	10	9	160.2%	122.0%	139.4%	117.1%			53.4%	49.8%	3.7%	10.7	0→	2↑	0→			
	Mill Lodge	13	14	108.7%	110.0%	90.7%	110.8%			29.4%	18.5%	10.9%	12.2	1↑	17↑	0→			
	Kirby	20	23	65.6%	178.5%	113.5%	269.2%	100.0%	100.0%	51.7%	32.4%	19.3%	10.9	0→	4↓	0→			
	Aston (MHSOP)	17	16	93.7%	131.9%	133.1%	209.6%			32.8%	23.4%	9.4%	9.0	0→	5↓	0→			
	Coleman	17	18	132.9%	135.8%	104.5%	256.1%	100.0%	100.0%	45.3%	29.8%	15.5%	12.6	1→	5↑	0→			
	Gwendolen	17	19	104.4%	152.1%	107.4%	292.2%			44.2%	30.1%	14.1%	11.2	1↑	6↓	0→			
CHS City	Beechwood Ward - BC03	23	24	100.4%	110.2%	102.9%	127.7%	100.0%	100.0%	40.6%	18.3%	22.3%	8.1	0→	7↑	1→	1↑	0→	2↑
	Clarendon Ward - CW01	20	21	84.4%	128.4%	101.6%	109.2%	100.0%	100.0%	36.9%	18.2%	18.7%	9.2	1↓	2↓	1↑	0→	0→	1→
CHS East	Dalgleish Ward - MMDW	16	17	99.7%	119.7%	103.4%	165.5%	100.0%	100.0%	38.1%	9.9%	28.1%	10.2	1↓	0↓	0→	1↓	0→	2→
	Rutland Ward – RURW	16	16	98.2%	143.5%	99.8%	119.3%	100.0%	100.0%	32.9%	16.7%	16.2%	8.5	0↓	2→	0→	0→	0→	0→
	Ward 1 - SL1	18	20	90.2%	137.5%	99.3%	186.7%	100.0%	100.0%	33.4%	13.9%	19.5%	10.2	1↑	2↑	0→	1↓	0→	0↓
	Ward 3 - SL3	12	14	111.1%	83.1%	101.5%	116.5%	100.0%	100.0%	32.5%	16.6%	15.9%	10.5	0↓	2↓	0→	0→	0→	0↓
CHS West	Ellistown Ward - CVEL	17	20	100.4%	127.0%	100.1%	123.9%	100.0%	100.0%	27.8%	7.6%	20.2%	8.8	1→	3→	0→	0↓	0→	0↓
	Snibston Ward - CVSN	18	19	98.3%	145.1%	100.7%	178.3%	100.0%	100.0%	30.7%	11.3%	19.4%	10.6	0→	2→	0→	0↓	0→	0↓
	East Ward – HSEW	23	26	143.5%	125.2%	147.4%	124.3%	100.0%	100.0%	39.7%	13.8%	25.9%	9.6	↓	5→	1→	0↓	0→	1↑
	North Ward – HSNW	18	19	101.1%	89.0%	101.4%	98.0%	100.0%	100.0%	31.1%	11.4%	19.8%	8.5	0→	2↓	1↑	0↓	0→	0↓
	Ward 4 - CVW4	11	16	85.6%	105.5%	87.6%	103.4%	100.0%		81.1%	21.2%	59.9%	11.8	1→	0↓	0↓	0↓	0→	0↓
	Swithland Ward - LBSW	19	22	104.8%	89.2%	101.6%	162.6%	100.0%	100.0%	23.3%	10.2%	13.0%	8.5	0→	6↑	0→	3↑	0→	0↓
FYPC	Welford (ED)	15	13	76.7%	92.8%	128.9%	111.8%	100.0%		42.2%	34.7%	7.5%	16.1	3↑	0→	0→			
	CAMHS Beacon Ward - Inpatient Adolescent	8	17	105.1%	158.0%	106.0%	111.5%	100.0%		65.2%	16.2%	49.0%	36.1	0↓	12↑	0→			
LD	Agnes Unit	1	1	104.6%	99.4%	105.8%	143.7%			57.1%	13.8%	43.3%	75.7	2↓	3→	0→			
	Gillivers	2	5	108.3%	49.8%	133.7%	83.9%			6.1%	6.1%	0.0%	28.8	0→	0→	0→			
	1 The Grange	2	4	88.5%	63.4%	4.5%	135.5%			18.1%	18.1%	0.0%	40.4	1→	2→	0→			

Governance table

For Board and Board Committees:	Public Trust Board	
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:	25.07.2023	
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	√
	Single Patient **R**ecord	
	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:		