

Public Trust Board – 25 July 2023

Safe Staffing – April 2023

Purpose of the report

This report provides a full overview of nursing safe staffing during the month of April 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; 0.37% reported at 46.26% overall and Trust wide agency usage slightly increased this month by 1.49% to 22.88% overall.
- In April 2023; 30 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 90.9% of our inpatient Wards and Units, changes from last month include 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	<p>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) Beechwood, Clarendon Rutland and East wards utilising above 40% temporary workforce. St Luke's ward 1 and 3, North wards 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.</p> <p>A review of the NSIs has identified an increase in the number of falls incidents from thirty-six in March 2023 to forty-two in April 2023. Ward areas to note are North ward, Clarendon, East ward and Beechwood.</p> <p>The number of medication incidents has increased from nine in March 2023 to twelve in April 2023.</p> <p>The number of category 2 pressure ulcers developed in our care has decreased to twelve.</p>	<p>Daily staffing reviews, staff movement to ensure substantive RN cover, e-rostering reviewed. As a result of the increased number of patients requiring enhanced observations being transferred to the community hospital, a review of the process has been undertaken to identify the number of one to one/enhanced observations that can be managed within existing staffing numbers.</p> <p>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>Of the forty-two falls incidents, two was reported as moderate harm and reviewed via the trusts IRM meeting for lessons learnt. 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.</p> <p>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.</p> <p>There were four staffing related incidents reported in month. There was one red flag incident reported which left one registered nurse on the shift. These incidents were relating to last minute cancellations due to sickness, delayed tasks 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.</p> <p>A review of themes from investigations has identified that there is an emerging correlation between staff skills, confidence and competencies as a contributory factor for deteriorating patient, pressure ulcer prevention and falls. Clinical teams are working with substantive staff, regular and block booked agency workers to provide role essential/specific training for staff working on the wards.</p>	
DMH In patient	<p>High percentage of temporary workforce on all wards to meet planned staffing. Beaumont, Belvoir, Griffin, Heather – above 60 % temporary workforce due to vacancies, high acuity, patient complexity and increased therapeutic observations.</p> <p>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.</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. 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.</p> <p>Medication Administration Technicians and Nurse Associates are not reflected in the fill rates hence rates not achieved. Work underway to progress this. RN to Patient ratio is 1:12/1:10 as per staffing model.</p> <p>Of the 55 falls one reported the patient sustaining a fracture (on Kirby ward) and being reviewed by the patient safety team. 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>MHSOP wards, no change to key area's noted -Kirby, Welford Coleman, and Gwendolen. Kirby reported a fill rate of less than 80% of RNs in the day</p> <p>A review of the NSI's has identified a decrease in the number of falls incidents from 60 in March to 55 in April 2023.</p> <p>The number of medication incidents decreased from fourteen in March to four in April 2023.</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. Langley and Grange – reduced fill rate for RNs on days and reduced fill rates for HCAs at the Gillivers on days and nights. A review of the NSIs has identified an increase in falls from five in March to six in April 2023 and an increase to four medication errors in April from two in March 2023.</p>	<p>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. Review of NSIs has identified no correlation with staffing levels and impact to quality and safety of patient care/outcomes.</p> <p>Six staffing incidents were reported this month on Beacon relating to allegations against staff.</p>	
CHS Community	<p>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 are moving into an improving picture. Overall, the community nursing Service OPEL has been level 2, working to level 3 actions.</p>	<p>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.</p> <p>On the 2 March the Community Nursing transform work starter time out, event took place and has now moved into its 4 workstreams that report into the Transformation Group and onwards to DMT.</p>	
DMH Community	<p>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.</p>	<p>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.</p>	
FYPC.LD Community	<p>No change to key area's previously noted - LD Community rated red and no change to Healthy Together, Psychology and Therapy.</p>	<p>Mitigation remains in place with potential risks being closely monitored within Directorate. Looked After Children's team at 65% staffing.</p>	

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	84.7%	81.4%	All compliance subjects green	90.5%	83.6%	80.9%
Bank					63.2%	52.2%

- 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

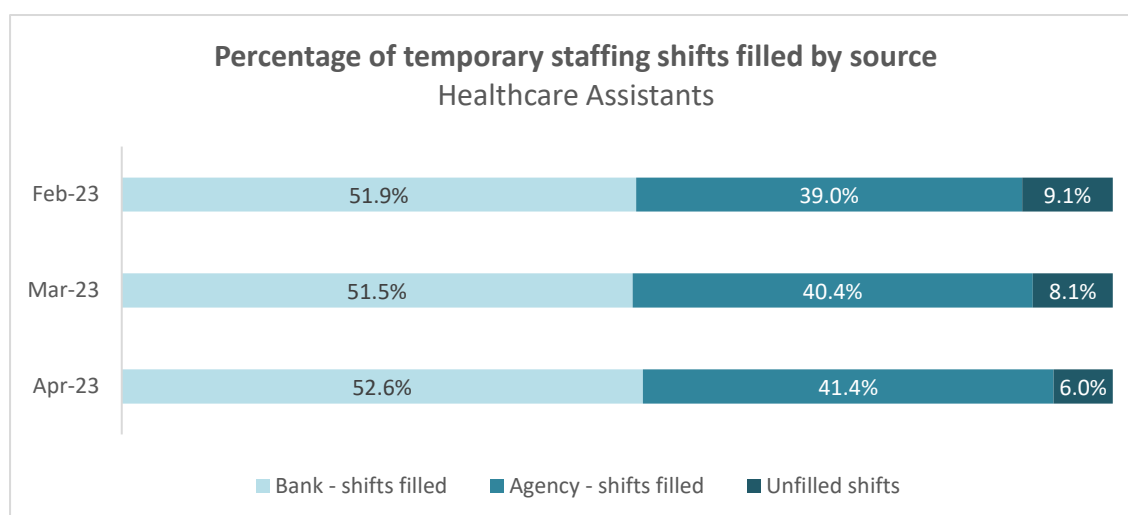
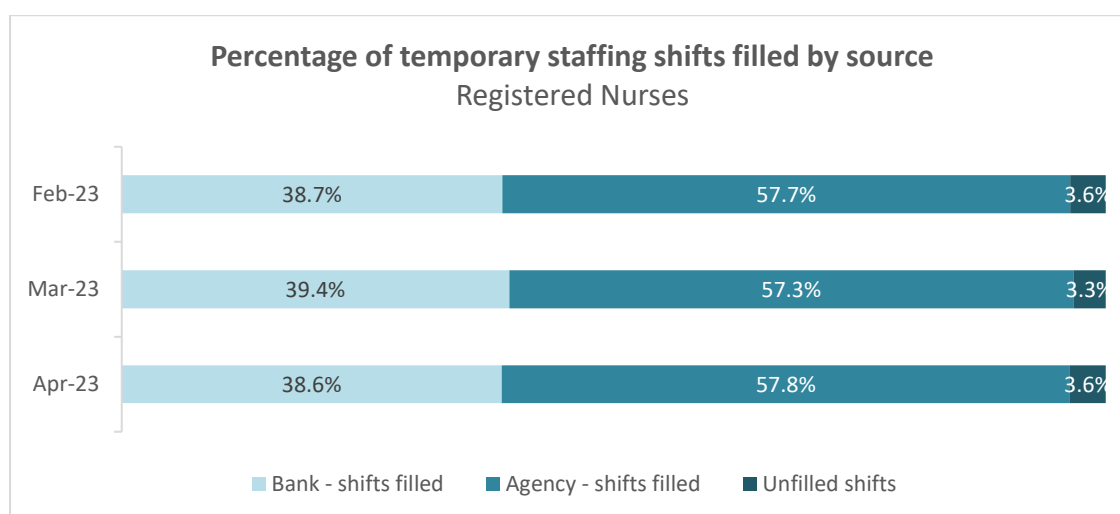
essential/specific training for staff working in CRISIS and urgent mental health care teams and community nursing.

- 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. The training has been 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 RN and HCA 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 11.1 CHPPD (national average 10.8) consistent with March

2023, ranging between 4.5(Stewart House) 80.6 (Agnes unit) and 196.9 (Gillivers due to 9 occupied bed days between 28-30 April 2023). 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)

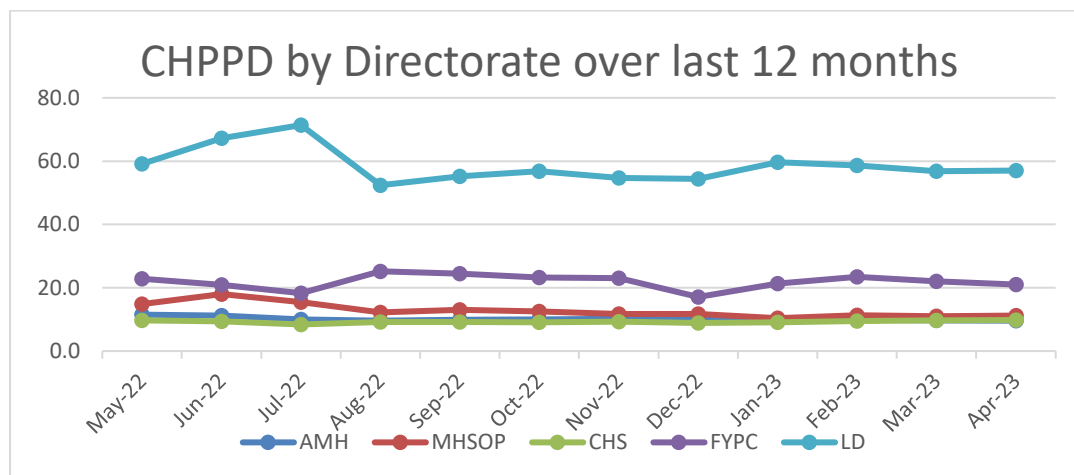


Table 3 – including CHPPD, RN Vacancies, Sickness and RN Turnover Rate.

Directorate	CHPPD	RN vacancies (WTE)	RN Vacancies (%)	RN Sickness %	RN 12m Turnover rate %
CHS	9.8	135.8	22.4%	4.2%	10.2%
DMH Inc MHSOP	9.6 11.2	161.3	23.2%	5.9%	6.9%
FYPC LD	21 57	122.0	21.9%	6.6%	7.5%
All clinical directorates combined	11.1	419.0	22.5%	5.6%	8.2%

The RN vacancy position is at 419.0 Whole Time Equivalent (WTE) with a 22.5% 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 8.2%, (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 April 2023 we continue to grow and develop our nursing workforce. A total of 27.61 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 April 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

April 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	Complaints	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	88.1%	190.1%	105.2%	144.6%			57.9%	13.0%	44.9%	9.1	1↓	5↑	2↑			
	Beaumont	23	22	113.6%	285.0%	107.8%	169.6%			63.3%	29.5%	33.8%	7.1	1→	1→	0→			
	Belvoir Unit	10	10	117.7%	205.6%	108.1%	269.6%			66.1%	30.8%	35.4%	18.6	0→	0→	0→			
	Bosworth	14	14	151.4%	124.6%	108.6%	107.9%		100.0%	55.2%	39.1%	16.1%	8.9	0→	0↓	0→			
	Heather	17	18	106.8%	150.0%	105.3%	138.5%		100.0%	60.7%	39.3%	21.3%	7.3	0→	2↑	0↓			
	Thornton	14	12	69.2%	213.4%	92.2%	118.0%			38.3%	28.6%	9.7%	8.5	0↓	2↑	0→			
	Watermead	19	20	121.9%	188.7%	115.5%	142.5%		100.0%	47.8%	21.4%	26.4%	7.3	1→	4↓	0→			
	Griffin - Herschel Prins	6	6	102.5%	274.0%	106.5%	675.9%			70.1%	37.7%	32.3%	32.8	0→	0→	0→			
DMH Other	Phoenix - Herschel Prins	12	12	104.5%	107.6%	101.1%	156.8%		100.0%	37.5%	20.4%	17.1%	10.3	0→	0→	0→			
	Skye Wing - Stewart House	28	30	108.4%	105.0%	102.8%	102.8%			22.8%	20.7%	2.1%	4.5	0→	1↑	0→			
	Willows	12	9	151.8%	129.9%	139.3%	120.3%			59.7%	51.0%	8.7%	9.7	0↓	0↓	0→			
	Mill Lodge	12	14	135.2%	126.4%	132.4%	137.5%			43.2%	33.0%	10.2%	15.4	0→	15→	0→			
	Kirby	21	23	63.9%	194.3%	120.9%	305.7%	100.0%	100.0%	58.2%	27.9%	30.3%	10.6	0↓	6↓	0↓			
	Welford	17	16	94.7%	149.4%	133.5%	279.4%			48.6%	28.9%	19.6%	10.5	0→	8↓	0→			
	Coleman	18	18	102.3%	147.7%	104.2%	241.5%	100.0%	100.0%	56.0%	38.8%	17.2%	12.2	1→	2↓	0→			
	Gwendolen	16	19	104.5%	145.4%	104.2%	280.2%			41.0%	29.2%	11.8%	11.7	0→	9↓	0→			
CHS City	Beechwood Ward - BC03	20	22	98.6%	121.0%	100.0%	155.8%	100.0%	100.0%	43.2%	19.2%	24.0%	9.9	0→	4↑	1↑	0→	0→	0↓
	Clarendon Ward - CW01	19	21	87.8%	164.8%	100.0%	197.9%	100.0%	100.0%	48.0%	15.7%	32.3%	12.1	3→	7↑	0↓	0↓	0→	1→
CHS East	Dagleish Ward - MMDW	15	17	100.4%	96.2%	98.6%	119.0%	100.0%	100.0%	21.3%	7.9%	13.5%	9.0	3↑	2↑	0→	3→	0→	2↓
	Rutland Ward - RURW	16	16	95.1%	167.4%	101.5%	141.2%	100.0%	100.0%	40.0%	24.0%	16.1%	8.9	1↑	2↓	0→	0→	0→	0↓
	Ward 1 - SL1	18	21	92.3%	140.7%	100.0%	191.2%	100.0%	100.0%	32.5%	15.3%	17.2%	10.3	0↓	1→	0→	2→	0→	1↓
	Ward 3 - SL3	13	14	107.0%	97.1%	96.7%	114.5%	100.0%	100.0%	31.1%	18.5%	12.6%	9.5	1↑	3→	0→	0→	0→	0↓
CHS West	Ellistown Ward - CVEL	17	20	100.9%	126.5%	101.7%	119.6%	100.0%	100.0%	27.8%	8.6%	19.1%	9.0	1↑	3↓	0→	1↑	0→	0→
	Snibston Ward - CVSN	18	19	101.4%	148.1%	100.0%	182.5%	100.0%	100.0%	34.5%	10.1%	24.3%	10.2	0↓	2↓	0→	2→	0→	0↓
	East Ward - HSEW	26	28	140.3%	141.7%	150.0%	161.7%	100.0%	100.0%	44.9%	12.4%	32.5%	9.1	2→	5↑	1↑	1→	0→	0↓
	North Ward - HSNW	18	19	100.1%	101.7%	103.1%	131.2%	100.0%	100.0%	32.4%	8.8%	23.6%	9.3	0↓	10↑	0→	1↓	0→	0→
	Ward 4 - CVW4	9	16	90.1%	107.1%	98.3%	100.0%	100.0%		83.7%	26.9%	56.9%	14.0	1↓	2↑	1→	1→	0→	0→
	Swithland Ward - LBSW	18	22	103.3%	100.7%	95.0%	163.2%	100.0%	100.0%	25.0%	11.3%	13.6%	8.8	0↓	1↓	0→	1→	0→	0→
FYPC	Langley	15	13	75.8%	96.7%	128.9%	136.3%	100.0%		49.1%	36.1%	13.0%	14.7	1→	0↓	0→			0↓
	CAMHS Beacon Ward - Inpatient Adolescent	7	17	99.6%	131.3%	104.9%	84.5%	100.0%		60.6%	27.1%	33.5%	32.7	2↑	1→	0→			6↑
LD	Agnes Unit	1	1	117.8%	103.2%	106.7%	158.1%			51.4%	15.0%	36.5%	80.6	0→	3↑	0→			0↓
	Gillivers	3	5	96.8%	59.1%	115.6%	62.1%			1.4%	1.4%	0.0%	196.9	0	0	0			
	1 The Grange	3	4	67.2%	47.4%	0.0%	116.7%			7.8%	7.8%	0.0%	18.6	1↑	2↑	0→			

CHPPD for Gillivers is 196.9 as there were only 9 occupied bed days during April 2023.

Governance table

For Board and Board Committees: Paper sponsored by:	Trust Board 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	Quality and Safety Committee 27.06.2023	
STEP up to GREAT strategic alignment*:	Assured	
	Monthly report	
	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:		