

## Trust Board – 26 September 2023

### Safe Staffing – July 2023

#### Purpose of the report

This report provides a full overview of nursing safe staffing during the month of July 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 increased this month by 2.23% reported at 46.24% overall and Trust wide agency usage slightly increased this month by 1.46 % to 22.16% overall.
- In July 2023; 30 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 90.90 % of our inpatient Wards and Units, changes from last month include Willows and Welford (ED)
- 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
<b>CHS in Patients</b>	<p>High percentage of temporary workforce to meet planned staffing levels across all wards due to vacancies, increased patient acuity and dependency, enhanced observations due to one-to-one care, and increasing seasonal sickness. Key areas to note Charnwood at 81.1% (surge ward relocated to Loughborough Hospital) and Beechwood, Clarendon, Dalgleish and ward 3 St Lukes all utilising above 40% temporary workforce. Rutland, St Luke's ward 1, Ellistown, Snibston and North/East wards 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.</p> <p>A review of the NSIs has identified a decrease in the number of falls incidents from forty-three in June to forty-one in July 2023. Ward areas to note are Swithland, East Ward, Beechwood, Ellistown and St Lukes ward 3.</p> <p>The number of medication incidents has decreased from twenty -one in June to thirteen in July 2023 across nine ward areas - Beechwood, Dalgleish, Rutland, ward 1 and ward 3 St Luke's, Snibston, East and North wards and Swithland. Dalgleish and Rutland each had 2 reported incidents.</p> <p>The number of category 2 pressure ulcers developed in our care has decreased from fourteen in June to nine in July 2023.</p>	<p>Daily staffing reviews, staff movement to ensure substantive RN cover, e-rostering reviewed. Active recruitment is taking place across the service line.</p> <p>Of the forty-one falls incidents, thirty-four were first falls, six repeat falls and one patient placed themselves on the floor. The number of unwitnessed falls has decreased from twenty-six in June to seventeen in July 2023. There was one moderate harm reported for St Luke's ward 3 and reviewed at the Trust IRM meeting for lessons learnt. A falls deep dive completed by lead matron has been shared at the Trust Falls Steering Group, detailing what is working well, areas for development, themes, gaps, focus for next 6 months and reflections.</p> <p>Thirteen medication related incidents were reported across 9 wards. Both Dalgleish and Rutland wards reported two incidents. A review of these related to temporary workforce. Two incidents reported on Dalgleish related to the same incident. The Deputy Head of Nursing for Community is completing a review across all wards in relation to medicines management practices and exploring temporary workforce and medication related incidents.</p> <p>The number of category 2 pressure ulcers developed in our care has decreased to nine across the hospitals. Snibston ward reported four category 2 pressure ulcers. The matron for the ward is completing a review with the team to understand the increase.</p> <p>There were eight staffing related incidents reported in month. These incidents were relating to last minute cancellations due to sickness and did not cause any harms. Impact continues to be noted on health and wellbeing of staff who remained on shift over and above rostered hours until RN cover arrived.</p>	
<b>DMH In patient</b>	<p>High percentage of temporary workforce on all wards to meet planned staffing. Beaumont, Heather and Griffin – above 60 %. Belvoir, Bosworth, Thornton, Watermead, Willows and Kirby above 50% temporary workforce due to vacancies, high acuity, patient complexity and increased therapeutic observations.</p> <p>MHSOP wards, no change to key area's noted -Kirby, Aston, Coleman, and Gwendolen.</p> <p>A review of the NSI's has identified a decrease in the number of falls incidents from 59 in June to 50 in July 2023. The number of medication incidents increased from 15 in June to 17 in July 2023. There was 1 complaint received in July 2023.</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.</p> <p>Of the 50 falls incidents, 10 were first falls at the BMHU, 4 at the Willows and 1 at Stewart House. 20 incidents reported at Mill Lodge (involving x 4 patients falling numerous times relating to their core condition and reduced mobility). MHSOP wards reported x 15 falls with 6 falls reported on Gwendolen and Coleman, 2 falls on Aston and 1 fall on Kirby - all falls reported as low or no harm. 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>The 17 medication related incidents were due to, issues with the controlled drugs register, an incorrect prescription, medication not being available for leave/discharge, and medication given to the wrong patient by a temporary worker (patient reviewed and no harm to the patient). Medication error policy followed with temporary worker.</p> <p>One complaint was received in June and under investigation. 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>	

<b>FYPCLD In-patients</b>	<p>No change to key areas noted- Beacon, Agnes, and Welford (ED). Reduced fill rate for RNs on days and HCAs on days and nights at the Beacon. Reduced fill rate for RNs on days and nights and HCAs on days at the Grange. A review of the NSIs has identified no change in the number of falls from 5 in June to 5 in July 2023. The number of medication related incidents decreased to two in July from three in June 2023.</p> <p>There was 1 complaint received in July 2023</p>	<p>Mitigation remains in place- potential risks being closely monitored.</p> <p>Review of NSIs has identified no correlation with staffing levels and impact to quality and safety of patient care/outcomes.</p> <p>Beacon staffing model 2 RNs and 4 HCSW on days and 2 RNs and 3 HCSWs on nights. Staffing model reduced for a 2-week period during July due to bed closures. Work progressing with business support to rectify cause of reduced fill rate as planned staffing levels consistently met in July 2023. The Grange offers planned and respite care and staffing model is dependent on patient’s needs, presentation and risk factors.</p> <p>Of the 5 falls reported, 2 were due to one patient experiencing epileptic seizures, a patient feeling dizzy, and 2 further falls with minimal harm to the patients. Two medication incidents were reported one relating to administration of a medication that was out-of-date and a medication omission. No harm came to the patients and not associated with staffing. One complaint was received on Welford ED due to a substantive member of staff and professional conduct actions in place and being followed up through HR policies and procedures.</p>	
<b>CHS Community</b>	<p>Key areas to note - City East, City West, East North, Hinckley, East central and Charnwood Hubs due to high patient acuity, high vacancy levels and absence. Overall, the community nursing Service OPEL has been level 3, 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>The Community Nursing transformation work continues with its 4 workstreams that report into the Transformation Group and onwards to DMT. Community Nursing Safer Staffing Tool (CNSST) census piloted for 7 days in July 2023 in the ward 5 team, within Northwest Leicestershire hub. A report following the pilot recommendations is planned for CHS Workforce DMT in September 2023. Fortnightly safe staffing delivery group meeting to review ongoing priorities, projects and response.</p>	
<b>DMH Community</b>	<p>Key areas to note - South Leicestershire CMHT significant high RN and Psychology vacancies. Northwest Leicestershire, City Central and Assertive Outreach due to significant vacancies in RNs, Occupational Therapy and Psychology. Medical cover is improving. Charnwood, City West, City East and Perinatal CMHTs also significant RN vacancies.</p>	<p>Mitigation remains in place, potential risks closely monitored within Directorate. Nursing and OT temporary workforce now supporting South Leicestershire CMHT and recruitment to RN posts progressing. Quality Improvement Plan in place via transformation. Case load reviews continue, introduction of alternative and skill mix roles on identified service need. Most teams have peer psychological supervision, teams have time out days and teams support in a coordinated way. City Central CMHT regaining team leader.</p>	
<b>FYPC.LD Community</b>	<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 continue at 65% staffing, recruitment is progressing but yet to have impact as new starters require onboarding and training.</p>	

		LD Community has successfully recruited into several posts awaiting onboarding. Many areas are reviewing and operating in a service prioritisation basis.	
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## 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. It is noted that there has been a decrease in medication related incidents this month, further analysis to be undertaken to identify any themes, trends and additional actions to be taken to mitigate the risk in conjunction with the medication risk reduction group.

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/Supervision		Core Mandatory Training			Clinical Mandatory	
	Appraisal	Clinical Supervision	10 out of 12 compliance subjects	Resuscitation Level1	Data Security Awareness IG	Basic Life Support (BLS)	Immediate Life Support (ILS)
All Substantive	85.2%	82.9%	green	85.6%	94.4%	81.5%	51.7%
Bank						60.3%	51.7%

- Compliance with face-to-face mandatory training is reported through the Training Education Development (TED) and Strategic Workforce Committee.
- BLS compliance for bank staff is being taken though TED and Centralised Staffing Solutions (CSS) to improve compliance and mitigations proposed to restrict temporary

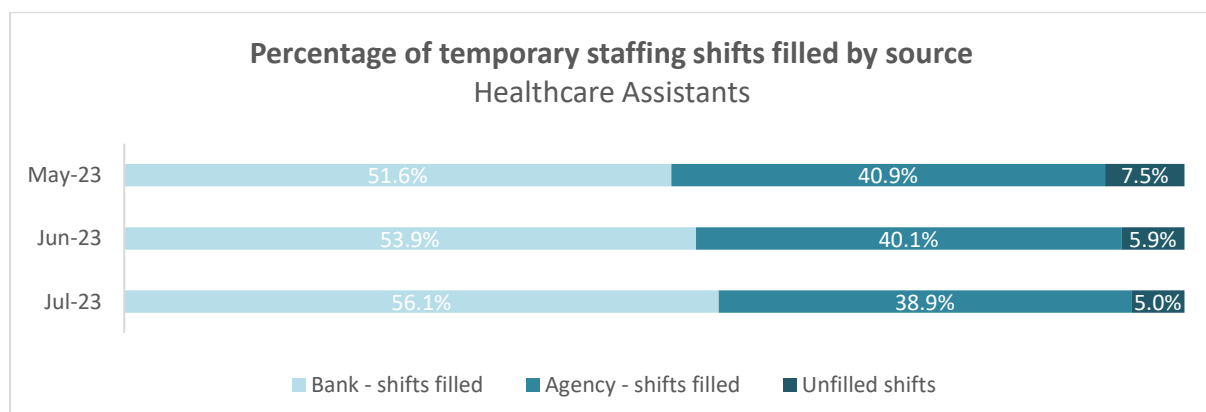
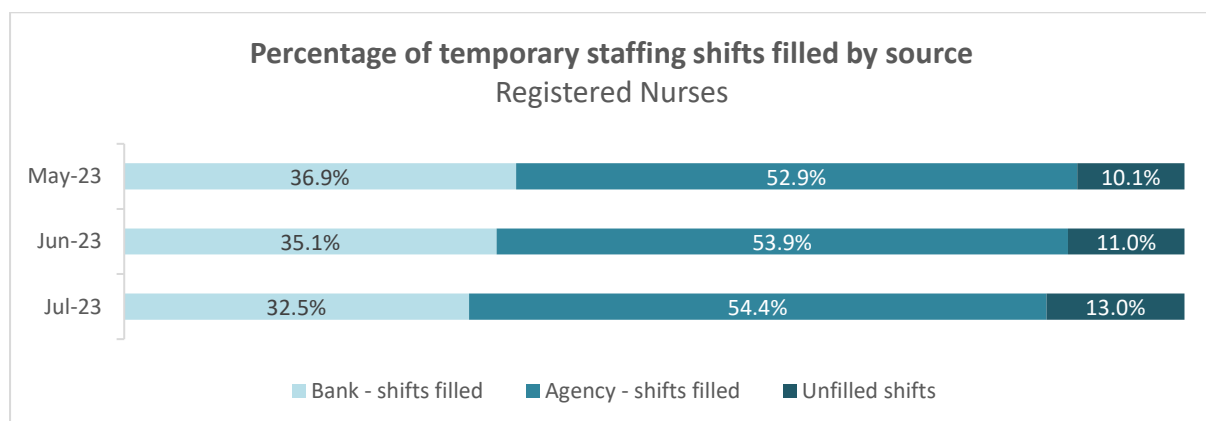
workers who are not in date with clinical mandatory training. This will be managed through a phased approach and risk assessed to ensure there is no significant impact operationally. An SBAR (situation, background, actions, recommendations) will be presented to the Strategic Executive Board (SEB) and will include the impact of this approach. SEB will consider this approach for approval.

- 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 continue working 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.
- Flat lift training compliance (as reported at Trust falls group) is rag rated amber at 75.0% for CHS, red at 26.8% for DMH and 9.4% for bank staff. Training now classified as 'essential to role' and N/A to FYPC.LDA.

### 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.

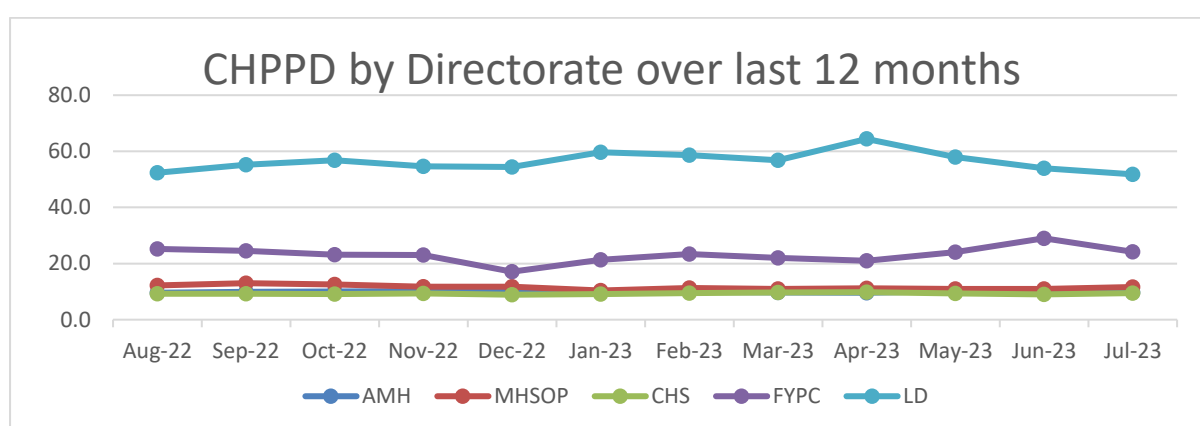
**Table 1 & 2 – Temporary RN and HCA Nursing Workforce**



## Care Hours Per Patient Day (CHPPD)

The total Trust CHPPD average (including ward based AHPs) is calculated by the Corporate Business Information Team at 11.2 CHPPD (national average 10.8) consistent with June 2023, ranging between 6.3(Stewart House) and 66.2(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 3 reflects the variation in directorate and table 4 illustrates the proportion of staff absent due to sickness absence.

**Table 3 – CHPPD by Directorate (previous 12 months)**



**Table 4 – including CHPPD, RN Vacancies, Sickness and RN Turnover Rate**

Directorate	CHPPD	RN vacancies (WTE)	RN Vacancies (%)	RN Sickness %	RN 12m Turnover rate %
CHS	9.5	144.2	23.5%	6.7%	9.5%
DMH Inc MHSOP	9.7 11.6	209.1	27.7%	5.1%	6.0%
FYPC LD	24.2 51.8	146.0	25.1%	5.1%	7.6%
All clinical directorates combined	11.2	499.2	25.6%	5.7%	7.3%

The RN vacancy position is at 481.9 Whole Time Equivalent (WTE) with a 25% 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 7.3%, (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 July 2023 we continue to grow and develop our nursing workforce. A total of 13.12 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 were launched on 1 June 2023 to aid retention, reward, and meaningful recognition. RN nominations have been received in recognition of the daisy award.

### **Proposal**

Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in July 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



Annex1 July 2023

				Fill Rate Analysis (National Return)						% Temporary Workers			Overall CHPPD							
				Actual Hours Worked divided by Planned Hours						(NURSING ONLY)				(Nursing And AHP)	Medication Errors	Falls	Complaints	PU Category 2	PU Category 4	Staffing Related Incidents
Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Nurse Day (Early & Late Shift)		Nurse Night		AHP Day		Total	Bank	Agency								
				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%	<20%	<=6%								
DMH Bradgate	Ashby	15	14	98.9%	184.1%	102.7%	105.5%			45.0%	13.8%	31.2%	8.4	0→	2↑	0→				
	Beaumont	22	22	107.9%	275.1%	111.3%	177.9%		100.0%	65.3%	34.9%	30.4%	7.7	1↓	1↓	0→				
	Belvoir Unit	9	10	112.1%	245.0%	91.3%	250.6%			54.8%	36.4%	18.4%	20.7	1↑	0↓	0↓				
	Bosworth	14	14	126.8%	142.3%	105.0%	109.9%			50.3%	36.8%	13.5%	8.4	1→	3↑	0→				
	Heather	18	18	118.7%	141.6%	101.7%	116.0%		100.0%	60.9%	43.4%	17.5%	6.8	3↑	3↓	0↑				
	Thornton	12	12	106.3%	126.4%	103.1%	124.5%			53.1%	42.4%	10.7%	9.4	1↑	0↓	0→				
	Watermead	19	20	100.5%	157.1%	111.1%	153.2%		100.0%	55.5%	23.9%	31.6%	6.8	1↓	1↓	1↓				
	Griffin - Herschel Prins	5	6	109.5%	147.8%	106.1%	301.2%			60.4%	33.5%	26.9%	25.5	0↓	0→	0→				
DMH Other	Phoenix - Herschel Prins	12	12	103.8%	125.6%	104.5%	168.6%		100.0%	43.5%	25.7%	17.8%	10.7	0→	0→	0→				
	Skye Wing - Stewart House	25	30	113.6%	117.2%	136.1%	164.0%			43.7%	42.7%	1.0%	6.3	4↑	1↑	0→				
	Willows	10	9	174.1%	128.0%	139.5%	116.7%			54.0%	45.0%	9.0%	11.2	1↑	4↑	0→				
	Mill Lodge	13	14	105.7%	113.7%	99.5%	113.3%			34.8%	21.9%	12.9%	12.1	1→	20↑	0→				
	Kirby	22	23	101.1%	156.2%	125.5%	381.6%	100.0%	100.0%	57.0%	43.4%	13.6%	11.1	1↓	1↓	0→				
	Aston (MHSOP)	13	17	89.8%	107.1%	135.6%	187.8%			43.5%	28.5%	15.0%	10.2	1→	2↓	0→				
	Coleman	16	18	106.5%	116.6%	103.2%	207.0%	100.0%	100.0%	47.4%	30.3%	17.1%	11.3	1→	6↑	0→				
	Gwendolen	12	19	104.8%	136.0%	104.5%	260.4%			42.4%	34.9%	7.6%	14.3	0→	6↑	0→				
CHS City	Beechwood Ward - BC03	23	24	97.7%	117.4%	99.4%	133.9%	100.0%	100.0%	45.4%	17.6%	27.8%	8.5	1→	5↑	0→	0↓	0→		
	Clarendon Ward - CW01	19	21	91.0%	131.9%	100.0%	130.8%	100.0%	100.0%	43.2%	16.1%	27.1%	10.0	0↓	3↓	0→	1↑	0→		
CHS East	Dagleish Ward - MMDW	15	16	96.4%	117.4%	99.7%	146.5%	100.0%	100.0%	44.9%	9.4%	35.5%	10.1	2↓	1↓	0↓	1↓	0→		
	Rutland Ward - RURW	16	16	96.8%	137.5%	94.7%	100.0%	100.0%	100.0%	34.3%	12.0%	22.3%	7.9	2↑	2↓	0→	0→	0→		
	Ward 1 - SL1	18	20	89.2%	142.0%	106.0%	170.3%	100.0%	100.0%	36.2%	16.5%	19.7%	10.9	2↑	3↓	0→	0→	0→		
	Ward 3 - SL3	13	14	104.6%	99.2%	99.9%	99.3%	100.0%	100.0%	40.8%	18.0%	22.8%	9.8	1↓	1↓	0→	0↓	0→		
CHS West	Ellistown Ward - CVEL	18	20	100.2%	118.9%	100.1%	133.6%	100.0%	100.0%	30.3%	7.5%	22.8%	8.7	0↓	5↑	0→	1↓	0→		
	Snibston Ward - CVSNI	17	19	92.7%	141.5%	101.1%	157.2%	100.0%	100.0%	33.1%	11.7%	21.4%	10.4	1→	4↑	0→	4↑	0→		
	East Ward - HSEW	21	23	94.4%	112.1%	101.6%	124.2%	100.0%	100.0%	36.0%	14.1%	21.9%	9.5	1↓	7↑	0→	0→	0→		
	North Ward - HSNW	17	19	102.5%	89.5%	104.7%	122.2%	100.0%	100.0%	35.7%	14.8%	21.0%	8.5	2↑	2↑	0→	0→	0→		
	Charnwood Ward - LBCW	10	16	93.8%	107.9%	98.1%	99.5%			81.1%	18.9%	62.2%	11.4	0↓	1↓	0→	0↓	0		
	Swithland Ward - LBSW	19	20	95.2%	98.7%	96.3%	149.8%	100.0%	100.0%	24.3%	9.8%	14.5%	8.9	1↑	7↑	0→	2→	0→		
FYPC	Welford (ED)	9	15	111.5%	111.1%	130.7%	187.4%	100.0%		37.0%	30.2%	6.7%	19.4	1→	0→	0↓				
	CAMHS Beacon Ward - Inpatient Adolescent	5	17	67.4%	76.8%	102.7%	51.9%	100.0%		56.0%	24.0%	31.9%	34.0	0↓	3↑	0→				
LD	Agnes Unit	1	2	100.5%	122.3%	120.6%	190.8%			63.0%	15.9%	47.2%	66.2	0↓	1↓	0→				
	Gillivers	3	5	108.9%	90.8%	142.2%	88.2%			7.4%	7.4%	0.0%	25.8	0→	0→	0→				
	1 The Grange	2	4	79.5%	60.7%	27.1%	124.5%			20.7%	20.3%	0.4%	34.4	1↑	1↑	0→				

## 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:	26.09.2023	
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:		