

Trust Board – 26 September 2023

Safe Staffing – June 2023

Purpose of the report

This report provides a full overview of nursing safe staffing during the month of June 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 0.62% reported at 44.01% overall and Trust wide agency usage slightly decreased this month by 1.07% to 20.70% overall.
- In June 2023; 28 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 84.8 % 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
CHS in Patients	<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 78.7% (surge ward relocated to Loughborough Hospital) and Beechwood, Clarendon and ward 1 St Lukes all utilising above 40% temporary workforce. Dalglish, Rutland, St Luke's ward 3 and East ward 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. North ward reported a fill rate of less than 80% of HCAs on nights.</p> <p>A review of the NSIs has identified an increase in the number of falls incidents from thirty-three in May to forty-three in June 2023. Ward areas to note are Clarendon, East ward and Charnwood wards.</p> <p>The number of medication incidents has increased from five in May to twenty-one in June 2023. Eight ward areas to note; Ellistown, Snibston, Beechwood, Clarendon, East, Ward 3 (St Luke's) Charnwood. Key area to note Dalglish with ten medication incidents reported.</p> <p>The number of category 2 pressure ulcers developed in our care has increased from six in May to fourteen in June 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>North ward planned staffing includes 2 HCAs on the night shift. Work progressing with Business Support to identify cause of reduced fill rate as planned staffing levels consistently met during June 2023.</p> <p>Of the forty- three falls incidents, thirty-two were first falls, ten repeat falls and one patient placed themselves on the floor. The number of unwitnessed falls has also increased from 22 in May to 26 in June 2023. There was one moderate harm reported for East ward 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>Twenty-one medication error incidents were reported across 8 wards. Ten incidents occurred on Dalglish ward. Five related to temporary workforce of which 2 of the incidents reported staff not having access to the Controlled Drug (CD) register. An internal investigation is being completed for two medication incidents involving a temporary worker on East ward. This emerging theme relating to temporary workforce and medication related incidents will be considered in July's safer staffing report with a plan dependent on the findings if this theme continues.</p> <p>The number of category 2 pressure ulcers developed in our care has increased to fourteen across the hospitals. Dalglish ward reported five category 2 pressure ulcers. The matron for the ward is completing a review with the team to understand the increase. A quality summit is planned for Dalglish ward.</p> <p>There were seven 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. 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>	
DMH In patient	<p>High percentage of temporary workforce on all wards to meet planned staffing. Beaumont, Belvoir, Heather and Griffin – 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>MHSOP wards, no change to key area's noted -Kirby, Aston, Coleman, and Gwendolen.</p> <p>A review of the NSI's has identified an increase in the number of falls incidents from 56 in May to 59 in June 2023. The number of</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>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>Thornton staffing model is 2 RNs in the day for x 12 beds. Work progressing with Business support to rectify cause of reduced fill rate, as planned staffing levels consistently met in June 2023. Improvement to be reflected from July 2023.</p> <p>All patients receive a falls risk assessment/multi-factorial falls risk assessment on admission. Falls huddles in place and physiotherapy reviews for patients with sustained falls and increased risk of falling.</p> <p>The 15 medication error incidents were due to, issues with the controlled drugs register, an incorrect prescription, patient witnessed secreting medications, medication not being available, and medication given to the wrong patient by a temporary worker (no harm to the patient). Medication error process followed with temporary worker and</p>	

	medication incidents increased from thirteen in May to 15 in June 2023. There were 6 complaints received in June 2023.	duty of candour completed with the patient and next of kin. Medication related incidents involving temporary workers is a theme consistent with CHS inpatient services as outlined above. Six complaints were received in June and under investigation. 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. Reduced fill rate for HCAs on days at Gillivers and the Grange and reduced fill rate for RNs on nights at the Grange. A review of the NSIs has identified a decrease in falls from 17 in May 2023 to 5 in June 2023. The number of medication errors decreased to three in June from six in May 2023.	Mitigation remains in place- potential risks being closely monitored. Review of NSIs has identified no correlation with staffing levels and impact to quality and safety of patient care/outcomes. Of the 5 falls reported, 2 were due to patients placing themselves on the floor, 2 related to a patient losing their balance, tripping over objects and 1 unwitnessed fall, no harm was sustained in all falls. One complaint was received on Welford ward due to staff professional conduct and being followed up through HR policies and procedures.	
CHS Community	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.	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 transformation 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. Training has taken place in June 2023 in preparation for piloting the CNSST in July 2023.	
DMH Community	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, Psychology and non-registered staff groups. Medical cover is improving.	Mitigation remains in place, potential risks closely monitored within Directorate. Temporary workforce now supporting South Leicestershire CMHT. Quality Improvement Plan in place. Case load reviews continue, introduction of alternative and skill mix roles on identified service need. Community staff have been attending recruitment events to promote roles offered within their services and the teams look at different types/new roles when looking at their skill mix. Most teams have peer psychological supervision, teams have time out days and teams support in a coordinated way.	
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 continue 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. It is noted that there has been an increase 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	85.4%	82.8%	green	83.1%	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 (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

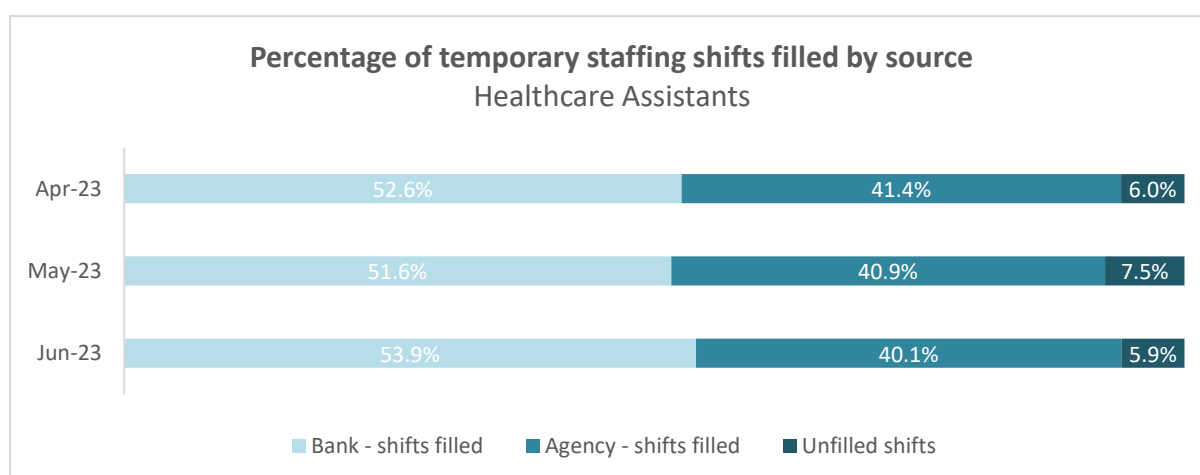
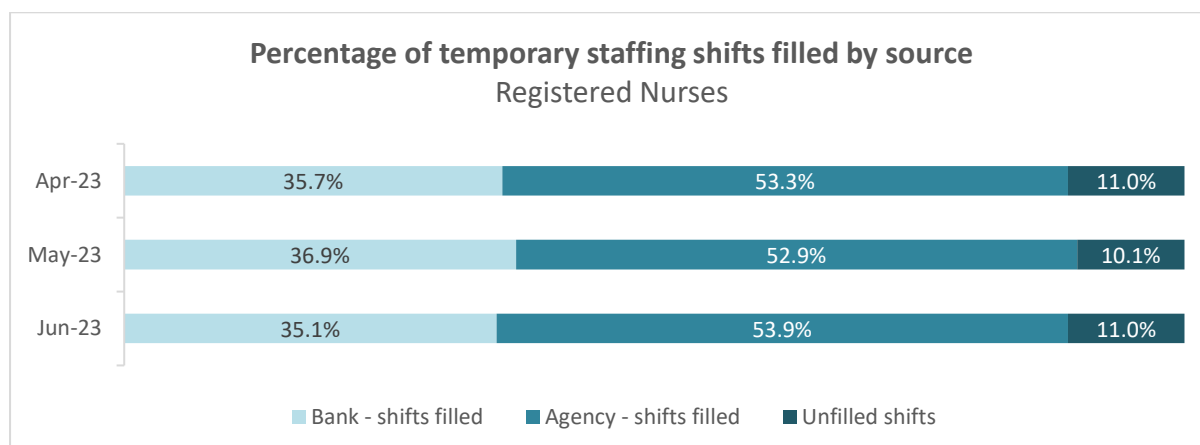
workers who are not in date with clinical mandatory training. This will be managed through a phased approach and risk assessed to ensure there is no significant impact operationally. An SBAR (situation, background, actions, recommendations) will be presented to the Strategic Executive Board (SEB) and 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 76.4% for CHS, red at 25% for DMH and 10.7% 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 11.1 CHPPD (national average 10.8) consistent with May 2023, ranging between 5.1 (Stewart House) and 75.1(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)

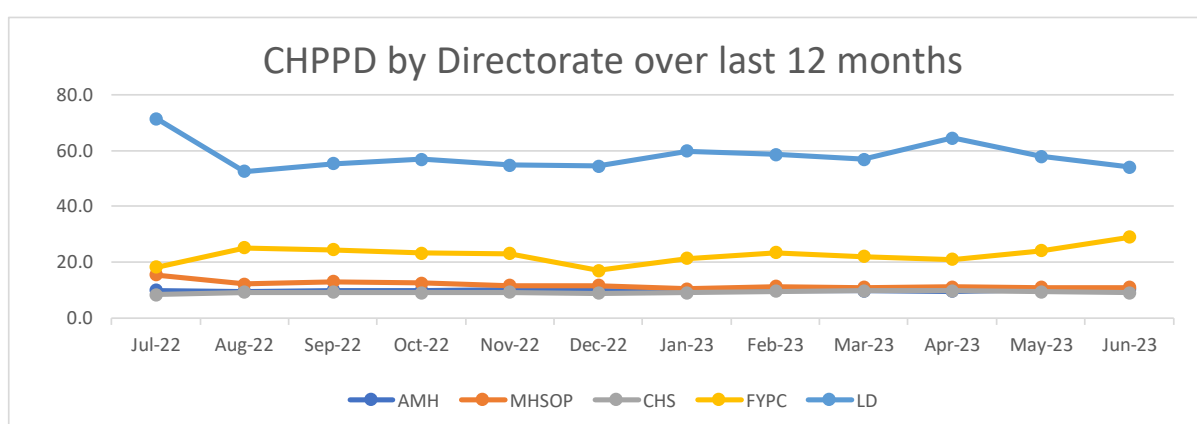


Table 4 – including CHPPD, RN Vacancies, Sickness and RN Turnover Rate

Directorate	CHPPD	RN vacancies (WTE)	RN Vacancies (%)	RN Sickness %	RN 12m Turnover rate %
CHS	9.0	143.9	23.5%	6.7%	10.0%
DMH	10.2	194.0	26.4%	5.2%	6.0%
Inc MHSOP	10.9				
FYPC	29.0	144.0	24.8%	5.3%	6.9%
LDA	54.0				
All clinical directorates combined	11.1	481.9	25.0%	5.9%	7.6%

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 7.6%, (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 June 2023 we continue to grow and develop our nursing workforce. A total of 21.60 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 June 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

Annex 1 - June 2023				Fill Rate Analysis (National Return)						% Temporary Workers			Overall CHPPD						
				Actual Hours Worked divided by Planned Hours															
				Nurse Day (Early & Late Shift)		Nurse Night		AHP Day		(NURSING ONLY)									
Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	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	Total	Bank	Agency	(Nursing And AHP)	Medication Errors	Falls	Complaints	PU Category 2	PU Category 4	Staffing Related Incidents
				>=80%	>=80%	>=80%	>=80%	-	-										
DMH Bradgate	Ashby	14	14	96.7%	207.8%	100.7%	123.8%			49.5%	16.1%	33.3%	9.3	0→	1→	0→			
	Beaumont	20	22	107.6%	272.0%	114.6%	183.1%		100.0%	69.1%	32.5%	36.6%	8.3	2→	2→	0→			
	Belvoir Unit	10	10	118.0%	252.8%	101.0%	311.5%			63.0%	34.8%	28.2%	21.3	0↓	1→	2↑			
	Bosworth	14	14	127.5%	161.3%	104.2%	123.2%			51.6%	36.2%	15.4%	9.4	1↑	0→	0→			
	Heather	17	18	117.5%	199.6%	102.3%	186.9%		100.0%	66.6%	41.0%	25.6%	8.6	1↓	5→	2↑			
	Thornton	12	12	74.6%	212.8%	101.2%	114.7%			40.7%	28.5%	12.2%	9.8	0→	2→	0→			
	Watermead	19	20	102.1%	203.0%	94.1%	188.9%		100.0%	53.6%	24.0%	29.6%	7.5	3↓	6↑	2↑			
	Griffin - Herschel Prins	6	6	108.2%	222.2%	109.7%	485.0%			64.4%	34.6%	29.8%	29.6	1↑	0↓	0↓			
DMH Other	Phoenix - Herschel Prins	12	12	104.0%	111.0%	106.8%	156.8%		100.0%	40.2%	21.2%	19.0%	10.1	0→	0→	0→			
	Skye Wing - Stewart House	26	30	108.4%	110.7%	104.3%	116.7%			27.6%	26.4%	1.2%	5.1	2↑	0↓	0→			
	Willows	10	9	160.6%	123.3%	139.1%	116.5%			53.5%	47.7%	5.9%	10.9	0→	2→	0→			
	Mill Lodge	13	14	123.1%	123.3%	126.5%	123.7%			37.5%	28.9%	8.6%	13.6	1→	16↓	0→			
	Kirby	22	23	95.2%	145.7%	122.4%	309.4%	100.0%	100.0%	48.3%	32.9%	15.4%	10.6	2↑	2↓	0→			
	Aston (MHSOP)	14	17	92.6%	103.6%	133.5%	179.0%			33.4%	25.6%	7.8%	9.3	1↑	15↑	0→			
	Coleman	17	18	119.2%	126.6%	104.5%	224.3%	100.0%	100.0%	48.3%	34.3%	14.0%	12.0	1→	2↓	0→			
	Gwendolen	15	19	104.6%	142.9%	104.5%	270.0%			40.2%	31.0%	9.3%	11.9	0↓	5↓	0→			
CHS City	Beechwood Ward - BC03	22	24	103.0%	117.3%	100.1%	135.6%	100.0%	100.0%	44.9%	17.2%	27.6%	8.8	1↑	2↓	0↓	1→	0→	0↓
	Clarendon Ward - CW01	20	21	90.2%	120.6%	99.9%	110.5%	100.0%	100.0%	41.9%	17.7%	24.2%	9.3	1→	6↑	0↓	0→	0→	0↓
CHS East	Dalgleish Ward - MMDW	16	17	95.4%	99.7%	96.5%	123.7%	100.0%	100.0%	33.1%	8.8%	24.2%	8.8	10↑	2↓	1↑	5↑	0→	4↑
	Rutland Ward - RURW	17	16	93.6%	137.3%	98.6%	100.0%	100.0%	100.0%	30.7%	14.7%	16.0%	7.8	0→	3↑	0→	0→	0→	0→
	Ward 1 - SL1	19	20	86.9%	144.3%	100.9%	175.0%	100.0%	100.0%	41.6%	18.9%	22.7%	10.3	0↓	4↑	0→	0↓	0→	0→
	Ward 3 - SL3	13	14	105.4%	91.2%	98.3%	101.6%	100.0%	100.0%	32.5%	16.6%	15.9%	9.3	2↑	3↑	0→	1↑	0→	0→
CHS West	Ellistown Ward – CVEL	18	20	99.6%	116.7%	100.2%	123.2%	100.0%	100.0%	22.1%	10.5%	11.5%	8.1	3↑	4↑	0→	2↑	0→	0→
	Snibston Ward - CVSN	18	19	98.0%	131.4%	98.3%	148.3%	100.0%	100.0%	28.0%	11.5%	16.6%	9.5	1↑	3↑	0→	2↑	0→	1↑
	East Ward - HSEW	21	23	101.5%	114.8%	124.9%	119.2%	100.0%	100.0%	32.1%	13.6%	18.5%	9.5	2↑	6↑	0→	0→	0→	1→
	North Ward – HSNW	18	19	99.0%	86.4%	104.4%	69.0%	100.0%	100.0%	29.4%	12.4%	17.0%	8.3	0→	1↓	0↓	0→	0→	1↑
	Charnwood Ward - LBCW	14	17	98.2%	107.0%	100.6%	121.6%			78.7%	19.7%	59.0%	9.1	1→	7↑	0→	1↑	0→	0→
	Swithland Ward – LBSW	19	21	97.4%	95.4%	100.0%	169.5%	100.0%	100.0%	25.1%	9.7%	15.4%	8.8	0→	2↓	0→	2↓	0→	0→
FYPC	Welford (ED)	9	15	121.9%	121.7%	142.2%	162.2%	100.0%		35.8%	31.4%	4.5%	20.4	1↓	0→	1↑			
	CAMHS Beacon Ward - Inpatient Adolescent	5	17	82.6%	126.7%	104.4%	89.9%	100.0%		59.5%	18.8%	40.7%	44.1	1↑	1↓	0→			
LD	Agnes Unit	1	1	85.2%	104.7%	103.2%	147.6%			56.9%	17.3%	39.6%	75.1	1↓	4↑	0→			
	Gillivers	3	5	108.7%	76.8%	124.8%	106.8%			5.1%	5.1%	0.0%	25.5	0→	0→	0→			
	1 The Grange	2	4	89.7%	62.8%	37.3%	137.9%			17.9%	17.1%	0.8%	35.6	0↓	0↓	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:		