

Public Trust Board – 28 March 2023

Safe Staffing – February 2023

Purpose of the report

This report provides a full overview of nursing safe staffing during the month of February 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 increased this month; 2.96% reported at 46.67% overall and Trust wide agency usage slightly increased this month by 0.88% to 22.5% overall.
- In February 2023; 29 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 90.62% of our inpatient Wards and Units, no changes from last month.
- Senior nursing review is undertaken to triangulate metrics where there is high percentage of temporary worker/agency utilisation or concerns directly relating to; increased acuity, high caseloads of high-risk patients, increased staff sickness, ability to fill additional shifts and the potential impact to safe and effective care.
- The table below identifies the key areas to note from a safe staffing, quality, safety, and experience review:

Area	Situation	Actions/Mitigations	Risk rating
CHS in Patients	<p>High percentage of temporary workforce to meet planned staffing levels on eleven out of twelve wards due to vacancies, maternity leave, annual leave, enhanced observations for patients with increased acuity requiring additional HCA support. Key areas to note ward 4 (surge ward) utilising 100% temporary workforce including block booking of agency staff, East ward at 47.9% due to an additional 5 beds being opened to support system pressures and patient flow and Rutland at 48.3 % currently undergoing refurbishment. Beechwood, Clarendon St Luke's ward 1 and North ward utilising above 30% temporary workforce.</p> <p>A review of the NSIs has identified a decrease in the number of falls incidents from forty-seven in January to thirty-three in February 2023. Ward areas to note are ward 1 St Luke's, Beechwood, and Rutland.</p> <p>The number of medication incidents has increased from eleven in January to fourteen in February 2023.</p> <p>The number of category 2 pressure ulcers developed in our care has decreased to six</p>	<p>Daily staffing reviews, staff movement to ensure substantive RN cover, e-rostering reviewed. Review of increased incidences has not identified any direct correlation between number of staff on duty and impact to quality and safety of patient care/outcomes.</p> <p>There were eight staffing related incidents reported in month. These incidents were relating to lack of fill by agency, last minute cancellations due to sickness, delayed tasks, impact on available staff to provide 1:1 enhanced observations and access to electronic systems. There was no direct impact to patient care on each of these occasions, however impact noted on health and wellbeing of staff.</p> <p>A review of themes of investigations has identified an emerging correlation between staff skills, confidence, and competencies as a contributory factor for response to the deteriorating patient, pressure ulcer prevention and falls. All staff e.g Substantive and temporary workforce are now included in all training taking place.</p> <p>The senior clinical team with the community hospitals matron lead for falls will be completing a deep dive into falls incidences with a focus on falls assessments, education, care planning, footwear, and alternative equipment. Flat lifting equipment is in place to ensure safe transfer and maintenance of dignity for patients following a fall and flat lift training continues to be monitored through service line governance forum. Flat lift training compliance is at 83%% for February 2023.</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 Monitoring is through directorate pressure ulcer prevention working group.</p>	
DMH In patient	<p>High percentage of temporary workforce on all wards to meet planned staffing. Ashby, Belvoir, Watermead, Griffin, Coleman, and Willows – above 60 % temporary workforce due to vacancies, high acuity, patient complexity and increased therapeutic observations. Thornton - planned staffing reduced to 2 RN's due to reduction in beds, hence reduced fill rates on days. Phoenix - reduced fill rate for RNs on nights. MHSOP wards, no change to key area's noted -Kirby, Welford Coleman, and Gwendolen. Reduced fill rates for RNs on days on Kirby.</p> <p>A review of the NSI's has identified a increase in the number of falls incidents from forty-two in January 2023 to 56 in February 2023.</p> <p>The number of medication incidents increased to seventeen this month</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. Staff movement is not always reflected on e- roster impacting accuracy of fill rate data. Review of increased incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes. Active recruitment ongoing.</p> <p>Medication Administration Technicians and Nurse Associates are not reflected in the fill rates hence rates not achieved, RN to Patient ratio is 1:12/1:10 as per staffing model.</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. Flat lift training compliance is at 90% for Coleman and 50% for Gwendolen wards in MHSOP.</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 – reduced fill rate for RNs on days and HCSWs on nights. Reduced fill rates for RN and HCSW's at the Grange.</p>	<p>Mitigation remains in place- potential risks being closely monitored. RN Staff movement to provide support on Langley. On review only 1 HCSW night shift had reduced staffing, with no further staffing escalations requiring DRA across the month. 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.</p>	

	A review of the NSIs has identified a decrease in falls from nine in January to six in February 2023 and a decrease to six medication errors in February from twelve in January 2023.	Review of NSIs has identified no correlation with staffing levels and impact to quality and safety of patient care/outcomes. Seven staffing incidents were reported this month, three on Langley relating to reduced actual staffing to x1 RN on days- staff movement provided, reduced mental health observations and lack of fill by agency. Four reported on Beacon relating to high acuity resulting in missed staff breaks between mental health observations and lack of safety intervention a patient head banging episode- mitigation included signs on patient doors and updated care plans and a missed patient search. Quality Improvement project on patient searching with clear processes for identifying patients in place.	
CHS Community	Key areas to note City East, City West, East Central and Hinckley Hubs due to high patient acuity, high vacancy levels and absence. Overall, the community nursing service OPEL has been level 2 but 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.	
DMH Community	Services continue with High RN vacancies in the Crisis Mental Health team, City Central, Melton, and Charnwood CMHT and Assertive Outreach. High locum use continues.	Mitigation remains in place, potential risks closely monitored within Directorate. Quality Improvement Plan in place. Case load reviews continue, introduction of alternative roles and skill mix for specific teams based on identified service need progressing.	
FYPC.LD Community	No change to key area's previously noted - LD Community rated red and no change to Healthy Together, Psychology and Therapy. Looked After Children (LAC) improving position.	Mitigation remains in place with potential risks being closely monitored within Directorate. LAC have an improving position following investment and recruitment to vacant and new roles.	

Measures to monitor the impact of staffing on quality.

National Quality Board guidance suggests drawing on measures of quality alongside care hours per patient day (CHPPD) to understand how staffing may affect the quality of care. Suggested indicators include patient and staff feedback, completion of key clinical processes – NEWS, observations, VTE risk assessments, medication omissions, patient harms including pressure ulcer prevalence and in-patient falls and learning from patient safety investigations and serious incidents.

Triangulation of complaints and nurse sensitive indicators with planned versus actual staffing has not identified any direct correlation between staffing levels and the impact on quality and safety of patients. We are starting to see some 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	79%	80.9%	All compliance subjects green	91.7%	88.2%	81.8%
Bank					68.0%	60.9%

- Compliance with face-to-face mandatory training is reported through the Training Education Development and Strategic Workforce Committee.
- In response to the emerging correlation between staff skills and competencies and incidences as a contributory factor and focused patient safety collaboratives for deteriorating patient, mental health observations and pressure ulcer prevention, clinical teams and services have worked with block booked agency workers to provide role

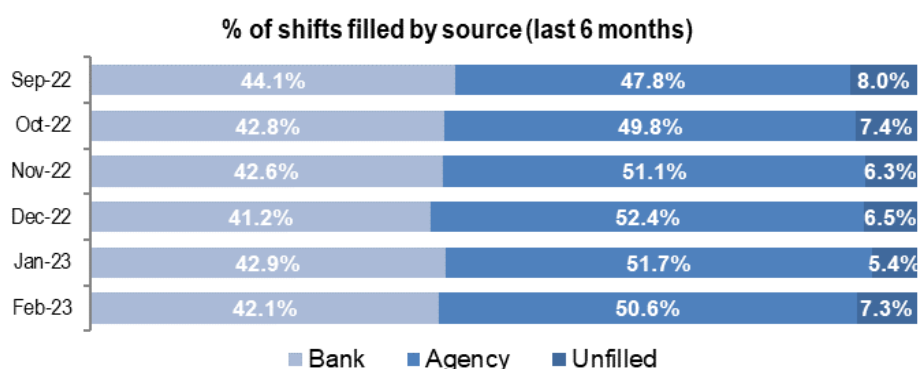
essential/specific training for staff working in CRISIS and urgent mental health care teams and community nursing.

- Train the trainer Flat Lift equipment training has been rolled out by the Trust Manual Handling Lead with a focus on staff working in Community Hospitals and MHSOP wards, further work to include regular agency workers to be trained.
- Flat lift training compliance figures (as reported at the Trust falls group) remains at 83% for CHS. Plan in place to increase train the trainer capacity on MHSOP wards, training compliance continues to increase.

Right Place

- Fill rates above and below 100% for actual HCSWs predominantly on days reflect adjusted staffing levels and skill mix to meet patient care needs.

Table 1 - Temporary Workforce



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 January 2023, ranging between 4.5 (Stewart House) and 77.9 (Agnes unit) CHPPD. CHPPD is calculated by the total actual staffing hours divided by the total occupied bed days (OBDs). Not all AHP and Therapeutic Liaison Worker 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)

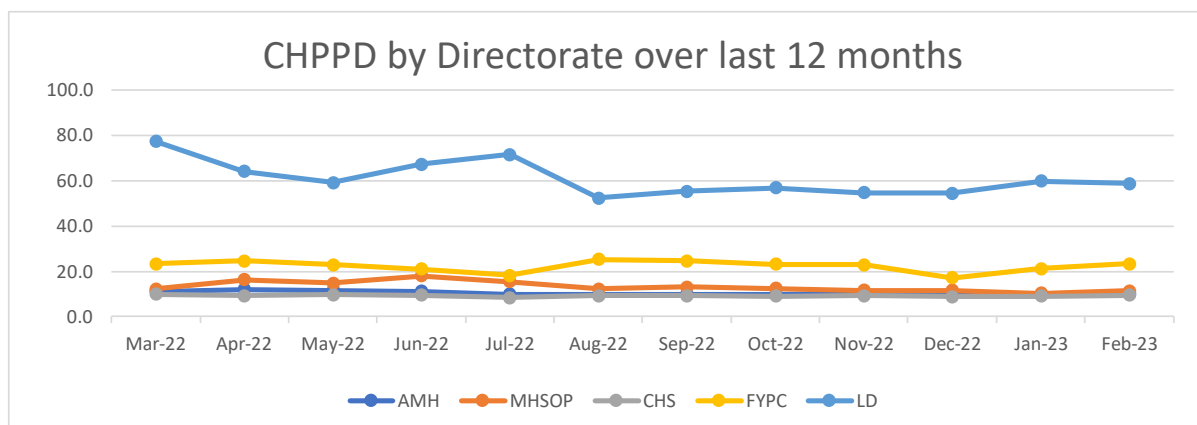


Table 3 – including CHPPD, RN Vacancies, Sickness and RN Turnover Rate.

Directorate	CHPPD	RN vacancies (WTE)	RN Vacancies (%)	RN Sickness %	RN 12m Turnover rate %
CHS	9.5	126.1	20.8%	3.9%	10.0%
DMH Inc MHSOP	9.9 11.3	153.8	22.0%	6.1%	8.2%
FYPC I LD	23.4 58.6	133.5	23.7%	6.1%	9.1%
All clinical directorates combined	11.2	413.4	22.1%	5.8%	9.0%

The RN vacancy position is at 413.4 Whole Time Equivalent (WTE) with a 22.1% 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 9.0%, (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 February 2023 we continue to grow and develop our nursing workforce. A total of 31.40 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.

Proposal

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

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

February 2023

				Fill Rate Analysis (National Return)						% Temporary Workers			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						(NURSING ONLY)									
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%									
DMH Bradgate	Ashby	15	14	104.7%	269.3%	100.6%	240.5%		100.0%	65.1%	25.3%	39.8%	11.4	1↑	1↑	0→			
	Beaumont	23	22	116.3%	248.3%	104.6%	117.0%			55.5%	27.3%	28.1%	6.3	2↑	4↑	1↑			
	Belvoir Unit	9	10	140.7%	261.7%	107.5%	330.4%			64.1%	35.9%	28.2%	22.7	2↑	0→	0→			
	Bosworth	14	14	138.2%	102.7%	104.1%	112.5%		100.0%	50.3%	31.4%	18.9%	8.1	0↓	2↓	0→			
	Heather	18	18	110.3%	185.6%	106.6%	129.2%		100.0%	58.9%	35.3%	23.6%	7.5	3↑	1→	0→			
	Thornton	13	12	77.2%	208.1%	97.1%	113.9%			29.9%	23.6%	6.3%	9.1	1↑	0→	0→			
	Watermead	20	20	101.6%	208.4%	104.6%	148.9%		100.0%	63.4%	21.7%	41.7%	6.9	2↓	0→	0→			
DMH Other	Griffin - Herschel Prins	6	6	104.1%	220.2%	104.5%	511.3%			67.3%	39.6%	27.6%	28.3	0→	0↓	0→			
	Phoenix - Herschel Prins	12	12	104.5%	114.7%	52.1%	163.6%		100.0%	44.1%	27.2%	16.9%	9.8	0→	0→	0→			
	Skye Wing - Stewart House	29	30	117.9%	103.1%	104.3%	108.5%			32.0%	29.8%	2.2%	4.5	2↑	0→	0→			
	Willows	10	9	155.0%	124.5%	139.4%	116.7%			62.3%	53.1%	9.2%	11.3	0↓	3↑	0→			
	Mill Lodge	12	14	135.4%	137.4%	138.6%	166.0%			44.4%	40.2%	4.2%	16.5	1↑	17↑	0→			
	Kirby	22	23	66.7%	122.9%	123.8%	157.9%	100.0%	100.0%	39.7%	29.6%	10.1%	8.0	1→	9↑	0→			
	Welford	13	14	92.5%	140.1%	133.9%	295.6%			53.8%	26.2%	27.7%	11.5	2↓	9→	0→			
CHS City	Coleman	15	18	103.7%	150.5%	106.3%	269.1%	100.0%	100.0%	65.0%	47.5%	17.5%	14.7	0↓	5↑	0→			
	Gwendolen	16	19	105.4%	161.2%	104.3%	311.5%			46.1%	28.8%	17.3%	12.3	0→	5↓	0→			
CHS East	Beechwood Ward - BC03	23	24	94.8%	121.4%	98.7%	139.2%	100.0%	100.0%	44.6%	18.2%	26.4%	8.4	3↑	6↑	0↓	0↓	1↑	
	Clarendon Ward - CW01	20	21	89.5%	135.2%	100.0%	156.6%	100.0%	100.0%	35.6%	12.9%	22.7%	10.4	3↑	3↓	0→	0→	0→	1↑
	Dalglish Ward – MMDW	16	17	134.8%	99.3%	98.4%	154.9%	100.0%	100.0%	25.4%	7.4%	18.0%	9.5	3↑	3↓	0→	1↓	0→	2↓
	Rutland Ward – RURW	18	17	117.8%	186.8%	104.7%	181.8%	100.0%	100.0%	48.3%	19.1%	29.2%	10.1	0→	4↑	0→	0→	0→	1↑
CHS West	Ward 1 - SL1	19	21	86.6%	120.7%	103.6%	160.1%	100.0%	100.0%	36.0%	16.8%	19.2%	7.8	1↑	8↑	1↑	1→	0→	
	Ward 3 - SL3	13	14	99.4%	88.7%	100.0%	99.8%	100.0%	100.0%	27.2%	16.5%	10.8%	9.2	2↑	1→	0→	1↑	0→	
	Ellistown Ward - CVEL	17	20	98.2%	114.0%	105.4%	110.5%	100.0%	100.0%	16.9%	6.7%	10.3%	8.7	0→	1↓	0→	1→	0→	
	Snibston Ward - CVSN	18	21	82.0%	120.0%	101.8%	150.0%	100.0%	100.0%	27.8%	13.5%	14.3%	9.0	0↓	3↓	0→	1↑	0→	
	East Ward – HSEW	23	25	141.7%	156.9%	150.0%	177.1%	100.0%	100.0%	47.9%	13.4%	34.5%	11.1	0↓	0↓	0→	1→	0→	3↓
	North Ward – HSNW	18	19	97.3%	105.5%	105.4%	102.4%	100.0%	100.0%	37.7%	14.0%	23.7%	9.2	1↑	2↓	0→	0↓	0→	1↑
FYPC	Ward 4 - CVW4	8	15	100.9%	101.8%	100.1%	99.8%	100.0%	100.0%	100.0%	0.0%	100.0%	14.2	1↓	0↓	0↓	0→	0→	
	Swithland Ward - LBSW	19	21	99.5%	102.1%	98.2%	149.8%	100.0%	100.0%	22.5%	11.5%	10.9%	8.6	0↓	2↓	0→	0↓	0→	
LD	Langley	14	14	77.0%	101.8%	126.3%	48.8%	100.0%		53.5%	39.8%	13.7%	13.7	1↓	4↓	0→			3↑
	CAMHS Beacon Ward - Inpatient Adolescent	6	17	95.5%	147.5%	113.8%	113.0%	100.0%		65.7%	18.4%	47.3%	47.6	1↓	1↑	0→			4↑
LD	Agnes Unit	1	1	125.1%	95.8%	105.7%	151.9%			60.0%	15.2%	44.7%	77.9	3↑	0→	0→			
	1 The Grange	2	4	67.6%	47.0%	5.0%	107.5%			11.2%	11.2%	0.0%	19.4	1→	1↓	0→			

Governance table

For Board and Board Committees: Paper sponsored by:	Anne Scott Executive Director of Nursing, AHPs and Quality	
Paper authored by:	Elaine Curtin Workforce and Safe staffing Matron, Jane Martin Assistant Director of Nursing and Quality, Emma Wallis Deputy Director of Nursing and Quality	
Date submitted:	30.05.2023	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s): If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured: State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Monthly report	
STEP up to GREAT strategic alignment*:	High 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:		