

Trust Board – 26 November 2024

Safe Staffing – September 2024

Purpose of the Report

This report provides a full overview of nursing safe staffing during the month of September 2024, 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 (table below). This report triangulates workforce metrics; fill rates, Care Hours Per Patient Day (CHPPD), quality and outcomes linked to Nurse Sensitive Indicators (NSI's) and patient experience feedback. (Annex 1 in-patient scorecard).

Analysis of the issue

Right Staff

- Temporary worker utilisation rate decreased this month by 1.74% reported at 32.06% overall and Trust wide agency usage decreased this month by 0.68% to 6.17% overall. Directorate agency utilisation and reduction plans continue.
- In September 2024; 10 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 30.30% of our inpatient Wards and Units. A reduction of 10.87% compared to August 2024. Changes from last month were agency usage decreased below 6% include Gwendolen, Beechwood, Rutland, ward 1 St Lukes and East wards.
- A review is undertaken by the Head/Deputy Heads of Nursing 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 as reported into Directorate Management Teams (DMTs).
- The table below identifies the key areas to note from a safe staffing, quality, safety, and experience review, including high temporary workforce utilisation and fill rate.

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
<p>CHS In-patients</p>	<p>High percentage of temporary workforce to meet planned staffing levels due to vacancies, increased patient acuity and dependency and patients requiring one to one enhanced care. Key areas to note are Dalgleish ward at 39.6%, Snibston, East ward and Charnwood all using over 30%.</p> <p>Increased fill rate HCA day and night shifts due to increased acuity and dependency, increasing number of patients admitted requiring enhanced observations, one to one supervision.</p> <p>A review of the NSIs has identified a reduction in the number of falls incidents from thirty-eight in August to thirty-six in September 2024. Ward areas to note with the highest number of falls are St Lukes ward 1, Swithland, Beech ward and Coalville ward 4.</p> <p>The number of medication incidents has increased from thirty-two in August to forty-one in September 2024. Ward areas to note with the highest number of medication incidents are East, Beechwood and Dalgleish.</p> <p>The number of category 2 pressure ulcers developed in our care has decreased from sixteen in August to eleven in September 2024. Ward areas to note are North ward and Swithland.</p> <p>Two complaints were received in September 2024. One on Beechwood and one on Swithland.</p>	<p>Daily staffing reviews, staff movement to ensure substantive RN cover in each area, or regular bank and agency staff for continuity, e-rostering reviewed. Temporary workforce usage is improving due to an active recruitment drive taking place across the service line. Eight wards are using 30% or less than, temporary workforce and three wards all using less than 20% - Rutland, ward 1 St Lukes and North ward.</p> <p>Within CHS in-patients there were 36 falls, 30 were first falls and 6 repeat falls. The number of unwitnessed falls has decreased from 19 in August to 16 in September 24. The falls spread across 13 wards, areas to note include St Lukes ward 1 having 6 falls, Swithland, Beechwood and Coalville ward 4, all having 5 falls each. Of the falls reported, 20 had no harm, 16 had low harm. The weekly falls meeting continues across all wards/hospitals discussing themes and to recognise improvements in care lead by the falls link Matron, with oversight of the Deputy Head of Nursing.</p> <p>The number of medication incidents for the Community Hospital wards has increased from 32 in August to 41 in September. The three key themes are, medication unavailable, discrepancy in counting, omitted medications. The medication incidents are across 12 wards: Wards highlighted are Hinckley East ward with 9 incidents, Beechwood ward with 6 and Dalgleish ward with 5. Wards continue to use safety crosses to demonstrate medication safety, whilst carrying out senior conversations and reflections showing the number of days free from a medication error. A daily report is shared with all leads reflecting omissions, which is showing improvement, which are discussed with ward leads.</p> <p>11 category 2 pressure ulcers were reported across 5 wards. North ward reported 4 pressure ulcers and Swithland reported 3 pressure ulcers, all developed in our care. A focus on pressure ulcers will be reviewed by the matron for North and Swithland wards. Seven areas have had no pressure ulcers develop in our care. CHS pressure ulcer improvement work continues, with the Deputy Head of Nursing continuing to monitor, and challenge appropriate care, with a weekly meeting, now lead by the pressure ulcer link Matron. The Community Hospital tissue viability nurse continues to increase education, whilst currently planning a link nurse training day. No Category 4 pressure sore were developed in LPT Care in September 24.</p> <p>It was noted in August 24 Swithland ward featured with increases to Nurse Sensitive Indicators. The Head and Deputy Head of Nursing reviewed with the ward matron and sister to consider if a deeper dive was required. The agreed response and plan are for the Compliance team to conduct a 15 steps review in support of Swithland ward.</p> <p>The number of staffing related incidents has increased from six in August to 8 in September 24. Staff related incidents were reported across 5 wards, Dalgleish, Rutland, Coalville stroke ward, Loughborough hospital, and Clarendon with a theme of staff shortages, with 1 incident related to ANP shortages. None of these incidents were reported as causing any harm. Impact continues to be noted on health and wellbeing of staff who remained on duty after their shift had finished and above rostered hours until registered nurse cover arrived.</p> <p><u>Ward changes and impact on scorecard</u></p>	

		<p>Ellistown ward 2 (based on Grace Dieu from April to September 24) re-located to Snibston ward 1 (Rehab) on the 16 September 24 and is reported as Snibston on the September 24 scorecard. Reduced RN fill rate was due to closed beds re-opening in a phased approach following the ward move and staffing adjusted accordingly.</p> <p>Snibston ward 1 stroke moved to ward 2 Ellistown in April 24 and remained. Snibston ward 1 stroke is reported as Ellistown ward 2 from September 2024 on the scorecard.</p> <p>St Lukes ward 3 closed on 1 September until 1 December 24 due to refurbishment.</p> <p>Grace Dieu opened x 14 beds on the 16 September 2024 and is planned to remain open until the 1 December 2024. Temporary workforce usage has not been reported for 16-30 September 24. All other Grace Dieu data reported as per scorecard. Temporary workforce usage to be reported for full months from October 24.</p>	
<p>DMH In-patients</p>	<p>High percentage of temporary workforce to meet planned staffing. Key areas to note are Beaumont at 61.2%, Coleman at 52.2% and Belvoir at 44.0% due to high acuity, patient complexity, increased therapeutic observations and additional staff to ensure privacy and dignity and sexual safety when a patient is admitted to a mixed sex area in an opposite sex zone. Gwendolen reporting reduced fill rate for RNs on days.</p> <p>Increased fill rate HCA day and night shifts due to increased acuity and dependency, increasing number of patients admitted requiring therapeutic observations, safe support of seclusion area's as contingency space due to over population, patient escorts, increased RN sickness backfilled with additional HCA, s and to support on boarding of new staff.</p> <p>A review of the NSI's has identified an increase in the number of falls incidents from sixty-five in August to seventy-eight in September 2024.</p> <p>The number of medication incidents decreased from sixteen in August to fourteen in September 2024.</p> <p>Three complaints were received in September 2024.</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. Active targeted recruitment is ongoing as per directorate workforce plan.</p> <p>Gwendolen ward have seen a reduction in fill rate for RNs on the day shift below 80% reflecting the amendment to baseline of 3 registered staff. Due to vacancies each shift is covered by a minimum of 2 RNs to meet safe staffing, where there is a shortfall of a third RN, skill mix is adjusted, and additional health care support workers deployed to achieve the minimum safer staffing requirements. Newly recruited RN's have started on both Gwendolen and Coleman and there is a significant reduction in agency use. In addition, due to the acuity and dependency on Gwendolen ward, additional staff are needed to support safe patient care, and escorting patients to other areas for treatment of physical health conditions.</p> <p>Falls Of the 78 falls incidents:</p> <p>22 occurred in Acute, Forensic and PICU services (AFPICU)</p> <p>3 occurred in AMH rehabilitation services.</p> <p>53 occurred in MHSOP (including Mill Lodge which now sits in MHSOP organic pathway service)</p> <p>Of the 22 falls within AFPICU, 11 were first falls, 8 repeat falls and 3 patients placed themselves on the floor. Heather ward had x 10 falls, due to patients falling whilst standing/mobilising due to an underlying condition one patient fell over an object, another patient fell from their bed, another patient fell post seizure and 4 falls were due to patients placing themselves on the floor related to their illness and presenting behaviour rather than falls.</p>	

		<p>Ashby had x 5 falls relating to 2 patients - 1 patient who uses walking aids and was negotiating a new environment had 3 repeat falls whilst in the bathroom, 2 of which were unwitnessed. These incidents occurred within 2 days of each other physio- therapy referrals had been completed. One patient fell twice on Watermead, 1 fall was due to inappropriate footwear and the other fall due to walking in a wet area that was sign posted. Belvoir had 2 falls – 1 patient fell out of bed unwitnessed, and another patient placed themselves on the floor. All incidents were low to no harm. Themes this month included multiple patients placing themselves on the floor as a method of communicating distress across multiple wards.</p> <p>In mental health rehabilitation 3 falls incidents were reported, 1 first fall and 2 repeat falls. 1 patient fell in the garden unwitnessed, another patient tripped and fell outside, and another patient fell from their chair unwitnessed. There were no moderate harms reported to the patients as a result of the falls incidents.</p> <p>Of the 53 falls incidents reported in MHSOP; 17 were first falls, 30 repeat falls and 6 were due to patients placing themselves on the floor. 27 of these were unwitnessed falls (Gwendolen 17, Langley 5, Coleman 3, and Aston 2). The falls occurred mostly in the Bedroom (37), Corridor (9), and the remaining 7 falls occurring in the Bathroom/ Dining Room/ Entrance/ GGR/ Main Ward Area/ Sitting Room and Toilet. 53% (28) falls reported occurred in the daytime between the hours of 7.00am – 7.00pm. 47% (25) falls reported occurred in the evening between the hours of 8.00pm – 7.00am. Gwendolen had x 28 falls due to high patient acuity, 1 patient fell x 4 times, 5 patients had x 2 repeat falls and 4 patients had 1 repeat fall. No moderate harm falls were reported. Mill lodge has a reduced demand for admissions and a number of empty beds, impacting on the number of falls incidents reported.</p> <p><u>Medication Errors</u></p> <p>Fourteen medication incidents were reported and due to; prescription error/omission, extra dose of medication administered, medication bag stored for patient including un-recorded Controlled Drugs (CD), incorrect antibiotic administered, discrepancy in counted CD medication on electronic CD register, patients discharge medication incorrectly administered, incorrect e-CD register recording, patient took overdose of a medication whilst on leave and a patient took medication intended for another patient. There was no harm reported to patients as a result of medication incidents.</p>	
<p>FYPC.LDA in- patient</p>	<p>High Percentage of temporary workforce, key areas to note - Beacon at 54.0 % and Agnes unit at 40.3%. Reduced fill rate for HCAs on days at the Agnes unit and reduced fill rate for HCAs on days at the Gillivers.</p> <p>A review of the NSIs has identified an increase in the number of falls from one in August to five September 2024.</p>	<p>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.</p> <p>The Beacon unit continues to rely on a high percentage of temporary workforce (block booking approach in place) to meet safe planned staffing levels and has a number of beds closed. The unit has an agreed bed opening plan reviewed monthly and a significant number of new starters are progressing through recruitment.</p> <p>Temporary workforce usage has improved on the Agnes unit, currently operating on 4 pods. Safe staffing is reviewed daily by the charge nurse and matron and staffing adjusted dependent on patient acuity and</p>	

	<p>The number of medication related incidents remained at one in August and September 2024.</p> <p>No Complaints received in September 2024.</p>	<p>needs, as a result this has at times reduced the fill rate for HCAs on days. The service continues to recruit both HCAs and RNs to reduce temporary staffing levels and are currently going through recruitment processes.</p> <p>The Gillivers and the Grange offer planned respite care and the staffing model is dependent on individual patient's needs, presentation, and risk factors. As a result, this fluctuates the fill rate for HCA on days at the Gillivers. The Gillivers planned staffing includes 1 RN per shift and this was maintained in September 24.</p> <p>1 Medication incident was reported on Welford ED relating to the incorrect route of administration. Medication was prescribed orally and administered via Patients Percutaneous Endoscopic Gastrostomy (PEG). No harm to the patient as a result of the medication incident, ISMR completed.</p> <p>5 falls incidents were reported. 2 falls incidents were witnessed and reported on Welford ED and related to the same patient – minor harm to the patient was reported. 1 fall incident was witnessed and reported at the Gillivers due to a patient misjudging the position of a chair when attempting to sit down and 2 falls incidents were witnessed and reported at the The Grange – the patient sustained low harm as a result of 1 fall. Falls pathway continues to be followed.</p>	
CHS Community	<p>No change to Key areas to note - City West, City East, Hinckley, East North, East central, East South, due to high patient acuity, reduced leadership, high vacancy levels and absence.</p> <p>Overall community nursing Service OPEL has been level 2, working to level 2/3 actions.</p>	<p>Continued daily review of caseloads and of all non-essential activities per Level 2 OPEL actions including review of auto planner and on-going reprioritisation of patient assessments.</p> <p>Ongoing pressure ulcer and insulin improvement work continues.</p> <p>The Community Nursing SPA/triage transformation workstream continues and has progressed to the development and implementation of specific triage training, skills, and competencies.</p> <p>Transition of the city wound care clinics has continued through the management of change process with patients being reviewed and transferred to the appropriate healthcare professional.</p> <p>Recruitment is ongoing with new starters being welcomed into hubs, clear induction plans, and probation periods set, and training plans created to support staff to access mandatory and role specific training. Ongoing reviews of preferred agency workers, skill sets, access, and equipment.</p> <p>The Community Nursing Safer Staffing Tool (CNSST) remains paused as directed by NHSE.</p>	
DMH Community	<p>No change to key areas to note – City East and City Central has an interim team manager (in post) whilst work continues to merge this team into City West and City East as part of the community transformation plan which is nearing completion.</p> <p>There are significant vacancies and operational challenges with senior Band 6 and matron vacancy and sickness across CMHTs. Charnwood, South & East</p>	<p>The CMHT leadership team review staffing daily and request additional staff via bank and agency, mitigation remains in place, including staff movement across the service, potential risks are closely monitored within the Directorate Quality and Safety meetings. Quality Improvement plan continues via the transformation programme. Case load reviews continue, introduction of alternative and skill mix of roles to support service need. Most teams continue with peer psychological supervision, team time out days and coordinated team support. Meetings in place to look at ways to address waiting lists and are</p>	

	<p>Leicestershire, City East, City Central and Melton CMHTs are key areas to note. Staff movement from other CMHT teams within directorate to support and maintain patient safety. Urgent plan in place to deal with immediate situation and requires a longer-term plan.</p> <p>To note PIER, Forensic, PAUSE and MHF/MHPs remain without matron cover. Support provided by Deputy Head of Nursing.</p> <p>Long waiting lists for patient first assessments, highest in Melton and South Leicestershire.</p> <p>MHSOP key area to note - Unscheduled Care Team, and being supported by the CMHT's, recruitment is on-going and staff returning from maternity leave. All patient care has been reviewed with appropriate mitigations and risk placed on risk register.</p>	<p>monitored via the Patient Tracking List meetings. The Community Psychiatric Nurse's (CPN) have a separate waiting list process which all CMHTs work too.</p> <p>All neighbourhood teams now have managers recruited, due to start in November 24. The plan to merge City Central into City East and City West is progressing, staff have now moved bases, patients have been informed and the process of being moved. Task and finish group in place to discuss next team merges which will be completed in the new year.</p>	
<p>FYPC.LDA Community updated</p>	<p>No change to key areas to note - LD Community Forensic team rag rated red. Mental Health School Team (MHST) continues with red rag rating due to significant staffing vacancies in all roles, maternity leave, long term sickness and staff on educational programmes. City and County Healthy Together and School Nursing continue to be below safer staffing. Number of vacancies in the HENS team, LD SLT, and retirements in Diana team.</p>	<p>Mitigation remains in place with potential risks being closely monitored within Directorate. Safer Staffing plan initiated including teams operating in a service prioritisation basis. LD Forensic team risk being populated in EQIA to support prioritisation model, no adverse impact at this time as other areas of LD service offering additional input to cases and ensuring high risk patients continue to receive input. Cross covering within MHST and Healthy Together. Healthy Together adjusting delivery of their HCP contacts due to staffing levels. MHST not impacting on face-to-face contacts and now able to deliver Whole School and College Approach with appointment of Project Manager and Practice Development Lead. Clinical Team leaders within MHST overseeing multiple localities, consistent leadership across service line and vacancy control forms being submitted for additional admin support. LD Community have successfully recruited, and candidates continue through the onboarding process. Following successful business case (part allocated) for Neuro Developmental, there are a number of vacancies going out for advert & and rolling out of wave 11 - further funding for the expansion of MHST.</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.

Staffing, 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 there is an impact on timeliness of care planning and risk assessment updates and challenges with clinical continuity and oversight of standards.

Right Skills

Staff Group	Appraisal/Supervision		Core Mandatory Training			Clinical Mandatory	
	Appraisal	Clinical Supervision	12 out of 12 compliance subjects	Resuscitation Level1	Data Security Awareness IG	Basic Life Support (BLS)	Immediate Life Support (ILS)
All Substantive	93.7%	89.6%	green	95.9%	96.2%	90.2%	88.2%
Bank			green	100%	91.7%	87.4%	81.6%

- Compliance with face-to-face mandatory training is reported through the Training Education Development (TED) and People and Culture Committee.
- Compliance for bank staff is monitored through TED and Centralised Staffing Solutions (CSS), compliance has significantly improved, work is in progress to start adding rules to Health Roster that dictate what training bank staff need to be compliant with, to book a shift. Mitigations proposed to restrict temporary workers who are not in date with clinical mandatory training.
- In response to ensuring all staff have the right skills and competencies clinical teams and services continue working with block booked agency workers to provide role essential/specific training for staff working in Crisis, urgent mental health care teams and community nursing.

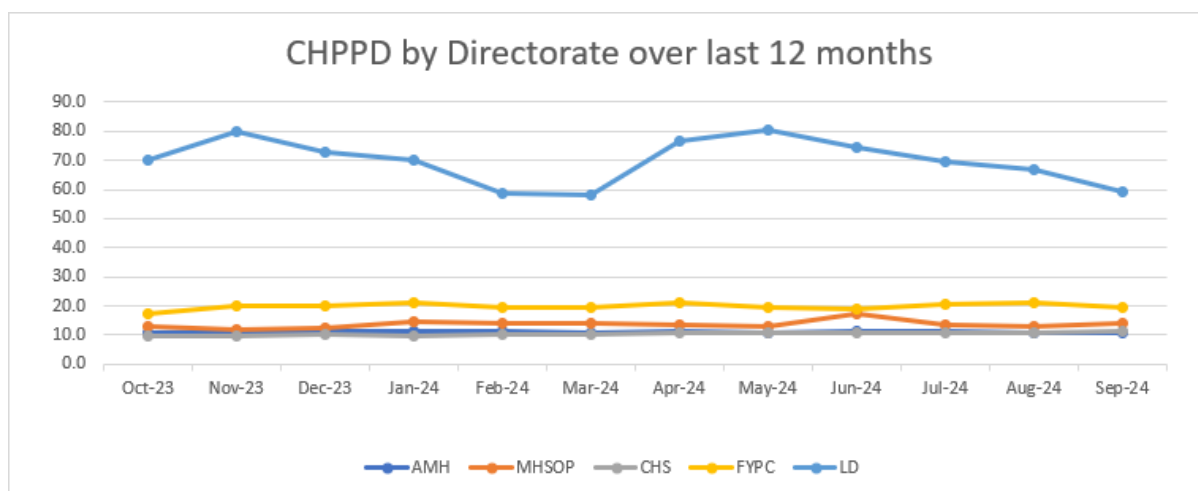
Right Place

Care Hours Per Patient Day (CHPPD)

- The total Trust CHPPD average (including ward based AHPs) is calculated by the Corporate Business Information Team at 12.5 CHPPD (national average 10.8) consistent with August 2024, ranging between 5.1 (Stewart House) and 80.3 (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. Table 3 reflects the variation in directorate and table 4 illustrates CHPPD, proportion of RN vacancies, sickness, turnover rate, and temporary workforce.

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



- **Table 4 – including CHPPD, RN Vacancies, Sickness, Turnover Rate, and temporary workforce.**

Directorate	CHPPD	RN vacancies split (WTE)		RN vacancies (WTE)	RN Vacancies (%)	RN Sickness %	RN 12m Turnover rate %	% Temp staffing shifts filled by Bank	% Temp staffing shifts filled by Agency
CHS	11.3	Inpatient	17.1	138.9	20.9%	5.9%	7.7%	38%	56%
		Community	121.8						
DMH Inc MHSOP	10.8	Inpatient	60.3	158.3	20.5%	6.7%	6.3%	45%	47%
	14.1	Community	98.0						
FYPC LDA	19.7	Inpatient	24.0	132.5	21.7%	4.1%	7.4%	23%	76%
	59.1	Community	108.5						
All clinical directorates combined	12.5	Inpatient	101.4	429.7	21.0%	5.8%	7.1%	39%	55%
		Community	328.3						

- The RN vacancy position is at 429.7 Whole Time Equivalent (WTE) with a 21.0% vacancy rate, a decrease of 1.3 % since August 2024. RN turnover for nurses is at 7.1%, (includes all reasons for leaving - voluntary leavers, retirements, dismissals etc). This is below the trusts target of 10%.

Table 5 – includes HCSW Vacancies, Sickness, Turnover Rate, and temporary workforce.

Directorate	HCA vacancies split (WTE)	HCA vacancies (WTE)	HCA Vacancies (%)	HCA Sickness %	HCA 12m Turnover rate %	% Temp staffing shifts filled by Bank	% Temp staffing shifts filled by Agency
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CHS	Inpatient	50.9	68.9	17.5%	5.9%	10.3%	83%	13%
	Community	18.1						
DMH Inc MHSOP	Inpatient	44.9	71.2	14.7%	6.8%	8.2%	93%	4%
	Community	26.4						
FYPC LD	Inpatient	45.1	44.8	25.7%	5.6%	12.5%	84%	6%
	Community	-0.3						
All clinical directorates combined	Inpatient	140.8	184.9	17.5%	6.3%	9.6%	88%	7%
	Community	44.1						

The HCSW vacancy position is at 184.9 WTE with an 17.5% vacancy rate, a decrease of 0.1% since August 2024. HCSW turnover rate is at 9.6%. which is below our internal target of no more than 10% turnover. As part of the monitoring of the Trust Wide Workforce, Recruitment and Agency Plan, turnover rates for our priority staff groups are reviewed every month. A HCSW Attraction & Retention Steering Group was established in February 2024. The retention plan includes high level actions for 2024/25 to improve retention of HCSWs in their first year of service and younger HCSW's.

Fill rate.

The purpose of the Care Hours Per Patient Day (CHPPD) and Nurse Staffing Fill Rate is to monitor at a ward level the extent to which rota hours are being filled by registered nurses and unregistered care staff against planned staffing; and to monitor care hours per patient day. The key purpose is to obtain re-assurance that wards are being safely staffed and identify areas of potential unwarranted variation. The fill rate percentage is calculated by dividing the number of planned hours by the actual hours, as reported from Healthroster.

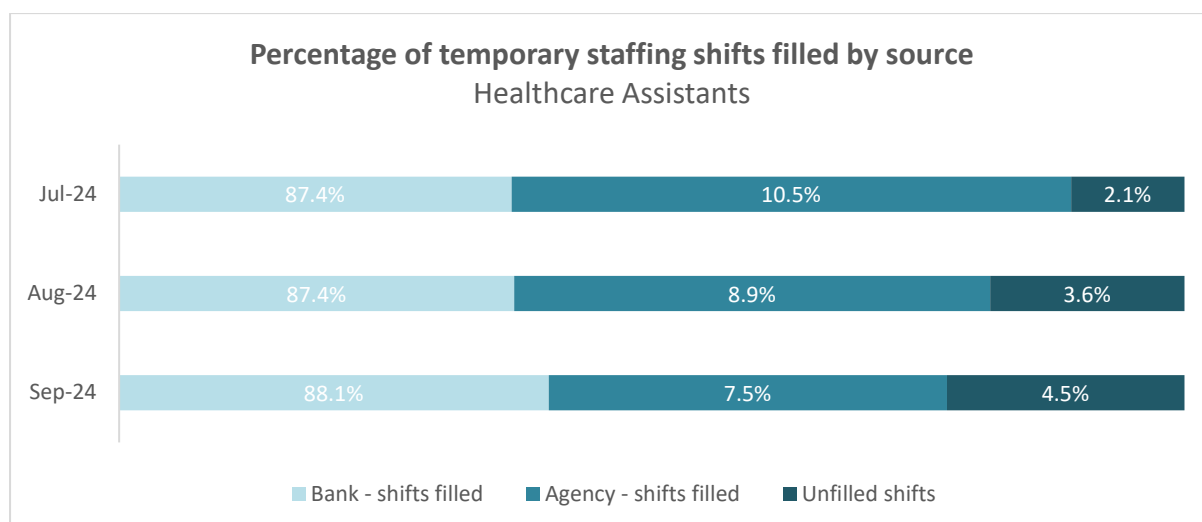
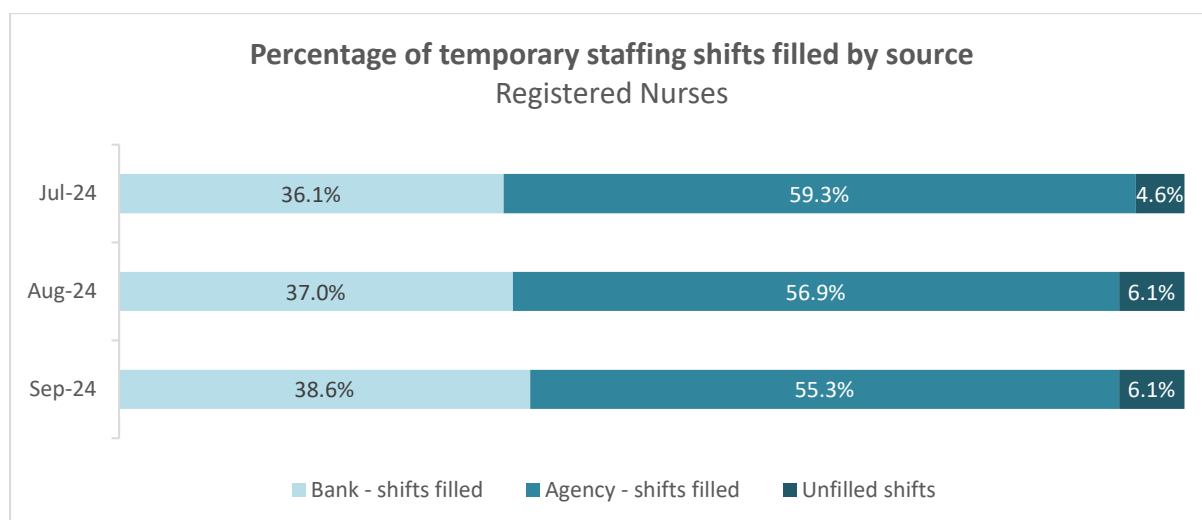
Fill rate of RNs on the day shift is reported through the Performance Workforce Report (PWR)

Fill rate variation above and below 100% for HCSWs is largely attributed to.

- dynamic staffing changes due to increased patient acuity and dependency, requiring increased staff for specialising, therapeutic observation and/or escorting patients.
- movement of registered staff across services to ensure the right skill mix and mix of substantive and temporary staff, with some RN shifts (where the planned staffing is 3) being backfilled with a HCSW.

A deep dive progresses to understand the exceptions/variation in fill rate and over utilisation with workforce system colleagues, clinical and professional leads. Further exploration of initial fill rate variation has been confirmed as above. Progress is being made with consistent planned staffing aligned to health roster and budgeted establishments. Targeted work to adjust health roster templates (due to successful recruitment) and aligned to current planned staffing from January 2025 is planned.

Please see Table 6 and 7 below identifying Temporary RN and HCA Nursing Workforce shift fill percentage.



Agency Reduction

In response to the NHSE directive for all NHS providers to cease all 'off framework' agency use by July 2024, Community Health Services (CHS) in-patients (who accounted for 5 % off-framework usage) and community nursing services (who accounted for 95%) implemented a vacancy and agency reduction plan to cease off framework agency utilisation by July 2024. All actions have been completed and as a result there has been only 2 off framework shifts (during September 24) otherwise no off-framework usage since May 2024. A deep dive into off-framework requests is undertaken and feedback through the monthly agency reduction meeting, to identify learning.

Recruitment Pipeline

Throughout September 2024 we continue to grow and develop our nursing workforce. A total of 25.9 WTE nursing staff (bands 5 to 8a) were appointed and 31.3 WTE Health Care Support

workers. Seven WTE Internationally Educated RNs arrived in September 2024; six of which started in our community hubs and 1 into FYPC.LDA.

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 aide retention, reward, and meaningful recognition. We are also working with the ICS around legacy mentoring and are a member of the Legacy Mentoring - Focus Group to support development of regional resources and flexible pension options and support around menopause has been widely communicated across the Trust.

Proposal

Challenges/Risks

Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in September 2024 staffing challenges have improved with a significant decrease in our agency usage.

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 do note some correlation of impact of staffing skill mix and competencies (right skills) as contributory factors in some serious incident and incident reviews.

As part of the bi- annual establishment light review process, all inpatient wards commenced their acuity and dependency data collection (utilising evidence-based tools) for 30 days in April/May 2024. Senior Nurse’s reviewed recommendations in July 2024 and presented to Directorate DMTs during August/September 2024 and to Quality and Safety Committee in October 2024.

The Interim Executive Director of Nursing, AHP’ & Quality has commissioned a 6-month review of falls data, themes, and trends to understand opportunities for further learning and improvement. This will be undertaken as part of safe staffing review and reported in the January Trust Board paper.

Decision required – Please indicate:

Briefing – no decision required	x
Discussion – no decision required	
Decision required – detail below	

The committee 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 September 2024 Scorecard and key table showing fill rate thresholds for RN, HCA on days and nights shifts and % temporary workers parameters for bank, agency and total.

September 2024				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
Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Actual Hours Worked divided by Planned Hours						(NURSING ONLY)									
				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	14	14	86.2%	179.1%	104.9%	111.5%			27.9%	17.7%	10.2%	8.6	1→	5↑	0↓			
	Beaumont	22	21	96.6%	179.5%	101.9%	214.6%		100.0%	61.2%	52.8%	8.4%	10.3	1↑	0↓	0→			
	Belvoir Unit	6	6	121.9%	154.3%	112.5%	174.7%			44.0%	40.6%	3.4%	32.4	0→	2↑	0↓			
	Bosworth	14	14	102.2%	180.6%	106.5%	107.8%		100.0%	23.0%	19.8%	3.2%	8.9	3↑	0↓	0→			
	Heather	18	18	110.2%	130.0%	104.8%	105.7%		100.0%	28.7%	19.3%	9.4%	8.3	1↓	10↑	0→			
	Thornton	13	12	110.6%	157.3%	107.3%	107.1%			28.3%	23.1%	5.2%	9.9	0↓	2↑	0→			
	Watermead	21	19	111.3%	129.9%	124.7%	112.5%		100.0%	29.3%	17.1%	12.2%	8.8	2↑	2↓	0→			
	Griffin - Herschel Prins	6	6	104.6%	99.3%	99.4%	105.4%		100.0%	31.6%	30.2%	1.3%	24.9	0↓	0→	0→			
DMH Other	Phoenix - Herschel Prins	12	11	108.6%	118.4%	104.5%	104.3%		100.0%	27.4%	22.6%	4.7%	12.4	0→	1↑	0↓			
	Skye Wing - Stewart House	30	30	114.9%	126.1%	104.5%	110.7%			12.3%	12.3%	0.0%	5.1	3↑	1↓	1↑			
	Willows	9	9	86.4%	157.2%	97.5%	125.1%		100.0%	29.2%	27.2%	2.0%	11.8	0↓	2↑	0↓			
	Mill Lodge	14	8	104.5%	116.9%	101.0%	131.4%			21.1%	19.6%	1.5%	19.6	0↓	0↓	0→			
	Langley (MHSOP)	20	18	96.1%	133.7%	94.0%	125.4%	100.0%	100.0%	27.6%	26.2%	1.3%	10.8	0→	8↑	0↓			
	Aston (MHSOP)	17	13	90.2%	187.2%	102.9%	225.4%			40.2%	36.6%	3.6%	12.5	0→	9↑	1↑			
	Coleman	19	16	90.4%	174.5%	102.7%	202.6%	100.0%	100.0%	52.2%	42.8%	9.4%	19.9	0↓	8↓	0→			
Gwendolen	19	18	79.2%	135.0%	102.8%	142.5%		100.0%	33.8%	28.4%	5.4%	13.4	0→	28↑	0↓				
CHS City	Beechwood Ward - BC03	24	23	100.3%	123.7%	100.0%	124.5%	100.0%	100.0%	30.0%	26.4%	3.6%	9.5	6↑	5↑	0↓	0→	0→	
	Clarendon Ward - CW01	22	20	100.4%	131.1%	100.0%	113.3%	100.0%	100.0%	20.9%	18.6%	2.3%	10.3	1→	0↓	0→	2→	0→	1
CHS East	Dalgleish Ward - MMDW	17	16	126.8%	128.6%	98.5%	120.7%	100.0%	100.0%	39.6%	27.3%	12.4%	11.0	5↑	0↓	0→	1↓	0→	2



	Rutland Ward - RURW	18	17	108.1%	110.1%	103.5%	101.7%	100.0%	100.0%	18.5%	14.2%	4.3%	9.1	2→	4↑	1↑	0↓	0→	2
	Ward 1 - SL1	20	18	119.8%	123.6%	103.3%	110.0%	100.0%	100.0%	9.0%	5.4%	3.5%	13.4	2↑	6↑	0→	0→	0→	
CHS West	Ellistown Ward - CVEL	20	19	138.9%	118.7%	105.0%	117.2%	100.0%	100.0%	26.7%	20.2%	6.6%	10.6	3↑	2→	0→	1↑	0→	
	Snibston Ward – CVSNI	8	6	76.3%	119.5%	110.1%	110.8%	100.0%	100.0%	36.1%	31.3%	4.8%	29.5	1↓	2↑	0→	0↓	0→	2
	Ward 4 - CVW4	15	14	121.5%	126.4%	108.6%	105.6%	100.0%	100.0%	20.5%	15.8%	4.8%	11.4	3↓	5↑	0→	0→	0→	
	East Ward - HSEW	27	24	108.4%	111.8%	103.3%	113.6%	100.0%	100.0%	34.4%	29.5%	4.9%	12.5	9↑	4↑	1↑	0↓	0→	
	North Ward - HSNW	19	18	112.2%	111.2%	102.0%	100.0%	100.0%	100.0%	17.5%	15.0%	2.6%	9.9	1→	1↓	0→	4↑	0→	
	Charnwood Ward - LBCW	18	17	111.6%	98.8%	103.3%	102.2%	100.0%		32.3%	21.5%	10.8%	9.8	3→	1↓	0→	0→	0→	
	Grace Dieu - LBGR	14	13	98.5%	123.5%	80.0%	143.3%						8.6	2→	1→	0→	0→	0→	
	Swithland Ward - LBSW	22	19	115.0%	113.2%	106.7%	99.7%	100.0%	100.0%	23.6%	21.5%	2.1%	10.0	3↓	5→	0↓	3↓	0→	
FYPC	Welford (ED)	15	14	113.4%	136.7%	144.5%	240.6%	100.0%		49.1%	43.7%	5.4%	14.3	1↓	2↑	0↓	0→	0→	
	CAMHS Beacon Ward - Inpatient Adolescent	17	5	100.2%	118.7%	106.0%	82.7%			54.0%	40.0%	13.9%	36.5	0→	0→	0→			
LD	Agnes Unit	1	1	94.8%	76.4%	124.4%	103.7%			40.3%	19.8%	20.6%	80.3	0↓	0↓	0→			
	Gillivers	4	2	108.2%	76.7%	133.3%	106.6%			17.7%	17.7%	0.0%	32.1	0→	1↑	0→			
	1 The Grange	3	1	-	87.6%	-	102.7%			10.4%	10.4%	0.0%	43.3	0→	2→	0→			

Score card.	Average Fill Rate Thresholds RN, HCA on days and nights		% Temporary Workers Total and Bank			Agency	
	Below <=80%	Above >80%	Below < 20%	Between 20% - 50%	Above >50%	Below <=6%	Above > 6%
Rag rating							
Fill rate will show in excess of 100% where shifts have utilised more staff than planned or due to increased patient acuity requiring extra staff			Please see table (page 2) for high level exception reporting highlighting reduced fill rate below 80% threshold and key areas to note due to high bank and agency utilisation.				



Governance table

For Board and Board Committees: Paper sponsored by:	Trust Board	
	James Mullins Interim 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:	26.11.2024	
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):	None	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured:	None	
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	
LPT strategic alignment:	Great Health Outcomes	
	Great Care	
	Great Place to Work	
	Part of the Community	
CRR/BAF 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:	None	

