

Meeting Name and date	Trust Board – 27 May 2020
Paper number	

Name of Report - SAFE STAFFING - APRIL 2020 REVIEW

For approval		For assurance	<input checked="" type="checkbox"/>	For information	
--------------	--	---------------	-------------------------------------	-----------------	--

Presented by	Anne Scott	Author (s)	Emma Wallis
--------------	------------	------------	-------------

Alignment to CQC domains:		Alignment to LPT priorities for 2019/20 (STEP up to GREAT):	
Safe	<input checked="" type="checkbox"/>	S – High Standards	<input checked="" type="checkbox"/>
Effective		T - Transformation	
Caring		E – Environments	
Responsive		P – Patient Involvement	
Well-Led		G – Well-Governed	<input checked="" type="checkbox"/>
		R – Single Patient Record	
		E – Equality, Leadership, Culture	
		A – Access to Services	
		T – Trust wide Quality improvement	
Any equality impact (Y/N)	N		

Report previously reviewed by	
Committee / Group	Date

Assurance: What level of assurance does this report provide in respect of the Organisational Risk Registers?	Links to ORR risk numbers
Partial; Established processes are in place to monitor and ensure staffing levels are safe and that patient safety and care quality is maintained. Due to Covid-19 national and Trust data collection for safe staffing paused, no fill rates against planned staffing or CHPPD.	1,4,26

Recommendations of the report

The Trust Board is recommended to receive assurance that processes are in place to monitor and ensure the inpatient and community staffing levels are safe and that patient safety and care quality are maintained.

TRUST BOARD – 27 MAY 2020

SAFE STAFFING – APRIL 2020 REVIEW

Introduction/Background

- 1 This report provides an overview of nursing safe staffing during the month of April 2020, including an overview of staffing areas to note, updates in response to the COVID-19 pandemic, potential risks and actions to mitigate the risks to ensure that safety and care quality are maintained.
- 2 The report triangulates workforce metrics, quality and outcomes linked to Nurse Sensitive Indicators (NSIs) and patient experience feedback. A summary is available in Annex 1.

Recommendations

- 3 For the Trust Board to receive assurance that processes are in place to monitor and ensure the inpatient and community staffing levels are safe and that patient safety and care quality are maintained.

Discussion

Trust level highlights for April 2020

Right staff

- Nationally, four actions were put into place to expand the nursing workforce in response to the COVID-19 pandemic;
 - Pass legislation to establish a COVID-19 temporary emergency NMC register to invite nurses who have left within the last 3 years
 - Encourage registrants not working in frontline roles to re-join clinical practice
 - Change the nature of the programme for undergraduate students to opt to undertake their final six months in clinical placement (aspirant nurses)
 - Establish an emergency register for students whom opt to do this
- Subsequently the NMC issued an update on 7 May 2020 to state that in collaboration with the UK chief nursing officers, royal colleges, trade unions and council of deans made the decision to support undergraduate students to opt in to clinical placement but not to establish a specific student part of the temporary register
- LPT have 27 aspirant nurses, from DeMontfort, Coventry and Open Universities whom are working across our inpatient services in all 3 directorates.
- Temporary worker utilisation rate decreased this month 3.69%; reported at 20.0% and Trust wide agency usage decreased this month by 1.02% to 3.0%. The decreased bank

and agency utilisation in April 2020 reflects the reduced bed occupancy and flexed staffing levels to meet the patient needs.

- The following wards utilised above 6% agency staff; Belvoir, Griffin, Clarendon, Beechwood, St Lukes Wards 3 and CAMHS Ward 3. These wards have a combination of factors that have resulted in higher use of agency staff; high vacancy factors, higher sickness levels, increased patient acuity and dependency and/ or hard to fill bank shift areas
- There are ten inpatient 'areas to note' identified either by; high percentage of temporary worker/agency utilisation or by the Head/Deputy Head of Nursing due to concerns relating to increased acuity, high risk patients, staff sickness, ability to fill additional shifts and the impact to safe and effective care.
- There are eight community team 'areas to note'. Staffing and case-loads are reviewed and risk assessed across service teams using patient prioritisation models to ensure appropriate action is taken to maintain patient safety.

Right Skills

- On 24 March 2020, the Trust made the decision to cancel all face to face courses until 30 June 2020 and all subject compliance dates have been extended by six months. As of 30 April 2020 Trust wide;
 - Appraisal at 91.3% GREEN
 - Clinical supervision at 67.4% RED
- In response to the COVID-19 pandemic FFP3 Mask Fit Test training commenced. First priority has been given to those staff working in areas/services that conduct Aerosol Generating Procedures (AGPs) such as the Diana team, Community Hospital wards, ECT, Langley and SALT, however all staff are able to book through uLearn. As of 30 April 2020;
 - An additional 27 mask fit trainers have been trained to support the Trust mask fit training programme and deliver test training locally
 - 135 fit test sessions are available per week at the Glenfield training centre
 - A total of 465 staff has attended mask fit test sessions.
 - 351 have had a successful pass result.
 - 114 have had a fail result; those that have failed are rebooked to try again with a sweet BITREX solution if due to taste, those that fail due to face shape cannot undertake AGPs whilst alternative FFP3 masks are procured and they are fit tested for these.
 - 89 staff did not attend the session they were booked onto

Right Place

- The Trust three 'COVID-19' wards; Beaumont, Gwendolen and East Ward continue to operate to maintain separation between possible and confirmed COVID-19 patients and support patient and staff cohorting.
- The Trust surge capacity beds have not been utilised as of 30 April 2020.

- In total 80 staff members across FYPC were redeployed to CHS with the first cohort commencing 6th April 2020. Redeployment to other areas continued throughout April 2020 with a number of staff still awaiting redeployment to CHS hubs until it was evident that this would not be necessary at this time.

Staff leave data

- The table below shows absence captured by the HR isolation sheet as at 30 April 2020;

Self-isolate – Household Carer	24
Self-isolate – Household WFH	26
Self-isolate – Symptomatic	179
Self-isolate – Vulnerable Group	148
Undefined	14
Confirmed Covid-19 cases	25
Covid related absence	391
General absence	267
Total Workforce	5329
Covid related absence	7.34%
General absence	5.01%
Total absence	12.35%

Table 1 – Trust COVID-19 and general absence – 30 April 2020

	AMH	Bank	CHS	Enabling	FYPC	Hosted	LD	MHSOP	Grand total
Self-isolation – Household carer	4	0	11	1	2	0	2	4	24
Self-isolation – Household WFH	8	0	8	1	5	0	1	3	26
Self-isolation – Symptomatic	48	15	56	9	21	4	10	16	179
Self-isolation – Vulnerable Group	28	1	53	13	34	1	9	9	148
Undefined	4	0	5	1	4	0	0	0	14
Totals	92	16	133	25	66	5	22	32	391

Table 2 – COVID-19 absence by Directorate – 30 April 2020

In-patient Staffing

- 4 Summary of inpatient staffing areas to note;

Wards	Feb 2020	March 2020	April 2020
Hinckley and Bosworth - East Ward	X	X	X
Hinckley and Bosworth – North Ward	X	X	
Beechwood	X	X	X
Clarendon		X	X
Feilding Palmer	X	X	X
St Lukes Ward 1	X	X	
St Lukes Ward 3	X	X	X
Coalville Ward 2	X		

Coleman	X		
Gwendolen		X	X
Welford	X		
Beaumont		X	X
Belvoir	X	X	X
Griffin	X	X	X
Watermead	X		
Agnes Unit	X		
Langley		X	
Bosworth (CAMHS)	X	X	X

Table 3 – In-patient staffing areas to note

- 5 Areas to note are identified either by the Head/Deputy Head of Nursing due to; high percentage of temporary worker/agency utilisation, or concerns relating to; increased acuity, high risk patients, staff sickness, ability to fill additional shifts and the impact to safe and effective care. Covid-19 wards are also identified as areas to note; East Ward Hinckley, Beaumont and Gwendolen Wards.
- 6 The following wards utilised above 6% agency staff; Belvoir, Griffin, Clarendon, Beechwood, St Lukes Wards 3 and CAMHS Bosworth. These wards have a combination of factors that have resulted in higher use of agency staff; high vacancy factors, higher sickness levels, increased patient acuity and dependency and/ or hard to fill bank shift areas.
- 7 Number of occupied beds, temporary workforce percentage together with the NSIs that capture outcomes most affected by nurse staffing levels is presented in the tables per in-patient area by service and directorate in Annex 2.

Community Teams

- 8 Summary of community 'areas to note';

Community team	Feb 2020	Mar 2020	April 2020
City East Hub- Community Nursing	X	X	X
City West Hub- Community Nursing	X	X	X
East Central Hub – Community Nursing	X	X	X
Hinckley and Bosworth – Community Nursing		X	X
Healthy Together – City (School Nursing only)	X	X	X
Healthy Together – East	X	X	X
Health Together - West	X	X	X
CAMHS County - FYPC	X		
Diana service	X	X	X
Charnwood CMHT	X		
City West CMHT - MHSOP	X		

Table 4 – Community areas to note

- 9 Community areas to note are identified either by the Head/Deputy Head of Nursing due to; high percentage of temporary worker/agency utilisation, or concerns relating to; increased case load, high risk patients, staff sickness, ability to fill additional shifts and the impact to safe and effective care.

- 10 The Diana service is currently staffed at 80% and at an amber prioritisation implemented prior to the Covid-19 pandemic and continues at amber.
- 11 Whilst there are no 'areas to note' in AMH/LD in April 2020, Covid-19 pandemic and emergency planning for surge has impacted on community teams. Non-essential community services have temporarily closed, and staff from the Mett Centre and Recovery College have been redeployed to inpatient areas. Within other community services, face-to-face contacts have been suspended wherever possible, and telephone appointments are now offered. Referrals and demand for services have decreased over recent weeks, although the services are planning for an increase in clinical need as we move through the pandemic.

Throughout April 2020, community work streams have met to plan the service response to Covid-19 and an escalation plan has been developed for use if the community teams become depleted due to sickness, self-isolation or redeployment to inpatient services. So far, this plan has not needed to be implemented and the teams have coped well with the clinical demand.

From mid-April 2020, the teams have introduced a Central Access Point (CAP): this new telephone service operates 24 hours a day, seven days a week, as collaboration between the community mental health teams and the crisis resolution and home treatment team. The CAP has appointed a Team Manager and senior clinicians, and is well supported by an experienced administration team.

Conclusion

- 11 In light of the triangulated review of workforce metrics, nurse sensitive indicators and patient feedback, the Acting Director of Nursing, AHPs and Quality is assured that there is sufficient resilience across the Trust notwithstanding some areas to note, to ensure that every ward and community team is safely staffed.

Presenting Director: Anne Scott – Acting Director of Nursing, AHPs and Quality

Author: Emma Wallis – Associate Director of Nursing and Professional Practice

Annexe 1: Inpatient Ward triangulation staffing and NSIs.

Trust thresholds are indicated below;

- Temporary worker utilisation (bank and agency);
 - green indicates threshold achieved less than 20%
 - amber is above 20% utilisation
 - red above 50% utilisation

- Quality Schedule methods of measurement are RAG rating;
 - B – Less than 6% of clinical posts to be filled by agency staff
 - Red above 6% agency usage

Adult Mental Health and Learning Disabilities Services (AMH/LD)

Acute Inpatient Wards

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
Ashby	91.9%	23%	5%	18%	2↑	1↓	0
Aston	84.6%	17%	1%	16%	0↓	1↑	0
Beaumont	16.1%	10%	0%	10%	1	2↓	0
Belvoir Unit	89.7%	34%	8%	26%	1↓	1↑	0↓
Heather	78.3%	13%	1%	12%	1↓	0↓	0↓
Thornton	93.8%	19%	0%	19%	0↓	0↓	4↑
Watermead	75.5%	16%	1%	15%	1↑	2↓	0
Griffin F PICU	66.7%	35%	10%	25%	1↑	0	0
TOTALS					8↓	7↓	4↑

Table 5 - Acute inpatient ward safe staffing

A review of the NSIs and patient has not identified any staffing impact on the quality and safety of patient care/outcomes. The four complaints received on Heather Ward were from all from one relative in relation to restricted visiting due to COVID-19.

Learning Disabilities (LD) Services

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
Agnes Unit	50.0% (Pod 1) 80.0% (Pod 2) 75.0% (Pod 3)	30%	2%	28%	0↓	3↓	0
The Gillivers							
The Grange							
TOTALS					0	3↓	0

Table 6 - Learning disabilities safe staffing

No data presented for short breaks due to being closed. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes for the Agnes Unit.

Low Secure Services – Herschel Prins

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
HP Phoenix	91.7%	6%	0%	6%	0	0	0

Table 7- Low secure safe staffing

There were no medication errors, falls or complaints in April 2020.

Rehabilitation Services

Ward	Occupied beds	Temp Workers %	Agency %	Bank %	Medication errors	Falls	Complaints
Skye Wing	80.8%	24%	1%	23%	0	11↑	0
Willows Unit	96.0% (Acacia) 54.7% (Cedar) 96.7% (Maple) 79.7% (Sycamore)	20%	0%	20%	1↓	0↓	0
Mill Lodge	77.9%	31%	2%	29%	0↓	14↑	0
TOTALS					1↓	25↑	0

Table 8 - Rehabilitation service safe staffing

A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

There was an increase in falls at Mill Lodge higher than the previous three months. Detailed analysis has shown that the falls were experienced by seven different patients. Two themes were identified; falls that were actual 'rolls' on to mattresses or modular mats and falls due to patients experiencing symptoms of gait bradykinesia, stride variability, reduced movement, coordination and poor balance.

There was also an increase in falls at Stewart House in comparison to other months. Analysis has shown that nine of the eleven falls were related to one patient. The patient uses a wheel chair and lowers them self to the floor if they feel that they are going to fall. The patient is reluctant to use the nurse call system before transferring from or to their wheelchair. The team have requested an Occupational Therapy & Physiotherapy review.

Community Health Services (CHS)

Community Hospitals

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
FP General	62.3%	19%	2%	17%	1	0↓	0
MM Dalgliesh	55.2%	9%	1%	8%	0↓	1↓	0

Rutland	47.5%	15%	1%	14%	0↓	2↑	0
SL Ward 1	58.7%	8%	0%	8%	1↓	6	0
SL Ward 3	63.8%	21%	11%	10%	0↓	6↑	0
CV Ellistown 2	38.0%	3%	1%	2%	1↑	2↓	0
CV Snibston 1	60.9%	8%	2%	6%	0	3↓	0
HB East Ward	43.0%	33%	5%	28%	2↑	8↑	0
HB North Ward	48.8%	14%	3%	11%	0	1↓	0
Swithland	57.4%	14%	5%	9%	0	2↓	0
CB Beechwood	75.0%	19%	8%	11%	0	5↑	1↑
CB Clarendon	55.4%	14%	9%	5%	1↓	4↓	0
TOTALS					6↓	40↓	1↑

Table 9 - Community hospital safe staffing

A review of the NSIs for the community hospital wards has identified that there was a reduction in falls incidents from March 2020 to April 2020 overall across the community hospitals wards, however there was an increase on East Ward, Hinckley and Bosworth Community Hospital and Ward 3 St Luke's Hospital. Review of the increased incidences has identified that on each ward one patient had repeat falls. The review has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes.

Mental Health Services for Older People (MHSOP)

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
BC Kirby	75.4%	31%	4%	27%	0↓	12↓	0
BC Welford	73.6%	14%	3%	11%	1↑	11↑	0
Coleman	60.6%	17%	1%	16%	0	4↓	0
Gwendolen	38.3%	13%	3%	10%	0↓	4↓	1
TOTALS					1↓	31↓	1

Table 10 - Mental Health Services for Older People (MHSOP) safe staffing

A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

Families, Young People and Children's Services (FYPC)

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
Langley	64.0%	33%	2%	31%	2↑	0	0↓
CAMHS	67.3%	33%	6%	27%	0	0	0↓
TOTALS					1	0	1↑

Table 11 - Families, children and young people's services safe staffing

A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.