

Meeting Name and date	Trust Board – 7 July 2020
Paper number	

Name of Report - SAFE STAFFING - MAY 2020 REVIEW

For approval		For assurance	<input checked="" type="checkbox"/>	For information	
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Presented by	Anne Scott	Author (s)	Emma Wallis
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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 – 7 JULY 2020

SAFE STAFFING – MAY 2020 REVIEW

Introduction/Background

- 1 This report provides an overview of nursing safe staffing during the month of May 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 May 2020

Right staff

- On 28 May 2020 the Chief Nursing Officer for England outlined second phase actions to be taken to support the nursing workforce in the COVID-19 pandemic;
 - Deployment and then retention of returners during the next 12 months (and potentially beyond) to support the medium to long term system response to COVID-19. LPT had 7 staff return under the 'bring back' scheme, largely to the bank as staff were not confident due to length of time out of clinical practice.
 - Stepping up of non-COVID services into business-as-usual contacts under the healthy child programme and child safeguarding protocols.
 - Work alongside the Nursing and Midwifery Council (NMC) on the design and development of an approach to enable individuals to achieve full registration, particularly given the OSCE test centres remain closed. LPT does not currently have a programme to support full registration with the NMC and OSCE testing.
 - Health Education England is managing the process for nursing and midwifery students to opt in to clinical practice. To date, around 27,000 students have opted in, of which 19,000 have been allocated to trusts, and 10,000 have started to work shifts. LPT have 27 aspirant nurses, from DeMontfort, Coventry and Open Universities working across our inpatient services in all three directorates.

- Student progression and review of placement opportunities to help make up for placement hours that have been lost to COVID-19 to minimise disruption to the workforce pipeline.

A separate report outlining LPTs response to the nursing workforce actions to be presented to the Strategic Workforce Committee in July 2020.

- Temporary worker utilisation rate decreased for the third consecutive month, a further 4.73% reduction reported at 15.27% overall. Trust wide agency usage also decreased this month by 0.90% to 2.10% overall. The decreased bank and agency utilisation in May 2020 reflects the reduced bed occupancy and flexed staffing levels to meet patient needs.
- This month Griffin and Rutland Ward utilised over 6% agency staff, the reduction in the number of wards utilising over 6% agency staff reflects the reduced overall temporary worker and agency use across the Trust.
- 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 seven 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 31 May 2020 Trust wide;
 - Appraisal at 91.7% GREEN
 - Clinical supervision improved at 81.3% AMBER
- FFP3 Mask Fit Test training continues. As of 10 June 2020;
 - 707 staff has been successfully mask fit trained.
 - 193 staff have had a fail result
 - 164 staff did not attend the session they were booked onto

Directorates have developed localised fit test training plans with trajectories focusing on achieving 80% of in-patient staff to be fit tested utilising local trainers.

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.
- Each directorate, led by the Heads of Nursing, has reviewed its inpatient settings and the clinical needs of the patients. Consequently the directorates have developed operational plans for zoning of wards to further support and maintain separation between possible

and confirmed COVID-19 patients and staff allocated to care for patients, to eliminate the risk of nosocomial infection.

- The introduction of zones and adoption of COVID-19 non-admitted care pathways ensures that staff are in the right place, supporting vulnerable staff return to COVID-19 secure areas or Green in-patient areas following assessments for Health/ BAME staff.
- The trust made the decision to temporarily suspend admissions to Feilding Palmer Hospital (FPH) on the 14 May 2020 this was in response to national COVID-19: infection, prevention and control guidance and to ensure patient and/or staff safety is not compromised and safety is prioritised. Specific concerns at FPH include space constraints, which do not facilitate:
 - Social distancing of two meters, or
 - Requirement to cohort positive and/or symptomatic patients
- In response to increased COVID-19 incidents on Beech wood and Clarendon Wards, it was agreed to stop admissions to these wards in line with Trust policy and principles for managing increased incidences and outbreaks. A review was undertaken including baseline swabbing of all staff and patients, a full deep clean of each of the wards and review of adherence to PPE in practice.

Staff leave data

- The table below shows absence captured by the HR isolation sheet as at 31 May 2020;

Self-isolate – Household Carer	9
Self-isolate – Household WFH	9
Self-isolate – Symptomatic	129
Self-isolate – Vulnerable Group	156
Undefined	3

Covid related absence	306
General absence	238

Total Workforce	5329
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Covid related absence	5.74%
General absence	4.47%
Total absence	10.21%

Table 1 – Trust COVID-19 and general absence – 31 May 2020

In comparison to the previous month as reported on 30 April 2020, overall absence has decreased 2.14% and COVID-19 related absence has reduced by 1.6%.

	AMH	Bank	CHS	Enabling	FYPC	Hosted	LD	MHSOP	Grand total
Self-isolation – Household carer	3	2	3	1	0	0	0	0	9
Self-isolation – Household WFH	3	0	2	0	3	0	0	1	9
Self-isolation – Symptomatic	16	11	69	6	20	2	1	4	129
Self-isolation – Vulnerable Group	33	4	55	13	30	1	9	11	156

Undefined	1	0	1	0	1	0	0	0	3
Totals	56	17	130	20	54	3	10	16	306

Table 2 – COVID-19 absence by Directorate – 31 May 2020

In-patient Staffing

4 Summary of inpatient staffing areas to note;

Wards	March 2020	April 2020	May 2020
Hinckley and Bosworth - East Ward	X	X	X
Hinckley and Bosworth – North Ward	X		
Beechwood	X	X	X
Clarendon	X	X	X
Feilding Palmer	X	X	
St Lukes Ward 1	X		
St Lukes Ward 3	X	X	X
Coalville Ward 2			
Rutland			X
Coleman			
Gwendolen	X	X	X
Welford			
Beaumont	X	X	X
Belvoir	X	X	X
Griffin	X	X	X
Watermead			
Agnes Unit			
Langley	X		
Bosworth (CAMHS)	X	X	X

Table 3 – In-patient staffing areas to note

- 4 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.
- 5 In response to increased COVID-19 incidents on Beech wood and Clarendon Wards, it was agreed to stop admissions to these wards in line with Trust policy and principles for managing increased incidences and outbreaks. A review was undertaken including baseline swabbing of all staff and patients, a full deep clean of each of the wards and review of adherence to PPE in practice.
- 6 The following wards utilised above 6% agency staff Griffin and Rutland.
- 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	Mar 2020	April 2020	May 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	
Health Together - West	X	X	X
CAMHS County - FYPC			X
Diana service	X	X	X
Charnwood CMHT			
City West CMHT - MHSOP			

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 CAMHS County, Healthy Together City (School Nursing only), West Healthy Together and Diana teams are rated to be at Amber escalation level due to only 70% of the established team being available to work. Risks continue to be monitored within the Directorate on a weekly basis. The Diana service supported redeployment of the acute and MacMillan team to the acute Trust on 6 April 2020, returning to the Diana team on 29 May 2020.
- 11 There remain a number of vacancies across community planned care nursing hubs with City East, West and East Central carrying the largest number and key 'areas to note'. Due to the numbers of vacancies, the teams have an increased reliance on temporary workforce with a high agency use; there are associated challenges with continuity of the workforce, especially in City East. Interviews were held on the 18 May 2020 for Band 5 nurses in the City with a recruitment and retention premia attached under the Ageing Well banner. A total of three posts were offered with only one progressing to full recruitment. An advert has gone back out. Interviews have been held for nursing students due to qualify in 2020 with 13 candidates recruited and they will be placed into posts closer to their qualification date.
- 12 There are no 'areas to note' in AMH in May 2020. The impact of COVID-19 and social distancing measures continues to affect community teams. Non-essential community services have temporarily closed, and staff from the Mett Centre and Recovery College remain redeployed to inpatient areas. Within other community services, face-to-face contacts have been suspended wherever possible, and telephone and video appointments are now offered. This has enabled staff in self-isolation to continue to work clinically. The exception to this is where face-to-face contacts are unavoidable, for example depot administration, Mental Health Act assessments and safeguarding management and care. Psychological therapists have therefore had some capacity, and they have been supporting outpatient departments with telephone follow ups.

Referrals and demand for our services have decreased over recent weeks, although the services are planning for an increase in clinical need as we move through the pandemic.

The Perinatal Mental Health Service is participating in a pilot of 'Attend Anywhere' video clinical consultation software. Feedback has been very positive and it is hoped that this resource will be rolled out to other areas.

The Central Access Point (CAP) developed in April 2020 continues to operate as a 24 hour telephone service which is collaboration between the community mental health teams and crisis resolution and home treatment teams. The CAP has a team manager, senior clinicians and an experienced administrative 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	94.8%	13.03%	1.58%	11.45%	2→	2↑	0
Aston	88.5%	15.74%	2.42%	13.32%	1↑	8↑	0
Beaumont	21.8%	6.62%	0.62%	6.00%	0↓	2→	0
Belvoir Unit	85.2%	26.41%	5.17%	21.24%	1→	2↑	0
Heather	94.8%	15.04%	0.30%	14.74%	2→	6↑	0
Thornton	96%	25.34%	2.48%	22.86%	1↑	0↓	0
Watermead	89%	17.74%	1.09%	16.65%	0↓	1↓	0
Griffin F PICU	82.8%	32.34%	9.88%	22.46%	1→	1↑	0
TOTALS					8→	22↑	0↓

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. There was an increase in falls across the acute in-patient wards. Analysis has shown that the falls involved 12 different individuals. Ward teams have demonstrated a greater knowledge of the falls care pathway evidenced through reporting. Causes of falls have been linked to effects of physical health and mental health presentation and behaviours.

Learning and quality improvement themes have been identified including;

- Strengthening utilisation and recording of the post falls checklist and linking to the Falls Risk Assessment Tools and care plan.
- Involvement of medical teams to support clinical decision making.
- Lead physical health care nurse to continue to review the notes of any patients who have fallen to support teams and joint working.
- A plan to share falls training with ward teams during COVID-19
- Seek clarification on the falls process for those patients that are witnessed to be placing themselves onto the floor

Learning Disabilities (LD) Services

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
Agnes Unit	50.0%(Pod 1) 91.1%(Pod 2) 66.9%(Pod 3)	23.17%	1.30%	21.87%	0	4↑	0
The Gillivers							
The Grange							
TOTALS					0	4↑	0

Table 6 - Learning disabilities safe staffing

No data for short breaks as temporarily 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. The falls incidences have all been reviewed and analysed and no themes identified indicating concerns in relation to staffing or risk of harm.

Low Secure Services – Herschel Prins

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
HP Phoenix	88.2%	4.66%	0.17%	4.49%	0	0	1↑

Table 7- Low secure safe staffing

There were no medication errors or falls in May 2020. One complaint not linked to staffing levels.

Rehabilitation Services

Ward	Occupied beds	Temp Workers %	Agency %	Bank %	Medication errors	Falls	Complaints
Skye Wing	80.6%	16.88%	0.18%	16.70%	0	1↓	0
Willows Unit	1.2% (Cedar) 85.9% (Maple) 90.6% (Sycamore)	10.09%	0.45%	9.64%	1→	2↑	1↑
Mill Lodge	88.9%	30.44%	0.84%	29.60%	1↑	15↑	0
TOTALS					2↑	18↓	1↑

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. Analysis of the falls incidents on Mill Lodge has identified that seven of the falls occurred with one patient with progressive deterioration of Huntington's disease. The patient has been consistently reviewed by the MDT and recently placed on the End of Life pathway due to rapid deterioration of disease. Five falls linked to one patient, following assessment and review has been referred to the wheelchair clinic and the team have ordered a helmet to reduce the risk of harm. Physio care plans amended to clarify seating and level of assistance staff should

offer for the patient to mobilise. Another key theme links to rolling out of bed and the team are reviewing use of sensor mats to support patients.

Community Health Services (CHS)

Community Hospitals

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
FP General	25.2%	6.33%	0.22%	6.11%	0↓	0	0
MM Dalgliesh	36.6%	8.11%	2.34%	5.77%	1↑	1→	1↑
Rutland	61.3%	14.09%	7.18%	6.91%	1↑	8↑	1↑
SL Ward 1	81.4%	11.06%	3.00%	8.06%	1↓	2↓	0
SL Ward 3	51.7%	21.35%	5.84%	15.51%	1↓	3↓	0
CV Ellistown 2	67.7%	1.36%	1.32%	1.04%	1→	3↑	0
CV Snibston 1	85.1%	7.8%	2.55%	5.25%	1↑	6↓	0
HB East Ward	46.9%	7.32%	4.20%	3.12%	2→	5↓	0
HB North Ward	57.7%	10.23%	3.60%	6.63%	0	7↑	0
Swithland	59.9%	3.83%	1.97%	1.86%	1↑	0↓	0
CB Beechwood	68.4%	12.32%	3.26%	9.06%	1↑	0↓	0
CB Clarendon	39.7%	11.31%	4.33%	6.98%	1→	5↑	0
TOTALS					11↑	40→	2↑

Table 9 - Community hospital safe staffing

Rutland Ward and St Lukes Ward 3 are hot spots associated with increased temporary workforce usage due to vacancies and sickness.

A review of the NSIs for the community hospital wards has identified that there was a slight increase overall in falls incidents from April 2020 to May 2020 on Rutland Ward, Ellistown Ward, North Ward and Clarendon Ward. Review of the increased incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes.

The number of medication incidents for May 2020 is above the median of 10 for the inpatient wards. A review of these incidents has not identified any direct correlation with staffing.

Mental Health Services for Older People (MHSOP)

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
BC Kirby	94.6%	18.99%	0.54%	18.45%	0	14↑	0
BC Welford	80.4%	18.45%	1.30%	17.15%	0↓	26↑	0
Coleman	50.9%	24.95%	0.81%	24.14%	0	8↑	0
Gwendolen	11.1%	0.28%	0.14%	0.14%	0	0↓	0
TOTALS					0↓	48↑	0↓

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.

Gwendolen ward was the designated ward to nurse COVID 19 positive patients in MHSOP. As occupancy levels were low and at times there were no patients, the number of staff and skill mix has been adjusted resulting in a reduced number of requests temporary staff. Staff from Gwendolen ward was redeployed to other wards within MHSOP when occupancy was low.

Coleman ward was extended into Wakerley ward as part of the surge plan for mental health organic patients. This led to an increased use in bank and agency staff due to patient acuity and dependency, increased levels of observation and staff absence due to 'sheilding'.

Increased falls relate to one patient who had six falls, who loves to walk and walks continuously (lapping) on the ward. Levels of observation increased not for therapeutic benefit but for increased risk of falls.

Welford ward has patients with both functional and organic illness; this has resulted in increased acuity and levels of observations. Increased falls incidents are attributed mostly to one patient, twelve falls minor harm, falls risk assessment in place, MDT support and review and increased supervision. Falls associated with perceptual problems.

Kirby ward catered for patients with both functional and organic illness as admissions were restricted to Coleman ward as Coleman ward did not have any COVID -19 positives cases. The increased in falls relate to one patient who had 3 falls (Minor Harm). Although staff members were redeployed from Gwendolen ward, there was a reliance on temporary workforce to meet the safe staffing numbers due to increased acuity, 1:1 observations and staff members shielding.

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

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
Langley	91.6%	32.97%	2.45%	30.52%	1↓	0	0↓
CAMHS	75.1%	19.13%	4.07%	15.06%	0	2↑	0
TOTALS					1	2↑	0↓

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. The reduced temporary worker utilisation for CAMHS is reflective of utilisation of staff redeployed from outpatients and LD team.