

Meeting Name and date	Trust Board – 1 September 2020.
Paper number	

Name of Report - <b>SAFE STAFFING - JULY 2020 REVIEW</b>
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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. National trust data collection for safe staffing resumed in August 2020, fill rates against planned staffing and CHPPD to be presented next month.	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 – 1 SEPTEMBER 2020

### SAFE STAFFING – JULY 2020 REVIEW

#### Introduction/Background

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

##### Right Staff

- Temporary worker utilisation rate increased slightly this month; 1.5% reported at 17.52% overall. Trust wide agency usage increased this month by 0.93% to 3.05% overall. The decreased bank and agency utilisation over the past months reflects the reduced bed occupancy and flexed staffing levels to meet patient needs and response to COVID-19.
- This month Griffin, Coleman, Beaumont, Agnes and CAMHS inpatient units/wards utilised over 6% agency staff, this is linked to high acuity and levels of observation. 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. Two emerging areas to note include Coleman Ward & Langley due to high agency use and Ward 3, St Luke's previously an area to note due to vacancies now escalated as an area under review for quality and patient safety with an improvement plan.

- There are five community team 'areas to note', no changes from the previous month. 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**

- Correct to 1 August 2020 Trust wide;
  - Appraisal at 83.3% GREEN
  - Clinical supervision improved at 88.4% GREEN

### **Right Place**

- The Covid-19 risk managed wards are East, Beaumont, Bosworth, Langley, Agnes Unit and Gwendolen Ward. Risk managed is to mean that the ward is caring for patients on the emergency admission COVID pathway as per the national safe staffing descriptors and care pathways. This maintains separation between possible and confirmed COVID-19 patients and supports patient and staff cohorting.
- Due to the low numbers of COVID-19 positive patients requiring a community hospital admission, North Ward continues to be temporarily suspended to admissions.
- Feilding Palmer Hospital (FPH) continues to be temporarily closed to admission in response to national COVID-19: infection, prevention and control guidance and to ensure patient and/or staff safety is not compromised. This continues to be regularly reviewed.

### **Staff leave data**

- The table below shows absence captured by the HR isolation sheet as at 31 July 2020, the data now includes Test and Trace notification;

Self-Isolation - Household Carer	5
Self-Isolation - Household WFH	5
Self-Isolation - Symptomatic	39
Self-Isolation - Vulnerable Group	176
Undefined	2
Test and Trace Notification	1
Covid related absence	228
General Absence	242
Total Workforce	5329
Covid related absence	4.28%
General Absence	4.54%
Total Absence	<b>8.82%</b>

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

- In comparison to the previous month as reported on 30 June 2020, overall absence has increased 0.41% and COVID-19 related absence has increased by 0.06%.

	AMH	Bank	CHS	Enabling	FYPC	Hosted	LD	MHSOP	Grand total
Self-isolation – Household carer	0	0	2	1	1	0	1	0	5
Self-isolation – Household WFH	0	0	3	0	1	0	1	0	5
Self-isolation – Symptomatic	4	10	14	2	4	0	3	2	39
Self-isolation – Vulnerable Group	42	3	73	8	26	2	12	10	176
Undefined	1	0	1	0	0	0	0	0	2
Test and Trace Notification	0	0	1	0	0	0	0	0	1
<b>Totals</b>	<b>47</b>	<b>13</b>	<b>94</b>	<b>11</b>	<b>32</b>	<b>2</b>	<b>17</b>	<b>12</b>	<b>228</b>

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

## In-patient Staffing

- 4 Summary of inpatient staffing areas to note;

Wards	May 2020	June 2020	July 2020
Hinckley and Bosworth - East Ward	X	X	X
Hinckley and Bosworth – North Ward			
Beechwood	X		
Clarendon	X		
Feilding Palmer			
St Lukes Ward 1		X	
St Lukes Ward 3	X	X	X
Coalville Ward 2			
Rutland	X		
Coleman			X
Gwendolen	X	X	X
Beaumont	X	X	X
Belvoir	X	X	X
Griffin	X	X	X
Agnes Unit		X	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 risk managed wards are also identified as areas to note; East Ward Hinckley, Beaumont, Bosworth, Langley, Agnes Unit and Gwendolen Wards. Risk managed is to

mean that the ward is caring for patients on the emergency admission COVID pathway as per the national safe staffing descriptors and care pathways.

An emerging area to note is ward 3 St Lukes Hospital, this has previously been identified as an area to note due to staff vacancies; a deep dive has been undertaken looking into the key metrics including complaints, service concerns, PALs concerns, Serious Incidents and HR investigations over the past year. The ward has also had one Serious Incident and one internal investigation both of these are in relation to a patient that has fallen. A quality improvement plan is being developed with the ward leadership team and senior team.

6 Both the Agnes Unit and CAMHS Bosworth are identified as 'areas to note' due to a combination of factors; high percentage of temporary worker/agency utilisation, concerns relating to; increased acuity, high risk and vulnerable patients, safeguarding and safety incidents and impact to safe and effective care. Both areas are being supported with quality improvement plans, with oversight to the Trust Quality Assurance Committee, a high level summary of interventions for the Agnes Unit include;

- Two weekly safeguarding multi-disciplinary strategy meetings.
- A task and finish group to undertake detailed analysis of the reported incident data to understand themes and trends, supported by the Patient Safety Team.
- Review of the current MAPA training and staff feedback regarding technique
- Changes to the rota to increase oversight and ensure there is a senior professional visible within the unit at all times
- Creation and circulation of specific staff communications to provide information on staff support, forums/ access to the Freedom to Speak up Guardian and safeguarding oversight.
- Safer staffing review and increased registered nurse and leadership presence in Pods and bank and agency use and to ensure safe staffing on shifts. .
- Greater rotation of staff across the unit with current staffing requirements for the 3 shifts throughout the 24 hour period set to a planned level of 17 staff members- with 3 registered nurses working across 4 pods with equitable skills to manage current patient dependency and acuity to respond to clear safe staffing requirements including break cover, response team and level 2 observations.
- The Learning Disability Optimal Staffing Tool is being revisited to measure patient acuity and dependency, data collection commenced Monday 20th July 2020 for a 20 day period.

It is important to note that The Agnes Unit is commissioned for three pods supporting four patients in each. At present, due to patient acuity and increased need for Long Term Segregation five areas at the Agnes Unit are now in use which has impacted on staffing. The short breaks term are mostly working at the Agnes Unit having been redeployed however, this is being reviewed and will imminently change.

A quality summit has taken place for Bosworth Ward with an external facilitator and will support a positive, safe and proactive long term forum to support practice improvement. The initial sessions took place on 20 and 24 July 2020. The draft report from the sessions has been received and will be reviewed in the Quality and Safety Directorate Management Team (DMT) to agree how best to proceed and support the unit. Acuity and dependency data collection using the Mental Health Optimal Staffing Tool (MHOST) commenced Monday 27 July 2020 for a 20 day data collection period.

- 7 This month Griffin, Coleman, Beaumont, Agnes and CAMHS inpatient units/wards utilised over 6% agency staff, this is linked to high acuity and levels of observation. The reduction in the number of wards utilising over 6% agency staff reflects the reduced overall temporary worker and agency use across the Trust.
- 8 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 inpatient area by service and directorate in Annex 2.

## **Community Teams**

- 9 Summary of community 'areas to note';

Community team	May 2020	June 2020	July 2020
City East Hub- Community Nursing	X	X	X
City West Hub- Community Nursing	X	X	X
East Central Hub – Community Nursing	X		
Hinckley and Bosworth – Community Nursing			
Healthy Together – City (School Nursing only)	X	X	X
Healthy Together – East			
Health Together - West	X		
CAMHS County - FYPC	X	X	X
Diana service	X	X	X

**Table 4 – Community areas to note**

- 10 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.
- 11 CAMHS County, Healthy Together City (School Nursing only) 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.
- 12 There remain a number of vacancies across community planned care nursing hubs with City West and City East carrying the largest number and key 'areas to note'. Due to the numbers of vacancies, vacancies continue to be covered generally with long term blocked booked agency staff.

An advert is open for Band 5 nursing posts in the City with a recruitment and retention premia attached. This has been revamped with the support of the LPT jobs team and we are offering a wide range of flexible hours in order to increase recruitment of substantive staff. All final year students due to qualify in September 2020 have been placed but unfortunately three of the students have decided to stay with UHL, they were placed at UHL as aspirant nurses during COVID-19 and have opted to remain there once qualified.

For the ageing well agenda posts; staff have been recruited for all hubs apart from Hinckley. The advert is open for this with a closing date of 9<sup>th</sup> August 2020.

- 13 There are no 'areas to note' in MH in July 2020. There were no reported community team staffing hotspots for July, however, the Central Access Point (CAP) continues to experience staffing shortages and this is resulting in increased pressure on the community mental health teams and the crisis resolution and home treatment team to provide cover. This is on the risk register and a plan is in place to address the shortages.

The impact of Covid-19 and local lockdown measures within Leicester City has continued to affect the community teams throughout July 2020. Face-to-face contacts remain suspended wherever possible, and telephone and video appointments are now offered. A pilot of Attend Anywhere video consultation has been successful and is being rolled out across teams. The exception to this approach is where face-to-face contacts are unavoidable, for example depot administration, Mental Health Act assessments and safeguarding issues etc. Services that had paused clinical work to support core services have now resumed, for example psychological therapy services and the Recovery College.

### **Conclusion**

- 14 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	95.5%	21.52%	1.46%	20.06%	1↑	1↑	0
Aston	91.3%	12.17%	1.23%	10.94%	0↓	3↓	0
Beaumont	63.5%	16.07%	6.04%	10.03%	4↑	5↑	0
Belvoir Unit	82.3%	18.88%	1.60%	16.28%	3↑	4↑	0
Heather	92.3%	14.68%	2.12%	12.56%	1→	10↑	0
Thornton	96.1%	24.85%	0.42%	24.43%	0→	0↓	0
Watermead	87.7%	11.3%	0.65%	10.65%	1→	1↓	0
Griffin F PICU	91.9%	38.16%	8.62%	29.54%	0→	0↓	0
<b>TOTALS</b>					<b>10↑</b>	<b>24↑</b>	<b>0</b>

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 matron has identified through analysis a key theme in relation to following process of storage and recording of controlled drugs and the e-CD register within the medication errors. Matron is working with the Ward Sisters/Charge Nurses to review errors on their wards, lessons to be learned and actions to improve the process for controlled drug storage and management.

Falls are reviewed by the physical health care matron with the teams; the mental health wards are seeing an increase in physically unwell patients and patients with behavioural factors with a number of patients who repeatedly put themselves on the floor. The service are looking to pilot a Post Fall huddle on one of the wards as a quality improvement initiative supporting patient safety.



## Learning Disabilities (LD) Services

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
Agnes Unit	50.00%(Pod 1) 94.4%(Pod 2) 69.4%(Pod 3)	33.43%	8.78%	24.65%	1→	0→	0
The Gillivers							
The Grange							

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. The Agnes Unit is supported with a quality improvement plan as detailed on page 5 of this report.

## Low Secure Services – Herschel Prins

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
HP Phoenix	93%	6.54%	0.16%	6.38%	1↑	0→	0→

Table 7- Low secure safe staffing

There were no patient falls or complaints in July 2020. There was one medication error analysis has not identified any staffing impact on the quality and safety of patient care/outcomes.

## Rehabilitation Services

Ward	Occupied beds	Temp Workers %	Agency %	Bank %	Medication errors	Falls	Complaints
Skye Wing	82.4%	18.73%	0.29%	18.44%	1	8↑	0
Willows Unit	94.8% (Sycamore) 90.3% (Acacia)	9.08%	0.22%	8.86%	0	1↑	0
Mill Lodge	83.4%	28.49%	1.24%	27.25%	1	5↓	0
<b>TOTALS</b>					<b>2↓</b>	<b>14↓</b>	<b>0↓</b>

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 were seven incidences detailing eight falls, an increase compared to May and June 2020. Analysis of the falls has shown that one patient fall was related to balance and engaging in activities. Seven of the falls were related to one female patient, who is a known high risk of falls and

puts herself to the floor if feels as if she will fall. These occurrences are linked to deterioration in the patient's mental health and times of relapse.

Analysis of the falls on Mill Lodge has shown this is a significant decrease from the last few months averaging 16 falls. The previous month's increased falls were attributed to one patient who has sadly passed away in July 2020.

## Community Health Services (CHS)

### Community Hospitals

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
FP General							
MM Dalgliesh	68.3%	6.48%	1.23%	5.25%	1↑	0↓	0
Rutland	71.2%	14.72%	1.91%	12.81%	0→	0↓	0
SL Ward 1	61.9%	8.73%	1.37%	7.36%	1↑	3→	0
SL Ward 3	75.2%	12.98%	2.86%	10.12%	2↑	2→	0
CV Ellistown 2	68.1%	7.09%	1.88%	5.21%	1↑	8↑	0
CV Snibston 1	65%	7.02%	2.10%	4.92%	1↑	3↑	0
HB East Ward	10.3%	0.19%	0.00%	0.19%	0→	2↓	0
HB North Ward	-	0.93%	0.00%	0.93%	0→	0↓	0
Swithland	70.5%	3.92%	0.62%	3.30%	1↑	5→	0
CB Beechwood	76.3%	7.64%	1.65%	5.99%	0→	3↑	0
CB Clarendon	51.5%	6.19%	1.39%	4.80%	1↓	1↓	0
<b>TOTALS</b>					<b>8</b>	<b>27↓</b>	<b>0↓</b>

Table 9 - Community hospital safe staffing

East Ward at Hinckley and Bosworth Community Hospital site has been identified as the COVID-19 risk site for positive symptomatic patients. North ward has been identified as the second ward which ensures that this site remains a 'red' risk managed site and reduces risk of transmission. Due to the low numbers of COVID 19 positive patients requiring a community hospital bed, North Ward continues to be temporarily suspended to admissions.

Feilding Palmer Hospital (FPH) continues to be temporarily closed to admission 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.

There continues to be an overall reduction in the use of temporary staff, impacted by the reduced bed occupancy and review of staffing requirements on a shift by shift basis.

A review of the NSIs for the community hospital wards has identified that there was a slight decrease overall in falls incidents from June to July 2020 from 37 to 27. Review of the increased incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes. However, within these falls there has been one fall with moderate harm on Swithland Ward, this is currently a serious investigation, early analysis has not identified that staffing was a contributing factor.

The number of medication incidents for July 2020 has reduced to 8 for the inpatient wards. A review of these incidents has not identified any direct correlation with staffing, the matrons for the

wards are conducting a review with the ward sisters to further analyse and identify themes and learning.

An emerging area to note is ward 3 St Lukes Hospital; a deep dive has been undertaken looking into the key metrics including complaints, service concerns, PALs concerns, Serious Incidents and HR investigations over the past year. The ward has also had one Serious Incident and one internal investigation both of these are in relation to a patient that has fallen. A quality improvement plan is being developed with the ward leadership team and senior team.

### Mental Health Services for Older People (MHSOP)

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
BC Kirby	81.9%	23.78%	3.78%	20.00%	6↑	5↓	0
BC Welford	88.3%	20.5%	1.37%	19.13%	0→	5↓	0
Coleman	43.5%	45.03%	7.38%	37.65%	0→	5→	0
Gwendolen	33.9	5.31%	2.36%	2.95%	2↑	2→	0
<b>TOTALS</b>					<b>8↑</b>	<b>17↓</b>	<b>0→</b>

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

Coleman ward has seen an increase in agency staff deployment this month due to movement of substantive staff across other wards including Wakerley to ensure good skill mix and balance of substantive and temporary staff. In order to cover shortfalls and existing vacancies the service continues to block book registered bank and agency staff.

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

Matron has reviewed the increased medication incidents on Kirby Ward, analysis has shown there were no themes around staffing and importantly no harm to patients, three of the six incidents were generated to provide an audit trail for the correcting of the e-CD register none of these were as a result of a medication error or an issue that directly affected patient care, this has all now been amended. Analysis of patient falls has not identified any direct link between staffing and falls. The teams review staffing daily in light of patient risk profile and acuity on the ward.

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

Ward	Occupied beds	Temp Workers%	Agency %	Bank %	Medication errors	Falls	Complaints
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Langley	86%	37.77%	3.51%	34.26%	2↑	0	0
CAMHS	80.9%	47.95%	14.93%	33.02%	0	0	0
<b>TOTALS</b>					<b>2↑</b>	<b>0→</b>	<b>0→</b>

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

The increased temporary worker utilisation for both Langley and CAMHS is reflective of deployment of temporary staff to meet vacancies and acuity that in the previous months had been covered by staff redeployed due to COVID. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes. CAMHS Bosworth ward is supported with a quality improvement plan as detailed on page 5 of this report.