

## Public Trust Board - 31 August 2021

### Safe Staffing- June 2021 review

#### Purpose of the report

This report provides an overview of nursing safe staffing during the month of June 2021, including a summary of staffing areas to note, updates in response to Covid-19, potential risks, and actions to mitigate the risks to ensure that safety and care quality are maintained.

The report triangulates workforce metrics, fill rates, Care Hours Per Patient Day (CHPPD), quality and outcomes linked to Nurse Sensitive Indicators (NSIs) and patient experience feedback. A summary is available in Annex 1; scorecard, with a detailed overview and exception report narrative by in-patient area and service in annexe 2.

#### Analysis of the issue

##### Right Staff

- Temporary worker utilisation rate slightly increased this month; 0.92% reported at 36.41% overall and Trust wide agency usage slightly increased this month by 1.74% to 13.57% overall. This is largely attributed to increased patient acuity and dependency and additional staff to support safe levels of observation and care.
- In June 2021; 21 inpatient wards/units utilised above 6% agency staff, one change from last month; Rutland Ward. 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.
- There are 23 inpatient 'areas to note' with five changes to the previous month; Coalville Ward 1, Kirby, Welford and Ashby Wards due to increased agency utilisation above 6% and St Lukes Ward 1 due to increased patient acuity and dependency, vacancies, maternity leave and sickness.
- There are eight community team 'areas to note', changes to the previous month; Assertive Outreach is an emerging area to note due to the impact of planned service changes, vacancies and retirement.
- There is increasing operational pressure across the whole community nursing service with a large number of staff absent from work with long and short term illness. A significant number of the absence sits in the city community hubs that remain key areas to note specifically City West and East hubs. A number of actions are in place to try to mitigate the staffing risks, detailed page 5.

- Weekly safe staffing forecast meetings with Workforce and Safe staffing matron, Head/Deputy Heads of Nursing and Head of Workforce support continue to review staffing levels, actions to meet planned staffing, review of the risks and actions to mitigate the risks.

## Right Skills

Changes to Mandatory and Role Essential Training during Covid-19:

- The compliance renewal date for each topic has been extended by 6 months.
- All face to face training is slowly being reintroduced with staff being invited to attend mandatory training on a clinical risk basis, contacted directly by Learning & Development to attend.
- Correct to 30 June 2021 Trust wide substantive staff;
  - Appraisal at 89.9 % compliance GREEN
  - Clinical supervision at 86.4% compliance GREEN
  - All core mandatory training compliance GREEN with the exception of Information Governance AMBER at 90.6%
  - Clinical mandatory training compliance improved position for both BLS and ILS.
    - BLS improved 5.9% to 81.1% compliance AMBER
    - ILS improved 4.2% from RED to AMBER at 75% compliance.

## Right Place

- The Covid-19 risk managed wards are North, Beacon, Langley, Agnes Unit and Gwendolen Ward. Risk managed is to mean that the ward is caring for patients on the emergency admission Covid-19 high and medium risk pathways, as per the national safe staffing descriptors and IPC care pathways, maintaining separation between possible and confirmed COVID-19 patients and supporting staff cohorting.
- Fill rates below 100% for actual HCSWs predominantly on days reflect adjusted staffing levels and skill mix to meet patient care needs.
- The total Trust CHPPD average (including ward based AHPs) is reported at 15.11 CHPPD in June 2021, with a range between 6.3 (Ashby Ward) and 73.8 (Agnes Unit) CHPPD.
- General variation reflects the diversity of services, complex and specialist care provided across the Trust. Analysis has not identified significant variation at service level; indicating that staff are being deployed productively across services.

## Staff absence data

The table below shows absence captured by the LPT Staff Absence Sitrep on 30 June 2021;

|                                       |      |
|---------------------------------------|------|
| Self-Isolation - Household WFH wte    | 3.92 |
| Self-Isolation – Symptomatic wte      | 8.8  |
| Self-Isolation - Vulnerable Group wte | 0    |

|                                 |             |
|---------------------------------|-------------|
| Test and Trace Notification wte | 1.0         |
| Covid-19 related absence wte    | 13.8        |
| General Absence wte             | 217.2       |
| Covid-19 related absence %      | 0.3%        |
| General Absence %               | 4.6%        |
| <b>Total Absence</b>            | <b>4.9%</b> |

Table 1 – Trust COVID-19 and general absence – 30 June 2021

In comparison to the previous month overall absence has increased 0.4% due to self and household isolation due to Covid-19.

### In-patient Staffing

Summary of inpatient staffing areas to note;

| Wards                            | April 2021 | May 2021 | June 2021 |
|----------------------------------|------------|----------|-----------|
| Hinckley and Bosworth East Ward  | X          | X        | X         |
| Hinckley and Bosworth North Ward | X          | X        | X         |
| St Lukes Ward 1                  | X          |          | X         |
| St Lukes Ward 3                  | X          | X        |           |
| Beechwood                        | X          | X        | X         |
| Clarendon                        | X          | X        | X         |
| Coalville Ward 1                 |            |          | X         |
| Coalville Ward 2                 |            |          |           |
| Rutland                          |            | X        | X         |
| Dalgleish                        | X          | X        | X         |
| Coleman                          | X          | X        | X         |
| Gwendolen                        | X          | X        | X         |
| Kirby                            |            |          | X         |
| Welford                          |            |          | X         |
| Wakerley                         | X          | X        | X         |
| Aston                            | X          | X        | X         |
| Ashby                            |            |          | X         |
| Beaumont                         | X          | X        | X         |
| Belvoir                          | X          | X        | X         |
| Griffin                          | X          | X        |           |
| Phoenix                          | X          | X        | X         |
| Heather                          |            |          |           |
| Watermead                        |            |          |           |
| Mill Lodge                       | X          | X        | X         |
| Agnes Unit                       | X          | X        | X         |
| Langley                          | X          | X        | X         |
| Beacon (CAMHS)                   | X          | X        | X         |

Table 2 – In-patient staffing areas to note

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; North Ward Hinckley, 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 IPC care pathways medium and high.

The Agnes Unit and CAMHS Beacon Unit are ‘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.

Mill Lodge is an area to note due to the number of vacancies and due to concerns in regard to the high number of patient falls. The Director of Nursing, AHPs and Quality to visit the Ward on 1 July 2021 with a quality summit planned within month and deep dive review of patient falls.

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

Summary of community ‘areas to note’;

| Community team                                | April 2021 | May 2021 | June 2021 |
|---|------------|----------|-----------|
| City East Hub- Community Nursing              | X          | X        | X         |
| City West Hub- Community Nursing              | X          | X        | X         |
| Healthy Together – City (School Nursing only) | X          | X        | X         |
| Healthy Together County                       | X          | X        | X         |
| Looked After Children                         | X          | X        | X         |
| Central Access Point team (MH)                | X          | X        |           |
| CRISIS DMH                                    | X          | X        |           |
| South Leicestershire CMHT                     |            | X        | X         |
| Assertive outreach                            |            |          | X         |
| LD Community Physiotherapy                    |            | X        | X         |

**Table 3 – Community areas to note**

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.

## **FYPC/LD Community**

Healthy Together County, Healthy Together City and Looked After Children (LAC) teams continue to be rated to be at Amber escalation level due to a reduction in the established team; vacancies and retirement. Healthy Together teams are rated amber due to Specialist Community Public Health Nurse (SCPHN) vacancies and a number of staff retiring. LAC team recruited three Band 5 staff members. Risks continue to be monitored within the Directorate on a weekly basis.

Learning disabilities community physiotherapy is rated amber, the team continue to assess and treat all red and amber RAG rated referrals. Recruitment process is ongoing as there are challenges in recruiting to the Band 6 post.

## **CHS Community**

There is increasing operational pressure across the whole community nursing service with a large number of staff absent from work with long and short term illness. A significant number of the absence sits in the city community hubs that remain key areas to note specifically City West and East hubs. A number of actions are in place to try to mitigate the staffing risks including;

- Deferred non-essential meetings
- Working with Centralised Staffing Solutions to support fill of shifts
- Redeploying community nurses from other hubs where possible and safe to do so
- Deployed staff from other clinical teams such as tissue viability and podiatry to support
- Integrated Community Specialist Palliative Care Team supporting community nursing activity as appropriate
- Continue to monitor and manage staff sickness and absence
- Targeted band 5 registered nurse, assistant practitioner and nursing associate recruitment

## **MH Community**

The Central Access Point (CAP) continues to experience high levels of routine referrals; however the team has a new staffing model and plan in place to mitigate and this has now been removed from the risk register. The number of vacancies across community services generally remains challenging and gaps continue to be filled with bank and agency wherever possible; community mental health teams find it difficult to recruit agency workers for the block booking commitment required. South Leicestershire CMHT remains an area to note and Assertive Outreach is an emerging area to note due to the impact of planned service changes, vacancies and retirement.

## **Proposal**

In light of the triangulated review of workforce metrics, nurse sensitive indicators and patient feedback, the Executive 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.

## **Decision required**

The board is asked to confirm a level of 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 is maintained.

|                                      |  |                                      |                                   | Fill Rate Analysis (National Return)         |                                   |                                      |                                   |                                |                             | % Temporary Workers |       |        | Overall CHPPD     |            |       |            |
|--------------------------------------|--|--------------------------------------|-----------------------------------|--|-----------------------------------|--------------------------------------|-----------------------------------|--------------------------------|-----------------------------|---------------------|-------|--------|-------------------|------------|-------|------------|
|                                      |  |                                      |                                   | Actual Hours Worked divided by Planned Hours |                                   |                                      |                                   |                                |                             | (NURSING ONLY)      |       |        |                   |            |       |            |
|                                      |  |                                      |                                   | Nurse Day                                    |                                   | Nurse Night                          |                                   | AHP Day                        |                             | Total <20%          | Bank  | Agency |                   |            |       |            |
| Average % fill rate registered >=80% | Average % fill rate non-reg >=80%        | Average % fill rate registered >=80% | Average % fill rate non-reg >=80% | Average % fill rate registered               | Average % fill rate non-reg       | (Nursing And AHP)                    | Med Errors                        | Falls                          | Complaints                  |                     |       |        |                   |            |       |            |
| Ward Group                           | Ward                                     | Average no. of Beds on Ward          | Average no. of Occupied Beds      | Average % fill rate registered >=80%         | Average % fill rate non-reg >=80% | Average % fill rate registered >=80% | Average % fill rate non-reg >=80% | Average % fill rate registered | Average % fill rate non-reg | Total <20%          | Bank  | Agency | (Nursing And AHP) | Med Errors | Falls | Complaints |
| AMH Bradgate                         | Ashby                                    | 21                                   | 20                                | 104.5%                                       | 192.4%                            | 103.1%                               | 76.7%                             |                                |                             | 34.8%               | 28.3% | 6.5%   | 6.3               | 0          | 0     | 0          |
|                                      | Aston                                    | 19                                   | 18                                | 104.5%                                       | 116.8%                            | 100.4%                               | 84.4%                             |                                |                             | 32.0%               | 24.5% | 7.5%   | 6.9               | 3          | 1     | 0          |
|                                      | Beaumont                                 | 22                                   | 19                                | 101.7%                                       | 180.9%                            | 98.3%                                | 143.1%                            |                                |                             | 58.0%               | 48.3% | 9.7%   | 13.6              | 3          | 1     | 2          |
|                                      | Belvoir Unit                             | 10                                   | 8                                 | 125.9%                                       | 176.2%                            | 195.4%                               | 137.6%                            |                                |                             | 43.7%               | 32.5% | 11.2%  | 22.6              | 2          | 4     | 1          |
|                                      | Heather                                  | 18                                   | 18                                | 88.1%  | 148.4%                            | 97.7%                                | 134.1%                            |                                |                             | 32.8%               | 27.7% | 5.0%   | 7.3               | 1          | 3     | 0          |
|                                      | Thornton                                 | 20                                   | 17                                | 112.3%                                       | 114.8%                            | 101.3%                               | 94.8%                             |                                |                             | 38.2%               | 35.3% | 2.9%   | 7.4               | 1          | 0     | 0          |
|                                      | Watermead                                | 20                                   | 19                                | 105.6%                                       | 116.9%                            | 92.9%                                | 88.9%                             |                                | 100.0%                      | 18.5%               | 16.5% | 2.1%   | 6.7               | 0          | 9     | 0          |
|                                      | Griffin - Herschel Prins                 | 6                                    | 6                                 | 117.1%                                       | 170.0%                            | 103.1%                               | 424.5%                            |                                | 100.0%                      | 44.4%               | 41.1% | 3.4%   | 26.8              | 0          | 1     | 0          |
| AMH Other                            | Phoenix - Herschel Prins                 | 12                                   | 10                                | 117.2%                                       | 137.0%                            | 105.3%                               | 130.9%                            |                                |                             | 44.9%               | 32.7% | 12.2%  | 12.6              | 0          | 0     | 1          |
|                                      | Skye Wing - Stewart House                | 30                                   | 20                                | 149.8%                                       | 98.2%                             | 137.8%                               | 137.8%                            |                                |                             | 31.6%               | 28.9% | 2.7%   | 7.7               | 1          | 3     | 1          |
|                                      | Willows                                  | 9                                    | 6                                 | 179.3%                                       | 91.2%                             | 104.5%                               | 102.2%                            |                                |                             | 16.7%               | 16.2% | 0.5%   | 17.2              | 0          | 0     | 0          |
|                                      | Mill Lodge                               | 14                                   | 12                                | 83.5%  | 86.8%                             | 128.9%                               | 102.0%                            |                                |                             | 48.8%               | 38.8% | 9.9%   | 12.7              | 2          | 32    | 0          |
| CHS City                             | Kirby                                    | 24                                   | 23                                | 66.7%  | 120.8%                            | 126.7%                               | 155.3%                            | 100.0%                         | 100.0%                      | 36.9%               | 30.7% | 6.3%   | 7.4               | 3          | 11    | 0          |
|                                      | Welford                                  | 24                                   | 20                                | 71.7%  | 111.3%                            | 126.6%                               | 182.0%                            |                                | 100.0%                      | 19.9%               | 14.4% | 5.5%   | 6.7               | 3          | 7     | 0          |
|                                      | Beechwood Ward - BC03                    | 24                                   | 21                                | 149.2%                                       | 65.8%                             | 122.8%                               | 248.7%                            | 100.0%                         | 100.0%                      | 33.2%               | 14.4% | 18.9%  | 8.6               | 1          | 3     | 2          |
|                                      | Clarendon Ward - CW01                    | 22                                   | 18                                | 156.0%                                       | 60.7%                             | 153.3%                               | 230.0%                            |                                |                             | 24.1%               | 8.3%  | 15.8%  | 8.4               | 1          | 3     | 0          |
|                                      | Coleman                                  | 21                                   | 17                                | 75.7%  | 301.8%                            | 139.2%                               | 797.7%                            | 100.0%                         | 100.0%                      | 65.0%               | 33.8% | 31.2%  | 23.2              | 3          | 6     | 0          |
|                                      | Gwendolen                                | 18                                   | 5                                 | 15.3%  | 18.7%                             | 26.7%                                | 42.2%                             |                                |                             | 34.8%               | 14.6% | 20.2%  | 31.6              | 0          | 0     | 0          |
|                                      | Wakerley (MHSOP)                         | 21                                   | 13                                | 77.2%  | 192.4%                            | 157.8%                               | 453.6%                            |                                |                             | 54.4%               | 35.9% | 18.5%  | 18.6              | 0          | 0     | 0          |
| CHS East                             | Dagleish Ward - MMDW                     | 17                                   | 14                                | 92.8%  | 71.0%                             | 155.9%                               | 156.1%                            | 100.0%                         | 100.0%                      | 20.6%               | 10.5% | 10.1%  | 9.0               | 1          | 1     | 0          |
|                                      | Rutland Ward - RURW                      | 16                                   | 12                                | 166.8%                                       | 73.5%                             | 158.4%                               | 155.9%                            |                                |                             | 24.7%               | 15.0% | 9.6%   | 11.5              | 0          | 1     | 1          |
|                                      | Ward 1 - SL1                             | 15                                   | 12                                | 75.7%  | 79.2%                             | 181.4%                               | 175.1%                            | 100.0%                         | 100.0%                      | 20.6%               | 15.4% | 5.1%   | 13.5              | 0          | 0     | 0          |
|                                      | Ward 3 - SL3                             | 13                                   | 11                                | 236.4%                                       | 72.0%                             | 153.3%                               | 189.1%                            | 100.0%                         | 100.0%                      | 12.8%               | 9.3%  | 3.6%   | 12.3              | 1          | 1     | 0          |
| CHS West                             | Ellistown Ward - CVEL                    | 12                                   | 15                                | 190.5%                                       | 61.4%                             | 151.1%                               | 160.3%                            | 100.0%                         | 100.0%                      | 12.9%               | 7.7%  | 5.1%   | 11.3              | 0          | 0     | 0          |
|                                      | Snibston Ward - CVSN                     | 18                                   | 15                                | 106.9%                                       | 79.3%                             | 173.1%                               | 267.0%                            | 100.0%                         | 100.0%                      | 17.0%               | 7.8%  | 9.2%   | 12.3              | 0          | 4     | 1          |
|                                      | East Ward - HSEW                         | 22                                   | 16                                | 66.3%  | 86.7%                             | 162.8%                               | 296.6%                            | 100.0%                         | 100.0%                      | 28.5%               | 9.9%  | 18.6%  | 11.9              | 2          | 1     | 0          |
|                                      | North Ward - HSNW                        | 18                                   | 14                                | 91.0%  | 88.9%                             | 143.1%                               | 217.9%                            | 100.0%                         | 100.0%                      | 24.0%               | 7.0%  | 17.0%  | 10.9              | 0          | 2     | 0          |
|                                      | Swithland Ward - LBSW                    | 18                                   | 15                                | 181.3%                                       | 73.8%                             | 147.2%                               | 150.8%                            | 100.0%                         | 100.0%                      | 7.2%                | 3.3%  | 3.9%   | 10.4              | 0          | 1     | 0          |
| FYPC                                 | Langley                                  | 15                                   | 11                                | 113.1%                                       | 118.1%                            | 133.3%                               | 162.2%                            | 100.0%                         |                             | 46.9%               | 32.5% | 14.4%  | 14.9              | 1          | 3     | 0          |
|                                      | CAMHS Beacon Ward - Inpatient Adolescent | 0                                    | 8                                 | 129.6%                                       | 254.9%                            | 142.0%                               | 515.9%                            | 100.0%                         | 100.0%                      | 66.8%               | 34.3% | 32.5%  | 24.5              | 0          | 0     | 0          |
| LD                                   | Agnes Unit                               | 4                                    | 3                                 | 161.8%                                       | 196.4%                            | 165.4%                               | 226.6%                            |                                |                             | 52.2%               | 21.9% | 30.3%  | 73.8              | 0          | 0     | 0          |

## Annexe 2: 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
  - red agency use above 6%
- Fill rate  $\geq 80\%$

### Mental Health (MH)

#### Acute Inpatient Wards

| Ward          | Occupied beds | Average % fill rate registered nurses Day | Average % fill rate care staff Day | Average % fill rate registered nurses Night | Average % fill rate care staff Night | Temp Workers% | Bank % | Agency % | CHPPD | Medication errors | Falls      | Complaints |
|---------------|---------------|---|------------------------------------|---|--------------------------------------|---------------|--------|----------|-------|-------------------|------------|------------|
| Ashby         | 20            | 104.5%                                    | 192.4%                             | 103.1%                                      | 76.7%                                | 34.8%         | 28.3%  | 6.5%     | 6.3   | 0→                | 0→         | 0→         |
| Aston         | 18            | 104.5%                                    | 116.8%                             | 100.4%                                      | 84.4%                                | 32.0%         | 24.5%  | 7.5%     | 6.9   | 3→                | 1↑         | 0→         |
| Beaumont      | 20            | 101.7%                                    | 180.9%                             | 98.3%                                       | 143.1%                               | 58.0%         | 48.3%  | 9.7%     | 13.6  | 3↓                | 1↑         | 2↑         |
| Belvoir Unit  | 9             | 125.9%                                    | 176.2%                             | 195.4%                                      | 137.6%                               | 43.7%         | 32.5%  | 11.2%    | 22.6  | 2↑                | 4↑         | 1↑         |
| Heather       | 17            | 88.1%                                     | 148.4%                             | 97.7%                                       | 134.1%                               | 32.8%         | 27.7%  | 5.0%     | 7.3   | 1↓                | 3↑         | 0→         |
| Thornton      | 19            | 112.3%                                    | 114.8%                             | 101.3%                                      | 94.8%                                | 38.2%         | 35.3%  | 2.9%     | 7.4   | 1↑                | 0→         | 0→         |
| Watermead     | 19            | 105.6%                                    | 116.9%                             | 92.9%                                       | 88.9%                                | 18.5%         | 16.5%  | 2.1%     | 6.7   | 0↓                | 9↑         | 0→         |
| Griffin       | 6             | 117.1%                                    | 170.0%                             | 103.1%                                      | 424.5%                               | 44.4%         | 41.1%  | 3.4%     | 26.8  | 0↓                | 1↑         | 0→         |
| <b>TOTALS</b> |               |   |                                    |   |                                      |               |        |          |       | <b>10↓</b>        | <b>19↑</b> | <b>3↑</b>  |

Table 4 - Acute inpatient ward safe staffing

All medication errors have been reviewed in line with Trust policy; there were ten errors that occurred on five wards, a decrease compared to May 2021. Of the ten incidents, analysis has shown there were three key themes; wrong dose administration, medication being found in patient property (medicines bought in to the ward) and wrong patient administration. To note as a consequence of the errors there was no or low levels of harm to the patient as an outcome.

Of the two wrong patient administration incidents it has been identified that staffing was a contributory factor; one error occurred and the staff member was an agency staff member and the other incident occurred when the ward was short staffed and a member of staff moved to support and was not familiar with the patients, analysis has linked the errors to not following medicines administration processes and patient identification robustly. All errors have been assessed and managed in line with the Trust medication error policy and supportive actions and reflection taken.

Analysis of the falls has shown two key themes; physical health linked to low blood pressure and dizziness and behavioural/mental health presentation, placement on floor.

As a result there is increased physiotherapy and occupational therapy activity supporting physical health needs. The physical health team review all patient fall incidents and highlight learning and feedback Ward leaders and members of the Multi-Disciplinary Team (MDT), PHT, this is generating increased communication and falls awareness by offering interventions and assessment opportunities. As a result staff are reviewing falls prevention and management interventions differently including levels of observations to support patient's needs.



## Low Secure Services – Herschel Prins

| Ward          | Occupied beds | Average % fill rate registered nurses Day | Average % fill rate care staff Day | Average % fill rate registered nurses Night | Average % fill rate care staff Night | Temp Workers% | Bank % | Agency % | CHPPD | Medication errors | Falls | Complaints |
|---------------|---------------|---|------------------------------------|---|--------------------------------------|---------------|--------|----------|-------|-------------------|-------|------------|
| HP Phoenix    | 10            | 117.2%                                    | 137.0%                             | 105.3%                                      | 130.9%                               | 44.9%         | 32.7%  | 12.2%    | 12.6  | 0→                | 0→    | 1↑         |
| <b>TOTALS</b> |               |   |                                    |   |                                      |               |        |          |       | 0→                | 0→    | 1↑         |

Table 5- Low secure safe staffing

There were no medication errors or falls reported in June 2021 at Phoenix, Herschel Prins.

Phoenix continues to use a higher proportion of agency staff this month, this is due to staff leaving and waiting for newly recruited staff to start, temporary staffing bank registered nurse fill rate and the ongoing COVID-19 impact of staff isolation.

## Rehabilitation Services

| Ward          | Occupied beds | Average % fill rate registered nurses Day | Average % fill rate care staff Day | Average % fill rate registered nurses Night | Average % fill rate care staff Night | Temp Workers % | Bank % | Agency % | CHPPD | Medication | Falls | Complaints |
|---------------|---------------|---|------------------------------------|---|--------------------------------------|----------------|--------|----------|-------|------------|-------|------------|
| Skye Wing     | 20            | 149.8%                                    | 98.2%                              | 137.8%                                      | 137.8%                               | 31.6%          | 28.9%  | 2.7%     | 7.4   | 1→         | 3↑    | 1↑         |
| Willows       | 6             | 179.3%                                    | 91.2%                              | 104.5%                                      | 102.2%                               | 16.7%          | 16.2%  | 0.5%     | 17.5  | 0↓         | 0→    | 0→         |
| Mill Lodge    | 12            | 83.5%                                     | 86.8%                              | 128.9%                                      | 102.0%                               | 48.8%          | 38.8%  | 9.9%     | 14.1  | 2↑         | 32↓   | 0→         |
| <b>TOTALS</b> |               |   |                                    |   |                                      |                |        |          |       | 3↑         | 35↓   | 1↑         |

Table 6 - Rehabilitation service 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 were three medication errors reported in June 2021, analysis has shown that one incident was in regard to medication being administered despite the prescription indicating for the medicine to cease, a second incident was in relation to medication being found with the patient and the third regarding medication not being prescribed on admission, on this occasion the patient self-administered the medication. All of the medication errors have been reviewed in line with the Trust policy, whilst no staffing factors were identified, learning was identified in regard to admission processes being robust and followed and as a result the patient pathway has been revisited with staff.

There were three patient falls at Stewart House, analysis has shown that one fall was unwitnessed, one was a fall during a self-transfer and one patient lost their balance. A review of the incidents has not identified any staffing impact as a contributory factor.

There were 32 patient falls on Mill Lodge, 16 of the falls were experienced by one patient, and analysis has shown that a high number of the falls occurred in the communal area as a result. The patient's risk assessment and care plan was reviewed in line with outcomes from the falls huddles and staffing increased to facilitate observation in the communal area.

Two other patients had repeated falls linked to mobilising in the bedroom between bed and the toilet. This is a known and ongoing managed risk for patients who are still mobile and wishing to maintain their independence without calling for assistance. Staff encourage patients to request assistance to support their preference and needs.

Causes of the falls were attributed to patient factors associated with Huntingdon's Disease; loss of balance and spatial awareness and also challenges in regard to consistent use of mobility aids.

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

| Ward          | Occupied beds | Average % fill rate registered nurses Day | Average % fill rate care staff Day | Average % fill rate registered nurses Night | Average % fill rate care staff Night | Temp Workers% | Bank % | Agency % | CHPPD | Medication errors | Falls | Complaints |
|---------------|---------------|---|------------------------------------|---|--------------------------------------|---------------|--------|----------|-------|-------------------|-------|------------|
| BC Kirby      | 23            | 66.7%                                     | 120.8%                             | 126.7%                                      | 155.3%                               | 36.9%         | 30.7%  | 6.3%     | 7.4   | 3→                | 11↑   | 0→         |
| BC Welford    | 20            | 71.7%                                     | 111.3%                             | 126.6%                                      | 182.0%                               | 19.9%         | 14.4%  | 5.5%     | 6.7   | 3↑                | 7↑    | 0→         |
| Coleman       | 17            | 75.7%                                     | 301.8%                             | 139.2%                                      | 797.7%                               | 65.0%         | 33.8%  | 31.2%    | 23.2  | 3↑                | 6↑    | 0→         |
| Gwendolen     | 5             | 15.3%                                     | 18.7%                              | 26.7%                                       | 42.2%                                | 34.8%         | 14.6%  | 20.2%    | 31.6  | 0↓                | 5↓    | 0→         |
| Wakerley      | 13            | 77.2%                                     | 192.4%                             | 157.8%                                      | 453.6%                               | 54.4%         | 35.9%  | 18.5%    | 18.6  | 0→                | 0→    | 0→         |
| <b>TOTALS</b> |               |   |                                    |   |                                      |               |        |          |       | 9↑                | 29↑   | 0→         |

Table 7 - Mental Health Services for Older People (MHSOP) safe staffing

The MHSOP wards did not meet planned fill rates on days for Registered Nurses (RNs). The staffing establishment on wards consist of a Medication Administration Technician (MAT) and on Kirby Ward a mental health Practitioner (MHP). The ward skill mix also includes a registered nursing associate.

The service continue to have rolling adverts for band 5 recruitment, however applications and uptake in terms of attendance to interviews remains low. The service continues to use temporary staff to support unfilled shifts due to vacancies and to support increased patient acuity and levels of observation. Staffing is risk assessed and managed across all MHSOP wards and staff moved to support safe staffing levels and skill mix and patient care needs/acuity and dependency.

Due to the lower patient occupancy on Coleman and Wakerley Wards the staffing numbers and skill mix have been adjusted to reflect both the numbers of patients and their acuity and dependency levels. It is worth noting that both Coleman and Wakerley wards have higher levels of intensive patient observations and due to the functional bed demand at the Bennion centre at times the service has used the Evington centre (dementia) beds to facilitate admissions.

Matrons review all incidents, review of the medication errors and falls has shown that the majority of incidents reported resulted in no harm or minor, non-permanent harm with the exception of one patient fall on Kirby Ward that is subject to a serious incident investigation.

There were nine medication incidents reported in total across the four wards, of these three involved a medication administration error directly impacting a patient, all incidents were no harm incidents in terms of outcome to patient and all errors were reviewed in line with the Trust policy for medication errors. The remaining six medication incidents were in regard to the e-CD register and prescribing issues related to shared care agreements and access to medication through GP's for patients discharged.

## Community Health Services (CHS)

### Community Hospitals

| Ward           | Occupied beds | Average % fill rate registered nurses Day | Average % fill rate care staff Day | Average % fill rate registered nurses Night | Average % fill rate care staff Night | Temp Workers% | Bank % | Agency % | CHPPD | Medication errors | Falls | Complaints |
|----------------|---------------|---|------------------------------------|---|--------------------------------------|---------------|--------|----------|-------|-------------------|-------|------------|
| MM Dalgliesh   | 14            | 92.8%                                     | 71.0%                              | 155.9%                                      | 156.1%                               | 20.6%         | 10.5%  | 10.1%    | 9.0   | 1↑                | 1→    | 0→         |
| Rutland        | 12            | 166.8%                                    | 73.5%                              | 158.4%                                      | 155.9%                               | 24.7%         | 15.0%  | 9.6%     | 11.5  | 0→                | 1↓    | 1↑         |
| SL Ward 1      | 12            | 75.7%                                     | 79.2%                              | 181.4%                                      | 175.1%                               | 20.6%         | 15.4%  | 5.1%     | 13.5  | 0→                | 1↑    | 0↓         |
| SL Ward 3      | 11            | 236.4%                                    | 72.0%                              | 153.3%                                      | 189.1%                               | 12.8%         | 9.3%   | 3.6%     | 12.3  | 1↑                | 1↓    | 0→         |
| CV Ellistown 2 | 15            | 190.5%                                    | 61.4%                              | 151.1%                                      | 160.3%                               | 12.9%         | 7.7%   | 5.1%     | 11.3  | 0→                | 3↑    | 0→         |
| CV Snibston 1  | 15            | 106.9%                                    | 79.3%                              | 173.1%                                      | 267.0%                               | 17.0%         | 7.8%   | 9.2%     | 12.3  | 0↓                | 2↑    | 1↑         |
| HB East Ward   | 16            | 66.3%                                     | 86.7%                              | 162.8%                                      | 296.6%                               | 28.5%         | 9.9%   | 18.6%    | 11.9  | 2↑                | 1↓    | 0→         |
| HB North Ward  | 14            | 91.0%                                     | 88.9%                              | 143.1%                                      | 217.9%                               | 24.0%         | 7.0%   | 17.0%    | 10.9  | 0→                | 2→    | 0→         |
| Swithland      | 15            | 181.3%                                    | 73.8%                              | 147.2%                                      | 150.8%                               | 7.2%          | 3.3%   | 3.9%     | 10.4  | 0→                | 1↓    | 0→         |
| CB Beechwood   | 21            | 149.2%                                    | 65.8%                              | 122.8%                                      | 248.7%                               | 33.2%         | 14.4%  | 18.9%    | 8.6   | 1→                | 3↑    | 2↑         |
| CB Clarendon   | 18            | 156.0%                                    | 60.7%                              | 153.3%                                      | 230.0%                               | 24.1%         | 8.3%   | 15.8%    | 8.4   | 1↑                | 3↑    | 0→         |
| <b>TOTALS</b>  |               |   |                                    |   |                                      |               |        |          |       | 6↑                | 19↓   | 4↑         |

Table 8 - Community hospital safe staffing

Feilding Palmer Hospital (FPH) continues to be temporarily closed to inpatient admissions 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. A review of the risk assessment against national guidance continues on a monthly basis at the Directorate Management Team meeting. Feilding Palmer Hospital continues to be used as part of the COVID 19 Vaccination Hub programme.

The high risk/red pathway site for Covid-19 positive patients continues to be North Ward Hinckley and Bosworth Hospital.

There is a low fill rate for the day shifts for Health Care Support Workers (HCSWs) across nine of the wards, an increased position from May 2021 (six wards). This continues to be due to a combination of factors linked to HCSW sickness and vacancies and adjusted skill mix during the month with some of the unfilled HCSW shifts filled with registered nurses (RNs), which also accounts for the increase in the fill rate of RNs.

Temporary workforce usage has increased further compared to May 2021 across the following wards; Dalgliesh, Rutland, St Lukes Ward 1, East, North, Beechwood and Clarendon Wards due to increased patient acuity and dependency, vacancies, maternity leave and sickness.

A review of the Nurse Sensitive Indicators (NSIs) for the community hospital wards has identified that there has been a further decrease in the number of falls incidents from 28 in May 2021 to 19 in June 2021. Ward 'areas to note' for increased falls include; Snibston and Ward 2 Coalville Hospital, Beechwood and Clarendon Wards. The wards have noted an increase in patient acuity including delirium presentation of the patients. 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 the in-patient wards has increased from one in May to six in June 2021. A review of this incident has identified that there had been a failure of staff to follow medication procedure/policy/ guidelines, the incident has not identified any themes or direct correlation with staffing.

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

| Ward          | Occupied beds | Average % fill rate registered nurses Day | Average % fill rate care staff Day | Average % fill rate registered nurses Night | Average % fill rate care staff Night | Temp Workers% | Bank % | Agency % | CHPPD | Medication errors | Falls     | Complaints |
|---------------|---------------|---|------------------------------------|---|--------------------------------------|---------------|--------|----------|-------|-------------------|-----------|------------|
| Langley       | 11            | 113.1%                                    | 118.1%                             | 133.3%                                      | 162.2%                               | 46.9%         | 32.5%  | 14.4%    | 14.9  | 1↓                | 3↑        | 0→         |
| CAMHS         | 8             | 129.6%                                    | 254.9%                             | 142.0%                                      | 515.9%                               | 66.8%         | 34.3%  | 32.5%    | 24.5  | 0→                | 0→        | 0→         |
| <b>TOTALS</b> |               |   |                                    |   |                                      |               |        |          |       | <b>1↓</b>         | <b>3↑</b> | <b>0→</b>  |

**Table 9 - 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 patient care needs associated with increased and high levels of patient acuity. Recruiting to vacant posts continues to be a priority.

There was one medication error on Langley this month. An in-depth review has not identified any staffing impact on the quality and safety of patient care/outcomes and no harm caused. There has been an increase in falls during this quarter however this has not identified any staffing concerns.

### **Learning Disabilities (LD) Services**

| Ward          | Occupied beds | Average % fill rate registered nurses Day | Average % fill rate care staff Day | Average % fill rate registered nurses Night | Average % fill rate care staff Night | Temp Workers% | Bank % | Agency % | CHPPD | Medication errors | Falls     | Complaints |
|---------------|---------------|---|------------------------------------|---|--------------------------------------|---------------|--------|----------|-------|-------------------|-----------|------------|
| Agnes Unit    | 3             | 161.8%                                    | 196.4%                             | 165.4%                                      | 226.6%                               | 52.2%         | 21.9%  | 30.3%    | 73.8  | 0→                | 0↓        | 0→         |
| <b>TOTALS</b> |               |   |                                    |   |                                      |               |        |          |       | <b>0→</b>         | <b>0↓</b> | <b>0→</b>  |

**Table 10 - Learning disabilities safe staffing**

Patient acuity remains high and staffing is increased to meet patient care needs, this is reflected in both the over utilisation of staff deployed against planned levels and high CHPPD. There were no medication errors, falls or complaints in June 2021.

## Governance table

|  |   |  |
|--|---|--|
| <b>For Board and Board Committees:</b>   | Public Trust Board 31.8.21  |  |
| <b>Paper sponsored by:</b>   | Anne Scott, Interim Executive Director of Nursing, AHPs and Quality |  |
| <b>Paper authored by:</b>  | Emma Wallis, Interim Deputy Director of Nursing and Quality         |  |
| <b>Date submitted:</b>   | 23.8.21   |  |
| <b>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):</b> | Quality Forum   |  |
| <b>If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:</b>                                     | Assured   |  |
| <b>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</b>   | Monthly report  |  |
| <b>STEP up to GREAT strategic alignment*:</b>  | High Standards  | √  |
|  | Transformation  |  |
|  | Environments  |  |
|  | Patient Involvement   |  |
|  | Well Governed   | √  |
|  | Single Patient Record   |  |
|  | Equality, Leadership, Culture                                       |  |
|  | Access to Services  |  |
|  | Trust wide Quality Improvement                                      |  |
| <b>Organisational Risk Register considerations:</b>  | List risk number and title of risk                                  | 1: Deliver Harm Free Care<br>4: Services unable to meet safe staffing requirements |
| <b>Is the decision required consistent with LPT's risk appetite:</b>   | Yes   |  |
| <b>False and misleading information (FOMI) considerations:</b>   | None  |  |
| <b>Positive confirmation that the content does not risk the safety of patients or the public</b>   | Yes   |  |
| <b>Equality considerations:</b>  | considered  |  |