

## Public Trust Board - 26 October 2021

### Safe Staffing- August 2021 review

#### Purpose of the report

This report provides an overview of nursing safe staffing during the month of August 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 decreased this month; 0.35% reported at 38.48% overall and Trust wide agency usage slightly increased this month by 1.96% to 16.57% overall. This is largely attributed to increased patient acuity and dependency and additional staff to support safe levels of observation and care. The increase use of agency is linked to two factors; increased demand and reduced bank fill rate associated with seasonal holiday.
- In August 2021; 26 inpatient wards/units utilised above 6% agency staff, this equates to 84% of our inpatient Wards and Units, changes from last month; Thornton and Coalville Ward 2. 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.
- A deep dive of actual planned staffing data taken from Health roster has demonstrated an increase in Ward Sister/Charge Nurse hours pulled through to the actual RN hours as a standard. This is reflective in many areas of the daily actual support to clinical teams during the pandemic response however further work is taking place to ensure health roster accurately differentiates supervisory clinical hours and actual hours to support safe staffing.
- There are 28 in patient 'areas to note'; 26 of the 28 are due to agency utilisation over 6% associated with vacancies, sickness, Covid-19 absence and increased patient acuity and dependency. Mill Lodge and Beacon are areas to note due to significant staffing challenges, both units have had quality summits and action plans in place to

try to mitigate the staffing impact to quality and patient safety. One change from last month; Thornton Ward due to increased agency use to support planned staffing.

- There are eleven community team 'areas to note', changes from last month; Mental Health Liaison Team this was a new area to note in August 2021 due to a staff Covid-19 outbreak. The service was supported by movement of staff from other urgent care pathway teams such as the FOPAL teams.
- There is continued 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 and East Central hubs.
- 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.
- Correct to 1 September 2021 Trust wide substantive staff;
  - Appraisal at 84.7% compliance GREEN
  - Clinical supervision at 69.1% compliance RED
  - All core mandatory training compliance GREEN except for Information Governance AMBER at 88.3%

Clinical mandatory training compliance for substantive staff;

- BLS reduction in compliance by 5.5% to 74.2% compliance RED
- ILS reduced 9.1% to 65.9% compliance RED

Clinical mandatory training compliance for bank only workforce remains low;

- BLS 48.4 % at RED compliance
- ILS 32.1% at RED compliance

Compliance with face-to-face mandatory training is being reported through the education and training governance structures Training Education Development and Strategic Workforce Committee. There are Learning & Development operational actions plans and each directorate is undertaking a deep dive into their services. The key theme being explored is the non-attendance at training and why the DNA rate is above 50% for courses.

### **Right Place**

- The Covid-19 risk managed wards are North, Beacon, Beaumont, Langley, 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. To note Gwendolen Ward is currently closed as there are no Covid-19 positive patients.

- 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 16.4 CHPPD in August 2021, with a range between 6.1 (Ashby ward) and 73.5 (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 - updated

The table below shows absence captured by the LPT Staff Absence Sitrep on 1 Sept 2021;

Self-Isolation - Household WFH wte	31.4
Self-Isolation – Symptomatic wte	14.7
Self-Isolation - Vulnerable Group wte	0
Test and Trace Notification wte	4.5
Covid-19 related absence wte	45.4
General Absence wte	220.1
Covid-19 related absence %	1.0%
General Absence %	4.6%
<b>Total Absence</b>	<b>5.6%</b>

Table 1 – Trust COVID-19 and general absence – 1 September 2021

In comparison to the previous month overall absence has increased 0.3% due to self and household isolation due to Covid-19 and a small number of staff following test and trace notification.

### In-patient Staffing

Summary of inpatient staffing areas to note;

Wards	June 2021	July 2021	August 21
Hinckley and Bosworth East Ward	X	X	X
Hinckley and Bosworth North Ward	X	X	X
St Lukes Ward 1	X	X	X
St Lukes Ward 3		X	X
Beechwood	X	X	X
Clarendon	X	X	X
Coalville Ward 1	X	X	X
Coalville Ward 2			X
Rutland	X	X	X
Dagleish	X	X	X

Wards	June 2021	July 2021	August 21
Swithland		X	
Coleman	X	X	X
Kirby	X	X	X
Welford	X	X	
Wakerley	X	X	X
Aston	X	X	X
Ashby	X	X	X
Beaumont	X	X	X
Belvoir	X	X	X
Griffin		X	X
Phoenix	X	X	X
Heather		X	X
Watermead		X	X
Mill Lodge	X	X	X
Agnes Unit	X	X	X
Langley	X	X	X
Beacon (CAMHS)	X	X	X
Thornton			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, Beaumont, Beacon, 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. To note Gwendolen Ward is currently closed as there are no Covid-19 positive patients.

The Agnes Unit is an 'area 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. Recruitment is ongoing with a plan to start data collection as part of the annual staffing establishment review. The unit continues to progress the quality improvement plan, with oversight to the Trust Quality Assurance Committee (QAC).

Beacon Unit (CAMHS) is an 'area to note' due to high levels of bank and agency staff to support with increased acuity and staff vacancies. A number of substantive RNs have recently left for multiple reasons including promotion, a recruitment plan is in place including recruitment and retention premia's and incentives for regular training and continuing professional development. Data collection is underway as part of the annual staffing establishment review. Due to decreased substantive staff numbers, the unit

currently has capacity to safely staff 7 beds; this has been agreed until December 2021. The unit continues to progress with the quality Improvement plan with oversight to QAC.

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 visited the Ward on 1 July 2021 and a quality summit was held including a deep dive review of patient falls. The unit was found to be safe, a high number of the patient falls attributed to patient factors associated with Huntington’s disease and concordance/acceptance to utilise falls equipment. A number of actions are in place terms of recruitment to support continuity of staffing across the Ward with consideration to new/alternative roles. The Ward is supporting recruitment of two International Nurses and a Medicines Administration Technician. This will be further supported by the completion of the annual safe staffing establishment review and a follow up quality summit in October 2021. A quality improvement plan is in place focusing on leadership, culture, and staffing with oversight to QAC.

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	June 2021	July 2021	August 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)			
CRISIS DMH			
South Leicestershire CMHT	X	X	x
Charnwood CMHT		x	x
Assertive outreach	X	X	x
ADHD service		X	x
LD Community Physiotherapy	X	X	x
Mental Health Liaison team			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 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 County are close to red rating due to a high number of vacancies, maternity leave and number of staff retiring. Healthy Together have been unable to provide the full Healthy Child Programme and are exploring all options for a reduced sustainable Healthy Child Programme offer. This will require an updated Quality Impact Assessment and conversation with Public Health Commissioners.

Looked After Children's (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 across all community services in recruiting qualified staff into vacancies

### **CHS Community**

Throughout August 2021 the community nursing service has been reporting OPEL levels 2-4, but primarily operating at level 3. The patient acuity levels during this time have been challenging across all community nursing teams. Bank and agency availability has been reduced due to school holidays but is now starting to improve.

There has been a significant increase in staff absences due to COVID-19 (isolation due to household positive cases). Up to 68 members of staff (to note not 68 w.t.e a combination of full and part-time) were absent from work due to both COVID and non-COVID related reasons in a given week across the service.

Business continuity plans are in place, including patient assessments being reprioritised and some clinic appointments have been reprioritised and rescheduled in line with available staff capacity. The reprioritised assessments include wound and holistic assessments. Additional support from specialist teams including Tissue Viability and Podiatry has been provided to the city hub/teams.

During this time there were no patients "waiting for care" with all planned and essential care being carried out within agreed timescales for all community patients. Patients have received essential care to keep them safe however it is noted that with reduced timeliness of full reassessment of all patient care plans there is an emerging/ increased risk to pressure ulcer deterioration, the delaying of treatment plans for example Dopplers, and the potential for patient experience to be compromised.

A number of actions are in place to try to mitigate the staffing risks including:

- Continuous review and monitoring of staff absence, flexing teams to prioritise visits,
- Reviewing caseloads to prioritise urgent and essential visits

- Supporting the health and well-being of staff given the noted increased levels of stress and anxiety across the service line,
- Staying connected with Centralised Staffing Solutions to secure bank and agency shift fill
- Continue to monitor and collate data on known clinical activity vs clinical resource (staff) to strengthen understanding of further pressures on service line
- Vaccination status of each HUB to be reviewed and inform human resources of current position across the service line and the impact of unvaccinated staff continuing to work in the community when they are unable to visit residential care homes will be considered.
- Ongoing targeted recruitment campaign to band 5, Health Care Support Workers, assistant practitioner and nursing associates.

Key area's to note are City and East Central Hubs.

### **MH Community**

The Central Access Point (CAP) and the Crisis Team continue to experience high levels of routine referrals. The number of vacancies across community services generally remains challenging and gaps are filled with bank and agency wherever possible; community mental health teams find it difficult to recruit agency workers for the block booking commitment required. Areas to note are Charnwood CMHT, South Leicestershire CMHT, the ADHD Service and Assertive Outreach. There was a Covid outbreak within the Mental Health Liaison Team which affected staffing during August

### **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 no patient safety incidents incurred as a result of staffing levels or skill mix and there is sufficient resilience across the Trust notwithstanding some areas to note, to ensure that every ward and community team is safely staffed. It is noted there is an increasing risk of impact to quality of care within community nursing and healthy together teams as a result of reduced service delivery, initial contacts and assessment.

### **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.

August 2021

				Fill Rate Analysis (National Return)						% Temporary Workers			Overall CHPPD (Nursing And AHP)	Medication Errors	Falls	Complaints
				Actual Hours Worked divided by Planned Hours						(NURSING ONLY)						
Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Nurse Day (Early & Late Shift)		Nurse Night		AHP Day		Total	Bank	Agency				
				Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered AHP	Average % fill rate non-registered AHP							
				>=80%	>=80%	>=80%	>=80%	-	-	<20%						
AMH Bradgate	Ashby	21	20	118.6%	111.7%	104.6%	75.8%			37.0%	29.0%	8.0%	6.1	2	2	0
	Aston	19	17	96.3%	181.4%	96.2%	131.0%			38.2%	28.7%	9.5%	7.3	2	1	0
	Beaumont	22	16	89.3%	139.9%	108.8%	137.1%			60.6%	42.9%	17.7%	14.8	0	0	3
	Belvoir Unit	10	8	100.3%	194.2%	176.4%	166.6%			52.8%	31.9%	20.9%	23.6	1	2	0
	Heather	18	17	82.9%	230.7%	99.8%	170.7%			55.2%	41.9%	13.3%	8.1	1	1	0
	Thornton	14	14	101.5%	180.6%	98.0%	124.6%			40.4%	34.1%	6.3%	8.8	0	0	0
	Watermead	20	19	90.9%	251.4%	104.0%	163.6%			24.2%	17.7%	6.5%	7.8	2	1	1
	Griffin - Herschel Prins	6	5	117.1%	162.7%	96.7%	447.1%			53.1%	39.9%	13.2%	30.6	0	2	0
AMH Other	Phoenix - Herschel Prins	12	11	127.2%	134.8%	101.5%	119.5%		100.0%	41.8%	31.1%	10.7%	11.4	0	0	0
	Skye Wing - Stewart House	30	23	121.8%	106.0%	137.6%	138.1%			28.1%	27.4%	0.7%	6.5	0	0	1
	Willows	9	7	146.6%	103.5%	104.6%	111.5%			27.9%	26.8%	1.1%	16.2	1	1	0
	Mill Lodge	14	12	102.3%	100.2%	118.7%	128.6%			67.4%	50.2%	17.2%	14.3	0	18	0
CHS City	Kirby	24	22	67.4%	118.1%	127.2%	167.7%	100.0%	100.0%	38.9%	30.2%	8.7%	7.9	1	6	0
	Welford	24	21	72.3%	117.3%	129.0%	225.8%			23.7%	19.4%	4.3%	7.0	1	15	0
	Beechwood Ward - BC03	23	19	144.6%	61.3%	116.2%	248.8%	100.0%	100.0%	33.5%	14.6%	18.9%	9.1	2	4	0
	Clarendon Ward - CW01	21	19	159.6%	67.9%	156.6%	234.6%	100.0%	100.0%	32.5%	7.4%	25.1%	9.4	0	3	0
	Coleman	21	15	80.5%	240.0%	136.0%	496.3%	100.0%	100.0%	62.3%	32.0%	30.3%	20.8	0	4	0
	Wakerley (MHSOP)	21	16	84.8%	191.0%	163.4%	541.1%			55.8%	33.1%	22.7%	16.2	0	9	0
CHS East	Dagleish Ward - MMDW	17	14	93.7%	88.0%	155.7%	177.3%	100.0%	100.0%	21.6%	8.3%	13.3%	9.5	0	2	0
	Rutland Ward - RURW	16	12	137.7%	73.2%	150.9%	148.4%	100.0%	100.0%	29.2%	17.3%	11.9%	10.4	0	0	0
	Ward 1 - SL1	18	14	68.8%	89.5%	153.1%	168.6%	100.0%	100.0%	19.5%	12.3%	7.2%	11.8	1	3	0
	Ward 3 - SL3	13	12	203.6%	73.3%	150.9%	296.2%	100.0%	100.0%	21.3%	12.3%	9.0%	10.4	0	1	0
CHS West	Ellistown Ward - CVEL	12	15	168.0%	67.6%	136.0%	253.0%	100.0%	100.0%	21.8%	15.1%	6.7%	12.7	1	4	1
	Snibston Ward - CVSN	18	15	121.5%	76.4%	188.0%	249.3%	100.0%	100.0%	20.2%	6.3%	13.9%	12.7	1	4	0
	East Ward - HSEW	23	19	71.5%	101.2%	150.1%	316.5%	100.0%	100.0%	30.1%	10.4%	19.7%	10.5	0	3	0
	North Ward - HSNW	18	10	87.4%	112.1%	145.9%	270.6%	100.0%	100.0%	32.9%	6.6%	26.3%	18.7	0	3	0
	Swithland Ward - LBSW	18	14	184.4%	70.1%	155.5%	165.6%	100.0%	100.0%	10.9%	5.1%	5.8%	11.6	1	6	0
FYPC	Langley	15	11	131.2%	106.6%	133.3%	148.1%	100.0%		42.4%	32.6%	9.8%	12.7	1	0	0
	CAMHS Beacon Ward - Inpatient Adolescent	16	6	128.7%	286.3%	129.7%	499.9%	100.0%		70.8%	37.1%	33.7%	41.6	1	2	0
LD	Agnes Unit	4	1	144.2%	137.4%	185.2%	177.4%			45.2%	19.9%	25.3%	73.5	1	0	0
	Gillivers	1	1	51.1%	71.4%	34.4%	56.8%			0.0%	0.0%	0.0%	46.4	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 >=80%

### Mental Health (MH)

#### Acute Inpatient Wards

Ward	Average no. of Occupied Beds	Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff	Total	Bank	Agency	CHPPD	Medication Errors	Falls	Complaints
		>=80%	>=80%	>=80%	>=80%							
Ashby	20	118.6%	111.7%	104.6%	75.8%	37.0%	29.0%	8.0%	6.1	↑2	↑2	↓0
Aston	17	96.3%	181.4%	96.2%	131.0%	38.2%	28.7%	9.5%	7.3	↑2	→1	→0
Beaumont	16	89.3%	139.9%	108.8%	137.1%	60.6%	42.9%	17.7%	14.8	↓0	↓0	↑3
Belvoir Unit	8	100.3%	194.2%	176.4%	166.6%	52.8%	31.9%	20.9%	23.6	→1	↑2	→0
Heather	17	82.9%	230.7%	99.8%	170.7%	55.2%	41.9%	13.3%	8.1	↓1	↓1	→0
Thornton	14	101.5%	180.6%	98.0%	124.6%	40.4%	34.1%	6.3%	8.8	→0	→0	→0
Watermead	19	90.9%	251.4%	104.0%	163.6%	24.2%	17.7%	6.5%	7.8	↑2	↓1	→1
Griffin - Herschel Prins	5	117.1%	162.7%	96.7%	447.1%	53.1%	39.9%	13.2%	30.6	↓0	↑2	→0
Totals										↑8	↓9	↑4

Table 4 - Acute inpatient ward safe staffing

All wards have utilised a higher percentage of temporary workforce in August 2021 this is mainly due to high patient acuity and complexity, increased vacancies due to promotions within the unit and or staff gaining posts elsewhere in the Directorate.

All medication errors have been reviewed in line with Trust policy; there were eight errors, over 5 wards, analysis has shown a number of incidents linked to error with the e-CD register not actual patient errors and that there was only one administration error, this error has been assessed and managed in line with the Trust Medication error policy and staffing from a skills or number was not a contributory factor.

There were 9 patient falls reported for August 2021 compared to 14 reported in July 2021. Of the 9 falls 2 were patient 'first' falls and 7 were repeat patient falls. Only one patient experienced more than one fall within the month. This patient had two reported falls; one was a slip and the second a stumble backwards.

During August 2021 analysis has shown that the patient fall themes were;

- Walking backwards and missing chairs

- General accidents: Slipping on grass, stumbling when picking up something from the floor; slips whilst playing sport; slip out of bed
- Impact of mental state

### 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	11	127.2%	134.8%	101.5%	119.5%	41.8%	31.1%	10.7%	11.4	→0	↓0	→0
Totals										↓0	↓0	→0

Table 5- Low secure safe staffing

Phoenix continues to use a higher proportion of agency staff this month due to staff leaving and waiting for newly recruited staff to start. There were no complaints, medication errors or falls reported in August 2021.

### 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	23	121.8%	106.0%	137.6%	138.1%	28.1%	27.4%	0.7%	6.5	→0	→0	↑1
Willows	7	146.6%	103.5%	104.6%	111.5%	27.9%	26.8%	1.1%	16.2	↓1	↑1	→0
Mill Lodge	12	102.3%	100.2%	118.7%	128.6%	67.4%	50.2%	17.2%	14.3	→0	↑18	→0
<b>TOTALS</b>										↓1	↑19	↑1

Table 6 - Rehabilitation service safe staffing

Mill Lodge continues to utilise a high percentage of temporary workforce due to the amount of vacancies.

There was one medication incident reported in August 2021 at the Willows, this was not an administration error.

There were 19 patient falls which is a slight increase compared to July 2021. There were 18 reported at Mill Lodge which is an increase from 14 in July 2021. Analysis has shown that of the 18 falls on Mill Lodge; 12 falls occurred in the bedroom, the remaining 6 falls occurred within the bathroom, patient lounge, main ward area and corridor. Contributory factors are linked to patient factors associated with Huntington's disease and reducing independence, spatial awareness and gait.

## 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	22	67.4%	118.1%	127.2%	167.7%	38.9%	30.2%	8.7%	7.9	→1	↑6	→0
BC Welford	21	72.3%	117.3%	129.0%	225.8%	23.7%	19.4%	4.3%	7.0	→1	↑15	→0
Coleman	15	80.5%	240.0%	136.0%	496.3%	62.3%	32.0%	30.3%	20.8	↓0	↑4	→0
Wakerley	16	84.8%	191.0%	163.4%	541.1%	55.8%	33.1%	22.7%	16.2	→0	↑9	→0
<b>TOTALS</b>										↓2	↑34	→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) on Kirby and Welford ward. 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.

In August 2021 there was an increased level of sickness and annual leave which further impacted on RN fill rate across Kirby and Welford wards. Sickness has been related to short term non covid sickness, covid related sickness and long term sickness.

There have been a number of unfilled shifts which have been escalated and not filled; staffing has been supported between Welford and Kirby Wards.

Coleman Ward used 62.3% temporary staffing to maintain planned safe staffing levels, the increase in reliance on temporary staff this month is due to increased acuity, long term sickness and vacancies. In addition, Coleman staff have been securing additional workforce to cover anticipation of opening Gwendolen Ward red zone for high risk/Covid-19 positive patients.

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. In addition to increased acuity, the nature of the patients on the organic wards in particular necessitates a higher level of observation; therefore staffing levels need to reflect this increased level of need.

The service continues to have rolling adverts for band 5 recruitment, however applications and uptake in terms of attendance to interviews remains low. The service is planning to accommodate 8 internationally recruited registered general nurses (2 per ward), expected to arrive in December 2021.

Analysis of the two medication errors on Kirby has shown the error relates to a shared care agreement not an administration error.

The Welford medication incident was an administration error; wrong medication given to a patient by a substantive member of staff due to human error, there was no harm to the patient, staffing was not a contributory factor.

Analysis of the increase in falls since July 2021 has demonstrated a lot of patients with repeat falls due to patient factors associated with cognitive behaviour. Falls assessment and care plan process was followed in each case and involvement noted with physiotherapy in most cases, and in the case they weren't a referral was made for advice and support.

There was one patient fall on Kirby resulting in a fracture and is subject to a falls investigation, no other falls across both wards resulted in harm, staffing was not an identified theme around impact more the patient group/presentation at the point in time.

### **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 Dalglish	14	93.7%	88.0%	155.7%	177.3%	21.6%	8.3%	13.3%	9.5	→0	→2	→0
Rutland	12	137.7%	73.2%	150.9%	148.4%	29.2%	17.3%	11.9%	10.4	↓0	↓0	→0
SL Ward 1	14	68.8%	89.5%	153.1%	168.6%	19.5%	12.3%	7.2%	11.8	↑1	↑3	→0
SL Ward 3	12	203.6%	73.3%	150.9%	296.2%	21.3%	12.3%	9.0%	10.4	→0	→1	→0
CV Ellistown 2	15	168.0%	67.6%	136.0%	153.0%	21.8%	15.1%	6.7%	12.7	↑1	↑4	↑1
CV Snibston 1	15	121.5%	76.4%	188.0%	249.3%	20.2%	6.3%	13.9%	12.7	↑1	↑4	→0
HB East Ward	19	71.5%	101.2%	150.1%	316.5%	30.1%	10.4%	19.7%	10.5	↓0	↑3	→0
HB North Ward	10	87.4%	112.1%	145.9%	270.6%	32.9%	6.6%	26.3%	18.7	→0	↓3	→0
Swithland	14	184.4%	70.1%	155.5%	165.6%	10.9%	5.1%	5.8%	11.6	↑1	↑6	→0
CB Beechwood	19	144.6%	61.3%	116.2%	248.8%	33.5%	14.6%	18.9%	9.1	↑2	↑4	→0
CB Clarendon	19	159.6%	67.9%	156.6%	234.6%	32.5%	7.4%	25.1%	9.4	↓0	↑3	→0
<b>TOTALS</b>										<b>↓6</b>	<b>↑33</b>	<b>↑1</b>

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 six of the 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.

The increased fill rate for HCA on night shifts is due to increased acuity and dependency due to patients requiring enhanced observations, one to one supervision.

A deep dive analysis of RN fill rate has identified that Ward Sister/Charge Nurse supernumerary/supervisory hours are reporting through as actual hours, further work is taking place to ensure health roster accurately differentiates supervisory clinical hours and actual hours to support safe staffing.

Temporary workforce usage has increased further compared to July 2021 across nine of the wards with the exception of Ward 1 St Lukes and Ward 1 Coalville this is due to increased patient acuity and dependency, patients requiring enhanced observations due to one to one care, annual leave, vacancies, maternity leave and sickness.

A review of the Nurse Sensitive Indicators (NSIs) for the community hospital wards has identified an increase in the number of falls incidents from 23 in July 2021 to 33 in August 2021 comprising of 28 first falls, 4 repeat falls, 1 patient placed self on floor. Ward areas to note; Swithland Ward, Ward 1 and Ward 2 Coalville, Beechwood and Clarendon Wards. The wards continue to note an increase in patient dependency and 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 community hospital wards has decreased from 7 in July 2021 to 6 in August 2021. A review of these incidents has identified these relate to procedural errors and there was no direct correlation with staffing.

There has been one formal complaint received during August 2021 which is being investigated, there is no direct correlation to 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	131.2%	106.6%	133.3%	148.1%	45.4%	32.6%	9.8%	12.7	↓1	↓0	→0
CAMHS	6	128.7%	286.3%	129.7%	499.9%	70.8%	37.1%	33.7%	41.6	↑1	↑2	→0
<b>TOTALS</b>										<b>↑2</b>	<b>↑2</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 in both areas and remains a challenge. The Beacon has recruited two band 5 registered nurses and three HCSWs in August 2021.

There was one medication error on Langley Ward in August 2021, analysis of the incident has demonstrated the need for additional training, and this is being supported by the Lead Pharmacist. An analysis of the medication error on Beacon was due to staff missing the administration time as a result of activities on the ward. The falls on Beacon occurred when a patient was experiencing pseudo seizures, no harm was incurred.

### 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	1	144.2%	137.4%	185.2%	177.4%	45.2%	19.9%	25.3%	73.5	↑1	↓0	→0
Gillivers	1	51.1%	71.4%	34.4%	56.8%	0.0%	0.0%	0.0%	46.4	→0	→0	→0
<b>TOTALS</b>										<b>↑1</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 was one medication error on Agnes Unit and analysis of the incident was undertaken with learning implemented for the practitioner involved.

## Governance table

<b>For Board and Board Committees:</b>	Trust Board 26.10.21	
<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 and Elaine Curtin, Workforce and Safe staffing Matron	
<b>Date submitted:</b>	18.10.21	
<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>		
<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>		
<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 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>		