

## Public Trust Board - 26 October 2021

### Safe Staffing- September 2021 review

#### Purpose of the report

This report provides an overview of nursing safe staffing during the month of September 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; 3.24% reported at 35.24% overall and Trust wide agency usage slightly decreased this month by 1.48% to 15.09% overall.
- In September 2021; 27 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 84% of our inpatient Wards and Units, changes from last month; Swithland 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.
- The key in-patient areas to note in regard to current staffing challenges with high risk and potential impact to quality and safety; Beacon, Agnes Unit, Mill Lodge & Beaumont.
- There are thirteen community team 'areas to note', changes from last month; Memory Service, Diana service and East central community nursing hubs.
- The key community teams to note in regard to current staffing challenges with high risk and potential impact to quality and safety; Healthy Together County, notably Blaby team, Looked After Children Team, City and East Central Community Nursing hubs and the memory service.
- A quality summit has been convened on 2 November 2021 facilitated by the Executive Director of Nursing, AHPs and Quality due to continued operational pressure across

community nursing CHS and increasing concerns linked to patient outcomes/harm and potential impact to safety, quality of care and staff well-being.

- Weekly safe staffing forecast meetings with Deputy Director of Nursing and Quality, 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.
- An extended meeting was held on 29 September 2021 to complete a detailed nursing review of each ward and community service using NHS Improvement 'workforce safeguards' risk ratings;
  - Low risk (green) – staffing is safe. Ward/community teams are managing their workload.
  - Moderate risk (amber) – caution: staffing is at 50% trust RN and 50% bank/agency.
  - High risk (red) – depleted: trust considers area to be high risk, actions may include part or full closure of a service or reduced provision: for example, wards, beds and teams, realignment, or change to skill mix.
- Tipping factors
- Impact to quality and safety and identification of any unmitigated risks
- Update risk actions and controls

### **Right Skills**

- During Covid-19 the compliance renewal date for each mandatory and role essential topic was extended by 6 months.
- Correct to 1 October 2021 Trust wide substantive staff;
  - Appraisal at 83.1% compliance GREEN
  - Clinical supervision at 75.7% compliance AMBER
- All core mandatory training compliance GREEN except for Information Governance AMBER at 87.3%
- Clinical mandatory training compliance for substantive staff, to note;
  - BLS increased compliance by 4.8% to 79.0% compliance AMBER
  - ILS increased compliance by 7.4% to 73.30% compliance AMBER
- Clinical mandatory training compliance for bank only workforce remains low;
  - BLS 49.6 % at RED compliance
  - ILS 34.5% 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 opened in September 2021 to support Covid-19 positive patients in DMH.
- A deep dive of actual planned staffing data taken from Health roster in August 2021 demonstrated an increase in Ward Sister/Charge Nurse hours pulled through to the actual RN hours as a standard. Whilst this is reflective in many areas of the daily actual support to clinical teams during the pandemic response further work is taking place to ensure health roster accurately differentiates supervisory clinical hours and actual hours to support safe staffing.
- Fill rates above and 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 6.3 (Ashby ward) and 84.5 (Gillivers) 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 1 October 2021;

Absence by directorate	Sickness absence	Self-Isolation - Working from home	Self-Isolation - Unable to work from home	Total
Community Health Services	6.3%	0.1%	0.2%	6.7%
Enabling Services	1.1%	0.0%	0.0%	1.1%
FYPC	3.9%	0.4%	0.3%	4.6%
Hosted Service	1.7%	0.0%	0.0%	1.7%
Mental Health Services	5.0%	0.4%	0.3%	5.7%
<b>LPT Total</b>	<b>4.5%</b>	<b>0.3%</b>	<b>0.2%</b>	<b>5.0%</b>

Table 1 – COVID-19 and general absence – 1 October 2021

In comparison to the previous month total absence has decreased 0.6% associated with a decrease in general absence overall.

## In-patient Staffing

Summary of inpatient staffing areas to note;

Wards	July 2021	August 2021	Sept 2021
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	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
Swithland	X		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	X
Phoenix	X	X	X
Heather	X	X	X
Watermead	X	X	X
Mill Lodge	X	X	X
Agnes Unit	X	X	X
Langley	X	X	X
Beacon (CAMHS)	X	X	X
Thornton		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, 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 open as there are Covid-19 positive patients.

Weekly safe staffing forecast meetings with Deputy Director of Nursing and Quality, 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 and review of the risks and actions to mitigate the risks.

An extended meeting was held on 29 September 2021 to complete a detailed nursing review of each ward and community service using NHS Improvement 'workforce safeguards' risk ratings;

- Low risk (green) – staffing is safe. Ward/community teams are managing their workload.
- Moderate risk (amber) – caution: staffing is at 50% trust RN and 50% bank/agency.
- High risk (red) – depleted: trust considers area to be high risk, actions may include part or full closure of a service or reduced provision: for example, wards, beds and teams, realignment, or change to skill mix.

A number of 'tipping factors' and thresholds were outlined that that would 'tip' the risk rating to a high/red risk from a moderate/amber risk;

- One RN on duty per shift
- Greater than a 1:8 RN to patient ratio (1:12 pandemic response)
- >50% temporary staffing
- >6% agency
- Increase in SIs
- Trust employed RNs per shift = 50 %

The impact to patient safety and quality of care was also completed wider than the nurse sensitive indicators. The following areas were identified as High risk/Red areas

### **FYPC/LD**

Beacon Unit (CAMHS) due to high levels of bank and agency staff to meet planned safe staffing and increased staffing to support increased patient acuity. 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.

### **CHS**

Community Hospitals reported operating at an amber risk overall, however it was noted that there is an increased number of shifts with 50% temporary staffing and occasions where there is only one registered nurse on shift, on these shifts the risk profile changes to a high risk rating.

### **DMH**

Mill Lodge has 7 RN vacancies and 5 HCSW vacancies, impacting continuity of care. It is noted that the Ward regularly runs with one RN at night for 14 patients, supported by staff from Stewart House. A number of actions are in place terms of recruitment to support continuity of staffing across the unit 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.

Beaumont is identified as an area to note due to increased patient acuity and concerns in regard to impact to quality and safety. A follow up quality summit was held on 29 September 2021, the Executive Director of Nursing and Medical Director report that the quality summit approach to reviewing the quality and safety on Beaumont Ward can now be closed from a trust level perspective as both are assured that there is no evidence to suggest that this ward is not safe. This will continue to be monitored at Directorate level through the appropriate quality governance systems in place and escalated appropriately.

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. Category 2 and category 4 pressure ulcer incidents developed in our care have been added to the scorecard and tables as a NSI.

## Community Teams

Summary of community ‘areas to note’;

Community team	July 2021	August 2021	Sept 2021
City East Hub- Community Nursing	X	X	X
City West Hub- Community Nursing	X	X	X
East Central			X
Healthy Together – City (School Nursing only)	X	X	X
Healthy Together County	X	X	X
Looked After Children	X	X	X
Diana team			X
South Leicestershire CMHT	X	X	X
Charnwood CMHT	x	X	X
Memory service			X
Assertive outreach	X	X	X
ADHD service	X	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, County, Diana service and Looked After Children (LAC) teams continue to be rated to be at moderate to high risk due to vacancies and a number of staff retiring, leading to a reduced service delivery.

Healthy Together (HT) teams 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 (QIA) and conversation with Public Health (PH) Commissioners.

Blaby team is a county HT area to note due to only 17.2% substantive staffing levels and a safeguarding caseload for thirty children on a safeguarding plan/ Looked After Children.

Actions to date include:

- Reallocation of safeguarding cases from the Blaby team to designated Health Visitor's (HV's) across county
- Quality Impact Assessment (QIA) and Equality QIA completed with agreed reduction in service offer
- Movement of staff from city to county & utilisation of temporary workforce
- Ongoing recruitment and retention to include incentive schemes 4 & 8
- All available Clinical Team Leader's and Family Service Manager's carrying out clinical face to face contacts
- Incidents, concerns, staff feedback and performance will continue to be monitored

The Diana team/service is an emerging area to note due to 8 w.t.e staff absent due to Covid-19 absence and or sickness in September 2021. Due to the specific staff skills and knowledge required to deliver care and family support the service is not able to utilise temporary/agency workers to meet demand and planned staffing. As a result of staff absence there is currently reduced care hours and respite offer and no new referrals are being taken as a control measure.

Looked After Children team are operating at a high risk level due to 35% substantive staffing available to work, this has resulted in a reduced service offer and impact to initial health assessment contacts. Potential risks due to delayed assessment, 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 September 2021 Community Nursing has been operating at OPEL level 3 and at a high risk in the City and East Central hubs. 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.

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
- Ongoing targeted recruitment campaign to band 5 RNs, Health Care Support Workers, assistant practitioner and nursing associates. This month the focus is adverts on the back of 15 buses and Facebook posting.

In September 2021 it is noted that three serious incidents have occurred where essential visits were accidentally cancelled resulting in delayed assessments and pressure ulcer harm as a consequence. The Executive Director of Nursing, AHPs and Quality met with the senior clinical team on 4 October 2021 and a quality summit is planned for 2 November 2021.

### **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. Memory service, Mental Health Services for Older People (MHSOP) is an emerging area to note due to staffing vacancies and increased demand resulting in high numbers of patients waiting for assessment, current mitigation includes a 4 week patient review whilst waiting and signposting to additional support.

### **Proposal**

In light of the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in September 2021 it is proposed that staffing challenges continue to increase and there is emerging evidence that current controls and implementing business continuity plans are not fully mitigating the impact to the quality and safety of patient care across all services, at all times.

Whilst there has been no evidence through the in-patient monthly triangulated review of Nurse Sensitive Indicators that staffing is a contributory factor to patient harm, there is a level of concern about pressure ulcer harm in community nursing and whether there is a



direct link to reduced care hours. An equal level of concern and investigation into the respite offer in the Diana service and in Healthy Together teams and Looked After Children services linking to any impact to initial health assessments and 10-12 month old assessments with a potential for unknown risks and impact to outcomes and harm, all of which are being reviewed and risk managed.

### **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.

September 2021

				Fill Rate Analysis (National Return)						% Temporary Workers			Overall CHPPD (Nursing And AHP)	Medication Errors	Falls	Complaints	PU Category 2	PU Category 4
				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%			(Month in arrears)					
AMH Bradgate	Ashby	21	20	101.7%	121.8%	104.0%	88.4%			40.5%	27.8%	12.7%	6.3	4	3	0		
	Aston	19	17	103.2%	199.4%	99.5%	135.8%			40.0%	28.7%	11.2%	7.8	1	1	0		
	Beaumont	22	16	93.4%	130.0%	94.6%	113.5%			48.1%	37.7%	10.4%	14.1	2	1	0		
	Belvoir Unit	10	8	104.4%	206.5%	202.4%	159.2%			50.4%	32.9%	17.5%	26.2	1	1	0		
	Heather	18	14	91.1%	221.4%	101.3%	129.5%			44.1%	29.8%	14.3%	9.0	0	0	0		
	Thornton	14	14	82.3%	188.3%	98.0%	115.3%			32.7%	30.2%	2.5%	8.5	0	0	0		
	Watermead	20	17	98.5%	234.2%	104.9%	141.3%			24.3%	13.4%	10.9%	8.1	3	0	0		
	Griffin - Herschel Prins	6	5	109.5%	205.2%	104.5%	526.9%			53.7%	37.4%	16.3%	32.4	0	1	0		
AMH Other	Phoenix - Herschel Prins	12	11	122.7%	131.4%	101.6%	135.8%		100.0%	36.7%	24.3%	12.4%	11.4	0	0	0		
	Skye Wing - Stewart House	30	23	133.4%	105.5%	134.3%	138.0%			31.7%	29.2%	2.5%	6.6	0	1	0		
	Willows	9	8	122.2%	132.6%	104.8%	127.7%			39.3%	34.1%	5.3%	14.8	1	0	0		
	Mill Lodge	14	12	82.8%	111.2%	128.0%	120.7%			68.2%	51.8%	16.4%	15.0	1	16	0		
CHS City	Kirby	23	22	58.2%	125.2%	117.8%	159.7%	100.0%	100.0%	39.1%	27.7%	11.3%	8.0	1	13	0	0	0
	Welford	24	20	71.0%	123.9%	131.1%	233.2%			25.9%	19.7%	6.2%	7.5	0	9	0	0	0
	Beechwood Ward - BC03	23	20	156.7%	63.3%	132.0%	284.1%	100.0%	100.0%	30.6%	14.8%	15.9%	9.5	1	4	0	1	0
	Clarendon Ward - CW01	21	19	155.2%	68.6%	156.1%	277.4%	100.0%	100.0%	28.8%	8.4%	20.4%	10.1	2	1	0	1	0
	Coleman	21	16	88.5%	212.5%	177.8%	472.5%	100.0%	100.0%	56.1%	28.6%	27.5%	18.7	1	2	0	0	0
	Wakerley (MHSOP)	21	18	75.0%	198.6%	157.8%	415.4%			50.0%	30.4%	19.6%	13.1	0	8	0	0	0
CHS East	Dagleish Ward - MMDW	17	15	91.7%	73.2%	153.2%	152.8%	100.0%	100.0%	14.8%	6.7%	8.1%	8.5	0	4	0	1	0
	Rutland Ward - RURW	16	14	147.7%	65.9%	138.0%	160.1%	100.0%	100.0%	26.3%	13.0%	13.3%	8.6	1	0	0	1	0
	Ward 1 - SL1	18	16	75.5%	82.8%	155.1%	219.0%	100.0%	100.0%	24.4%	14.6%	9.7%	11.4	1	4	0	1	0
	Ward 3 - SL3	13	12	224.9%	69.5%	153.0%	295.1%	100.0%	100.0%	15.9%	9.0%	6.9%	11.1	4	1	0	3	0
CHS West	Ellistown Ward - CVEL	15	13	184.4%	69.2%	148.2%	155.8%	100.0%	100.0%	11.4%	7.3%	4.1%	11.7	3	2	0	2	0
	Snibston Ward - CVSN	18	15	116.6%	73.5%	153.1%	245.0%	100.0%	100.0%	18.4%	9.6%	8.8%	13.0	0	5	0	0	0
	East Ward - HSEW	23	21	75.8%	96.6%	148.2%	330.4%	100.0%	100.0%	31.4%	8.7%	22.7%	9.9	0	2	0	1	0
	North Ward - HSNW	18	14	95.7%	100.4%	153.3%	250.6%	100.0%	100.0%	32.6%	8.5%	24.1%	12.6	0	2	0	2	0
	Swithland Ward - LBSW	17	15	184.3%	72.0%	150.7%	178.9%	100.0%	100.0%	10.6%	3.4%	7.3%	10.7	2	1	0	1	0
FYPC	Langley	15	10	152.4%	98.9%	137.8%	138.1%	100.0%		34.0%	27.8%	6.2%	14.8	0	0	0		
	CAMHS Beacon Ward - Inpatient	16	6	108.7%	230.1%	142.3%	430.6%	100.0%		68.3%	34.0%	34.3%	36.4	0	2	0		
LD	Agnes Unit	4	2	144.6%	198.0%	174.9%	244.8%			56.5%	22.1%	34.4%	71.5	0	0	0		
	Gillivers	3	1	68.7%	36.0%	49.8%	44.4%			2.8%	2.8%	0.0%	84.5	0	0	0		
	The Grange	3	1	N/A	164.7%	N/A	74.8%			10.8%	10.8%	0.0%	0.0	2	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	101.7%	121.8%	104.0%	88.4%	40.5%	27.8%	12.7%	6.3	↑4	↑3	→0
Aston	17	103.2%	199.4%	99.5%	135.8%	40.0%	28.7%	11.2%	7.8	↓1	→1	→0
Beaumont	16	93.4%	130.0%	94.6%	113.5%	48.1%	37.7%	10.4%	14.1	↑2	↑1	↓0
Belvoir Unit	8	104.4%	206.5%	202.4%	159.2%	50.4%	32.9%	17.5%	26.2	→1	↓1	→0
Heather	14	91.1%	221.4%	101.3%	129.5%	44.1%	29.8%	14.3%	9.0	→1	↓0	→0
Thornton	14	82.3%	188.3%	98.0%	115.3%	32.7%	30.2%	2.5%	8.5	→0	↑1	→0
Watermead	17	98.5%	234.2%	104.9%	141.3%	24.3%	13.4%	10.9%	8.1	↑3	↓0	↓0
Griffin	5	109.5%	205.2%	104.5%	526.9%	53.7%	37.4%	16.3%	32.4	→0	↓1	→0
Totals										↑12	↓8	↓0

Table 4 - Acute inpatient ward safe staffing

All ward/units have utilised a high percentage of temporary workforce in September 2021, notably the psychiatric intensive care units, this is due to high patient acuity and complexity and to meet planned safe staffing levels due to increased vacancies due to promotions internally supporting the urgent care pathway and sickness/absence.

There were 8 falls incidents reported in September 2021 compared to 9 in August 2021. Analysis has shown that the main areas where falls occurred were in the grounds, gardens and dining room. One patient had four repeat falls; 3 falls on Ashby Ward and 1 fall on Beaumont Ward. This patient also fell in the previous month and prior to that. The patient has had full MDT multifactorial review to understand the patient needs and possible falls causes, outcomes related to patient behaviour and agitation.

There were 12 medication error incidents reported over 6 wards in September 2021. Analysis has shown that three incidents were regarding recording on the E-CD register. One of the three E-CD incidents has identified staffing as a contributory factor; it is noted that only one agency nurse had access to the E-CD register. Both RNs had access to Wellsky the medication administration system and the administration was charted as given, it was not recorded onto the E-CD register at the time of administration as only one of the agency nurses had had E-CD access.

Three incidents were administration errors; 1 wrong dose, 1 prescribing error that led to a medicines administration error and 1 administration above recommended time period (delayed dose). All

incidents were reviewed in line with the Trust medication error policy and no harm occurred as a result of the medication errors.

There was an incident of the wrong patient's medication being sent home with a patient, incident review did note that staffing was a contributory factor as the ward was short staffed with the second registered nurse on their break at the time of the incident.

### 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	122.7%	131.4%	101.6%	135.8%	36.7%	24.3%	12.4%	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 in September 2021 to support planned staffing due to staff vacancies and waiting for newly recruited staff to start. There were no complaints, medication errors or falls reported in September 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		105.5%	134.3%	138.0%	133.4%	31.7%	29.2%	2.5%	6.6	→0	↑1	→0
Willows		132.6%	104.8%	127.7%	122.2%	39.3%	34.1%	5.3%	14.8	→1	↓0	→0
Mill Lodge		111.2%	128.0%	120.7%	82.8%	68.2%	51.8%	16.4%	15.0	↑1	↓16	→0
<b>TOTALS</b>										↑2	↓17	↓0

Table 6 - Rehabilitation service safe staffing

Mill Lodge continues to utilise a high percentage of temporary workforce to meet planned staffing levels due to the amount of RN and HCSW vacancies. A number of actions are in place to support continuity of staffing across the unit and daily operational management to ensure that the unit meets its planned safe staffing levels.

The Willows utilised an increased percentage of temporary workers and agency staff due to a Covid-19 staff and patient outbreak on Cedar Ward.

There were two medication incidents reported in September 2021 both were prescribing errors and no administration error occurred as a result.

There were 17 patient falls which is a slight decrease compared to August 2021. Analysis has shown that one fall was reported at Stewart house and was a stumble with frame when walking in the corridor. Analysis of the patient falls at Mill Lodge has shown that five patients experienced repeated falls; three falls occurred outside of a patient's bedroom, two falls were rolls/falls out of bed, the majority of patient falls occur in the bedroom area. 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	PU Category 2	PU Category 4
BC Kirby	22	58.2%	125.2%	117.8%	159.7%	39.1%	27.7%	11.3%	8.0	→1	↑13	→0	0	0
BC Welford	20	71.0%	123.9%	131.1%	233.2%	25.9%	19.7%	6.2%	7.5	↓0	↓9	→0	0	0
Coleman	16	88.5%	212.5%	177.8%	472.5%	56.1%	28.6%	27.5%	18.7	↑1	↓2	→0	0	0
Wakerley	18	75.0%	198.6%	157.8%	415.4%	50.0%	30.4%	19.6%	13.1	→0	↓8	→0	0	0
<b>TOTALS</b>										→2	↓32	→0	0	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, Welford and Wakerley Wards. 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.

Analysis has shown that in September 2021 Kirby ward reported an increase in non-Covid-19 sickness, Wakelerly ward is also supporting the red/high risk zone with additional staffing and providing a registered nurse to Gwendolen ward should the red zone area be required for Covid-19 positive patients requiring isolation. Due to Covid-19 outbreaks on Cedar and Beacon in September 2021 this resource has needed to be deployed to support 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.

There were no pressure ulcer incidences reported in September 2021 and no complaints.

Analysis of the two medication errors has shown one was related to a shared care agreement which had been sent, although not received by the GP, for discharge medication. This was resent to GP and rectified therefore was not a medication administration error that had a direct impact on patient care. Welford Ward error was relating to the wrong medication being given to a patient. The medication error policy was followed and there was no harm to the patient, staffing was not felt to be a contributory factor to either incidents.

There is an overall decrease of falls since August 2021; analysis has shown this is associated with patient demographic/factors, and repeat falls amongst specific patients. There was no theme identified to indicate staffing impacted or was a contributory factor. The falls process was followed in each case and physiotherapy involved was established prior to the falls occurring in most cases. Where Physiotherapy support was not established a referral was made post fall for advice and support. To note there was one patient fall on Kirby that resulted in a fracture and is subject to a falls investigation.

## 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	PU Category 2	PU Category 4
Dalgliesh	15	91.7%	73.2%	153.2%	152.8%	14.8%	6.7%	8.1%	8.5	→0	↑4	→0	1	0
Rutland	14	147.7%	65.9%	138.0%	160.1%	26.3%	13.0%	13.3%	8.6	↑1	↓0	→0	0	0
SL Ward 1	16	75.5%	82.8%	155.1%	219.0%	24.4%	14.6%	9.7%	11.4	→1	↑4	→0	1	0
SL Ward 3	12	224.9%	69.5%	153.0%	295.1%	15.9%	9.0%	6.9%	11.1	↑4	→1	→0	3	0
Ellistown 2	13	184.4%	69.2%	148.2%	155.8%	11.4%	7.3%	4.1%	11.7	↑3	↓2	↓0	2	0
Snibston 1	15	116.6%	73.5%	153.1%	245.0%	18.4%	9.6%	8.8%	13.0	↓0	↑5	→0	0	0
East Ward	21	75.8%	96.6%	148.2%	330.4%	31.4%	8.7%	22.7%	9.9	→0	↓2	→0	1	0
North Ward	14	95.7%	100.4%	153.3%	250.6%	32.6%	8.5%	24.1%	12.6	→0	↓2	→0	2	0
Swithland	15	184.3%	72.0%	150.7%	178.9%	10.6%	3.4%	7.3%	10.7	↑2	↓1	→0	0	0
Beechwood	20	156.7%	63.3%	132.0%	284.1%	30.6%	14.8%	15.9%	9.5	↓1	→4	→0	1	0
Clarendon	19	155.2%	68.6%	156.1%	277.4%	28.8%	8.4%	20.4%	10.1	↑2	↓1	→0	0	0
<b>TOTALS</b>										<b>↑14</b>	<b>↓26</b>	<b>↓0</b>	<b>11</b>	<b>0</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 eight 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.

There is an inflated fill rate position for the registered nurse day shifts as the current data set requires a full review to ensure an accurate fill position is available with the exclusion of all non-clinical shifts/supernumerary shifts. This work continues.

Temporary workforce usage has reduced compared to August 2021 with the exception of Rutland, Ward 1 St Lukes and Ward 1 Coalville, East, North, Beechwood and Clarendon Wards 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 a decrease in the number of falls incidents from 33 in August to 26 in September 2021 comprising of 21 first falls, 4 repeat falls, 1 patient placed self on floor. Ward areas to note are Snibston Ward, St Lukes Ward 1, Dalgliesh, Beechwood Ward. The wards continue to see 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 increased from 6 in August 2021 to 14 in September 2021. A review of these incidents has identified these relate to prescribing, administration and procedural errors and there was no direct correlation with staffing.

The number of category 2 pressure ulcers developed in our care is 11 for September. Areas to note are North Ward, St Lukes Ward 3 and Ellistown Ward. A quality improvement project is being commenced to review the pressure ulcer prevention pathway. Incidents will be monitored via the weekly community hospitals incident review meeting.

### **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	10	152.4%	98.9%	137.8%	138.1%	34.0%	27.8%	6.2%	14.8	↓0	→0	→0
CAMHS	6	108.7%	230.1%	142.3%	430.6%	68.3%	34.0%	34.3%	36.4	↓0	→2	→0
<b>TOTALS</b>										↓0	→2	→0

**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 planned staffing levels due to vacancies and patient care needs associated with high levels of patient acuity. Recruiting to vacant posts continues to be a priority in both areas. The Beacon Unit has recruited in total over the last few months; band 7 ward leader/sister (internal), three band 6 nurses (2 internal & 1 external) one with significant paediatric experience and eight new HCSWs currently going through recruitment process with imminent start dates.

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.

The two falls on Beacon occurred when a patient experienced dissociative 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	2	144.6%	198.0%	174.9%	244.8%	56.5%	22.1%	34.4%	71.5	↓0	→0	→0
Gillivers	1	68.7%	36.0%	49.8%	44.4%	2.8%	2.8%	0.0%	84.5	→0	→0	→0
The Grange	1	N/A	164.7%	0.0%	74.8%	10.8%	10.8%	0.0%	N/A	2	0	0
<b>TOTALS</b>										<b>↑2</b>	<b>→0</b>	<b>→0</b>

**Table 10 - Learning disabilities safe staffing**

Patient acuity on the Agnes Unit 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.

Short breaks; Gillivers opened on 1 July 2021, the planned staffing includes both RNs and HCSWs due to the complex physical health needs. The Grange opened on 9 September 2021; patients are cared for by trained and skilled HCSWs with admission/booking in oversight by a registrant. During September 2021 both areas only had one patient in respite, staffing was adjusted to meet the patient's care needs and this is reflected in the fill rate.



## Governance table

<b>For Board and Board Committees:</b>	
<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
<b>Date submitted:</b>	20.10.21
<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 v
	Transformation
	Environments
	Patient Involvement
	Well Governed v
	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>	