

## Public Trust Board - 21<sup>st</sup> December 2021

### Safe Staffing- October 2021 review draft

#### Purpose of the report

This report provides an overview of nursing safe staffing during the month of October 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; 4.19% reported at 39.43% overall and Trust wide agency usage slightly increased this month by 1.12% to 16.21% overall.
- In October 2021; 26 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 81.25% of our inpatient Wards and Units, changes from last month; Welford 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 & Coleman.
- There are thirteen community team 'areas to note', Healthy Together City, County, notably Blaby team, Looked After Children Team, Diana team, City Community Nursing hub, the memory service, changes from last month; CRISIS and Central Access Point.
- A quality summit has been convened to take place 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 Interim Assistant 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.

- Safe staffing Risk deep dive was presented to the Quality Forum on the 14 October 2021 identifying actions to mitigate the risks to patient safety, quality of care and experience.

### **Right Skills**

- During Covid-19 the compliance renewal date for each mandatory and role essential topic was extended by 6 months. Correct to 1 November 2021 Trust wide substantive staff;
  - Appraisal at 78.1% compliance AMBER
  - Clinical supervision at 77.3% compliance AMBER
  - All core mandatory training compliance GREEN except for Information Governance AMBER at 89.4%
- Clinical mandatory training compliance for substantive staff, to note;
  - BLS increased compliance by 2.2 % to 81.2% compliance AMBER
  - ILS increased compliance by 1.9 % to 75.2% compliance AMBER
- Clinical mandatory training compliance for bank only workforce remains low;
  - BLS 49.6 % at RED compliance
  - ILS 35 % at RED compliance
- Compliance with face-to-face mandatory training is 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 actioned is non-attendance at training and DNA rates currently above 50% for courses.

### **Right Place**

- The Covid-19 risk managed wards are North, Beaumont, Wakerley, Ward 4 at Coalville and Mill lodge. 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 continues to take place to ensure health roster accurately differentiates supervisory clinical hours and actual hours to support safe staffing changes planned from 1 December 2021.
- 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 17.81CHPPD in October 2021, with a range between 6 (Ashby ward) and 70.4 (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 November 2021;

Absence by directorate	Sickness absence	Self-Isolation – Working from home	Self-Isolation – Unable to work from home	Total
Community Health Services	5.4%	0.3%	0.5%	6.2%
Enabling Services	1.7%	0.2%	1.2%	3.1%
FYPC	4.1%	0.8%	0.9%	5.8%
Hosted Service	4.0%	0.8%	0.5%	5.3%
Mental Health Services	5.3%	0.7%	0.9%	7.0%
<b>LPT Total</b>	<b>4.6%</b>	<b>0.6%</b>	<b>0.8%</b>	<b>5.9%</b>

**Table 1 – COVID-19 and general absence – 1 November 2021**

In comparison to the previous month total absence has increased by 0.9% associated with an increase in general absence overall.

### In-patient Staffing

Summary of inpatient staffing areas to note;

Wards	August 2021	Sept 2021	October 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	x
Beechwood	X	X	x
Clarendon	X	X	x
Coalville Ward 1	X	X	x
Coalville Ward 4 (ward 2)	X		x
Rutland	X	X	x
Dagleish	X	X	x
Swithland		X	x
Coleman	X	X	x
Kirby	X	X	x

Wards	August 2021	Sept 2021	October 21
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	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, Coalville ward 4, Mill Lodge, Wakerley 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.

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.

The following areas are identified as key areas to note/high risk 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, resulting in high temporary workforce utilisation 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 was held 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	August 2021	Sept 2021	October2021
City East Hub- Community Nursing	X	X	x
City West Hub- Community Nursing	X	X	x
East Central		X	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	x
South Leicestershire CMHT	X	X	x
Charnwood CMHT	X	X	x
Memory service		X	x
Assertive outreach	X	X	x
ADHD service	X	X	x
LD Community Physiotherapy	X	X	x
Mental Health Liaison team	X		
Crisis team			x
Central Access Point (CAP)			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 and revision of prioritisation models/waiting list reviews and RAG rating.

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. An updated Quality Impact Assessment (QIA) and conversation with Public Health (PH) Commissioners has taken place and the options agreed. County Healthy Together are progressing recruitment to 8 WTE band 5 RN posts.

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 ongoing area to note due to staff absence due to Covid-19 and or sickness in October 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. The service is looking to recruit to Band 4 posts in the new year.

Looked After Children team are operating at a high-risk level due to only 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. Commissioners have been in discussion with service and a plan has been implemented.

Learning disabilities community physiotherapy continues to be 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 October 2021, Community Nursing has been reporting operating between OPEL levels 2 – 4, primarily level 3. The patient acuity levels during this time have been very challenging across all community nursing teams. Bank nurse shift fill for County teams has remained low with no improvement in agency shift fill within the city. Absence and sickness continue to impact on service provision. The city community hub remains key area to note.

Business continuity plans continue including patient assessments being reprioritised and some clinic appointments have been reprioritised and rescheduled in line with available staff capacity. Community hub clinics have continued. 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. All planned and essential care has continued to be carried out within agreed timescales for all community patients.

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

- Continue to work together with the transformation team regarding additional requirements and 'Fixes for the new OPEL report template
- 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 continues. This month the focus is upon Royal Collage of Nursing (RCNi) job listing. Recruitment process continues with Interviews taking place this month for Registered Nurses (RN's) and Health care Support Workers (HCSWs).

In September 2021 it is was 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 Crisis Resolution and Home Treatment team is an area for concern due to high number (40%) of RN vacancies. 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.

Other key areas to note are Charnwood CMHT, South Leicestershire CMHT, the ADHD Service and Assertive Outreach and Memory service, Mental Health Services for Older People (MHSOP).

## **Proposal**

Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in October 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, reduced respite offer in the Diana service and in Healthy Together teams and Looked After Children services a potential for unknown risks and impact to outcomes and harm linked to reduced service offer/health assessments, 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 inpatient and community staffing levels and actions in place to try to mitigate the risk of impact to patient safety and care quality.



Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Fill Rate Analysis (National Return)						% Temporary Workers (NURSING ONLY)			Overall CHPPD (Nursing And AHP)	Medication Errors	Falls	Complaints	PU Category 2	PU Category 4
				Actual Hours Worked divided by Planned Hours						Total	Bank	Agency						
				Nurse Day (Early & Late Shift)		Nurse Night		AHP Day										
				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	104.4%	119.8%	103.1%	70.6%			36.0%	25.6%	10.4%	6.0	↓2	↓0	→0		
	Aston	19	16	115.8%	185.7%	97.4%	140.2%			45.2%	29.8%	15.4%	8.0	↑2	↑2	→0		
	Beaumont	22	19	88.2%	148.5%	101.3%	132.1%			52.5%	37.7%	14.7%	13.1	↑3	↑4	↑1		
	Belvoir Unit	10	9	130.9%	188.2%	197.8%	155.0%			50.4%	32.9%	17.4%	21.3	↓0	↓0	→0		
	Heather	18	17	86.1%	248.8%	103.0%	164.5%			53.3%	30.0%	23.3%	8.4	→0	↑2	↑1		
	Thornton	14	14	79.7%	204.6%	98.2%	126.4%			35.6%	30.6%	5.0%	8.8	→0	↑3	→0		
	Watermead	20	19	94.4%	217.9%	110.0%	182.7%	100.0%		31.8%	18.1%	13.8%	7.8	↓1	↑1	→0		
Griffin - Herschel Prins	6	6	103.7%	201.3%	101.6%	503.9%			57.6%	38.6%	19.1%	28.0	→0	↓0	→0			
AMH Other	Phoenix - Herschel Prins	12	12	120.0%	157.4%	104.5%	148.6%	100.0%		45.5%	27.7%	17.8%	12.0	→0	→0	↑1		
	Skye Wing - Stewart House	30	25	143.9%	113.7%	131.8%	155.5%			34.8%	31.6%	3.2%	6.5	→0	→1	→0		
	Willows	9	9	131.9%	122.4%	101.1%	124.5%			33.1%	29.4%	3.7%	13.4	↓0	→0	→0		
Mill Lodge	14	12	84.7%	99.9%	127.1%	160.1%			72.8%	43.9%	28.9%	15.2	↓0	↓12	→0			
CHS City	Kirby	23	21	67.4%	120.7%	120.6%	185.0%	100.0%	100.0%	39.1%	28.2%	10.9%	8.6	→1	↓5	→0	→0	→0
	Welford	24	20	73.6%	111.1%	133.3%	202.4%			23.5%	19.8%	3.7%	7.0	↑2	↑10	→0	→0	→0
	Beechwood Ward - BC03	23	20	110.6%	122.6%	99.7%	126.1%	100.0%	100.0%	30.3%	14.7%	15.6%	9.7	↓0	↑5	↑1	→1	→0
	Clarendon Ward - CW01	21	17	100.7%	120.0%	127.1%	102.0%	100.0%	100.0%	32.0%	8.6%	23.5%	11.3	→2	↑5	→0	↑3	→0
	Coleman	21	17	83.9%	252.1%	157.5%	552.0%	100.0%	100.0%	63.4%	35.7%	27.8%	18.7	↓0	↑5	→0	→0	→0
Wakerley (MHSOP)	21	14	130.5%	115.2%	161.3%	147.9%			49.0%	30.2%	18.8%	15.6	↑1	↓1	→0	→0	→0	
CHS East	Dalgleish Ward - MMDW	17	15	120.4%	94.0%	100.1%	99.9%	100.0%	100.0%	21.2%	7.8%	13.4%	8.5	→0	↑5	→0	→1	→0
	Rutland Ward - RURW	17	13	102.3%	112.4%	91.9%	104.8%	100.0%	100.0%	30.1%	19.2%	10.9%	9.2	→1	↑3	→0	↓0	→0
	Ward 1 - SL1	18	15	90.0%	108.9%	98.0%	143.4%	100.0%	100.0%	23.3%	16.0%	7.4%	11.6	→1	↓2	↓0	→1	→0
Ward 3 - SL3	13	12	144.3%	108.8%	100.0%	195.9%	100.0%	100.0%	18.7%	9.2%	9.5%	10.8	↓1	→1	→0	↑3	→0	
CHS West	Ellistown Ward - CVEL	15	13	109.3%	94.7%	104.6%	98.4%	100.0%	100.0%	11.6%	5.6%	6.0%	15.9	↓1	↓0	→0	↑2	→0
	Snibston Ward - CVSN	18	15	100.2%	140.6%	98.3%	164.1%	100.0%	100.0%	20.7%	10.9%	9.9%	12.4	→0	↓4	→0	↓0	→0
	East Ward - HSEW	23	20	102.9%	127.9%	96.4%	132.4%	100.0%	100.0%	29.1%	12.1%	17.0%	10.1	→0	↓3	→0	→0	→0
	North Ward - HSNW	18	12	113.0%	100.7%	99.8%	101.1%	100.0%	100.0%	30.3%	10.5%	19.9%	13.6	→0	↑3	→0	↑2	→0
Swithland Ward - LBSW	18	15	114.2%	91.8%	98.0%	114.5%	100.0%	100.0%	9.1%	3.6%	5.5%	10.5	↓0	→1	→0	↓0	→0	
FYPC	Langley	15	12	148.0%	99.7%	124.7%	128.0%	100.0%		39.7%	34.4%	5.3%	11.2	→0	→0	→0		
	CAMHS Beacon Ward - Inpatient Adolescent	16	7	113.5%	146.1%	140.0%	226.5%	100.0%		67.3%	33.6%	33.7%	27.3	↑3	↓0	→0		
LD	Agnes Unit	4	2	165.0%	210.3%	182.9%	260.8%			56.4%	24.6%	31.8%	68.9	→0	→0	→0		
	Gillivers	1	1	52.0%	75.5%	78.6%	90.3%			3.0%	3.0%	0.0%	70.4	→0	→0	→0		
	1 The Grange	3	1	-	162.9%	-	99.1%			11.1%	11.1%	0.0%	0.0	→2	↑1	→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	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
		$\geq 80\%$	$\geq 80\%$	$\geq 80\%$	$\geq 80\%$							
Ashby	20	104.4%	119.8%	103.1%	70.6%	36.0%	25.6%	10.4%	6.0	↓2	↓0	→0
Aston	16	115.8%	185.7%	97.4%	140.2%	45.2%	29.8%	15.4%	8.0	↑2	↑2	→0
Beaumont	19	88.2%	148.5%	101.3%	132.1%	52.5%	37.7%	14.7%	13.1	↑3	↑4	↑1
Belvoir Unit	9	130.9%	188.2%	197.8%	155.0%	50.4%	32.9%	17.4%	21.3	↓0	↓0	→0
Heather	17	86.1%	248.8%	103.0%	164.5%	53.3%	30.0%	23.3%	8.4	→0	↑2	↑1
Thornton	14	79.7%	204.6%	98.2%	126.4%	35.6%	30.6%	5.0%	8.8	→0	↑3	→0
Watermead	19	94.4%	217.9%	110.0%	182.7%	31.8%	18.1%	13.8%	7.8	↓1	↑1	→0
Griffin - Herschel Prins	6	103.7%	201.3%	101.6%	503.9%	57.6%	38.6%	19.1%	28.0	→0	↓0	→0
Totals										↓8	↑12	↑2

Table 4 - Acute inpatient ward safe staffing

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

The fill rate for RN's on Thornton ward is slightly below the threshold  $> 80\%$  due to HCSW's filling for the third RN on shift i.e., 2 RN's and 1 HCSW instead of 3 RN's. This is still within safe parameters of staffing (2 RNs), HCSW fill rate is high at 204.6% as a result.

There were 12 falls reported in October 2021, which is an increase from 8 in September 2021. Of these 12 falls, six were first falls and six repeat falls. 5 male and 7 females experienced falls, with 11 falls being unwitnessed and 1 witnessed. Themes were found to be patients feeling dizzy and faint, slips both inside, outside and sedation.

There were 8 medication incidents reported which is a decrease from 12 in September 2021. Analysis has shown that four incidents were prescribing errors that did not result in an administration error. 1 incident was an E-CD error, 2 were misplaced/dropped medication.

There was an incident of a patient giving another patient's name and therefore an administration error occurred, the medication error policy was followed, patient and staff supported. A review of the incident highlighted that there was no regular qualified staff on the ward and the nurse was unfamiliar with the patient and the ward, the nurse has reflected on this and identified learning; this will be further mitigated by roll out of patient ID checking use of bracelets or photographs.

There have been two complaints received during October 2021. There has not been any direct correlation with staffing.

### 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	12	120.0%	157.4%	104.5%	148.6%	45.5%	27.7%	17.8%	12.0	→0	→0	↑1
Totals										→0	→0	↑1

Table 5- Low secure safe staffing

Phoenix continues to use a higher proportion of agency staff in October 2021 to support planned staffing due to staff vacancies and waiting for newly recruited staff to start. There were no medication errors or falls reported in October 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	25	143.9%	113.7%	131.8%	155.5%	34.8%	31.6%	3.2%	6.5	→0	→1	→0
Willows	9	131.9%	122.4%	101.1%	124.5%	33.1%	29.4%	3.7%	13.4	↓0	→0	→0
Mill Lodge	12	84.7%	99.9%	127.1%	160.1%	72.8%	43.9%	28.9%	15.2	↓0	↓12	→0
<b>TOTALS</b>										↓0	↓13	→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. The HCSW vacancies have been recruited to and are awaiting start dates. In October 2021 the use of temporary

workforce has been affected by a Covid-19 outbreak where there were several substantive staff needing to isolate and sickness. 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.

There have been no medication incidents in October 2021 which is a decrease from two medication incidents reported in September 2021

There were 13 patient falls in October 2021 which is a slight decrease from 17 compared to September 2021. Analysis has shown that one fall was reported at Stewart house whereby a patient was unsteady when they got up from their chair and fell backwards.

There were 12 falls experienced by patients at Mill Lodge which is a decrease from 15 in September 21. Analysis of the patient falls at Mill Lodge has shown 10 of these falls were experienced by 2 patients who were having to self-isolate in their bedrooms due to an outbreak of covid 19 on the ward.

On one occasion a fall was experienced from sitting to standing where all other falls were a roll out of an ultra-low profiling beds onto a crash mats which had been positioned by the sides of the patient’s bed for safety reasons. No injuries were observed, and therapeutic observations were reviewed and changed due to the patients isolating, no incidents were linked to staffing levels or skill mix.

#### 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	21	67.4%	120.7%	120.6%	185.0%	39.1%	28.2%	10.9%	8.6	→1	↓5	→0	→0	→0
BC Welford	20	73.6%	111.1%	133.3%	202.4%	23.5%	19.8%	3.7%	7.0	↑2	↑10	→0	→0	→0
Coleman	17	83.9%	252.1%	157.5%	552.0%	63.4%	35.7%	27.8%	18.7	↓0	↑5	→0	→0	→0
Wakerley	14	130.5%	115.2%	161.3%	147.9%	49.0%	30.2%	18.8%	15.6	↑1	↓1	→0	→0	→0
<b>TOTALS</b>										↑4	↓12	→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, and Welford Wards. The staffing establishment on these wards consist of a Medication Administration Technician (MAT) and on Kirby Ward a Mental Health Practitioner (MHP), which does not fall within the registered nurse numbers. The ward skill mix also includes a registered nursing associate.

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.

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

Analysis of the medication errors has shown none of the incidents were related to safer staffing, incidents that occurred were related to a dispensing error by substantive member of staff who mis identified the patient, process has been followed to learn from this incident and share learning further across the inpatient group.

There is an overall decrease of falls since September 2021; analysis continues to show that patient demographic and acuity of patients is a factor with experiencing falls 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.

All MHSOP wards are due to welcome 2 international recruited nurses to their workforce in the coming months which, once inducted will support safer staffing across the service.

### 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
MM Dalgliesh	15	120.4%	94.0%	100.1%	99.9%	21.2%	7.8%	13.4%	8.5	→0	↑5	→0	→1	→0
Rutland	13	102.3%	112.4%	91.9%	104.8%	30.1%	19.2%	10.9%	9.2	→1	↑3	→0	↓0	→0
SL Ward 1	15	90.0%	108.9%	98.0%	143.4%	23.3%	16.0%	7.4%	11.6	→1	↓2	↓0	→1	→0
SL Ward 3	12	144.3%	108.8%	100.0%	195.9%	18.7%	9.2%	9.5%	10.8	↓1	→1	→0	↑3	→0
CV Ellistown 2	13	109.3%	94.7%	104.6%	98.4%	11.6%	5.6%	6.0%	15.9	↓1	↓0	→0	↑2	→0
CV Snibston 1	15	100.2%	140.6%	98.3%	164.1%	20.7%	10.9%	9.9%	12.4	→0	↓4	→0	↓0	→0
HB East Ward	20	102.9%	127.9%	96.4%	132.4%	29.1%	12.1%	17.0%	10.1	→0	↓3	→0	→0	→0
HB North Ward	12	113.0%	100.7%	99.8%	101.1%	30.3%	10.5%	19.9%	13.6	→0	↑3	→0	↑2	→0
Swithland	15	114.2%	91.8%	98.0%	114.5%	9.1%	3.6%	5.5%	10.5	↓0	→1	→0	↓0	→0
CB Beechwood	20	110.6%	122.6%	99.7%	126.1%	30.3%	14.7%	15.6%	9.7	↓0	↑5	↑1	→1	→0
CB Clarendon	17	100.7%	120.0%	127.1%	102.0%	32.0%	8.6%	23.5%	11.3	→2	↑5	→0	↑3	→0
<b>TOTALS</b>										↓6	↑32	↑1	↑13	→0

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 monthly 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.

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.

Temporary workforce usage has reduced compared to September 2021 with the exception of Rutland, Ward 1 St Luke’s, Dalgleish, 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 an increase in the number of falls incidents from 26 in September 2021 to 32 in October 2021 comprising of 29 first falls, 3 repeat falls. Ward areas to note are North Ward, Beechwood, Clarendon, Rutland and Dalgleish 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 decreased from 14 in September 2021 to 6 in October 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 has increased from 11 for September 2021 to 13 for October 2021. Areas to note are St Luke’s Ward 3, Elliston, Clarendon, and North Ward. A quality improvement project has commenced to review the pressure ulcer prevention pathway.

There has been one complaint received during October for Beechwood Ward. There has not been any 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	3	148.0%	99.7%	124.7%	128.0%	39.7%	34.4%	5.3%	11.2	→0	→0	→0
CAMHS	7	113.5%	146.1%	140.0%	226.5%	67.3%	33.6%	33.7%	27.3	↑3	↓0	→0
<b>TOTALS</b>										↑3	↓0	→0

Table 9 - Families, children, and young people’s services safe staffing

Inpatient areas continue to increase temporary worker utilisation for both Langley and CAMHS to meet planned staffing levels due to vacancies and complex patient care needs associated with high levels of patient acuity.

Recruitment to vacant posts has been progressed in both areas. The Beacon Unit has successfully recruited to a variety of positions with a trajectory to increase bed capacity and reduce temporary workforce utilisation over the next 5 months.

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

There were three medication errors on the CAMHS Beacon Unit. The first incident related to a young person who declined oral medication and was given medication intra-muscularly (IM) when in an acute state of distress. The prescription was only for oral medication. The young person's care plan stated that it needed to be given IM when they were distressed, the patient's medication chart was changed the following day to prescribe this medication as IM.

The second incident was a prescription error. The consultant added TTO's to the main prescription. No medication was given, and this was removed from the chart.

The third incident was for a young person who stated they were a different patient (knowingly), gave their date of birth and were given the wrong patients medication. In response to this incident (as patients do not wear wrist bands due to risk to self and/or others), patient photos were taken and are displayed in the office and treatment room, so all staff including temporary staff are aware who the young people are.

### 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	165.0%	210.3%	182.9%	260.8%	56.4%	24.6%	31.8%	68.9	→0	→0	→0
Gillivers	1	52.0%	75.5%	78.6%	90.3%	3.0%	3.0%	0.0%	70.4	→0	→0	→0
1 The Grange	1	-	162.9%	-	99.1%	11.1%	11.1%	0.0%	0.0	→2	↑1	→0
<b>TOTALS</b>										→2	↑1	→0

Table 10 - Learning disabilities safe staffing

Patient acuity on the Agnes Unit has increased following admission of new patients and staffing is reviewed and increased to meet patient care needs, this is reflected in high utilisation of temporary workforce staff deployed against planned levels and high CHPPD. Agnes Unit are progressing recruitment to Registered Nurse and HCSW vacancies.

Short breaks: Staffing includes both RNs and HCSWs due to the complex physical health needs. During October 2021 both areas continued to support one patient in respite, staffing

was managed well and adjusted to meet the individual patient's care needs, and this is reflected in the fill rate. There were 2 medication errors on The Grange, and this has not increased from September 2021. Review of the NSIs has not identified any staffing impact on the quality and safety of patient care/outcomes. There was one patient fall incident and on a review of the NSIs this has not identified any staffing impact on the quality and safety of patient care/outcomes.



## Governance table

<b>For Board and Board Committees:</b>	Public Trust Board 21.12.21	
<b>Paper sponsored by:</b>	Anne Scott, Executive Director of Nursing, AHPs and Quality	
<b>Paper authored by:</b>	Emma Wallis, Interim Deputy Director of Nursing & Quality, Elaine Curtin Workforce and Safe Staffing Matron	
<b>Date submitted:</b>	21.12.2021	
<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>		