

## Public Trust Board – 25 January 2022

### Safe Staffing- November 2021 review

#### Purpose of the report

This report provides a full overview of nursing safe staffing during the month of November 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. An interim report for safe staffing November 2021 was submitted to Trust Board held 21 December 2021 with an overview of key areas to note and actions to mitigate risks based on the weekly safe staffing situational and forecast reviews.

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; 0.13% reported at 39.3% overall and Trust wide agency usage slightly increased this month by 0.74% to 16.95% overall.
- In November 2021; 27 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 81.25% of our inpatient Wards and Units, no changes from last month.
- 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, Griffin, Beaumont, Belvoir, North and East wards, Beechwood, Clarendon, Rutland and Dalgleish
- 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, CRISIS Resolution and Home Treatment team and Central Access Point (CAP) South Leicestershire/Charnwood, Assertive outreach, ADHD and memory service
- A quality summit took 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 situation report and discussion was held at the Strategic Executive Board on the 5 November 2021 with Workforce and Safe Staffing presented to the Trust Board development session on the 23 November 2021 identifying systems/processes, plans and actions in place to mitigate the risks to patient safety, quality of care and experience.
- Self-assessment against; Key actions Winter 2021 preparedness: Nursing and midwifery safer staffing (NHS, November 2021) assurance framework was submitted separately to the Trust Board on 21 December 2021 including a summary report, GAP analysis and actions to enhance assurance against Key Lines of Enquiry (KLOE).

### **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 76% compliance AMBER
  - Clinical supervision at 78.6% compliance AMBER
  - All core mandatory training compliance GREEN except for Information Governance AMBER at 90.7%
- Clinical mandatory training compliance for substantive staff, to note;
  - BLS increased compliance by 2.6 % to 83.8% compliance AMBER
  - ILS increased compliance by 4.8 % to 80% compliance AMBER
- Clinical mandatory training compliance for bank only workforce remains low;
  - BLS 52.4% % at RED compliance
  - ILS 37.7 % 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, Welford 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 18.16 CHPPD in November 2021, with a range between 5.1 (Stewart House) and 70.3 (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

Absence by directorate	Sickness absence	Self-Isolation - Working from home	Self-Isolation - Unable to work from home	Total
Community Health Services	6.7%	0.4%	0.9%	8.0%
Enabling Services	1.8%	0.0%	0.6%	2.3%
FYPC	4.2%	0.5%	1.1%	5.8%
Hosted Service	4.0%	0.0%	0.5%	4.5%
Mental Health Services	6.2%	0.6%	0.7%	7.6%
<b>LPT Total</b>	<b>5.3%</b>	<b>0.4%</b>	<b>0.8%</b>	<b>6.5%</b>

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

In comparison to the previous month total absence has increased by 0.6% associated with an increase in general absence overall.

### In-patient Staffing

Summary of inpatient staffing areas to note.

Wards	Sept 2021	October 21	November 21
Hinckley and Bosworth East Ward	X	x	x
Hinckley and Bosworth North Ward	X	x	x
St Luke's Ward 1	X	x	x

Wards	Sept 2021	October 21	November 21
St Luke's 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	
Rutland	X	x	x
Dagleish	X	x	x
Swithland	X	x	x
Coleman	X	x	x
Kirby	X	x	x
Welford	X	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, Welford and Mill Lodge. 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 deceased

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. Block booking of bank and agency and successful recruitment to staff in bands 5,6 and 7 is in progress. Evidence based establishment review completed and presented to FYPC.LD DMT. All staff in non -patient facing roles with a clinical qualification are currently working within the staffing establishment to support continuity of care.

## 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. Daily safe staffing reviews and substantive staff movement across the service to ensure substantive RN cover and block booking of temporary workers is in place. Recruitment is on-going with 16 international nurses recruited to a number of wards.

## DMH

Mill Lodge continues with high utilisation of temporary workforce 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. Mill Lodge experienced partial closure to admissions (in November 2021) due to staffing with daily Directorate review. A number of actions are in place in 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. The annual safe staffing establishment review is in progress 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	Sept 2021	October2021	November 2021
City East Hub- Community Nursing	X	x	x
City West Hub- Community Nursing	X	x	x
East Central	X	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	x
South Leicestershire CMHT	X	x	x

Charnwood CMHT	X	x	x
Memory service	X	x	x
Assertive outreach	X	x	x
ADHD service	X	x	x
LD Community Physiotherapy	X	x	x
Crisis team		x	x
Central Access Point (CAP)		x	x

**Table 3 – Community areas to note**

Community areas to note are identified either by the Head/Deputy Head of Nursing due to high percentage of temporary worker/agency utilisation, or concerns relating to; increased case load, high risk patients, staff sickness, ability to fill additional shifts and the impact to safe and effective care.

### **FYPC/LD Community**

Healthy Together 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. 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 November 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 November 2021, Community Nursing has been reporting operating at OPEL 2 working to level 3 actions. 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, East Central and Hinckley hubs remain key areas 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 the hub leadership teams have been mobilised. 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, supportive conversations being held with staff to agree returning to work plans
- Reviewing caseloads to prioritise urgent and essential visits, flexing teams to prioritise visits,
- Working together with staff to keep up to date with safe planning /staffing and with new processes for example, same day referral and embedding firmly within triage function
- 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 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 held a quality summit on the 2 November 2021. A quality improvement plan is in place focusing on workforce, learning from serious incident investigation, a pressure ulcer QI programme and staff engagement and communication with oversight to QAC.

## **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 November 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

November 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%								
AMH Bradgate	Ashby	15	14	96.9%	184.5%	104.5%	114.8%			43.2%	25.2%	17.9%	8.4	↓0	→0	→0		
	Aston	19	18	114.8%	207.5%	106.0%	157.8%			46.4%	26.0%	20.3%	7.9	↓0	↓0	→0		
	Beaumont	22	17	96.4%	130.5%	97.6%	130.7%			47.6%	33.7%	13.9%	13.5	↓1	↑6	↓0		
	Belvoir Unit	10	9	131.2%	198.8%	108.1%	228.4%			51.0%	31.7%	19.3%	22.8	↑1	→0	→0		
	Heather	18	16	100.0%	202.1%	104.9%	147.5%			53.1%	33.1%	20.1%	8.1	↑1	↓1	→1		
	Thornton	12	12	92.9%	199.7%	101.1%	109.2%			29.4%	27.3%	2.1%	10.2	→0	↓0	→0		
	Watermead	20	20	101.2%	203.4%	115.2%	167.3%		100.0%	34.8%	16.9%	17.9%	7.3	↓0	↑6	↑1		
	Griffin - Herschel Prins	6	5	113.6%	244.1%	101.5%	591.2%			60.6%	30.6%	30.0%	35.3	→0	→0	↓0		
AMH Other	Phoenix - Herschel Prins	12	12	120.6%	154.9%	104.5%	139.1%		100.0%	43.7%	24.7%	19.0%	11.7	→0	→0	↓0		
	Skye Wing - Stewart House	30	30	130.4%	101.5%	132.3%	137.8%			29.4%	27.1%	2.2%	5.1	→0	↑3	→0		
	Willows	9	9	139.9%	132.5%	109.1%	140.6%			42.1%	35.6%	6.5%	14.8	↑1	→0	→0		
	Mill Lodge	14	12	100.5%	96.7%	134.2%	138.8%			69.1%	43.4%	25.7%	15.5	→0	↓7	→0		
CHS City	Kirby	23	19	63.2%	121.3%	129.4%	147.0%	100.0%	100.0%	38.3%	30.3%	8.1%	9.0	→1	→5	→0	→0	→0
	Welford	24	21	73.0%	120.3%	131.1%	231.2%			26.5%	18.7%	7.8%	7.1	↓0	↓7	→0	→0	→0
	Beechwood Ward - BC03	23	21	109.8%	113.1%	99.2%	116.5%	100.0%	100.0%	32.9%	13.3%	19.6%	8.8	↑2	↓1	↓0	→1	→0
	Clarendon Ward - CW01	21	19	98.8%	114.0%	106.6%	108.4%	100.0%		33.6%	12.7%	20.9%	10.2	↑4	↓3	→0	↓0	→0
	Coleman	21	15	86.5%	199.3%	161.8%	389.3%	100.0%	100.0%	54.6%	37.0%	17.5%	18.6	→0	↓0	→0	→0	→0
	Wakerley (MHSOP)	21	11	128.7%	102.8%	166.7%	146.8%			41.9%	25.8%	16.1%	19.6	↓0	↑5	→0	→0	→0
CHS East	Dagleish Ward - MMDW	17	15	122.4%	87.6%	106.7%	91.7%	100.0%	100.0%	23.6%	9.4%	14.3%	8.3	↑1	↓3	→0	↑2	→0
	Rutland Ward - RURW	16	14	108.6%	111.7%	86.7%	110.0%	100.0%	100.0%	32.6%	19.3%	13.2%	9.5	↓0	↓2	→0	↑3	→0
	Ward 1 - SL1	19	15	88.2%	122.1%	100.2%	146.9%	100.0%	100.0%	18.2%	12.1%	6.1%	12.2	→1	↓1	↓0	↓0	→0
	Ward 3 - SL3	13	11	139.8%	104.5%	97.9%	202.7%	100.0%	100.0%	20.4%	11.8%	8.6%	12.1	↓0	↑3	→0	↓1	→0
CHS West	Ellistown Ward - CVEL	15	13	108.2%	119.7%	100.0%	99.2%	100.0%	100.0%	11.1%	6.3%	4.8%	12.2	↑2	↑3	→0	↓1	→0
	Snibston Ward - CVSN	18	15	92.4%	139.2%	96.6%	165.2%	100.0%	100.0%	23.5%	9.6%	13.9%	12.2	→0	↓3	→0	→0	→0
	East Ward - HSEW	23	20	98.0%	114.0%	118.8%	143.8%	100.0%	100.0%	27.1%	9.0%	18.1%	10.1	↑2	↓2	→0	↑2	→0
	North Ward - HSNW	18	13	113.0%	104.0%	96.7%	106.7%	100.0%	100.0%	29.8%	9.7%	20.0%	12.8	↑3	↓2	→0	→0	→0
	Swithland Ward - LBSW	18	16	112.5%	106.6%	100.0%	138.3%	100.0%	100.0%	13.3%	3.6%	9.6%	10.6	→0	↑3	→0	↓0	→0
FYPC	Langley	15	13	145.1%	106.3%	124.7%	153.3%	100.0%		41.9%	36.4%	5.5%	11.4	↑1	↑1	→0		
	CAMHS Beacon Ward - Inpatient Adolescent	16	7	125.6%	165.8%	137.8%	327.1%			71.4%	26.0%	45.4%	32.9	↓1	→0	→0		
LD	Agnes Unit	4	2	185.3%	215.3%	173.9%	278.7%			55.1%	23.9%	31.1%	69.0	→0	→0	→0		
	Gillivers	1	1	64.7%	58.2%	71.1%	128.9%			8.4%	8.4%	0.0%	70.3	→0	→0	→0		
	1 The Grange	3	1	85.0%	95.6%	-	97.9%			19.4%	19.4%	0.0%	63.9	↓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	14	96.9%	184.5%	104.5%	114.8%	43.2%	25.2%	17.9%	8.4	↓0	→0	→0
Aston	18	114.8%	207.5%	106.0%	157.8%	46.4%	26.0%	20.3%	7.9	↓0	↓0	→0
Beaumont	17	96.4%	130.5%	97.6%	130.7%	47.6%	33.7%	13.9%	13.5	↓1	↑6	↓0
Belvoir Unit	9	131.2%	198.8%	108.1%	228.4%	51.0%	31.7%	19.3%	22.8	↑1	→0	→0
Heather	16	100.0%	202.1%	104.9%	147.5%	53.1%	33.1%	20.1%	8.1	↑1	↓1	→1
Thornton	12	92.9%	199.7%	101.1%	109.2%	29.4%	27.3%	2.1%	10.2	→0	↓0	→0
Watermead	20	101.2%	203.4%	115.2%	167.3%	34.8%	16.9%	17.9%	7.3	↓0	↑6	↑1
Griffin - Herschel Prins	5	113.6%	244.1%	101.5%	591.2%	60.6%	30.6%	30.0%	35.3	→0	→0	↓0
Totals										↓3	↑13	→2

Table 4 - Acute inpatient ward safe staffing

The majority of wards have utilised a high percentage of temporary workforce in November 2021, 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.

There were 13 falls reported in November 2021, which is a slight increase from 12 in October 2021. Analysis has shown that of the 13 falls, four were first falls for patients and 8 were repeat falls, involving 6 patients, with a contributory theme identified linked to dizziness, sedation medication and reduced mobility.

Further analysis has identified a theme linked to incomplete falls pathway documentation, the physical health nurses are working with ward managers to understand the reasons for gaps in documentation and speaking to staff to find out if there is anything that needs to change in the process that will support them on the wards to improve documentation.

There were 3 medication incidents reported which is a decrease compared to October 2021. Analysis has shown that 1 incident was an E-CD error, 1 was misplaced/dropped medication

and 1 was an extra dose given. Investigation into this incident has highlighted that the error occurred by a temporary member of staff who was not familiar with the Wellsky system and how it flags maximum doses over a period. This staff member has been supported in their development and learning.

### 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	120.6%	154.9%	104.5%	139.1%	43.7%	24.7%	19.0%	11.7	→0	→0	↓0
Totals										→0	→0	↓0

Table 5- Low secure safe staffing

Phoenix continues to use a higher proportion of agency staff in November 2021 to support planned staffing due to staff vacancies and sickness. There were no medication errors or falls reported in November 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	30	130.4%	101.5%	132.3%	137.8%	29.4%	27.1%	2.2%	5.1	→0	↑3	→0
Willows	9	139.9%	132.5%	109.1%	140.6%	42.1%	35.6%	6.5%	14.8	↑1	→0	→0
Mill Lodge	12	100.5%	96.7%	134.2%	138.8%	69.1%	43.4%	25.7%	15.5	→0	↓7	→0
<b>TOTALS</b>										↑1	↓10	→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 with start dates through December 2021 and January 2022.

Willows use of temporary staff is higher due to the acuity of one of the wards, which is a step down from acute wards requiring adjusted skill mix and staffing.

There has been 1 medication incident in November 2021 which is a slight increase from zero medication incidents reported in October 2021. This reported incident was not a medication error but a process error regarding management of drugs keys.

There were 10 patient falls in November 2021 which is a slight decrease from 13 in October 2021.

Of the 10 falls reported for the Rehabilitation service, 8 of these falls occurred in the bedroom, 7 were patients with repeat falls and 3 patients with first falls.

Seven of the ten falls were reported at Mill lodge, which is a decrease from previous months; all incidents were repeat falls. The 7 falls were all located in the bedroom and were in relation to 3 patients.

There were 3 falls reported in November at Stewart House; all first falls in care.

Analysis has shown that there is no link between staffing levels and skill mix regarding these incidences.

### 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	19	63.2%	121.3%	129.4%	147.0%	38.3%	30.3%	8.1%	9.0	→1	→5	→0	→0	→0
BC Welford	21	73.0%	120.3%	131.1%	231.2%	26.5%	18.7%	7.8%	7.1	↓0	↓7	→0	→0	→0
Coleman	15	86.5%	199.3%	161.8%	389.3%	54.6%	37.0%	17.5%	18.7	↓0	↑5	→0	→0	→0
Wakerley	11	128.7%	102.8%	166.7%	146.8%	41.9%	25.8%	16.1%	15.6	↓0	↓1	→0	→0	→0
<b>TOTALS</b>										↓1	↑18	→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. Kirby has 6 vacancies for HCSW and Welford 2. All the wards have vacancies for registered nurses , advert is currently out for HCSW and Registered Nurse recruitment..

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 November 2021 and no complaints received.

Falls 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.

There was one medication error in November 2021 which happened in the community whilst a patient was on leave and was not impacted by staffing levels.

Each MHSOP ward is planning to welcome two international nurses on 20 December 2021 to their workforce 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	122.4%	87.6%	106.7%	91.7%	23.6%	9.4%	14.3%	8.3	↑1	↓3	→0	↑2	→0
Rutland	14	108.6%	111.7%	86.7%	110.0%	32.6%	19.3%	13.2%	9.5	↓0	↓2	→0	↑3	→0
SL Ward 1	15	88.2%	122.1%	100.2%	146.9%	18.2%	12.1%	6.1%	12.2	→1	↓1	↓0	↓0	→0
SL Ward 3	11	139.8%	104.5%	97.9%	202.7%	20.4%	11.8%	8.6%	12.1	↓0	↑3	→0	↓1	→0
CV Ellistown 2	13	108.2%	119.7%	100.0%	99.2%	11.1%	6.3%	4.8%	12.2	↑2	↑3	→0	↓1	→0
CV Snibston 1	15	92.4%	139.2%	96.6%	165.2%	23.5%	9.6%	13.9%	12.2	→0	↓3	→0	→0	→0
HB East Ward	20	98.0%	114.0%	118.8%	143.8%	27.1%	9.0%	18.1%	10.1	↑2	↓2	→0	↑2	→0
HB North Ward	13	113.0%	104.0%	96.7%	106.7%	29.8%	9.7%	20.0%	12.8	↑3	↓2	→0	→0	→0
Swithland	16	112.5%	106.6%	100.0%	138.3%	13.3%	3.6%	9.6%	10.6	→0	↑3	→0	↓0	→0
CB Beechwood	21	109.8%	113.1%	99.2%	116.5%	32.9%	13.3%	19.6%	8.8	↑2	↓1	↓0	→1	→0
CB Clarendon	19	98.8%	114.0%	106.6%	108.4%	33.6%	12.7%	20.9%	10.2	↑4	↓3	→0	↓0	→0
<b>TOTALS</b>										↑15	↓26	↓0	↓10	→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 increased compared to October 21 with the exception of Ward 1 St Luke's, Ward 2 CCH and Swithland Ward, 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 reduction in the number of falls incidents from 32 in October 2021 to 26 in November 21 comprising of 22 first falls, 3 repeat falls and 1 patient placed on the floor. Ward areas to note are St Luke's Ward 3, Ellistown and Swithland 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 October 2021 to 15 in November 21. A review of these incidents has identified these relate to prescribing, administration, and procedural errors in relation to the electronic CD register and there was no direct correlation with staffing.

The number of category 2 pressure ulcers developed in our care has decreased from 13 for October 2021 to 7 in November. Areas to note are Rutland and East Ward. A quality improvement project has commenced to review the pressure ulcer prevention pathway within the hospital wards.

### **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	Falls	Complaints
Langley	13	145.1%	106.3%	124.7%	153.3%	41.9%	36.4%	5.5%	11.4	↑1	↑1	→0
CAMHS	7	125.6%	165.8%	137.8%	327.1%	71.4%	26.0%	45.4%	32.9	↓1	→0	→0
<b>TOTALS</b>										↓2	↑1	→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 3 months.

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

There was one medication error on the CAMHS Beacon Unit in November, this is a reduction from the previous month and was not impacted by staffing levels.

### 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	185.3%	215.3%	173.9%	278.7%	55.1%	23.9%	31.1%	69.0	→0	→0	→0
Gillivers	1	64.7%	58.2%	71.1%	128.9%	8.4%	8.4%	0.0%	70.3	→0	→0	→0
1 The Grange	1	85.0%	95.6%	-	97.9%	19.4%	19.4%	0.0%	63.9	↓0	↓0	→0
<b>TOTALS</b>										↓0	↓0	→0

Table 10 - Learning disabilities safe staffing

Patient acuity on the Agnes Unit has increased 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 continue to focus recruitment to Registered Nurse and HCSW vacancies.

Short breaks: Staffing includes both RNs and HCSWs due to the complex physical health needs. Staffing was managed well and adjusted to meet individual patient's care needs, and this is reflected in the fill rate. There were no medication errors on The Grange. Review of the NSIs has not identified any staffing impact on the quality and safety of patient care/outcomes.



## Governance table

<b>For Board and Board Committees:</b>	Trust Board 25.01.22	
<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>	25.01.2022	
<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	√
	Reaching Out	
	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>		