

Public Trust Board – 25 January 2022

Safe Staffing December 2021 Interim highlight report

Purpose of the report

This report provides an interim overview of safe staffing, key areas to note, during the month of December 2021, staffing challenges with moderate/high risk of potential impact to quality, safety, and experience. This is an interim report format as the Trust staffing scorecard data (annexe 1) including workforce metrics; fill rates, Care Hours Per Patient Day (CHPPD) and Nurse Sensitive Indicators (NSIs) was issued on 11 January 2021 however detailed directorate, service analysis will not be completed to meet the Trust board deadline in January 2022. The full triangulated monthly safe staffing review for December 2021 will be submitted to Trust board in February 2022.

The interim report is based on the weekly safe staffing situational and forecast meeting reviews however from 20 December 2021 meetings were stepped up to daily in response to significant staffing challenges and to ensure safe nurse staffing levels were reviewed and risks escalated throughout the Christmas and New Year period, daily meetings will continue into January 2022.

Background

Self-assessment against; Key actions Winter 2021 preparedness: Nursing and midwifery safer staffing (NHS, November 2021) assurance framework was submitted to the Trust Board in December 2021, including a summary report, GAP analysis and actions to enhance assurance against Key Lines of Enquiry (KLOE).

A briefing paper was submitted to the Trust Incident Co-ordination Command centre (ICC) on the 24 December 2021 identifying the Trust's response to severe nurse staffing pressures, linked to increased Covid-19 staff absence (4.6% up to 11.1%) due to increased community transmission and outbreaks within our in-patient services.

Directorate staffing business continuity plans enacted, clinical and enabling directorate service prioritisation reviews completed with quality impact assessments signed off at the Trust Clinical Reference Group. Staff were identified for redeployment with Directorates identifying MDT reserve lists to deploy to support safe staffing.

Following a risk, qualities and equalities impact assessment on 24 December 2021 the decision was made to temporarily close Rutland Ward at Rutland Memorial Hospital in response to the impact of significantly reduced staffing and inadequate registered nurses to deliver safe patient care due to a Covid 19 outbreak. The ward reopened on 4 January 2022.

Daily Trust safe staffing cell huddles at 4.30pm are led by the Assistant Director of Nursing, senior oversight by the Director/Deputies of Nursing, AHPs and Quality with membership including Heads/Deputy Heads of Nursing, EPRR lead and Head of Workforce support, the meeting can be stepped up to twice daily if any unmitigated risk areas are identified through directorate review in the morning. A united trust wide approach taken to review staffing, actions to mitigate the risks, nurse to patient ratios and skill mix to ensure patient and staff safety with a daily governance route to the ICC to escalate any unmitigated risk areas.

On 30 December 2021 following the system quality summit, Directors of Nursing were asked to complete system risk assessments for visiting, staff deployment to hospital vaccine hubs considering reduced demand and activity and nurse and midwifery patient ratios that fall below national quality board/professional standards. The visiting risk assessment has been added to the ICC risk log and staffing system controls and actions reflected in the organisational risk for staffing.

The Royal College of Nursing (RCN) wrote to all Chief Executives on 11 January 2022 to outline concerns raised by RCN members regarding working under extreme pressure, nurse to patient ratios that compromise patient safety and concerns that disciplinary action may be taken if something was to go wrong, and this context not adequately reflected in potential investigations.

Simultaneously the four Chief Nursing Officers and Nursing Midwifery Council (NMC) issued a joint statement to all Directors of Nursing outlining collective actions to help strengthen nursing workforce capacity including opening of the temporary register to encourage employers to make use of professionals who volunteered to join it who had recently left the NMC's register and professionals from overseas awaiting their final assessment in the UK. It also recognises the current high pressured situations staff are working in and reassures members that the NMC Code in conjunction with professional judgement is there to guide and support and then when staff depart from established procedures this does not necessarily mean that registrants are breaching the Code but implies a higher level of risk when making difficult decisions. Reassurance that should in a rare circumstance a matter is referred to the NMC they will consider this current context in all its fitness to practice decision making.

Both letters have been received and logged at the Trust ICC for consideration and response and further action.

Analysis of the issue

Areas to note throughout December 2021 as identified/discussed by exception at the weekly/daily safe staffing meetings, reported using the NHSI Developing 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, teams, realignment, or change to skill mix

Table 1 below outlines the moderate and high-risk key areas to note for both community and inpatients.

Area	Situation	Actions /mitigations	Rag /Assurance
Beacon Unit (CAMHS)	<p>Increased acuity and dependency with significant vacancies and reduced substantive staff members, ongoing impact with increasing staff absence due to covid related staff isolation and sickness exacerbated by omicron variant</p> <p>Covid outbreak on 25.12.2021 with visiting suspended.</p> <p>Increased acuity and dependency, with increased new admissions, significant vacancies and increasing sickness.</p>	<p>Business continuity plans enacted in addition to pre-existing actions currently in place for example, single ward sites to have additional RN and HCA staff to support</p> <p>Bed capacity reduced to 7, until December 2021. High utilisation of bank and agency staff to meet planned safe staffing with enhanced staffing model.</p> <p>Block booking of bank and agency.</p> <p>All staff in non-patient facing roles with a clinical qualification working within the staffing establishment to support continuity of care.</p> <p>Daily directorate prioritisation of services and business continuity plans enacted to support safe staffing levels /use of bank and agency temporary staffing</p>	
Agnes unit	<p>Increased acuity and dependency, with increased new admissions, significant vacancies and increasing sickness.</p>	<p>Business continuity plans enacted as part of directorate and trust wide approach.</p> <p>High utilisation of bank and agency and increased enhanced staffing model to meet increased patient acuity. Block booking of bank and agency staff. Recruitment progressing to RN's and HCSW vacancies.</p>	

		All staff in non-patient facing roles with a clinical qualification working within the staffing establishment to support continuity of care.	
CHS in patients	<p>Increased patient acuity and dependency requiring enhanced observations and high vacancies, maternity leave and increasing staff absence due to covid related staff isolation and sickness exacerbated by omicron variant</p> <p>All in patient wards operating at amber due to staffing at 50% trust RN and 50% bank/agency.</p> <p>Key areas to note; North and East ward, Beechwood, Rutland, and St Luke's ward 1</p> <p>North ward is the Covid 19 risk managed ward.</p> <p>Covid outbreaks on Rutland, Beechwood, East and St Luke's ward 1</p>	<p>Business continuity plans enacted in addition to pre-existing actions/mitigations</p> <p>Daily safe staffing review and substantive staff movement across the service to ensure substantive RN cover. Block booking of temporary workers.</p> <p>Planned additional flexible workers at night to cover last minute cancellations/shortfalls and to cover shifts on single site wards</p> <p>Beechwood ward closed to admissions.</p> <p>Rutland ward closed on the 24 December 2021 due to outbreak and staffing impact.</p>	
DMH in patients	<p>Increased acuity and complexity, vacancies, sickness, and increasing staff absence due to covid related staff isolation and sickness exacerbated by omicron variant</p> <p>Increased internal movement</p>	<p>Business continuity plans enacted in addition to pre-existing actions/mitigations for example additional staff planned at BMHU</p> <p>Mill lodge – continues with daily directorate review, high utilisation of bank and agency</p>	

	<p>and promotions to urgent care pathway roles and step up to great mental health transformation.</p> <p>Key areas to note; Mill Lodge, Watermead, Heather and Coleman wards</p> <p>Covid outbreaks on Watermead 18.12.21, Coleman 27.12.21, Heather 28.12.21, Welford 29.12.21 and Kirby 30.12.21</p> <p>Watermead Ward changed to an all Red – Covid-19 positive Ward</p>	<p>to meet planned staffing, establishment review in progress, recruitment ongoing to include international nurse's and HCSW's.</p> <p>High utilisation of bank and agency to meet planned safe staffing levels. Block booking where possible. Movement across service to support substantive cover.</p> <p>Flexible worker to cover last minute cancellations/shortfalls.</p> <p>Establishment reviews in progress.</p> <p>Outbreak wards closed to admissions except Kirby.</p>	
CHS Community Teams	<p>Increased patient acuity across all teams with increased caseload, high vacancies and increasing staff absence due to covid related staff isolation and sickness exacerbated by omicron variant</p> <p>Operating at OPEL 3, with higher risk in the city community nursing hub.</p> <p>Key areas to note; City East, City West and East Central.</p>	<p>Business continuity plans in place including caseload review, urgent and essential visits, reprioritisation of patient assessments/clinics/wound and holistic assessments.</p> <p>Support from Tissue Viability and Podiatry, close monitoring of all data and clinical activity. Quality Summit held in November 2021 in response to potential pressure ulcer harm. Quality improvement plan in place Targeted bespoke community nursing recruitment continues.</p>	
FYPC/LD community Teams	<p>High vacancies, increased number of staff retirements, staff absence due to sickness</p>	<p>Business continuity plans enacted in addition to pre-existing actions/mitigations</p>	

	<p>(covid and non-covid).</p> <p>Key areas to note; Healthy Together City and County teams notably Blaby. Looked After Children, Phlebotomy and Diana team, CAMHS Crisis on call rota, Community Paediatrics impacting waiting list.</p>	<p>Healthy Together city/county reduced service offer, caseload review, movement of staff, utilisation of temporary workforce, managers/team leaders working clinically, all incidents, concerns and staff feedback monitored closely. Quality Impact assessment in place.</p> <p>Looked After Children; reduced service offer, close weekly monitoring within directorate.</p> <p>Diana team; reduced respite service offer, training programme temporarily suspended and unable to use temporary workforce due to specialist skills /competencies.</p>	
MH Community	<p>High vacancies across all teams, higher demand of routines referrals, internal staff movement/promotion as part of transformation work (destabilising other parts of the service)</p> <p>Key areas to note; Crisis Resolution & Home Treatment team, Central Access Point (CAP), South Leicestershire/Charnwood, Assertive Outreach. ADHD and memory service</p> <p>CAP team staff Covid-19 outbreak 28.12.21</p>	<p>Crisis Resolution and Home treatment team experiencing high vacancies 40% of substantive staff, unable to use temporary workforce due to specialist skills/competencies.</p> <p>Central Access Point, CMHTs, memory service all with control measures in place to try to mitigate risks to quality, safety & experience. (Moderate risk)</p>	

The table below details Covid-19 and general absence as of 31 December 2021 with the greatest pressure points highlighted in red. In comparison to the previous month total absence has increased by 4.6% to 11.1%.

Absence by directorate	Sickness absence	Self-Isolation - Working from home	Self-Isolation - Unable to work from home	Total
Community Health Services	7.8%	3.0%	4.2%	15.0%
Enabling Services	2.3%	2.5%	1.9%	6.7%
FYPC	4.5%	2.4%	3.4%	10.4%
Hosted Service	1.4%	1.0%	1.0%	3.3%
Mental Health Services	5.4%	2.1%	2.9%	10.5%
LPT Total	5.4%	2.4%	3.2%	11.1%

Table 2 – COVID -19 and general absence – 31 December 2021

Proposal

Considering the highlighted key areas to note in December 2021 and high levels of staff sickness absence significant staffing challenges continue, concerns that current controls and business continuity plans are not always mitigating the impact to the quality, safety, and experience of patient care across all services. As a direct result of the level of pressure across the Trust and LLR system in this unprecedented period, a united Trust and system - wide approach is being taken to ensure patient safety.

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 that actions are in place to try to mitigate the risks to patient safety and care quality.

Annexe- score card
December 2021

				Fill Rate Analysis (National Return)						% Temporary Workers (NURSING ONLY)			Overall CHPPD (Nursing And AHP)	Medication Errors	Falls	Complaints	PU Categor y 2 (month in arrears)	PU Categor y 4 (month in arrears)
				Actual Hours Worked divided by Planned Hours														
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	14	14	83.4%	180.3%	98.1%	110.7%			40.7%	25.5%	15.3%	8.3	0	2	0		
	Aston	19	19	97.5%	186.6%	112.3%	161.9%			58.0%	26.9%	31.1%	7.1	1	2	0		
	Beaumont	22	20	91.4%	131.2%	103.0%	129.5%			49.8%	35.4%	14.4%	11.4	4	1	2		
	Belvoir Unit	10	10	108.7%	188.0%	101.5%	215.9%			53.7%	32.4%	21.3%	20.8	1	1	0		
	Heather	18	18	75.3%	211.5%	99.7%	148.0%			57.5%	34.1%	23.4%	6.9	1	2	0		
	Thornton	13	12	76.4%	194.1%	102.9%	123.2%			38.4%	31.2%	7.2%	9.5	0	0	0		
	Watermead	20	19	82.6%	228.2%	109.8%	212.3%		100.0%	47.1%	15.6%	31.5%	8.0	3	3	1		
Griffin - Herschel Prins	6	6	105.8%	202.2%	103.8%	486.6%			55.5%	32.8%	22.7%	28.7	1	0	0			
AMH Other	Phoenix - Herschel Prins	12	12	104.6%	169.1%	105.3%	162.8%		100.0%	43.5%	24.9%	18.6%	12.7	0	0	0		
	Skye Wing - Stewart House	30	29	106.6%	99.2%	127.7%	140.0%			30.6%	26.7%	4.0%	4.8	1	0	0		
	Willows	9	8	140.5%	126.5%	102.3%	147.8%			42.9%	36.5%	6.3%	15.5	0	1	1		
	Mill Lodge	14	10	83.0%	92.0%	131.4%	134.4%			65.5%	42.5%	23.0%	16.0	0	7	0		
CHS City	Kirby	23	20	50.6%	110.1%	122.6%	153.1%	100.0%	100.0%	40.4%	33.1%	7.4%	7.5	0	5	0	0	0
	Welford	24	20	62.1%	102.3%	126.9%	137.6%			14.6%	11.6%	3.0%	6.1	2	1	0	0	0
	Beechwood Ward - BC03	23	19	88.2%	107.4%	101.0%	123.6%	100.0%	100.0%	37.3%	13.5%	23.8%	9.6	6	3	0	1	0
	Clarendon Ward - CW01	21	19	81.4%	110.9%	99.5%	119.8%	100.0%	100.0%	33.1%	10.3%	22.8%	9.5	0	6	0	2	0
	Coleman	21	14	69.3%	139.2%	133.3%	238.7%	100.0%	100.0%	39.0%	24.4%	14.5%	14.1	1	7	0	0	0
	Wakerley (MHSOP)	21	16	104.6%	118.5%	152.6%	185.0%			47.3%	28.0%	19.3%	14.0	2	8	0	0	0
CHS East	Dagleish Ward - MMDW	17	15	104.1%	85.0%	105.1%	107.1%	100.0%	100.0%	21.2%	9.2%	11.9%	8.3	1	0	0	2	0
	Rutland Ward - RURW	17	12	54.7%	86.3%	67.7%	72.2%	100.0%	100.0%	31.5%	19.0%	12.5%	10.4	0	0	1	0	0
	Ward 1 - SL1	17	14	72.2%	104.9%	96.6%	145.1%	100.0%	100.0%	22.3%	13.2%	9.0%	11.5	1	3	0	0	0
	Ward 3 - SL3	13	11	107.3%	109.0%	94.8%	177.7%	100.0%	100.0%	19.8%	11.9%	7.9%	11.1	1	4	0	0	0
CHS West	Ellistown Ward - CVEL	15	13	95.2%	110.2%	93.5%	123.2%	100.0%	100.0%	13.8%	7.7%	6.2%	10.9	3	2	0	1	0
	Snibston Ward - CVSN	18	15	80.1%	126.2%	101.6%	116.4%	100.0%	100.0%	18.1%	6.4%	11.8%	11.3	0	1	0	0	0
	East Ward - HSEW	23	19	93.2%	108.6%	124.0%	147.7%	100.0%	100.0%	29.4%	4.3%	25.1%	10.0	2	11	1	0	0
	North Ward - HSNW	18	14	101.1%	97.6%	103.3%	106.2%	100.0%	100.0%	30.1%	9.1%	21.0%	11.5	1	6	0	0	0
	Swithland Ward - LBSW	18	16	98.3%	95.1%	87.4%	142.8%	100.0%	100.0%	14.3%	5.3%	9.0%	9.7	1	5	0	0	0
FYPC	Langley	15	14	143.6%	87.5%	146.2%	126.2%	100.0%		43.0%	33.1%	9.9%	10.8	1	0	0		
	CAMHS Beacon Ward - Inpatient Adolescent	16	7	135.0%	159.0%	156.1%	316.6%			72.3%	21.7%	50.6%	33.2	0	0	0		
LD	Agnes Unit	4	2	117.6%	96.1%	141.1%	137.3%			58.2%	24.4%	33.8%	70.1	1	0	0		
	Gillivers	2	1	95.5%	72.3%	107.5%	90.3%			6.6%	6.6%	0.0%	68.6	0	1	0		
	1 The Grange	3	1	86.7%	83.3%	-	102.7%			12.9%	11.7%	1.2%	57.3	1	5	0		

Governance table

For Board and Board Committees:	Public Trust Board 25.01.22	
Paper sponsored by:	Anne Scott, Executive Director of Nursing, AHPs and Quality	
Paper authored by:	Emma Wallis, Interim Deputy Director of Nursing & Quality, Louise Evans, Assistant Director of Nursing & Quality & Elaine Curtin Workforce and Safe Staffing matron	
Date submitted:	25.01.2022	
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):		
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:		
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	Interim monthly report. Full report to be provided to January 2022 Trust Board	
STEP up to GREAT strategic alignment*:	High Standards	√
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	√
	Reaching Out	
	Equality, Leadership, Culture	
	Access to Services	
	Trust wide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	1: Deliver Harm Free Care 4: Services unable to meet safe staffing requirements
Is the decision required consistent with LPT's risk appetite:	Yes	
False and misleading information (FOMI) considerations:	None	
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:		