



## Public Trust Board – 29<sup>th</sup> March 2022

### Safe Staffing - December 2021 Review

#### Purpose of the report

This report provides a full overview of nursing safe staffing during the month of December 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 highlight report for safe staffing December 2021 was submitted to trust Board on the 25 January 2022 with an overview of key areas to note and actions to mitigate risks based on the weekly safe staffing situational and forecasting reviews.

On 20 December 2021 safe staffing and patient safety meetings were stepped up to daily in response to significant staffing challenges and to ensure safe nurse staffing levels were reviewed and any actions and risks escalated to the ICC throughout the Christmas and New Year period. Daily meetings continued into January 2022.

This report triangulates workforce metrics; fill rates, Care Hours Per Patient Day (CHPPD), quality and outcomes linked to Nurse Sensitive Indicators (NSI's) 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.

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

### Right Staff

- Temporary worker utilisation rate slightly increased this month; 0.59% reported at 39.89% overall and Trust wide agency usage slightly increased this month by 1.48% to 18.43% overall
- In December 2021, 28 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 87.5% of our inpatient wards and units.
- Areas to note are identified either by the Head/Deputy Head of Nursing due to; high percentage of temporary workforce/agency utilisation or concerns relating to ; increased acuity, high risk patients, staff sickness, ability to fill additional shifts and 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 unit, Agnes unit, Mill Lodge, Watermead, Heather, Coleman, North and East wards, Beechwood, Rutland and St Luke's ward 1.
- There are thirteen community team 'areas to note', City Community Hub, City East and West and East central, Healthy Together city and county (notably Blaby team) Looked After Children, Phlebotomy, Diana, CAMHS Crisis , Crisis resolution and Home Treatment team, Central Access Point (CAP) , South Leicestershire/Charnwood, Assertive Outreach, Attention Deficit Hyperactivity Disorder (ADHD) and memory service

- 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 confirming MDT reserve lists to deploy to support safe staffing.
- Following an escalation of a risk, a quality and equalities impact assessment was completed on 24 December 2021 and 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.
- 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 fell below national quality board/professional standards. The visiting risk assessment has been added to the ICC risk log and staffing system controls and actions were reflected in the organisational risk for staffing.
- 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).

### **Right Skills**

During Covid-19 the compliance renewal date for each mandatory and role essential topic was extended by 6 months. Correct to 1 December 2021 Trust wide substantive staff.

- Appraisal at 75.1%% compliance AMBER
- Clinical supervision at 72.7 % compliance RED
- All core mandatory training compliance GREEN except for Information Governance AMBER at 91.5%
- Clinical mandatory training compliance for substantive staff, to note.

- BLS increased compliance by 1.6 % to 85.4% compliance GREEN
- ILS increased compliance by 0.9 % to 80.9% compliance AMBER
- Clinical mandatory training compliance for bank only workforce remains low.
  - BLS 54.1% % at RED compliance
  - ILS 43.0 % 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, Beacon, and Watermead ward. Risk managed is to mean that the ward is caring for patients on the emergency admission Covid-19 high and medium risk pathways, as per the national safe staffing descriptors and IPC care pathways, maintaining separation between possible and confirmed COVID-19 patients and supporting staff cohorting.
- There was a significant number of Covid-19 outbreaks during the month of December on the Beacon unit, Rutland, Beechwood, East and St Luke's ward 1, Watermead, Coleman, Heather, Welford and Kirby wards and Central Access Point community team
- 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 17.03 CHPPD in December 2021, with a range between 4.8 (Stewart House) and 70.1 (Agnes Unit) CHPPD. General variation reflects the diversity of services, complex and specialist care provided across the Trust. Analysis has not identified significant variation at service level; indicating that staff are being deployed productively across services.

### **Staff Absence Data**

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% this increase was attributed largely to Covid-19

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%
<b>LPT Total</b>	<b>5.4%</b>	<b>2.4%</b>	<b>3.2%</b>	<b>11.1%</b>

## In-Patient Staffing

Summary of inpatient staffing areas to note.

Wards	October 2021	November 21	December 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
St Luke's Ward 3	X	x	x
Beechwood	X	x	x
Clarendon	X	x	x
Coalville Ward 1	X	x	x
Coalville Ward 2	x		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, Beacon and Watermead. 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.

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, increasing staff absence due to Covid related staff isolation and sickness exacerbated by omicron variant and significant vacancies. Due to decreased substantive staff numbers, the unit currently has capacity to safely staff 7 beds; this has been agreed until December 2021. Daily directorate prioritisation of services and business continuity plans enacted in addition to existing actions currently in place; for example, single ward sites to have additional RN and HCSW staff to support. All staff in non -patient facing roles with a clinical qualification are currently working within the staffing establishment to support continuity of care. The unit continues to progress with the quality improvement plan with oversight to Quality Assurance Committee (QAC). Block booking of bank and agency and successful recruitment to staff in bands 5,6 and 7 is in progress. An evidence based establishment review has been completed and presented to the Directorate Management Team (DMT) for sign off.

### **CHS**

All in-patient wards in Community Hospitals reported operating at an amber risk overall, due to increased patient acuity and dependency, high vacancies, maternity leave, and increasing staff absence due to covid related staff isolation and sickness exacerbated by the omicron variant. All wards operating at 50% substantive Registered Nurse (RN) and 50%

bank/agency 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. Key areas to note, North and East ward, Beechwood, Rutland and St Luke's ward 1. Covid outbreaks on Rutland, Beechwood, East and St Luke's ward 1. Rutland and Beechwood were temporarily closed to admissions due to outbreaks and staffing impact. 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. Sixteen international nurses recruited to a number of wards and in supernumerary phase.

## **DMH**

Mill Lodge continues as a key area to note 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. Daily directorate review continues with a number of actions 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.

In patient wards across DMH reported increased patient acuity and dependency, complexity, vacancies, sickness and increasing staff absence due to covid related staff isolation exacerbated by omicron variant and additional increased staff movement and promotions to urgent care pathway roles and step up to great mental health transformation impacting safer staffing. Key areas to note; Watermead, Heather and Coleman wards. With Covid outbreaks on Watermead, Coleman, Heather, Welford and Kirby wards. Staff movement across the wards to ensure substantive RN cover and flexible workers (booked in addition to block booking of temporary workforce) to cover last minute sickness/shortfalls.

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	October2021	November 2021	December 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
Children's Phlebotomy team			x
CAMHS Crisis team (on call rota)			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
Crisis team	x	x	x
Central Access Point (CAP)	x	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, absence 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 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 December 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 leads and a plan has been implemented which includes an assurance framework to be reviewed by Designated Lead Nurse for LAC.

### **CHS Community**

Throughout December 2021, Community Nursing has been reporting operating at OPEL level 3 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. Increasing staff absence due to covid related staff isolation and sickness exacerbated by omicron variant continues to impact on service provision with the highest risk being in the City community nursing hub, with key areas to note; City East, City West and East Central.

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:

- 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).
- Following the quality summit held on the 2<sup>nd</sup> November 2021, a quality improvement plan is in place focusing on workforce, learning from serious incident investigation, a pressure ulcer Quality Improvement (QI) programme and staff engagement and communication with oversight to QAC.

### **MH Community**

The Central Access Point (CAP) and 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 numbers (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 Melton CMHT, Charnwood CMHT, South Leicestershire CMHT, the ADHD Service, Assertive Outreach and Memory service.

## **Proposal**

Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in December 2021 and high levels of staff sickness absence, it is recognised that significant staffing challenges continue and there is emerging evidence that current controls and implemented business continuity plans are not fully mitigating the risk, impacting the quality and safety of patient care across services.

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.

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 actions in place to try to mitigate the risk of impact 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 (in month)	PU Categor y 4 (in month)
				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	1	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	0	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	3	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	3	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	1	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	4	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	2	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	1	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		

## Annexe 2: Inpatient Ward triangulation staffing and NSIs.

Pressure ulcer data is accurate for the month of December 2021

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	14	83.4%	180.3%	98.1%	110.7%	40.7%	25.5%	15.3%	8.3	0→	2↑	→0
Aston	19	97.5%	186.6%	112.3%	161.9%	58.0%	26.9%	31.1%	7.1	↑1	2↑	→0
Beaumont	20	91.4%	131.2%	103.0%	129.5%	49.8%	35.4%	14.4%	11.4	↑4	↓1	2↑
Belvoir Unit	10	108.7%	188.0%	101.5%	215.9%	53.7%	32.4%	21.3%	20.8	→1	↑1	→0
Heather	18	75.3%	211.5%	99.7%	148.0%	57.5%	34.1%	23.4%	6.9	→1	2↑	0↓
Thornton	12	76.4%	194.1%	102.9%	123.2%	38.4%	31.2%	7.2%	9.5	→0	→0	→0
Watermead	19	82.6%	228.2%	109.8%	212.3%	47.1%	15.6%	31.5%	8.0	↑3	↓3	→1
Griffin - Herschel Prins	6	105.8%	202.2%	103.8%	486.6%	55.5%	32.8%	22.7%	28.7	↑1	→0	→0
Totals										↑11	↓11	↑3

Table 4 - Acute inpatient ward safe staffing

The majority of wards have utilised a high percentage of temporary workforce in December 2021, due to high/complex patient acuity and to meet planned safe staffing levels due to vacancies and COVID-19 related sickness

Analysis of the falls in December has shown 11 falls reported, which is a slight decrease from 13 in November 2021. The main areas where falls were experienced were in bedrooms and corridors and 4 were first falls.

All medication errors have been reviewed in line with Trust policy; there were eleven medication errors in December 2021 that occurred on five wards an increase compared to November 2021.

Of the eleven incidents five were E-CD register recording errors; one incident involved the

incorrect return of medication to pharmacy, another incident was in relation to a relative giving medication whilst the patient was on leave, one prescribing error, one additional dose was given in another hospital (so the error did not occur on our site) and an additional dose given over the 24 hour period. Of the eleven medication errors, only one actual drug error was within Acute and PICU with the additional dose being administered over a 24-hour period. This was given by an Agency Nurse who has been supported and reviewed in line with the medication error policy and has completed a reflection.

Due to the increase in medication incidents related to E-CD recording errors, liaison will take place with pharmacy and Medication Risk Reduction Group to establish if this is identified as a theme across the Trust and support that can be put in place.

### 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	104.6%	169.1%	105.3%	162.8%	43.5%	24.9%	18.6%	12.7	→0	→0	→0
Totals										→0	→0	→0

Table 5- Low secure safe staffing

There were no complaints, medication errors or falls reported in December 2021 at Phoenix, Herschel Prins. Phoenix continued to use a higher proportion of agency staff in December 2021 to support planned staffing due to staff vacancies and sickness.

### 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 errors	Falls	Complaints
Skye Wing	29	106.6%	99.2%	127.7%	140.0%	30.6%	26.7%	4.0%	4.8	↑1	↓0	→0
Willows	8	140.5%	126.5%	102.3%	147.8%	42.9%	36.5%	6.3%	15.5	↓0	↑1	↑1
Mill Lodge	10	83.0%	92.0%	131.4%	134.4%	65.5%	42.5%	23.0%	16.0	→0	→7	→0
<b>TOTALS</b>										→1	↓8	↑1

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 some staff still awaiting to start. One international nurse has registered with the NMC and recruitment is ongoing for RN vacancies

Willows use of temporary staff is higher due to the acuity of one of the wards, a step down from acute wards requiring adjusted skill mix and staffing. The opening of one of the Wards at Willows as the Red Ward for COVID-19 for DMH has seen fluctuations in use of bank and agency depending on its occupancy.

There has been one medication incident in December 2021 which is consistent with November 2021. This was a charting error (not charted) staff were unaware if the medication had been administered. Therefore, if the medication was previously administered it could not be given.

There were eight patient falls in December 2021: a decrease from eleven in November 2021.

Of the falls reported for the rehabilitation service, these occurred in bedrooms and the communal lounge. One was a first fall and seven were repeat falls, seven were patients with repeat falls and three patients with first falls.

Seven of the eight falls were reported at Mill lodge, which is consistent with November 2021; all incidents were repeat falls. The seven falls were all located in the bedroom and were in relation to three patients, linked to deterioration in their Huntington’s Disease symptoms.

One fall reported at the Willows, involved a patient who received an injury and was transferred to A&E, an incident investigation review was completed.

### 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	Complaints	Complaints	PU Category 2	PU Category 4
Kirby	20	50.6%	110.1%	122.6%	153.1%	40.4%	33.1%	7.4%	7.5	↓0	→5	→0	→0	→0
Welford	20	62.1%	102.3%	126.9%	137.6%	14.6%	11.6%	3.0%	6.1	↑2	↓1	→0	→0	→0
Coleman	14	69.3%	139.2%	133.3%	238.7%	39.0%	24.4%	14.5%	14.1	↑1	↑7	→0	→0	→0
Wakerley	16	104.6%	118.5%	152.6%	185.0%	47.3%	28.0%	19.3%	14.0	↑2	↑8	→0	→0	→0
<b>TOTALS</b>										↑5	↑21	→0	→0	→0

Table 7 - Mental Health Services for Older People (MHSOP) safe staffing

The MHSOP wards did not meet planned fill rates on days for Registered Nurses (RNs) on Kirby, Welford and Coleman Wards. The staffing establishment on these wards consist of a Medication Administration Technician (MAT) and nursing associates. Kirby Ward has a Mental Health Practitioner (MHP), which does not fall within the registered nurse numbers.

The service continues to use temporary staff to support unfilled shifts due to vacancies, sickness and to support increased patient acuity and levels of observation. All the wards have vacancies for registered nurses, an advert is currently out for Registered Nurse recruitment. In addition, each ward has two international recruitment nurses who commenced in post 20<sup>th</sup> December 2021. They are currently supernumerary whilst awaiting completion of the OSCE programme in preparation for NMC registration.

Staffing continues to be risk assessed and managed across all MHSOP wards and staff moved to support safe staffing levels and skill mix whilst considering patient care needs/acuity and dependency.

There were no pressure ulcer incidences reported in December 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 were five medication errors reported in December 2021, one for Coleman, two for Wakerley ward and two for Welford. None of the incidents were related to staffing of the ward and there was no harm to patients. Of the five medication errors reported; one related to covert medication administration, two related to discrepancy in recording on controlled medication on the CD register, another related to liquid medication measurement and query wastage/spillage and one related to a prescription whereby the patient was prescribed a higher dose of a medication on admission than in the community. The higher dose was not administered.



## 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	Complaints	Complaints	PU Category 2	PU Category 4
MM Dalglish	15	104.1%	85.0%	105.1%	107.1%	21.2%	9.2%	11.9%	8.3	→1	↓0	→0	↓0	→0
Rutland	12	54.7%	86.3%	67.7%	72.2%	31.5%	19.0%	12.5%	10.4	→0	↓0	↑1	↑3	→0
SL Ward 1	14	72.2%	104.9%	96.6%	145.1%	22.3%	13.2%	9.0%	11.5	→1	↑3	→0	→0	→0
SL Ward 3	11	107.3%	109.0%	94.8%	177.7%	21.2%	9.2%	11.9%	8.3	→1	→3	→0	↑3	→0
CV Ellistown 2	13	95.2%	110.2%	93.5%	123.2%	13.8%	7.7%	6.2%	10.9	↑3	↓2	→0	→1	→0
CV Snibston 1	15	80.1%	126.2%	101.6%	116.4%	18.1%	6.4%	11.8%	11.3	→0	↓1	→0	↑1	→0
HB East Ward	19	93.2%	108.6%	124.0%	147.7%	29.4%	4.3%	25.1%	10.0	→2	↑11	↑1	↑4	→0
HB North Ward	14	101.1%	97.6%	103.3%	106.2%	30.1%	9.1%	21.0%	11.5	↓1	↑6	→0	↑2	→0
Swithland	16	98.3%	95.1%	87.4%	142.8%	14.3%	5.3%	9.0%	9.7	↑1	↑5	→0	↑1	→0
CB Beechwood	19	88.2%	107.4%	101.0%	123.6%	37.3%	13.5%	23.8%	9.6	↑6	↑3	↓0	→1	→0
CB Clarendon	19	81.4%	110.9%	99.5%	119.8%	33.1%	10.3%	22.8%	9.5	↓0	↑6	→0	↓1	→0
<b>TOTALS</b>										↑16	↑40	↑2	↑17	→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.

Rutland Ward's data is reduced as it was closed on Christmas Eve due to the impact of a COVID 19 outbreak which impacted on patients and staff. The decision to close the ward temporarily was made with the clinical team supported by the Trust executive Team. The Ward reopened on Tuesday 4<sup>th</sup> Jan 2022.

St Lukes Ward 1 fill rate for registered nurses has reduced, this was due to the ward having

a COVID 19 outbreak towards the end of December and reduced RN requirement due to the closed beds for infection prevention and control reasons (up to 12 beds out of 17 were closed).

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 continues to rise compared to November 21 with areas to note of North, East, Beechwood and Clarendon 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, sickness and impact of COVID 19 related isolation requirements.

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 November 2021 to 40 in December 2021 comprising of thirty one first falls, eight repeat falls and one patient placed on the floor. Ward areas to note are East Ward, North, Clarendon 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 fifteen in November 2021 to sixteen in December 2021. 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 increased from seven in November 2021 to seventeen in December 2021. Areas to note are Rutland, East Ward and Ward 3 St Luke's. A particular focus for the ward teams during quarter 4 reviewing training for both registered and non-registered staff, focusing on prevention, repositioning and management plans.

## 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	Complaints	Complaints
Langley	14	143.6%	87.5%	146.2%	126.2%	43.0%	33.1%	9.9%	10.8	→1	↓0	→0
CAMHS	7	135.0%	159.0%	156.1%	316.6%	72.3%	21.7%	50.6%	33.2	↓0	→0	→0
<b>TOTALS</b>										↓1	↓0	→0

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

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

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. Recruitment to Band 5 positions remains a challenge and reflects the national picture.

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

There was no medication error on the CAMHS Beacon Unit in December 2021.

Langley had one medication error, and this was an increase from the previous month and a full review of the incident confirmed this 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	Complaints	Complaints
Agnes Unit	2	117.6%	96.1%	141.1%	137.3%	58.2%	24.4%	33.8%	70.1	↑1	→0	→0
Gillivers	1	95.5%	72.3%	107.5%	90.3%	6.6%	6.6%	0.0%	68.6	→0	↑1	→0
1 The Grange	1	86.7%	83.3%	-	102.7%	12.9%	11.7%	1.2%	57.3	↑1	↑5	0→
<b>TOTALS</b>										↑2	↑6	→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. There was one medication error in December 2021 and a full review of the incident has not identified any staffing impact on the quality and safety of patient care/outcomes.

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 was one medication error on The Grange and the incident has been fully reviewed to explore learning and implement actions. 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 29.3.22	
<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, Louise Evans, Assistant Director of Nursing & Quality & Elaine Curtin Workforce and Safe Staffing matron	
<b>Date submitted:</b>	29.03.2022	
<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>		