



Public Trust Board – 29 March 2022

Safe Staffing- January 2022 Review

Purpose of the report

This report provides a full overview of nursing safe staffing during the month of January 2022, 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.

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.

Analysis of the issue

Right Staff

- Temporary worker utilisation rate increased this month; 3.19 % reported at 43.08% overall and Trust wide agency usage slightly increased this month by 3.59% to 20.54% overall.
- In January 2022; 30 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 93.75% of our inpatient Wards and Units, changes from last month include Stewart House and Welford ward.
- Areas to note are identified either by the Head/Deputy Head of Nursing due to; high percentage of temporary worker/agency utilisation or concerns relating to; increased acuity, high risk patients, staff sickness, ability to fill additional shifts and the impact to safe and effective care.
- The key in-patient areas to note regarding current staffing challenges with high risk and potential impact to quality and safety; Beacon unit, Agnes unit, Mill Lodge, Watermead, Coleman, Wakerley, North and East wards, Beechwood and Clarendon.
- 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, Melton, Charnwood, Assertive outreach, ADHD Community Mental Health Teams, and the memory service.

Right Skills

- During Covid-19 the compliance renewal date for each mandatory and role essential topic was extended by 6 months. Correct to 1 February 2022 Trust wide substantive staff;
 - Appraisal at 73.7% compliance AMBER
 - Clinical supervision at 71.3% compliance RED
 - All core mandatory training compliance GREEN except for Information Governance AMBER at 91.6%
- Clinical mandatory training compliance for substantive staff, to note.
 - BLS increased compliance by 2.4 % to 87.8% compliance GREEN
 - ILS increased compliance by 0.4 % to 81.3% compliance AMBER
- Clinical mandatory training compliance for bank only workforce remains low.
 - BLS 58.9% at RED compliance
 - ILS 45.5% 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 - updated

- 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.
- There was a significant number of Covid-19 outbreaks during the month of January 2022 on Agnes unit, Beacon, Welford, Beaumont, Thornton, Coalville (ward 4), Coleman, Wakerley, East ward, Swithland, St Luke's ward 3 and Maple ward.

- 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 17.47 CHPPD in January 2022, with a range between 5.3 (Stewart House) and 70.4 (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

Absence by directorate	Sickness absence	Self-Isolation - Working from home	Self-Isolation - Unable to work from home	Total
Community Health Services	4.9%	0.9%	1.8%	7.6%
Enabling Services	2.0%	0.2%	0.8%	2.9%
FYPC	4.2%	1.6%	3.6%	9.4%
Hosted Service	1.4%	0.5%	1.3%	3.3%
Mental Health Services	4.9%	0.9%	2.5%	8.4%
LPT Total	4.3%	1.0%	2.4%	7.6%

Table 1 – COVID-19 and general absence – 31 January 2022

In comparison to the previous month total absence has decreased by 3.5% associated with an increase in general absence overall.

In-patient Staffing

Summary of inpatient staffing areas to note.

Wards	November 21	December 21	January 22
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
Dalgleish	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
Stewart House		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, 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.

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 Beacon unit has capacity to safely staff 7 beds, this is under daily review and has been agreed with commissioners. 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 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, presented to FYPC.LD DMT and in discussion with commissioners.

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 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, East, Beechwood, and Clarendon wards. Covid outbreaks on Coalville (ward 4), East ward, Swithland, St Luke's ward 3. 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. The annual safe staffing establishment review is in progress and a quality improvement plan implementation continues focusing on leadership, culture, and staffing with oversight to QAC.

In patient wards across DMH reported increased 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. Key areas to note; Watermead, Coleman and Wakerley wards. With Covid outbreaks on Welford, Beaumont, Thornton, Coleman, Wakerley, and Maple ward. 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	November 2021	December 2021	January 2022
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	x
CAMHS Crisis team (on call rota)		x	x

South Leicestershire CMHT	x	x	
Melton CMHT			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 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 continue and 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 January 2022. 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 recruiting to Band 4 posts.

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 and continues including an assurance framework to be reviewed by Designated Lead Nurse for LAC.

CHS Community

Throughout January 2022, 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 Central and Hinckley.

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, Podiatry 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.

Several actions remain in place and continue 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 and to ensure the process to regulate deferred visits is fully understood.
- 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
- Piloting new service line situational rep and weekend safe staffing risk assessment
- Ongoing targeted recruitment campaign to band 5 RNs, Health Care Support Workers, assistant practitioner, and nursing associates continues. This month the focus is upon advertising on petrol station nozzles and via YouTube. A Registered Nurse advert is open until June 2022. Recruitment process continues with Interviews taking place this month for Registered Nurses (RN's) and Health care Support Workers (HCSWs).

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 Crisis Team continue to experience high levels of routine referrals. The Crisis Resolution and Home Treatment team continues as 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 Melton, Charnwood 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 January 2022 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.

January 2022

				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)								
				Nurse Day (Early & Late Shift)		Nurse Night		AHP Day		Total	Bank	Agency						
Ward Group	Ward	Average no. of Beds on 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	Average % fill rate registered AHP	Average % fill rate non-registered AHP									
				>=80%	>=80%	>=80%	>=80%	-	-	<20%								
AMH Bradgate	Ashby	14	14	93.8%	209.7%	119.1%	151.6%			47.3%	26.5%	20.9%	9.6	→0	↑5	→0		
	Aston	19	20	92.5%	231.9%	125.8%	211.0%			63.2%	24.8%	38.4%	7.9	↓0	↑3	→0		
	Beaumont	22	20	86.3%	122.9%	101.6%	123.0%			53.7%	39.8%	14.0%	11.2	↓1	→1	↓1		
	Belvoir Unit	10	10	104.3%	180.9%	110.3%	194.8%			50.5%	31.8%	18.6%	20.0	↓0	↓0	→0		
	Heather	18	18	92.5%	208.1%	110.9%	157.0%			58.2%	30.8%	27.4%	7.5	↑2	↓0	↑1		
	Thornton	17	14	90.3%	146.6%	96.4%	111.2%			40.3%	33.0%	7.3%	8.0	→0	→0	→0		
	Watermead	20	16	120.1%	240.9%	129.0%	245.4%		100.0%	44.7%	14.1%	30.6%	11.4	↓2	↓1	↓0		
	Griffin - Herschel Prins	6	5	141.0%	183.7%	126.5%	432.0%			54.1%	21.3%	32.8%	31.4	↓0	→0	→0		
AMH Other	Phoenix - Herschel Prins	12	11	108.9%	148.7%	105.3%	143.8%		100.0%	37.3%	19.2%	18.0%	12.1	→0	→0	→0		
	Skye Wing - Stewart House	30	28	100.0%	109.8%	146.2%	157.2%			41.0%	33.2%	7.8%	5.3	→1	↑2	→0		
	Willows	9	7	145.5%	159.1%	124.2%	182.6%			56.6%	39.7%	16.9%	16.5	↑1	→1	↓0		
	Mill Lodge	14	10	76.8%	87.0%	129.6%	114.2%			58.4%	43.5%	15.0%	15.5	↑3	↓3	→0		
CHS City	Kirby	23	18	51.5%	101.1%	122.3%	159.1%	100.0%	100.0%	36.1%	28.6%	7.5%	8.6	→0	→5	→0	→0	→0
	Welford	24	16	63.2%	99.0%	124.6%	152.7%			26.5%	17.6%	8.9%	7.6	↓0	↑6	→0	→0	→0
	Beechwood Ward - BC03	23	18	81.8%	75.4%	95.2%	109.5%	100.0%	100.0%	29.6%	13.8%	15.8%	8.4	↓4	↑6	↑1	↓0	→0
	Clarendon Ward - CW01	21	19	84.1%	106.1%	101.6%	107.4%	100.0%	100.0%	33.5%	12.0%	21.5%	9.1	↑1	↓4	→0	→0	→0
	Coleman	21	11	58.5%	120.2%	135.5%	262.3%	100.0%	100.0%	40.8%	23.2%	17.5%	17.0	↓0	→7	→0	→0	→0
	Wakerley (MHSOP)	21	18	110.3%	105.3%	133.1%	177.9%			53.8%	28.1%	25.7%	11.7	↓0	↑15	→0	→0	→0
CHS East	Daigleish Ward – MMDW	17	15	101.9%	79.1%	93.3%	91.9%	100.0%	100.0%	25.9%	11.5%	14.4%	7.5	↓0	↑1	→0	↑2	→0
	Rutland Ward – RURW	19	13	78.8%	95.7%	71.0%	107.8%	100.0%	100.0%	29.3%	20.8%	8.5%	9.0	↑1	↑2	↓0	↓0	→0
	Ward 1 - SL1	17	13	74.9%	104.9%	99.8%	127.8%	100.0%	100.0%	22.8%	14.7%	8.1%	11.8	↓0	↓0	→0	→0	→0
	Ward 3 - SL3	11	9	101.4%	99.9%	100.0%	186.3%	100.0%	100.0%	26.1%	18.6%	7.5%	12.7	↓0	↓0	→0	↓0	→0
CHS West	Ellistown Ward – CVEL	16	12	97.6%	100.0%	106.9%	129.1%	100.0%	100.0%	15.7%	4.0%	11.7%	12.7	→3	↑5	→0	↓0	→0
	Snibston Ward – CVSN	18	15	82.8%	127.9%	103.1%	112.0%	100.0%	100.0%	15.4%	7.1%	8.2%	10.9	→0	↑8	↑1	→1	→0
	East Ward – HSEW	21	18	95.0%	105.5%	112.4%	125.4%	100.0%	100.0%	35.7%	10.1%	25.6%	9.9	↓1	↓3	↓0	↑3	→0
	North Ward – HSNW	18	14	114.7%	100.2%	96.7%	113.8%	100.0%	100.0%	39.1%	9.1%	30.1%	11.1	→1	↑0	→0	↓1	→0
	Swithland Ward – LBSW	18	16	100.3%	95.1%	94.8%	143.5%	100.0%	100.0%	17.2%	7.4%	9.8%	9.9	→1	↑7	→0	↓0	→0
FYPC	Langley	15	13	88.9%	97.6%	133.3%	127.9%	100.0%		50.4%	38.4%	12.0%	13.1	↓0	→0	→0		
	CAMHS Beacon Ward - Inpatient Adolescent	16	7	119.7%	214.6%	180.7%	416.1%			76.3%	21.6%	54.7%	39.5	→0	↑1	→0		
LD	Agnes Unit	4	2	113.0%	98.5%	129.8%	147.1%			59.6%	25.0%	34.6%	70.4	↓0	↑3	→0		
	Gillivers	4	1	89.0%	68.5%	98.9%	98.9%			6.0%	6.0%	0.0%	65.7	↑1	↓0	→0		
	1 The Grange	2	1	56.3%	87.8%	-	106.1%			14.5%	13.9%	0.6%	56.2	↓0	↓1	→0		

Annexe 2: Inpatient Ward triangulation staffing and NSIs.

Trust thresholds are indicated below.

- Temporary worker utilisation (bank and agency);
 - green indicates threshold achieved less than 20%
 - amber is above 20% utilisation
 - red above 50% utilisation
 - red agency use above 6%
- Fill rate >=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	93.8%	209.7%	119.1%	151.6%	47.3%	26.5%	20.9%	9.6	→0	↑5	→0
Aston	20	92.5%	231.9%	125.8%	211.0%	63.2%	24.8%	38.4%	7.9	↓0	↑3	→0
Beaumont	20	86.3%	122.9%	101.6%	123.0%	53.7%	39.8%	14.0%	11.2	↓1	→1	↓1
Belvoir Unit	10	104.3%	180.9%	110.3%	194.8%	50.5%	31.8%	18.6%	20.0	↓0	↓0	→0
Heather	18	92.5%	208.1%	110.9%	157.0%	58.2%	30.8%	27.4%	7.5	↑2	↓0	↑1
Thornton	14	90.3%	146.6%	96.4%	111.2%	40.3%	33.0%	7.3%	8.0	→0	→0	→0
Watermead	16	120.1%	240.9%	129.0%	245.4%	44.7%	14.1%	30.6%	11.4	↓2	↓1	↓0
Griffin - Herschel Prins	5	141.0%	183.7%	126.5%	432.0%	54.1%	21.3%	32.8%	31.4	↓0	→0	→0
Totals										↓5	↓10	↓2

Table 4 - Acute inpatient ward safe staffing

All the wards have used a high percentage of temporary workforce throughout January 2022. This is due to high acuity /patient complexity and to meet planned staffing levels with the added pressure of Covid related sickness and staff vacancies.

There were ten falls reported during January 2022. This is a slight decrease in falls from eleven reported in December 2021. The ten falls comprised of first falls and repeat falls, for three patients relating to their clinical condition and medication. The falls occurred in bathrooms, bedrooms, and communal areas. Analysis has shown that staffing was not a contributory factor.

There were five medication errors reported which is a decrease compared to December 2021. One incident involved a patient being given the incorrect medication prior to leave. The medication had been reviewed and amended and there were two packs of leave medication. The patient was given the medication that was dispensed prior to the medication review.

Three incidents related to the Electronic Controlled Drug (CD) register; an incorrect recording of a patient's own CD medication not being logged or stored correctly, another was incorrect storage and recording on to the CD register and the third related to incorrect calculation of a patient's own CD medication with the ward stock and incorrect recording on to the CD register. The fifth incident related to a prescribing error. Every ward Clinic room has now been updated with copies of the medication policy for all staff including temporary staffing. Analysis has shown there was no direct correlation with staffing.

Low Secure Services – Herschel Prins

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers%	Bank %	Agency %	CHPPD	Medication	Falls	Complaints
HP Phoenix	11	108.9%	148.7%	105.3%	143.8%	37.3%	19.2%	18.0%	12.1	→0	→0	→0
Totals										→0	→0	→0

Table 5- Low secure safe staffing

Phoenix continues to use high proportion of bank and agency Staff to support planned staffing levels and to cover vacancies and sickness. There were no medication errors or falls reported for Phoenix Ward for January 2022.

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	28	100.0%	109.8%	146.2%	157.2%	41.0%	33.2%	7.8%	5.3	→1	↑2	→0
Willows	7	145.5%	159.1%	124.2%	182.6%	56.6%	39.7%	16.9%	16.5	1↑	→1	↓0
Mill Lodge	10	76.8%	87.0%	129.6%	114.2%	58.4%	43.5%	15.0%	15.5	↑3	↓3	→0
TOTALS										↑5	↓6	↓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. Mill lodge has had some staff leave and additional sickness which has resulted in an increase in temporary staffing utilisation. One international nurse has registered with the Nursing Midwifery Council (NMC) and another is awaiting completion of their OSCE, registration planned for March 2022. A new Registered Nurse band 5 is starting in April 2022 with rolling adverts out for nursing vacancies and on-going recruitment. The DMT is considering a premia payment for all substantive nursing staff on the ward in bands 2- 7 to assist with retention.

Willows use of temporary staffing remains higher due to the opening of the additional ward as the red ward for COVID- 19 for DMH with fluctuations in use of the bank and agency depending on its occupancy.

There have been five medication errors in January 2022 which is an increase from December 2021. One incident occurred on Skye ward relating to medication procedure, another incident occurred at Mill Lodge relating to the Electronic CD register not allowing the recording of a second checker and omission of an anti-biotic medication. There was also an incident relating to a faulty vial of medication and a medication being unavailable to administer as prescribed pharmacy contacted with new medicines re-ordered and medication administered correctly

There were six falls reported in January 2022 a decrease from December 2021. Two of the falls were repeat falls occurring in the patient's bedroom at Mill lodge; whereby a patient slipped from their bed onto a safety mat, another patient slipped down an adapted chair. There was no patient harm or injuries both patients were hoisted back and made comfortable. A further two incidents occurred at Stewart house involving a patient tripping over another patients walking aid and another patient who attempted to stand out of their chair. One patient sustained a bruised knee, patients were medically reviewed and made comfortable. Another patient slid out of bed onto the floor at the Willows, with no injuries as a result of the slip.

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
Kirby	18	51.5%	101.1%	122.3%	159.1%	36.1%	28.6%	7.5%	8.6	→0	→5	→0	→0	→0
Welford	16	63.2%	99.0%	124.6%	152.7%	26.5%	17.6%	8.9%	7.6	↓0	↑6	→0	→0	→0
Coleman	11	58.5%	120.2%	135.5%	262.3%	40.8%	23.2%	17.5%	17.0	↓0	→7	→0	→0	→0
Wakerley	18	110.3%	105.3%	133.1%	177.9%	53.8%	28.1%	25.7%	11.7	↓0	↑15	→0	→0	→0
TOTALS										↓0	↑33	→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, advert is currently out Registered Nurse recruitment. In addition, each ward has two international recruitment nurses who commenced in post 20th December 2021. They are currently completing OSCE training and transitioning into substantive roles once successful completion of OSCE.

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. Acuity across all wards increased significantly during January 2022 which increased the need for additional temporary staffing. Staffing was further compounded by all MHSOP wards having Covid 19 outbreaks resulting in increased staffing absence.

There were no pressure ulcer incidents reported in January 2022 and no complaints received.

A review of falls for MHSOP wards identified; Wakerley where one patient with eight recorded falls during the period, and two patients with three recorded falls each – thirteen of the falls were reported during the night shift in patient bedrooms. Coleman reported five of the falls during the night shift with one patient recording four falls during the period. Kirby ward also reported higher number of falls during the night shift with two patients repeat falling (on recorded three falls, other two falls). Welford had two patients with repeated falls.

Falls huddles were implemented to minimise risk of further falling. The falls process was followed in each case and physiotherapy involvement established prior to falls occurring in most cases. 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.

There were no medication errors reported in January 2022.

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 Dagleish	15	101.9%	79.1%	93.3%	91.9%	25.9%	11.5%	14.4%	7.5	↓0	↑1	→0	↑2	→0
Rutland	13	78.8%	95.7%	71.0%	107.8%	29.3%	20.8%	8.5%	9.0	↑1	↑2	↓0	↓0	→0
SL Ward 1	13	74.9%	104.9%	99.8%	127.8%	22.8%	14.7%	8.1%	11.8	↓0	↓0	→0	→0	→0
SL Ward 3	9	101.4%	99.9%	100.0%	186.3%	26.1%	18.6%	7.5%	12.7	↓0	↓0	→0	↓0	→0
CV Elliston 2	12	97.6%	100.0%	106.9%	129.1%	15.7%	4.0%	11.7%	12.7	→3	↑5	→0	↓0	→0
CV Snibston 1	15	82.8%	127.9%	103.1%	112.0%	15.4%	7.1%	8.2%	10.9	→0	↑8	↑1	→1	→0
HB East Ward	18	95.0%	105.5%	112.4%	125.4%	35.7%	10.1%	25.6%	9.9	↓1	↓3	↓0	↑3	→0
HB North Ward	14	114.7%	100.2%	96.7%	113.8%	39.1%	9.1%	30.1%	11.1	→1	↑0	→0	↓1	→0
Swithland	16	100.3%	95.1%	94.8%	143.5%	17.2%	7.4%	9.8%	9.9	→1	↑7	→0	↓0	→0
CB Beechwood	18	81.8%	75.4%	95.2%	109.5%	29.6%	13.8%	15.8%	8.4	↓4	↑6	↑1	↓0	→0
CB Clarendon	19	84.1%	106.1%	101.6%	107.4%	33.5%	12.0%	21.5%	9.1	↑1	↓4	→0	→0	→0
TOTALS										↓12	↓36	→2	↓7	→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.

There has been a reduced fill rate for registered nurses on Rutland Ward for day and night shifts and St Luke's Ward 1 (day shifts) and for HCA shifts on Beechwood Ward and Dalgleish Ward night shifts, this is due to the impact of sickness, maternity leave and vacancies. A review of the episodes has identified that temporary staff (agency) did not attend for shifts or cancelled the shift at the last minute prior to the shift time starting. The Trusts Centralised Staffing Solutions department are monitoring last minute cancellations and escalate through contracting meetings with agency providers.

The increased fill rate for HCA on night shifts for Snibston Stroke Ward, Ward 3 St Luke's, Ward 2 Coalville, Swithland Ward, East Ward is due to increased acuity and dependency and patients requiring enhanced observations, one to one supervision.

Temporary workforce usage continues to remain high across 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 a decrease in the number of falls incidents from 40 in December to 36 in January 2022 comprising of 26 first falls, 9 repeat falls and 1 patient placed on the floor. Ward areas to note are Snibston Ward, Clarendon, Beechwood, Elliston 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 decreased from 16 in December 21 to 12 in January 2022. 12 medication incidents reported in month. The incidents reported were across 7 of the wards with Beechwood Ward being the highest reporting area with 4 medication incidents. The main cause group of medication incidents related to failure of staff to following medication procedure/policy/guidance, discrepancy in counted medicine, electronic controlled drug register issues, prescribing error, lost/misplaced medication, medication unavailable. No themes have been identified and there was no direct correlation with staffing.

The number of category 2 pressure ulcers developed in our care has reduced to 7 in January 2022. Areas to note are Rutland, East Ward, and Ward 3 St Luke's. The focus continues with

the ward teams during quarter 4 reviewing training for both registered and non-registered staff, targeting 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 errors	Falls	Complaints
Langley	13	88.9%	97.6%	133.3%	127.9%	50.4%	38.4%	12.0%	13.1	↓0	→0	→0
CAMHS	7	119.7%	214.6%	180.7%	416.1%	76.3%	21.6%	54.7%	39.5	→0	↑1	→0
TOTALS										↓0	↑1	→0

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 is facing challenges to recruit to a variety of positions and the trajectory to increase bed capacity and reduce temporary workforce utilisation over the next 3 months is based on the proviso that vacancies are filled. 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.

The fall on Beacon was related to a staff member who slipped while entering the building.

There were no medication errors on the CAMHS Beacon Unit or Langley in January 2022.

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	113.0%	98.5%	129.8%	147.1%	59.6%	25.0%	34.6%	70.4	↓0	↑3	→0
Gillivers	1	89.0%	68.5%	98.9%	98.9%	6.0%	6.0%	0.0%	65.7	↑1	↓0	→0
1 The Grange	1	56.3%	87.8%	-	106.1%	14.5%	13.9%	0.6%	56.2	↓0	↓1	→0
TOTALS										↓1	↓4	→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 were 3 falls on the Agnes Unit and one of the falls was related to a patient who had an epileptic seizure. The two other falls were directly related to a patient tripping whilst on community leave and patient falling having stood on a chair. Review of the incidents has not identified any staffing impact on the quality and safety of the patient.

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 Nurse sensitive indicators (NSI) has not identified any staffing impact on the quality and safety of patient care/outcomes.

Governance table

For Board and Board Committees: Paper sponsored by:	Trust Board 29.3.22	
	Anne Scott, Interim Executive Director of Nursing, AHPs and Quality	
Paper authored by:	Emma Wallis, Interim Deputy Director of Nursing and Quality and Elaine Curtin Workforce and Safe staffing Matron	
Date submitted:	29.03.2022	
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	Monthly report	
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:		