

## Public Trust Board – 31 May 2022

### Safe Staffing- February 2022

#### Purpose of the report

This report provides a full overview of nursing safe staffing during the month of February 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.

During the month there was a two-week school holiday period 14-27 February 2022. Due to significant staffing challenges the twice weekly Trust safe staffing and safety cell huddles were stepped up to daily on the 14 February 2022. A safe staffing and patient safety review is to be carried out and presented to the Operational Executive Board in March 2022.

#### Analysis of the issue

##### Right Staff

- Temporary worker utilisation rate increased this month; 2.02 % reported at 45.1% overall and Trust wide agency usage slightly increased this month by 0.91% to 20.54% overall.
- In February 2022; 29 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 90.62% of our inpatient Wards and Units, changes from last month include Stewart House.
- 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 are, Beacon unit, Agnes unit, Mill Lodge, Willows, Griffin, Kirby, Wakerley, North and East wards, Beechwood and Clarendon.
- The key 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, 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 March 2022 Trust wide substantive staff;
  - Appraisal at 72.5% compliance AMBER
  - Clinical supervision at 72.8% compliance RED
  - All core mandatory training compliance GREEN except for Information Governance AMBER at 91.7% and Infection Control Prevention (level 1) AMBER at 79.1%
- Clinical mandatory training compliance for substantive staff, to note.
  - BLS decreased compliance by 24.6 % to 63.2% compliance RED
  - ILS decreased compliance by 27.4% to 53.9% compliance RED
- Clinical mandatory training compliance for bank only workforce remains low.
  - BLS 43.7% at RED compliance
  - ILS 34.4% 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. During the pandemic a temporary extension of 6 months was added to each training topic compliance period. On the 1<sup>st</sup> of March 2022 the 6-month extension will be removed for clinical face to face training, with all other topics following suit on 1<sup>st</sup> April 2022. There are Learning & Development operational actions plans and each directorate is undertaking a deep dive into their services. Significant activity is underway to ensure training compliance improves across the trust.

### **Right Place**

- The Covid-19 risk managed wards are North and Sycamore (Willows). 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 co- horting.

- 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 17.55 CHPPD in February 2022, with a range between 4.7 (Stewart House) and 79.0 (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	4.8%	0.1%	0.3%	5.2%
Enabling Services	2.0%	0.2%	0.2%	2.3%
FYPC	3.4%	0.1%	0.2%	3.6%
Hosted Service	1.4%	0.0%	0.0%	1.4%
Mental Health Services	4.9%	0.2%	0.4%	5.5%
<b>LPT Total</b>	<b>4.0%</b>	<b>0.1%</b>	<b>0.3%</b>	<b>4.4%</b>

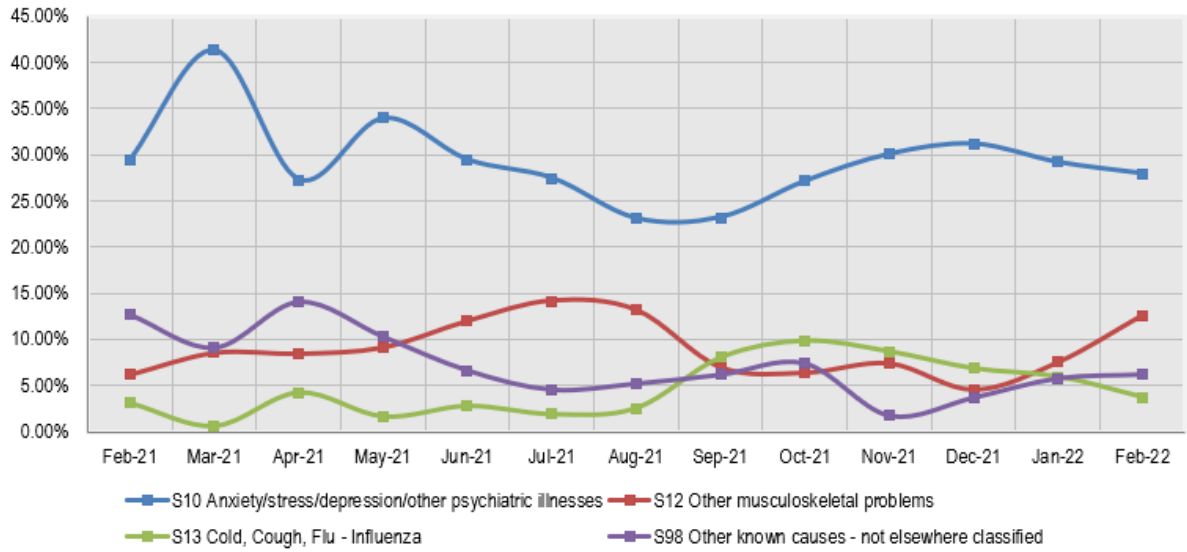
Table 1 – COVID-19 and general absence – 31 February 2022

In comparison to the previous month total absence has decreased by 3.2% associated with a decrease in general absence overall.

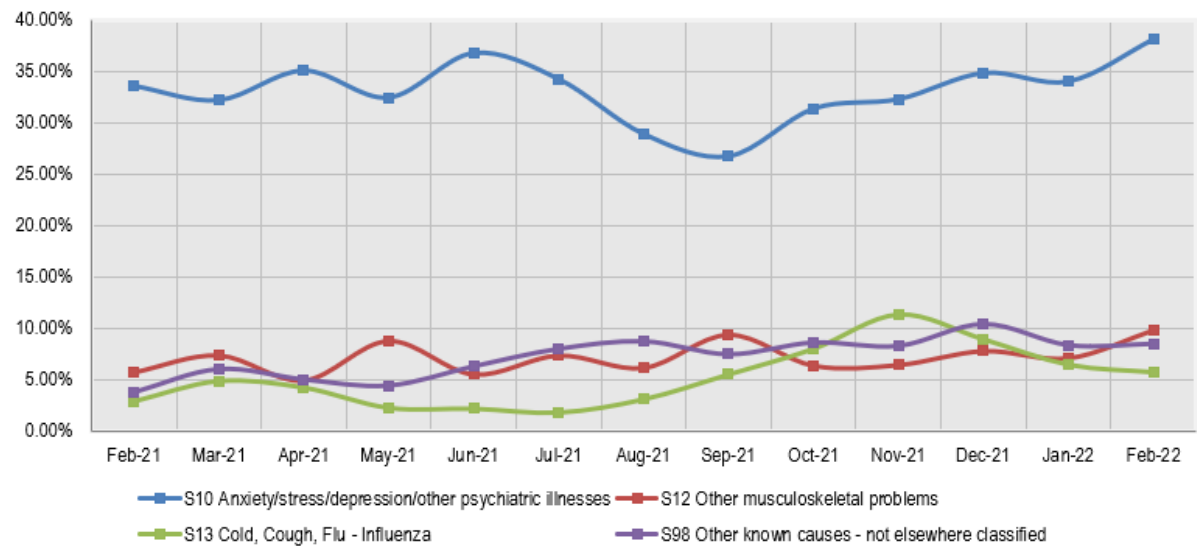
- Work pressure has been identified as an area of focus in response to the National Staff Survey 2021. A deep dive into absence due to stress, anxiety and/or depression to identify any correlations with work pressure and actions is underway and will be presented to Quality Assurance Committee (QAC) in April 2022. Absence across clinical directorates has in the main been higher throughout 2021/22 when

compared to 2020/21. Anxiety, stress, and depression has been the highest identified cause of absence across the Trust for a significant period of time, as per Directorate below.

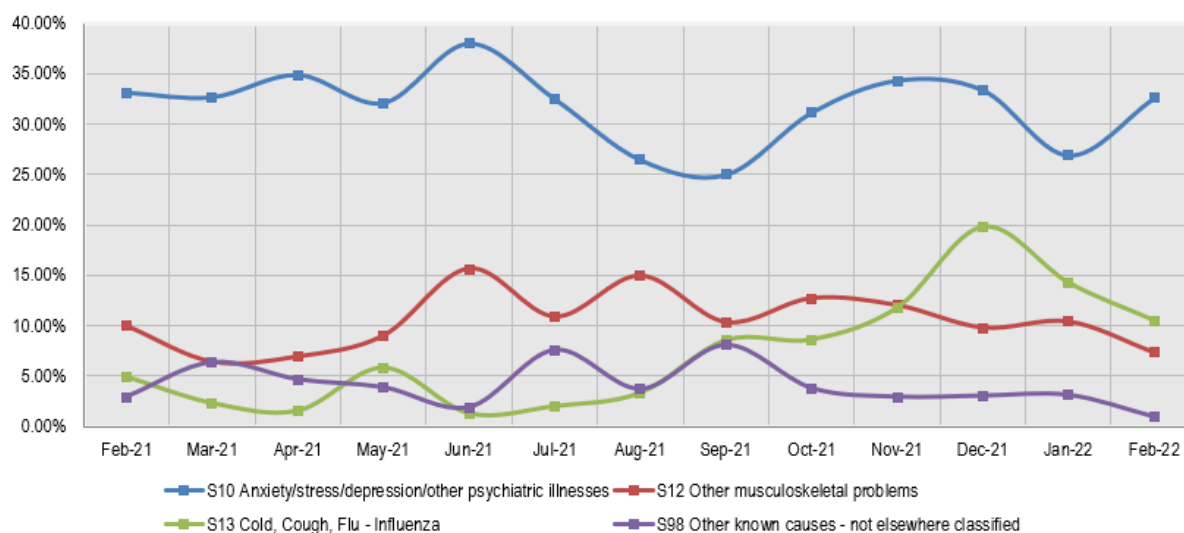
• **CHS**



**DMH**



## FYPC.LD



## Summary table of Directorate staff absence breakdown (February 2022)

Directorate	Sickness Reasons/ % breakdown			
	Anxiety/stress/ depression Other psychiatric illnesses	Other musculoskeletal problems	Cold, Cough, Flu- influenza	Other known causes
CHS	27.97%	12.59%	3.76%	6.22%
DMH	38.08%	9.87%	5.71%	8.49%
FYPC.LD	32.61%	7.33%	10.48%	0.93%

## In-patient Staffing

Summary of inpatient staffing areas to note.

Wards	December 21	January 22	February 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

Wards	December 21	January 22	February 22
Coalville Ward 2	x	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	x
Stewart House	x	x	x

**Table 2 – In-patient staffing areas to note**

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

Covid-19 risk managed wards are also identified as areas to note, North Ward and Sycamore ward (Willows). 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. 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. Staff in non -patient facing roles with a clinical qualification are currently working within the staffing establishment to support continuity of care. Block booking of bank and agency continues to support planning for safer staffing levels.

## **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. Most wards were operating at 50% substantive RN and 50% bank/agency.

however, it was noted that during the half term breaks and due to a number of last-minute cancellations and sickness, there were some wards operating with 2 RN's both as temporary staff, on these shifts the mitigation is to move a substantive RN from a double site to a single site to reduce the risk rating.

Key areas to note North, East, Beechwood, and Clarendon wards. 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; Willows, Aston, Beaumont, Heather, Griffin, Kirby and Wakerley 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	December 2021	January 2022	February 2022
City East Hub- Community Nursing	x	x	x
City West Hub- Community Nursing	x	x	x
East Central	x	x	x
Hinckley Hub		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	x
CAMHS Crisis team (on call rota)	x	x	x
South Leicestershire CMHT	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	

**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, *Psychology*, LD Community, Therapy Diana service and Looked After Children (LAC) teams continue to be rated to be at moderate risk due to vacancies, absence, and several staff retiring, leading to a reduced service delivery and revision of prioritisation models/waiting list reviews and RAG rating.

Healthy Together (HT) teams are unable to provide the full Healthy Child Programme and have agreed options for a reduced sustainable Healthy Child Programme offer. The Quality Impact Assessment (QIA) has been shared with Public Health (PH) Commissioners, a conversation has taken place and the options agreed. County Healthy Together are reviewing vacancy levels and recruitment.

The Diana team/service is an ongoing area to note due to staff absence and HCSW vacancies. 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 reviewing recruitment to explore 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 February 2022, Community Nursing has been reporting operating at OPEL level 3 working to level 4 actions. During half term, a peak annual leave period the service tipped into OPEL level 4 working to action level 4 and support was necessary from all other community services. 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. Essential visits were maintained by staff cancelling annual leave and working additional hours. All non-essential activities across the service line were cancelled as per level 4 OPEL actions. Additional support from all the leadership team and specialist teams including Tissue Viability, Podiatry, Phlebotomy, Continence, and all 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
- To continue to work with staff to support health and wellbeing, sharing the actions being taken to provide daily support and improve the situation long term, including actions to support safe planning and staffing and actions from the recent Quality and Safety summit
- To continue work with workforce supply group to attempt to maximise fill for non-permanent staffing gaps and continually reviewing recruitment and retention premia and bonus offers to make additional shifts more attractive
- To continue to review ways of working looking at options for cross geographical boundary working with focussed work to support effective triage, self-care options and pressure ulcers as per quality improvement action plans.
- 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 Spotify and a virtual open day. 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).

The quality improvement plan in place focuses 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 leadership team have been fully mobilised to support with clinical visits. 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. Ongoing key areas to note are 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 February 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

February 2022

				Fill Rate Analysis (National Return)						% Temporary Workers			Overall CHPPD (Nursing And AHP)	Medication Errors	Falls	Complai nts	PU Category 2	PU Category 4
				Actual Hours Worked divided by Planned Hours						(NURSING ONLY)								
Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Nurse Day (Early & Late Shift)		Nurse Night		AHP Day		Total	Bank	Agency						
				Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered AHP	Average % fill rate non- registered AHP									
				>=80%	>=80%	>=80%	>=80%	-	-	<20%								
(Month in arrears)																		
AMH Bradgate	Ashby	14	14	94.9%	166.4%	104.9%	121.4%			36.1%	25.0%	11.1%	8.4	↑1	↓0	→0		
	Aston	18	18	93.4%	235.8%	111.8%	169.8%			63.0%	24.9%	38.1%	8.1	↑2	↓1	→0		
	Beaumont	21	22	102.9%	161.1%	106.4%	206.8%			66.0%	36.0%	30.0%	14.3	↑3	↓0	↓0		
	Belvoir Unit	10	10	114.9%	147.9%	102.2%	163.5%			43.8%	28.0%	15.9%	17.0	→0	→0	→0		
	Heather	18	18	97.2%	229.8%	110.5%	185.1%			61.3%	29.2%	32.1%	8.0	↑3	↑1	↓0		
	Thornton	13	17	91.5%	168.1%	93.2%	123.5%			40.3%	30.7%	9.6%	9.1	→0	→0	→0		
	Watermead	20	20	102.3%	209.1%	114.9%	172.5%		100.0%	46.2%	22.6%	23.6%	7.2	↓0	↑2	→0		
	Griffin - Herschel Prins	6	6	111.0%	227.9%	103.1%	644.2%			61.9%	25.4%	36.5%	32.2	↑1	→0	→0		
AMH Other	Phoenix - Herschel Prins	11	12	116.0%	157.0%	104.2%	153.0%		100.0%	40.7%	23.0%	17.8%	13.0	→0	→0	→0		
	Skye Wing - Stewart House	29	30	88.2%	107.4%	134.6%	132.7%			38.7%	34.9%	3.8%	4.7	↓0	→2	→0		
	Willows	7	9	150.2%	188.8%	143.6%	180.4%			63.0%	38.0%	25.0%	15.3	→1	↑1	→0		
	Mill Lodge	11	14	111.8%	93.0%	197.6%	137.0%			61.1%	40.1%	21.0%	16.8	↓0	↑14	→0		
CHS City	Kirby	20	23	62.7%	163.5%	135.7%	383.6%	100.0%	100.0%	54.6%	28.3%	26.4%	11.5	↑4	→5	→0	→0	→0
	Welford	19	24	61.3%	117.9%	133.3%	291.0%			38.9%	23.2%	15.7%	8.2	→0	↑10	→0	→0	→0
	Beechwood Ward - BC03	21	23	88.7%	78.8%	102.1%	140.3%	100.0%	100.0%	40.0%	12.3%	27.8%	7.9	↑5	↓2	→1	↓0	→0
	Clarendon Ward - CW01	19	21	86.3%	116.6%	98.0%	128.6%	100.0%	100.0%	35.1%	13.2%	21.9%	10.4	↓0	↑8	→0	↓0	→0
	Coleman	13	21	58.0%	147.0%	137.1%	359.5%	100.0%	100.0%	49.5%	29.7%	19.8%	16.8	↑1	↓4	→0	1↑	→0
	Wakerley (MHSOP)	19	21	110.0%	136.2%	128.6%	214.2%			51.7%	34.5%	17.2%	13.6	→0	↑16	↑1	→0	→0
CHS East	Dagleish Ward - MMDW	15	17	100.7%	81.3%	99.9%	99.7%	100.0%	100.0%	25.0%	11.9%	13.1%	7.7	↑1	↑2	→0	↑2	→0
	Rutland Ward - RURW	17	16	103.6%	121.5%	85.7%	172.0%	100.0%	100.0%	34.4%	16.7%	17.6%	8.6	→1	↑3	→0	↑3	→0
	Ward 1 - SL1	17	19	78.2%	129.5%	97.0%	145.5%	100.0%	100.0%	27.6%	17.5%	10.0%	10.6	→0	↑2	→0	→0	→0
	Ward 3 - SL3	11	12	104.2%	100.5%	99.8%	167.4%	100.0%	100.0%	23.1%	15.4%	7.7%	10.6	→0	↑1	→0	↓0	→0
CHS West	Ellistown Ward - CVEL	17	19	123.1%	97.0%	108.6%	160.0%	100.0%	100.0%	23.5%	5.7%	17.8%	9.6	↓0	↑6	→0	↓0	→0
	Snibston Ward - CVSN	17	19	95.6%	131.3%	99.8%	137.3%	100.0%	100.0%	22.9%	12.8%	10.1%	10.6	↑3	↓4	↓0	→1	→0
	East Ward - HSEW	20	23	97.1%	129.8%	112.5%	131.0%	100.0%	100.0%	34.0%	9.0%	25.0%	9.9	↑2	↑7	→0	↑3	→0
	North Ward - HSNW	16	19	101.2%	101.7%	103.6%	113.1%	100.0%	100.0%	36.6%	12.0%	24.6%	9.9	→1	↑7	→0	↓1	→0
	Swithland Ward - LBSW	17	19	99.5%	95.0%	91.1%	144.4%	100.0%	100.0%	17.5%	9.0%	8.5%	9.1	↓0	↓4	→0	↓0	→0
FYPC	Langley	14	15	87.7%	105.2%	133.3%	131.7%	100.0%		50.8%	39.7%	11.2%	13.1	→0	↑4	→0		
	CAMHS Beacon Ward - Inpatient Adolescent	8	7	100.6%	195.1%	195.7%	344.5%			70.7%	26.2%	44.5%	33.7	→0	→1	→0		
LD	Agnes Unit	2	4	106.7%	95.4%	131.2%	133.6%			54.9%	23.3%	31.7%	79.0	→0	↓1	→0		
	Gillivers	1	4	86.9%	72.8%	81.8%	104.8%			4.7%	4.7%	0.0%	68.4	↓0	→0	→0		
	1 The Grange	1	2	90.2%	83.9%	-	100.0%			15.2%	15.2%	0.0%	58.5	→0	↓0	→0		

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

Trust thresholds are indicated below.

- Temporary worker utilisation (bank and agency);
  - green indicates threshold achieved less than 20%
  - amber is above 20% utilisation
  - red above 50% utilisation
  - red agency use above 6%
- Fill rate >=80%

### Mental Health (MH)

#### **Acute Inpatient Wards**

Ward	Average no. of Occupied Beds	Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff	Total	Bank	Agency	CHPPD	Medication Errors	Falls	Complaints
		>=80%	>=80%	>=80%	>=80%							
Ashby	14	94.9%	166.4%	104.9%	121.4%	36.1%	25.0%	11.1%	8.4	↑1	↓0	→0
Aston	18	93.4%	235.8%	111.8%	169.8%	63.0%	24.9%	38.1%	8.1	↑2	↓1	→0
Beaumont	22	102.9%	161.1%	106.4%	206.8%	66.0%	36.0%	30.0%	14.3	↑3	↓0	↓0
Belvoir Unit	10	114.9%	147.9%	102.2%	163.5%	43.8%	28.0%	15.9%	17.0	→0	→0	→0
Heather	18	97.2%	229.8%	110.5%	185.1%	61.3%	29.2%	32.1%	8.0	↑3	↑1	↓0
Thornton	17	91.5%	168.1%	93.2%	123.5%	40.3%	30.7%	9.6%	9.1	→0	→0	→0
Watermead	20	102.3%	209.1%	114.9%	172.5%	46.2%	22.6%	23.6%	7.2	↓0	↑2	→0
Griffin - Herschel Prins	6	111.0%	227.9%	103.1%	644.2%	61.9%	25.4%	36.5%	32.2	↑1	→0	→0
Totals										↑10	↑4	↓0

Table 4 - Acute inpatient ward safe staffing

All the wards have used a high percentage of temporary workforce throughout February 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 four falls reported during February 2022. This is a reduction in falls from ten reported in January 2022. The four falls occurred on three wards, two were first falls, one was a repeat, and one was where a patient was found on the floor. Two falls were in communal areas and two in the patient's bedrooms. Analysis has shown that staffing was not a contributory factor.

There were ten medication errors reported which is an increase compared to five in January 2022. The incidents were reported for four acute wards and one for the Mental Health Urgent Care Hub. Of the nine incidents reported for the acute wards, four were Electronic Controlled Drug (ECD) recording discrepancies that were rectified following advice from Pharmacy. Two incidents reported incorrect storage of medication, which were staff errors. One incident was regarding the use of patient’s own Controlled Drugs, none of the above led to a medication administration error. One reported incident was not a medication error but the correct timescale between doses was not adhered to, and one incident was the administration of the wrong dose to a patient. This was supported through review and reflection and a theme of distraction was identified from the learning. The team are looking to use the ‘do not disturb’ tabards.

Analysis has shown there was no direct correlation with staffing. There is a staffing factor in relation to policies and procedures and ensuring that temporary staff are supported to access and follow policy and procedures, which substantive staff have been supporting them with.

#### 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	12	116.0%	157.0%	104.2%	153.0%	40.7%	23.0%	17.8%	13.0	→0	→0	→0
Totals										→0	→0	→0

Table 5- Low secure safe staffing

Phoenix continues to use a 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 February 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	30	88.2%	107.4%	134.6%	132.7%	38.7%	34.9%	3.8%	4.7	↓0	→2	→0

Willows	9	150.2%	188.8%	143.6%	180.4%	63.0%	38.0%	25.0%	15.3	→1	↑1	→0
Mill Lodge	14	111.8%	93.0%	197.6%	137.0%	61.1%	40.1%	21.0%	16.8	↓0	↑14	→0
<b>TOTALS</b>										↓1	↑17	→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. Two international nurses have registered with the Nursing Midwifery Council (NMC) A new Registered Nurse band 5 is starting in April 2022 with rolling adverts out for nursing vacancies and on-going recruitment. The recruitment of additional band 6's has been agreed to support developmental posts and a regular nursing workforce

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 was one medication incident reported for rehabilitation in February 2022 which is a decrease compared to five medication errors in January 2022. This incident occurred at Willows where tablets were found to be broken from a strip of Temazepam. Pharmacy contacted to collect and dispose of these tablets. No medication administration error occurred, and this is not linked to safe staffing.

There were 17 falls across Rehabilitation during February 2022, which is an increase from 6 in January 2022. Fourteen of these were at Mill Lodge, one was at the Willows and two at Stewart House.

At the Willows the incident was not a trip/fall, a patient put themselves onto the floor. At Stewart House a patient fell from their wheelchair whilst transferring to a chair from the taxi. The second incident was where a patient stated that they had 'hit their head' whilst getting into bed to have a rest.

Analysis of the falls at Mill Lodge has shown that they were experienced by four patients in February 2022. One patient regularly slides themselves from their low bed, onto the crash mat at the side of the bed.

Another patient's mental health has deteriorated and has been periodically agitated as a result, during February 2022, this patient had a number of episodes of quickly getting up

from their chair and walking towards their bedroom and falling to their knees and or laying on the floor.

Another patient has periodically slipped down their adapted chair (due to their posture). This patient was also found on one occasion in bedroom having tried to walk from their adapted chair to the bed and had fallen.

The fourth patient is still mobile with significant involuntary movements. This is known and periodically during Feb 22 this patient has tripped in the patient's lounge area and has fallen.

All the above incidents have not led to any injuries, falls huddles have taken place, there is no link to staffing, and staffing is increased if levels of therapeutic observations are enhanced due to risk of falls.

### 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	23	62.7%	163.5%	135.7%	383.6%	54.6%	28.3%	26.4%	11.5	↑4	→5	→0	→0	→0
Welford	24	61.3%	117.9%	133.3%	291.0%	38.9%	23.2%	15.7%	8.2	→0	↑10	→0	→0	→0
Coleman	21	58.0%	147.0%	137.1%	359.5%	49.5%	29.7%	19.8%	16.8	↑1	↓4	→0	1↑	→0
Wakerley	21	110.0%	136.2%	128.6%	214.2%	51.7%	34.5%	17.2%	13.6	→0	↑16	↑1	→0	→0
<b>TOTALS</b>										↑5	↑35	↑1	1↑	→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 for Registered Nurse recruitment.

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 continued to increase during February 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. Kirby ward and Welford ward have interviewed and recruited band 6 deputy charge nurses during this period and these are currently working through the recruitment process.

There were no pressure ulcer incidents reported in February 2022 and Wakerley ward received one complaint that the service is currently investigating.

There has been an increase in reported medication errors for both Kirby ward and Coleman ward during this period – incidents did not directly involve patient care and were relating to miscounting control drug medications, and in once instance securing the drug trolley when administering medications.

A review of falls for MHSOP wards identified; Wakerley where patients have been experiencing multiple falls during the period, and two patients with three recorded falls each –. Welford had two patients with repeated falls. Wakerley ward has a particularly high acuity to manage both physical and mental wellbeing on the ward. Patients are nursed on high level observations to maintain safety and mitigate where possible falls risks. Welford ward saw an increase in falls during this period which again related to the acuity of a specific group of patients admitted to the ward during this period.

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.

## 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 (month in arrears)	PU Category 4 (month in arrears)
Dagleish Ward - MMDW	17	100.7%	81.3%	99.9%	99.7%	25.0%	11.9%	13.1%	7.7	↑1	↑2	→0	↑2	→0
Rutland Ward - RURW	16	103.6%	121.5%	85.7%	172.0%	34.4%	16.7%	17.6%	8.6	→1	↑3	→0	↑3	→0
Ward 1 - SL1	19	78.2%	129.5%	97.0%	145.5%	27.6%	17.5%	10.0%	10.6	→0	↑2	→0	→0	→0
Ward 3 - SL3	12	104.2%	100.5%	99.8%	167.4%	23.1%	15.4%	7.7%	10.6	→0	↑1	→0	↓0	→0
Ellistown Ward - CVEL	19	123.1%	97.0%	108.6%	160.0%	23.5%	5.7%	17.8%	9.6	↓0	↑6	→0	↓0	→0
Snibston Ward - CVSN	19	95.6%	131.3%	99.8%	137.3%	22.9%	12.8%	10.1%	10.6	↑3	↓4	↓0	→1	→0
East Ward - HSEW	23	97.1%	129.8%	112.5%	131.0%	34.0%	9.0%	25.0%	9.9	↑2	↑7	→0	↑3	→0
North Ward - HSNW	19	101.2%	101.7%	103.6%	113.1%	36.6%	12.0%	24.6%	9.9	→1	↑7	→0	↓1	→0
Swithland Ward - LBSW	19	99.5%	95.0%	91.1%	144.4%	17.5%	9.0%	8.5%	9.1	↓0	↓4	→0	↓0	→0
CB Beechwood	23	88.7%	78.8%	102.1%	140.3%	40.0%	12.3%	27.8%	7.9	↑5	↓2	→1	↓0	→0
CB Clarendon	21	86.3%	116.6%	98.0%	128.6%	35.1%	13.2%	21.9%	10.4	↓0	↑8	→0	↓0	→0
<b>TOTALS</b>										↑13	↑46	↓1	↑10	→0

Table 8 - Community hospital safe staffing

Feilding Palmer Hospital (FPH) continues to be temporarily closed to inpatient admissions in response to national COVID-19: infection, prevention, and control guidance and to ensure patient and/or staff safety is not compromised, and safety is prioritised. A review of the risk assessment against national guidance continues monthly at the Directorate Management Team meeting. Feilding Palmer Hospital continues to be used as part of the COVID 19 Vaccination Hub programme.

The high risk/red pathway site for Covid-19 positive patients continues to be North Ward Hinckley and Bosworth Hospital.

There has been a reduced fill rate for registered nurses on St Luke's Ward 1 for day shifts and for healthcare assistant (HCA) shifts on night shifts for Beechwood Ward, this is due to the impact of sickness, maternity leave, and vacancies. A review of the episodes for the reduced

fill rate for RNs on ward 1 St Luke's has identified that adjusted skill mix during the month with some of the unfilled registered nurse shifts filled with health care assistants, which also accounts for the increase in the fill rate of HCAs.

The increased fill rate for HCA on night shifts for Rutland, Snibston Stroke Ward, East Ward, and Clarendon 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 ten of the wards this is due to increased patient acuity and dependency, patients requiring enhanced observations due to one-to-one care, annual leave, vacancies, maternity leave, sickness, and impact of COVID 19 related isolation requirements.

Care hours per patient day has reduced varying between 7.7-10.6 further analysis is required to understand the differences in care hours reported, initial review this may be attributed to therapy absence and fill rates.

A review of the Nurse Sensitive Indicators (NSIs) for the community hospital wards has identified an increase in the number of falls incidents from 36 in January 2022 to 46 in February 2022 comprising of 37 first falls, 6 repeat falls and 3 patients placed on the floor. Ward areas to note are Clarendon, Ellistown, East and North 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 12 in January to 13 in February 2022. The incidents reported were across six of the wards with Beechwood Ward being the highest reporting area with 5 medication incidents. The main cause group of medication incidents related to failure of staff in following medication procedure/policy/guidance, discrepancy in counted medicine, electronic controlled drug register issues, prescribing error, lost/misplaced medication, medication unavailable. Several of the incidents were in relation to controlled drugs not being stored correctly following admittance to the ward especially if they are admitted late evening/overnight. The Ward Sister on Beechwood is currently completing supervision training with all registered nursing staff in relation to medicines management.

The number of category 2 pressure ulcers developed in our care has increased to 10. Areas to note are Rutland, East Ward, and Ward 3 St Luke's. The focus continues with the ward teams

and the ward sisters reviewing early review and oversight by the ward sisters, 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	15	87.7%	105.2%	133.3%	131.7%	50.8%	39.7%	11.2%	13.1	→0	↑4	→0
CAMHS	7	100.6%	195.1%	195.7%	344.5%	70.7%	26.2%	44.5%	33.7	→0	→1	→0
<b>TOTALS</b>										→0	↑5	→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 fall on Beacon was related to a patient who fell as she started to have a seizure. Review of the incident has not identified any staffing impact on the quality and safety of the patient.

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

The falls reported on Langley were related to different patients who fainted while in the presence of staff and a full review of the incidents has not identified any staffing impact on the quality and safety of the patient.

## 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	4	106.7%	95.4%	131.2%	133.6%	54.9%	23.3%	31.7%	79.0	→0	↓1	→0
Gillivers	4	86.9%	72.8%	81.8%	104.8%	4.7%	4.7%	0.0%	68.4	↓0	→0	→0
1 The Grange	2	90.2%	83.9%	-	100.0%	15.2%	15.2%	0.0%	58.5	→0	↓0	→0
<b>TOTALS</b>										↓0	↓1	→0

Table 10 - Learning disabilities safe staffing

Patient acuity on the Agnes Unit remains high 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 fall on the Agnes Unit and this related to a patient who had stepped forward towards staff and then fell forward onto the floor. 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 were no incidents in February 2022 related to medication errors, falls and no complaints received this month.

## Governance table

<b>For Board and Board Committees: Paper sponsored by:</b>	Trust Board 31.5.22	
	Anne Scott, Interim Executive Director of Nursing, AHPs and Quality	
<b>Paper authored by:</b>	Emma Wallis, Interim Deputy Director of Nursing and Quality and Elaine Curtin Workforce and Safe staffing Matron	
<b>Date submitted:</b>	31.05.2022	
<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): 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</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>		