

Public Trust Board – 31 May 2022

Safe Staffing- March 2022

Purpose of the report

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

A safe staffing and patient safety review for the period 14 – 27 February 2022 (half-term) was presented to the Operational Executive Board on the 18 March 2022, following a deep dive to understand the challenges and actions needed outlining a number of recommendations for future bank holiday workforce planning and safe staffing governance and assurance.

Analysis of the issue

Right Staff

- Temporary worker utilisation rate increased this month; 0.56 % reported at 45.66% overall and Trust wide agency usage slightly increased this month by 2.2% to 22.74% overall.
- In March 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 Skye wing at 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; Beacon unit, Agnes unit, Mill Lodge, Griffin, Coleman, Wakerley, North and East wards, St Luke's ward 1.
- The community team 'areas to note', Healthy Together City, County, notably Blaby team, Looked After Children Team, Diana team, City Community Nursing, CRISIS Resolution and Home Treatment team, Melton, Charnwood, South Leicestershire Community Mental Health Teams, Assertive outreach, ADHD, 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 75.4% compliance AMBER
 - Clinical supervision at 77.8% compliance AMBER
 - All core mandatory training compliance GREEN except for Information Governance AMBER at 65.4 % and Fire Safety Awareness RED at 63.6%
- Clinical mandatory training compliance for substantive staff, to note.
 - BLS increased compliance by 1.1 % to 64.3% compliance RED
 - ILS increased compliance by 12% to 65.9% compliance RED
- Clinical mandatory training compliance for bank only workforce remains low.
 - BLS 55.3% at RED compliance
 - ILS 47.3% 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 1st of March 2022 the 6-month extension was removed for clinical face to face training, with all other topics following suit on 1st April 2022. There are Learning and Development operational 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. 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.
- Fill rates above and below 100% for actual HCSWs predominantly on days reflect adjusted staffing levels and skill mix to meet patient care needs.
- The total Trust CHPPD average (including ward based AHPs) is reported at 18.05 CHPPD in March 2022, with a range between 5.6 (Stewart House) and 77.2 (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	5.4%	1.2%	1.3%	7.9%
Enabling Services	3.1%	1.0%	0.7%	4.8%
FYPC	4.4%	1.1%	1.4%	6.8%
Hosted Service	0.0%	0.0%	0.0%	0.0%
Mental Health Services	4.9%	0.4%	0.9%	6.2%
LPT Total	4.5%	0.9%	1.1%	6.5%

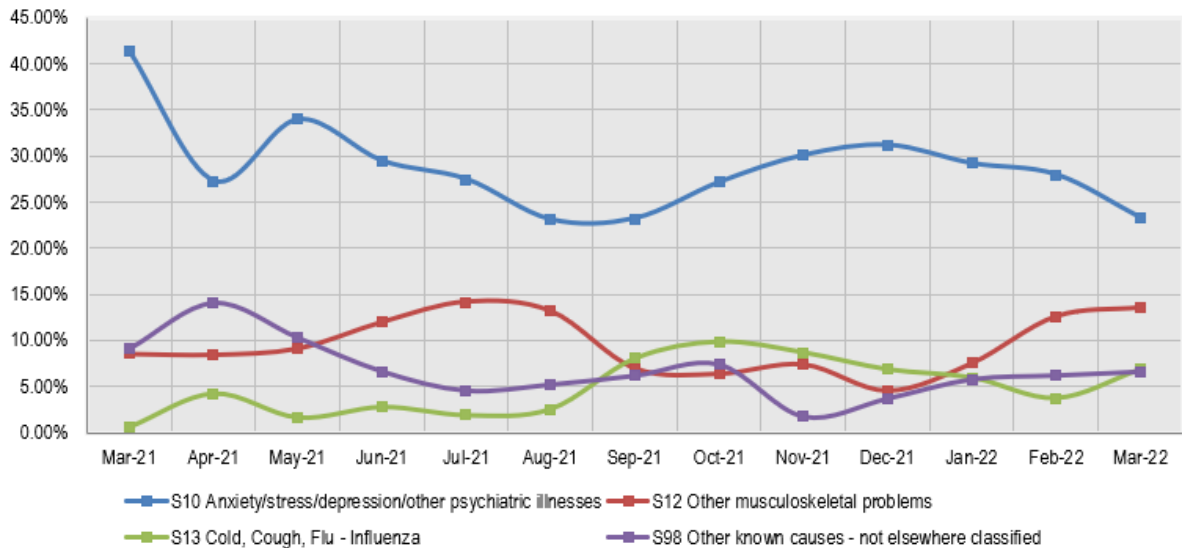
Table 1 – COVID-19 and general absence – 31 March 2022

In comparison to the previous month total absence has increased by 2.1% associated with an increase in general absence overall.

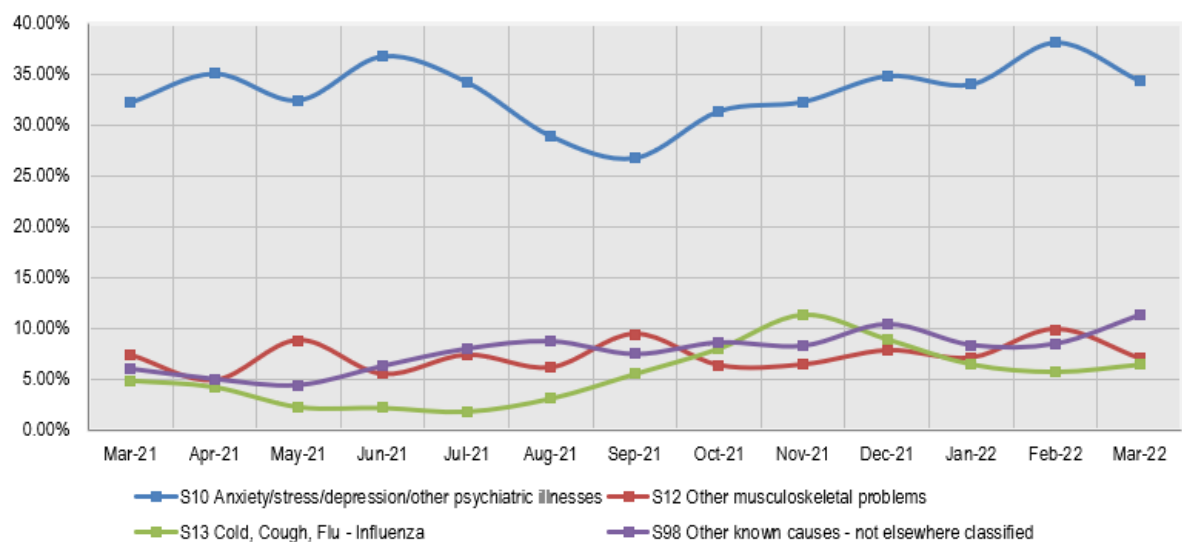
- Work pressure has been identified as an area of focus in response to the National Staff Survey 2021. A deep dive into absence due to stress, anxiety and/or depression to identify any correlations with work pressure and actions is underway and will be

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 are the highest identified cause of absence across the Trust for a significant period, as per Directorate below and has reduced significantly from March 2021 within CHS.

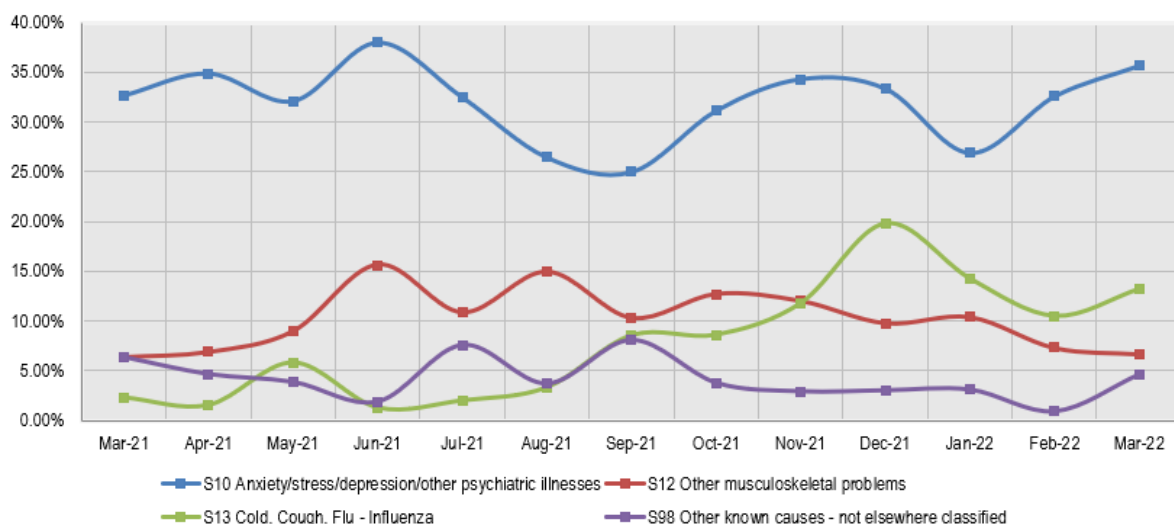
CHS



DMH



FYPC.LD



Summary table of Directorate staff absence breakdown (March 2022)

Directorate	Sickness Reasons/ Breakdown %			
	Anxiety/stress/ depression Other psychiatric illnesses	Other musculoskeletal problems	Cold, Cough, Flu- influenza	Other known causes
CHS	23.28%	13.54%	6.87%	6.62%
DMH	34.31%	7.00%	6.42%	11.34%
FYPC.LD	35.67%	6.71%	13.20%	4.65%

In-patient Staffing

Summary of inpatient staffing areas to note.

Wards	January 22	February 22	March 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	x

Wards	January 22	February 22	March 22
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 (The 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 6 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. Throughout March 2022 the Beacon have been using two separate teams of Prometheus staff to support the complex needs of two of the patients on the unit. They are supporting with 24-hour care.

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.

CHS

All in-patient wards in Community Hospitals reported operating at an amber risk overall, 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. 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, and St Luke's ward 1. 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 now registered with the NMC.

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 now registered with the NMC and a Medicines Administration Technician and a newly registered band 5 RN starting in April 2022. The annual safe staffing establishment review is progressing, and a quality summit improvement

plan continues to be implemented, 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 19 related staff isolation requirements and additional increased staff movement and promotions to urgent care pathway roles and step up to great mental health transformation. Key areas to note, Griffin, Coleman and Wakerley wards. With Covid outbreaks on Kirby and Phoenix 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	January 2022	February 2022	March 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	x
South Leicestershire CMHT			x
Melton 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, 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 March 2022, Community Nursing has been reporting operating at OPEL level 3 working to level 4 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. Essential visits were maintained by staff working increased hours, additional shifts and paying overtime.

Increasing staff absence due to COVID related sickness absence remained a challenge. There continued to be staff working from home due to symptomatic/COVID positive household members and pregnancy related risk assessments, which further reduced clinical capacity across 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, Continence, 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
- 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 actions from the recent Quality and safety Summit
- To continue to 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 face book and on the back of x 15 buses. 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, 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 March 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

March 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	15	21	92.7%	172.2%	104.7%	146.5%			45.3%	23.2%	22.1%	8.3	↓0	→0	→0		
	Aston	14	14	98.4%	209.6%	138.6%	185.3%			68.1%	14.2%	54.0%	11.0	↓1	→1	↑2		
	Beaumont	21	22	86.9%	143.7%	110.2%	156.0%			63.7%	35.3%	28.4%	12.1	↓1	↑2	→0		
	Belvoir Unit	10	10	124.1%	164.7%	107.3%	176.2%			45.7%	30.0%	15.7%	18.4	→0	→0	→0		
	Heather	19	18	87.2%	163.9%	98.1%	123.2%			42.8%	25.8%	17.0%	6.1	↓0	↑3	→0		
	Thornton	12	17	79.9%	181.3%	101.2%	113.0%			40.2%	30.7%	9.5%	9.3	→0	→0	→0		
	Watermead	20	20	114.0%	250.9%	123.0%	221.8%		100.0%	50.1%	22.5%	27.6%	8.6	↑1	↑3	→0		
	Griffin - Herschel Prins	5	6	106.2%	287.8%	106.2%	770.8%			69.2%	33.1%	36.1%	41.3	↓0	→0	→0		
AMH Other	Phoenix - Herschel Prins	12	12	106.3%	145.1%	105.1%	140.4%		100.0%	42.4%	22.9%	19.5%	11.2	→0	→0	→0		
	Skye Wing - Stewart House	30	30	118.5%	108.8%	203.4%	206.0%			50.2%	34.0%	16.2%	5.6	→0	→2	→0		
	Willows	8	9	151.4%	173.8%	131.5%	163.7%			58.4%	38.6%	19.8%	14.3	↓0	↓0	↑2		
	Mill Lodge	12	14	126.1%	82.7%	129.0%	114.0%			58.2%	40.3%	17.9%	13.8	→0	↓7	↑1		
CHS City	Kirby	17	23	70.1%	122.0%	131.6%	275.3%	100.0%	100.0%	42.5%	26.5%	16.0%	10.6	↓0	↓2	→0	→0	→0
	Welford	16	24	60.4%	100.0%	131.0%	161.2%			35.6%	23.6%	12.0%	7.7	↑1	↓5	↑1	→0	→0
	Beechwood Ward - BC03	21	23	90.5%	95.3%	101.2%	111.5%	100.0%	100.0%	32.2%	10.9%	21.3%	8.0	↓4	→2	↓0	→0	→0
	Clarendon Ward - CW01	17	20	88.7%	104.7%	109.8%	107.8%	100.0%	100.0%	37.9%	14.1%	23.8%	10.6	→0	↓3	→0	↑2	→0
	Coleman	15	20	55.2%	150.1%	139.8%	399.5%	100.0%	100.0%	51.2%	25.3%	25.9%	14.6	↓0	↓3	→0	↓0	→0
	Wakerley (MHSOP)	16	20	96.3%	138.2%	138.1%	244.5%			58.2%	33.4%	24.8%	16.6	↑1	↓14	↓0	→0	→0
CHS East	Dagleish Ward - MMDW	13	16	103.1%	81.1%	98.6%	99.9%	100.0%	100.0%	21.6%	7.1%	14.5%	9.4	→1	↓1	→	→2	→0
	Rutland Ward - RURW	16	16	91.7%	141.8%	82.5%	163.5%	100.0%	100.0%	41.7%	18.5%	23.2%	8.9	→1	↓1	↑1	↓0	→0
	Ward 1 - SL1	17	19	76.7%	120.7%	96.6%	151.5%	100.0%	100.0%	27.6%	18.3%	9.3%	9.9	↑3	↑4	→0	→0	→0
	Ward 3 - SL3	11	13	110.8%	87.5%	96.3%	186.5%	100.0%	100.0%	24.3%	13.4%	11.0%	10.4	↑2	→1	→0	→0	→0
CHS West	Ellistown Ward - CVEL	15	19	103.2%	103.1%	107.9%	151.6%	100.0%	100.0%	20.9%	5.5%	15.4%	10.7	↑1	↓3	→0	→0	→0
	Snibston Ward - CVSN	17	19	90.8%	115.4%	102.9%	151.8%	100.0%	100.0%	22.3%	10.4%	11.9%	10.5	↓1	↓3	→0	↓0	→0
	East Ward - HSEW	20	22	92.6%	133.4%	103.2%	152.4%	100.0%	100.0%	30.7%	9.6%	21.1%	10.1	↓0	↓5	→0	↓2	→0
	North Ward - HSNW	15	19	101.7%	107.5%	101.5%	127.9%	100.0%	100.0%	35.6%	9.9%	25.7%	10.8	↑2	↓0	→0	→1	→0
	Swithland Ward - LBSW	17	19	107.1%	97.2%	88.7%	148.0%	100.0%	100.0%	18.0%	9.4%	8.6%	9.3	↑1	↓3	→0	→0	→0
FYPC	Langley	14	15	84.2%	110.9%	129.0%	134.8%	100.0%		54.0%	37.3%	16.7%	13.3	↑1	↓1	→0		
	CAMHS Beacon Ward - Inpatient Adolescent	6	17	111.8%	227.7%	173.3%	381.4%			77.1%	25.3%	51.9%	45.5	↑4	↓0	→0		
LD	Agnes Unit	2	4	97.6%	93.8%	142.9%	129.3%			58.6%	23.9%	34.8%	77.2	→0	↑2	→0		
	Gillivers	1	5	86.3%	89.0%	90.3%	189.7%			5.6%	5.6%	0.0%	62.7	→0	→0	→0		
	1 The Grange	1	3	95.5%	98.7%	-	101.6%			19.2%	19.2%	0.0%	61.0	→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) - updated

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	21	92.7%	172.2%	104.7%	146.5%	45.3%	23.2%	22.1%	8.3	↓0	→0	→0
Aston	14	98.4%	209.6%	138.6%	185.3%	68.1%	14.2%	54.0%	11.0	↓1	→1	↑2
Beaumont	22	86.9%	143.7%	110.2%	156.0%	63.7%	35.3%	28.4%	12.1	↓1	↑2	→0
Belvoir Unit	10	124.1%	164.7%	107.3%	176.2%	45.7%	30.0%	15.7%	18.4	→0	→0	→0
Heather	18	87.2%	163.9%	98.1%	123.2%	42.8%	25.8%	17.0%	6.1	↓0	↑3	→0
Thornton	17	79.9%	181.3%	101.2%	113.0%	40.2%	30.7%	9.5%	9.3	→0	→0	→0
Watermead	20	114.0%	250.9%	123.0%	221.8%	50.1%	22.5%	27.6%	8.6	↑1	↑3	→0
Griffin - Herschel Prins	6	106.2%	287.8%	106.2%	770.8%	69.2%	33.1%	36.1%	41.3	↓0	→0	→0
Totals										↓3	↑9	↑2

Table 4 - Acute inpatient ward safe staffing

All the wards have used a high percentage of temporary workforce throughout March 2022, 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 nine reported falls reported during March 2022. This is an increase in falls from four reported in February 2022. Of the nine reported falls, these were experienced by patients from five of the acute wards, seven were first falls and two repeat falls. Seven of the falls were unwitnessed and the majority occurred in bedroom areas. One fall resulted in a patient suffering from a humeral fracture that is being investigated. Analysis has shown that staffing was not a contributory factor.

There were three medication errors reported in March 2022 which is a decrease compared to February 2022. These were reported for three different wards. One incident was an Electronic Controlled Drug register discrepancy. One incident was the formulation of the correct medication was given (i.e., not sugar free) and the third incident was an extra dose of medication was given to the patient. All incidents were reviewed in line with the Trust medication error policy and individual review was completed with staff involved and this identified a gap in the charting of medication.

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	106.3%	145.1%	105.1%	140.4%	42.4%	22.9%	19.5%	11.2	→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 March 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	118.5%	108.8%	203.4%	206.0%	50.2%	34.0%	16.2%	5.6	→0	→2	→0
Willows	9	151.4%	173.8%	131.5%	163.7%	58.4%	38.6%	19.8%	14.3	↓0	↓0	↑2
Mill Lodge	14	126.1%	82.7%	129.0%	114.0%	58.2%	40.3%	17.9%	13.8	→0	↓7	↑1
TOTALS										↓0	↑9	↑3

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.

Stewart House and Mill Lodge have also implemented a peripatetic rota between them to provide staffing for short falls in staffing. This has increased the use of bank and agency staff being requested and booked on their rotas on alternative months.

There were 0 reported medication incidents in March 2022, compared to 1 in February 2022.

There were nine falls reported in March 2022, a decrease from February 2021. Of these nine falls, seven related to Mill Lodge and two for Stewart House.

Of the nine falls reported, six of these falls occurred in the bedroom with the remaining falls occurring in the dining room, main ward area and grounds/gardens/recreation area.

Of the two falls at Stewart House, one was a first fall and the second was a repeat fall.

For the seven falls reported at Mill Lodge; five were first falls, two repeat falls (these two will be recoded to be repeat falls) four were in the bedroom, the remaining in the dining room, main ward area and grounds/gardens recreational area. One patient has fallen three times and another patient has fell twice, this is linked to the progress of their Huntington's Disease

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	70.1%	122.0%	131.6%	275.3%	42.5%	26.5%	16.0%	10.6	↓0	↓2	→0	→0	→0
Welford	24	60.4%	100.0%	131.0%	161.2%	35.6%	23.6%	12.0%	7.7	↑1	↓5	↑1	→0	→0
Coleman	20	55.2%	150.1%	139.8%	399.5%	51.2%	25.3%	25.9%	14.6	↓0	↓3	→0	↓0	→0
Wakerley	20	96.3%	138.2%	138.1%	244.5%	58.2%	33.4%	24.8%	16.6	↑1	↓14	↓0	→0	→0
TOTALS										↓2	↓24	↓1	↓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.

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	PU Category 4
Dagleish Ward - MMDW	16	103.1%	81.1%	98.6%	99.9%	21.6%	7.1%	14.5%	9.4	→1	↓1	0→	→2	→0
Rutland Ward - RURW	16	91.7%	141.8%	82.5%	163.5%	41.7%	18.5%	23.2%	8.9	→1	↓1	↑1	↓0	→0
Ward 1 - SL1	19	76.7%	120.7%	96.6%	151.5%	27.6%	18.3%	9.3%	9.9	↑3	↑4	→0	→0	→0
Ward 3 - SL3	13	110.8%	87.5%	96.3%	186.5%	24.3%	13.4%	11.0%	10.4	↑2	→1	→0	→0	→0
Ellistown Ward - CVEL	19	103.2%	103.1%	107.9%	151.6%	20.9%	5.5%	15.4%	10.7	↑1	↓3	→0	→0	→0
Snibston Ward - CVSN	19	90.8%	115.4%	102.9%	151.8%	22.3%	10.4%	11.9%	10.5	↓1	↓3	→0	↓0	→0
East Ward - HSEW	22	92.6%	133.4%	103.2%	152.4%	30.7%	9.6%	21.1%	10.1	↓0	↓5	→0	↓2	→0
North Ward - HSNW	19	101.7%	107.5%	101.5%	127.9%	35.6%	9.9%	25.7%	10.8	↑2	↓0	→0	→1	→0
Swithland Ward - LBSW	19	107.1%	97.2%	88.7%	148.0%	18.0%	9.4%	8.6%	9.3	↑1	↓3	→0	→0	→0
CB Beechwood	23	90.5%	95.3%	101.2%	111.5%	32.2%	10.9%	21.3%	8.0	↓4	→2	↓0	→0	→0
CB Clarendon	20	88.7%	104.7%	109.8%	107.8%	37.9%	14.1%	23.8%	10.6	→0	↓3	→0	↑2	→0
TOTALS										↑16	↓26	→1	↓7	→0

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 this is due to the impact of sickness and vacancies. A review of the episodes for the reduced fill rate for RNs has identified that the planned skill mix of three registered nurses has not been met but the ward has maintained two registered nurses on the day shifts. This reduction has 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, Swithland and Clarendon Ward is due to increased acuity and dependency and patients requiring enhanced observations, one to one supervision and additional beds that have been opened due to LLR wide system request.

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 started to increase from last month, further analysis is continuing in the strengthening and reporting of CHPPD data to include AHP (physiotherapy and occupational therapy) planned fill rates.

A review of the Nurse Sensitive Indicators (NSIs) for the community hospital wards has identified a decrease in the number of falls incidents from forty six in February 2022 to twenty six in March comprising of twenty two first falls and four repeat falls. Of the twenty-six falls reported, twelve of these falls were witnessed with six of the falls being in relation to patients mobilising/standing or when being assisted to by staff or equipment. The remaining six witnessed falls were due to a fall from chair, fall from bed without bed rails and roll at low height. Ward areas to note are St Luke's Ward 1 and East 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 thirteen in February 2022 to sixteen in March 2022. The incidents reported were across nine of the eleven wards. 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, medication unavailable.

The number of category 2 pressure ulcers developed in our care has decreased to seven. The focus continues with the ward teams and the ward sisters reviewing early review and having full 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	84.2%	110.9%	129.0%	134.8%	54.0 %	37.3%	16.7%	13.3	↑1	↓1	→0
CAMHS	17	111.8%	227.7%	173.3%	381.4%	77.1 %	25.3%	51.9%	45.5	↑4	↓0	→0
TOTALS										↑5	↓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. Recruitment remains a key focus and there has been success in appointing a band 2 HCSW however, the main concern is band 5 nurse vacancies.

The Beacon unit has agreed that it will only open six beds due to acuity and staffing levels. There are currently six patients, two are waiting for transfers to either PICU or low secure beds. There are also patients who are medically fit to be discharged but are waiting social care placements.

Throughout March the Beacon have been using two separate teams of Prometheus staff to support the complex needs of two of the patients on the unit. They are supporting with 24-hour care and are not included in the above figures.

The four medication errors were all unrelated and identified different concerns. The first concern was a documentation error as staff recorded, they gave a 30mg dose of a drug instead of a 20mg dose. No administration error happened.

The second medication error was an out-of-date medication being given to a patient. This was noted by a nurse prior to administration but on review of the medication chart it was clear that the patient had been given the out-of-date medication the night before.

The third error was an omission of a dose. The medication was not given at the prescribed time as staff were assisting with an incident. when they went to administer the medication, the patient was asleep, so the dose was missed.

The final medication error was due to staff not signing for controlled drugs on the CD register (but was recorded on the patient chart). No harm to the patient and staff contacted.

There was one fall and one medication error on Langley in the month of March. The medication error was in relation to the unavailability of a semi-controlled medication. The fall incident was due to the patient physical condition and not in relation to staffing.

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	97.6%	93.8%	142.9%	129.3%	58.6%	23.9%	34.8%	77.2	→0	↑2	→0
Gillivers	5	86.3%	89.0%	90.3%	189.7%	5.6%	5.6%	0.0%	62.7	→0	→0	→0
1 The Grange	3	95.5%	98.7%	-	101.6%	19.2%	19.2%	0.0%	61.0	→0	↑1	→0
TOTALS										→0	↑3	→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 were no medication errors or complaints in March. There were two falls reported for the Agnes unit. One incident involved a patient who was having basketball practice. The second incident was wrongly coded as a fall incident.

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 fall reported for short breaks in March 2022.

None of the incidents of falls are related to staffing & staffing fill rates.

Governance table

For Board and Board Committees:	Trust Board 31.5.22	
Paper sponsored by:	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:	11.05.2022	
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:		