

Public Trust Board – 26th July 2022

Safe Staffing Review - April 2022

Purpose of the report

This report provides a full overview of nursing safe staffing during the month of April 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 decreased this month; 0.58% reported at 45.08% overall and Trust wide agency usage slightly increased this month by 0.75% to 23.49% overall.
- In April 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 Thornton 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, Griffin, Coleman, Welford, Rutland and Swithland 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, Criminal Justice, Liaison & Diversion team, Melton, Charnwood, South Leicestershire Community Mental Health Teams, Assertive outreach, ADHD, Unscheduled Care team and the memory service.

Right Skills

- . Correct to 1 April 2022 Trust wide substantive staff.
 - Appraisal at 76.8% compliance AMBER
 - Clinical supervision at 77.7% compliance AMBER
 - All core mandatory training compliance is GREEN except for Information Governance AMBER at 77.0 % and Fire Safety Awareness RED at 74.7%
- Clinical mandatory training compliance for substantive staff, to note.
 - BLS increased compliance by 2.3 % to 66.6%compliance RED
 - ILS increased compliance by 1.3% to 67.2% compliance RED
- Clinical mandatory training compliance for bank only workforce remains low.
 - BLS 54.5% at RED compliance
 - ILS 50.0% at RED compliance

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. This has impacted on our compliance figures together with challenging staffing levels experienced during the omicron variant and ability to release staff to attend training. Significant activity is underway to ensure training compliance improves across the trust. The Training Education and Development group are exploring implementing Supervision, Training, Appraisals and Reflection Days (STAR days) which will mean a day out of clinical areas for teams. This is currently being worked through with directorate leads. More specific actions are being taken to support Bank and medical trainees' compliance.

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 18.50 CHPPD in April 2022, with a range between 4.4 (Stewart House) and 64.1 (Agnes Unit) CHPPD. General variation reflects the diversity of services, complex and specialist care provided across the Trust. Analysis has not identified significant variation at service level; indicating that staff are being deployed productively across services.

Staff absence data- updated

Absence by directorate	Sickness absence	Self-Isolation - Working from home	Self-Isolation - Unable to work from home	Total
Community Health Services	4.4%	0.1%	0.4%	4.8%
Enabling Services	3.3%	0.5%	0.5%	4.4%
FYPC	4.4%	0.3%	0.5%	5.1%
Hosted Service	0.0%	0.0%	0.0%	0.0%
Mental Health Services	4.3%	0.1%	0.6%	5.0%
LPT Total	4.1%	0.2%	0.5%	4.7%

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

In comparison to the previous month total absence has decreased by 1.8% associated with a decrease in general absence overall.

In-patient Staffing

Summary of inpatient staffing areas to note.

Wards	February 22	March 22	April 22
Hinckley and Bosworth East Ward	x	x	x
Hinckley and Bosworth North Ward	x	x	x

Wards	February 22	March 22	April 22
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
Rutland	x	x	x
Dagleish	x	x	x
Swithland	x	x	x
Coleman	x	x	x
Kirby	x	x	x
Welford	x	x	x
Wakerley	x	x	x
Aston	x	x	x
Ashby	x	x	x
Beaumont	x	x	x
Belvoir	x	x	x
Griffin	x	x	x
Phoenix	x	x	x
Heather	x	x	x
Watermead	x	x	x
Mill Lodge	x	x	x
Agnes Unit	x	x	x
Langley	x	x	x
Beacon (CAMHS)	x	x	x
Thornton	x	x	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 April 2022 the Beacon unit have been using two separate teams of Prometheus staff to support the complex needs of two of the patients who require care in medium secure units. 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, additional beds that have been opened due to LLR wide system request and impact of COVID 19 related isolation requirements. Key areas to note are Rutland, Snibston, St Luke's Ward 1, East Ward, North Ward and Swithland. Temporary workforce usage continues to remain high across nine of the 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 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 redeployment and recruitment to support

continuity of staffing across the unit with consideration to new/alternative roles. A peripatetic model has been introduced between Stewart House and Mill Lodge to provide staffing for short falls/last minute sickness. This has increased the use of bank and agency staff being requested and booked onto their rotas on alternative months.

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 who started in April 2022. The annual safe staffing establishment review is progressing, and a quality summit improvement plan continues to progress focusing on leadership, culture, and staffing with oversight to QAC. The Willows use of temporary staffing remains higher due to the opening of the additional ward as a surge ward to aid bed flow across the inpatient pathway with fluctuations in use of the bank and agency depending on its occupancy.

In patient wards across DMH reported increased acuity and dependency, complexity, vacancies, sickness, increasing staff absence and additional increased staff movement following promotions to urgent care pathway roles and step up to great mental health transformation. Key areas to note, Griffin, Aston, Beaumont, Heather, Coleman, and Welford wards. With a Covid outbreak on Welford ward on the 11th of April 2022. 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 inpatient area by service and directorate in Annex 2.

Community Teams

Summary of community 'areas to note'.

Community team	February 2022	March 2022	April 2022
City East Hub- Community Nursing	x	x	x
City West Hub- Community Nursing	x	x	x
East Central	x	x	x
Hinckley	x	x	x
Healthy Together – City (School Nursing only)	x	x	x
Healthy Together County	x	x	x
Looked After Children	x	x	x

Community team	February 2022	March 2022	April 2022
Diana team	x	x	x
Children's Phlebotomy team	x		
LD Community	x	x	x
LD Therapy	x	x	x
CAMHS Crisis team (on call rota)	x	x	
South Leicestershire CMHT			x
Melton CMHT	x	x	x
Charnwood CMHT	x	x	x
Memory service	x	x	x
Unscheduled Care			x
Assertive outreach	x	x	x
ADHD service	x	x	x
Crisis Resolution and Home team	x	x	x
Criminal Justice & Liaison Team			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.

LD Psychology continues with on-going recruitment challenges, active recruitment, and utilisation of agency staff to meet staffing shortfalls. Waiting lists are frequently reviewed and improving.

LD community is improving with long standing vacancies being recruited to and new starters commencing within the teams. High acuity, caseloads and referrals within LD nursing and outreach teams require significant input from the service in order to mitigate any risks. Therapy teams are also reporting high referral levels and long-standing vacancies in the LD physio team. Waiting lists are frequently reviewed and avoidable harm risk mitigation processes in place.

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 April 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. Daily review of all non-essential activities across the service line as per Level 4 OPEL actions and a daily review of all leadership managerial days to support the clinical offer continues.

Increasing staff absence due to COVID related sickness absence remained a challenge. There continues 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 and clinic appointments being reprioritised and rescheduled in line with available staff capacity. The reprioritised assessments include wound and holistic assessments. Additional support from specialist teams including Continence and Podiatry services have been requested to provide ongoing support throughout the month of April 2022, this has impacted on the recovery and waiting list position for these services. Hub leadership teams have been mobilised clinically which has impacted on the operational management of hubs including training, supervision, and appraisals.

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 and reduce the staffing risks including:

- Ensuring staff across all CHS community staff have completed the required Medi quip training
- Identifying strategies to meet the 2-hour response targets as these are at risk due to reduced responding capacity.
- To continue to work with staff to support health and wellbeing, sharing the actions that are being taken to provide daily support and improve the situation long term, including the recent CHS Quality & Safety Summit actions.
- Continued work with the Workforce Supply group to attempt to maximise fill rates for planned and last-minute staffing gaps, including continuous review of recruitment and retention premia and bonus payments as appropriate, to make additional shifts attractive.

- Review ways of working, looking at options for new geographical boundary working. There is focussed work taking place to support effective triage, self-care options and pressure ulcers as per the 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 continues with advertising on face book and on the back of 15 buses. A Registered Nurse advert is open until June 2022. Seven successful RN vacancies have been filled across the County teams, with adverts open again.
- A quality improvement plan and actions continue 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 to note due to existing vacancies (40%) along with recruitment and retention challenges. Bank and agency staff are block booked where possible to ensure continuity of care and safe service provision where possible.

The Criminal Justice & Liaison & Diversion service is having similar challenges with the requirement for all staff who work in the service to be police vetted, which makes the use of bank and agency staff more difficult.

The number of vacancies across community MH 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, recruitment continues.

On-going key areas to note are Melton CMHT, Charnwood CMHT, South Leicestershire CMHT, the ADHD Service, Assertive Outreach, Unscheduled Care Team, and Memory service.

Melton CMHT is an area to note, additional clinical support from another team has been requested whilst recruitment takes place, and a plan developed to support the team to

deliver safe care to its patients. The plan includes cover for depot clinics, admin support, the duty rota and waiting list management process. Medical presence in the team is to be increased.

The Unscheduled Care team reported similar challenges due to high sickness and vacancies, additional clinical support was provided from another team to maintain responsive services and deliver safe quality care.

A number of scheduled clinics were cancelled in the memory service due to short term sickness and vacancies. Mitigation is in place to ensure waiting times are monitored and compliance with the 'Keeping people safe whilst waiting process' is achieved.

Proposal

Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in April 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

April 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)								
				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%								
(Month in arrears)																		
AMH Bradgate	Ashby	14	21	101.0%	193.6%	101.2%	167.7%			35.3%	23.5%	11.8%	9.8	↑4	→0	→0		
	Aston	14	14	94.3%	291.4%	123.7%	255.7%			65.9%	15.7%	50.2%	12.9	↓0	↓0	↓0		
	Beaumont	21	22	94.5%	146.3%	102.2%	147.9%			65.9%	36.2%	29.8%	12.2	↑2	→2	↑2		
	Belvoir Unit	10	10	127.6%	173.8%	105.1%	165.3%			41.8%	27.2%	14.6%	18.8	→0	→0	→0		
	Heather	17	18	89.3%	180.8%	109.8%	152.6%			57.5%	28.6%	28.9%	7.4	→0	↓1	→0		
	Thornton	12	17	87.8%	175.2%	101.1%	119.8%			29.2%	23.6%	5.6%	9.7	→0	→0	→0		
	Watermead	19	20	112.4%	247.1%	125.5%	223.1%		100.0%	47.5%	18.4%	29.2%	9.0	→1	↓0	→0		
	Griffin - Herschel Prins	5	6	110.3%	298.0%	106.5%	754.0%			63.3%	34.8%	28.6%	43.2	→0	↑1	→0		
AMH Other	Phoenix - Herschel Prins	11	12	112.7%	183.7%	122.4%	164.9%		100.0%	46.3%	18.6%	27.6%	14.1	→0	→0	→0		
	Skye Wing - Stewart House	31	30	94.2%	95.9%	129.6%	139.8%			44.5%	38.0%	6.5%	4.4	→0	↑6	→0		
	Willows	7	9	159.1%	192.3%	139.3%	171.8%			62.3%	37.9%	24.4%	17.3	↑3	→0	↓0		
	Mill Lodge	12	14	178.6%	100.1%	202.7%	144.8%			60.9%	36.4%	24.5%	18.8	↑1	↓4	↓0		
CHS City	Kirby	12	23	76.6%	134.5%	126.9%	204.3%	100.0%	100.0%	45.0%	24.8%	20.2%	15.8	→0	→2	→0	→0	→0
	Welford	15	24	65.8%	126.1%	131.1%	237.8%			38.4%	19.9%	18.5%	10.4	↓0	↑9	→1	→0	→0
	Beechwood Ward - BC03	21	22	90.7%	99.6%	98.1%	98.8%	100.0%	100.0%	31.8%	9.3%	22.6%	8.2	↓1	↓1	→0	→0	→0
	Clarendon Ward - CW01	19	21	87.3%	103.2%	117.8%	99.7%	100.0%	100.0%	36.6%	10.1%	26.5%	9.4	↑2	↓0	↑1	↓1	→0
	Coleman	13	20	50.7%	212.9%	130.4%	506.6%	100.0%	100.0%	58.7%	33.3%	25.4%	21.1	→0	↑5	→0	→0	→0
	Wakerley (MHSOP)	13	20	93.6%	133.2%	136.0%	194.3%			47.6%	22.7%	24.9%	18.1	↓0	↓11	→0	→0	→0
CHS East	Dagleish Ward - MMDW	15	17	106.7%	84.2%	110.2%	100.0%	100.0%	100.0%	25.4%	8.1%	17.2%	7.9	↑2	↑3	→0	↓0	→0
	Rutland Ward - RURW	16	16	92.9%	131.6%	98.4%	146.5%	100.0%	100.0%	43.2%	20.0%	23.3%	9.1	→1	↑5	↓0	↑1	→0
	Ward 1 - SL1	18	20	92.7%	104.0%	99.6%	134.5%	100.0%	100.0%	32.8%	11.9%	20.9%	9.4	↓0	↑6	→0	→0	→0
	Ward 3 - SL3	12	13	118.9%	82.3%	101.4%	95.0%	100.0%	100.0%	27.4%	11.2%	16.2%	9.6	→2	↓0	→0	→0	→0
CHS West	Ellistown Ward - CVEL	17	18	108.8%	105.4%	111.4%	97.6%	100.0%	100.0%	16.0%	5.5%	10.5%	8.7	↓0	↓1	↑1	↑1	→0
	Snibston Ward - CVSN	15	17	95.5%	102.8%	103.3%	167.9%	100.0%	100.0%	25.0%	9.4%	15.6%	11.6	↓0	→3	→0	↑2	→0
	East Ward - HSEW	22	23	107.5%	118.0%	111.4%	152.1%	100.0%	100.0%	33.7%	9.2%	24.5%	9.5	↑1	↓3	→0	↓0	→0
	North Ward - HSNW	17	19	102.7%	118.2%	106.1%	130.8%	100.0%	100.0%	38.7%	8.8%	29.9%	10.7	→2	↑4	0→0	↑2	→0
	Swithland Ward - LBSW	18	20	101.8%	95.4%	95.0%	142.5%	100.0%	100.0%	17.0%	10.0%	6.9%	8.7	→1	↑8	→0	→1	→0
FYPC	Langley	12	15	96.5%	104.8%	129.0%	146.7%	100.0%		49.5%	35.2%	14.3%	15.7	↓0	↓0	→0		
	CAMHS Beacon Ward - Inpatient Adolescent	6	17	117.5%	197.5%	169.9%	336.1%			68.8%	23.5%	45.3%	42.5	↑5	→0	→0		
LD	Agnes Unit	2	4	89.6%	86.5%	126.6%	115.2%			53.5%	20.5%	33.0%	64.1	→0	↓1	→0		
	Gillivers	1	5	86.6%	96.0%	106.7%	160.0%			2.6%	2.6%	0.0%	63.9	→0	→0	→0		
	1 The Grange	1	3	126.9%	76.9%	-	102.4%			17.7%	17.7%	0.0%	60.3	→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	21	101.0%	193.6%	101.2%	167.7%	35.3%	23.5%	11.8%	9.8	↑4	→0	→0
Aston	14	94.3%	291.4%	123.7%	255.7%	65.9%	15.7%	50.2%	12.9	↓0	↓0	↓0
Beaumont	22	94.5%	146.3%	102.2%	147.9%	65.9%	36.2%	29.8%	12.2	↑2	→2	↑2
Belvoir Unit	10	127.6%	173.8%	105.1%	165.3%	41.8%	27.2%	14.6%	18.8	→0	→0	→0
Heather	18	89.3%	180.8%	109.8%	152.6%	57.5%	28.6%	28.9%	7.4	→0	↓1	→0
Thornton	17	87.8%	175.2%	101.1%	119.8%	29.2%	23.6%	5.6%	9.7	→0	→0	→0
Watermead	20	112.4%	247.1%	125.5%	223.1%	47.5%	18.4%	29.2%	9.0	→1	↓0	→0
Griffin - Herschel Prins	6	110.3%	298.0%	106.5%	754.0%	63.3%	34.8%	28.6%	43.2	→0	↑1	→0
Totals										↑7	↓4	→2

Table 4 - Acute inpatient ward safe staffing

All the wards have used a high percentage of temporary workforce throughout April 2022.

This is due to high acuity /patient complexity and to meet planned staffing levels. Ashby have a patient on level 4 therapeutic observation with 2 staff and are reliant on agency staff as bank staff are declining to work on the ward due to the risk of allegation.

There were four reported falls reported during April 2022. This is a decrease in falls from nine reported in March 2022. Of the four reported falls, these were experienced by patients from two of the acute wards and one in female PICU. Three of these falls were first falls and one a repeat fall. All of the falls were unwitnessed, and the majority occurred in bedroom areas. One fall resulted in a patient attending UHL for assessment of his physical health. All

of the patients were supported with a medical review post fall. Analysis has shown that staffing was not a contributory factor.

There were seven medication errors reported in April 2022 which is an increase compared to three in March 2022. These were reported for four different acute wards. One incident was an Electronic Controlled Drug register discrepancy. Three incidents involved an extra dose of medication being given to the patient, linked to immediate changes made (PRN) and changes made via a stat dose. One incident reported was regarding medication being returned to pharmacy incorrectly. Two incidents reported on Ashby ward, had a theme regarding patients gaining access to medication. One patient had obtained medication from the person who accompanied them on admission. Staff were reminded about the principles of checking and searching and if the patient declined then to discuss with patients regarding any medication they may have brought in from home. The second incident related to a patient obtaining medication from the clinic room, whilst staff in the clinic room were distracted by two other patients. Staff were reminded of being vigilant when dispensing medication and managing the clinic room and footfall. All incidents were reviewed in line with the Trust medication error policy and individual review was completed with staff involved.

Low Secure Services – Herschel Prins

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers%	Bank %	Agency %	CHPPD	Medication errors	Falls	Complaints
HP Phoenix	12	112.7%	183.7%	122.4%	164.9%	46.3%	18.6%	27.6%	14.1	→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 levels of therapeutic observation. There were no medication errors or falls reported for Phoenix Ward for April 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	94.2%	95.9%	129.6%	139.8%	44.5%	38.0%	6.5%	4.4	→0	↑6	→0
Willows	9	159.1%	192.3%	139.3%	171.8%	62.3%	37.9%	24.4%	17.3	↑3	→0	↓0
Mill Lodge	14	178.6%	100.1%	202.7%	144.8%	60.9%	36.4%	24.5%	18.8	↑1	↓4	↓0
TOTALS										↑4	↑10	↓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 vacancies and sickness. Two international nurses have registered with the Nursing Midwifery Council (NMC) and two additional development Band 6 nurses recruited to increase the Unit's regular nursing workforce. Two further international nurses are due to start at Mill Lodge and one international nurse due to start at Stewart House in June 2022.

Willows use of temporary staffing remains higher due to the opening of the additional ward as a surge ward to aid bed flow across the inpatient pathway 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. This has increased the use of bank and agency staff being requested and booked on their rotas on alternative months.

There were four reported medication incidents in April 2022, compared to zero in March 2022. Three at the Willows and one for Mill Lodge. Two incident forms were completed for the same incident (1 by pharmacy and 1 by the ward) regarding discharge medication not received on the ward. One incident was reported regarding breaking of a medication bottle. Another incident was regarding one extra dose being given over the prescribed course. All incidents were reviewed in line with the Trust medication error policy and individual review was completed with staff involved.

There were ten falls reported in April 2022, a slight increase from nine in March 2022. Of these ten falls, four related to Mill Lodge and six for Stewart House.

Six falls were reported at Stewart House, which is a higher amount than in previous months. These falls are experienced mostly by two patients who have a history of placing themselves on the floor, however as these falls are unwitnessed the staff responded as if the falls are significant and with head injuries to avoid any kind of complication being overlooked.

Both patients have been referred and reviewed by physiotherapy and have falls care plans and risk assessments up to date.

For the four falls reported at Mill Lodge; all were repeat falls, two were in the bedroom and were slides from bed to the tumble mat. One fall was experienced in the lounge area where a patient slid down their chair onto the wheelchair footplate. One patient fell in the garden linked to progression 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	76.6%	134.5%	126.9%	204.3%	45.0%	24.8%	20.2%	15.8	→0	→2	→0	→0	→0
Welford	24	65.8%	126.1%	131.1%	237.8%	38.4%	19.9%	18.5%	10.4	↓0	↑9	→1	→0	→0
Coleman	20	50.7%	212.9%	130.4%	506.6%	58.7%	33.3%	25.4%	21.1	→0	↑5	→0	→0	→0
Wakerley	20	93.6%	133.2%	136.0%	194.3%	47.6%	22.7%	24.9%	18.1	↓0	↓11	→0	→0	→0
TOTALS										↓0	↑27	→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, an 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 April 2022 which increased the need for additional temporary staffing. In addition, Welford ward had a covid 19 outbreak

affecting both patients and staff. 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 are current plans for HCSW recruitment and band 5 nurse recruitment across existing vacancies across the wards.

There were no pressure ulcer incidents reported in April 2022 and Welford ward received one complaint that is currently being investigated by the service.

There have been no reported medication incidents during April 2022 across MHSOP inpatients.

A review of falls for MHSOP wards identified an increase in falls on both Welford ward and Coleman Ward where patients have been experiencing multiple falls during the month, with a number of patients experiencing multiple falls due to their clinical presentation.

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	106.7%	84.2%	110.2%	100.0%	25.4 %	8.1%	17.2 %	7.9	↑2	↑3	→0	↓0	→0
Rutland Ward - RURW	16	92.9%	131.6%	98.4%	146.5%	43.2 %	20.0 %	23.3 %	9.1	→1	↑5	↓0	↑1	→0
Ward 1 - SL1	20	92.7%	104.0%	99.6%	134.5%	32.8 %	11.9 %	20.9 %	9.4	↓0	↑6	→0	→0	→0
Ward 3 - SL3	13	118.9%	82.3%	101.4%	95.0%	27.4 %	11.2 %	16.2 %	9.6	→2	↓0	→0	→0	→0
Ellistown Ward - CVEL	18	108.8%	105.4%	111.4%	97.6%	16.0 %	5.5%	10.5 %	8.7	↓0	↓1	↑1	↑1	→0
Snibston Ward - CVSN	17	95.5%	102.8%	103.3%	167.9%	25.0 %	9.4%	15.6 %	11.6	↓0	→3	→0	↑2	→0

East Ward - HSEW	23	107.5%	118.0%	111.4%	152.1%	33.7%	9.2%	24.5%	9.5	↑1	↓3	→0	↓0	→0
North Ward - HSNW	19	102.7%	118.2%	106.1%	130.8%	38.7%	8.8%	29.9%	10.7	→2	↑4	0→0	↑2	→0
Swithland Ward - LBSW	20	101.8%	95.4%	95.0%	142.5%	17.0%	10.0%	6.9%	8.7	→1	↑8	→0	→1	→0
CB Beechwood	22	90.7%	99.6%	98.1%	98.8%	31.8%	9.3%	22.6%	8.2	↓1	↓1	→0	→0	→0
CB Clarendon	21	87.3%	103.2%	117.8%	99.7%	36.6%	10.1%	26.5%	9.4	↑2	↓0	↑1	↓1	→0
TOTALS										↓12	↑34	↑2	↑8	→0

Table 08 – CHS in-patient wards 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 increased fill rate for HCA on night shifts for Rutland, Snibston Stroke Ward, St Luke's Ward 1, East Ward, North Ward and Swithland 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 nine 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 and sickness.

Care hours per patient day has decreased for Dalglish Ward, further analysis is required in the strengthening and reporting of CHPPD data.

A review of the Nurse Sensitive Indicators (NSIs) for the community hospital wards has identified an increase in the number of falls incidents from twenty-six in March to thirty-four in April comprising of twenty-four first falls, eight repeat falls and two patients placed on the floor. Of the falls reported, 14 falls were witnessed with 4 of the falls being in relation to patients mobilising/standing or when being assisted to by staff or equipment. Ward areas to note are St Luke's Ward 1, Swithland and Rutland 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 sixteen in March 2022 to twelve in April 2022. The incidents reported were across nine of the eleven wards. The main causes of medication incidents related to prescribing, failure of staff to following medication procedure/policy/guidance, discrepancy in counted medicine and electronic controlled drug register issues.

There have been two complaints received during April 2022 which are being investigated, both complaints had no direct correlation with staffing.

The number of category 2 pressure ulcers developed in our care has increased to eight (7 in March 2022). The matron team are working with the ward sisters to review all pressure ulcers reported and 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	15	96.5%	104.8%	129.0%	146.7%	49.5%	35.2%	14.3%	15.7	↓0	↓0	→0
CAMHS	17	117.5%	197.5%	169.9%	336.1%	68.8%	23.5%	45.3%	42.5	↑5	→0	→0
TOTALS										→5	↓0	→0

Table 09 – FYPC safe staffing

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

The Beacon Unit 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 April 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 and are not included in the above figures.

The five medication errors were all unrelated and identified different concerns. The first concern was a documentation error. When completing balance check/key handover for the control drugs, it was noted that there were discrepancies. The afternoon drugs were not signed for. Following analysis the Controlled Drugs (CD) register was adjusted to resolve the discrepancy.

The second medication error involved a patient who did not receive a medication prescribed for 20.00hours, as the nurses on shift were responding to an emergency with another patient. Medication was then attempted around 21:30hours, but the patient was heavily asleep.

The third medication error was an omission of a dose; as the staff member could not read the medication dosage from the strips as they had been cut into a smaller section.

The fourth medication error was whilst administering a controlled drug, the member of staff charted the same patient twice however the correct dose was administered to the correct patient.

The final Medication error related to administration of an incorrect dose to a patient. The patient was administered a lower dose of medication. Analysis has shown that the prescription was not clear on the system.

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	89.6%	86.5%	126.6%	115.2%	53.5%	20.5%	33.0%	64.1	→0	↓1	→0
Gillivers	5	86.6%	96.0%	106.7%	160.0%	2.6%	2.6%	0.0%	63.9	→0	→0	→0
1 The Grange	3	126.9%	76.9%	-	102.4%	17.7%	17.7%	0.0%	60.3	→0	→1	→0
TOTALS										→0	↓2	→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 in April 2022. There were four falls reported for the Agnes unit however none of them were associated with staffing and patients sustained minor harm.

Short breaks (including Gillivers and the Grange) 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 April 2022. None of the incidents of falls are related to staffing & staffing fill rates.

Governance table

For Board and Board Committees: Paper sponsored by:	Trust Board 26.7.22	
	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:	26.07.2022	
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:		