

Public Trust Board – 26th July 2022

Safe Staffing- May 2022

Purpose of the report

This report provides a full overview of nursing safe staffing during the month of May 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; 2.68% reported at 42.40% overall and Trust wide agency usage slightly decreased this month by 1.65% to 21.84% overall. A Trust wide task and finish group has been set up to look at actions to reduce our reliance on agency usage.
- In May 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 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, Willows, Ashby, Aston, Beaumont, Griffin, Coleman, Wakerley, Rutland, Ward 3 St Luke's, Ellis town and Snibston Wards, Coalville.

- The community team 'areas to note', Healthy Together City, County, notably Blaby team, Looked After Children Team, Diana team, City Community Nursing, East Central, Hinckley, Crisis Resolution and Home Treatment team, Melton, Charnwood, South Leicestershire Community Mental Health Teams, Assertive outreach, ADHD, and the memory service.

Right Skills

- Correct to 1 May 2022 Trust wide substantive staff.
 - Appraisal at 79.1% compliance AMBER
 - Clinical supervision at 81.4% compliance AMBER
 - All core mandatory training compliance GREEN except for Information Governance AMBER at 89.2 % and Fire Safety Awareness AMBER at 83.3%
- Clinical mandatory training compliance for substantive staff, to note.
 - BLS increased compliance by 4.4 % to 71.0% compliance RED
 - ILS increased compliance by 1.2% to 68.4% compliance RED
- Clinical mandatory training compliance for bank only workforce remains low.
 - BLS 52.8% at RED compliance
 - ILS 68.4% at RED compliance

Right Place

- 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 17.98CHPPD in May 2022, with a range between 6.0 (Stewart House) and 66.1 (The Grange) 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	4.0%	0.1%	0.1%	4.1%
Enabling Services	2.9%	0.0%	0.0%	2.9%
FYPC	4.3%	0.1%	0.1%	4.5%
Hosted Service	1.4%	0.0%	0.0%	1.4%
Mental Health Services	5.0%	0.0%	0.1%	5.1%
LPT Total	4.1%	0.1%	0.2%	4.4%

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

In comparison to the previous month total absence has decreased by 0.3% associated with an increase in general absence overall.

In-patient Staffing

Summary of inpatient staffing areas to note.

Wards	March 2022	April 2022	May 2022
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
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

Wards	March 2022	April 2022	May 2022
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.

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	March 2022	April 2022	May 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
Diana team	X	X	X
Children’s Phlebotomy team			
LD Community	X	X	X
LD Therapy	X	X	X
CAMHS Crisis team (on call rota)	X		
South Leicestershire CMHT		X	X
Melton CMHT	X	X	X
Charnwood CMHT	X	X	X
Memory service	X	X	X

Community team	March 2022	April 2022	May 2022
Unscheduled Care		x	x
Assertive outreach	x	x	x
ADHD service	x	x	x
Crisis Resolution and Home team	x	x	x
Criminal Justice & Liaison Team		x	x
Central Access Point (CAP)	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. However, the Dianna team are continuing to support high numbers of children requiring palliative and end of life care, with high emotional impact on the team.

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 May 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.

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 May 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.

MH Community

The Crisis Resolution and Home Treatment Team continues to be an area to note due to 40% vacancies along with recruitment and retention challenges. Bank and agency staff are being block booked where possible to try and ensure continuity of care and safe service provision where possible. A recent quality summit highlighted several actions to support recruitment and retention in the team and explore the possibility of new clinical roles.

The Criminal Justice & Liaison & Diversion service is having similar issues within the team, this is made more challenging with the requirement for all staff who work in the service to have been police vetted which makes the use of bank and agency staff more difficult. The team continues to work on recruitment, and have new starters set to join the team. There has been successful recruitment into Mental Health Practitioner vacancies for the Place of Safety Assessment Unit (PSAU).

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. The volume of referrals is proving challenging whilst recruitment is progressing, and gaps in medical cover are an increasing challenge. Melton CMHT continues as an area to note and 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, including cover for depot clinics, admin support, the duty rota and waiting list management process.

Medical presence in the team is to be increased, however cover is further challenged with increased numbers of locums and substantive staff leaving. A risk has been placed onto the risk register. A non-medical prescriber (NMP) has been deployed to provide cover to a medication review clinic in one team. It is also noted that there are gaps in psychology and vacancies in occupational therapy, all of which is contributing to long waiting list times.

The Unscheduled Care team in MHSOP community services 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. Recruitment is progressing slowly.

A number of RN vacancies continue to impact on the memory service. Recruitment and retention continues to be challenging. A quality improvement cycle is in place focusing on patient waiting times. Waiting times are closely monitored to understand the impact on patients waiting to be seen for appointments and follow up visits. Following review there have been no staffing related incidents, with clear process in place to escalate concerns and manage essential visits across localities to support patient needs.

Proposal

Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in May 2022 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 ,Healthy Together and Looked After Children services as potential for unknown risks and impact to outcomes and harm is 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.

May 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	105.8%	290.0%	131.5%	224.3%			56.3%	3.1%	53.1%	11.8	↓0	↑2	↑1		
	Aston	14	13	97.2%	231.9%	105.3%	193.0%			61.0%	9.5%	51.5%	11.1	→0	→0	→0		
	Beaumont	22	22	86.4%	106.3%	86.4%	102.8%			57.2%	31.9%	25.3%	8.8	↓0	↓0	↓1		
	Belvoir Unit	9	10	132.9%	173.1%	106.3%	180.3%			53.3%	29.0%	24.3%	20.1	→0	↑2	→0		
	Heather	18	18	90.7%	155.4%	103.0%	111.3%			45.9%	32.3%	13.5%	6.2	→0	↑2	↑1		
	Thornton	12	13	87.9%	204.4%	99.5%	129.7%			29.6%	21.5%	8.1%	10.3	→0	→0	→0		
	Watermead	19	20	118.4%	252.2%	112.0%	186.9%			50.6%	24.1%	26.5%	8.2	↑2	↑3	→0		
	Griffin - Herschel Prins	6	6	107.1%	250.0%	104.5%	626.4%			62.4%	35.4%	27.0%	33.0	↑2	↓0	→0		
AMH Other	Phoenix - Herschel Prins	11	12	106.7%	186.9%	105.4%	177.2%		100.0%	47.7%	16.2%	31.4%	14.2	→0	→0	→0		
	Skye Wing - Stewart House	30	30	130.1%	115.6%	213.7%	209.9%			45.8%	28.2%	17.6%	6.0	↑1	↓1	→0		
	Willows	8	9	194.5%	192.0%	140.4%	172.9%			56.1%	30.5%	25.6%	17.5	↓1	→0	→0		
	Mill Lodge	12	14	148.0%	100.8%	141.9%	99.8%			55.2%	37.6%	17.6%	15.0	↓0	↓3	→0		
CHS City	Kirby	16	23	70.4%	152.4%	131.7%	163.2%	100.0%	100.0%	45.4%	22.3%	23.1%	11.7	↑4	↑6	→0	→0	→0
	Welford	18	21	72.2%	139.1%	133.3%	268.7%			39.5%	19.6%	19.9%	9.1	↑2	↓4	↓0	→0	→0
	Beechwood Ward - BC03	22	23	106.0%	105.7%	102.6%	104.0%	100.0%	100.0%	32.3%	10.6%	21.7%	8.2	↑4	→1	→0	→0	→0
	Clarendon Ward - CW01	20	20	91.4%	120.7%	106.5%	111.0%	100.0%	100.0%	25.8%	8.7%	17.1%	9.6	↓1	↑2	↓0	→1	→0
	Coleman	12	20	51.4%	252.2%	125.4%	569.0%	100.0%	100.0%	65.9%	40.5%	25.4%	24.9	↑1	↑6	→0	→0	→0
	Wakerley (MHSOP)	12	20	92.3%	118.0%	133.4%	152.2%			39.5%	19.3%	20.2%	17.2	→0	↓6	↑1	→0	→0
CHS East	Dagleish Ward - MMDW	16	17	107.5%	93.0%	100.1%	146.6%	100.0%	100.0%	22.1%	7.1%	14.9%	8.8	↓0	↓2	→0	→0	→0
	Rutland Ward - RURW	16	16	98.0%	153.9%	100.3%	170.9%	100.0%	100.0%	41.5%	17.3%	24.2%	10.2	↑2	↑6	→0	→1	→0
	Ward 1 - SL1	18	19	86.7%	123.8%	100.0%	171.8%	100.0%	100.0%	30.8%	14.9%	15.8%	10.5	↑1	↓3	→0	→0	→0
	Ward 3 - SL3	12	13	102.5%	96.4%	98.4%	101.3%	100.0%	100.0%	30.6%	14.3%	16.3%	9.7	→2	↑4	→0	→0	→0
CHS West	Ellistown Ward - CVEL	17	18	128.1%	103.3%	104.8%	119.2%	100.0%	100.0%	12.7%	5.0%	7.7%	9.2	↑2	↑5	↓0	↑5	→0
	Snibston Ward - CVSN	18	19	98.3%	112.5%	98.4%	154.9%	100.0%	100.0%	18.4%	7.7%	10.7%	10.1	↑1	↑4	→0	↓0	→0
	East Ward - HSEW	22	23	107.5%	143.2%	108.1%	163.8%	100.0%	100.0%	29.6%	7.5%	22.1%	10.6	↑2	↓0	→0	↑3	→0
	North Ward - HSNW	16	19	104.5%	111.0%	101.3%	117.2%	100.0%	100.0%	25.9%	9.1%	16.8%	11.1	→2	↓0	→0	↓0	→0
	Swithland Ward - LBSW	19	20	100.6%	96.5%	96.8%	152.5%	100.0%	100.0%	17.0%	6.8%	10.2%	8.6	→1	↓2	↑1	↑2	→0
FYPC	Langley	13	15	111.4%	108.5%	132.8%	146.2%	100.0%		49.4%	36.6%	12.8%	14.9	↑1	→0	→0		
	CAMHS Beacon Ward - Inpatient Adolescent	5	17	119.0%	166.7%	140.8%	295.8%	100.0%		72.4%	30.9%	41.5%	41.9	↓2	↑2	→0		
LD	Agnes Unit	2	3	82.5%	81.0%	100.8%	109.8%			49.3%	18.3%	31.0%	59.2	→0	↓1	→0		
	Gillivers	1	5	101.4%	86.8%	138.6%	133.3%			2.5%	2.5%	0.0%	61.6	↑1	→0	→0		
	1 The Grange	1	3	144.7%	83.4%	-	115.2%			16.8%	16.8%	0.0%	66.1	→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	21	105.8%	290.0%	131.5%	224.3%	56.3%	3.1%	53.1%	11.8	↓0	↑2	↑1
Aston	13	97.2%	231.9%	105.3%	193.0%	61.0%	9.5%	51.5%	11.1	→0	→0	→0
Beaumont	22	86.4%	106.3%	86.4%	102.8%	57.2%	31.9%	25.3%	8.8	↓0	↓0	↓1
Belvoir Unit	10	132.9%	173.1%	106.3%	180.3%	53.3%	29.0%	24.3%	20.1	→0	↑2	→0
Heather	18	90.7%	155.4%	103.0%	111.3%	45.9%	32.3%	13.5%	6.2	→0	↑2	↑1
Thornton	13	87.9%	204.4%	99.5%	129.7%	29.6%	21.5%	8.1%	10.3	→0	→0	→0
Watermead	20	118.4%	252.2%	112.0%	186.9%	50.6%	24.1%	26.5%	8.2	↑2	↑3	→0
Griffin - Herschel Prins	6	107.1%	250.0%	104.5%	626.4%	62.4%	35.4%	27.0%	33.0	↑2	↓0	→0
Totals										↓4	↑9	↑3

Table 4 - Acute inpatient ward safe staffing

All the wards have used a high percentage of temporary workforce throughout May 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. Actions are being taken to reduce the risk of allegations by strengthening the bank staff induction, providing a robust handover specific to the patients risks and need for observation and changing the way the patients level 4 observations are managed and instead of both staff starting and finishing observations at the same time they are staggered into half hour safety and finish times, with both staff observing the patient for 1 hour at a time.

There were nine falls reported across four wards during May 2022. This is an increase in falls from four reported in April 2022. There were six first falls and three repeat falls. Four falls happened during the night shift and two falls during the day shift. From the first falls all six were unwitnessed. There were one male first fall and five female first falls.

The same patient fell three times in May 2022, one witnessed and two unwitnessed. The patient had falls on two of the wards.

The main cause group for falls incidents related to the environment, whereby a patient experienced three falls out of bed, one feeling unwell and the other feeling dizzy in the shower, mechanical cause's such as tripping over a mattress (witnessed) and a trip (as stated) in the garden into a bush, a medication may have been a cause in one case along with reduced mobility, agitation, and aggression. All patients were reviewed medically, and treatment provided specifically for two patients with minor head and wound injuries. One patient who fell on Ashby ward was reviewed medically, transferred to UHL and treated for a fractured hip. A serious incident investigation is underway. Analysis of the falls has shown that staffing was not a contributory factor.

There were four medication errors reported in May 2022 which is a decrease compared to seven in April 2022. These were reported for one acute ward and one PICU ward. One incident was an Electronic Controlled Drug register discrepancy. Two incidents involved incorrect dose of medication being given to the patient, there was no harm to the patient as a result of the incorrect dose and one incident regarding mislaid medication management. All incidents were reviewed in line with the Trust medication error policy and individual review was completed with staff involved. Review of the incidences has not identified any direct correlation between staffing and the impact of quality and safety of the patient's care/outcomes.

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
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HP Phoenix	12	106.7%	186.9%	105.4%	177.2%	47.7%	16.2%	31.4%	14.2	→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 levels of therapeutic observation. There were no medication errors or falls reported for Phoenix Ward for May 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	130.1%	115.6%	213.7%	209.9%	45.8%	28.2%	17.6%	6.0	↑1	↓1	→0
Willows	9	194.5%	192.0%	140.4%	172.9%	56.1%	30.5%	25.6%	17.5	↓1	→0	→0
Mill Lodge	14	148.0%	100.8%	141.9%	99.8%	55.2%	37.6%	17.6%	15.0	↓0	↓3	→0
TOTALS										↓2	↓4	→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. 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 continue with 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 two reported medication incidents in May 2022, compared to four in April 2022. One incident was inappropriate storage of medication and a second was the wrong medication being administered. There was no harm to the patient because of this. All incidents were reviewed in line with the Trust medication error policy and individual review was completed with staff involved.

There were four falls reported in May 2022, a decrease from ten in April 2022. Of these four falls, three related to Mill Lodge and one for Stewart House. At Stewart House, one fall experienced by a patient (with a history of falls) leant on a suitcase (in her bedroom) whilst getting dressed, the suitcase moved, and the patient fell. At Mill Lodge, three falls were

reported. Two of the falls were experienced by the same patient who rolls out of his bed and onto the crash mat by the side of the bed. The third fall involved a patient who fell onto his table (in his bedroom) linked to symptoms of Huntington’s Disease. Following review staffing was not identified as a contributing factor.

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	70.4%	152.4%	131.7%	163.2%	45.4%	22.3%	23.1%	11.7	↑4	↑6	→0	→0	→0
Welford	21	72.2%	139.1%	133.3%	268.7%	39.5%	19.6%	19.9%	9.1	↑2	↓4	↓0	→0	→0
Coleman	20	51.4%	252.2%	125.4%	569.0%	65.9%	40.5%	25.4%	24.9	↑1	↑6	→0	→0	→0
Wakerley	20	92.3%	118.0%	133.4%	152.2%	39.5%	19.3%	20.2%	17.2	→0	↓6	↑1	→0	→0
TOTALS										↑7	↓22	→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. There are a number of band 5 and 6 vacancies across the Wards.

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.

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 May 2022 which increased the need for additional temporary staffing. Kirby ward and Welford ward are awaiting start dates for band 6 deputy charge nurses, following recruitment to these posts

Coleman and Wakerley wards continue to have the greater acuity with increased average CHPPD on these wards. This is due to a combination of mental and physical health needs which require a higher ratio of nursing staff to maintain safety of patients and staff.

There are current plans for HCSW and band 5 nurse recruitment to existing vacancies across the wards. These vacancies will be promoted at the DMH recruitment event in July 2022.

There were no pressure ulcer incidents reported in May 2022. There has been an increase in reported medication incidents during May 2022 across MHSOP inpatients. Four incidents were recorded on Kirby Ward, three related to storage and dispensing of medication, and one related to the wrong medication being given to the wrong patient. The patient did not experience harm as a result of this. Welford ward reported two incidents of a reduced dose of medication being given, and one patient on Coleman ward who was prescribed medication despite having an allergy relating to that medication. The patient was monitored for any effects of this, and the patient did not experience harm because of this.

A review of falls for MHSOP wards identified a reduction on both Welford and Wakerley Wards, however, an increase was reported for Kirby and Coleman wards where patients have been experiencing multiple falls during the month, due to their clinical presentation. Falls huddles were implemented and risk assessments and care plans updated to reflect falls risks. There was no correlation between the number of falls experienced and staffing levels on duty.

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	17	107.5%	93.0%	100.1%	146.6%	22.1 %	7.1%	14.9 %	8.8	↓0	↓2	→0	→0	→0
Rutland Ward - RURW	16	98.0%	153.9%	100.3%	170.9%	41.5 %	17.3 %	24.2 %	10.2	↑2	↑6	→0	→1	→0
Ward 1 - SL1	19	86.7%	123.8%	100.0%	171.8%	30.8 %	14.9 %	15.8 %	10.5	↑1	↓3	→0	→0	→0
Ward 3 - SL3	13	102.5%	96.4%	98.4%	101.3%	30.6 %	14.3 %	16.3 %	9.7	→2	↑4	→0	→0	→0
Ellistown Ward - CVEL	18	128.1%	103.3%	104.8%	119.2%	12.7 %	5.0%	7.7%	9.2	↑2	↑5	↓0	↑5	→0
Snibston Ward - CVSN	19	98.3%	112.5%	98.4%	154.9%	18.4 %	7.7%	10.7 %	10.1	↑1	↑4	→0	↓0	→0
East Ward - HSEW	23	107.5%	143.2%	108.1%	163.8%	29.6 %	7.5%	22.1 %	10.6	↑2	↓0	→0	↑3	→0
North Ward - HSNW	19	104.5%	111.0%	101.3%	117.2%	25.9 %	9.1%	16.8 %	11.1	→2	↓0	→0	↓0	→0
Swithland Ward - LBSW	20	100.6%	96.5%	96.8%	152.5%	17.0 %	6.8%	10.2 %	8.6	→1	↓2	↑1	↑2	→0

Beechwood Ward - BC03	17	107.5%	93.0%	100.1%	146.6%	32.3%	10.6%	21.7%	8.2	↑4	→1	→0	→0	→0
Clarendon Ward - CW01	16	98.0%	153.9%	100.3%	170.9%	25.8%	8.7%	17.1%	9.6	↓1	↑2	↓0	→1	→0
TOTALS										↑18	↓29	↓1	↑12	→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 all wards 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 eight 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.

A particular area to note is Rutland ward at 41.5% temporary workforce, this is due to enhanced observations due to patient levels of acuity and requiring additional HCA support impacted by the environmental challenges of the layout of the ward itself.

A recruitment event is being arranged for the 7th of July 2022 with recruitment videos created to promote the nursing roles and career opportunities within community hospitals.

Care hours per patient day has improved from the previous month remaining stable across the eleven wards, the lowest reporting ward is Beechwood at 8.2 to the highest ward North ward at 11.1. Further analysis continues to strengthen reporting of CHPPD data.

A review of the Nurse Sensitive Indicators (NSIs) for the community hospital wards has identified a decrease in the number of falls incidents from thirty-four in April 2022 to twenty-nine in May 2022 comprising of nineteen first falls and ten repeat falls.

Of the falls reported eleven 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 five witnessed falls were due to a fall from chair (3) and fall from bed (2). Ward

areas to note are Rutland Ward, Ward 3 St Luke's, Ellistown and Snibston Coalville. The wards continue to see an increase in patient dependency and acuity including patients presenting with delirium. 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 twelve in April 2022 to eighteen in May 2022. The incidents reported were across nine of the eleven wards. The main cause group of medication incidents related to prescribing incidents, failure of staff in following medication procedure/policy/guidance, discrepancy in counted medicine and electronic controlled drug register issues. The Matron team are addressing the process issues and improvements through their clinical walk rounds.

The service received one multi agency complaint during May 2022 which is currently being investigated, initial findings indicate that it had no direct correlation with staffing.

The number of category 2 pressure ulcers developed in our care has increased to twelve (eight in April 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. Specific review of pressure relieving cushions availability and process for use is being undertaken through June/July 2022.

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	111.4%	108.5%	132.8%	146.2%	49.4 %	36.6%	12.8%	14.9	↓1	→0	→0
CAMHS	17	119.0%	166.7%	140.8%	295.8%	72.4 %	30.9%	41.5%	41.9	↓2	↑2	→0
TOTALS										↓3	↑2	→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. 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 six beds open and occupied. One patient is being nursed in Long Term Segregation and is being supported by a team of Prometheus staff.

There were two medication incidents reported in May 2022, one incident was a documentation error, the drug was recorded as administered when the patient refused. The second incident was in relation to controlled drugs (CD). The CD stock was incorrect, as two tablets were administered by temporary staff, and it was not recorded on the CD stock but was recorded on Wellsky. Staff recorded that they only gave one tablet but did administer 2. This was picked up on the CD drug check and rectified. It was a human error as 2 tablets were given but only charted 1 as given.

There were no falls reported for Langley in May 2022. There was one medication error which related to CD's. Two tablets were prescribed, and staff recorded that they administered one tablet, but did give the correct dose of two tablets on review.

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	3	82.5%	81.0%	100.8%	109.8%	49.3%	18.3%	31.0%	59.2	→0	↓1	→0
Gillivers	5	101.4%	86.8%	138.6%	133.3%	2.5%	2.5%	0.0%	61.6	↑1	→0	→0
1 The Grange	3	144.7%	83.4%	-	115.2%	16.8%	16.8%	0.0%	66.1	→0	↓0	→0
TOTALS										↑1	↓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 reported fall on Agnes which is related to a patient experiencing an epileptic seizure and was supported to the ground. This patient is a known epileptic and has an individual care plan to manage this.

Short breaks (including Gillivers and the Grange) the staffing includes both RNs and HCSWs due to the complex physical health needs. There were no medication errors or falls reported for the Grange.

Governance table

For Board and Board Committees:	Trust Board 26.7.22	
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:	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:		