

Meeting Name and date	Quality Assurance Committee – 29 September 2020.
Paper number	

Name of Report - SAFE STAFFING - AUGUST 2020 REVIEW
--

For approval		For assurance	<input checked="" type="checkbox"/>	For information	
--------------	--	---------------	-------------------------------------	-----------------	--

Presented by	Anne Scott	Author (s)	Emma Wallis
--------------	------------	------------	-------------

Alignment to CQC domains:		Alignment to LPT priorities for 2019/20 (STEP up to GREAT):	
Safe	<input checked="" type="checkbox"/>	S – High Standards	<input checked="" type="checkbox"/>
Effective		T - Transformation	
Caring		E – Environments	
Responsive		P – Patient Involvement	
Well-Led		G – Well-Governed	<input checked="" type="checkbox"/>
		R – Single Patient Record	
		E – Equality, Leadership, Culture	
		A – Access to Services	
		T – Trust wide Quality improvement	
Any equality impact (Y/N)	N		

Report previously reviewed by	
Committee / Group	Date

Assurance: What level of assurance does this report provide in respect of the Organisational Risk Registers?	Links to ORR risk numbers
Established processes are in place to monitor and ensure staffing levels are safe and that patient safety and care quality is maintained. National trust data collection for safe staffing resumed in August, score card included, fill rates against planned staffing and CHPPD presented.	1,4,26
Recommendations of the report	
The Trust Board is recommended to receive assurance that processes are in place to monitor and ensure the inpatient and community staffing levels are safe and that patient safety and care quality are maintained.	

QUALITY ASSURANCE COMMITTEE – 29 SEPTEMBER 2020

SAFE STAFFING – AUGUST 2020 REVIEW

Introduction/Background

- 1 This report provides an overview of nursing safe staffing during the month of August 2020, including an overview of staffing areas to note, updates in response to the COVID-19 pandemic, potential risks and actions to mitigate the risks to ensure that safety and care quality are maintained.
- 2 The report triangulates workforce metrics, fill rates, CHPPD, quality and outcomes linked to Nurse Sensitive Indicators (NSIs) and patient experience feedback. A summary is available in Annex 1.
- 3 Quality Schedule methods of measurement are RAG rated in Annex 1;
 - A – Each shift achieves the safe staffing level 100%
 - B – Less than 6% of clinical posts to be filled by agency staff

Recommendations

- 4 For the Quality Assurance Committee and Trust Board to receive assurance that processes are in place to monitor and ensure the inpatient and community staffing levels are safe and that patient safety and care quality are maintained.

Discussion

Trust level highlights for August 2020

Right Staff

- Temporary worker utilisation rate increased slightly this month; 1.71% reported at 19.23% overall. Trust wide agency usage increased this month by 0.67% to 3.72% overall. The overall decreased bank and agency utilisation over the past months reflects the reduced bed occupancy and flexed staffing levels to meet patient needs.
- This month Griffin, Coleman, Agnes and CAMHS inpatient units/wards utilised over 6% agency staff, this is linked to high acuity and levels of observation. The reduction in the number of wards utilising over 6% agency staff reflects the reduced overall temporary worker and agency use across the Trust.
- There are ten inpatient 'areas to note' identified either by; high percentage of temporary worker/agency utilisation or by the Head/Deputy Head of Nursing due to concerns relating to increased acuity, high risk patients, staff sickness, ability to fill additional shifts and the impact to safe and effective care.

- There are five community team 'areas to note', no changes from the previous month. Staffing and case-loads are reviewed and risk assessed across service teams using patient prioritisation models to ensure appropriate action is taken to maintain patient safety.

Right Skills

- Correct to 1 September 2020 Trust wide;
 - Appraisal at 82.% GREEN
 - Clinical supervision at 86.2% GREEN

Right Place

- The Covid-19 risk managed wards are East & North, Beaumont, Bosworth, Langley, Agnes Unit and Gwendolen Ward. Risk managed is to mean that the ward is caring for patients on the emergency admission Covid-19 pathway as per the national safe staffing descriptors and care pathways. This maintains separation between possible and confirmed COVID-19 patients and supports patient and staff cohorting.
- Due to the low numbers of Covid-19 positive patients requiring a community hospital bed the Trust made the decision to temporarily close North Ward and open additional beds/capacity on Ward 4 Coalville Hospital to support the wider system for admissions to the low risk/green pathway. 15 beds were opened on Ward 4 Coalville Hospital on the 11 August 2020.
- Fill rates for actual HCSWs over 100% predominantly on nights, reflects the high utilisation and deployment of additional temporary staff due to increased levels of therapeutic observation to maintain safety of all patients. High utilisation will be considered in the establishment reviews.
- Fill rates below 100% for actual HCSWs reflect the reduced bed occupancy and adjusted staffing levels and skill mix to meet patient care needs.
- The total Trust CHPPD average (including ward based AHPs) is reported at 15.55 CHPPD in August 2020, with a range between 6.0 (Thornton Ward) and 61.9 (East Ward) CHPPD. General variation reflects the diversity of services, complex and specialist care provided across the Trust. However the CHPPD on East reflects the low occupancy (5%) resulting in a high nurse to patient ratio.
- Analysis of CHPPD has not identified significant variation at service level; indicating that staff are being deployed productively across services.

Staff leave data

- The table below shows absence captured by the HR isolation sheet as at 2 September 2020, the data now includes Test and Trace notification;

Self-Isolation - Household Carer	1
Self-Isolation - Household WFH	3
Self-Isolation - Symptomatic	25
Self-Isolation - Vulnerable Group	121
Undefined	1
Test and Trace Notification	0
Covid related absence	151
General Absence	242

Total Workforce	5329
Covid related absence	2.83%
General Absence	4.54%
Total Absence	7.37%

Table 1 – Trust COVID-19 and general absence – 2 September 2020

- In comparison to the previous month as reported on 31 July 2020, overall absence has decreased 1.45%, solely due to reduction in COVID-19 related absence.

	AMH	Bank	CHS	Enabling	FYPC	Hosted	LD	MHSOP	Grand total
Self-isolation – Household carer	0	0	1	0	0	0	0	0	1
Self-isolation – Household WFH	1	0	1	0	1	0	0	0	3
Self-isolation – Symptomatic	5	10	5	1	3	0	0	1	25
Self-isolation – Vulnerable Group	23	3	47	7	28	2	7	4	121
Undefined	0	0	0	0	0	0	0	1	1
Test and Trace Notification	0	0	0	0	0	0	0	0	0
Totals	29	13	54	8	32	2	7	6	151

Table 2 – COVID-19 absence by Directorate – 2 September 2020

In-patient Staffing

- 4 Summary of inpatient staffing areas to note;

Wards	June 2020	July 2020	Aug 2020
Hinckley and Bosworth - East Ward	X	X	X
St Lukes Ward 1	X		
St Lukes Ward 3	X	X	X
Rutland			X
Coleman		X	X
Gwendolen	X	X	X
Beaumont	X	X	X
Belvoir	X	X	
Griffin	X	X	X
Agnes Unit	X	X	X
Langley		X	X
Bosworth (CAMHS)	X	X	X

Table 3 – In-patient staffing areas to note

- 5 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; East Ward Hinckley, Beaumont, Bosworth, Langley, Agnes Unit and Gwendolen Wards. 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 care pathways.

- 6 Both the Agnes Unit and CAMHS Bosworth are identified as 'areas to note' due to a combination of factors; high percentage of temporary worker/agency utilisation, concerns relating to; increased acuity, high risk and vulnerable patients, safeguarding and safety incidents and impact to safe and effective care. Both areas are being supported with quality improvement plans, with oversight to the Trust Quality Assurance Committee and a number of supportive measures in place.

The Agnes Unit is commissioned for three pods supporting four patients in each. At present, due to patient acuity and increased need for long term segregation five areas at the Agnes Unit are now in use which has impacted on staffing. The short breaks term are mostly working at the Agnes Unit having been redeployed however, this is being reviewed and will imminently change.

Bosworth Ward quality summit outcome report received, currently under review in the Quality and Safety Directorate Management Team (DMT) to agree how best to proceed and support the unit. Acuity and dependency data collection using the Mental Health Optimal Staffing Tool (MHOST) commenced Monday 27 July 2020 for a 20 day data collection period. Bosworth Ward are also managing patients across both low and medium risk COVID-19 pathways which requires additional staffing to manage in line with IPC guidance.

- 7 Beaumont Ward is an area to note previously as the amber/red COVID-19 ward; six weeks ago it changed to the admission ward for all adult mental health wards and COVID-19 screening, in line with Public Health England Infection Prevention and Control Re-mobilisation guidance.

It has not been without challenges and the clinical and management team have felt the change and impact to both patient care and staff. In order to understand the impact to quality, patient safety and experience for both patients and staff a thorough review has taken place including;

- Staff forums to feedback their experience working on an admission ward
- Feedback from other Consultants and Ward Sisters/ Charge Nurses on other wards
- Patient feedback has not formally been requested due to the acuity of patients mental health but informal verbal feedback has been provided by staff on Beaumont and other wards
- Family/ friends feedback has not been requested at this time but it is important to note that there is no physical visiting to Beaumont Ward
- Benchmarking with Northamptonshire Foundation Trust and other Trusts via the Directors of MH/LD Nursing Forum
- Incidents review (4 weeks) – there has been an increase in incidents on Beaumont

The following summarises the key themes and risk identification based on the feedback above and incident review;

- High acuity of patients presenting incidents of physical and, psychological harm to patients and staff
- High acuity of patients with peaks and troughs in admission workload
- High continuous workload for doctors, nurses and other MDT members completing full admission assessments and care plans ensuring high standards of documentation is maintained
- Maintaining increased staffing levels with sickness and leave, ensuring staff and patient wellbeing and good administrative support
- Challenges to providing a good teaching and learning environment to junior doctors, student nurses and medical students.

The following immediate actions are in place to support patient and staff quality, safety and experience;

- Staffing levels and skill mix reviewed and agreed to increase Registered Nurse (RN) night staffing and to match skill mix and staffing for both day and night shifts to reflect acuity and workload.
- Clinical leaders on shifts daily at a senior level to lead the team – Matrons/ Band 7/6 staff
- Explore extra support for doctors – review input from physical health nurses and support from other Consultants for 72 hour review, review Consultant workload
- Extra administration support and additional TLW and OT support
- Review patient pathway to PICU – threshold for patient behaviour
- Offer staff reporting burnout the opportunity to rotate with staff on another ward
Agreeing a pool of bank/ agency staff to support via block contract (specifically describing the admission ward acuity)
- Psychological support sessions commenced face to face on the ward on 9th September 2020. Positive and Safe Lead to visit weekly and support debrief.
- Further review of the IPC guidance in context of mental health admissions and risk of infection and transmission with IPC Team/ Trust Executive IPC Lead regarding admitting patients into specified areas on Heather and Watermead too (all single ensuite rooms) and maintaining local isolation also including planned admissions that can be tested prior to admission.

8 This month Griffin, Coleman, Agnes and CAMHS inpatient units/wards utilised over 6% agency staff, this is linked to high acuity and levels of observation. The reduction in the number of wards utilising over 6% agency staff reflects the reduced overall temporary worker and agency use across the Trust.

9 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

10 Summary of community 'areas to note';

Community team	June 2020	July 2020	Aug 2020
City East Hub- Community Nursing	X	X	X
City West Hub- Community Nursing	X	X	X
Healthy Together – City (School Nursing only)	X	X	X
CAMHS County - FYPC	X	X	X
Diana service	X	X	X

Table 4 – Community areas to note

- 11 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.
- 12 CAMHS County, Healthy Together City (School Nursing only) and Diana teams are rated to be at Amber escalation level due to only 70% of the established team being available to work. Risks continue to be monitored within the Directorate on a weekly basis.
- 13 There remain a number of vacancies across community planned care nursing hubs with City West and City East carrying the largest number and key 'areas to note'. There are an increasing number of staff vacancies in both North West Leicestershire and East South Hubs. Due to the numbers of vacancies, vacancies continue to be covered generally with long term blocked booked agency staff. County Band 5 Interviews are due to take place on the 17 September 2020 and a HCA advert is open for Charnwood.

Advert remains open for Band 5 posts in the City with a recruitment and retention premia attached, flexible hours offered and a new style of advert. To support the ongoing city recruitment issues, block booked bank and agency staff are in place that have individual training plans, to enable them to provide the same level of care as the substantive staff. They have also been aligned to individual teams to support their development and supervision. All Ageing Well posts have now successfully been recruited to for all hubs.

- 14 There are no 'areas to note' in MH in August 2020. The impact of Covid-19 and local measures in Leicester City continues to affect community teams throughout August 2020. Face-to-face contacts remain suspended wherever possible, and telephone and video appointments are now offered. Attend Anywhere video consultation has been rolled out across teams. The exception to this approach is where face-to-face contacts are unavoidable, for example depot administration, Mental Health Act assessments and safeguarding issues etc. Some services, for example Assertive Outreach, have a higher proportion of face-to-face visits due to the acuity of the client group.

Whilst there are no reported community team staffing areas to note, the Central Access Point (CAP) continues to experience staffing shortages and this is resulting in increased pressure on the community mental health teams and the crisis resolution and home treatment team to provide cover. This is on the risk register, a new staffing model and recruitment plan is in place to address the shortages.

The number of vacancies across the services remains stable and gaps continue to be filled with bank and agency wherever possible.

Conclusion

- 15 In light of the triangulated review of workforce metrics, nurse sensitive indicators and patient feedback, the Acting Director of Nursing, AHPs and Quality is assured that there is sufficient resilience across the Trust notwithstanding some areas to note, to ensure that every ward and community team is safely staffed.

Presenting Director: Anne Scott, Acting Director of Nursing, AHPs and Quality

Author: Emma Wallis, Associate Director of Nursing and Professional Practice

AUGUST 2020

				Fill Rate Analysis (National Return)						% Temporary Workers			Overall CHPPD (Nursing And AHP)
				Actual Hours Worked divided by Planned Hours						(NURSING ONLY)			
				Nurse Day (Early & Late Shift)		Nurse Night		AHP Day					
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	Total	Bank	Agency	
AMH Bradgate	Ashby	21	21	92.1%	258.7%	80.3%	211.1%			42.7%	41.1%	1.6%	7.3
	Aston	19	18	113.1%	143.1%	102.8%	114.1%			12.7%	11.6%	1.1%	6.4
	Beaumont	22	19	98.0%	118.8%	78.6%	137.4%			12.5%	9.2%	3.3%	10.4
	Belvoir Unit	10	9	126.7%	138.7%	198.7%	124.7%			22.5%	18.5%	4.0%	17.5
	Heather	18	18	94.1%	188.3%	103.0%	107.9%			15.0%	13.5%	1.5%	6.8
	Thornton	20	20	112.1%	170.0%	103.5%	107.3%			25.4%	24.3%	1.1%	6.0
	Watermead	20	20	106.8%	212.1%	101.5%	148.7%		100.0%	14.8%	13.7%	1.0%	7.2
	Griffin - Herschel Prins	6	5	129.6%	161.7%	82.4%	196.3%		100.0%	42.3%	31.6%	10.7%	24.6
AMH Other	Phoenix - Herschel Prins	12	12	113.0%	134.8%	104.8%	104.7%			11.6%	10.4%	1.1%	9.9
	Skye Wing - Stewart House	30	25	157.0%	136.6%	133.4%	223.4%			21.8%	20.5%	1.4%	7.7
	Willows	9	8	141.9%	117.2%	107.2%	145.6%			17.0%	15.5%	1.4%	13.7
	Mill Lodge	14	12	101.6%	112.5%	133.5%	181.0%			27.4%	26.8%	0.6%	14.6
	Kirby	24	22	74.4%	112.7%	124.7%	165.3%	100.0%	100.0%	25.5%	22.1%	3.4%	8.0
	Welford	24	19	76.1%	104.5%	129.5%	178.7%		100.0%	14.4%	13.0%	1.4%	7.3
	Beechwood Ward - BC03	22	19	139.0%	69.0%	158.3%	207.0%	100.0%	100.0%	8.5%	4.8%	3.7%	10.8
	Clarendon Ward - CW01	21	11	154.6%	60.8%	156.0%	216.7%			9.0%	7.1%	1.9%	13.6
	Coleman	40	23	62.1%	131.9%	116.8%	277.4%	100.0%	100.0%	34.7%	26.8%	7.9%	8.0
	Gwendolen	21	7	58.4%	76.7%	118.3%	206.1%			9.7%	6.0%	3.7%	16.4
	Dagleish Ward - MMDW	17	12	177.4%	68.0%	154.9%	148.2%	100.0%	100.0%	4.0%	2.8%	1.2%	12.4
	Rutland Ward - RURW	16	12	160.3%	66.3%	143.0%	241.7%			17.8%	14.9%	2.9%	8.1
	Ward 1 - SL1	18	10	144.8%	55.3%	150.9%	153.4%	100.0%	100.0%	7.0%	6.7%	0.3%	15.1
Ward 3 - SL3	13	10	245.6%	82.4%	153.3%	222.4%	100.0%	100.0%	12.9%	9.6%	3.3%	14.2	
CHS West	Ellistown Ward - CVEL	18	13	175.3%	74.9%	155.6%	153.3%	100.0%	100.0%	5.4%	4.2%	1.2%	12.3
	Snibston Ward - CVSN	18	13	136.4%	57.4%	160.8%	176.0%	100.0%	100.0%	5.1%	4.1%	1.1%	12.3
	East Ward - HSEW	28	1	95.5%	11.7%	120.9%	12.4%	100.0%	100.0%	3.4%	3.0%	0.4%	61.9
	Swithland Ward - LBSW	18	12	181.1%	71.3%	153.0%	160.5%	100.0%	100.0%	3.2%	2.6%	0.6%	12.6
FYPC	Langley	15	13	86.8%	335.9%	133.3%	195.7%	100.0%		35.6%	30.1%	5.6%	13.9
	CAMHS Beacon Ward	12	8	115.9%	295.5%	142.2%	615.3%	100.0%	100.0%	50.0%	33.7%	16.4%	38.3
LD	Agnes Unit	4	3	145.0%	218.3%	192.8%	272.1%			43.0%	31.2%	11.9%	53.8

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

- Quality Schedule methods of measurement are RAG rating;
 - B – Less than 6% of clinical posts to be filled by agency staff
 - Red above 6% agency usage

Adult Mental Health and Learning Disabilities Services (AMH/LD)

Acute Inpatient Wards

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
Ashby	99.1%	92.1%	258.7%	80.3%	211.1%	42.7%	41.1%	1.6%	7.3	0	1→	0↓
Aston	96.1%	113.1%	143.1%	102.8%	114.1%	12.7%	11.6%	1.1%	6.4	0	0↓	0
Beaumont	85.3%	98.0%	118.8%	78.6%	137.4%	12.5%	9.2%	3.3%	10.4	3↓	3↓	0
Belvoir Unit	94.5%	126.7%	138.7%	198.7%	124.7%	22.5%	18.5%	4.0%	17.5	1↓	0↓	0
Heather	97.7%	94.1%	188.3%	103.0%	107.9%	15.0%	13.5%	1.5%	6.8	0	1↓	0
Thornton	100.3%	112.1%	170.0%	103.5%	107.3%	25.4%	24.3%	1.1%	6.0	1↑	0	0
Watermead	98.2%	106.8%	212.1%	101.5%	148.7%	14.8%	13.7%	1.0%	7.2	2↓	0↓	0
Griffin F PICU	84.9%	129.6%	161.7%	82.4%	196.3%	42.3%	31.6%	10.7%	24.6	0	1↑	0↓
TOTALS										7↓	6↓	0→

Table 5 - Acute inpatient ward safe staffing

A review of the NSIs and patient has not identified any staffing impact on the quality and safety of patient care/outcomes.

There have been a reduced number of falls across the acute inpatient wards during August 2020.

Analysis has identified the following themes:

- Effects of physical health and fluctuating/deterioration of mental health
- Effects of possible low blood pressure
- Seizure related falls

The unit has a Quality Improvement conversation started, booked to review the possibility of implementing post falls huddles across the BMHU.

For the period of August 2020 there were 7 reported errors relating to medication, 4 less than the previous month. Analysis has shown one error was not an actual error it was an issue in regard to the recording of a half of a tablet on the electronic CD register which has now been resolved.

The key theme identified is in relation to the CD register and medicine storage, the matron is working with team leaders to improve practice and reduce errors.

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	58.9%(Pod 1) 89.5% (Pod 2) 75% (Pod 3)	145.0%	218.3%	192.8%	272.1%	43.0%	31.2%	11.9%	53.8	2↑	4↑	0
TOTALS										2↑	4↑	0

Table 6 - Learning disabilities safe staffing

A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes. The Agnes Unit is supported with a quality improvement plan as detailed on page 5 of this report.

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	96.8%	113.0%	134.8%	104.8%	104.7%	11.6%	10.4%	1.1%	9.9	1→	0	0
TOTALS										1→	0	0

Table 7- Low secure safe staffing

There were no patient falls or complaints in August 2020. There was one medication error; analysis has not identified any impact on the quality and safety of patient care/outcomes.

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 errors	Falls	Complaints
Skye Wing	83.9%	157.0%	136.6%	133.4%	223.4%	21.8%	20.5%	1.4%	7.7	0	2↓	0
Willows Unit	98.1% (Sycamore) 54.8% (Acacia)	141.9%	117.2%	107.2%	145.6%	17.0%	15.5%	1.4%	13.7	0	2↑	0
Mill Lodge	85.7%	101.6%	112.5%	133.5%	181.0%	27.4%	26.8%	0.6%	14.6	0	10↑	0
Totals										0↓	14↑	0

Table 8 - Rehabilitation service safe staffing

A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes. All medication and falls incidents have been reviewed by the matron. It is noted that there has been a moderate increase in falls on Mill Lodge compared to the previous month. Analysis has shown that five of the ten falls were experienced by a female patient who is independently mobile. Three of the falls were experienced at night in the toilet, as a result sensory lighting has been put into the room to give light but not disturb her sleep.

Remaining falls were experienced by different patients; analysis did not identify further themes, falls are linked to progression of patient's Huntington's disease in relation to mobility and cognitive processing. The MDT is currently working on a business case regarding the provision of specialist safe bed systems which will formulate a business case. There is a risk on the risk register regarding this. Until this is resolved staff will be reporting falls from bed/height as the current crash mats are not at the same height as the bed at its lowest point.

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
FP General												
MM Dalgliesh	70.4%	177.4%	68.0%	154.9%	148.2%	4.0%	2.8%	1.2%	12.4	0↓	0→	0
Rutland	75.6%	160.3%	66.3%	143.0%	241.7%	17.8%	14.9%	2.9%	8.1	0→	6↑	0
SL Ward 1	56.7%	144.8%	55.3%	150.9%	153.4%	7.0%	6.7%	0.3%	15.1	1→	1↓	0
SL Ward 3	75.6%	245.6%	82.4%	153.3%	222.4%	12.9%	9.6%	3.3%	14.2	4↑	1↓	0
CV Ellistown 2	71%	175.3%	74.9%	155.6%	153.3%	5.4%	4.2%	1.2%	12.3	1→	0↓	0
CV Snibston 1	72.4%	136.4%	57.4%	160.8%	176.0%	5.1%	4.1%	1.1%	12.3	1→	0↓	0
HB East Ward	5%	95.5%	11.7%	120.9%	12.4%	3.4%	3.0%	0.4%	61.9	0→	0↓	0
HB North Ward												
Swithland	69%	181.1%	71.3%	153.0%	160.5%	3.2%	2.6%	0.6%	12.6	1→	7↑	0
CB Beechwood	83.6%	139.0%	69.0%	158.3%	207.0%	8.5%	4.8%	3.7%	10.8	0→	4↑	0
CB Clarendon	52.5%	154.6%	60.8%	156.0%	216.7%	9.0%	7.1%	1.9%	13.6	0↓	4↑	0
TOTALS										8↑	23↓	0

Table 9 - Community hospital safe staffing

Hinckley and Bosworth Community Hospital continues to be the identified red site for Covid-19 positive and symptomatic patients. Due to the low numbers of Covid-19 positive patients requiring a community hospital bed the Trust made the decision to temporarily close North Ward and open additional beds/capacity on Ward 4 Coalville Hospital to support the wider system for the admissions in the low risk/green pathway. 15 beds were opened on Ward 4 Coalville Hospital on the 11 August 2020.

Feilding Palmer Hospital (FPH) continues to be temporarily closed to admission 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. Further reviews by the trust are being undertaken during September/October 2020.

The average percentage fill rate for HCSW is noted to be reduced, this corresponds to the reduced bed occupancy rate. Temporary workforce usage continues to reduce; this has been impacted by the reduced bed occupancy and the review of staffing requirements on a shift by shift basis.

A review of the NSIs for the community hospital wards has identified that there was a slight decrease overall in falls incidents from July 2020. However areas to note for falls are Swithland Rutland Wards, these wards have noted an increase in patient acuity and presentation of patients 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. To note there has been one fall with moderate harm on Rutland Ward, this is currently a serious investigation, early analysis has not identified that staffing was a contributing factor.

The number of medication incidents for August 2020 has increased slightly to 8 for the inpatient wards. A review of these incidents has not identified any direct correlation with staffing; the matrons for the wards are conducting a review with the ward sisters to further understand the themes. In addition a deep dive into the themes of medication related incidents over the past year is being undertaken by the Matron with the nursing team for Ward 3 St Lukes Hospital.

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
BC Kirby	91.9%	74.4%	112.7%	124.7%	165.3%	25.5%	22.1%	3.4%	8.0	8↑	5↑	0
BC Welford	79.6%	76.1%	104.5%	129.5%	178.7%	14.4%	13.0%	1.4%	7.3	2↓	8↑	0
Coleman	58.7%	62.1%	131.9%	116.8%	277.4%	34.7%	26.8%	7.9%	8.0	0	7↑	0
Gwendolen	35.2%	58.4%	76.7%	118.3%	206.1%	9.7%	6.0%	3.7%	16.4	4↑	4↑	0
TOTALS										14↑	24↑	0

Table 10 - Mental Health Services for Older People (MHSOP) safe staffing

All wards did not meet the planned RN staffing fill rates on days 100% of the time. The planned staffing numbers are flexed to meet the patient occupancy, acuity and dependency. There were occasions that Welford, Kirby and Coleman Wards had one RN on duty on the early shift. It is important to note that the skill mix includes registered nursing associates and medication administration assistants. On these occasions the RN was also supported by the Ward Sister or Charge Nurse and neighbouring Ward.

There was increased acuity during August 2020 resulting in increased levels of 1:1 observation. There are 3 staff members currently off work due to shielding restrictions and staff redeployed to Wakerley ward. Wakerley ward has been operating as an extension of Coleman ward. Coleman and Wakerley ward have 8 bank/agency staff on block booking as part of the surge plan for MHSOP and to maintain continuity and consistency.

A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes however it is noted that one patient sustained a hairline fracture of his pelvis, this incident is classed as a Serious Incident currently under investigation.

Gwendolen ward is the admission ward (amber zone) for MHSOP and the red zone for MHS services. The ward has a daily staffing review and dependent on the number of patients, acuity level and number of admissions, the ward will have one qualified nurse on duty, supported by the charge nurse and qualified nurses from others wards.

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	88.4%	86.8%	335.9%	133.3%	195.7%	35.6%	30.1%	5.6%	13.9	1↑	1↑	0
CAMHS	63%	115.9%	295.5%	142.2%	615.3%	50.0%	33.7%	16.4%	38.3	0	0→	1↑
Totals										1↑	1↑	1↑

Table 11 - Families, children and young people’s services safe staffing

The increased temporary worker utilisation for both Langley and CAMHS is reflective of deployment of temporary staff to meet vacancies and acuity that in the previous months had been covered by staff redeployed due to COVID.

A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes. The medication error has been analysed and the levels of staffing at the time of the incident was not a factor. It was an experienced member of the team and in-depth supervision and reflection is in progress for this team member and those involved.