

Trust Board - 2 March 2021

Safe Staffing- January 2021 review

Purpose of the report

This report provides an overview of nursing safe staffing during the month of January 2021, 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.

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.

Quality Schedule methods of measurement are RAG rated in Annex 2;

- A – Each shift achieves the safe staffing level 100%
- B – Less than 6% of clinical posts to be filled by agency staff

Analysis of the issue

Right Staff

- Temporary worker utilisation rate increased this month; 2.16% reported at 35.52% overall.
- Trust wide agency usage increased this month by 0.39% to 10.27% overall. Contributory factors linked to increased patient acuity and dependency, increased Covid-19 absence, increased incidences and outbreaks, and staff movement due to individual risk and care pathways
- This month an increased number of areas utilised above 6% agency staff; Beaumont, Heather, Griffin, Clarendon, Coleman, Gwendolen, Wakerley, East, North, Rutland, St Lukes Ward 1, Coaville Ward 1, Langley, Beacon, Agnes and CAMHS inpatient units/wards utilised over 6% agency staff.
- There are fifteen inpatient 'areas to note', changes to the previous month include; Heather, Coalville Ward 1 and St Lukes Ward 3; due to increased agency utilisation above 6%
- There are nine community team 'areas to note', one change; City West CMHT due to staffing shortages. 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

Changes to Mandatory and Role Essential Training during Covid-19:

- The compliance renewal date for each topic has been extended by 6 months.

- All face to face training is slowly being reintroduced with staff being invited to attend Mandatory Training on a clinical risk basis and contacted directly by Learning & Development to attend.
- PPE Donning and Doffing has been added as a Mandatory Training requirement for all staff
- ROAR (Risk of Admission Training) has been added to the Role Essential training register for staff in FYPC/LD and MH
- FFP3 mask fit testing results are also supplied for all staff whose job role may require them to wear one
- Correct to 1 February 2021 Trust wide;
 - Appraisal at 86.5 % GREEN
 - Clinical supervision at 81.5% AMBER

Right Place

- The Covid-19 risk managed wards are East, Beaumont, Beacon, Langley, Agnes Unit and Gwendolen Ward. 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 below 100% for actual HCSWs predominantly on days reflect any 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 13.75 CHPPD in January 2021, with a range between 6.1 (Ashby Ward) and 68.0 (Agnes Unit) CHPPD. General variation reflects the diversity of services, complex and specialist care provided across the Trust.
- Analysis of CHPPD has not identified significant variation at service level; indicating that staff are being deployed productively across services.
- Please note that due to SystmOne migration, the occupancy data is not accurate for January 2021 as there is an issue with the number of available beds on the system.

Staff leave data

- The table below shows absence captured by the HR isolation sheet as at 1 February 2021;

| | |
|-----------------------------------|-------------|
| Self-Isolation - Household WFH | 5 |
| Self-Isolation - Symptomatic | 96 |
| Self-Isolation - Vulnerable Group | 18 |
| Test and Trace Notification | 1 |
| Covid-19 related absence | 121 |
| General Absence | 249 |
| Covid-19 related absence | 1.9% |
| General Absence | 4.5% |
| Total Absence | 6.4% |

Table 1 – Trust COVID-19 and general absence – 1 February 2021

- In comparison to the previous month as reported on 1 December 2020, overall absence has decreased 0.7%, due to general absence. There is a slight increase this month of the

numbers of staff self-isolating due to being symptomatic (increase by 0.5%) and overall increase of Covid-19 related absence this month.

In-patient Staffing

Summary of inpatient staffing areas to note;

| Wards | Nov 2020 | Dec 2020 | Jan 2021 |
|----------------------------------|----------|----------|----------|
| Hinckley and Bosworth East Ward | X | X | X |
| Hinckley and Bosworth North Ward | | X | X |
| St Lukes Ward 3 | X | | X |
| Beechwood | X | | |
| Clarendon | | X | X |
| Coalville Ward 4 | X | | |
| Coalville Ward 1 | | | X |
| Rutland | | | X |
| Swithland | X | X | |
| Coleman | X | X | X |
| Gwendolen | X | X | X |
| Wakerley | | X | X |
| Aston | | | |
| Ashby | X | X | |
| Beaumont | X | X | X |
| Belvoir | | X | |
| Griffin | X | X | X |
| Heather | | | X |
| Agnes Unit | X | | X |
| Langley | | X | X |
| Beacon (CAMHS) | X | X | X |

Table 3 – 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; East Ward Hinckley, Beaumont, Beacon, 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 IPC care pathways.

The Agnes Unit and CAMHS Beacon Unit are ‘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.

Beaumont Ward is an area to note as the amber/red COVID-19 admission ward and also due to the associated impact to acuity, workload, quality, patient safety and staff and patient experience.

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 | Nov 2020 | Dec 2020 | Jan 2021 |
|---|----------|----------|----------|
| City East Hub- Community Nursing | X | X | X |
| City West Hub- Community Nursing | X | X | X |
| East North 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 |
| Central Access Point team (MH) | X | X | X |
| Charnwood CMHT | X | X | X |
| City West CMHT | | | X |

Table 4 – 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

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.

CHS Community

There remain a number of vacancies across community planned care nursing hubs with City West and City East carrying the largest number and for this reason are the key ‘areas to note’. The other area that remains of note is East North.

Vacancies in both city areas continue to be covered with long term blocked booked bank and agency staff. These staff has been assigned to specific teams and allocated all the key required equipment, including laptops and mobile phones.

MH Community

The impact of Covid-19 and the current wave have continued to affect the community teams throughout January 2021. Increased pressure on the inpatient units is requiring the teams to consider how they can further support early discharge and admission avoidance. Face-to-face contacts remain more limited than usual, 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. Some services, for example Assertive Outreach, have a higher proportion of face-to-face visits due to the acuity of the client group.

There are three areas to note; the Central Access Point (CAP) continues to experience staffing shortages as do City West and Charnwood community mental health teams. CAP staffing is on the risk register and a new staffing model and recruitment plan is in place to address the shortages. The number of vacancies across the services remains challenging and gaps continue to be filled with bank and agency wherever possible; community mental health teams continue to find it difficult to recruit agency workers for the block booking commitment required.

Proposal

In light of the triangulated review of workforce metrics, nurse sensitive indicators and patient feedback, the Executive 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.

Decision required

The board is asked to confirm a level of 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 is maintained.

| | | | | Fill Rate Analysis (National Return) | | | | | | % Temporary Workers | | | Overall CHPPD (Nursing And AHP) |
|--------------------------|--|-----------------------------|------------------------------|--|--------------------------------|---------------------------------------|--------------------------------|------------------------------------|--|---------------------|-------|--------|--|
| | | | | Actual Hours Worked divided by Planned Hours | | | | | | | | | |
| | | | | Nurse Day (Early & Late Shift) | | Nurse Night | | AHP Day | | (NURSING ONLY) | | | |
| 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 | |
| | | | | >=80% | >=80% | >=80% | >=80% | - | - | | | | <20% |
| AMH Bradgate | Ashby | 21 | 20 | 105.8% | 172.1% | 91.2% | 138.6% | | | 32.7% | 31.5% | 1.2% | 6.1 |
| | Aston | 19 | 18 | 115.5% | 160.4% | 101.4% | 124.7% | | | 46.3% | 41.0% | 5.3% | 8.6 |
| | Beaumont | 22 | 15 | 110.8% | 164.2% | 108.5% | 184.1% | | | 40.7% | 24.5% | 16.2% | 13.4 |
| | Belvoir Unit | 10 | 7 | 129.4% | 117.4% | 196.6% | 127.9% | | | 52.2% | 46.7% | 5.5% | 15.5 |
| | Heather | 18 | 18 | 93.2% | 163.8% | 100.2% | 103.7% | | | 43.6% | 37.4% | 6.2% | 7.1 |
| | Thornton | 20 | 20 | 113.2% | 176.5% | 101.2% | 109.6% | | | 26.5% | 26.5% | 0.0% | 6.0 |
| | Watermead | 20 | 18 | 120.1% | 188.8% | 109.3% | 150.4% | | 100.0% | 27.0% | 24.4% | 2.6% | 7.5 |
| Griffin - Herschel Prins | 6 | 5 | 130.6% | 130.7% | 88.2% | 131.7% | | 100.0% | 41.7% | 31.3% | 10.4% | 20.5 | |
| AMH Other | Phoenix - Herschel Prins | 12 | 10 | 114.7% | 144.4% | 97.8% | 115.7% | | | 22.5% | 21.3% | 1.2% | 12.2 |
| | Skye Wing - Stewart House | 30 | 27 | 149.3% | 129.8% | 133.5% | 197.8% | | | 31.6% | 29.4% | 2.3% | 6.4 |
| | Willows | 9 | 9 | 181.3% | 89.8% | 111.3% | 102.8% | | | 19.1% | 18.8% | 0.3% | 11.8 |
| | Mill Lodge | 14 | 13 | 118.6% | 96.4% | 122.9% | 142.7% | | | 43.2% | 41.5% | 1.7% | 14.2 |
| CHS City | Kirby | 24 | 16 | 54.2% | 101.5% | 129.0% | 167.5% | 100.0% | 100.0% | 36.2% | 34.9% | 1.3% | 10.8 |
| | Welford | 24 | 16 | 71.0% | 100.1% | 131.2% | 152.7% | | 100.0% | 17.3% | 17.1% | 0.2% | 6.7 |
| | Beechwood Ward - BC03 | 21 | 15 | 144.3% | 71.7% | 150.9% | 182.2% | 100.0% | 100.0% | 13.2% | 11.6% | 1.6% | 10.2 |
| | Clarendon Ward - CW01 | 20 | 13 | 170.0% | 74.0% | 227.5% | 370.9% | | | 51.4% | 10.2% | 41.2% | 13.1 |
| | Coleman | 29 | 21 | 69.0% | 140.7% | 135.9% | 359.2% | 100.0% | 100.0% | 64.1% | 45.0% | 19.1% | 15.7 |
| | Gwendolen | 21 | 6 | 76.1% | 115.2% | 129.0% | 278.9% | | | 41.0% | 20.8% | 20.2% | 22.9 |
| | Wakerley (MHSOP) | 21 | 15 | 77.2% | 170.6% | 133.3% | 406.6% | | | 63.2% | 48.3% | 15.0% | 11.2 |
| | Dagleish Ward - MMDW | 16 | 14 | 185.2% | 65.5% | 153.8% | 150.9% | 100.0% | 100.0% | 14.0% | 10.6% | 3.4% | 8.4 |
| | Rutland Ward - RURW | 16 | 14 | 145.6% | 60.8% | 174.1% | 113.8% | | | 31.3% | 24.9% | 6.4% | 10.6 |
| | Ward 1 - SL1 | 18 | 11 | 136.1% | 54.7% | 165.4% | 159.9% | 100.0% | 100.0% | 16.7% | 14.9% | 1.9% | 11.8 |
| | Ward 3 - SL3 | 10 | 6 | 208.0% | 77.3% | 143.4% | 152.8% | 100.0% | 100.0% | 18.4% | 10.8% | 7.6% | 12.7 |
| CHS West | Ellistown Ward - CVEL | 16 | 8 | - | - | - | - | 100.0% | 100.0% | 15.4% | 13.2% | 2.2% | - |
| | Snibston Ward - CVSN | 16 | 10 | 134.1% | 44.3% | 148.4% | 152.6% | 100.0% | 100.0% | 21.8% | 15.5% | 6.3% | 9.9 |
| | East Ward - HSEW | 26 | 21 | 106.4% | 89.4% | 99.4% | 89.8% | 100.0% | 100.0% | 43.8% | 2.1% | 41.6% | 13.9 |
| | North Ward - HSNW | 16 | 10 | 191.5% | 43.3% | 135.8% | 141.0% | 100.0% | 100.0% | 22.1% | 12.0% | 10.1% | 8.5 |
| | Swithland Ward - LBSW | 17 | 14 | 179.3% | 60.7% | 150.8% | 145.9% | 100.0% | 100.0% | 12.4% | 10.3% | 2.1% | 11.2 |
| FYPC | Langley | 15 | 12 | 119.2% | 95.4% | 133.4% | 137.6% | 100.0% | | 43.9% | 36.8% | 7.1% | 13.2 |
| | CAMHS Beacon Ward - Inpatient Adolescent | 0 | 8 | 152.1% | 202.3% | 158.1% | 387.3% | 100.0% | 100.0% | 55.5% | 38.5% | 16.9% | 24.6 |
| LD | Agnes Unit | 4 | 2 | 134.2% | 167.3% | 135.1% | 215.7% | | | 47.4% | 31.7% | 15.7% | 68.0 |

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

- 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

Please note that due to SystmOne migration, the occupancy data is not accurate for December 2020 as there is an issue with the number of available beds on the system.

Mental Health (MH)

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 | 20 | 105.8% | 172.1% | 91.2% | 138.6% | 32.7% | 31.5% | 1.2% | 6.1 | 2↑ | 1→ | 1↑ |
| Aston | 18 | 115.5% | 160.4% | 101.4% | 124.7% | 46.3% | 41.0% | 5.3% | 8.6 | 3↑ | 0→ | 0 |
| Beaumont | 15 | 110.8% | 164.2% | 108.5% | 184.1% | 40.7% | 24.5% | 16.2% | 13.4 | 2↑ | 2→ | 0 |
| Belvoir Unit | 7 | 129.4% | 117.4% | 196.6% | 127.9% | 52.2% | 46.7% | 5.5% | 15.5 | 1↑ | 0→ | 0 |
| Heather | 18 | 93.2% | 163.8% | 100.2% | 103.7% | 43.6% | 37.4% | 6.2% | 7.1 | 0→ | 7↑ | 0 |
| Thornton | 20 | 113.2% | 176.5% | 101.2% | 109.6% | 26.5% | 26.5% | 0.0% | 6.0 | 0→ | 3↑ | 1↑ |
| Watermead | 18 | 120.1% | 188.8% | 109.3% | 150.4% | 27.0% | 24.4% | 2.6% | 7.5 | 1↑ | 1↑ | 0 |
| Griffin | 5 | 130.6% | 130.7% | 88.2% | 131.7% | 41.7% | 31.3% | 10.4% | 20.5 | 0↓ | 0↓ | 0 |
| TOTALS | | | | | | | | | | 9↑ | 14↑ | 2↑ |

Table 5 - Acute inpatient ward 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 errors have been reviewed in line with Trust policy and actions implemented in line with the BESS score and recommendations such as reflection, retraining and for persistent errors performance management. There has been an increase in medication errors in January 2021 across the acute inpatient wards. These errors occurred over 4 wards due to 5 cause groups and analysis did not identify staffing as a contributory factor.

There has been an increased number of reported falls in January 2021. 14 falls have occurred over 4 wards. Seven of the 14 falls were reported between 8pm and 8am with a number of falls happening in the toilet/bedroom areas. Analysis has shown that these falls occur when patients access their toilets independently during the night and between the periods when night staff are providing checks. The following themes have been identified;

- Slips or placement on the floor
- Falls at night whilst accessing the bathrooms
- Reported weakness in the legs/knees for people with a known physical health problem

BMHU & AMH falls team are planning to film short clips of the local falls process to allow staff to have bite-sized training, aiming for completion by the end of February 2021.

Learning continues; awaiting outcomes from the post fall huddles on Heather ward and the BMHU newsletter for February 2021 has a section on the falls process.

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 | 10 | 114.7% | 144.4% | 97.8% | 115.7% | 22.5% | 21.3% | 1.2% | 12.2 | 0 | 0→ | 1↑ |
| TOTALS | | | | | | | | | | 0↓ | 0→ | 1↑ |

Table 7- Low secure safe staffing

No medication errors or falls reported in January 2021.

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 | 27 | 149.3% | 129.8% | 133.5% | 197.8% | 31.6% | 29.4% | 2.3% | 6.4 | 2↑ | 4↑ | 0 |
| Willows Unit | 9 | 181.3% | 89.8% | 111.3% | 102.8% | 19.1% | 18.8% | 0.3% | 11.8 | 0↓ | 1↑ | 0 |
| Mill Lodge | 13 | 118.6% | 96.4% | 122.9% | 142.7% | 43.2% | 41.5% | 1.7% | 14.2 | 2↑ | 18→ | 0 |
| TOTALS | | | | | | | | | | 4↑ | 23↑ | 0 |

Table 8 - Rehabilitation service safe staffing

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

All medication errors have been reviewed in line with Trust policy and action implemented in line with the BESS score and recommendations such as reflection, retraining and for persistent errors performance management.

There was a slight increase in medication errors in January 2021 of 4 compared to 2 in December 2020. Analysis has shown that 2 errors were due to the labels being different to the contents of the box; it could not be identified if an actual error occurred, and liaison with pharmacy has taken place and recommendation to raise at the Trust Medicines Risk Reduction Group (MRRG). There was 1 e-CD recording error that did not result in a medication administration error. 1 wrong CD medication administered, BESS completed and staff supported with supervised practice and practical assessment as second error in 12 months. Learning from BESS identified the impact of staff nurses undertaking co-ordinator duties and not undertaking medication rounds routinely, staff member was working at a different work base.

There were 23 patient falls reported this month, analysis has shown that 2 falls were slips due to ice/snow.

Stewart House had a reduction in falls in January 2021 compared to October and November 2020, 2 were first falls linked to patient presentation (neurological, mental health).

18 of the falls reported were at Mill Lodge, this is a reduction from previous months. 7 falls were experienced by one female patient who is independently mobile, mid stage Huntington's disease. 7 falls linked to two female patients who remain independently mobile, analysis has shown that falls were linked to loss of balance, footwear and also misjudging seating.

New crash mat systems have been delivered to Mill Lodge and in use which will reduce the number of incidents of falls from a height (from bed). Funding has also been agreed to replace all of the beds at Mill Lodge that provide a complete safe matting system which will irradiate falls from height (out of bed) as there will be no gap between the bed and floor crash mats.

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 |
|----------------|---------------|---|------------------------------------|---|--------------------------------------|---------------|--------|----------|-------|-------------------|------------|------------|
| MM Dalgliesh | 16 | 185.2% | 185.2% | 65.5% | 153.8% | 14.0% | 10.6% | 3.4% | 8.4 | 0→ | 2↓ | 0 |
| Rutland | 16 | 145.6% | 145.6% | 60.8% | 174.1% | 31.3% | 24.9% | 6.4% | 10.6 | 0→ | 3→ | 0 |
| SL Ward 1 | 18 | 136.1% | 136.1% | 54.7% | 165.4% | 16.7% | 14.9% | 1.9% | 11.8 | 1→ | 2↓ | 0 |
| SL Ward 3 | 10 | 208.0% | 208.0% | 77.3% | 143.4% | 18.4% | 10.8% | 7.6% | 12.7 | 1↑ | 4↑ | 0 |
| CV Ellistown 2 | 16 | - | - | - | - | 15.4% | 13.2% | 2.2% | - | 0→ | 0→ | 0 |
| CV Snibston 1 | 16 | 134.1% | 134.1% | 44.3% | 148.4% | 21.8% | 15.5% | 6.3% | 9.9 | 0↓ | 3→ | 0 |
| HB East Ward | 26 | 106.4% | 106.4% | 89.4% | 99.4% | 43.8% | 2.1% | 41.6% | 13.9 | 3↑ | 4↑ | 0 |
| HB North Ward | 16 | 191.5% | 191.5% | 43.3% | 135.8% | 22.1% | 12.0% | 10.1% | 8.5 | 1↑ | 3↑ | 0 |
| Swithland | 17 | 179.3% | 179.3% | 60.7% | 150.8% | 12.4% | 10.3% | 2.1% | 11.2 | 0→ | 4↑ | 0 |
| CB Beechwood | 15 | 144.3% | 71.7% | 150.9% | 182.2% | 13.2% | 11.6% | 1.6% | 10.2 | 0→ | 5↑ | 1 |
| CB Clarendon | 13 | 170.0% | 74.0% | 227.5% | 370.9% | 51.4% | 10.2% | 41.2% | 13.1 | 0↓ | 10↓ | 0 |
| TOTALS | | | | | | | | | | 7↑ | 40↑ | 1↑ |

Table 9 - Community hospital safe staffing

East Ward and Clarendon Ward are both delivering care for patients on the high risk pathways (Covid-19 positive patients) and this has increased the temporary workforce utilisation to 43.8% (East) and 51.4% (Clarendon), this is due to vacancies, sickness and increased acuity of Covid-19 positive patients during this month.

Due to system wide requirement for additional high risk/red beds for Covid-19 positive patients the Trust opened Charnwood Ward as an 18 bedded surge high risk pathway ward, Loughborough Hospital on 12 January 2021.

Temporary workforce utilisation has increased for Rutland, Snibston and North Ward in January 2021, this is due to vacancies, maternity leave and sickness.

A review of the NSIs for the community hospital wards has identified that there has been an increase of falls incidents from 35 in December 2020 to 40 in January 2021. Ward 'areas to note' for increased falls include; Snibston, Beechwood, East Ward and Swithland Ward. The ward noted an increase in patient acuity and also increased numbers of patients with delirium as contributory factors. Review

of the increased incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes.

However it is noted that there were two falls with moderate harm on Snibston Ward and Swithland Ward, these are currently being investigated as serious incident investigations, early analysis has not identified that staffing was a contributing factor.

The number of medication incidents for the in-patient wards in January was 7, an increase from December 2020 which was four. A review of these incidents has not identified any direct correlation with staffing.

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 | 16 | 54.2% | 101.5% | 129.0% | 167.5% | 36.2% | 34.9% | 1.3% | 10.8 | 1→ | 5↑ | 0 |
| BC Welford | 16 | 71.0% | 100.1% | 131.2% | 152.7% | 17.3% | 17.1% | 0.2% | 6.7 | 1↓ | 9↑ | 0 |
| Coleman | 21 | 69.0% | 140.7% | 135.9% | 359.2% | 64.1% | 45.0% | 19.1% | 15.7 | 0→ | 2↓ | 0 |
| Gwendolen | 6 | 76.1% | 115.2% | 129.0% | 278.9% | 41.0% | 20.8% | 20.2% | 22.9 | 0→ | 2↓ | 0 |
| Wakerley | 15 | 77.2% | 170.6% | 133.3% | 406.6% | 63.2% | 48.3% | 15.0% | 11.2 | 0 | 14 | 0 |
| TOTALS | | | | | | | | | | 2↓ | 32↑ | 0 |

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

The MHSOP wards did not meet planned fill rates on days for Registered Nurses (RNs). The staffing establishment on both Kirby and Welford ward consist of a Medication Administration Technician (MAT) and on Kirby Ward a mental health Practitioner (MHP).

On shifts where there was only one registered nurse, staff were supported by the MAT, MHP, Charge Nurses and registered staff from opposite wards. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

There was one medication error reported for Kirby ward and this was due to unavailability of prescribed medication which was brought in by the on call pharmacist. There were 5 incidents of falls reported involving two patients; one had 3 falls and one had 2 falls. One patient sustained a hairline fracture (moderate harm) as a result of a fall and one patient sustained moderate harm as a result of a fall and this is subject to a serious incident investigation.

There was one medication error reported for Welford ward and this was related to staff being unable to access the electronic CD register. There were 9 incidents of falls involving 6 patients. The patients sustained minor harm.

As a result of opening Wakerley as a surge ward and redeployment of substantive registered staff to support the ward, Coleman ward has block booked additional temporary registered staff to support both wards. In addition Coleman and Wakerley wards had high patient acuity, with nine patients collectively nursed on 1:1 observation which resulted in an increased reliance on agency staff. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

There were no medication errors reported for Coleman and Wakerley wards. There were two incidents of falls reported for Coleman ward involving two patients. The patients sustained minor harm. There were 14 incidents of falls reported for Wakerley ward involving 6 patients repeat falling; analysis has shown that none of the patient sustained any moderate or severe harm as a result of the falls.

Gwendolen is the identified admission ward for MHSOP providing 10 admission beds and 9 Covid-19 positive beds, additional temporary registered nurses are block booked to support the ward and continuity.

The 'red zone'/high risk area was in operation for the large part of the month which resulted in an increased reliance on agency staff to maintain 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.

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 | 12 | 119.2% | 95.4% | 133.4% | 137.6% | 43.9% | 36.8% | 7.1% | 13.2 | 0↓ | 0↓ | 0 |
| CAMHS | 8 | 152.1% | 202.3% | 158.1% | 387.3% | 55.5% | 38.5% | 16.9% | 24.6 | 1↑ | 0→ | 0 |
| TOTALS | | | | | | | | | | 1→ | 1→ | 0 |

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 patient care needs associated with increased and high levels of acuity.

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

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 | 2 | 134.2% | 167.3% | 135.1% | 215.7% | 47.4% | 31.7% | 15.7% | 68.0 | 0 | 0↓ | 0 |
| TOTALS | | | | | | | | | | 0↓ | 0↓ | 0 |

Table 6 - Learning disabilities safe staffing

There were no medication errors, falls or complaints for the Agnes Unit in January 2021.

Governance table

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|--|--|--|
| For Board and Board Committees: | | |
| Paper sponsored by: | Anne Scott, Interim Executive Director of Nursing, AHPs and Quality | |
| Paper authored by: | Emma Wallis, Associate Director of Nursing and Professional Practice | |
| Date submitted: | 21.2.21 | |
| 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 | √ |
| | Single Patient Record | |
| | 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: | BAME risk assessments | |