Trust Board - 27 April 2021

Safe Staffing- March 2021 review

Purpose of the report

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

Quality Schedule methods of measurement are RAG rated in Annex 1 scorecard;
- A – Each shift achieves the safe staffing level 100%
- B – Less than 6% of clinical posts to be filled by agency staff

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 2.

Analysis of the issue

Right Staff

- Temporary worker utilisation rate increased this month; 1.01% reported at 38.28% overall.
- Trust wide agency usage increased this month by 0.92% to 12.35% overall. Contributory factors linked to increased patient acuity and dependency, sickness and absence and vacancy factor.
- This month an increased number of areas utilised above 6% agency staff, an increase from 21 to 24 in-patient areas.
- There are twenty-four inpatient 'areas to note', changes to the previous month include; Rutland, Dalgleish and Beechwood due to increased agency utilisation above 6%. Mill Lodge is also a change due to a significant increase in vacancies, staff have moved across services to support continuity, increase the numbers of substantive staff and the team are working with centralised staffing to support block booking of temporary staff whilst vacant posts are recruited to.
- There are six community team 'areas to note, changes to the previous month; Looked After Children (LAC) team is an area to note due to vacancies and staff retiring. 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.
- Weekly safe staffing forecast meetings with Associate Director of Nursing, Head/Deputy Heads of Nursing and Head of Workforce support continue to review staffing levels, actions to meet planned staffing, review of the risks and actions to mitigate the risks.

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.
- Face to face training is slowly being reintroduced with staff being invited to attend mandatory training on a clinical risk basis, contacted directly by Learning & Development to attend.
- Mental Capacity Act is now classed as a Role Essential Topic
- PPE Donning and Doffing has been added as a Mandatory Training requirement for all staff – reported at 86.0% compliance GREEN
- 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 supplied for all staff whose job role may require them to wear one
- Correct to 1 April 2021 Trust wide;
  - Appraisal at 86.7 % compliance GREEN
  - Clinical supervision at 82.1% compliance AMBER
- The first Trust 'new to healthcare' bespoke HCSW training/induction programme commenced on March 15 2021. Two courses have been delivered, 20 places available, 8 delegates attended with completed recruitment checks in time to join a course.
- Course content included clinical mandatory induction training, introduction to the Care Certificate and core clinical skills. The programme was highly evaluated and has opened a new pipeline for new to health care HCSWs.
- The programme has been submitted as a Quality Improvement project. The outcome measures will include capturing how training has impacted from both a participant, colleague and manager perspectives.

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 adjusted staffing levels and skill mix to meet patient care needs.
- The total Trust CHPPD average (including ward based AHPs) is reported at 14.18 CHPPD in March 2021, with a range between 5.8 (Thornton Ward) and 71.3 (Agnes Unit) CHPPD.
- General variation reflects the diversity of services, complex and specialist care provided across the Trust. Analysis has not identified significant variation at service level; indicating that staff are being deployed productively across services.

Staff absence data

The table below shows absence captured by the LPT Staff Absence Sitrep on 31 March 2021;

Self-Isolation - Household WFH	0
Self-Isolation - Symptomatic	17.1
Self-Isolation - Vulnerable Group	25.3
Test and Trace Notification	0
Covid-19 related absence	42.4
General Absence	164.8
Covid-19 related absence	0.9%%
General Absence	3.5%
Total Absence	**4.4%**

Table 1 – Trust COVID-19 and general absence – 31 March 2021

In comparison to the previous month overall absence has decreased 1.1% due to the decrease for both Covid-19 related absence and general absence.

In-patient Staffing

Summary of inpatient staffing areas to note;

Wards	Jan 2021	Feb 2021	March 2021
Hinckley and Bosworth East Ward	X	X	X
Hinckley and Bosworth North Ward	X	X	X
St Lukes Ward 1		X	X
St Lukes Ward 3	X	X	X
Beechwood			X
Clarendon	X	X	X
Coalville Ward 4			
Coalville Ward 1	X	X	X
Coalville Ward 2		X	X
Rutland	X		X
Dalgleish			X
Swithland			
Coleman	X	X	X
Gwendolen	X	X	X
Kirby		X	X
Wakerley	X	X	X
Aston		X	X
Ashby		X	X
Beaumont	X	X	X
Belvoir		X	X
Griffin	X	X	X
Heather	X	X	X
Watermead		X	
Mill Lodge			X
Agnes Unit	X	X	X
Langley	X	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 medium and high.

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 COVID-19 admission ward and also due to the associated impact to acuity, workload, quality, patient safety and staff and patient experience.

Mill Lodge is an emergent area to note due to the number of vacancies. Staff have moved across services to support continuity and the team are working with centralised staffing to support block booking of temporary staff whilst vacant posts are recruited to.

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	Jan 2021	Feb 2021	March 2021
City East Hub- Community Nursing	X	X	X
City West Hub- Community Nursing	X	X	X
East North Hub-Community Nursing	X		
Healthy Together – City (School Nursing only)	X	X	X
Healthy Together County	X	X	X
Diana service	X	X	
Looked After Children			X
Central Access Point team (MH)	X	X	X
Charnwood CMHT	X	X	
City West CMHT	X	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

Healthy Together County, Healthy Together City and Looked After Children (LAC) teams are rated to be at Amber escalation level due to only 70% of the established team being available to work. Healthy Together teams are rated amber due to SCPHN vacancies and a number of staff retiring. LAC team have vacancies and are out to recruitment. Risks continue to be monitored within the Directorate on a weekly basis.

CHS Community

The City West and East hub teams remain the key areas to note, this is due to registered nurse vacancies that continue to be covered by blocked booked agency staff to support continuity. New actions taken to aid city recruitment include a targeted registered nurse recruitment programme which will span across the whole of this year. This will embrace a mix of media platforms and poster campaigning with clear messaging about the flexibility of the offer and hours available to work. A rolling program of interviewing is already in place with two staff successfully recruited, currently in pipeline.

Each hub has been given additional funding for 1.0 WTE HCSW. Three posts have been filled with reserves from the last round of interviews, one post will be offered to a member of bank staff, two posts have been offered to the new project where HCSWs have been recruited to LPT with no healthcare experience, with a bespoke new to healthcare Trust induction, currently exploring the possibility of the remaining posts to create a hybrid role with Technical Instructor (TI) responsibilities.

MH Community

The impact of Covid-19 and the current wave have continued to affect the community teams throughout March 2021 and the teams are meeting three times a week to monitor staffing viability. 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 complex needs, 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.

The Central Access Point (CAP) continues to experience staffing shortages and routine referrals are growing; the CAP and community mental health teams are working together to review the service provision and look at possible mitigation. 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 community services generally remains challenging and gaps continue to be filled with bank and agency wherever possible; community mental health teams 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 not withstanding 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.

Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Fill Rate Analysis (National Return) Actual Hours Worked divided by Planned Hours — Nurse Day (Early & Late Shift) Average % fill rate registered nurses	Average % fill rate care staff	Nurse Night Average % fill rate registered nurses	Average % fill rate care staff	AHP Day Average % fill rate registered AHP	Average % fill rate non-registered AHP	% Temporary Workers (NURSING ONLY) Total	Bank	Agency	Overall CHPPD (Nursing And AHP)
								-	-	<20%			
AMH Bradgate	Ashby	21	20	116.1%	226.0%	100.0%	138.2%			57.6%	47.6%	10.0%	7.6
	Aston	19	17	107.7%	144.8%	115.2%	108.1%			36.7%	30.6%	6.1%	8.5
	Beaumont	22	20	98.1%	157.9%	100.2%	131.2%			48.2%	36.2%	12.0%	11.6
	Belvoir Unit	10	9	126.1%	145.6%	189.7%	159.2%			58.2%	44.0%	14.3%	19.9
	Heather	18	19	98.4%	167.1%	96.5%	133.4%			45.7%	37.3%	8.4%	7.3
	Thornton	20	21	106.1%	171.2%	99.6%	119.5%			38.3%	36.2%	2.1%	5.8
	Watermead	20	19	106.4%	191.7%	114.9%	136.2%		100.0%	29.5%	26.3%	3.2%	7.0
	Griffin - Herschel Prins	5	6	137.6%	148.0%	99.7%	210.5%		100.0%	50.9%	40.1%	10.9%	21.8
AMH Other	Phoenix - Herschel Prins	12	8	122.5%	131.2%	99.7%	108.7%			18.3%	15.2%	3.1%	14.0
	Skye Wing - Stewart House	30	27	139.6%	128.0%	122.7%	227.7%			39.4%	24.5%	14.9%	6.7
	Willows	9	8	174.6%	90.8%	109.0%	101.7%			20.9%	20.4%	0.5%	13.4
	Mill Lodge	14	11	103.2%	98.6%	127.4%	135.1%			50.3%	43.0%	7.4%	16.0
CHS City	Kirby	24	15	47.9%	96.4%	103.2%	144.3%	100.0%	100.0%	47.1%	33.4%	13.7%	9.6
	Welford	24	22	72.9%	127.6%	127.3%	219.4%		100.0%	30.7%	29.3%	1.4%	6.9
	Beechwood Ward - BC03	22	18	165.4%	65.3%	157.5%	175.4%	100.0%	100.0%	16.7%	10.3%	6.4%	11.4
	Clarendon Ward - CW01	21	15	143.9%	57.3%	145.9%	232.4%			30.2%	11.3%	18.8%	10.3
	Coleman	21	16	56.3%	199.6%	129.4%	448.1%	100.0%	100.0%	67.5%	52.8%	14.8%	17.0
	Gwendolen	18	11	74.7%	131.1%	131.5%	324.1%			47.0%	14.3%	32.7%	16.0
	Wakerley (MHSOP)	21	11	70.4%	152.0%	116.2%	369.6%			62.5%	34.2%	28.3%	18.6
CHS West	Dalgleish Ward - MMDW	17	15	176.3%	66.9%	151.8%	153.3%	100.0%	100.0%	16.6%	9.4%	7.2%	8.9
	Rutland Ward - RURW	16	14	177.7%	82.1%	158.5%	185.7%			29.7%	18.6%	11.1%	9.4
	Ward 1 - SL1	18	14	146.6%	56.9%	222.5%	161.4%	100.0%	100.0%	24.9%	14.0%	10.9%	12.3
	Ward 3 - SL3	12	10	252.2%	70.7%	148.3%	202.8%	100.0%	100.0%	20.0%	12.7%	7.4%	12.4
	Ellistown Ward - CVEL	12	15	159.8%	62.7%	150.8%	186.9%	100.0%	100.0%	14.4%	5.4%	9.0%	10.6
	Snibston Ward - CVSN	18	14	132.6%	56.6%	155.1%	172.3%	100.0%	100.0%	23.8%	15.9%	7.9%	10.9
	East Ward - HSEW	23	10	80.4%	96.3%	104.5%	113.4%	100.0%	100.0%	16.3%	5.0%	11.2%	15.5
	North Ward - HSNW	18	12	108.9%	93.6%	107.4%	61.5%	100.0%	100.0%	28.9%	17.2%	11.7%	10.7
	Swithland Ward - LBSW	18	15	124.0%	45.7%	101.0%	103.3%	100.0%	100.0%	9.2%	6.3%	3.0%	9.8
FYPC	Langley	15	12	129.0%	108.0%	133.3%	206.6%	100.0%		57.3%	41.4%	15.9%	14.2
	CAMHS Beacon Ward - Inpatient Adolescent	0	8	127.3%	191.8%	141.1%	427.8%	100.0%	100.0%	59.3%	31.4%	27.9%	24.2
LD	Agnes Unit	4	2	146.5%	183.6%	146.3%	233.5%			52.0%	32.7%	19.3%	71.3

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
- Fill rate >=80%

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	116.1%	226.0%	100.0%	138.2%	57.6%	47.6%	10.0%	7.6	0→	0↓	0→
Aston	17	107.7%	144.8%	115.2%	108.1%	36.7%	30.6%	6.1%	8.5	1→	0↓	0
Beaumont	20	98.1%	157.9%	100.2%	131.2%	48.2%	36.2%	12.0%	11.6	0→	3↑	1↑
Belvoir Unit	9	126.1%	145.6%	189.7%	159.2%	58.2%	44.0%	14.3%	19.9	1↓	0→	0↓
Heather	19	98.4%	167.1%	96.5%	133.4%	45.7%	37.3%	8.4%	7.3	3↑	6↑	0
Thornton	21	106.1%	171.2%	99.6%	119.5%	38.3%	36.2%	2.1%	5.8	0→	0↓	0↓
Watermead	19	106.4%	191.7%	114.9%	136.2%	29.5%	26.3%	3.2%	7.0	0→	2↑	0
Griffin	6	137.6%	148.0%	99.7%	210.5%	50.9%	40.1%	10.9%	21.8	1↑	0→	0
TOTALS										5↑	**11↓**	1→

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.

There was a slight increase in medication errors in March 2021. All medication errors have been reviewed in line with Trust policy and supportive actions in place; analysis has not identified any key themes this month.

There was an overall reduction in falls in March 2021, the falls occurred across three wards, analysis has shown;

- High percentage of the falls occurred between 8am – 12midday
- More females fell than males
- Most falls were experienced for age group 51 – 60
- Slips or unsteady- unpredictable and first falls
- Reported weakness in the legs/knees for people with a known physical health problem- including poor transfer of a patient repeatedly falling.

Physical health nurses work with teams to review post falls management and actions to mitigate the risk of harm from falling using analysis to help support key actions.

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	8	122.5%	131.2%	99.7%	108.7%	18.3%	15.2%	3.1%	14.0	0→	0→	0→
TOTALS										0→	0→	0→

Table 7- Low secure safe staffing

There no complaints, medication errors or falls reported in March 2021 at Hershel Prins.

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	139.6%	128.0%	122.7%	227.7%	39.4%	24.5%	14.9%	6.7	1↑	3↓	0
Willows	8	174.6%	90.8%	109.0%	101.7%	20.9%	20.4%	0.5%	13.4	0→	0→	0
Mill Lodge	11	103.2%	98.6%	127.4%	135.1%	50.3%	43.0%	7.4%	16.0	0↓	19↓	0
TOTALS										1→	22↓	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.

There was one medication error reported in March 2021 that was not an administration error but an eCD recording error.

There were 22 reported falls in rehabilitation; 19 of the 22 falls occurred at Mill lodge which is a reduction from 31 in February 2021 but congruent with 18 reported in January 2021.

The majority of falls were experienced by three patients; one female patient had 8 falls, the patient is independently mobile with a walking aid. Falls predominantly are unwitnessed and linked to when the patient uses the en-suite facilities. Staff are working with the patient to encouraging attendance for hearing and sight tests as spatial awareness is compromised. In addition the patient's gait has changed to 'shuffling' due to Huntington's disease (HD).

Three falls were linked to one female patient who is independently mobile walking from her bedroom to the lounge and 7 falls linked to a female patient who has experienced a number of falls over the past few months associated with patient factors linked to HD.

All patient falls have been managed in line with the falls policy and post falls management, a MDT falls huddle took place on 13 April 2021 to review all risk management actions.

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	15	47.9%	96.4%	103.2%	144.3%	47.1%	33.4%	13.7%	9.6	1→	3↓	0
BC Welford	22	72.9%	127.6%	127.3%	219.4%	30.7%	29.3%	1.4%	6.9	0→	7↑	0
Coleman	16	56.3%	199.6%	129.4%	448.1%	67.5%	52.8%	14.8%	17.0	0↓	5↓	0
Gwendolen	11	74.7%	131.1%	131.5%	324.1%	47.0%	14.3%	32.7%	16.0	1↑	6↑	0
Wakerley	11	70.4%	152.0%	116.2%	369.6%	62.5%	34.2%	28.3%	18.6	0→	0→	0
TOTALS										2→	21↑	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 wards consist of a Medication Administration Technician (MAT) and on Kirby Ward a mental health Practitioner (MHP). The ward skill mix also includes a registered nursing associate.

Staffing is risk assessed and managed across all MHSOP wards and staff moved to support safe staffing levels and skill mix and patient care needs/acuity and dependency. Analysis has shown that changes/staff movement is not always consistently updated and reflected on eRoster impacts the actual fill rate data for RNs on days.

Kirby Ward occupancy on average was at 63.4%, staffing and skill mix was adjusted to meet the patient care needs. A review of the NSIs and patient has not identified any staffing impact on the quality and safety of patient care/outcomes.

The medication errors in March 2021 were linked to the e CD register and not administration errors. Analysis of the falls has identified themes for learning and actions to improve including updates to the falls risk assessment and care plan post fall. One patient's medication was adjusted as the fall was at night time and a possible contributory factor. There was no harm as a result of the fall.

Both Coleman and Wakerley wards had high patient acuity with regards to the number of patients on level 1 observation requiring additional HCSWs. It is noted both wards have been operating on an average of 50 -60% capacity. On occasions where there is only one registered nurse in weekday early shifts teams are supported by the Charge Nurse and a Medicines Administration Technician.

The service has block booked agency staff to cover Wakerley night shifts. The RN to patient ratio was not affected due to occupancy, MATs, charge nurse support however the service continue to aim to have at least two registered nursing staff on duty for each shift.

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

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	15	176.3%	66.9%	151.8%	153.3%	16.6%	9.4%	7.2%	8.9	3↑	2↑	0
Rutland	14	177.7%	82.1%	158.5%	185.7%	29.7%	18.6%	11.1%	9.4	1↑	5↑	0
SL Ward 1	14	146.6%	56.9%	222.5%	161.4%	24.9%	14.0%	10.9%	12.3	0→	6↑	0
SL Ward 3	10	252.2%	70.7%	148.3%	202.8%	20.0%	12.7%	7.4%	12.4	1↓	2↑	0
CV Ellistown 2	15	159.8%	62.7%	150.8%	186.9%	14.4%	5.4%	9.0%	10.6	0→	1↓	0
CV Snibston 1	14	132.6%	56.6%	155.1%	172.3%	23.8%	15.9%	7.9%	10.9	1↑	2→	0
HB East Ward	10	80.4%	96.3%	104.5%	113.4%	16.3%	5.0%	11.2%	15.5	1↑	5↑	0
HB North Ward	12	108.9%	93.6%	107.4%	61.5%	28.9%	17.2%	11.7%	10.7	2→	8↑	0
Swithland	15	124.0%	45.7%	101.0%	103.3%	9.2%	6.3%	3.0%	9.8	1↑	0↓	0
CB Beechwood	18	165.4%	65.3%	157.5%	175.4%	16.7%	10.3%	6.4%	11.4	1→	2↓	0
CB Clarendon	15	143.9%	57.3%	145.9%	232.4%	30.2%	11.3%	18.8%	10.3	3↑	4↑	0
TOTALS										14↑	37↑	0

Table 9 - Community hospital safe staffing

East Ward Hinckley and Bosworth Community Hospital continues to be the identified Red/High Risk pathway site for COVID-19 positive patients. Clarendon Ward returned to being a Green/Low Risk pathway ward on 4 March 2021. Charnwood, the surge Ward closed on 10 March 2021.

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. Feilding Palmer Hospital continues to be used as part of the COVID 19 Vaccination Hub programme.

There is a low fill rate for HCSW day shifts across eight of the wards; this is an improved position from last month. The overall reduced fill rate is due to a combination of factors; increased HCSW sickness and vacancies and a reduced fill rate of HCSW shifts through temporary staffing, on occasions unfilled HCSW shifts have been substituted with registered nurses, which accounts for the increase in the fill rate of registered nurses.

Temporary workforce usage has reduced overall in March 2021 with the exceptions of Rutland, Ward 1 St Lukes, Snibston, North Ward and Clarendon which continue to use high levels; this is due to increased patient acuity, vacancies, maternity leave and sickness.

A review of the NSIs for the community hospital wards has identified that there has been an increase in the number of falls incidents from 31 in February 2021 to 37 in March 2021. To note analysis has shown that one of the North Ward patient fall and St Lukes Ward 1 have been double reported, therefore actual falls for the month will be 35.

Ward 'areas to note' for increased falls include; Dalgliesh, Rutland, Ward 1 St Lukes, Ward 3 St Lukes, East Ward, North Ward and Clarendon Ward. The wards have noted an increase in patient acuity including patient presentation 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 in-patient wards in March 2021 is 14 an increase from eight last month. A review of these incidents has identified that there had been a failure of staff to

follow medication procedure/policy/ guidelines, however the incidents has not identified any direct correlation with staffing.

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	129.0%	108.0%	133.3%	206.6%	57.3%	41.4%	15.9%	14.2	0↓	1↑	1↑
CAMHS	8	127.3%	191.8%	141.1%	427.8%	59.3%	31.4%	27.9%	24.2	0→	0→	0
TOTALS										0↓	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 patient care needs associated with increased and high levels of acuity. There was one patient fall reported and one complaint, a review has not identified any staffing impact on the quality and 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	146.5%	183.6%	146.3%	233.5%	52.0%	32.7%	19.3%	71.3	2↑	0→	0
TOTALS										2↑	0→	0

Table 6 - Learning disabilities safe staffing

There were two medication errors, no falls or complaints for the Agnes Unit in March 2021. Patient acuity remains high and staffing is increased to meet patient care needs, this is reflected in both the over utilisation of staff deployed against planned levels and high CHPPD. A review of the NSIs and patient has not identified any staffing impact on the quality and safety of patient care/outcomes.

Governance table

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:	19.4.21	
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 **S**tandards	√
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	√
	Single Patient **R**ecord	
	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	