

Public Trust Board - 29 June 2021

Safe Staffing- May 2021 review

Purpose of the report

This report provides an overview of nursing safe staffing during the month of May 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, Care Hours Per Patient Day (CHPPD), quality and outcomes linked to Nurse Sensitive Indicators (NSIs) and patient experience feedback. A summary is available in Annex 1; scorecard, with a detailed overview and exception report narrative by in-patient area and service in annexe 2.

Analysis of the issue

Right Staff

- Temporary worker utilisation rate slightly increased this month; 2.89% reported at 35.49% overall and Trust wide agency usage slightly increased this month by 1.96% to 11.83% overall. This is largely attributed to increased patient acuity and dependency and additional staff to support safe levels of observation and care.
- In May 2021; 19 inpatient wards/units utilised above 6% agency staff, one change from last month; Rutland Ward. Areas to note are identified either by the Head/Deputy Head of Nursing due to; high percentage of temporary worker/agency utilisation, or concerns relating to; increased acuity, high risk patients, staff sickness, ability to fill additional shifts and the impact to safe and effective care.
- There are nineteen inpatient 'areas to note' with one change to the previous month; Rutland Ward due to increased agency utilisation above 6%.
- There are nine community team 'areas to note', changes to the previous month; South Leicestershire Community Mental Health Team (CMHT) is an area to note due to vacancies and learning disabilities community physiotherapy team. 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.
- All 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.
- Correct to 1 June 2021 Trust wide substantive staff;
 - Appraisal at 89.5 % compliance GREEN
 - Clinical supervision at 88.1% compliance GREEN
 - PPE donning and Doffing at 89.6% GREEN

Right Place

- The Covid-19 risk managed wards are North, 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 14.07 CHPPD in May 2021, with a range between 6.4 (Ashby & Thornton Ward) and 56.9 (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 2 June 2021;

| | |
|-----------------------------------|-------------|
| Self-Isolation - Household WFH | 1.0 |
| Self-Isolation - Symptomatic | 4.8 |
| Self-Isolation - Vulnerable Group | 0 |
| Test and Trace Notification | 1.0 |
| Covid-19 related absence | 6.8 |
| General Absence | 200.0 |
| Covid-19 related absence | 0.1% |
| General Absence | 4.3% |
| Total Absence | 4.4% |

Table 1 – Trust COVID-19 and general absence – 2 June 2021

In comparison to the previous month overall absence has increased 0.3% due to general absence not Covid-19 absence.

In-patient Staffing

Summary of inpatient staffing areas to note;

| Wards | March 2021 | April 2021 | May 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 | X | X |
| Clarendon | X | X | X |
| Coalville Ward 1 | X | | |
| Coalville Ward 2 | X | | |
| Rutland | X | | X |
| Dagleish | X | X | X |
| Coleman | X | X | X |
| Gwendolen | X | X | X |
| Kirby | X | | |
| Wakerley | X | X | X |
| Aston | X | X | X |
| Ashby | X | | |
| Beaumont | X | X | X |
| Belvoir | X | X | X |
| Griffin | X | X | X |
| Phoenix | | X | X |
| Heather | X | | |
| Watermead | | | |
| Mill Lodge | X | X | X |
| Agnes Unit | X | X | X |
| Langley | X | X | X |
| Beacon (CAMHS) | X | X | X |

Table 2 – In-patient staffing areas to note

Areas to note are identified either by the Head/Deputy Head of Nursing due to; high percentage of temporary worker/agency utilisation, or concerns relating to; increased acuity, high risk patients, staff sickness, ability to fill additional shifts and the impact to safe and effective care.

Covid-19 risk managed wards are also identified as areas to note; North Ward 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 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 | March 2021 | April 2021 | May 2021 |
|---|------------|------------|----------|
| 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 |
| Healthy Together County | X | X | X |
| Looked After Children | X | X | X |
| Central Access Point team (MH) | X | X | X |
| CRISIS DMH | | X | X |
| South Leicestershire CMHT | | | X |
| LD Community Physiotherapy | | | X |

Table 3 – Community areas to note

Community areas to note are identified either by the Head/Deputy Head of Nursing due to; high percentage of temporary worker/agency utilisation, or concerns relating to; increased case load, high risk patients, staff sickness, ability to fill additional shifts and the impact to safe and effective care.

FYPC/LD Community

Healthy Together 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 Specialist Community Public Health Nurse (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.

Learning disabilities community physiotherapy is rated amber, the team continue to assess and treat all red and amber RAG rated referrals. Recruitment process is ongoing as there are challenges in recruiting to the Band 6 post.

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, interviews to take place across June 2021 to also include assistant practitioner and registered nursing associate recruitment too.

MH Community

The Central Access Point (CAP) continues to experience high levels of routine referrals; 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 mental health community services 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. The crisis team has a qualified nurse vacancy rate of around 26%; some vacancies are covered by bank and agency staff and recruitment is ongoing. South Leicestershire CMHT is an emerging area to note due to vacancies and long-term sickness, around 50% of substantive staff are available to work; the shortfall is being mitigated by agency staff.

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 | | | |
|--------------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|--|-----------------------------|-------------------|------------|---------|------------|---------------------|-------|--------|---------------|---|----|---|
| | | | | Actual Hours Worked divided by Planned Hours | | | | | | (NURSING ONLY) | | | | | | |
| | | | | Nurse Day | | Nurse Night | | AHP Day | | Total <20% | Bank | Agency | | | | |
| Average % fill rate registered >=80% | Average % fill rate non-reg >=80% | Average % fill rate registered >=80% | Average % fill rate non-reg >=80% | Average % fill rate registered | Average % fill rate non-reg | (Nursing And AHP) | Med Errors | Falls | Complaints | | | | | | | |
| Ward Group | Ward | Average no. of Beds on Ward | Average no. of Occupied Beds | | | | | | | | | | | | | |
| AMH Bradgate | Ashby | 21 | 20 | 108.9% | 180.2% | 106.4% | 83.9% | | | 32.4% | 27.9% | 4.5% | 6.4 | 0 | 0 | 0 |
| | Aston | 19 | 18 | 110.3% | 142.4% | 101.9% | 119.8% | | | 32.5% | 22.4% | 10.0% | 8.2 | 3 | 0 | 0 |
| | Beaumont | 22 | 20 | 108.1% | 174.9% | 96.2% | 147.8% | | | 56.4% | 46.4% | 10.0% | 12.9 | 4 | 1 | 0 |
| | Belvoir Unit | 10 | 9 | 118.2% | 157.8% | 200.6% | 130.3% | | | 40.4% | 30.0% | 10.4% | 19.1 | 0 | 0 | 0 |
| | Heather | 18 | 17 | 96.6% | 137.2% | 91.3% | 132.8% | | | 34.6% | 29.1% | 5.5% | 7.3 | 2 | 0 | 0 |
| | Thornton | 20 | 19 | 120.8% | 94.8% | 103.2% | 84.9% | | | 30.5% | 28.7% | 1.8% | 6.4 | 0 | 0 | 0 |
| | Watermead | 20 | 19 | 124.6% | 155.2% | 115.0% | 127.1% | | 100.0% | 30.4% | 25.3% | 5.1% | 8.8 | 3 | 2 | 0 |
| | Griffin - Herschel Prins | 6 | 6 | 138.7% | 171.0% | 104.7% | 457.6% | | 100.0% | 44.9% | 37.0% | 7.8% | 29.1 | 1 | 0 | 0 |
| AMH Other | Phoenix - Herschel Prins | 12 | 9 | 122.1% | 119.2% | 104.3% | 113.6% | | | 31.8% | 22.8% | 9.0% | 12.1 | 0 | 0 | 0 |
| | Skye Wing- Stewart House | 30 | 22 | 148.0% | 108.7% | 133.7% | 147.2% | | | 29.1% | 24.9% | 4.2% | 7.4 | 1 | 1 | 0 |
| | Willows | 9 | 6 | 161.3% | 94.8% | 103.5% | 105.5% | | | 23.7% | 23.4% | 0.3% | 17.5 | 1 | 0 | 0 |
| | Mill Lodge | 14 | 12 | 95.7% | 90.7% | 129.9% | 132.9% | | | 55.0% | 42.7% | 12.3% | 14.1 | 0 | 38 | 0 |
| CHS City | Kirby | 24 | 20 | 58.9% | 116.3% | 124.7% | 154.4% | 100.0% | 100.0% | 38.0% | 32.9% | 5.0% | 8.4 | 4 | 1 | 0 |
| | Welford | 24 | 19 | 71.9% | 112.7% | 129.0% | 150.5% | | 100.0% | 17.3% | 15.7% | 1.6% | 7.0 | 0 | 1 | 0 |
| | Beechwood Ward | 24 | 18 | 147.0% | 67.6% | 150.9% | 220.7% | 100.0% | 100.0% | 24.2% | 11.4% | 12.9% | 9.7 | 1 | 2 | 0 |
| | Clarendon Ward | 21 | 16 | 148.5% | 65.2% | 155.6% | 205.1% | | | 26.1% | 11.8% | 14.3% | 9.2 | 0 | 2 | 0 |
| | Coleman | 21 | 14 | 59.3% | 256.1% | 129.5% | 571.5% | 100.0% | 100.0% | 61.0% | 41.8% | 19.1% | 23.3 | 0 | 4 | 0 |
| | Gwendolen | 18 | 8 | 61.6% | 103.1% | 133.0% | 244.3% | | | 39.3% | 13.5% | 25.8% | 19.0 | 0 | 5 | 0 |
| | Wakerley (MHSOP) | 21 | 10 | 67.2% | 149.9% | 135.5% | 350.1% | | | 54.3% | 38.8% | 15.5% | 18.9 | 0 | 0 | 0 |
| CHS East | Dagleish Ward | 17 | 14 | 100.4% | 85.8% | 160.3% | 168.9% | 100.0% | 100.0% | 18.9% | 11.4% | 7.5% | 9.7 | 0 | 1 | 0 |
| | Rutland Ward | 16 | 13 | 157.2% | 85.0% | 146.1% | 192.5% | | | 25.5% | 17.0% | 8.5% | 10.8 | 0 | 5 | 0 |
| | Ward 1 - SL1 | 18 | 15 | 78.7% | 90.9% | 227.1% | 151.1% | 100.0% | 100.0% | 24.4% | 18.5% | 6.0% | 11.3 | 0 | 4 | 1 |
| | Ward 3 - SL3 | 13 | 11 | 235.6% | 75.7% | 153.3% | 309.2% | 100.0% | 100.0% | 22.9% | 14.3% | 8.7% | 12.3 | 0 | 2 | 0 |
| CHS West | Ellistown Ward | 12 | 15 | 189.6% | 66.9% | 153.1% | 178.1% | 100.0% | 100.0% | 12.7% | 7.3% | 5.5% | 11.7 | 0 | 2 | 0 |
| | Snibston Ward | 18 | 15 | 110.0% | 71.9% | 153.3% | 211.6% | 100.0% | 100.0% | 12.5% | 8.2% | 4.3% | 11.5 | 0 | 2 | 0 |
| | East Ward | 23 | 18 | 67.7% | 93.6% | 155.8% | 249.6% | 100.0% | 100.0% | 17.9% | 8.9% | 9.0% | 10.2 | 0 | 2 | 0 |
| | North Ward | 18 | 15 | 86.7% | 91.8% | 148.4% | 219.7% | 100.0% | 100.0% | 23.3% | 6.1% | 17.2% | 10.1 | 0 | 2 | 0 |
| | Swithland Ward | 18 | 15 | 186.3% | 69.5% | 152.9% | 153.3% | 100.0% | 100.0% | 7.8% | 4.9% | 2.9% | 9.7 | 0 | 4 | 0 |
| FYPC | Langley | 15 | 11 | 134.4% | 112.4% | 133.3% | 173.9% | 100.0% | | 49.2% | 34.2% | 15.0% | 15.6 | 2 | 0 | 0 |
| | CAMHS Beacon Ward | 0 | 8 | 131.0% | 235.8% | 136.9% | 557.9% | 100.0% | 100.0% | 64.3% | 35.5% | 28.8% | 21.7 | 0 | 0 | 0 |
| LD | Agnes Unit | 4 | 3 | 142.2% | 221.6% | 170.7% | 266.8% | | | 53.1% | 25.9% | 27.2% | 56.9 | 0 | 1 | 0 |

Annexe 2: Inpatient Ward triangulation staffing and NSIs.

Trust thresholds are indicated below;

- Temporary worker utilisation (bank and agency);
 - green indicates threshold achieved less than 20%
 - amber is above 20% utilisation
 - red above 50% utilisation
- 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 | 108.9% | 180.2% | 106.4% | 83.9% | 32.4% | 27.9% | 4.5% | 6.4 | 0→ | 0↓ | 0→ |
| Aston | 18 | 110.3% | 142.4% | 101.9% | 119.8% | 32.5% | 22.4% | 10.0% | 8.2 | 3↑ | 0↓ | 0→ |
| Beaumont | 20 | 108.1% | 174.9% | 96.2% | 147.8% | 56.4% | 46.4% | 10.0% | 12.9 | 4↑ | 1↑ | 0→ |
| Belvoir Unit | 9 | 118.2% | 157.8% | 200.6% | 130.3% | 40.4% | 30.0% | 10.4% | 19.1 | 0↓ | 0↓ | 0→ |
| Heather | 17 | 96.6% | 137.2% | 91.3% | 132.8% | 34.6% | 29.1% | 5.5% | 7.3 | 2→ | 0↓ | 0→ |
| Thornton | 19 | 120.8% | 94.8% | 103.2% | 84.9% | 30.5% | 28.7% | 1.8% | 6.4 | 0→ | 0→ | 0→ |
| Watermead | 19 | 124.6% | 155.2% | 115.0% | 127.1% | 30.4% | 25.3% | 5.1% | 8.8 | 3↑ | 2↓ | 0→ |
| Griffin | 6 | 138.7% | 171.0% | 104.7% | 457.6% | 44.9% | 37.0% | 7.8% | 29.1 | 1↑ | 0→ | 0→ |
| TOTALS | | | | | | | | | | 13↑ | 3↓ | 0→ |

Table 4 - 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; there were thirteen medication errors in May 2021 that occurred on four wards an increase compared to April 2021. Of the thirteen incidents only two were administration errors; one incident was a staff administration error and the other was a patient who self-administered the wrong dose of insulin; there was no harm as a result of this incident to the patient. All other errors were either recording or medication management related incidents.

Analysis of the falls has shown that the three patients who fell were all female and recorded as first falls, all patients were risk assessed on admission and two of the three patients identified as at risk of falling with a care plan in place. Analysis has shown that reduced dietary intake, altered gait, swollen legs and hallucinations/disorientation at night were contributory factors.

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 | 9 | 122.1% | 119.2% | 104.3% | 113.6% | 31.8% | 22.8% | 9.0% | 12.1 | 0→ | 0→ | 0→ |
| TOTALS | | | | | | | | | | 0→ | 0→ | 0→ |

Table 5- Low secure safe staffing

There were no complaints, medication errors or falls reported in May 2021 at Phoenix, Hershel Prins. There is an increase use of agency staff in May 2021 due to staff retiring and staff achieving promotions within the Trust. All vacancies have been recruited to and in the pipeline but not yet started in post, leaving a shortfall. In addition to this Phoenix have had a higher level of sickness; some due to assaults to staff on the ward (work related injury) other due to staff being sick prior to leaving the service.

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 | 22 | 148.0% | 108.7% | 133.7% | 147.2% | 29.1% | 24.9% | 4.2% | 7.4 | 1↓ | 1→ | 0→ |
| Willows | 6 | 161.3% | 94.8% | 103.5% | 105.5% | 23.7% | 23.4% | 0.3% | 17.5 | 1→ | 0→ | 0→ |
| Mill Lodge | 12 | 95.7% | 90.7% | 129.9% | 132.9% | 55.0% | 42.7% | 12.3% | 14.1 | 0↓ | 38↑ | 0→ |
| TOTALS | | | | | | | | | | 2↓ | 39↑ | 0→ |

Table 6 - 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 were two medication errors reported in May 2021 which is a decrease compared to last month, analysis has shown that one incident was a near miss and did not lead to an error; incorrect medication in a patient's self-medication dossett box. One error was a wrong dose of medication that has been reviewed in line with the Trust medication error policy; no staffing issues were identified as contributory factors.

Of the 39 falls incidents, one patient at Stewart House had an unwitnessed first fall, no previous falls or risk, patient reviewed in line with post falls management and care plan. There were 38 reported falls at Mill lodge, an increase from 24 during the previous month, 17 of which were unwitnessed. Four were reported as first falls but this will be amended as all were repeat falls. The majority of the falls are linked to five patients and occur when patients mobilise mobilising around their bedroom or en-suite facility, associate with loss of balance or perceptual challenges for example missing surfaces on sitting. Key patient factors are the patient's gait, spacial awareness and balance due to Huntington's disease (HD). Falls huddles continue to support continuous quality improvement and learning from falls.

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 | 20 | 58.9% | 116.3% | 124.7% | 154.4% | 38.0% | 32.9% | 5.0% | 8.4 | 3↓ | 1↓ | 0→ |
| BC Welford | 19 | 71.9% | 112.7% | 129.0% | 150.5% | 17.3% | 15.7% | 1.6% | 7.0 | 0→ | 1↓ | 0→ |
| Coleman | 14 | 59.3% | 256.1% | 129.5% | 571.5% | 61.0% | 41.8% | 19.1% | 23.3 | 0→ | 4↑ | 0→ |
| Gwendolen | 8 | 61.6% | 103.1% | 133.0% | 244.3% | 39.3% | 13.5% | 25.8% | 19.0 | 0↓ | 5↓ | 0→ |
| Wakerley | 10 | 67.2% | 149.9% | 135.5% | 350.1% | 54.3% | 38.8% | 15.5% | 18.9 | 0→ | 0→ | 0→ |
| TOTALS | | | | | | | | | | 3↓ | 11↓ | 0→ |

Table 7 - Mental Health Services for Older People (MHSOP) safe staffing

The MHSOP wards did not meet planned fill rates on days for Registered Nurses (RNs). 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, this impacts the actual fill rate data for RNs on days. Furthermore on Coleman Ward a member of staff is newly registered however the roster is still showing them in their non-registered band 4 role and this reduced the actual fill rate for registered staff by roster not in practice.

Due to the lower patient occupancy on Gwendolen and Wakerley Wards the staffing numbers and skill mix have been adjusted to reflect both the numbers of patients and their acuity and dependency levels.

Matrons review all incidents and review of the NSIs has not identified any staffing impact on the quality and safety of patient care/outcomes. There was a reduction in comparison to the previous month in regard to patient falls, all falls incidents were reported as no harm, minor – non permanent harm in May 2021. In relation to medication incidents, there were three incidents reported by Kirby ward, two of the incidents reported occurred whilst patients were on leave and were not staff related. One incident was a prescribing error.

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 Dalglish | 14 | 100.4% | 85.8% | 160.3% | 168.9% | 18.9% | 11.4% | 7.5% | 9.7 | 0↓ | 1→ | 0↓ |
| Rutland | 13 | 157.2% | 85.0% | 146.1% | 192.5% | 25.5% | 17.0% | 8.5% | 10.8 | 0→ | 5↑ | 0→ |
| SL Ward 1 | 15 | 78.7% | 90.9% | 227.1% | 151.1% | 24.4% | 18.5% | 6.0% | 11.3 | 0→ | 4↑ | 1↑ |
| SL Ward 3 | 11 | 235.6% | 75.7% | 153.3% | 309.2% | 22.9% | 14.3% | 8.7% | 12.3 | 0↓ | 2↑ | 0→ |
| CV Ellistown 2 | 15 | 189.6% | 66.9% | 153.1% | 178.1% | 12.7% | 7.3% | 5.5% | 11.7 | 0↓ | 2↑ | 0→ |
| CV Snibston 1 | 15 | 110.0% | 71.9% | 153.3% | 211.6% | 12.5% | 8.2% | 4.3% | 11.5 | 0↓ | 2↑ | 0→ |
| HB East Ward | 18 | 67.7% | 93.6% | 155.8% | 249.6% | 17.9% | 8.9% | 9.0% | 10.2 | 0↓ | 2↓ | 0→ |
| HB North Ward | 15 | 86.7% | 91.8% | 148.4% | 219.7% | 23.3% | 6.1% | 17.2% | 10.1 | 0↓ | 2↓ | 0→ |
| Swithland | 15 | 186.3% | 69.5% | 152.9% | 153.3% | 7.8% | 4.9% | 2.9% | 9.7 | 0↓ | 4↓ | 0→ |
| CB Beechwood | 18 | 147.0% | 67.6% | 150.9% | 220.7% | 24.2% | 11.4% | 12.9% | 9.7 | 1→ | 2↓ | 0→ |
| CB Clarendon | 16 | 148.5% | 65.2% | 155.6% | 205.1% | 26.1% | 11.8% | 14.3% | 9.2 | 0↓ | 2↓ | 0→ |
| TOTALS | | | | | | | | | | 1↓ | 28↓ | 1→ |

Table 8 - Community hospital safe staffing

Feilding Palmer Hospital (FPH) continues to be temporarily closed to inpatient admissions in response to national COVID-19: infection, prevention and control guidance and to ensure patient and/or staff safety is not compromised and safety is prioritised. A review of the risk assessment against national guidance continues on a monthly basis at the Directorate Management Team meeting. Feilding Palmer Hospital continues to be used as part of the COVID 19 Vaccination Hub programme.

The high risk/red pathway site for Covid-19 positive patients has now moved to North Ward Hinckley and Bosworth Hospital. To note there have been no patients with Covid-19 admitted throughout the month of May 2021.

There is a low fill rate for the day shifts for Health Care Support Workers (HCSWs) across six of the wards, an improved position from April 2021. This is due to a combination of factors linked to HCSW sickness and vacancies and adjusted skill mix during the month as some of the unfilled HCSW shifts have been substituted with registered nurses (RNs), which accounts for the increase in the fill rate of RNs.

Temporary workforce usage has increased compared to April 2021 across the following wards; Clarendon, Beechwood, North Ward, Rutland ward, St Lukes Ward 1 and St Lukes Ward 3 due to increased patient acuity and dependency, vacancies, maternity leave and sickness.

A review of the NSIs for the community hospital wards has identified that there has been a further decrease in the number of falls incidents from 34 in April 2021 to 28 in May 2021. Ward 'areas to note' for increased falls include; Rutland, St Lukes Wards 1 and Ward 3, Snibston and Ward 2 Coalville Hospital. The wards have noted an increase in patient acuity including delirium presentation of the patients. Review of the increased incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes. There has been one confirmed fall as a moderate harm incident during the month on Dalglish Ward, early indication is that that staffing was not a contributory factor.

The number of medication incidents for the in-patient wards in May 2021 has decreased to 1 from 10 in April 2021. A review of this incident has identified that there had been a failure of staff to follow medication procedure/policy/ guidelines, the incident has not identified any direct correlation with staffing.

There was one formal complaint received in May 2021 this was not related to 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 | 11 | 134.4% | 112.4% | 133.3% | 173.9% | 49.2% | 34.2% | 15.0% | 15.6 | 2↑ | 0↓ | 0→ |
| CAMHS | 8 | 131.0% | 235.8% | 136.9% | 557.9% | 64.3% | 35.5% | 28.8% | 21.7 | 0↓ | 0→ | 0→ |
| TOTALS | | | | | | | | | | 2→ | 0↓ | 0→ |

Table 9 - 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. Recruiting to vacant posts continues to be a priority. There were two medication errors on Langley this month, an increase overall from quarter 4, 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 <small>errors</small> | Falls | Complaints |
|---------------|---------------|---|------------------------------------|---|--------------------------------------|---------------|--------|----------|-------|----------------------------------|-------|------------|
| Agnes Unit | 3 | 142.2% | 221.6% | 170.7% | 266.8% | 53.1% | 25.9% | 27.2% | 56.9 | 0↓ | 1↑ | 0→ |
| TOTALS | | | | | | | | | | 0↓ | 1↑ | 0→ |

Table 10 - Learning disabilities safe staffing

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. There was one patient fall incident and on a review of the NSIs this has not identified any staffing impact on the quality and safety of patient care/outcomes.

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: | 17.6.21 | |
| 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: | | |