

Public Trust Board - 31 August 2021

Safe Staffing- July 2021 review

Purpose of the report

This report provides an overview of nursing safe staffing during the month of July 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; 2.42% reported at 38.83% overall and Trust wide agency usage slightly increased this month by 1.04% to 14.61% overall. This is largely attributed to increased patient acuity and dependency and additional staff to support safe levels of observation and care. The increase use of agency is linked to two factors; increased demand and reduced bank fill rate associated with seasonal holiday.
- In July 2021; 26 inpatient wards/units utilised above 6% agency staff, this equates to 84% of our inpatient Wards and Units, changes from last month; Swithland, Griffin, Heather, Watermead and St Lukes Ward 3. 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 27 inpatient 'areas to note'; 26 of the 27 areas to note are due to agency utilisation over 6%.
- There are nine community team 'areas to note', changes to the previous month; Attention Deficit Hyperactivity Disorder (ADHD) Service is an emerging area to note due to the impact of planned service changes, vacancies and retirement.
- There is continued operational pressure across the whole community nursing service with a large number of staff absent from work with long and short term illness. A significant number of the absence sits in the city community hubs that remain key areas to note specifically City West and East hubs.

- Weekly safe staffing forecast meetings with Workforce and Safe staffing matron, 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.
- Correct to 1 August 2021 Trust wide substantive staff;
- Appraisal at 85.4 % compliance GREEN
- Clinical supervision at 75.9% compliance AMBER
- All core mandatory training compliance GREEN with the exception of Information Governance AMBER at 88.2%
- Clinical mandatory training compliance for substantive staff;
 - BLS slight reduction in compliance by 1.4% to 79.7% compliance AMBER
 - ILS improved 2.1% to 75% compliance AMBER
- Clinical mandatory training compliance for bank only workforce remains low;
 - BLS 50.8 % at RED compliance
 - ILS 37.5% at RED compliance

Right Place

- The Covid-19 risk managed wards are North, 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. To note Gwendolen Ward is currently closed as there are no Covid-19 positive patients.
- 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 17.67 CHPPD in July 2021, with a range between 6.9 (Stewart House) and 75.0 (Gillivers, Short Breaks) 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 1 August 2021;

Self-Isolation - Household WFH wte	9.5
Self-Isolation – Symptomatic wte	9.5
Self-Isolation - Vulnerable Group wte	0
Test and Trace Notification wte	8.0
Covid-19 related absence wte	36.3
General Absence wte	217.2
Covid-19 related absence %	0.7%
General Absence %	4.6%
Total Absence	5.3%

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

In comparison to the previous month overall absence has increased 0.4% due to self and household isolation due to Covid-19 and a small number of staff following test and trace notification.

In-patient Staffing

Summary of inpatient staffing areas to note;

Wards	May 2021	June 2021	July 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
Beechwood	X	X	X
Clarendon	X	X	X
Coalville Ward 1		X	X
Coalville Ward 2			
Rutland	X	X	X
Dagleish	X	X	X
Swithland			X
Coleman	X	X	X
Gwendolen	X	X	X
Kirby		X	X
Welford		X	X
Wakerley	X	X	X
Aston	X	X	X
Ashby		X	X
Beaumont	X	X	X
Belvoir	X	X	X
Griffin	X		X
Phoenix	X	X	X
Heather			X
Watermead			X
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, Langley, Agnes Unit and Gwendolen Ward. 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. To note Gwendolen Ward is currently closed as there are no Covid-19 positive patients.

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.

Mill Lodge is an area to note due to the number of vacancies and due to concerns in regard to the high number of patient falls. The Director of Nursing, AHPs and Quality visited the Ward on 1 July 2021 and a quality summit was held including a deep dive review of patient falls. A number of actions are in place terms of recruitment to support continuity of staffing across the Ward with consideration to new/alternative roles. The Ward is supporting recruitment of two International Nurses and a Medicines Administration Technician. This will be further supported by the completion of the annual safe staffing establishment review in the next few months.

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	May 2021	June 2021	July 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		

CRISIS DMH	X		
South Leicestershire CMHT	X	X	X
Assertive outreach		X	X
ADHD service			X
LD Community Physiotherapy	X	X	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 continue to be rated to be at Amber escalation level due to a reduction in the established team; vacancies and retirement. Healthy Together teams are rated amber due to Specialist Community Public Health Nurse (SCPHN) vacancies and a number of staff retiring. LAC team recruited three Band 5 staff members. 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

There is increasing operational pressure across the whole community nursing service with a large number of staff absent from work with long and short term illness. A significant number of the absence sits in the city community hubs that remain key areas to note specifically City West and East hubs. As a result the service has had to defer a number of wound and holistic assessments and some treatment plans such as Doppler's.

A number of actions are in place to try to mitigate the staffing risks including;

- Deferred non-essential meetings
- Working with Centralised Staffing Solutions to support fill of shifts
- Redeploying community nurses from other hubs where possible and safe to do so
- Deployed staff from other clinical teams such as tissue viability and podiatry to support
- Integrated Community Specialist Palliative Care Team supporting community nursing activity as appropriate
- Continue to monitor and manage staff sickness and absence
- Targeted band 5 registered nurse, assistant practitioner and nursing associate recruitment

MH Community

The Central Access Point (CAP) continues to experience high levels of routine referrals; however the team has a new staffing model and plan in place to mitigate and this has now been removed from the risk register. The Crisis team had to cancel some home visits during July 2021 due to pressures on the service, no impact to patient safety; all patients were triaged and visited if deemed appropriate.

The number of vacancies across community services generally remains challenging and gaps are filled with bank and agency wherever possible; community mental health teams find it difficult to recruit agency workers for the block booking commitment required. Areas to note are South Leicestershire CMHT, Assertive Outreach and the Attention Deficit Hyperactivity Disorder (ADHD) Service is an emerging area to note due to the impact of planned service changes, vacancies and retirement.

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 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	18	100.0%	131.3%	103.3%	81.3%			47.5%	38.2%	9.3%	7.1	0	1	1
	Aston	19	17	104.3%	220.6%	88.5%	146.2%			38.1%	30.3%	7.8%	8.0	0	1	0
	Beaumont	22	15	94.5%	155.5%	95.3%	118.9%			52.6%	47.3%	5.3%	14.8	2	3	0
	Belvoir Unit	10	8	116.4%	165.5%	184.6%	123.6%			44.4%	28.5%	15.8%	21.9	1	0	0
	Heather	18	16	89.8%	164.2%	91.2%	175.7%			48.8%	31.8%	17.0%	8.7	3	5	0
	Thornton	18	17	105.4%	159.8%	96.8%	110.6%			34.7%	32.8%	1.8%	29.4	0	0	0
	Watermead	20	16	94.7%	224.2%	91.7%	129.7%		100.0%	32.0%	25.9%	6.1%	7.9	1	4	1
	Griffin - Herschel Prins	6	5	130.9%	127.3%	96.3%	285.5%		100.0%	36.4%	30.6%	5.8%	26.6	1	0	0
AMH Other	Phoenix - Herschel Prins	12	10	105.9%	107.6%	109.4%	107.7%			42.5%	31.4%	11.1%	10.4	0	1	0
	Skye Wing - StewartHouse	30	21	122.3%	99.3%	150.1%	127.1%			35.7%	33.5%	2.2%	6.9	0	0	0
	Willows	9	6	145.3%	97.7%	105.7%	106.2%			29.0%	27.2%	1.8%	19.7	2	0	0
	Mill Lodge	14	13	94.6%	106.6%	129.0%	127.9%			61.3%	43.4%	17.9%	14.1	0	14	0
CHS City CHS East	Kirby	24	22	65.3%	117.1%	124.9%	182.6%	100.0%	100.0%	42.5%	35.0%	7.6%	7.7	1	4	0
	Welford	24	21	73.4%	152.5%	122.6%	282.0%		100.0%	33.8%	23.3%	10.5%	8.1	1	11	0
	Beechwood Ward - BC03	23	21	145.5%	71.5%	123.7%	255.7%	100.0%	100.0%	37.4%	19.1%	18.4%	8.9	0	1	0
	Clarendon Ward - CW01	21	18	168.0%	71.2%	154.8%	219.9%			29.7%	9.0%	20.7%	8.9	3	2	0
	Coleman	21	15	88.4%	246.1%	170.1%	540.6%	100.0%	100.0%	63.4%	36.3%	27.2%	21.4	2	5	0
	Wakerley (MHSOP)	21	16	74.3%	168.5%	137.6%	380.5%			48.7%	31.9%	16.7%	13.1	0	0	0
	Dagleish Ward - MMDW	17	14	85.7%	80.8%	163.2%	177.2%	100.0%	100.0%	28.8%	14.7%	14.1%	9.1	0	2	0
CHS East CHS West	Rutland Ward - RURW	16	14	159.1%	77.4%	152.8%	150.3%			26.4%	13.7%	12.8%	9.2	1	6	0
	Ward 1 - SL1	17	8	15.8%	13.2%	29.7%	44.1%	100.0%	100.0%	11.9%	5.9%	5.9%	34.7	0	1	0
	Ward 3 - SL3	13	11	252.1%	70.3%	153.2%	291.2%	100.0%	100.0%	19.1%	12.5%	6.6%	13.0	0	1	0
	Ellistown Ward - CVEL	12	15	176.7%	66.2%	150.8%	158.3%	100.0%	100.0%	14.5%	9.5%	5.0%	11.6	0	0	0
CHS West FYPC	Snibston Ward - CVS N	18	17	118.2%	83.3%	202.2%	262.0%	100.0%	100.0%	22.0%	6.4%	15.6%	11.3	0	1	0
	East Ward - HSEW	23	20	69.8%	94.3%	152.0%	328.4%	100.0%	100.0%	29.9%	9.0%	20.9%	10.2	3	1	0
	North Ward - HSNW	18	12	88.6%	105.2%	155.8%	290.5%	100.0%	100.0%	34.1%	5.1%	29.0%	15.3	0	4	0
	Swithland Ward - LBSW	20	16	178.1%	70.3%	153.5%	153.3%	100.0%	100.0%	13.4%	5.6%	7.8%	9.7	0	2	0
	Langley	15	11	120.2%	123.8%	129.0%	138.7%	100.0%		48.1%	38.3%	9.7%	13.5	2	1	0
FYPC	CAMHS Beacon Ward - Inpatient Adolescent	16	9	111.6%	243.0%	133.9%	418.6%	100.0%	100.0%	68.3%	39.4%	28.9%	25.3	0	0	0
LD	Agnes Unit	4	2	151.5%	164.5%	182.2%	202.3%			46.5%	21.1%	25.4%	66.5	0	3	0
	Gillivers	1	1	84.5%	92.7%	90.3%	111.8%			0.5%	0.5%	0.0%	75.0	0	0	0

Annexe 2: Inpatient Ward triangulation staffing and NSIs.

Trust thresholds are indicated below;

- Temporary worker utilisation (bank and agency);
 - green indicates threshold achieved less than 20%
 - amber is above 20% utilisation
 - red above 50% utilisation
 - red agency use above 6%
- Fill rate >=80%

Mental Health (MH)

Acute Inpatient Wards

Ward	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	18	100.0%	131.3%	103.3%	81.3%	47.5%	38.2%	9.3%	7.1	0→	1↑	1↑
Aston	17	104.3%	220.6%	88.5%	146.2%	38.1%	30.3%	7.8%	8.0	0↓	1→	0→
Beaumont	15	94.5%	155.5%	95.3%	118.9%	52.6%	47.3%	5.3%	14.8	2↓	3↑	0↓
Belvoir Unit	8	116.4%	165.5%	184.6%	123.6%	44.4%	28.5%	15.8%	21.9	1↓	0↓	0↓
Heather	16	89.8%	164.2%	91.2%	175.7%	48.8%	31.8%	17.0%	8.7	3↑	5↑	0→
Thornton	17	105.4%	159.8%	96.8%	110.6%	34.7%	32.8%	1.8%	29.4	0↓	0→	0→
Watermead	16	94.7%	224.2%	91.7%	129.7%	32.0%	25.9%	6.1%	7.9	1↑	4↓	1↑
Griffin	5	130.9%	127.3%	96.3%	285.5%	36.4%	30.6%	5.8%	26.6	1↑	0→	0→
TOTALS										8↓	14↓	2↓

Table 4 - Acute inpatient ward safe staffing

Beaumont has utilised a higher percentage of temporary workforce in July 2021 this is mainly due to high patient acuity as the Ward is the admission ward for acute mental health, in addition there are higher levels of sickness and vacancies within the Ward team.

All medication errors have been reviewed in line with Trust policy; there were eight errors analysis has shown that out of the 8 medication related incidents reported 3 for Heather ward were incorrectly reported as medication errors as follows:

- 1 incident was reported twice
- 1 was a safeguarding incident reported as medication related
- 1 was rapid tranquilliser given which was not an error and given with consent

This leaves five actual medication incidents for the month, four of which were not administration errors. These four reported incidents were medicines management errors related to charting on WellSky, storage, disposal of controlled drugs and misplaced medication.

The administration error was due to medication being administered outside of the recommended frequency. Relevant Trust policies were followed, no harm occurred to the patient and there was no link to staffing.

There were 14 reported falls in July 2021, analysis has shown that the falls that occurred were a mixture of patients who had a 'first' fall and repeated falls. One patient's 5th fall since admission was reported; the falls are attributed to behaviour and possibly due to elements of chronic pain. The patient has been supported with all members of the Multi-Disciplinary Team during this admission.

The majority of falls occurred on Beaumont the admission ward, and then Heather ward (where they have usually transferred to) followed by Watermead Ward, linking to patient acuity.

During July the patient fall themes have been;

- Deterioration of mental health affecting behaviour resulting in repeated placements on the floor and falls due to risky behaviour
- Trips
- Hypotension
- Pseudo seizures

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	105.9%	107.6%	109.4%	107.7%	42.5%	31.4%	11.1%	10.4	0→	1↑	0↓
TOTALS										0→	1↑	0↓

Table 5- Low secure safe staffing

Phoenix continues to use a higher proportion of agency staff this month due to staff leaving and waiting for newly recruited staff to start, temporary staffing bank registered nurse fill rate.

There were no medication errors and one fall reported in July 2021 at Phoenix. Analysis has shown this fall was linked to physical health, paramedics attended and all physical observations within normal parameters, patient remained on Phoenix and under regular medical review. This incident could be classified as deterioration in clinical condition and not a fall as the patient was found on the floor.

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	21	122.3%	99.3%	150.1%	127.1%	35.7%	33.5%	2.2%	6.9	0↓	0↓	0↓
Willows	6	145.3%	97.7%	105.7%	106.2%	29.0%	27.2%	1.8%	19.7	2↑	0→	0→
Mill Lodge	13	94.6%	106.6%	129.0%	127.9%	61.3%	43.4%	17.9%	14.1	0↓	14↓	0→
TOTALS										2↓	14↓	0↓

Table 6 - Rehabilitation service safe staffing

Mill Lodge is an area to note due to the number of vacancies and due to concerns in regard to the high number of patient falls. The Director of Nursing, AHPs and Quality visited the Ward on 1 July 2021 and a quality summit was held including a deep dive review of patient falls. A number of actions are in place terms of recruitment to support continuity of staffing across the Ward with consideration to new/alternative roles. The Ward is supporting recruitment of two International Nurses and a Medicines Administration Technician. This will be further supported by the completion of the annual safe staffing establishment review in the next few months.

Mill Lodge continues to utilise a high percentage of temporary workforce due to the amount of vacancies, there are also two staff on long term sick and incidents of staff isolation due to Covid-19.

There were two medication errors reported in July 2021, both at Willows and both regarding patients receiving an extra dose. One was due to a 24hour period of as required medication (PRN) not being taken into account and one patient took an extra tablet that had been put to the side to administer a fresh one. Learning has been communicated in terms of discarding medication immediately and PRN alerts, no patient harm occurred and there were no staffing contributory factors identified in the reflections.

There were 14 patient falls on Mill Lodge a significant reduction compared to May and June 2021. This reduction is due to a female patient being discharged who experienced a high number of repeated falls in previous months.

Analysis has shown that the 14 falls were experienced by five patients. Themes of the falls were linked to mobilising in the bedroom between beds and the en-suite toilet facility, two ‘rolls’ from a bed and some trips associated with special awareness and footing linked to patient factors associated with Huntingdon’s disease.

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 <small>errors</small>	Falls	Complaints
BC Kirby	22	65.3%	117.1%	124.9%	182.6%	42.5%	35.0%	7.6%	7.7	1↓	4↓	0→
BC Welford	21	73.4%	152.5%	122.6%	282.0%	33.8%	23.3%	10.5%	8.1	1↓	11↑	0→
Coleman	15	88.4%	246.1%	170.1%	540.6%	63.4%	36.3%	27.2%	21.4	2↓	5↓	0→
Wakerley	16	74.3%	168.5%	137.6%	380.5%	48.7%	31.9%	16.7%	13.1	0→	0→	0→
TOTALS										4↓	20↓	0→

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

The MHSOP wards did not meet planned fill rates on days for Registered Nurses (RNs) on all wards with the exception of Coleman Ward.

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.

Coleman Ward used 63.4% temporary staffing to maintain planned safe staffing levels, the increase in reliance on temporary staff this month is due to increased acuity, long term sickness and vacancies. In addition, Coleman staff have been securing additional workforce to cover anticipation of opening Gwendolen Red Zone for high risk/Covid-19 positive patients.

The service continues to use temporary staff to support unfilled shifts due to vacancies and to support increased patient acuity and levels of observation. 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. In addition to increased acuity, the nature of the patients on the organic wards in particular necessitate a higher level of observation, therefore staffing levels need to reflect this increase level of need.

The service continues to have rolling adverts for band 5 recruitment, however applications and uptake in terms of attendance to interviews remains low. The service is planning to accommodate 8 international recruitment registered general nurses (2 per ward), expected to arrive in December 2021.

Analysis of the medication errors has shown that in all incidents there has been no harm to patients, one incident involved a patient being given the wrong medication whilst medications were administered by an agency worker who was unfamiliar with the patient and asked a student to confirm the patient's identity, staffing was a contributory factor for this incident.

Analysis of the falls has shown that there has been an increase in falls on Welford ward, associated with the physical frailty of patients admitted to the ward. There is a correlation between the change of Welford Ward to a mixed sex ward, and an increase in patient falls. In addition, Welford ward has had a patient who has sustained repeated falls, and observation levels have increased to support the patient.

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	14	85.7%	80.8%	163.2%	177.2%	28.8%	14.7%	14.1%	13.1	0↓	1→	0→
Rutland	14	159.1%	77.4%	152.8%	150.3%	26.4%	13.7%	12.8%	9.1	1↑	6↑	0↓
SL Ward 1	8	15.8%	13.2%	29.7%	44.1%	11.9%	5.9%	5.9%	9.2	0→	1→	0↓
SL Ward 3	11	252.1%	70.3%	153.2%	291.2%	19.1%	12.5%	6.6%	34.7	0↓	1→	0→
CV Ellistown 2	15	176.7%	66.2%	150.8%	158.3%	14.5%	9.5%	5.0%	13.0	0→	3↑	0→
CV Snibston 1	17	118.2%	83.3%	202.2%	262.0%	22.0%	6.4%	15.6%	11.6	0→	1↓	0↓
HB East Ward	20	69.8%	94.3%	152.0%	328.4%	29.9%	9.0%	20.9%	11.3	3↑	1→	0→

HB North Ward	12	88.6%	105.2%	155.8%	290.5%	34.1%	5.1%	29.0%	10.2	0→	4↑	0→
Swithland	16	178.1%	70.3%	153.5%	153.3%	13.4%	5.6%	7.8%	15.3	0→	2↑	0→
CB Beechwood	21	145.5%	71.5%	123.7%	255.7%	37.4%	19.1%	18.4%	8.9	0↓	1↓	0↓
CB Clarendon	18	168.0%	71.2%	154.8%	219.9%	29.7%	9.0%	20.7%	8.9	3↑	2↓	0→
TOTALS										7↑	23↑	0↓

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 continues to be North Ward Hinckley and Bosworth Hospital.

Ward 1 St Lukes Hospital is a stroke Ward, the ward was temporarily closed for essential roof repairs and refurbishment from 2 July to 26 July 2021. Stroke pathway beds were relocated to Snibston Ward, Coalville changing medical beds into 18 stroke beds. As a result the fill rate for Snibston increased and shows as higher than planned for RNs on days, this was due to an increase in the number of stroke patients as detailed above and the need to increase to three RNs on all shifts to manage the patient change and increase in levels of acuity and dependency during the month.

There is a low fill rate for the day shifts for Health Care Support Workers (HCSWs) across seven of the wards, decreased position from June 2021 (nine wards). This continues to be due to a combination of factors linked to HCSW sickness and vacancies and adjusted skill mix during the month with some of the unfilled HCSW shifts filled with registered nurses (RNs), which also accounts for the increase in the fill rate of RNs.

Temporary workforce usage has increased further compared to June 2021 across all wards with the exception of St Lukes Ward 1 and Ward 3 and Ward 2 Coalville this is due to increased patient acuity and dependency, patients requiring enhanced observations due to one to one care, annual leave, vacancies, maternity leave, sickness and the impact of track and trace.

A review of the Nurse Sensitive Indicators (NSIs) for the community hospital wards has identified an increase in the number of falls incidents from 20 in June 2021 to 23 in July 2021. Ward 'areas to note' for increased falls include; Ward 2 Coalville Hospital, North Ward Hinckley and Rutland Wards. 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.

The number of medication incidents for the in-patient wards has increased from 6 in June to 7 in July 2021. A review of these incidents has identified these relate to the new electronic

CD drug register rollout across the wards and has not identified any themes or direct correlation with staffing.

There were no formal complaints received during July 2021.

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	120.2%	123.8%	129.0%	138.7%	48.1%	38.3%	9.7%	13.5	2↑	1↓	0→
CAMHS	9	111.6%	243.0%	133.9%	418.6%	68.3%	39.4%	28.9%	25.3	0→	0→	0→
TOTALS										2↑	1↓	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 patient acuity. Recruiting to vacant posts continues to be a priority in both areas. The Beacon has recruited a number of band 5 registered nurses and continues to make efforts to fill vacancies.

There were two medication errors and one patient fall on Langley Ward in July 21, analysis has shown that the first medication error was due to a patient engaging staff in a discussion about medication and checking these off whilst they were being dispensed leading to the error. The fall occurred when a patient was on a group walk outside; the patient missed her footing whilst trying to avoid a puddle and fell over and sustained minor injuries, no harm.

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	151.5%	164.5%	182.2%	202.3%	46.5%	21.1%	25.4%	66.5	0→	3↑	0→
Gillivers	1	84.5%	92.7%	90.3%	111.8%	0.5%	0.5%	0.0%	75.0	0→	0→	0→
TOTALS										0→	3↑	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 were three patient falls on the Agnes Unit in July 2021. On review all of these falls were the same individual who was presenting with mania and fast pacing; impacting on the individuals mobility/stability. The patient has been stabilised with medication the individual's presentation and mobility has improved.

Governance table

For Board and Board Committees:	Public Trust Board	
Paper sponsored by:	Anne Scott, Interim Executive Director of Nursing, AHPs and Quality	
Paper authored by:	Emma Wallis, Interim Director of Nursing and Quality	
Date submitted:	20.8.21	
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):	Quality Forum	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	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:	considered	