

Trust Board Public and Confidential meeting – 27 October 2020

Safe Staffing- September 2020 review

Purpose of the report

This report provides an overview of nursing safe staffing during the month of September 2020, including a summary of staffing areas to note, updates in response to Covid-19, potential risks, and actions to mitigate the risks to ensure that safety and care quality are maintained.

The report triangulates workforce metrics, fill rates, CHPPD, quality and outcomes linked to Nurse Sensitive Indicators (NSIs) and patient experience feedback. A summary is available in Annex 1.

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

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

Analysis of the issue

Right Staff

- Temporary worker utilisation rate increased slightly this month; 0.82% reported at 20.05% overall. Trust wide agency usage increased this month by 0.36% to 4.08% overall. The overall decreased bank and agency utilisation over the past months reflects the reduced bed occupancy and flexed staffing levels to meet patient needs.
- This month Griffin, Gwendolen, Rutland, Agnes and CAMHS inpatient units/wards utilised over 6% agency staff, this is linked to high acuity and levels of observation.
- There are ten inpatient 'areas to note' identified, no changes to the previous month
- There are six community team 'areas to note', one change; the Central Access Point (CAP) is a new area to note, due to staffing shortages and the increased pressure on community mental health, crisis resolution and home treatment teams to provide cover. Staffing and case-loads are reviewed and risk assessed across service teams using patient prioritisation models to ensure appropriate action is taken to maintain patient safety.

Right Skills

Changes to Mandatory and Role Essential Training during COVID 19:

- The compliance renewal date for each topic has been extended by 6 months.
- All face to face training is slowly being reintroduced with staff being invited to attend Mandatory Training on a clinical risk basis and contacted directly by Learning & Development to attend.

- PPE Donning and Doffing has been added as a Mandatory Training requirement for all staff
- ROAR (Risk of Admission Training) has been added to the Role Essential training register for staff in FYPC/LD and MH
- Correct to 1 October 2020 Trust wide;
 - Appraisal at 82.4 % GREEN
 - Clinical supervision at 84.8% AMBER

Right Place

- The Covid-19 risk managed wards are East, Beaumont, Bosworth, Langley, Agnes Unit and Gwendolen Ward. Risk managed is to mean that the ward is caring for patients on the emergency admission Covid-19 pathway as per the national safe staffing descriptors and care pathways, maintaining separation between possible and confirmed COVID-19 patients and supports staff cohorting.
- Fill rates for actual HCSWs over 100% predominantly on nights, reflects the high utilisation and deployment of additional temporary staff due to increased levels of therapeutic observation to maintain patient safety.
- Fill rates below 100% for actual HCSWs predominantly on days reflect the reduced bed occupancy and adjusted staffing levels and skill mix to meet patient care needs.
- The total Trust CHPPD average (including ward based AHPs) is reported at 13.59 CHPPD in September 2020, with a range between 6.4 (Ashby Ward) and 54.9 (Agnes Unit) CHPPD. General variation reflects the diversity of services, complex and specialist care provided across the Trust.
- Analysis of CHPPD has not identified significant variation at service level; indicating that staff are being deployed productively across services.

Staff leave data

- The table below shows absence captured by the HR isolation sheet as at 1 October 2020, the data now includes Test and Trace notification;

Self-Isolation - Household Carer	1
Self-Isolation - Household WFH	20
Self-Isolation - Symptomatic	39
Self-Isolation - Vulnerable Group	73
Undefined	1
Test and Trace Notification	3
Covid-19 related absence	134
General Absence	264
Total Workforce	5329
Covid-19 related absence	2.51%
General Absence	4.95%
Total Absence	7.47%

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

- In comparison to the previous month as reported on 2 September 2020, overall absence has decreased 0.1%, due to a reduction in COVID-19 related absence.

	AMH	Bank	CHS	Enabling	FYPC	Hosted	LD	MHSOP	Grand total
Self-isolation – Household carer	0	1	0	0	0	0	0	0	1
Self-isolation – Household WFH	3	0	11	0	6	0	0	0	20
Self-isolation – Symptomatic	8	11	10	2	3	2	0	3	39
Self-isolation – Vulnerable Group	20	1	26	5	13	0	5	3	73
Undefined	0	0	0	0	1	0	0	0	1
Test and Trace Notification	0	0	0	0	0	0	0	0	0
Totals	31	13	47	7	23	2	5	6	134

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

In-patient Staffing

Summary of inpatient staffing areas to note;

Wards	July 2020	Aug 2020	Sept 2020
Hinckley and Bosworth - East Ward	X	X	X
St Lukes Ward 1			
St Lukes Ward 3	X	X	X
Rutland		X	X
Coleman	X	X	X
Gwendolen	X	X	X
Beaumont	X	X	X
Belvoir	X		
Griffin	X	X	X
Agnes Unit	X	X	X
Langley	X	X	X
Bosworth (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, Bosworth, Langley, Agnes Unit and Gwendolen Wards. Risk managed is to mean that the ward is caring for patients on the emergency admission COVID pathway as per the national safe staffing descriptors and care pathways.

The Agnes Unit and CAMHS Bosworth 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.

Bosworth Ward continue to work with the external Consultant and work programme to develop a robust peoples plan to support staff health and wellbeing and to ensure we have the right staff with the right skills.

Langley ward are to undertake a staff profiling exercise, to understand how the patient group have changed and to review the skill mix to meet the increased patient acuity needs. A planning meeting has been convened for 22 October 2020.

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

In order to understand the impact a thorough review has taken place, with immediate actions in place to support patient and staff experience, quality and safety as outlined in the previous months report.

A review of the IPC guidance in context of mental health admissions and risk of COVID-19 infection and transmission is in progress with options to address the IPC risks and patient safety and quality risks to ensure a safe system of working.

This month Griffin, Gwendolen, Rutland, Agnes and CAMHS inpatient units/wards utilised over 6% agency staff, this is linked to high acuity and levels of observation.

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 inpatient area by service and directorate in Annex 2.

Community Teams

Summary of community ‘areas to note’;

Community team	July 2020	Aug 2020	Sept 2020
City East Hub- Community Nursing	X	X	X
City West Hub- Community Nursing	X	X	X
Healthy Together – City (School Nursing only)	X	X	X
CAMHS County - FYPC	X	X	X
Diana service	X	X	X
Central Access Point team (MH)			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.

CAMHS County, Healthy Together City (School Nursing only) and Diana teams are rated to be at Amber escalation level due to only 70% of the established team being available to work. Risks continue to be monitored within the Directorate on a weekly basis.

There remain a number of vacancies across community planned care nursing hubs with City West and City East carrying the largest number and key 'areas to note'. There are an increasing number of staff vacancies in both North West Leicestershire and East South Hubs. Due to the numbers of vacancies, vacancies continue to be covered generally with long term blocked booked agency staff. County Band 5 Interviews took place on the 17 September 2020 and four staff nurse posts were offered. The team are in the process of recruiting HCA's in the Charnwood area.

The impact of Covid-19 and local measures in Leicester City has continued to affect the community teams throughout September 2020. Face-to-face contacts remain more limited than usual, and telephone and video appointments are now offered. Attend Anywhere video consultation has been rolled out across teams. The exception to this approach is where face-to-face contacts are unavoidable, for example depot administration, Mental Health Act assessments and safeguarding issues etc. Some services, for example Assertive Outreach, have a higher proportion of face-to-face visits due to the acuity of the client group.

There were no reported community team staffing 'areas to note' for August 2020, however, the Central Access Point (CAP) continues to experience staffing shortages and this is resulting in increased pressure on the community mental health, crisis resolution and home treatment teams to provide cover. This is on the risk register and a new staffing model and recruitment plan is in place to address the shortages.

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

Proposal

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

Annexe 1: September
2020 Scorecard

				Fill Rate Analysis (National Return)						% Temporary Workers			Overall CHPPD (Nursing And AHP)
				Actual Hours Worked divided by Planned Hours						(NURSING ONLY)			
				Nurse Day		Nurse Night		AHP Day		Total	Bank	Agency	
Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Average % fill rate RN ≥80%	Average % fill rate HCSW ≥80%	Average % fill rate RN ≥80%	Average % fill rate HCSW ≥80%	Average % fill rate registered	Average % fill rate non-registered				
AMH Bradgate	Ashby	21	20	82.1%	207.8%	68.5%	169.0%			44.4%	39.3%	5.2%	6.4
	Aston	19	19	125.7%	148.5%	103.1%	116.7%			12.8%	12.3%	0.5%	6.5
	Beaumont	22	17	118.2%	122.3%	102.2%	143.9%			12.4%	7.5%	4.9%	12.6
	Belvoir Unit	10	8	129.8%	119.9%	198.5%	117.9%			22.2%	19.6%	2.6%	20.0
	Heather	18	18	107.0%	220.2%	113.3%	132.2%			16.0%	14.9%	1.0%	7.7
	Thornton	20	19	115.4%	226.7%	105.1%	115.1%			19.7%	18.8%	0.8%	7.2
	Watermead	20	20	112.1%	197.9%	106.6%	151.0%		100.0%	15.1%	13.3%	1.8%	7.2
	Griffin - Herschel Prins	6	5	125.6%	167.8%	92.4%	191.1%		100.0%	47.4%	33.1%	14.3%	25.3
AMH Other	Phoenix - Herschel Prins	12	10	110.2%	152.8%	108.0%	118.3%			17.3%	15.4%	1.9%	12.5
	Skye Wing - Stewart House	30	28	166.6%	133.1%	137.7%	228.6%			20.0%	18.7%	1.2%	7.1
	Willows	9	7	123.0%	96.1%	85.8%	98.5%			14.4%	13.3%	1.1%	6.4
	Mill Lodge	14	12	128.9%	115.8%	123.2%	177.7%			21.6%	20.6%	1.0%	15.0
CHS City	Kirby	24	22	73.7%	120.1%	122.3%	148.3%	100.0%	100.0%	26.1%	23.1%	3.0%	8.2
	Welford	24	16	77.1%	121.7%	128.9%	207.4%		100.0%	17.0%	14.2%	2.9%	9.5
	Beechwood Ward - BC03	24	17	155.8%	68.5%	158.3%	218.3%	100.0%	100.0%	8.9%	4.8%	4.1%	12.3
	Clarendon Ward - CW01	21	17	155.9%	66.4%	153.3%	228.5%			8.5%	5.8%	2.7%	9.4
	Coleman	40	28	69.6%	185.8%	131.1%	418.2%	100.0%	100.0%	43.6%	36.6%	7.0%	9.0
CHS East	Gwendolen	21	7	65.9%	94.4%	128.2%	259.5%			23.5%	11.6%	12.0%	21.2
	Dagleish Ward - MMDW	17	12	186.0%	67.7%	163.2%	155.9%	100.0%	100.0%	4.3%	3.3%	1.0%	12.7
	Rutland Ward - RURW	17	12	194.1%	58.1%	194.4%	215.6%			26.6%	19.2%	7.4%	8.7
	Ward 1 - SL1	18	10	127.6%	54.3%	153.4%	162.2%	100.0%	100.0%	8.4%	8.2%	0.2%	15.7
	Ward 3 - SL3	13	10	235.7%	73.0%	164.9%	240.2%	100.0%	100.0%	14.4%	11.0%	3.3%	6.4
CHS West	Ellistown Ward - CVEL	17	12	199.9%	69.8%	153.3%	166.1%	100.0%	100.0%	6.4%	5.2%	1.2%	6.5
	Snibston Ward - CVSN	18	12	164.7%	53.9%	162.9%	183.9%	100.0%	100.0%	7.3%	4.9%	2.4%	12.6
	East Ward - HSEW	28	2	120.4%	15.2%	153.6%	23.0%	100.0%	100.0%	5.0%	4.5%	0.5%	20.0
	Ward 4 - CVW4	15	12	165.7%	81.0%	157.0%	178.9%	100.0%	100.0%	0.0%	0.0%	0.0%	7.7
	Swithland Ward - LBSW	18	13	187.4%	69.1%	153.3%	155.6%	100.0%	100.0%	1.9%	1.8%	0.1%	7.2
FYPC	Langley	15	13	101.3%	341.1%	133.6%	256.6%	100.0%		37.0%	33.1%	4.0%	15.6
	CAMHS	16	7	114.8%	257.4%	139.7%	551.7%	100.0%	100.0%	43.2%	30.6%	12.6%	36.3
LD	Agnes Unit	4	3	151.7%	207.2%	169.6%	271.6%			42.0%	29.9%	12.1%	54.9

Annexe 2: Inpatient Ward triangulation staffing and NSIs.

Trust thresholds are indicated below;

- Temporary worker utilisation (bank and agency);
 - green indicates threshold achieved less than 20%
 - amber is above 20% utilisation
 - red above 50% utilisation

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

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

Acute Inpatient Wards

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers%	Bank %	Agency %	CHPPD	Medication errors	Falls	Complaints
Ashby	92.9%	82.1%	207.8%	68.5%	169.0%	44.4%	39.3%	5.2%	6.4	2↓	3↑	2↑
Aston	99.1%	125.7%	148.5%	103.1%	116.7%	12.8%	12.3%	0.5%	6.5	1→	0↓	0
Beaumont	78.3%	118.2%	122.3%	102.2%	143.9%	12.4%	7.5%	4.9%	12.6	3↓	4↑	0
Belvoir Unit	77.7%	129.8%	119.9%	198.5%	117.9%	22.2%	19.6%	2.6%	20.0	2↓	0→	0
Heather	99.1%	107.0%	220.2%	113.3%	132.2%	16.0%	14.9%	1.0%	7.7	0	3↓	-
Thornton	95.2%	115.4%	226.7%	105.1%	115.1%	19.7%	18.8%	0.8%	7.2	0	1↑	1↑
Watermead	97.8%	112.1%	197.9%	106.6%	151.0%	15.1%	13.3%	1.8%	7.2	2↓	4↑	0
Griffin	84.4%	125.6%	167.8%	92.4%	191.1%	47.4%	33.1%	14.3%	25.3	2↓	0↓	0→
TOTALS										12↑	15↑	3↑

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 has been an increased number of falls across the BMHU in September 2020 compared to August 2020. Analysis has identified the following themes:

- Effects of physical health and fluctuating deterioration of mental health
- Effects of low blood pressure
- Trips

The physical health matron continues to work with teams to embed learning and offer guidance and support post falls. Post fall huddles to be piloted on Heather ward.

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	Pod 1 50%	151.7%	207.2%	169.6%	271.6%	43.2%	30.6%	12.6%	36.3	2→	4→	0
	Pod 2 98.3%											
	Pod 3 64.2%											
TOTALS										2→	4→	0→

Table 6 - Learning disabilities safe staffing

A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes. The Agnes Unit is supported with a quality improvement plan as detailed on page 4 of this report.

Low Secure Services – Herschel Prins

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers%	Bank %	Agency %	CHPPD	Medication errors	Falls	Complaints
HP Phoenix	83.6%	125.6%	167.8%	92.4%	191.1%	17.3%	15.4%	1.9%	12.5	0	0	0
TOTALS										0↓	0	0

Table 7- Low secure safe staffing

There were no medication errors, patient falls or complaints in September 2020.

Rehabilitation Services

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers %	Bank %	Agency %	CHPPD	Medication errors	Falls	Complaints
Skye Wing	93%	166.6%	133.1%	137.7%	228.6%	20.0%	18.7%	1.2%	7.1	4↑	8↑	0
Willows Unit	Maple 74.6%	123.0%	96.1%	85.8%	98.5%	14.4%	13.3%	1.1%	15.3	0↓	0↓	0
	Sycamore 55%											
	Cedar – Acacia – 91%											
Mill Lodge	87.4%	128.9%	115.8%	123.2%	177.7%	21.6%	20.6%	1.0%	15.0	3↓	23↑	0
TOTALS										4↑	31↑	0

Table 8 - Rehabilitation service safe staffing

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

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

The increased falls on Mill Lodge have been reviewed by the matron and are largely linked to one patient, a falls huddle was held on 28 September 2020 there are a number of recommendations linked to sensory equipment, review of floor matting and how to reduce anxieties before meetings.

Mill Lodge are currently trialling an all in one safe bed and tumble mat system to decrease roll from bed to a different height and potential harm.

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	73.4%	186.0%	67.7%	163.2%	155.9%	4.3%	3.3%	1.0%	12.7	0↓	0	0
Rutland	72.6%	194.1%	58.1%	194.4%	215.6%	26.6%	19.2%	7.4%	8.7	0↓	0	0
SL Ward 1	57.7%	127.6%	54.3%	153.4%	162.2%	8.4%	8.2%	0.2%	15.7	0↓	3↓	0
SL Ward 3	78.8%	235.7%	73.0%	164.9%	240.2%	14.4%	11.0%	3.3%	14.1	3↓	1→	0
CV Ellistown 2	70.6%	199.9%	69.8%	153.3%	166.1%	6.4%	5.2%	1.2%	13.4	1↑	1↑	1↑
CV Snibston 1	65.7%	164.7%	53.9%	162.9%	183.9%	7.3%	4.9%	2.4%	14.4	1↓	1↓	0
CV Ward 4	81.7%	165.7%	81.0%	157.0%	178.9%	0%	0%	0%	12.5	0	0	0
HB East Ward	8.3%	120.4%	15.2%	153.6%	23.0%	5.0%	4.5%	0.5%	31.8	0↓	0	0
Swithland	74.3%	187.4%	69.1%	153.3%	155.6%	1.9%	1.8%	0.1%	12.1	1↓	2→	0
CB Beechwood	71.3%	155.8%	68.5%	158.3%	218.3%	8.9%	4.8%	4.1%	12.3	1↓	1↓	0
CB Clarendon	79.4%	155.9%	66.4%	153.3%	228.5%	8.5%	5.8%	2.7%	9.4	3↓	12↑	0
TOTALS										10↑	21↓	1↑

Table 9 - Community hospital safe staffing

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

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

A review of the NSIs for the community hospital wards has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes.

Mental Health Services for Older People (MHSOP)

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers%	Bank %	Agency %	CHPPD	Medication errors	Falls	Complaints
BC Kirby	91%	73.7%	120.1%	122.3%	148.3%	26.1%	23.1%	3.0%	8.2	2↓	5→	0
BC Welford	67.4%	77.1%	121.7%	128.9%	207.4%	17.0%	14.2%	2.9%	9.5	0↓	5↓	0
Coleman	70.2%	69.6%	185.8%	131.1%	418.2%	8.5%	5.8%	2.7%	9.4	3↑	4↓	0
Gwendolen	32.4%	65.9%	94.4%	128.2%	259.5%	23.5%	11.6%	12.0%	21.2	0↓	9↑	0
TOTALS										5↓	23↓	0

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

All wards did not consistently meet the planned staffing levels on days. Analysis has shown there were occasions where there was one RN on duty. On those shifts staff were supported by the Medicines Administration Technician, Mental Health Practitioner, Charge Nurses and registered staff from adjoining wards. Due to the skill mix and support, staffing was deemed to be at a safe working level. The planned staffing was also flexed across the service to reflect occupancy and patient acuity and dependency.

Analysis of the NSIs has not identified any correlation to staffing at the time of the incidents.

As a result of opening Wakerley as a surge ward and redeployment of substantive RNs to support the ward, Coleman ward has block booked 3 RNs & Wakerley 2 RNs to support the ward and continuity.

Gwendolen is the identified admission ward for MHSOP providing 10 beds and the Covid-19 positive ward providing 9 beds. The ward has utilised agency staff to cover the RED and Amber zone when there has been an increase in admissions or symptomatic /Covid-19 positive patients to support staff cohorting. There was 9 falls on Gwendolen involving 6 patients. One patient sustained a hip fracture as a result of the fall which is subject to a falls serious investigation. A review of the falls has not identified any direct correlation between staffing and the impact to care/outcomes.

Families, Young People and Children's Services (FYPC)

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers%	Bank %	Agency %	CHPPD	Medication errors	Falls	Complaints
Langley	88.4%	101.3%	341.1%	133.6%	256.6%	37.0%	33.1%	4.0%	15.6	2↓	0↓	0
CAMHS	46%	114.8%	257.4%	139.7%	551.7%	43.2%	30.6%	12.6%	36.3	0→	0→	0↓
TOTALS										2	0→	0↓

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

The increased temporary worker utilisation for both Langley and CAMHS is reflective of deployment of temporary staff to meet vacancies and patient care needs associated with increased and high levels of acuity. A review of the NSIs and patient feedback 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:	21.10.20	
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):	NA	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	NA	
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	
	Trustwide 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	