

Public Trust Board - 2 March 2021

Safe Staffing- December 2020 Review

Purpose of the report

This report provides an overview of nursing safe staffing during the month of December 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 this month; 1.26% reported at 33.36% overall.
- Trust wide agency usage increased this month by 2.17% to 9.88% overall.
- This month Aston, Beaumont, Belvoir, Griffin, Clarendon, Coleman, Gwendolen, Wakerley, East, North, Agnes and CAMHS inpatient units/wards utilised over 6% agency staff.
- There are twelve inpatient 'areas to note', changes to the previous month include; Aston, Clarendon, North and Wakerley Wards due to increased agency utilisation above 6% and increased patient acuity and dependency.
- There are eight community team 'areas to note', no change in December 2020. 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 will be contacted directly by L&D 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
- 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 on a new tab for all staff whose job role may require them to wear one
- Correct to 1 January 2021 Trust wide;
 - Appraisal at 86.2 % GREEN sustained
 - Clinical supervision at 82.1% AMBER (previous month GREEN 85.4%)

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 pathway as per the national safe staffing descriptors and remobilisation care pathways, maintaining separation between possible and confirmed COVID-19 patients and supporting staff cohorting.
- Fill rates below 100% for actual HCSWs predominantly on days reflect any reduced bed occupancy and adjusted staffing levels and skill mix to meet patient care needs.
- The total Trust CHPPD average (including ward based AHPs) is reported at 16.23 CHPPD in December 2020, with a range between 6.6 (Ashby Ward) and 66.8 (Agnes Unit) CHPPD. General variation reflects the diversity of services, complex and specialist care provided across the Trust.
- Analysis of CHPPD has not identified significant variation at service level; indicating that staff are being deployed productively across services.
- **Please note that due to SystemOne migration, the occupancy data is not accurate for December 2020 as there is an issue with the number of available beds on the system.**

Staff leave data

- The table below shows absence captured by the HR isolation sheet as at 4 January 2021;

Self-Isolation - Household WFH	7.8
Self-Isolation - Symptomatic	71.5
Self-Isolation - Vulnerable Group	7.8
Test and Trace Notification	1
Covid-19 related absence	89.1
General Absence	256.1
Covid-19 related absence	1.9%
General Absence	5.5%
Total Absence	7.4%

Table 1 – Trust COVID-19 and general absence – 4 January 2021

- In comparison to the previous month as reported on 1 November 2020, overall absence has increased 0.9%, due to a slight increase in both Covid-19 related and general absence in December 2020.

In-patient Staffing

Summary of inpatient staffing areas to note;

Wards	Oct 2020	Nov 2020	Dec 2020
Hinckley and Bosworth East Ward	X	X	X
Hinckley and Bosworth North Ward			X
St Lukes Ward 3	X	X	
Beechwood	X	X	
Clarendon			X
Coalville Ward 4		X	
Swithland		X	
Coleman	X	X	X
Gwendolen	X	X	X
Wakerley			X
Aston	X		X
Ashby		X	
Beaumont	X	X	X
Belvoir	X		X
Griffin	X	X	X
Agnes Unit	X	X	X
Langley	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 care pathways.

The Agnes Unit and CAMHS Beacon Unit are ‘areas to note’ due to a combination of factors; high percentage of temporary worker/agency utilisation, concerns relating to; increased acuity, high risk and vulnerable patients, safeguarding and safety incidents and impact to safe and effective care. Both areas are being supported with quality improvement plans, with oversight to the Trust Quality Assurance Committee.

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

Number of occupied beds, temporary workforce percentage together with the NSIs that capture outcomes most affected by nurse staffing levels is presented in the tables per in-patient area by service and directorate in Annex 2.

Community Teams

Summary of community ‘areas to note’;

Community team	Oct 2020	Nov 2020	Dec 2020
City East Hub- Community Nursing	X	X	X
City West Hub- Community Nursing	X	X	X
East North Hub-Community Nursing	X	X	X
Healthy Together – City (School Nursing only)	X	X	X
CAMHS County - FYPC	X	X	X
Diana service	X	X	X
Central Access Point team (MH)	X	X	X
Charnwood CMHT		X	X

Table 4 – Community areas to note

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

FYPC/LD Community

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

CHS Community

There remain a number of vacancies across community planned care nursing hubs with City West and City East carrying the largest number and are the key ‘areas to note’. The other area that remains of note is East North. The vacancies in both city areas continue to be covered with long term blocked booked bank and agency staff. These staff are assigned to specific teams and allocated all the key required equipment; this includes laptops and mobile phones. The advert for the band 5 posts within the city is being refreshed as interest in these posts, has reduced. A meeting with the LPT jobs team has been set up to look at a way to refresh and revitalize this recruitment program moving forward. Interviews are scheduled on the 17 December 2020 for county staff nurse posts with 6 candidates invited for interview. Two new staff nurses have been successfully recruited for both the City and East North, awaiting start dates.

MH Community

The impact of Covid-19 and the current wave have continued to affect the community teams throughout December 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. Some services, for example Assertive Outreach, have a higher proportion of face-to-face visits due to the acuity of the client group.

There are two areas to note; the Central Access Point (CAP) continues to experience staffing shortages as does Charnwood community mental health team. CAP staffing is on the risk register and a new staffing model and recruitment plan is in place to address the shortages.

The number of vacancies across the services remains stable and gaps continue to be filled with bank and agency wherever possible; community mental health teams continue to find it difficult to recruit agency workers for the block booking commitment required, however, the Crisis Team is finding that there is some availability of agency staff to cover shifts as needed.

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.

December 2020

				Fill Rate Analysis (National Return)						% Temporary Workers			Overall CHPPD (Nursing And AHP)
				Actual Hours Worked divided by Planned Hours						(NURSING ONLY)			
Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Nurse Day (Early & Late Shift)		Nurse Night		AHP Day		Total	Bank	Agency	
				Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered AHP	Average % fill rate non- registered AHP				
				>=80%	>=80%	>=80%	>=80%	-	-	<20%			
AMH Bradgate	Ashby	21	20	86.1%	237.8%	81.5%	157.0%			46.4%	41.9%	4.5%	6.6
	Aston	19	18	113.9%	171.7%	99.7%	140.2%			46.4%	39.3%	7.2%	8.9
	Beaumont	22	15	113.8%	155.0%	108.3%	155.9%			28.9%	20.5%	8.4%	15.5
	Belvoir Unit	10	7	145.2%	148.1%	202.3%	138.2%			46.6%	35.4%	11.2%	25.0
	Heather	18	18	104.2%	163.5%	104.0%	103.7%			42.0%	38.1%	3.9%	8.0
	Thornton	20	20	119.4%	194.3%	102.9%	126.5%			27.8%	26.5%	1.3%	6.8
	Watermead	20	18	125.5%	170.0%	109.0%	147.5%		100.0%	31.2%	28.9%	2.3%	7.8
	Griffin - Herschel Prins	6	5	121.6%	183.5%	85.5%	303.4%		100.0%	59.7%	36.7%	23.0%	26.6
AMH Other	Phoenix - Herschel Prins	12	10	119.5%	136.7%	104.5%	104.6%			15.9%	14.4%	1.5%	12.2
	Skye Wing - Stewart House	30	27	167.5%	137.1%	133.3%	210.6%			23.9%	22.1%	1.7%	7.2
	Willows	9	9	190.4%	96.7%	123.7%	95.0%			12.4%	12.0%	0.5%	13.1
	Mill Lodge	14	13	124.3%	106.2%	140.7%	146.4%			39.7%	36.7%	3.0%	15.2
CHS City	Kirby	24	16	49.8%	107.9%	129.0%	139.8%	100.0%	100.0%	32.1%	29.6%	2.6%	9.9
	Welford	24	16	72.9%	86.8%	131.2%	133.3%	100.0%	100.0%	12.7%	12.5%	0.2%	7.5
	Beechwood Ward - BC03	21	15	133.1%	61.3%	162.8%	168.1%	100.0%	100.0%	13.9%	9.8%	4.1%	12.8
	Clarendon Ward - CW01	20	13	147.8%	69.0%	180.5%	291.7%			36.5%	7.1%	29.4%	12.8
	Coleman	29	21	64.9%	155.8%	124.7%	391.9%	100.0%	100.0%	61.7%	49.4%	12.3%	10.9
	Gwendolen	21	6	74.2%	94.9%	128.7%	223.0%			35.2%	18.3%	16.9%	22.3
	Wakerley (MHSOP)	21	15	63.2%	165.1%	128.7%	361.5%			65.8%	47.9%	17.9%	23.6
CHS East	Dagleish Ward - MMDW	16	14	184.0%	63.1%	148.4%	152.1%	100.0%	100.0%	8.1%	6.8%	1.3%	11.1
	Rutland Ward - RURW	16	14	151.7%	75.1%	160.8%	140.2%			25.8%	20.5%	5.3%	7.9
	Ward 1 - SL1	18	11	130.4%	57.3%	150.9%	145.1%	100.0%	100.0%	19.3%	15.4%	4.0%	14.1
	Ward 3 - SL3	10	6	202.3%	74.4%	148.4%	132.9%	100.0%	100.0%	20.7%	15.8%	4.8%	18.4
CHS West	Ellistown Ward - CVEL	16	8	202.6%	50.6%	152.7%	128.6%	100.0%	100.0%	10.5%	8.1%	2.4%	39.6
	Snibston Ward - CVSN	16	10	139.1%	45.1%	143.2%	137.4%	100.0%	100.0%	14.4%	13.0%	1.4%	14.2
	East Ward - HSEW	26	21	119.4%	95.4%	114.7%	88.8%	100.0%	100.0%	41.7%	4.1%	37.5%	12.8
	North Ward - HSNW	16	10	205.6%	55.4%	151.3%	135.7%	100.0%	100.0%	25.0%	3.2%	21.8%	12.1
	Swithland Ward - LBSW	17	14	179.7%	64.9%	148.4%	165.7%	100.0%	100.0%	10.7%	8.1%	2.6%	10.4
FYPC	Langley	15	12	141.8%	96.4%	133.3%	191.4%	100.0%	100.0%	44.7%	39.0%	5.7%	13.9
	CAMHS Beacon Ward - Inpatient Adolescent	0	8	166.7%	190.1%	161.5%	405.0%	100.0%	100.0%	59.4%	35.9%	23.5%	29.4
LD	Agnes Unit	4	2	133.0%	154.3%	140.1%	214.8%			43.8%	30.0%	13.8%	66.8

Annexe 2: Inpatient Ward triangulation staffing and NSIs.

Trust thresholds are indicated below;

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

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

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

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	95.50%	86.1%	237.8%	81.5%	157.0%	46.4%	41.9%	4.5%	6.6	0↓	1↓	0
Aston	95.80%	113.9%	171.7%	99.7%	140.2%	46.4%	39.3%	7.2%	8.9	2↑	1↓	0
Beaumont	70.70%	113.8%	155.0%	108.3%	155.9%	28.9%	20.5%	8.4%	15.5	1↓	2↑	0
Belvoir Unit	72.20%	145.2%	148.1%	202.3%	138.2%	46.6%	35.4%	11.2%	25.0	1↑	0→	0
Heather	101.10%	104.2%	163.5%	104.0%	103.7%	42.0%	38.1%	3.9%	8.0	0↑	1↓	0↓
Thornton	97.60%	119.4%	194.3%	102.9%	126.5%	27.8%	26.5%	1.3%	6.8	0→	1↓	0
Watermead	89.50%	125.5%	170.0%	109.0%	147.5%	31.2%	28.9%	2.3%	7.8	0→	0→	0
Griffin	89.20%	121.6%	183.5%	85.5%	303.4%	59.7%	36.7%	23.0%	26.6	1↑	1→	0
TOTALS										5↓	6↓	0↓

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 a significant reduction in the number of falls overall compared to the previous months. In December 2020; 5 falls were reported compared to 15 in October and 12 in November. These 5 falls have occurred over four ward areas and none of the falls were repeat falls.

The following themes have been identified;

- Effects of fluctuating deterioration of mental health
- Increased falls during the night shift after 8pm (3 out of 5)
- Effects of physical health (dialysis)

BMHU & AMH falls team are planning to film short clips of the local falls process to allow staff to have bite-size training. This will support the need to guide staff regarding the management of falls checklist on SystmOne and therefore supports the post fall management and process.

Low Secure Services – Herschel Prins

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers%	Bank %	Agency %	CHPPD	Medication errors	Falls	Complaints
HP Phoenix	89.20%	119.5%	136.7%	104.5%	104.6%	15.9%	14.4%	1.5%	12.2	1↑	0→	0
TOTALS										1↑	0↓	0

Table 7- Low secure safe staffing

One medication error, no patient falls or complaints reported in December 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	Falls	Complaints
Skye Wing	91.50%	167.5%	137.1%	133.3%	210.6%	23.9%	22.1%	1.7%	7.2	1↓	2↓	0
Willows Unit												
Acacia	105.2%									0↓	1↑	0
Maple	87.5%									0↓	0→	0
Sycamore	97.6%	190.4%	96.7%	123.7%	95.0%	12.4%	12.0%	0.5%	13.1	0↓	0→	0
Mill Lodge	92.9%	124.3%	106.2%	140.7%	146.4%	39.7%	36.7%	3.0%	15.2	1↑	18↓	0
TOTALS										3↑	21↓	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. In December none of the reported medication incidents resulted in a medication error requiring a BESS review.

Of the 21 falls completed on the reporting system there were 24 falls, as multiple falls in a short time span can be recorded on one incident report. This is a decrease from 50 in October and 45 in November.

Stewart House have seen a decrease in falls in December 2020; 2 falls reported compared to October and November 2020 where 8 falls were reported per month. This reduction is due to one patient not falling in December 2020 due to their mental health being stable and following a care plan review after a falls huddle was held for them in November 2020.

There were 21 falls (detailed on 18 EIRFs) experienced by patients at Mill Lodge. This is a decrease from 41 in October 2020 and 37 in November 2020. Of the 18 incidents, 12 falls were linked to one female patient who is independently mobile, mid stage Huntingdon's Disease (HD). This is a reduction from previous months for this patient.

Five falls were experienced by 3 patients who are all also independently mobile; analysis has shown that the falls occur during mobilising between the patient's bed and en-suite toilet/bathroom and from their bedroom to communal areas. This is a known risk factor of HD affecting the ability to mobilise due to involuntary movements, unsteady gait and poor balance plus cognitive functioning to recognise this.

Falls huddles continue to be utilised after a cluster of falls for patients at Mill Lodge or a fall that leads to 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 Dalgliesh	86.60%	184.0%	63.1%	148.4%	152.1%	8.1%	6.8%	1.3%	11.1	0→	3↑	0
Rutland	89.00%	151.7%	75.1%	160.8%	140.2%	25.8%	20.5%	5.3%	7.9	0→	3↑	0
SL Ward 1	62.80%	130.4%	57.3%	150.9%	145.1%	19.3%	15.4%	4.0%	14.1	1↑	3→	0↓
SL Ward 3	64.90%	202.3%	74.4%	148.4%	132.9%	20.7%	15.8%	4.8%	18.4	0↓	3→	0
CV Ellistown 2	49.10%	202.6%	50.6%	152.7%	128.6%	10.5%	8.1%	2.4%	39.6	0→	0↓	0
CV Snibston 1	63.90%	139.1%	45.1%	143.2%	137.4%	14.4%	13.0%	1.4%	14.2	1↓	3↑	0
HB East Ward	79.30%	119.4%	95.4%	114.7%	88.8%	41.7%	4.1%	37.5%	12.8	1↓	3↓	0
HB North Ward	58.3%	205.6%	55.4%	151.3%	135.7%	25.0%	3.2%	21.8%	12.1	-	-	-
Swithland	80.80%	179.7%	64.9%	148.4%	165.7%	10.7%	8.1%	2.6%	10.4	0→	0↓	0
CB Beechwood	72.90%	133.1%	61.3%	162.8%	168.1%	13.9%	9.8%	4.1%	12.8	0↓	2↓	0
CB Clarendon	65.50%	147.8%	69.0%	180.5%	291.7%	36.5%	7.1%	29.4%	12.8	1↓	11↑	0
TOTALS										4↓	31↑	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.

Feilding Palmer Hospital (FPH) continues to be temporarily closed to admission 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 further review was undertaken during October 2020 and there has been no change to this decision.

Temporary workforce usage has increased for Rutland, North, Clarendon and Ward 3 St Lukes Hospital in December 2020; this is due to vacancies, maternity leave and sickness. East Ward Hinckley and Bosworth Community Hospital is a high risk pathway ward and has increased the temporary workforce usage to 41.7%, this is due to vacancies, sickness and increased acuity of caring for covid-19 positive patients.

A review of the NSIs for the community hospital wards has identified that there has been an increase of falls incidents from 26 in November 2020 to 31 in December 2020. Ward 'areas to note' for increased falls include; Clarendon, Dalgliesh and Rutland Ward. The wards have noted an increase in patient acuity and presentation of patients 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 December 2020 is four. A review of these incidents has not identified any direct correlation with staffing.

Mental Health Services for Older People (MHSOP)

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers%	Bank %	Agency %	CHPPD	Medication errors	Falls	Complaints
BC Kirby	66.30%	49.8%	107.9%	129.0%	139.8%	32.1%	29.6%	2.6%	9.9	1↓	1↓	0
BC Welford	68.70%	72.9%	86.8%	131.2%	133.3%	12.7%	12.5%	0.2%	7.5	3↑	8→	0
Coleman	72.30%	64.9%	155.8%	124.7%	391.9%	61.7%	49.4%	12.3%	10.9	0↓	6↑	0
Gwendolen	30.70%	74.2%	94.9%	128.7%	223.0%	35.2%	18.3%	16.9%	22.3	0→	4↑	0
Wakerley	69.8%	63.2%	165.1%	128.7%	361.5%	65.8%	47.9%	17.9%	23.6	0	0	0
TOTALS										4↑	19→	0

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

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

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

The three medication errors on Kirby ward were process related rather than administering of medication. The falls on Welford ward included 5 patients with 3 patients having 2 falls each. One patient sustained moderate harm as a result of the fall.

As a result of opening Wakerley as a surge ward and redeployment of substantive registered staff to support the ward, Coleman ward has block booked additional temporary registered staff to support the wards. Both Coleman and Wakerley ward had high patient acuity, 4 patients on 1:1 observation which resulted in an increased reliance on agency staff. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes. The falls on Coleman included 5 patients with 3 patients having fallen twice sustaining minor harm. There was 15 falls on Wakerley ward, with repeated patients falling,

To note there was a Covid-19 outbreak on Coleman ward on 25 December 2020 which resulted in staffing difficulties.

Gwendolen is the identified admission ward for MHSOP providing 10 beds and 9 Covid-19 positive beds and has block booked additional temporary registered staff to support the ward. The 'red zone' (Covid -19 positive) area was in operation for a large part of the month which resulted in an increased reliance on agency staff. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes. The falls on Gwendolen ward involved 3 patients sustaining minor harm.

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	78.1%	141.8%	96.4%	133.3%	191.4%	44.7%	39.0%	5.7%	13.9	1→	1→	0
CAMHS	-	166.7%	190.1%	161.5%	405.0%	59.4%	35.9%	23.5%	29.4	0→	0→	0↓
TOTALS										1→	1→	0↓

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

The increased temporary worker utilisation for both Langley and CAMHS is reflective of deployment of temporary staff to meet vacancies and patient care needs associated with increased and high levels of acuity.

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

Learning Disabilities (LD) Services

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers%	Bank %	Agency %	CHPPD	Medication errors	Falls	Complaints
Agnes Unit	50.3%	133.0%	154.3%	140.1%	214.8%	43.8%	30.0%	13.8%	66.8	0	3↑	0
TOTALS										0↓	3→	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.

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, Associate Director of Nursing and Professional Practice	
Date submitted:	21.02.21	
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):	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	
	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	