

## Quality Assurance Committee – 24 November 2020

### Safe Staffing- October 2020 review

#### Purpose of the report

This report provides an overview of nursing safe staffing during the month of October 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; 10.95% reported at 31% overall. The overall figure is in line with the Trust pre-Covid-19 temporary staff use.
- Trust wide agency usage increased this month by 2.69% to 6.77% overall. The increased bank and agency use is largely associated with the BMH wards, MHSOP, Langley, CAMHS and the Agnes Unit. The increased use links to increase substantive staff Covid-19 related absence and patient acuity for these ward/in-patient units.
- This month Aston, Beaumont, Belvoir, Griffin, Beechwood, Coleman, Gwendolen, St Lukes Ward 3, East, Langley, Agnes and CAMHS inpatient units/wards utilised over 6% agency staff.
- There are twelve inpatient 'areas to note' identified, changes to the previous month include; Aston Ward and Belvoir due to increased bank and agency utilisation above 6%
- There are seven community team 'areas to note', one change; Community Nursing East North hub due to increased vacancies. 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 November 2020 Trust wide;
  - Appraisal at 83.6 % GREEN
  - Clinical supervision at 84.6% 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 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 14.37 CHPPD in October 2020, with a range between 6.7 (Stewart House) and 53.9 (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 2 November 2020, the data now includes Test and Trace notification;

Self-Isolation - Household Carer	2
Self-Isolation - Household WFH	31
Self-Isolation - Symptomatic	59
Self-Isolation - Vulnerable Group	3
Undefined	0
Test and Trace Notification	6
Covid-19 related absence	95
General Absence	266
Total Workforce	5329
Covid-19 related absence	1.78%
General Absence	4.99%
Total Absence	<b>6.77%</b>

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

- In comparison to the previous month as reported on 2 October 2020, overall absence has decreased 0.7%, due to a reduction in Self-Isolation vulnerable group related

absence. There is an increase this month of the numbers of staff self-isolating due to being symptomatic or household members.

	AMH	Bank	CHS	Enabling	FYP C	Hosted	LD	MHSOP	Grand total
Self-isolation – Household carer	1	0	0	0	0	0	0	1	2
Self-isolation – Household WFH	10	1	8	1	7	1	2	1	31
Self-isolation – Symptomatic	26	1	14	3	9	2	0	4	59
Self-isolation – Vulnerable Group	0	0	1	0	2	0	0	0	3
Undefined	0	0	0	0	0	0	0	0	0
Test and Trace Notification	0	0	0	0	0	0	0	0	0
<b>Totals</b>	<b>37</b>	<b>2</b>	<b>23</b>	<b>4</b>	<b>18</b>	<b>3</b>	<b>2</b>	<b>6</b>	<b>95</b>

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

### **In-patient Staffing**

Summary of inpatient staffing areas to note;

Wards	Aug 2020	Sept 2020	Oct 2020
Hinckley and Bosworth - East Ward	X	X	X
St Lukes Ward 1			
St Lukes Ward 3	X	X	X
Beechwood			X
Rutland	X	X	
Coleman	X	X	X
Gwendolen	X	X	X
Aston			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. An external review, benched marked against the core CQC standards has also been commissioned and due to commence in December 2020. The Agnes Unit have received a supportive review from our buddy Trust NHFT which has been positively received and complements existing quality improvement plans in place.

Langley ward are to have a listening event facilitated by Dr Lyn Williams to support ongoing practice quality improvement.

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

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 East North. 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 eight staff recruited now going through HR processes. Of the eight staff recruited; 4.6wte are for the North West Leicestershire team. The team are in the process of recruiting three HCA's in the Charnwood area after successful interviews. Revised and refreshed adverts continue to be open in the city with a recruitment and retention premia attached. This highlights the full range of flexible hours available. A range of adverts are also open for band 5's in the county using different postcodes aimed to attract a wider pool of candidates.

The impact of Covid-19 and early signs of a second surge have affected the community teams throughout October 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.

The Central Access Point (CAP) continues to experience staffing shortages and this is resulting in increased pressure on the community mental health teams and the crisis resolution and home treatment team 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.

### **Phase 3 nursing work streams**

- International recruitment; the Trust has submitted a system partnership bid for support to deliver both strand B and C to Health Education England (HEE). Strand B is in regard to international recruitment with a local training programme. Notification received on 19 November 2020 that the bid was successful. It is anticipated to bring in to the workforce 30 registered nurses per year, initially into community hospital RN vacancies. Strand C is a preparation programme which supports internationally registered nurses already working for LPT in non-registered roles. Approximately 20 staff have been identified for this programme in LPT.
- Registered Nursing Degree Apprenticeship; an initiative that provides funding support of £8,300 per student per year to LPT until 2025 and is part of the trusts grow our own

programme. A February 2021 cohort is planned for six HCSWs to train who will qualify in 2024/25 with a further cohort planned in October 2021 for nine HCSWs.

- An October 2020 cohort is planned for nine assistant practitioners or nursing associates to undertake a fast track programme qualifying to join our level 1 registered nursing workforce in 2023/24.

## **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 is maintained.

October 2020

				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	
Average % fill rate RN	Average % fill rate care staff	Average % fill rate RN	Average % fill rate care staff	Average % fill rate AHP	Average % fill rate non-reg AHP								
Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	>=80%	>=80%	>=80%	>=80%	-	-	<20%				
AMH Bradgate	Ashby	21	94.9%	85.4%	248.7%	93.2%	162.7%			49.6%	45.3%	4.3%	7.0
	Aston	19	96.1%	134.9%	165.6%	106.4%	158.2%			40.1%	33.6%	6.5%	7.6
	Beaumont	22	75.80%	107.9%	127.5%	109.6%	140.9%			16.3%	10.3%	6.0%	12.9
	Belvoir Unit	10	79.40%	131.1%	143.9%	202.1%	144.0%			50.2%	42.2%	8.0%	22.4
	Heather	18	97.0%	100.4%	197.6%	125.3%	132.6%			34.0%	31.2%	2.8%	7.6
	Thornton	20	96.6%	118.7%	212.8%	101.5%	114.9%			21.2%	21.2%	0.0%	6.9
	Watermead	20	97.6%	116.4%	190.5%	108.8%	131.3%		100.0%	29.9%	25.8%	4.1%	7.1
	Griffin - Herschel Prins	6	64.5%	125.9%	155.2%	87.0%	183.9%		100.0%	44.4%	30.0%	14.4%	31.8
AMH Other	Phoenix - Herschel Prins	12	89.5%	113.0%	121.6%	111.4%	102.3%			13.5%	12.5%	1.0%	10.3
	Skye Wing - Stewart House	30	90.2%	163.9%	121.7%	133.3%	179.8%			22.2%	21.3%	0.9%	6.7
	Willows	9	77.8%	173.4%	95.7%	114.7%	101.9%			13.9%	12.9%	1.0%	16.0
	Mill Lodge	14	86.4%	118.8%	99.1%	127.3%	141.0%			37.6%	35.6%	2.0%	15.4
CHS City	Kirby	24	86.4%	60.2%	125.4%	122.8%	161.0%	100.0%	100.0%	30.7%	26.5%	4.2%	8.5
	Welford	24	57.0%	70.3%	114.4%	129.0%	201.1%		100.0%	25.8%	25.0%	0.8%	10.7
	Beechwood Ward - BC03	24	81.1%	150.4%	72.1%	153.2%	261.5%	100.0%	100.0%	19.1%	9.1%	10.0%	11.3
	Clarendon Ward - CW01	21	69.3%	135.6%	68.0%	153.3%	197.7%			14.8%	10.8%	4.0%	10.3
	Coleman	40	62.1%	66.6%	202.6%	118.3%	459.6%	100.0%	100.0%	59.5%	47.8%	11.8%	10.9
	Gwendolen	21	34.7%	67.4%	98.8%	141.9%	264.3%			40.0%	22.4%	17.6%	20.7
	Dalglish Ward - MMDW	17	74.2%	187.4%	62.8%	162.8%	143.3%	100.0%	100.0%	11.6%	8.7%	3.0%	11.6
	Rutland Ward - RURW	17	70.6%	171.3%	65.8%	160.9%	137.7%			28.2%	25.1%	3.1%	9.2
	Ward 1 - SL1	18	63.1%	132.6%	58.2%	155.7%	186.9%	100.0%	100.0%	21.2%	18.7%	2.6%	14.7
Ward 3 - SL3	13	73.9%	228.8%	79.5%	162.2%	251.2%	100.0%	100.0%	27.0%	18.9%	8.2%	14.8	
CHS West	Ellistown Ward - CVEL	17	71.6%	181.7%	77.9%	150.6%	200.3%	100.0%	100.0%	13.6%	8.4%	5.2%	13.9
	Snibston Ward - CVSNI	17	61.9%	138.4%	48.7%	153.0%	192.6%	100.0%	100.0%	11.1%	9.1%	2.0%	14.3
	East Ward - HSEW	27	19.6%	110.0%	22.9%	136.0%	101.4%	100.0%	100.0%	11.5%	5.2%	6.3%	23.9
	Ward 4 - CVW4	15	79.6%	175.8%	62.4%	155.8%	148.6%	100.0%	100.0%	10.3%	7.0%	3.3%	12.3
	Swithland Ward - LBSW	18	76.4%	183.4%	69.6%	152.7%	153.3%	100.0%	100.0%	8.8%	6.5%	2.4%	11.4
FYPC	Langley	15	88.0%	103.1%	279.4%	120.4%	209.1%	100.0%		49.9%	43.0%	6.9%	13.6
	CAMHS Beacon Ward	16	56.3%	124.5%	234.2%	142.8%	473.7%	100.0%	100.0%	57.1%	40.1%	17.0%	27.9
LD	Agnes Unit	4	69.9%	169.9%	195.7%	176.2%	248.9%			50.1%	35.7%	14.4%	53.9

## 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	94.9%	85.4%	248.7%	93.2%	162.7%	49.6%	45.3%	4.3%	7.0	1↓	2↓	1↓
Aston	96.1%	134.9%	165.6%	106.4%	158.2%	40.1%	33.6%	6.5%	7.6	2↑	2↓	1↑
Beaumont	75.80%	107.9%	127.5%	109.6%	140.9%	16.3%	10.3%	6.0%	12.9	1↓	1↓	0
Belvoir Unit	79.40%	131.1%	143.9%	202.1%	144.0%	50.2%	42.2%	8.0%	22.4	2→	3↑	1↑
Heather	97.0%	100.4%	197.6%	125.3%	132.6%	34.0%	31.2%	2.8%	7.6	2↑	3→	0
Thornton	96.6%	118.7%	212.8%	101.5%	114.9%	21.2%	21.2%	0.0%	6.9	0→	1↑	0
Watermead	97.6%	116.4%	190.5%	108.8%	131.3%	29.9%	25.8%	4.1%	7.1	2→	4	0
Griffin	64.5%	125.9%	155.2%	87.0%	183.9%	44.4%	30.0%	14.4%	31.8	0↓	0→	0
<b>TOTALS</b>										<b>10↓</b>	<b>16↑</b>	<b>3→</b>

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 slight increase in the number of falls across the BMHU in October 2020 compared to September 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	69.9%	169.9%	195.7%	176.2%	248.9%	50.1%	35.7%	14.4%	53.9	1↓	2↓	0
<b>TOTALS</b>										<b>1↓</b>	<b>2↓</b>	<b>0</b>

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	89.5%	113.0%	121.6%	111.4%	102.3%	13.5%	12.5%	1.0%	10.3	0	0	0
<b>TOTALS</b>										<b>0</b>	<b>0</b>	<b>0</b>

Table 7- Low secure safe staffing

There were no medication errors, patient falls or complaints in October 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	90.2%	163.9%	121.7%	133.3%	179.8%	22.2%	21.3%	0.9%	6.7	0↓	8→	0→
Willows Unit	77.8%	173.4%	95.7%	114.7%	101.9%	13.9%	12.9%	1.0%	16.0	1↑	0→	0→
Mill Lodge	86.4%	118.8%	99.1%	127.3%	141.0%	37.6%	35.6%	2.0%	15.4	3↓	41↑	0→
<b>TOTALS</b>										<b>4→</b>	<b>49↑</b>	<b>0→</b>

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.

Analysis of the falls on Mill Lodge has found that of the 41 reported falls, 2 are not actual falls so will be removed, therefore the number of actual falls is 39 for October 2020.

Of the 39 falls, 28 were experienced by one female patient who is at mid-stage of Huntington's Disease and currently independently mobile. The themes of these falls are linked to the patient not wishing to use the recommended walking aid and being bare footed. Falls tend to be predominately falling backwards onto her bottom and at increased during times of anxiety. A multi-disciplinary falls huddle has taken place and a second has been requested to look at strategies to further support the patient's safe independent mobilisation and reduce the risk of any potential harm associated with falls.

## 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	74.2%	187.4%	62.8%	162.8%	143.3%	11.6%	8.7%	3.0%	11.6	4↑	4↑	0
Rutland	70.6%	171.3%	65.8%	160.9%	137.7%	28.2%	25.1%	3.1%	9.2	0→	7↑	0
SL Ward 1	63.1%	132.6%	58.2%	155.7%	186.9%	21.2%	18.7%	2.6%	14.7	1↑	8↑	0
SL Ward 3	73.9%	228.8%	79.5%	162.2%	251.2%	27.0%	18.9%	8.2%	14.8	1↓	1→	0
CV Ellistown 2	71.6%	181.7%	77.9%	150.6%	200.3%	13.6%	8.4%	5.2%	13.9	0↓	1→	0
CV Snibston 1	61.9%	138.4%	48.7%	153.0%	192.6%	11.1%	9.1%	2.0%	14.3	1↓	0↓	0
CV Ward 4	19.6%	110.0%	22.9%	136.0%	101.4%	11.5%	5.2%	6.3%	23.9	0→	0→	0
HB East Ward	79.6%	175.8%	62.4%	155.8%	148.6%	10.3%	7.0%	3.3%	12.3	0→	2↑	0
Swithland	76.4%	183.4%	69.6%	152.7%	153.3%	8.8%	6.5%	2.4%	11.4	1→	2→	0
CB Beechwood	81.1%	150.4%	72.1%	153.2%	261.5%	19.1%	9.1%	10.0%	11.3	0↓	10↑	0
CB Clarendon	69.3%	135.6%	68.0%	153.3%	197.7%	14.8%	10.8%	4.0%	10.3	1↓	2↓	0
<b>TOTALS</b>										9↓	37↑	0↓

Table 9 - Community hospital safe staffing

East Ward Hinckley and Bosworth Community Hospital continues to be the identified Red/High Risk pathway site for COVID 19 positive patients. Due to the low numbers of COVID 19 positive patients requiring a community hospital bed at Hinckley and Bosworth, North Ward remains unoccupied, as a result the Trust made the decision to open additional capacity; Ward 4 at Coalville Hospital to support the system for the admissions in the low risk/green pathway.

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 by the trust was undertaken during October 2020 and there has been no change to this decision.

Temporary workforce usage has increased for Rutland Ward, Ward 1 and Ward 3 at St Luke's Hospital during the month this is due to due to vacancies, maternity leave and sickness.

A review of the NSIs for the community hospital wards has identified that there has been an increase overall in falls incidents from 28 to 37 in October 2020. Ward 'areas to note' for increased falls include; Beechwood, Rutland, Ward 1 St Lukes and Dalgliesh. These 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.

However, it is noted that recent falls investigations at Rutland Ward have highlighted an increase in admissions during the early evening and on the night shift. It is also noted that the ward layout is challenging, a single site ward and in conjunction with increased acuity and disorientation of patients due to the late transfers a review of skill mix was undertaken by the deputy head of nursing and Matron which has increased the late and night shift by one HCA.

The number of medication incidents for October 2020 has remained at nine for the inpatient wards. 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	86.4%	60.2%	125.4%	122.8%	161.0%	30.7%	26.5%	4.2%	8.5	0↓	2↓	1↑
BC Welford	57.0%	70.3%	114.4%	129.0%	201.1%	25.8%	25.0%	0.8%	10.7	1↑	7↑	0
Coleman	62.1%	66.6%	202.6%	118.3%	459.6%	59.5%	47.8%	11.8%	10.9	2↓	2↓	0
Gwendolen	34.7%	67.4%	98.8%	141.9%	264.3%	40.0%	22.4%	17.6%	20.7	2↑	7↓	0
<b>TOTALS</b>										<b>5→</b>	<b>18↓</b>	<b>1↑</b>

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

Kirby ward had 7 day shifts where there was one registered nurse on shift. The staffing establishment on Kirby ward consists of a Medication Administration Technician (MAT) and 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 Welford ward. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

Welford ward had 9 day shifts where there was one registered nurse on shift. The staffing establishment for Welford ward includes a MAT. On shifts where there was only one registered nurse, staff were supported by the MAT, Charge Nurses and registered nurses from Welford ward. Welford ward's occupancy level has averaged at 57.0%. There was increased acuity resulting in increased levels of 1:1 observations. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

Coleman ward had 17 day shifts & Wakerley ward had 6 day shifts where there was one qualified staff on shift. The ward was supported by the charge nurse, MAT and staff from Wakerley and Coleman ward. 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. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient care/outcomes.

Gwendolen is the identified admission ward for MHSOP providing 10 beds and 9 Covid-19 positive beds. A review of the NSIs and patient feedback has not identified any staffing impact on the quality and safety of patient 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	88.0%	103.1%	279.4%	120.4%	209.1%	49.9%	43.0%	6.9%	13.6	4↑	0→	0
CAMHS	56.3%	124.5%	234.2%	142.8%	473.7%	57.1%	40.1%	17.0%	27.9	0→	0→	0
<b>TOTALS</b>										4↑	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 four medication errors on Langley has identified that one incident was related to a pharmacy error, one drug administration error and two incidents relating to an agency nurse booked for the night who could not administer medications due to not having appropriate access to the system despite having training. This meant the day staff had to stay past their shift ending to administer night time medications. This also meant they would have to be reliant on staff on other wards to administer any PRNS / early morning medication. The review has not identified any impact on the safety of patient care/outcomes.

## Governance table

<b>For Board and Board Committees:</b>		
<b>Paper sponsored by:</b>	Anne Scott, Interim Executive Director of Nursing, AHPs and Quality	
<b>Paper authored by:</b>	Emma Wallis, Associate Director of Nursing and Professional Practice	
<b>Date submitted:</b>	19.11.20	
<b>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):</b>		
<b>If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:</b>		
<b>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</b>	Monthly report	
<b>STEP up to GREAT strategic alignment*:</b>	High Standards	√
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	√
	Single Patient Record	
	Equality, Leadership, Culture	
	Access to Services	
	Trustwide Quality Improvement	
<b>Organisational Risk Register considerations:</b>	List risk number and title of risk	1: Deliver Harm Free Care 4: Services unable to meet safe staffing requirements
<b>Is the decision required consistent with LPT's risk appetite:</b>	Yes	
<b>False and misleading information (FOMI) considerations:</b>	None	
<b>Positive confirmation that the content does not risk the safety of patients or the public</b>	Yes	
<b>Equality considerations:</b>	BAME risk assessments	