

Quality Assurance Committee - 26 January 2021

Safe Staffing- November 2020 review

Purpose of the report

This report provides an overview of nursing safe staffing during the month of November 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; 1.12% reported at 32.12% overall.
- Trust wide agency usage increased this month by 0.94% to 7.71% overall.
- This month Ashby, Beaumont, Griffin, Beechwood, Coleman, Gwendolen, East, Coalville Ward 4, Swithland, Agnes and CAMHS inpatient units/wards utilised over 6% agency staff.
- There are twelve inpatient 'areas to note', changes to the previous month include; Ashby, Coalville Ward 4 and Swithland Ward due to increased agency utilisation above 6%
- There are eight community team 'areas to note', one change; Charnwood CMHT due to staffing shortages. 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 December 2020 Trust wide;
 - Appraisal at 83.4 % GREEN
 - Clinical supervision at 85.4% GREEN (previous month AMBER)

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 25.27 CHPPD in November 2020, with a range between 5.9 (Ashby Ward) and 38.5 (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 SystmOne migration, the occupancy data is not accurate for November 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 2 December 2020;

Self-Isolation - Household WFH	6
Self-Isolation - Symptomatic	65
Self-Isolation - Vulnerable Group	14
Test and Trace Notification	0
Covid-19 related absence	85
General Absence	274
Covid-19 related absence	1.4%
General Absence	5.1%
Total Absence	6.5%

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

- In comparison to the previous month as reported on 2 October 2020, overall absence has decreased 0.27%, due to a reduction in Self-Isolation household group related absence. There is a slight increase this month of the numbers of staff self-isolating due to being symptomatic.

In-patient Staffing

Summary of inpatient staffing areas to note;

Wards	Sept 2020	Oct 2020	Nov 2020
Hinckley and Bosworth - East Ward	X	X	X
St Lukes Ward 3	X	X	X
Beechwood		X	X
Coalville Ward 4			X
Rutland	X		
Swithland			X
Coleman	X	X	X
Gwendolen	X	X	X
Aston		X	
Ashby			X
Beaumont	X	X	X
Belvoir		X	
Griffin	X	X	X
Agnes Unit	X	X	X
Langley	X	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	Sept 2020	Oct 2020	Nov 2020
City East Hub- Community Nursing	X	X	X
City West Hub- Community Nursing	X	X	X
East North Hub-Community Nursing		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

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 for this reason are the key 'areas to note'. The other area that remains of note is East North.

Vacancies in both city areas continue to be covered with long term blocked booked bank and agency staff. These staff has been assigned to specific teams and allocated all the key required equipment, including 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 the recruitment program moving forward. Interviews are scheduled on the 17 December 2020 for county staff nurse posts with six candidates invited for interview. Two new staff nurses have been successfully recruited for both the City and East North just awaiting start dates.

MH Community

The impact of Covid-19 and the second wave have affected the community teams throughout November 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.

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.

November 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	22	91.2%	201.4%	82.9%	155.7%			49.6%	42.2%	7.4%	5.9
	Aston	19	21	115.3%	213.0%	106.0%	186.6%			47.4%	42.8%	4.6%	7.1
	Beaumont	22	17	116.6%	134.3%	115.1%	153.9%			28.6%	19.1%	9.5%	13.8
	Belvoir Unit	10	8	143.5%	114.8%	207.5%	115.1%			41.4%	36.5%	4.8%	20.3
	Heather	18	18	103.7%	235.2%	105.3%	148.7%			35.6%	30.1%	5.5%	8.0
	Thornton	20	20	116.0%	168.9%	111.5%	99.5%			22.1%	21.5%	0.6%	6.0
	Watermead	20	21	115.9%	168.1%	99.0%	148.8%		100.0%	31.0%	27.7%	3.3%	6.5
	Griffin - Herschel Prins	6	6	120.5%	156.6%	92.4%	160.6%		100.0%	42.5%	30.7%	11.8%	18.9
AMH Other	Phoenix - Herschel Prins	12	9	128.3%	146.7%	115.0%	111.5%			21.3%	19.0%	2.3%	13.8
	Skye Wing - Stewart House	30	29	162.7%	134.7%	132.9%	228.9%			25.1%	23.2%	2.0%	6.8
	Willows	8	6	166.7%	91.3%	115.0%	108.8%			24.3%	21.0%	3.3%	15.7
	Mill Lodge	14	13	126.9%	102.9%	122.7%	135.7%			38.1%	36.2%	1.9%	14.6
CHS City	Kirby	24	21	64.4%	119.6%	122.7%	163.1%	100.0%	100.0%	32.0%	30.4%	1.6%	8.5
	Welford	24	16	72.1%	113.0%	128.9%	209.2%		100.0%	25.2%	22.0%	3.1%	9.3
	Beechwood Ward - BC03	24	18	135.6%	67.7%	145.6%	178.7%	100.0%	100.0%	16.9%	10.5%	6.4%	11.2
	Clarendon Ward - CW01	21	15	129.1%	64.7%	153.3%	191.2%			11.9%	8.1%	3.8%	9.4
	Coleman	41	28	69.4%	186.1%	131.3%	444.4%	100.0%	100.0%	68.3%	52.5%	15.7%	9.3
	Gwendolen	21	6	69.1%	110.7%	153.3%	254.0%			40.5%	23.8%	16.7%	27.5
	Dagleish Ward - MMDW	17	14	179.4%	63.5%	153.1%	150.8%	100.0%	100.0%	7.3%	5.5%	1.8%	11.0
	Rutland Ward - RURW	17	13	162.8%	70.4%	158.4%	140.6%			23.1%	21.4%	1.7%	8.9
	Ward 1 - SL1	18	13	136.0%	59.6%	153.3%	194.8%	100.0%	100.0%	22.9%	18.5%	4.5%	13.2
Ward 3 - SL3	13	11	226.9%	75.8%	153.3%	157.1%	100.0%	100.0%	18.3%	14.9%	3.5%	11.9	
CHS West	Ellistown Ward - CVEL	17	13	201.2%	61.1%	150.8%	165.9%	100.0%	100.0%	9.9%	7.9%	2.0%	12.1
	Snibston Ward - CVSNI	19	12	136.0%	48.0%	153.3%	154.4%	100.0%	100.0%	15.1%	12.6%	2.6%	13.0
	East Ward - HSEW	23	17	117.0%	90.8%	96.5%	71.2%	100.0%	100.0%	33.4%	8.4%	25.1%	14.4
	Ward 4 - CVW4	16	6	108.7%	21.2%	92.4%	76.5%	100.0%	100.0%	26.3%	3.8%	22.5%	14.1
	Swithland Ward - LBSW	10	7	54.7%	14.8%	46.0%	40.9%	100.0%	100.0%	23.9%	15.2%	8.7%	18.3
FYPC	Langley	17	14	187.0%	67.3%	152.9%	148.2%	100.0%	100.0%	11.5%	9.7%	1.8%	10.6
	CAMHS Beacon Ward	15	14	102.7%	106.8%	133.7%	145.2%	100.0%		48.3%	42.0%	6.3%	13.1
LD	Agnes Unit	0	6	154.9%	208.0%	144.1%	468.9%	100.0%	100.0%	53.8%	35.0%	18.8%	38.5

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 November 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	102.40%	91.2%	201.4%	82.9%	155.7%	49.6%	42.2%	7.4%	5.9	4↑	2→	0↓
Aston	110.90%	115.3%	213.0%	106.0%	186.6%	47.4%	42.8%	4.6%	7.1	0↓	2→	0↓
Beaumont	76.40%	116.6%	134.3%	115.1%	153.9%	28.6%	19.1%	9.5%	13.8	4↑	1→	0
Belvoir Unit	79.60%	143.5%	114.8%	207.5%	115.1%	41.4%	36.5%	4.8%	20.3	0↓	0↓	0→
Heather	98.30%	103.7%	235.2%	105.3%	148.7%	35.6%	30.1%	5.5%	8.0	1↓	3→	1↑
Thornton	100.80%	116.0%	168.9%	111.5%	99.5%	22.1%	21.5%	0.6%	6.0	0	0↓	0
Watermead	104.00%	115.9%	168.1%	99.0%	148.8%	31.0%	27.7%	3.3%	6.5	0↓	3↓	0
Griffin	105%	120.5%	156.6%	92.4%	160.6%	42.5%	30.7%	11.8%	18.9	0	1↑	0
TOTALS										9↓	12↓	1↓

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 reduced number of reported falls in November 2020. The following themes have been identified;

- Effects of fluctuating deterioration of mental health
- Slips and unwhitened falls at night (possibly trips or due to mental state)
- Increased falls during night shifts

The physical health team are working with in-patient Ward Sisters and Charge Nurses and teams to ensure staff to follow the falls procedure and report outcomes: complete post falls checklist; discuss in post falls huddle (currently Heather ward as a pilot only); repeat FRAT/MFRAT; update care plan and handover falls risk and any plan.

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	Falls	Complaints
HP Phoenix	76.40%	128.3%	146.7%	115.0%	111.5%	21.3%	19.0%	2.3%	13.8	0	0	0
TOTALS										0	0	0

Table 7- Low secure safe staffing

There were no medication errors, patient falls or complaints in November 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	95.70%	162.7%	134.7%	132.9%	228.9%	25.1%	23.2%	2.0%	6.8	2↕	8→	0→
Willows Unit	63.30%	166.7%	91.3%	115.0%	108.8%	24.3%	21.0%	3.3%	15.7	0↕	0	0
Mill Lodge	92.90%	126.9%	102.9%	122.7%	135.7%	38.1%	36.2%	1.9%	14.6	0↕	37↕	0
TOTALS										2↕	45↕	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.

Of the 37 falls, 24 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	80.60%	179.4%	63.5%	153.1%	150.8%	7.3%	5.5%	1.8%	11.0	0↓	1↓	0
Rutland	75.90%	162.8%	70.4%	158.4%	140.6%	23.1%	21.4%	1.7%	8.9	0	0↓	0
SL Ward 1	69.90%	136.0%	59.6%	153.3%	194.8%	22.9%	18.5%	4.5%	13.2	0↓	3↓	1
SL Ward 3	82.10%	226.9%	75.8%	153.3%	157.1%	18.3%	14.9%	3.5%	11.9	0↓	2↓	0
CV Ellistown 2	75.40%	201.2%	61.1%	150.8%	165.9%	9.9%	7.9%	2.0%	12.1	0	3↑	0
CV Snibston 1	61.40%	136.0%	48.0%	153.3%	154.4%	15.1%	12.6%	2.6%	13.0	3↑	2↓	0
CV Ward 4	72.00%	117.0%	90.8%	96.5%	71.2%	33.4%	8.4%	25.1%	14.4	0	0	0
HB East Ward	75.40%	108.7%	21.2%	92.4%	76.5%	26.3%	3.8%	22.5%	14.1	3↑	5↑	0
HB North Ward	37.5%	108.7%	21.2%	92.4%	76.5%	26.3%	3.8%	22.5%	14.1	1	0	0
Swithland	84.10%	54.7%	14.8%	46.0%	40.9%	23.9%	15.2%	8.7%	18.3	0	2→	0
CB Beechwood	76.10%	135.6%	67.7%	145.6%	178.7%	16.9%	10.5%	6.4%	11.2	1	3↓	1
CB Clarendon	73.80%	129.1%	64.7%	153.3%	191.2%	11.9%	8.1%	3.8%	9.4	2↑	5↑	0
TOTALS										10↑	26↓	2↑

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) remains temporarily closed to admission in response to national COVID-19: infection, prevention and control guidance ensuring 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 Coalville Ward 4, East, Swithland and Beechwood Wards in November 2020; this is due to vacancies, maternity leave and sickness.

A review of the NSIs for the community hospital wards has identified that there was an overall decrease in falls incidents from 37 to 26 in November 2020. Ward 'areas to note' for increased falls include; East and Clarendon. 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.

There has been one moderate harm incident (patient fall) reported in November 2020 on East Ward Hinckley and Bosworth, early indication through the investigation process is that there has not been any direct correlation with staffing.

The number of medication incidents for the in-patient wards in November 2020 is ten. 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	87.30%	64.4%	119.6%	122.7%	163.1%	32.0%	30.4%	1.6%	8.5	0	4↑	0↓
BC Welford	65.70%	72.1%	113.0%	128.9%	209.2%	25.2%	22.0%	3.1%	9.3	1→	8↑	0
Coleman	68.40%	69.4%	186.1%	131.3%	444.4%	68.3%	52.5%	15.7%	9.3	1↓	4↓	0
Gwendolen	28.80%	69.1%	110.7%	153.3%	254.0%	40.5%	23.8%	16.7%	27.5	0↓	3↓	0
TOTALS										2↓	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.

On Coleman & Wakerley wards on shifts where there was one qualified staff on shift, the ward was supported by the charge nurse 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. Coleman had high patient acuity, 4 patients on 1:1 observation which resulted in an increased reliance on agency staff to meet the staffing need. 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 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.

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	90.70%	102.7%	106.8%	133.7%	145.2%	48.3%	42.0%	6.3%	13.1	1↓	1↓	0
CAMHS	-	154.9%	208.0%	144.1%	468.9%	53.8%	35.0%	18.8%	38.5	0	0	1
TOTALS										1↓	1↑	1↑

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	66.66%	154.9%	208.0%	144.1%	468.9%	47.5%	34.1%	13.4%	54.0	0↓	2→	0→
TOTALS										0↓	2→	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:		
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:	31.12.20	
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):		
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:		
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Monthly report	
STEP up to GREAT strategic alignment*:	High Standards	√
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	√
	Single Patient Record	
	Equality, Leadership, Culture	
	Access to Services	
	Trust wide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	1: Deliver Harm Free Care 4: Services unable to meet safe staffing requirements
Is the decision required consistent with LPT's risk appetite:	Yes	
False and misleading information (FOMI) considerations:	None	
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:	BAME risk assessments	