

Quality Assurance Committee - 30 March 2021

Safe Staffing- February 2021 review

Purpose of the report

This report provides an overview of nursing safe staffing during the month of February 2021, including a summary of staffing areas to note, updates in response to Covid-19, potential risks, and actions to mitigate the risks to ensure that safety and care quality are maintained.

The report triangulates workforce metrics, fill rates, 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; 1.75% reported at 37.27% overall.
- Trust wide agency usage increased this month by 1.16% to 11.43% overall. Contributory factors linked to increased patient acuity and dependency, increased Covid-19 absence, increased incidences and outbreaks, and staff movement due to individual risk and care pathways
- This month an increased number of areas utilised above 6% agency staff, an increase from 17 to 21 in-patient areas.
- There are twenty-one inpatient 'areas to note', changes to the previous month include; Aston, Ashby, Belvoir, Watermead, Coalville Ward 2 and St Lukes Ward 1 due to increased agency utilisation above 6%. Kirby Ward is also a change to the previous month linked to the skill mix and RN fill rate on days.
- There are eight community team 'areas to note'. 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.
- Mental Capacity Act training 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 also supplied for all staff whose job role may require them to wear one
- Correct to 1 March 2021 Trust wide;
 - Appraisal at 86.4 % GREEN
 - Clinical supervision at 80.4% AMBER

Right Place

- The Covid-19 risk managed wards are East, Beaumont, Beacon, Clarendon, Langley, Agnes Unit and Gwendolen Ward. Risk managed is to mean that the ward is caring for patients on the emergency admission Covid-19 high and medium risk pathways, as per the national safe staffing descriptors and IPC care pathways, maintaining separation between possible and confirmed COVID-19 patients and supporting staff cohorting.
- 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 14.13 CHPPD in February 2021, with a range between 6.4 (Ashby Ward) and 70.2 (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 March 2021;

Self-Isolation - Household WFH	5
Self-Isolation - Symptomatic	50
Self-Isolation - Vulnerable Group	34
Test and Trace Notification	0
Covid-19 related absence	89
General Absence	224
Covid-19 related absence	1.4%
General Absence	4.1%
Total Absence	5.5%

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

In comparison to the previous month as reported on 1 February 2021, overall absence has decreased 0.9% with a slight decrease for both Covid-19 related absence and general absence.

In-patient Staffing

Summary of inpatient staffing areas to note;

Wards	Dec 2020	Jan 2021	Feb 2021
Hinckley and Bosworth East Ward	X	X	X
Hinckley and Bosworth North Ward	X	X	X
St Lukes Ward 1			X
St Lukes Ward 3		X	X
Beechwood			
Clarendon	X	X	X
Coalville Ward 4			
Coalville Ward 1		X	X
Coalville Ward 2			X
Rutland		X	
Swithland	X		
Coleman	X	X	X
Gwendolen	X	X	X
Kirby			X
Wakerley	X	X	X
Aston			X
Ashby	X		X
Beaumont	X	X	X
Belvoir	X		X
Griffin	X	X	X
Heather		X	X
Watermead			X
Agnes Unit		X	X
Langley	X	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, Clarendon, 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 IPC 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	Dec 2020	Jan 2021	Feb 2021
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	X	X
City West 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 for this reason are the key ‘areas to note’.

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.

Fifteen Band 5 posts were offered and accepted to in February 2021 and adverts remain open to recruit to further RN and HCSW vacancies.

MH Community

The impact of Covid-19 and the current wave have continued to affect the community teams throughout February 2021 and the teams are meeting three times a week to monitor staffing viability.

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 three areas to note; the Central Access Point (CAP) continues to experience staffing shortages as do City West and Charnwood community mental health teams. CAP routine referrals are growing and the team is meeting in March to review the service provision and look at possible mitigation. 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 challenging and gaps continue to be filled with bank and agency wherever possible; community mental health teams find it difficult to recruit agency workers for the block booking commitment required.

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.

				Fill Rate Analysis (National Return)						% Temporary Workers			Overall CHPPD (Nursing And AHP)
				Actual Hours Worked divided by Planned Hours									
				Nurse Day (Early & Late Shift)		Nurse Night		AHP Day		(NURSING ONLY)			
Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	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	Total	Bank	Agency	
				>=80%	>=80%	>=80%	>=80%	-	-				<20%
AMH Bradgate	Ashby	21	21	100.3%	207.6%	92.3%	158.9%			52.9%	45.4%	7.5%	6.4
	Aston	19	14	109.0%	145.7%	86.5%	117.1%			36.9%	28.9%	8.0%	10.0
	Beaumont	22	19	102.5%	173.1%	106.9%	187.9%			48.0%	30.2%	17.8%	13.6
	Belvoir Unit	10	9	133.7%	139.1%	203.0%	151.5%			50.0%	43.7%	6.3%	19.1
	Heather	18	18	107.0%	147.3%	90.7%	105.5%			46.1%	39.5%	6.6%	13.8
	Thornton	20	21	111.3%	195.2%	103.0%	121.5%			33.0%	31.8%	1.2%	7.0
	Watermead	20	19	116.1%	176.3%	103.0%	184.9%		100.0%	38.6%	30.9%	7.7%	7.0
AMH Other	Griffin - Herschel Prins	4	7	129.3%	178.1%	86.1%	295.4%		100.0%	58.6%	48.2%	10.4%	21.7
	Phoenix - Herschel Prins	12	10	122.0%	139.1%	101.4%	105.9%			18.6%	16.7%	2.0%	11.8
	Skye Wing - Stewart House	30	27	149.2%	133.3%	129.8%	205.0%			35.8%	28.0%	7.7%	6.9
	Willows	9	9	197.5%	82.3%	109.5%	105.1%			16.1%	15.5%	0.7%	12.9
CHS City	Mill Lodge	14	13	110.2%	100.5%	114.7%	128.2%			44.3%	43.0%	1.3%	13.8
	Kirby	24	17	49.6%	102.5%	132.0%	140.2%	100.0%	100.0%	41.4%	35.5%	5.9%	9.4
	Welford	24	21	72.9%	106.9%	133.6%	140.5%		100.0%	24.9%	23.7%	1.2%	6.5
	Beechwood Ward - BC03	23	20	154.1%	64.6%	156.1%	194.3%	100.0%	100.0%	15.2%	9.7%	5.5%	10.2
	Clarendon Ward - CW01	21	11	150.5%	73.6%	207.6%	424.4%			51.2%	11.9%	39.4%	18.0
	Coleman	27	10	63.2%	181.3%	126.2%	427.9%	100.0%	100.0%	59.6%	48.6%	11.0%	26.0
	Gwendolen	20	9	73.0%	102.2%	128.5%	257.3%			33.0%	15.0%	18.0%	16.3
	Wakerley (MHSOP)	21	14	65.2%	176.8%	128.6%	391.2%			60.5%	44.0%	16.5%	15.2
	Dagleish Ward - MMDW	17	14	171.3%	66.5%	150.6%	147.2%	100.0%	100.0%	13.6%	7.7%	5.9%	8.5
	Rutland Ward - RURW	16	13	161.0%	61.3%	161.5%	120.5%			26.1%	23.8%	2.3%	8.0
	Ward 1 - SL1	18	15	147.3%	59.3%	210.5%	164.6%	100.0%	100.0%	26.0%	16.2%	9.8%	11.4
CHS West	Ward 3 - SL3	14	10	225.2%	74.3%	158.7%	191.7%	100.0%	100.0%	23.1%	15.2%	7.9%	12.6
	Ellistown Ward - CVEL	12	15	191.9%	63.3%	147.9%	156.0%	100.0%	100.0%	15.8%	9.3%	6.5%	11.8
	Snibston Ward - CVSN	18	16	130.6%	62.1%	152.6%	185.3%	100.0%	100.0%	23.4%	13.9%	9.6%	10.5
	East Ward - HSEW	24	14	126.7%	108.9%	110.8%	106.2%	100.0%	100.0%	37.2%	1.1%	36.1%	16.0
	North Ward - HSNW	18	15	194.0%	71.2%	161.4%	204.6%	100.0%	100.0%	34.8%	15.6%	19.3%	8.9
FYPC	Swithland Ward - LBSW	18	14	182.9%	67.4%	148.5%	150.1%	100.0%	100.0%	13.7%	9.9%	3.9%	9.9
	Langley	15	11	123.8%	106.3%	133.3%	209.1%	100.0%		51.2%	42.9%	8.2%	14.7
LD	CAMHS Beacon Ward - Inpatient Adolescent	0	8	129.3%	165.5%	140.9%	353.9%	100.0%	100.0%	53.5%	37.8%	15.7%	10.0
	Agnes Unit	4	3	141.3%	172.2%	131.9%	222.5%			48.8%	31.7%	17.2%	70.2

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

Mental Health (MH)

Acute Inpatient Wards

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers%	Bank %	Agency %	CHPPD	Medication errors	Falls	Complaints
Ashby	21	100.3%	207.6%	92.3%	158.9%	52.9%	45.4%	7.5%	6.4	0↓	3↑	0↓
Aston	14	109.0%	145.7%	86.5%	117.1%	36.9%	28.9%	8.0%	10.0	1↓	1↑	0
Beaumont	19	102.5%	173.1%	106.9%	187.9%	48.0%	30.2%	17.8%	13.6	0↓	1↓	0
Belvoir Unit	9	133.7%	139.1%	203.0%	151.5%	50.0%	43.7%	6.3%	19.1	2↑	0→	1↑
Heather	18	107.0%	147.3%	90.7%	105.5%	46.1%	39.5%	6.6%	13.8	1↑	5↓	0
Thornton	21	111.3%	195.2%	103.0%	121.5%	33.0%	31.8%	1.2%	7.0	0→	3↑	0↓
Watermead	19	116.1%	176.3%	103.0%	184.9%	38.6%	30.9%	7.7%	7.0	0↓	1→	0
Griffin	7	129.3%	178.1%	86.1%	295.4%	58.6%	48.2%	10.4%	21.7	0→	0↓	0
TOTALS										4↓	13↓	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 was a slight decrease in medication errors in February 2021. All medication errors have been reviewed in line with Trust policy. There was an overall reduction in falls in February 21; analysis has shown;

- high percentage of the falls occurred at night time
- Slips(due to behaviour, from bed to chair)
- Majority of the falls are unwitnessed
- More females fell than males
- Majority were experienced by patients over 51 years of age and causes were multifactorial with minimal themes

Whilst staffing has not been found to be a contributory factor to the patient falling, it does impact on staff ability to increase observations in addition to therapeutic mental health observations in line with the post falls management guidance.

Low Secure Services – Herschel Prins

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers%	Bank %	Agency %	CHPPD	Medication errors	Falls	Complaints
HP Phoenix	10	122.0%	139.1%	101.4%	105.9%	18.6%	16.7%	2.0%	11.8	0→	0→	0↓
TOTALS										0→	0→	0↓

Table 7- Low secure safe staffing

No complaints, medication errors or falls reported in January 2021 at Herschel Prins.

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	27	149.2%	133.3%	129.8%	205.0%	35.8%	28.0%	7.7%	6.9	0↓	7↑	0
Willows	9	197.5%	82.3%	109.5%	105.1%	16.1%	15.5%	0.7%	12.9	0→	0↓	0
Mill Lodge	13	110.2%	100.5%	114.7%	128.2%	44.3%	43.0%	1.3%	13.8	1↓	30↑	0
TOTALS										1↓	37↑	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. There was one medication error reported in February 2021.

There were 37 patient falls reported this month. Stewart House reported seven falls which is an increase from three falls reported in January 2021. Analysis of the falls identified good post fall management, care and support to the patients. One male patient experienced three falls and was admitted to hospital for investigation. The overall root cause for falls for all patients was medical reasons.

Thirty of the total number of falls reported occurred at Mill Lodge, this is an increase from last month. Analysis has shown that one patient experienced 23 falls compared to 7 in January. Analysis has identified a theme related to transfers between seating/ bed and a wheelchair, and independent mobilising, a falls huddle has been arranged to review these activities. Another patient who mobilises independently, experienced four falls, from falling sideways when using the toilet; safety systems are being explored to reduce these incidents.

All other falls were related to Huntington's disease progression and the MDT has full involvement and a weekly discussion regarding 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	14	171.3%	66.5%	150.6%	147.2%	13.6%	7.7%	5.9%	8.5	2↑	1↓	0
Rutland	13	161.0%	61.3%	161.5%	120.5%	26.1%	23.8%	2.3%	8.0	0→	4↑	0
SL Ward 1	15	147.3%	59.3%	210.5%	164.6%	26.0%	16.2%	9.8%	11.4	0↓	3↑	0
SL Ward 3	10	225.2%	74.3%	158.7%	191.7%	23.1%	15.2%	7.9%	12.6	2↑	0↓	0
CV Ellistown 2	15	191.9%	63.3%	147.9%	156.0%	15.8%	9.3%	6.5%	11.8	0→	4↑	0
CV Snibston 1	16	130.6%	62.1%	152.6%	185.3%	23.4%	13.9%	9.6%	10.5	0→	2↓	0
HB East Ward	14	126.7%	108.9%	110.8%	106.2%	37.2%	1.1%	36.1%	16.0	0↓	3↓	0
HB North Ward	15	194.0%	71.2%	161.4%	204.6%	34.8%	15.6%	19.3%	8.9	2↑	5↑	0
Swithland	14	182.9%	67.4%	148.5%	150.1%	13.7%	9.9%	3.9%	9.9	0→	1↓	0
CB Beechwood	20	154.1%	64.6%	156.1%	194.3%	15.2%	9.7%	5.5%	10.2	1↑	7↑	0↓
CB Clarendon	11	150.5%	73.6%	207.6%	424.4%	51.2%	11.9%	39.4%	18.0	1↑	1↓	0
TOTALS										8↑	31↓	0↓

Table 9 - Community hospital safe staffing

East Ward Hinckley and Bosworth Community Hospital and Clarendon Ward continue to be the identified Red/High Risk pathway wards for COVID 19 positive patients. Due to system wide requirement for additional high risk/red beds the Trust opened Charnwood Ward as an 18 bedded surge high risk pathway ward, Loughborough Hospital on 12 January 2021. On 15 February 21 the ward reversed to create a low risk/Green area to support the system need for Green beds, 10 beds in operation.

It is noted there is a low fill rate for HCSWs on day shifts and an increased fill rate for RNs, this is due to a combination of factors; linked to unfilled HCSW shifts impacted by sickness and vacancies, reduction overall in HCSW capacity to fill shifts and additional RNs deployed instead to meet planned staffing levels, also reduced bed occupancy resulting in an adjusted skill mix during the month.

Temporary workforce usage has increased for Rutland, Ward 1 and Ward 3 St Lukes Hospital, Snibston and North Ward during February 21; this is due to increased acuity, vacancies, maternity leave and sickness. East Ward Hinckley and Bosworth Community Hospital and Clarendon Ward have an increased temporary workforce usage with East Ward at 37.2% and Clarendon Ward at 51.24% due to vacancies, sickness and increased acuity of covid positive patients during the month.

A review of the NSIs for the community hospital wards has identified that there has been a decrease in the number of falls incidents from 40 in January 2021 to 31 in February 2021. Ward 'areas to note' for increased falls include; Rutland, Ward 1 St Lukes, Ellistown, North Ward, and Beechwood Ward. The wards have noted an increase in patient acuity including delirium presentation of the patients. Review of the increased incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes.

The number of medication incidents for the in-patient wards in February is 8 an increase from seven reported last month. A review of these incidents has identified that there had been a failure of staff to follow medication procedure/policy/ guidelines, however the incidents has not identified any direct correlation with staffing. All medication errors have been reviewed in line with Trust policy.

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	17	49.6%	102.5%	132.0%	140.2%	59.6%	48.6%	11.0%	26.0	1→	5→	0
BC Welford	21	72.9%	106.9%	133.6%	140.5%	33.0%	15.0%	18.0%	16.3	0↓	6↓	0
Coleman	10	63.2%	181.3%	126.2%	427.9%	60.5%	44.0%	16.5%	15.2	1↑	6↑	0
Gwendolen	9	73.0%	102.2%	128.5%	257.3%	59.6%	48.6%	11.0%	26.0	0→	3↑	0
Wakerley	14	65.2%	176.8%	128.6%	391.2%	33.0%	15.0%	18.0%	16.3	0→	0↓	0
TOTALS										2→	20↓	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). The ward is also supported by associate nurse x 1 on each ward.

Kirby and Welford wards had 16 and 6 shifts respectively where there was one registered nurse on duty. 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.

There was one medication error reported for Kirby ward where a patient was given the wrong dose of medication, no harm occurred as a result, there was 5 incidents of falls reported involving 4 patients. All patients sustained minor harm.

There was no medication errors reported for Welford ward. There were 6 incidents of falls involving 4 patients. One patient had 3 falls and 3 patients had 1 fall each. All patients sustained minor harm.

Both Coleman and Wakerley wards had 18 shifts where there was one registered nurse on duty; the wards were supported by the charge nurse. 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, 5 patients on Coleman ward and 4 patients on Wakerley ward were nursed on 1:1 levels of 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.

There was 1 medication error reported for Coleman, a patient that was on leave was administered insulin by a district nurse and had insulin administered again upon her return to the ward. The incident resulted in minor harm. There were 6 incidents of falls reported for Coleman ward involving 4 patients. 2 patients had 2 falls each and 2 patients had 1 fall each. All patients sustained minor harm. There were 11 incidents of falls reported for Wakerley ward involving 5 patients, 1 patients x 4 falls, 1 patient x 3 falls, 1 patient x 2 falls and 2 patients x 2 falls. The patients sustained minor harm.

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. There were 5 shifts with only one registered nurse on duty. The 'red zone' (Covid -19 positive) area was in

operation for the 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. There was 3 incident of falls reported on Gwendolen ward involving 3 patients sustaining minor harm. There was no medication error reported for Gwendolen ward.

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

Ward	Occupied beds	Average % fill rate registered nurses Day	Average % fill rate care staff Day	Average % fill rate registered nurses Night	Average % fill rate care staff Night	Temp Workers%	Bank %	Agency %	CHPPD	Medication errors	Falls	Complaints
Langley	11	123.8%	106.3%	133.3%	209.1%	51.2%	42.9%	8.2%	14.7	1↑	0↓	0
CAMHS	8	129.3%	165.5%	140.9%	353.9%	53.5%	37.8%	15.7%	10.0	0↓	0→	0
TOTALS										1→	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.

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	3	141.3%	172.2%	131.9%	222.5%	48.8%	31.7%	17.2%	70.2	0→	0→	0
TOTALS										0→	0→	0

Table 6 - Learning disabilities safe staffing

There were no medication errors, falls or complaints for the Agnes Unit in February 2021.

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:	22.3.21	
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):		
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	