

Public Trust Board - 29 June 2021

Safe Staffing- April 2021 Review

Purpose of the report

This report provides an overview of nursing safe staffing during the month of April 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, Care Hours Per Patient Day (CHPPD), quality and outcomes linked to Nurse Sensitive Indicators (NSIs) and patient experience feedback. A summary is available in Annex 1; scorecard, with a detailed overview and exception report narrative by in-patient area and service in annexe 2.

Analysis of the issue

Right Staff

- Temporary worker utilisation rate decreased this month 5.68% reported at 32.60% overall and Trust wide agency usage decreased this month by 2.48% to 9.87% overall. This is due to the impact of decreased Covid-19 sickness and absence, reduction in the number of 'Red/high risk Covid-19 wards, return of staff clinically vulnerable and shielding to the workplace.
- This month a reduced number of areas utilised above 6% agency staff, a decrease from 24 to 18 in-patient areas.
- There are nineteen inpatient 'areas to note' with one change to the previous month Phoenix Ward due to increased agency utilisation above 6%.
- There are seven community team 'areas to note, with one change to the previous month; CRISIS team is an area to note due to 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.
- Weekly safe staffing forecast meetings with Associate Director of Nursing, Head/Deputy Heads of Nursing and Head of Workforce support continue to review staffing levels, actions to meet planned staffing, review of the risks and actions to mitigate the risks.

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, contacted directly by Learning & Development to attend.
- Mental Capacity Act is now classed as a Role Essential Topic

- PPE Donning and Doffing has been added as a Mandatory 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 for all staff whose job role may require them to wear one
- Correct to 1 May 2021 Trust wide;
 - Appraisal at 88.2 % compliance GREEN
 - Clinical supervision at 85.6% compliance GREEN

Right Place

- The Covid-19 risk managed wards are North, 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 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 adjusted staffing levels and skill mix to meet patient care needs.
- The total Trust CHPPD average (including ward based AHPs) is reported at 14.54 CHPPD in April 2021, with a range between 6.1 (Thornton Ward) and 57.8 (Agnes Unit) CHPPD.
- General variation reflects the diversity of services, complex and specialist care provided across the Trust. Analysis has not identified significant variation at service level; indicating that staff are being deployed productively across services.

Staff absence data

The table below shows absence captured by the LPT Staff Absence Sitrep on 5 May 2021;

Self-Isolation - Household WFH	1.0
Self-Isolation - Symptomatic	4.8
Self-Isolation - Vulnerable Group	0
Test and Trace Notification	0
Covid-19 related absence	5.8
General Absence	186.9
Covid-19 related absence	0.1%
General Absence	4.0%
Total Absence	4.1%

Table 1 – Trust COVID-19 and general absence – 5 May 2021

In comparison to the previous month overall absence has decreased 0.2%, however Covid-19 absence has decreased from 42.4 w.t.e staff to 5.8 w.t.e staff.

In-patient Staffing

Summary of inpatient staffing areas to note;

Wards	Feb 2021	March 2021	April 2021
Hinckley and Bosworth East Ward	X	X	X
Hinckley and Bosworth North Ward	X	X	X
St Lukes Ward 1	X	X	X
St Lukes Ward 3	X	X	X
Beechwood		X	X
Clarendon	X	X	X
Coalville Ward 1	X	X	
Coalville Ward 2	X	X	
Rutland		X	
Dalgleish		X	X
Coleman	X	X	X
Gwendolen	X	X	X
Kirby	X	X	
Wakerley	X	X	X
Aston	X	X	X
Ashby	X	X	
Beaumont	X	X	X
Belvoir	X	X	X
Griffin	X	X	X
Phoenix			X
Heather	X	X	
Watermead	X		
Mill Lodge		X	X
Agnes Unit	X	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; North 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 IPC care pathways medium and high.

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 COVID-19 admission ward and also due to the associated impact to acuity, workload, quality, patient safety and staff and patient experience.

Mill Lodge is an emergent area to note due to the number of vacancies. Staff have moved across services to support continuity and the team are working with centralised staffing to support block booking of temporary staff whilst vacant posts are recruited to.

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	Feb 2021	March 2021	April 2021
City East Hub- Community Nursing	X	X	X
City West Hub- Community Nursing	X	X	X
East North Hub-Community Nursing			
Healthy Together – City (School Nursing only)	X	X	X
Healthy Together County	X	X	X
Diana service	X		
Looked After Children		X	X
Central Access Point team (MH)	X	X	X
Charnwood CMHT	X		
City West CMHT	X		
CRISIS DMH			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

Healthy Together County, Healthy Together City and Looked After Children (LAC) teams are rated to be at Amber escalation level due to only 70% of the established team being available to work. Healthy Together teams are rated amber due to Specialist Community Public Health Nurse (SCPHN) vacancies and a number of staff retiring. LAC team have vacancies and are out to recruitment. Risks continue to be monitored within the Directorate on a weekly basis.

CHS Community

The City West and East hub teams remain the key areas to note, this is due to registered nurse vacancies that continue to be covered by blocked booked agency staff to support continuity. New actions taken to aid City recruitment include a targeted registered nurse recruitment programme which will span across the whole of this year.

MH Community

The impact of Covid-19 continues to affect the community teams throughout April 2021; however the teams have reduced the frequency of meetings to monitor staffing viability from three times a week to twice weekly. 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 complex needs, 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.

The Central Access Point (CAP) continues to experience staffing shortages and high levels of routine referrals; the CAP and community mental health teams are working together 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 community services generally 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. The crisis team has a registered nurse vacancy rate of around 28%; some vacancies are covered by bank and agency staff and recruitment is ongoing.

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						
				Actual Hours Worked divided by Planned Hours						(NURSING ONLY)						
				Nurse Day		Nurse Night		AHP Day		Total	Bank	Agency				
Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Average % fill rate registered nurses	Average % fill rate non-reg	Average % fill rate registered nurses	Average % fill rate non-reg	Average % fill rate registered AHP	Average % fill rate non-reg	Overall CHPPD	Medication Errors	Falls	Complaints			
				>=80%	>=80%	>=80%	>=80%	-	-					<20%		
AMH Bradgate	Ashby	21	20	127.4%	209.2%	108.2%	90.1%			26.3%	23.2%	3.1%	7.1	0	1	0
	Aston	19	19	114.4%	155.0%	100.5%	130.0%			36.5%	29.6%	6.9%	8.4	0	2	0
	Beaumont	22	20	103.7%	203.4%	100.2%	169.5%			54.1%	38.9%	15.2%	14.5	1	0	0
	Belvoir Unit	10	8	125.2%	209.8%	201.7%	183.6%			49.7%	36.6%	13.0%	26.3	1	1	0
	Heather	18	18	90.5%	156.2%	101.3%	118.4%			31.9%	26.0%	5.9%	7.2	2	2	0
	Thornton	20	20	114.8%	160.5%	96.2%	119.5%			29.2%	27.4%	1.8%	6.1	0	0	0
	Watermead	20	21	128.9%	205.3%	124.9%	163.1%		100.0%	28.2%	23.0%	5.2%	7.6	2	4	0
	Griffin - Herschel Prins	6	6	154.5%	119.3%	104.8%	290.1%		100.0%	34.4%	27.1%	7.4%	22.3	0	0	0
AMH Other	Phoenix - Herschel Prins	12	10	117.0%	141.2%	105.3%	116.1%			33.1%	25.9%	7.2%	12.1	0	0	0
	Skye Wing - Stewart House	30	27	153.9%	117.5%	134.1%	153.0%			25.8%	21.8%	4.1%	6.4	2	1	0
	Willows	9	8	186.8%	91.3%	105.7%	106.4%			12.0%	11.0%	1.0%	13.7	1	0	0
	Mill Lodge	14	11	116.3%	95.9%	131.2%	132.3%			56.4%	45.1%	11.2%	16.2	2	23	0
CHS City	Kirby	24	22	64.1%	111.8%	117.4%	151.3%	100.0%	100.0%	29.3%	27.1%	2.3%	8.0	5	6	0
	Welford	24	20	72.3%	110.5%	128.9%	151.1%		100.0%	13.1%	11.5%	1.6%	6.5	0	8	0
	Beechwood Ward - BC03	24	15	147.9%	62.5%	150.4%	178.9%	100.0%	100.0%	14.7%	8.8%	6.0%	12.6	1	4	0
	Clarendon Ward - CW01	21	18	163.1%	66.8%	153.3%	207.0%			23.1%	10.5%	12.6%	8.5	1	3	0
	Coleman	21	16	59.5%	277.5%	129.3%	586.8%	100.0%	100.0%	63.0%	47.4%	15.6%	21.0	0	0	0
	Gwendolen	18	6	71.1%	85.2%	133.2%	199.7%			27.3%	7.7%	19.6%	23.5	0	6	0
	Wakerley (MHSOP)	21	11	72.0%	175.0%	133.3%	337.7%			54.6%	40.2%	14.3%	19.3	0	0	0
CHS East	Dagleish Ward - MMDW	17	14	183.9%	71.2%	146.2%	194.2%	100.0%	100.0%	17.7%	8.6%	9.1%	9.5	1	4	1
	Rutland Ward - RURW	16	13	167.5%	84.0%	135.3%	184.0%			19.2%	13.6%	5.6%	10.8	0	1	0
	Ward 1 - SL1	18	14	167.7%	56.1%	201.9%	163.2%	100.0%	100.0%	20.6%	16.0%	4.6%	11.7	1	0	0
	Ward 3 - SL3	12	10	245.4%	70.0%	155.2%	294.7%	100.0%	100.0%	21.2%	14.0%	7.2%	13.8	0	1	0
CHS West	Ellistown Ward - CVEL	12	15	189.1%	62.7%	153.3%	201.8%	100.0%	100.0%	12.4%	6.7%	5.7%	11.9	1	1	0
	Snibston Ward - CVSN	18	12	164.2%	53.7%	161.0%	211.8%	100.0%	100.0%	17.7%	12.6%	5.1%	13.6	0	1	0
	East Ward - HSEW	23	17	94.6%	99.6%	109.8%	127.1%	100.0%	100.0%	12.6%	5.2%	7.5%	11.3	4	7	0
	North Ward - HSNW	18	8	117.5%	77.5%	88.5%	52.0%	100.0%	100.0%	15.4%	7.8%	7.6%	20.6	0	3	0
	Swithland Ward - LBSW	18	16	121.7%	46.2%	105.9%	104.5%	100.0%	100.0%	6.5%	4.7%	1.8%	9.4	1	9	0
FYPC	Langley	15	13	144.7%	116.6%	133.3%	162.2%	100.0%		42.0%	33.4%	8.7%	13.7	1	1	0
	CAMHS Beacon Ward	0	8	125.6%	193.0%	138.4%	477.1%	100.0%	100.0%	55.6%	35.0%	20.6%	19.6	1	0	0
LD	Agnes Unit	4	3	140.1%	204.2%	164.9%	255.4%			50.2%	25.7%	24.5%	57.8	1	0	0

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
- Fill rate >=80%

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	20	127.4%	209.2%	108.2%	90.1%	26.3%	23.2%	3.1%	7.1	0→	1↑	0→
Aston	19	114.4%	155.0%	100.5%	130.0%	36.5%	29.6%	6.9%	8.4	0↓	2↑	0→
Beaumont	20	103.7%	203.4%	100.2%	169.5%	54.1%	38.9%	15.2%	14.5	1↑	0↓	0↓
Belvoir Unit	8	125.2%	209.8%	201.7%	183.6%	49.7%	36.6%	13.0%	26.3	1→	1↑	0→
Heather	18	90.5%	156.2%	101.3%	118.4%	31.9%	26.0%	5.9%	7.2	2→	2↓	0→
Thornton	20	114.8%	160.5%	96.2%	119.5%	29.2%	27.4%	1.8%	6.1	0→	0→	0→
Watermead	21	128.9%	205.3%	124.9%	163.1%	28.2%	23.0%	5.2%	7.6	2↑	4↑	0→
Griffin	6	154.5%	119.3%	104.8%	290.1%	34.4%	27.1%	7.4%	22.3	0↓	0→	0→
TOTALS										5→	10↓	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.

All medication errors have been reviewed in line with Trust policy and supportive actions in place; analysis has not identified any key themes this month. Analysis of the patient falls has identified;

- Of the ten falls that occurred, there were six individuals involved.
- There were more male falls this month compared to female.
- All patients who fell were aged over 40 years of age.
- One patient had repeated falls on two wards due to seizures, another patient had two falls (and is at risk of falling) who has been risk assessed and support plan in place previously.
- Completion of the falls process has improved but remains inconsistent. On this occasion the completion of specific falls documentation may have been 'missed' due to the cause of the falls being classed as 'medical'

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	117.0%	141.2%	105.3%	116.1%	33.1%	25.9%	7.2%	12.1	0→	0→	0→
TOTALS										0→	0→	0→

Table 6- Low secure safe staffing

There no complaints, medication errors or falls reported in April 2021 at Phoenix, Hershel 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	153.9%	117.5%	134.1%	153.0%	25.8%	21.8%	4.1%	6.4	2↑	1↓	0→
Willows	8	186.8%	91.3%	105.7%	106.4%	12.0%	11.0%	1.0%	13.7	1↑	0→	0→
Mill Lodge	11	116.3%	95.9%	131.2%	132.3%	56.4%	45.1%	11.2%	16.2	2↑	23↑	0→
TOTALS										5↑	24↑	0→

Table 7 - 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 were five medication errors reported in April 2021 an increase compared to last month, analysis has shown that three of the five errors were not linked to patient administration and medicines management errors. The two administration errors are currently under review in line with the Trust policy for medication errors.

There were 24 reported falls in rehabilitation of which 23 falls occurred at Mill lodge a slight increase from the previous month. The majority of the falls are linked to three patients, predominantly unwitnessed and linked to mobilising around the patient's bedroom or ensuite facility or walking to the garden to use a vaping device. A key patient factor is the patient's gait and balance due to Huntington's disease (HD).

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	22	64.1%	111.8%	117.4%	151.3%	29.3%	27.1%	2.3%	8.0	5↑	6↑	0→
BC Welford	20	72.3%	110.5%	128.9%	151.1%	13.1%	11.5%	1.6%	6.5	0→	8↑	0→
Coleman	16	59.5%	277.5%	129.3%	586.8%	63.0%	47.4%	15.6%	21.0	0→	0↓	0→
Gwendolen	6	71.1%	85.2%	133.2%	199.7%	27.3%	7.7%	19.6%	23.5	0↓	6→	0→
Wakerley	11	72.0%	175.0%	133.3%	337.7%	54.6%	40.2%	14.3%	19.3	0→	0→	0→
TOTALS										5↑	20↓	0→

Table 8 - 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 wards consist of a Medication Administration Technician (MAT) and on Kirby Ward a mental health Practitioner (MHP). The ward skill mix also includes a registered nursing associate.

Staffing is risk assessed and managed across all MHSOP wards and staff moved to support safe staffing levels and skill mix and patient care needs/acuity and dependency. Analysis has shown that changes/staff movement is not always consistently updated and reflected on eRoster, this impacts the actual fill rate data for RNs on days. Matrons review all incidents and review of the NSIs has not identified any staffing impact on the quality and safety of patient care/outcomes.

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	183.9%	71.2%	146.2%	194.2%	17.7%	8.6%	9.1%	9.5	1↓	1↑	1↑
Rutland	13	167.5%	84.0%	135.3%	184.0%	19.2%	13.6%	5.6%	10.8	0↓	1↓	0→
SL Ward 1	14	167.7%	56.1%	201.9%	163.2%	20.6%	16.0%	4.6%	11.7	0→	0↓	0→
SL Ward 3	10	245.4%	70.0%	155.2%	294.7%	21.2%	14.0%	7.2%	13.8	1→	1↓	0→
CV Ellistown 2	15	189.1%	62.7%	153.3%	201.8%	12.4%	6.7%	5.7%	11.9	1↑	1→	0→
CV Snibston 1	12	164.2%	53.7%	161.0%	211.8%	17.7%	12.6%	5.1%	13.6	0↓	1↓	0→
HB East Ward	17	94.6%	99.6%	109.8%	127.1%	12.6%	5.2%	7.5%	11.3	4↑	7↑	0→
HB North Ward	8	117.5%	77.5%	88.5%	52.0%	15.4%	7.8%	7.6%	20.6	0↓	3↓	0→
Swithland	16	121.7%	46.2%	105.9%	104.5%	6.5%	4.7%	1.8%	9.4	1→	9↑	0→
CB Beechwood	15	147.9%	62.5%	150.4%	178.9%	14.7%	8.8%	6.0%	12.6	1→	4↑	0→
CB Clarendon	18	163.1%	66.8%	153.3%	207.0%	23.1%	10.5%	12.6%	8.5	1↓	3↓	0→
TOTALS										10↓	31↓	1↑

Table 9 - Community hospital safe staffing

Feilding Palmer Hospital (FPH) remains temporarily closed to inpatient admissions in response to national COVID-19: infection, prevention and control guidance to ensure patient and staff safety is not compromised. Feilding Palmer Hospital is currently operating as a Covid- 19 Vaccination Hub.

The admission ward for Red/ High Risk Covid-19 positive patients has changed from East to North Ward Hinckley and Bosworth Hospital.

There is a low Health Care Support Workers (HCSWs) fill rate on day shifts across eight of the wards, this is due to a combination of factors impacted by sickness, vacancies and occupancy resulting in adjusted skill mix to meet actual staffing needs. The unfilled HCSW shifts have on occasions been substituted with registered nurses this accounts for the increase in the fill rate of registered nurses.

Temporary workforce usage has reduced in general across the service with the exception of Clarendon and Wards 1 and 3 St Luke's hospital which continue to use higher levels due to increased patient acuity, vacancies, maternity leave and sickness.

A review of the NSIs has identified that there has been a slight decrease in the number of falls incidents from March to April 2021. Ward 'areas to note' for increased falls include; Swithland, Dalgliesh, East, Clarendon and Beechwood Wards. The wards have noted an increase in patient acuity including patients with delirium and confusion.

The Community Hospitals Matron lead for falls analyses and presents to the Trust wide Falls Steering Group themes and trends and learning to be shared with a particular focus on patients who repeatedly fall. Review of the increased incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient care or outcomes. There were two confirmed falls as moderate harm incidents on East and Beechwood Ward; early indication is that that staffing was not a contributory factor.

The number of medication incidents for the in-patient wards in April 2021 has decreased in comparison to last month. A review of these incidents has identified that there had been a failure of staff to follow medication procedure/policy/ guidelines; however analysis has not identified any direct correlation with staffing.

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	13	144.7%	116.6%	133.3%	162.2%	42.0%	33.4%	8.7%	13.7	1↑	1→	0↓
CAMHS	8	125.6%	193.0%	138.4%	477.1%	55.6%	35.0%	20.6%	19.6	1↑	0→	0→
TOTALS										2↑	1→	0↓

Table 10 - 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. Review of the NSIs has not identified any staffing impact on the quality and 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	3	140.1%	204.2%	164.9%	255.4%	50.2%	25.7%	24.5%	57.8	1↓	0→	0→
TOTALS										1↓	0→	0→

Table 11 - Learning disabilities safe staffing

Patient acuity remains high and staffing is increased to meet patient care needs, this is reflected in both the over utilisation of staff deployed against planned levels and high CHPPD. A review of the NSIs and patient 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 29 th June 2021	
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:	10 th June 2021	
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	