

Quality & Safety Committee – 20 February 2024

Safe Staffing – December 2023

Purpose of the report

This report provides a full overview of nursing safe staffing during the month of December 2023, including a summary/update of new staffing areas to note, potential risks, and actions to mitigate the risks to ensure that safety and care quality are maintained. This report triangulates workforce metrics; fill rates, Care Hours Per Patient Day (CHPPD), quality and outcomes linked to Nurse Sensitive Indicators (NSI's) and patient experience feedback. (Annex 1 in-patient scorecard).

Analysis of the issue

Right Staff

- Temporary worker utilisation rate decreased this month by 0.57% reported at 41.74% overall and Trust wide agency usage slightly decreased this month by 0.05 % to 18.34% overall.
- In December 2023; 28 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 84.84% of our inpatient Wards and Units, changes from last month include Kirby ward who have reduced agency usage to 4.8% and Aston ward who have reduced agency usage to 5.1%.
- Senior nursing review is undertaken to triangulate metrics where there is high percentage of temporary worker/agency utilisation or concerns directly relating to; increased acuity, high caseloads of high-risk patients, increased staff sickness, ability to fill additional shifts and the potential impact to safe and effective care.
- The table below identifies the key areas to note from a safe staffing, quality, safety, and experience review, including high temporary workforce utilisation and fill rate.

Area	Situation - updated	Actions/Mitigations	Risk rating
<p>CHS In-patients</p>	<p>High percentage of temporary workforce to meet planned staffing levels across all wards due to vacancies, increased patient acuity and dependency, enhanced observations due to one-to-one care, and increasing seasonal sickness. Key areas to note are East ward at 56.2% due to opening of additional beds and Charnwood at 45.8%, Dalgleish, ward 1 and ward 3 at St Lukes utilising above 40%. Increased fill rate HCA day and nights shifts due to increased acuity and dependency, increasing number of patients admitted requiring enhanced observations and additional beds opened due to LLR wide system request.</p> <p>A review of the NSIs has identified an increase in the number of falls incidents from thirty-nine in November to forty-five in December 2023. Ward areas to note with the highest number of falls are North ward, Beechwood, Charnwood, Clarendon, East ward and ward 1 St Lukes.</p> <p>The number of medication incidents has decreased from 11 in November to six in December 2023 across five ward areas – East ward, Ellistown, Beechwood, Dalgleish and ward 3 St Lukes.</p> <p>The number of category 2 pressure ulcers developed in our care has increased from four in November to eight in December to 2023.</p> <p>Two complaints were received in December 2023.</p>	<p>Daily staffing reviews, staff movement to ensure substantive RN cover in each area, or regular bank and agency staff for continuity, e-rostering reviewed. Active recruitment is taking place across the service line.</p> <p>Of the 45 falls, 30 were first falls, 10 repeat falls and 5 patients placed themselves on the floor. The number of unwitnessed falls increased from 18 in November to 27 in December. Ward areas to note, are Hinckley North with 7 falls. Charnwood, Beechwood, Clarendon, St Lukes 1 and Hinckley East all having 5 falls. Of the falls reported, 26 had no harm, 18 had low harm, and 1 fall was moderate harm. An ISMR was completed for the moderate harm fall and a decision of no further action was taken, however focused work remains on lying and standing blood pressures. The falls confirm/challenge and sharing meeting continues for the hot spot wards.</p> <p>Six medication related incidents were reported across five of the wards: East, Ellistown, Beechwood, Dalgleish, and St Lukes Ward 3. Ellistown reported 2 medication incidents, a review of these highlighted the incidents were related to the recording of CDs, in which some educational focus work will be provided for the ward.</p> <p>The number of category 2 pressure ulcers developed in our care has increased to eight in December 2023 across six wards – Dalgleish, Ellistown, Rutland, Swithland, ward 1 and ward 3 St Lukes. All wards reported one category 2 pressure ulcer except ward 3 at St Lukes and Swithland who both reported two each. CHS pressure ulcer improvement work continues within community hospitals and the Deputy Head of Nursing commenced pressure ulcer awareness meetings, for all wards to attend with the first meeting in November 2023.</p> <p>The number of staffing related incidents has increased from 5 in November to 11 in December 2023. Staff related incidents were reported across eight wards, Ward 1 St Lukes, Rutland, Beechwood, Snibston, Dalgleish, Swithland, Charnwood, and Hinckley East. All incidents were related to staff shortages, staff movement to other wards/sites and last-minute sickness. None of these incidents were reported as causing any harm. Impact continues to be noted on health and wellbeing of staff who remained on shift over and above rostered hours until RN cover arrived.</p>	
<p>DMH In-patients</p>	<p>High percentage of temporary workforce on all wards to meet planned staffing. Belvoir, Griffin, Willows and Mill Lodge – above 50 %, due to vacancies, high acuity, patient complexity and increased therapeutic observations.</p> <p>MHSOP wards, no change to key area's noted -Kirby, Aston, Coleman, and Gwendolen.</p> <p>A review of the NSI's has identified a slight increase in the number of falls incidents from sixty- three in November to sixty-eight in December 2023. The number of medication incidents increased from fifteen in November to sixteen in December 2023.</p> <p>3 Complaints were received in December 2024.</p>	<p>Staffing is risk assessed daily across all DMH and MHSOP wards and staff moved to support safe staffing levels, skill mix, and patient needs. Active targeted recruitment is ongoing as per directorate workforce plan.</p> <p>Of the 68 falls incidents, 13 occurred at the BMHU, 4 on Watermead, 3 on Heather and Ashby and 1 on Beaumont, Belvoir and Bosworth. 7 were first falls, 5 of which were unwitnessed and 6 repeat falls. 1 patient placed herself on the floor post self-harm episode, another patient fell due to age and poor dynamic balance, another patient with a history of falls, fell due to presentation of non-epileptic seizure, one patient fell accidentally due to age and chaotic behaviour requiring observations for a head injury at UHL. A patient had a fall whilst on leave with her partner, another patient fell getting out of bed in the middle of the night and one patient had a fall of unknown reasons. 12 falls occurred at Mill Lodge, one patient fell 6 times, another patient 4 times and 2 patients fell once. 10 falls occurred at Stewart House, one patient fell 5 times, another patient fell three times and 2 patients fell once and two falls were reported at the Willows. No moderate harm to patients reported, positive use of falls huddles and MDT management and reviews in place.</p> <p>MHSOP reported 31 falls incidents, 12 related to first falls and 19 related to repeat falls. The falls occurred mainly in patient bedrooms, corridors, the main ward area, Dining room and 2 falls occurred in a public place</p>	

		<p>/patients home and other. 58% of falls reported occurred in the day between 07.00 – 19.00hrs and 42% of falls reported occurred in the evening between 20.00hrs – 07.00hrs. 13 of these were unwitnessed falls. Aston Ward recorded 11 falls, Gwendolen recorded 10 falls, Kirby recorded 7 falls and 1 falls incident was recorded on Coleman. No moderate harm falls were reported in December 2023. Falls huddles and pathways were carried out in all fall's incidents.</p> <p>The 16 medication incidents were due to, e-CD register and incorrect counting and re-cording, incorrect medication administered – no harm to 2 patients. Medication not administered to a patient – no harm. Patient transferred to another ward without medication. Extra dose administered to a patient – no harm. Unknown medication found in a patient's bedroom, extra medication found in patients dosette box, CD vial of medication broken, patient own medication supply not handed into nursing staff, medication prescription error, incorrect medication prescription to a patient – this was identified, and the patient did not receive any harm as a result.</p> <p>Review of incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes.</p>	
FYPCLDA In-patients	<p>No change to key areas noted- Beacon, Agnes, and Welford (ED). Reduced fill rate for HCAs on days at the Gillivers. Reduced fill rate for RNs and HCAs on days at the Grange.</p> <p>A review of the NSIs has identified no change in the number of falls from four in October to November 2023. The number of medication related incidents increased from one in November to two in December 2023.</p>	<p>Mitigation remains in place- potential risks being closely monitored. Review of NSIs has identified no correlation with staffing levels and impact to quality and safety of patient care/outcomes.</p> <p>The Beacon continues to rely on high percentage of temporary workforce (with a block booking approach in place) to meet safe planned staffing levels and has a number of beds closed. The unit has an agreed bed opening plan reviewed monthly and new starters in the recruitment pipeline. The Gillivers and the Grange offer planned respite care and the staffing model is dependent on patient's needs, presentation, and risk factors. Grange has now re-opened.</p> <p>Of the four falls incidents reported, there was 2 on Beacon, 1 at the Gillivers which re-opened on 1st December 2023 after refurbishment works and 1 at The Grange. The incident at the Grange was due to a patient falling when standing/mobilising and 1 patient fell at the Grange due to their medical condition – low harm. None of the falls reported were associated with staffing. One medication incident was reported on the Beacon unit relating to a patient not handing in prescribed medication and another at the Gillivers due to an incorrect pharmacy label. No harm came to the patients and not associated with staffing.</p>	
CHS Community	<p>Key areas to note - City East, City West, East North, Hinckley, East central due to high patient acuity, high vacancy levels and absence. Overall, the community nursing Service OPEL has been level 2, working to level 3 actions.</p>	<p>Daily review of all non-essential activities per Level 3 OPEL actions. Reprioritised patient assessments. Pressure ulcer and community nursing quality improvement and transformational plans continue.</p> <p>The Community Nursing transformation work continues with its 4 workstreams that report into the Transformation Group and onwards to DMT. Community Nursing Safer Staffing Tool (CNSST) Pilot ran with the whole of the Northwest Leicestershire Community Nursing team Hub from 2-8 October 2023. The data has</p>	

		been reviewed and validated. CNSST Pilot report went to November 2023 DMT and then Executive Management Board in December 2023 waiting outcome.	
DMH Community	<p>Key areas to note – City Central and Northwest Leicestershire CMHTs due to significant high RN vacancies and sickness. Increased staff movement from City central to other LPT services. Long waiting lists for patient first assessments highest in Melton and City Central.</p> <p>MHSOP unscheduled care remains key area to note due to vacancies and high sickness, increased staff movement from other CMHT teams within directorate are supporting to maintain patient safety.</p>	Mitigation remains in place, potential risks closely monitored within Directorate. Quality Improvement Plan in place via transformation programme. Case load reviews continue, introduction of alternative and skill mix roles on identified service need. Most teams continue with peer psychological supervision, team time out days and coordinated team support. Leadership team continue to discuss the staffing issues and requested additional staff via agency and bank. Recent meetings in place to look at ways to address waiting lists.	
FYPC.LDA Community	<p>Key areas to note - LD Community physio rag rated red and Mental Health School Team Healthy Together and School Nursing continue in a manageable and recovering position.</p> <p>Prioritisation model continues within Diana Service - acute Childrens Community Nursing (CCN) and End of Life provision due to unprecedented levels of staff absence.</p>	Mitigation remains in place with potential risks being closely monitored within Directorate. LD/A Community nursing much- improved position. MHST not impacting on face-to-face contacts however unable to deliver additional whole school approach agenda - Business Continuity plan in place. Many areas are reviewing and operating in a service prioritisation basis including several therapy services. Some services have successfully recruited, and candidates are currently going through onboarding process.	

Measures to monitor the impact of staffing on quality.

National Quality Board guidance suggests drawing on measures of quality alongside care hours per patient day (CHPPD) to understand how staffing may affect the quality of care. Suggested indicators include patient and staff feedback, completion of key clinical processes – NEWS, observations, VTE risk assessments, medication omissions, patient harms including pressure ulcer prevalence and in-patient falls and learning from patient safety investigations and serious incidents.

Following analysis, three priority areas have been identified using a Quality Improvement approach, based upon patient safety and patient experience data, and aligned to those areas that have or continue to be quality priorities in both group organisations. The three priority areas are:

- Pressure ulcer prevention, care, and treatment
- Recognition and care of the deteriorating patient
- Mental health safe and therapeutic observations

Updates on the projects to be reported to the Quality Forum on a quarterly basis from November 2023.

Staffing, safety and incident reviews have identified that as workload, acuity and dependency increases with mitigating actions such as re-prioritisation of visits, step down of non-clinical activities, review of training, movement of staff and increased reliance on agency workers there is an impact on role essential training, equipment training such as use of Flat Lift equipment, timeliness of care plan and risk assessment updates and challenges with clinical continuity and oversight of standards. Senior clinicians and leaders are working every day to minimise and mitigate these risks however it is important to note this reality in practice and impact to patient and staff experience.

Right Skills

Staff Group	Appraisal/Supervision		Core Mandatory Training			Clinical Mandatory	
	Appraisal	Clinical Supervision	12 out of 12 compliance subjects	Resuscitation Level1	Data Security Awareness IG	Basic Life Support (BLS)	Immediate Life Support (ILS)
All Substantive	91.09%	84.2%	green	93.0 %	95.4%	87.3%	76.1%
Bank						72.3%	59.6%

- Compliance with face-to-face mandatory training is reported through the Training Education Development (TED) and Strategic Workforce Committee.
- BLS compliance for bank staff is being taken though TED and Centralised Staffing Solutions (CSS) to improve compliance and mitigations proposed to restrict temporary workers who are not in date with clinical mandatory training. This will be managed

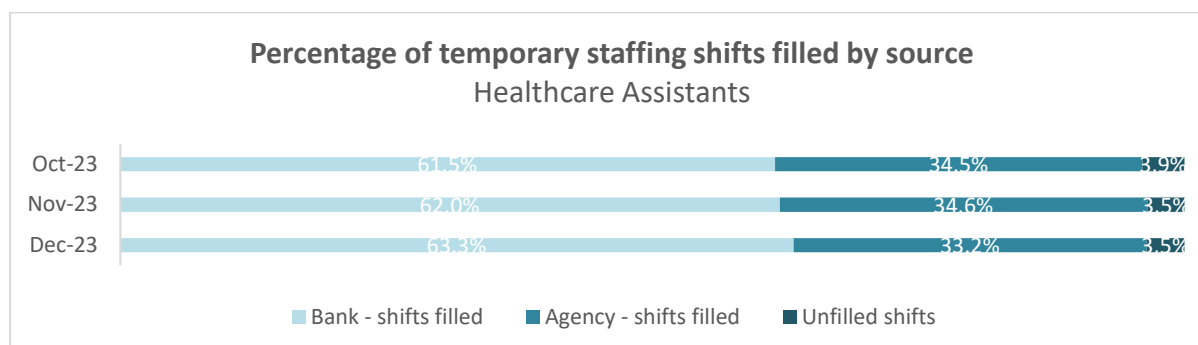
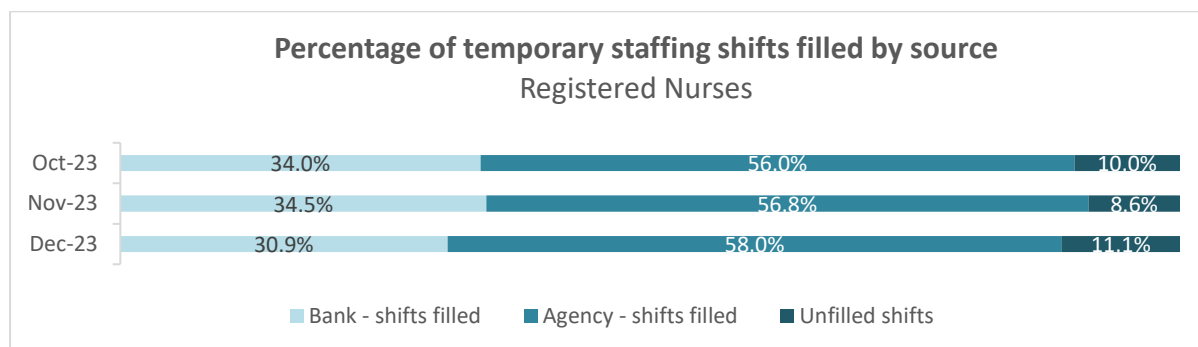
through a phased approach and risk assessed to ensure there is no significant impact operationally.

- A letter was sent to all Trust bank staff in November 2023 to outline the expectation for all bank workers to be in date with core and clinical mandatory training by 1st April 2024, if staff are not compliant, they will be restricted from booking shifts. Compliance is improving and two weekly reminders are being sent to those staff who remain out of date. A forecast table is planned to be shared with the People and Culture Committee on 20 Feb 2024, including compliance for x 4 clinical mandatory training topics – BLS, ILS, SI and SAL3 and forecast trajectory.
- In response to ensuring all staff have the right skills and competencies clinical teams and services continue working with block booked agency workers to provide role essential/specific training for staff working in CRISIS and urgent mental health care teams and community nursing.
- Flat lift training compliance (as reported at Trust falls group) compliance has improved (following an improvement action at PSIG) and is rag rated green at 90.8% for CHS, red at 68.1% for DMH and 29.3% for bank staff. Training now classified as ‘essential to role’ and N/A to FYPC.LDA.
- A deep dive is underway to review all falls incidents in the last 6 months to identify any incidences where a patient was lying on the floor for a pro-longed period of time due to staff not being up to date with flat lift training and to understand the impact and harm profile.

Right Place

- Fill rates above and below 100% for actual HCSWs predominantly on days reflect adjusted staffing levels and skill mix to meet patient care needs.

Table 1 & 2 – Temporary RN and HCA Nursing Workforce



Care Hours Per Patient Day (CHPPD)

The total Trust CHPPD average (including ward based AHPs) is calculated by the Corporate Business Information Team at 12.0CHPPD (national average 10.8) consistent with November 2023, ranging between 5.7 (Stewart House) and 83.3 (Agnes unit). CHPPD is calculated by the total actual staffing hours divided by the total occupied bed days (OBDs). Registered Nursing Associates and Therapy link Workers actual hours worked, are now included in the 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. Table 3 reflects the variation in directorate and table 4 illustrates CHPPD, proportion of RN vacancies, sickness, turnover rate and temporary workforce.

Table 3 – CHPPD by Directorate (previous 12 months)

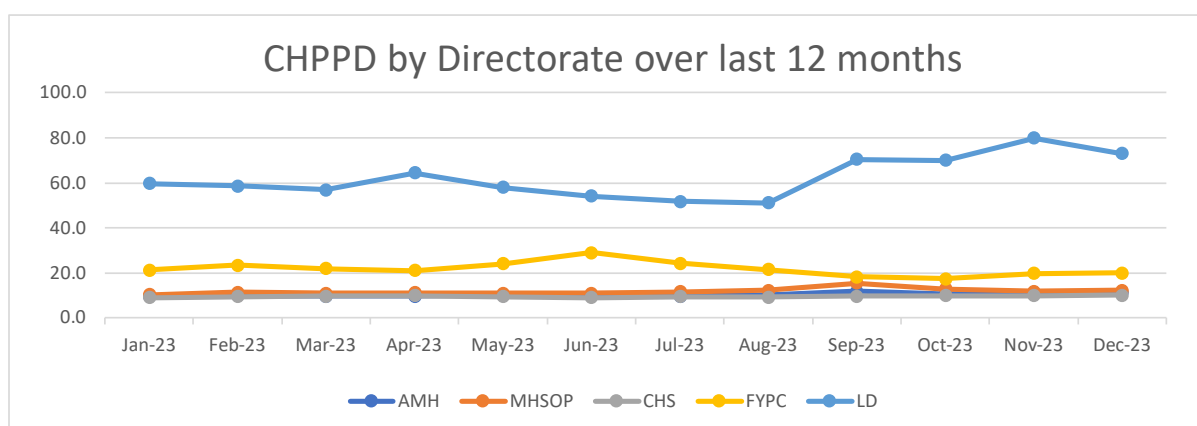


Table 4 – including CHPPD, RN Vacancies, Sickness, Turnover Rate, and temporary workforce.

Directorate	CHPPD	RN vacancies (WTE)	RN Vacancies (%)	RN Sickness %	RN 12m Turnover rate %	% Temp staffing shifts filled by Bank	% Temp staffing shifts filled by Agency
CHS	10	177.5	26.9%	5.2%	8.6%	31%	54%
DMH Inc MHSOP	11.4 12.2	190.1	25.2%	6.6%	5.7%	38%	54%
FYPC LDA	20 72.9	133.7	22.5%	8.7%	8.1%	14%	80%
All clinical directorates combined	12	501.3	25.0%	6.8%	7.3%	31%	58%

The RN vacancy position is at 501.3 Whole Time Equivalent (WTE) with a 25.0% vacancy rate. The change in vacancy WTE and rate has been impacted by increase's made to the budgeted establishment (due to annual establishment review 2022) and establishment changes due to how many staff are in post/recruitment/turnover. Additional beds have also been opened in CHS as part of a system winter plan. RN turnover for nurses is at 7.3%, (includes all reasons for leaving - voluntary leavers, retirements, dismissals etc). This is

below the trusts target of 10%. Progress continues by participating in the People Promise Exemplar scheme focusing on retention working with system /regional/national teams to review existing retention approaches and develop further activity. Development of three key priority nursing retention actions areas; increasing pride and recognition, improving flexible working and accessible career development pathways.

Table 5 – includes HCA Vacancies, Sickness, Turnover Rate, and temporary workforce.

Directorate	HCA vacancies (WTE)	HCA Vacancies (%)	HCA Sickness %	HCA 12m Turnover rate %	% Temp staffing shifts filled by Bank	% Temp staffing shifts filled by Agency
CHS	95.0	25.3%	7.7%	10.1%	36%	59%
DMH Inc MHSOP	81.9	18.0%	8.5%	9.7%	84%	13%
FYPC LD	62.5	35.8%	6.5%	13.8%	66%	33%
All clinical directorates combined	239.4	23.8%	7.9%	10.4%	63%	33%

The HCA vacancy position is at 239.4 WTE with a 23.8% vacancy rate. HCA turnover for HCAs is at 10.4%. which is slightly above our internal target of no more than 10% turnover. As part of the monitoring of the Trust Wide Workforce, Recruitment and Agency Plan, turnover rates for our priority staff groups are reviewed every month. It is noted that HCA turnover has gradually increased over the last 6 months and a deep dive review is due to be presented to Strategic Workforce Committee in January 2024, with a Healthcare Support Worker Attraction & Retention Steering Group planned to commence in February 2024.

Recruitment Pipeline

Throughout December 2023 we continue to grow and develop our nursing workforce. A total of 26.0 WTE nursing staff (bands 5 to 8a) were appointed and 38.3 WTE Health Care Support workers. Six International Recruited (IR) nurses arrived in Dec 2023 and 11 are planned in the pipeline in January 2024.

Health and Well Being

The health and well-being of all our staff remains a key priority. The trust continues to support staff mental and physical health through referrals, signposting, communications, health and wellbeing champions and access to available resources. The DAISY awards are a key retention action, to increase pride and recognition and were launched on 1 June 2023 to aid retention, reward, and meaningful recognition.

Proposal

Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in December 2023 staffing challenges continue to increase. There is

some evidence that current controls and business continuity plans are not fully mitigating the impact to the quality and safety of patient care across all services, at all times.

Whilst there has been no evidence through the in-patient monthly triangulated review of Nurse Sensitive Indicators and quality metrics that staffing numbers (right staff) is a contributory factor to patient harm, we are starting to see some correlation of impact of staffing skill mix and competencies (right skills) as a contributory factor in some serious incident and incident reviews linked to deteriorating patient, pressure ulcer harm and mental health observations. There is a level of concern about pressure ulcer harm in community nursing and longer-term impact of deferred visits, and potential for unknown risks and impact to outcomes and harm linked to reduced service offer/Health assessments in Healthy Together teams and Looked After Children services, all of which are being reviewed and risk managed. In community nursing where a visit or assessment is deferred the patient receives a visit from a HCSW and assessment re-prioritised.

As part of the Annual Establishment Review all inpatient wards commenced their acuity and dependency data collection (utilising evidence-based tools) for 20 days in October 2023. Meetings have been held across directorates in November 2023 to triangulate and apply professional judgment. Recommendations due to the Executive Director of Nursing, AHPs and Quality in January 2024, to be shared for operational and financial planning with a final report to Strategic Executive Board in March 2024.

Decision required.

The committee is asked to confirm a level of assurance that processes are in place to monitor inpatient and community staffing levels and actions in place to try to mitigate the risk of impact to patient safety and care quality.

Annex 1 December 2023 Scorecard and key table showing fill rate thresholds for RN, HCA on days and nights shifts and % temporary workers parameters for bank, agency and total.

Score card	Average Fill Rate Thresholds RN, HCA on days and nights		% Temporary Workers Total and Bank			Agency	
	Below <=80%	Above >80%	Below < 20%	Between 20% - 50%	Above >50%	Below <=6%	Above > 6%
Rag rating							
Fill rate will show in excess of 100% where shifts have utilised more staff than planned or due to increased patient acuity requiring extra staff			Please see table (page 2) for high level exception reporting highlighting reduced fill rate below 80% threshold and key areas to note due to high bank and agency utilisation.				

December 2023

Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Fill Rate Analysis (National Return)						% Temporary Workers (NURSING ONLY)			Overall CHPPD (Nursing And AHP)	Medication Errors	Falls	Complaints	PU Category 2	PU Category 4	Staffing Related Incident
			Actual Hours Worked divided by Planned Hours						Total	Bank	Agency							
			Nurse Day (Early & Late Shift)		Nurse Night		AHP Day											
			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	<20%	<20%	<=6%							
			>=80%	>=80%	>=80%	>=80%	-	-	<20%	<20%	<=6%							
Ashby	14	14	92.0%	200.2%	102.4%	123.9%			43.8%	21.2%	22.6%	9.7	3↑	3↓	0→			
Beaumont	23	22	113.0%	237.4%	103.8%	190.0%		100.0%	49.3%	32.5%	16.8%	7.9	1↑	1→	0→			
Belvoir Unit	10	9	109.8%	208.5%	115.4%	225.5%			55.4%	39.4%	16.0%	19.9	2↑	1→	0→			
Bosworth	14	14	148.1%	180.1%	110.4%	177.9%		100.0%	47.7%	35.9%	11.8%	12.3	1↑	1→	0→			
Heather	18	17	103.0%	197.6%	106.5%	172.1%		100.0%	42.8%	26.6%	16.2%	8.7	2↑	3↓	1↑			
Thornton	14	12	151.8%	119.4%	104.7%	111.4%			44.6%	35.7%	8.9%	10.6	0↑	0↑	0→			
Watermead	20	19	115.7%	180.4%	111.0%	159.1%		100.0%	32.4%	19.1%	13.3%	9.2	0↓	4→	0→			
Griffin - Herschel Prins	6	6	103.0%	176.3%	102.8%	265.7%		100.0%	52.6%	30.7%	21.9%	25.9	0→	0→	0→			
Phoenix - Herschel Prins	12	9	104.6%	144.5%	104.8%	163.3%		100.0%	39.1%	26.9%	12.2%	14.5	0→	0↓	0→			
Skye Wing - Stewart House	30	28	108.1%	116.2%	104.5%	138.2%			24.8%	24.2%	0.7%	5.7	1↓	10↑	0→			
Willows	9	8	164.0%	118.2%	138.8%	107.9%		100.0%	53.8%	47.3%	6.4%	13.8	0↓	2→	1↑			
Mill Lodge	14	11	118.2%	150.3%	112.5%	191.9%			53.1%	43.7%	9.4%	19.4	1→	12↑	0→			
Kirby	23	19	118.3%	106.7%	89.9%	159.8%	100.0%	100.0%	36.2%	31.3%	4.8%	8.8	0→	7↑	0→			
Aston (MHSOP)	17	16	108.7%	123.2%	101.1%	226.8%			44.7%	39.7%	5.1%	10.8	3↑	11↑	1↑			
Coleman	19	14	104.6%	125.6%	104.7%	247.1%	100.0%	100.0%	49.7%	35.8%	13.9%	17.1	1↑	1↓	0→			
Gwendolen	18	17	105.4%	171.9%	103.0%	282.8%			41.0%	29.4%	11.6%	14.7	1↓	10↓	0→			
Beechwood Ward - BC03	24	23	102.3%	138.6%	103.6%	128.4%	100.0%	100.0%	36.6%	18.2%	18.4%	9.0	1→	5↑	0→	0→	0→	1
Clarendon Ward - CW01	21	19	93.9%	118.5%	101.0%	130.5%	100.0%		33.8%	19.9%	13.9%	9.5	0→	5↑	0↓	0↓	0→	
Dagleish Ward – MMDW	17	16	102.3%	131.3%	101.3%	157.8%	100.0%	100.0%	42.5%	6.8%	35.7%	10.5	1↑	1↓	0↓	1↑	0→	1
Rutland Ward – RURW	18	17	103.2%	150.4%	105.0%	127.0%	100.0%	100.0%	33.7%	9.5%	24.2%	9.3	0↓	0↓	0→	1↑	0→	1
Ward 1 - SL1	20	19	96.6%	128.0%	97.4%	147.5%	100.0%	100.0%	40.9%	12.8%	28.1%	9.5	0→	5→	0→	1↑	0→	1
Ward 3 - SL3	14	13	120.5%	124.0%	98.2%	125.1%	100.0%	100.0%	42.9%	21.8%	21.2%	11.5	1↑	4↑	0→	2↓	0→	
Ellistown Ward - CVEL	19	18	105.0%	131.0%	101.2%	106.2%	100.0%	100.0%	22.8%	8.3%	14.6%	9.0	2↑	3→	1→	1↑	0→	
Snibston Ward – CVSN	19	19	93.2%	163.8%	100.0%	186.7%	100.0%	100.0%	29.2%	11.3%	17.9%	11.2	0↓	2↑	0→	0→	0→	1
East Ward – HSEW	25	23	129.5%	192.2%	147.9%	167.0%	100.0%	100.0%	56.2%	14.4%	41.8%	10.8	1↓	5↓	1↓	0↓	0↓	1
North Ward - HSNW	19	18	101.2%	105.8%	104.5%	174.2%	100.0%	100.0%	37.1%	17.2%	19.9%	9.8	0↓	7↑	0→	0→	0→	
Charnwood Ward – LBCW	18	17	142.8%	134.3%	96.9%	165.4%	100.0%	100.0%	45.8%	12.0%	33.8%	10.7	0↓	5↓	0→	0↓	0→	1
Swithland Ward – LBSW	20	19	103.6%	103.4%	96.8%	197.6%	100.0%	100.0%	23.1%	9.4%	13.7%	9.5	0→	3→	0→	2↑	0→	1
Welford (ED)	15	14	137.8%	108.2%	139.9%	133.3%	100.0%		35.7%	28.6%	7.1%	13.0	0↓	0→	0→			
CAMHS Beacon Ward - Inpatient Adolescent	17	4	110.4%	165.9%	106.2%	159.8%	100.0%		60.5%	24.3%	36.2%	40.5	1↑	2↑	0→			
Agnes Unit	1	1	99.6%	86.2%	104.1%	117.3%			49.0%	17.5%	31.5%	83.3	0→	0↓	0→			
Gillivers	6	1	115.7%	69.2%	144.1%	118.7%			13.0%	13.0%	0.0%	62.7	1↑	1→	0→			
1 The Grange	5	0	77.6%	59.2%	90.1%	92.6%			14.7%	14.7%	0.0%	48.1	0→	1↑	0→			

Governance table

For Board and Board Committees:	Quality and Safety Committee	
Paper sponsored by:	Anne Scott Executive Director of Nursing, AHPs and Quality	
Paper authored by:	Elaine Curtin Workforce and Safe staffing Matron, Jane Martin Assistant Director of Nursing and Quality, Emma Wallis Deputy Director of Nursing and Quality	
Date submitted:	20.02.2023	
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):	none	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	none	
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	√
	Reaching Out	
	Equality, Leadership, Culture	
	Access to Services	
	Trustwide 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:	None	