Leicestershire Partnership NHS Trust

Quality & Safety Committee – 30 April 2024

Safe Staffing – February 2024

Purpose of the report

This report provides a full overview of nursing safe staffing during the month of February 2024, 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 increased this month by 1.47% reported at 41.87% overall and Trust wide agency usage slightly increased this month by 0.04% to 16.24% overall.
- In February 2024; 26 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 76.47% of our inpatient Wards and Units, changes from last month include Thornton Ward who have reduced agency usage to 4.1%.
- 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
CHS **In-patients**	High percentage of temporary workforce to meet planned staffing levels across all wards due to vacancies, increased patient acuity and dependency and increasing seasonal sickness. Key areas to note are Coalville ward 4 at 68.2% (new/additional ward) East ward 58% due to opening additional beds. Charnwood, Dalgleish, Ward 1 and Ward 3 at St Lukes all 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. A review of the NSIs has identified no change in the number of falls incidents from forty-one in January to February 2024. Ward areas to note with the highest number of falls are Ellistown, Charnwood and East ward. The number of medication incidents has decreased from 8 in January 2024 to 7 in February across five ward areas – Dalgleish, Ellistown, Snibston and ward 1 and ward 3 at St Lukes. The number of category 2 pressure ulcers developed in our care has increased from 8 in January to 13 in February 2024. There was 1 complaint received in February 2024.	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. Of the 41 falls, 29 were first falls, 8 repeat falls and 4 patients placed themselves on the floor. The number of unwitnessed falls decreased from30 in January, to 9 in February 2024. Ward areas to note are, Ellistown Ward with 8 falls, and both Charnwood Ward and Hinckley East Ward having 5 falls each. Of the falls reported, 29 had no harm, 12 had low harm. Following CHS's falls champion Day, they have two new fall leads and have refreshed the Fall Champion role in the hospitals focusing on falls reduction. 7 medication incidents were reported across 5 wards: Dalgleish, St Lukes ward 1, St Lukes ward 3, Ellistown, and Snibston. Both Dalgleish and Ward 1 St Lukes reporting two incidents each. The themes highlighted were related to the recording and prescription of medications. The omission focus work continues, staff have been asked to submit an incident form for all missed medications. Wards are now all using the safety crosses to demonstrate medication safety. The medication champion group continues to meet and have a focus event planned in March 2024 to support medicines safety improvements. 13 category 2 pressure were reported across 9 wards: Ward 1 St Lukes, Ward 3 St Lukes, Charnwood, Hinckley East, Clarendon, Ward 4, Rutland, and Dalgleish. Charnwood, Hinckley East, Clarendon, Ward 4, Rutland, and Dalgleish all reporting two on each ward. CHS Pressure ulcer improvement work continues, with the Deputy Head of Nursing continuing to monitor, and challenge appropriate care, with a weekly meeting with Ward Sisters. A hospital Tissue Viability Nurse is currently completing a review/scope of current improvement work before commencing focussed educational work and training on wound grading. An update is planned to the Pressure Ulcer group in April 2024. The number of staffing related incidents has decreased from 6 in January to 4 in February 2024 reported across 4 wards, Dalgleish, Coalville ward 4, St Lukes Ward 3, and Snibston. 3 incidents were related to nursing staff shortages and x1 incident related to an Advanced Nurse Practitioner shortage – cross cover was provided. No incidents were reported as causing any harm. Impact continues to be noted on health and wellbeing of staff who remain on shift over and above rostered hours until registered nurse cover arrived.	
DMH **In-patients**	High percentage of temporary workforce on all wards to meet planned staffing. Key areas to note are Coleman 63.4%, Belvoir at 56.0% and Willows at 52.5%. Beaumont, Phoenix and Aston – above 45%, due to vacancies, high acuity, patient complexity and increased therapeutic observations. MHSOP wards, no change to key area's noted -Kirby, Aston, Coleman, and Gwendolen.	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. Of the 51 falls incidents: 17 occurred at the BMHU, 7 on Watermead, 3 on Ashby, 2 on Heather and 1 on Beaumont, Belvoir, Bosworth, Thornton, and Griffin. There was 8 first falls and the remaining were repeat falls. Fall's themes were physical health, trips, and self-reported falls. I patient fell 6 times on Watermead due to being unwell with their mental health and required flat lifting for all falls due to poor core strength. Another patient fell 3 times on Ashby, patient factors linked included their physical state due to an eating disorder and medication prescribed, medication reviewed promptly to prevent further falls. 6 falls occurred at Mill lodge, linked to the symptoms of Huntington's disease. In mental health rehabilitation 2 falls occurred at Stewart	

	A review of the NSI's has identified a decrease in the number of falls incidents from fifty-three in January to fifty-one in February 2024. The number of medication incidents decreased from thirteen in January to eight in February 2024. 2 complaints were received in February 2024.	House and 1 fall occurred at the Willows. No moderate harm to patients reported, positive use of falls huddles and MDT management and reviews in place. Of the 25 falls incidents reported in MHSOP: 11 related to first falls and 14 repeat falls. 15 were unwitnessed falls. The falls occurred mainly in the bedroom, corridor, and dining room. Falls also occurred off site at another hospital, a patient's home, shower, and toilet. 11 falls (42%) reported occurred in the day between the hours of 7.00am – 19.00hrs and 15 falls (58%) reported occurred in the evening between the hours of 20.00hrs – 07.00hrs. Gwendolen recorded 11 falls, Aston reported 9, Kirby reported 4 and Coleman reported 1 fall. No moderate harm falls were reported in February 2024. Falls huddles and pathways were carried out in all fall's incidents. The timing of falls, footwear, medication issues, communication needs and patient activity were reviewed and considered at a local level. A vision assessment tool was offered to a small number of specific patients requiring medical follow up and optician referral. The 8 medication incidents included 6 reported for adult mental health services that were due to, e-CD register error, e-CD discrepancy in stock quantity, unknown tablets found in the patient area and a maximum dosage of medication exceeded – no harm to the patient. 2 medication incidents were reported for MHSOP wards, 1 on Kirby and 1 on Coleman. 1 incident on Kirby Ward related to a patient who was dispensed the incorrect medication – the patient was monitored. The incident on Coleman ward related to a medication being administered via the incorrect route and managed in line with the Trust policy for medication errors with support from the patient safety team. None of the patients experienced any harm because of the incidents and staffing was not identified as a contributory factor in the incidents occurring. Local fact finding undertaken, performance processes followed that included learning and improvement with staff involved. Review of incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes.	
FYPCLDA **In-patients**	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 and RNs on nights at the Grange. A review of the NSIs has identified an increase in the number of falls from 3 in January to 17 in February 2024. The number of medication related incidents increased from 2 in January to 4 in February2024.	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. The Beacon unit continues to rely on a high percentage (66.0%) 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 a number of new starters including newly qualified RNs have been recruited. The Gillivers and the Grange offer planned respite care and the staffing model is dependent on patient's needs, presentation, and risk factors. The Agnes unit is currently within their equivalent commissioned beds. The unit continue to rely on temporary staffing although the unit have block booked staff. The service	

		continues with the recruitment process to reduce temporary staffing levels and a number of newly qualified RNs have also been recruited. One medication incident was reported at the Beacon, two at the Agnes unit and one on Welford none of which related to staffing. Of the 17 falls incidents reported, there was 14 incidents at the Beacon relating to 1 patient with dissociated episodes, controlled descent. There was no harm to the patient or pro-longed periods on the floor, 2 falls reported at the Grange whereby a patient had a seizure and fell with a low level of harm to the patient and 1 fall reported at the Agnes unit also relating to a patient following a seizure with a low level of harm to the patient. None of the falls were associated with staffing.	
CHS Community	Key areas to note - City West, City East, East North, Hinckley, East central, due to high patient acuity, high vacancy levels and absence. Work is taking place with the ICB around the city simple wound care clinic provision. Overall, the community nursing Service OPEL has been level 2, working to level 3 actions	Continued daily review caseloads and of all non-essential activities per Level 3 OPEL actions. On going reprioritisation of patient assessments. Pressure ulcer and community nursing quality improvement and transformational plans continue. The Community Nursing transformation work continues with its workstreams. Following the pilot of the of the Community Nursing Safer Staffing Tool (CNSST) and data verification, roll out to the remaining hubs in a phased approach has been agreed by the Strategic Executive Board (SEB) in February 2024 with further updates provided to SEB as implementation programme progresses.	
DMH Community	No change to key areas to note – City Central and Northwest Leicestershire CMHTs due to significant high RN vacancies and sickness. South Leicestershire CMHT has significant band 6 vacancies recruitment plan continues. 5 CMHTs now without senior matron support. West Leicestershire experiencing significant sickness at team manager level. Long waiting lists for patient first assessments which is highest in Melton and City Central with a plan in place to review however numbers remain high. MHSOP unscheduled care remains a 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.	Mitigation remains in place, potential risks closely monitored within Directorate. Quality Improvement Plan continues 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 staffing issues and request additional staff via agency and bank. Meetings in place to look at ways to address waiting lists. Recruitment is underway for x 6 substantive team manager posts for the community mental health teams, there was a positive response to the advert.	
FYPC.LDA Community	No change to Key areas to note - LD Community physio rag rated red and Mental Health School Team (MHST). County Healthy Together and School Nursing continue to be below safer staffing however Healthy together services are cross covering. Part prioritisation model continues within Diana Service - acute Childrens Community Nursing (CCN) and End of Life provision due to	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.	

	unprecedented levels of staff absence however is in an improving position.		

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

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 temporary workforce 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.

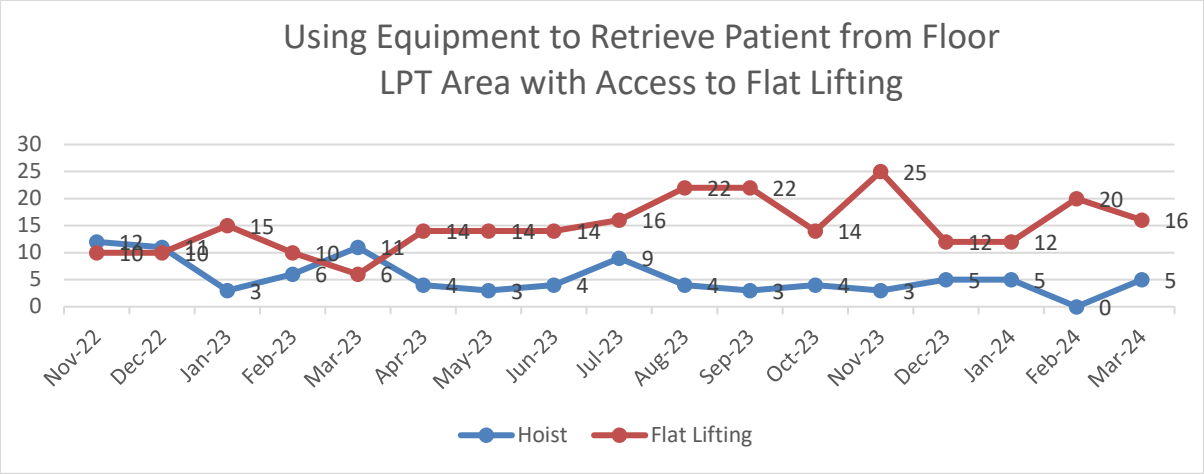
Right Skills

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	93.3%	89.3%	green	89.4 %	96.2%	91.5%	84.9%
Bank				73.6%		81.6%	82.9%

- Compliance with face-to-face mandatory training is reported through the Training Education Development (TED) and Strategic Workforce Committee.
- 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.
- 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. This has been extended until 1st May 2024, compliance is improving, and Centralised Staffing Solutions are sending weekly text message reminders and having regular phone conversations with those staff who remain out of date. The resuscitation position was shared with the People and Culture Committee on 20 Feb 2024 and a forecast trajectory (including

compliance for x 4 clinical mandatory training topics – BLS, ILS, SI and SAL3) is planned for Executive Management Board in March 2024.

- 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) has improved (following an improvement action at PSIG) and is rag rated amber 83.3% for all substantive staff, green at 90.1% for CHS and red at 74.4% for DMH. Training now classified as 'essential to role' and N/A to FYPC.LDA.
- Flat lift equipment usage is now established on Ulysses and monitored with good trend analysis as per table below and monitored at the Trust Falls Group

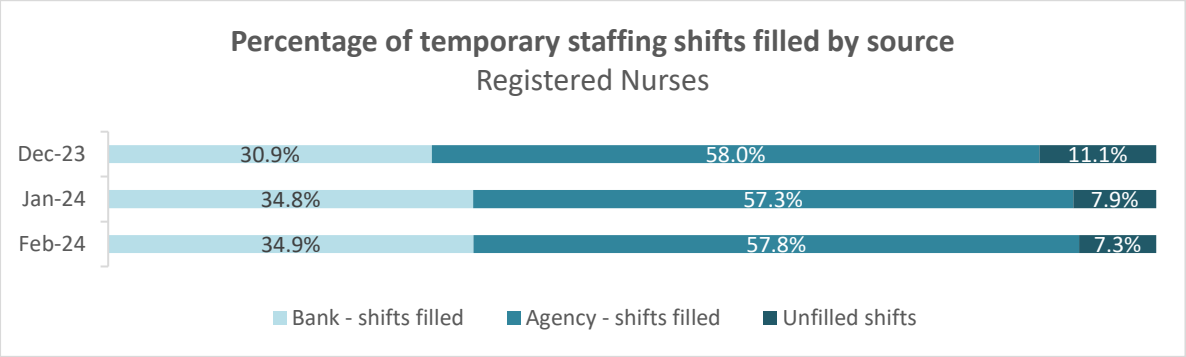


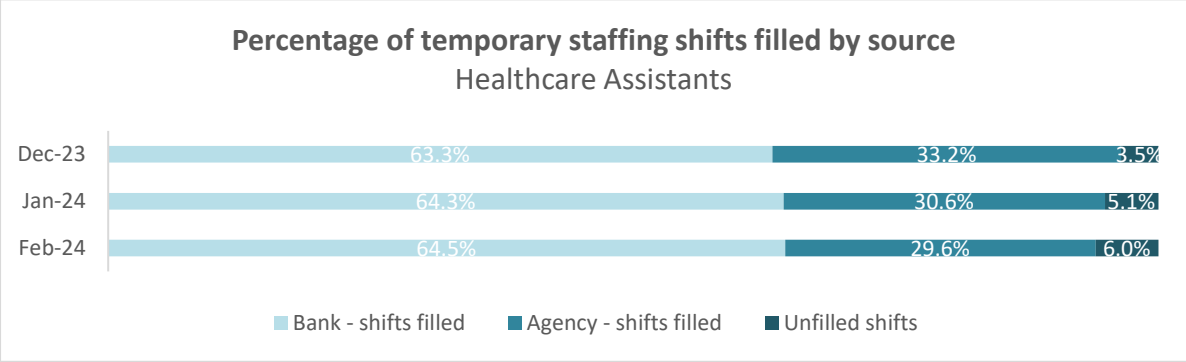
- A deep dive request to review all falls incidents in the last 6 months to identify any incidences where a patient was lying on the floor for a pro-longed period of time due to staff not being up to date with flat lift training is in progress. Review of a previous incident (more than 6 months ago) showed that the detail of the patient being on the floor for a length of time was not described in the content of the fall incident and only identifiable from system 1 records. Therefore, a review of 6 months falls incidents alone will not be accurate. A meeting is rescheduled for April 2024 to scope additional information required and the Moving and Handling Advisor together with Patient Safety lead nurse will start to review additional data and comparison information alongside falls incidents to start to build accurate evidence.

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 12.1 CHPPD (national average 10.8) consistent with January 2024, ranging between 5.5 (Stewart House) and 80.9 (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. 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)

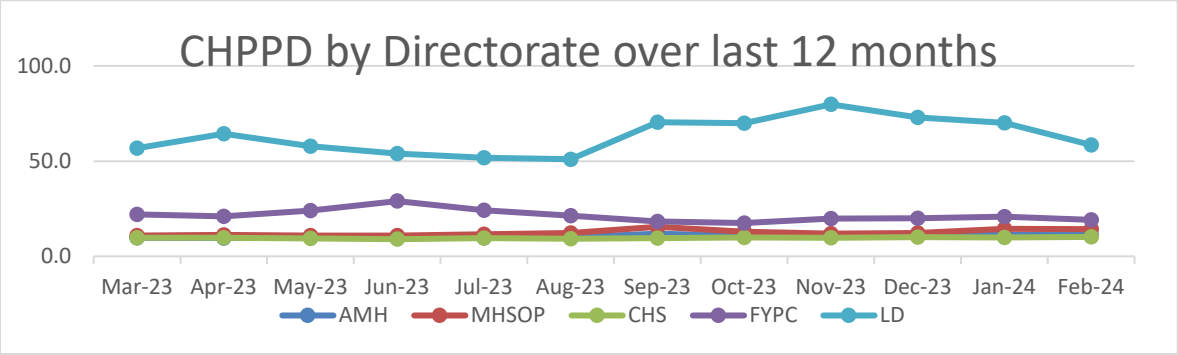


Table 4 – including CHPPD, RN Vacancies, Sickness, Turnover Rate, and temporary workforce.

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	10.2	180.8	27.3%	6.1%	9.3%	34%	56%
DMH Inc MHSOP	11.2 14.2	178.1	23.5%	5.8%	6.9%	44%	51%
FYPC LD	19.2 58.5	121.3	20.4%	5.9%	7.2%	17%	81%
All clinical directorates combined	12.1	480.1	23.9%	5.9%	7.7%	35%	58%

The RN vacancy position is at 480.1 Whole Time Equivalent (WTE) with a 23.9% vacancy rate, a decrease of 0.5% since January 2024. Additional beds have also been opened in CHS as part of a system winter plan. RN turnover for nurses is at 7.7%**, (**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	82.2	21.8%	8.7%	11.4%	38%	53%
DMH Inc MHSOP	68.8	14.9%	6.4%	8.4%	89%	7%
FYPC LDA	56.3	32.0%	6.5%	13.5%	69%	27%
All clinical directorates combined	207.2	20.4%	7.2%	10.3%	64%	30%

The HCA vacancy position is at 207.2WTE with a 20.4% vacancy rate, a decrease of 1.7% since January 2024. HCA turnover rate is at 10.3%. 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. A Healthcare Support Worker Attraction & Retention Steering Group was established in February 2024. The retention plan includes high level aims for 2024/25

in relation to HCSW turnover to improve retention of HCSWs in their first year of service and improve retention of younger HCSW's. A review of current provisions was scoped and new workstreams identified. Plans in place to pilot the LLR Buddying Framework co-hort 1 to start 1 April 2024.

Recruitment Pipeline

Throughout February 2024 we continue to grow and develop our nursing workforce. A total of 33.37WTE nursing staff (bands 5 to 8a) were appointed and 25.69WTE Health Care Support workers.

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 aide retention, reward, and meaningful recognition.

Proposal

Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in February 2024 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 were presented to the Executive Director of Nursing, AHPs and Quality in January 2024, to be shared for operational and financial planning with a final summary to Executive Management Board in May 2024 and Strategic Executive Board.

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 February 2024 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.

February 2024

Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Fill Rate Analysis (National Return) Actual Hours Worked divided by Planned Hours – Nurse Day (Early & Late Shift)		Nurse Night		AHP Day		% Temporary Workers (NURSING ONLY)			Overall CHPPD (Nursing And AHP)	Medication Errors	Falls	Complaints	PU Category 2	PU Category 4	Staffing Related Incidents
			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%	<20%	<=6%							
Ashby	14	14	89.9%	231.9%	107.9%	135.2%			37.3%	23.6%	13.8%	10.2	1↓	3↓	0→			
Beaumont	22	21	122.7%	209.4%	108.3%	165.8%			45.8%	27.1%	18.7%	7.0	0↓	1→	1↑			
Belvoir Unit	10	10	126.1%	223.2%	105.5%	246.7%			56.0%	43.0%	13.1%	18.5	0→	1↑	0→			
Bosworth	14	14	136.3%	150.5%	104.5%	128.3%		100.0%	35.0%	28.4%	6.6%	10.3	1↑	1↑	0→			
Heather	18	17	107.2%	184.4%	103.2%	165.1%		100.0%	36.0%	23.1%	12.9%	8.9	0↓	2↑	0→			
Thornton	12	12	132.4%	125.1%	104.8%	104.5%			33.5%	29.4%	4.1%	9.8	2↑	1↑	1↑			
Watermead	19	18	110.7%	263.6%	109.4%	234.8%		100.0%	39.4%	27.7%	11.7%	10.3	0↓	7↑	0→			
Griffin - Herschel Prins	6	6	118.6%	180.1%	104.6%	363.6%		100.0%	42.2%	33.2%	9.1%	28.6	0→	1→	0→			
Phoenix - Herschel Prins	12	10	105.5%	179.0%	106.8%	214.6%		100.0%	48.5%	35.9%	12.6%	16.0	1↑	0→	0→			
Skye Wing - Stewart House	30	28	121.8%	129.6%	102.0%	165.5%			32.6%	32.6%	0.0%	5.5	1↓	2↓	0→			
Willows	9	9	168.9%	131.5%	138.6%	116.6%		100.0%	52.5%	48.9%	3.6%	13.7	0→	1↓	0→			
Mill Lodge	14	12	124.9%	125.4%	127.8%	155.5%			41.6%	37.4%	4.2%	16.3	0→	6↑	0→			
Kirby	23	20	151.8%	100.5%	94.5%	192.6%	100.0%	100.0%	40.9%	35.3%	5.5%	9.8	1↓	4↓	0→			
Aston (MHSOP)	17	12	120.8%	130.7%	104.5%	258.9%			46.2%	41.6%	4.6%	15.2	0↓	9↓	0↓			
Coleman	19	18	114.5%	194.1%	104.6%	455.0%	100.0%	100.0%	63.4%	49.2%	14.2%	16.5	1↑	1↓	0→			
Gwendolen	17	11	106.9%	153.8%	104.4%	266.0%			26.3%	17.7%	8.7%	17.9	0→	11↑	0→			
Beechwood Ward - BC03	23	22	96.8%	135.9%	99.7%	135.2%	100.0%	100.0%	31.2%	17.9%	13.3%	9.7	0↓	2↓	1↑	0→	0→	
Clarendon Ward - CW01	21	20	94.0%	133.3%	101.6%	138.6%	100.0%	100.0%	39.8%	26.3%	13.4%	9.9	0→	1↓	0→	1↑	0→	
Dalgleish Ward - MMDW	17	16	104.8%	151.0%	100.3%	192.4%	100.0%	100.0%	42.8%	9.7%	33.0%	11.2	2↑	4↑	0→	2↑	0→	1
Rutland Ward – RURW	18	17	116.6%	130.3%	108.6%	99.9%	100.0%	100.0%	30.0%	12.4%	17.6%	8.2	0↓	2↓	0→	2↑	0→	
Ward 1 - SL1	21	20	95.2%	151.7%	99.9%	200.6%	100.0%	100.0%	41.0%	15.5%	25.4%	10.1	2↑	1↓	0→	1↑	0→	
Ward 3 - SL3	14	13	116.0%	112.9%	103.4%	117.0%	100.0%	100.0%	40.3%	23.1%	17.2%	10.6	1↑	3↓	0→	1↑	0→	1
Ellistown Ward – CVEL	20	19	103.4%	143.7%	100.0%	159.6%	100.0%	100.0%	32.4%	10.2%	22.2%	9.8	1↓	8↑	0→	0↓	0→	
Snibston Ward – CVSN	21	20	97.5%	172.1%	103.4%	202.3%	100.0%	100.0%	39.1%	15.7%	23.4%	10.7	1↑	2↓	0→	0→	0→	1
Ward 4 - CVW4	15	14	100.6%	123.6%	101.7%	184.7%	100.0%		68.2%	17.5%	50.7%	10.8	0	5	0	2	0	1
East Ward – HSEW	28	27	133.4%	208.0%	150.3%	189.2%	100.0%	100.0%	58.0%	18.1%	39.9%	11.7	0↓	5↓	0→	2→	0→	
North Ward – HSNW	19	18	108.2%	115.5%	106.9%	179.2%	100.0%	100.0%	32.4%	16.9%	15.5%	9.8	0→	2↑	0→	0→	0→	
Charnwood Ward – LBCW	18	17	145.8%	128.7%	100.0%	177.1%	100.0%	100.0%	44.7%	8.4%	36.2%	10.7	0→	5↓	0→	2↑	0→	
Swithland Ward – LBSW	22	20	106.3%	103.0%	101.7%	163.4%	100.0%	100.0%	21.6%	12.6%	9.0%	9.0	0→	1→	0→	0↓	0	
Welford (ED)	15	13	142.1%	107.5%	136.5%	198.2%	100.0%		44.0%	37.9%	6.1%	13.4	1↑	0↓	0→			
CAMHS Beacon Ward - Inpatient Adolescent	17	5	110.0%	162.2%	103.6%	142.1%			66.0%	29.2%	36.8%	35.5	1→	14↑	0→			
Agnes Unit	1	1	95.3%	82.8%	104.9%	115.7%			47.7%	20.3%	27.4%	80.9	2↑	1→	0→			
Gillivers	7	2	130.2%	58.4%	133.3%	128.7%			11.5%	11.5%	0.0%	29.6	0→	0→	0→			
1 The Grange	4	2	76.3%	68.0%	48.3%	123.1%			27.2%	27.2%	0.0%	42.3	0→	2↑	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:	30.04 2024	
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	
LPT strategic alignment:	Great Health Outcomes	
	Great Care	
	Great Place to Work	
	Part of the Community	
CRR/BAF 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	