

## Trust Board Committee – 26 March 2024

### Safe Staffing – January 2024

#### Purpose of the report

This report provides a full overview of nursing safe staffing during the month of January 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 decreased this month by 1.34% reported at 40.40% overall and Trust wide agency usage slightly decreased this month by 2.14 % to 16.20% overall.
- In January 2024; 26 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 78.78% of our inpatient Wards and Units, changes from last month include the Willows who have reduced agency usage to 4.8% and Mill Lodge who have reduced agency usage to 4.0%.
- 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
<b>CHS In-patients</b>	<p>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.</p> <p>Key areas to note are East ward at 54.9% due to opening of additional beds and Charnwood (Discharge to Assess ward) at 48.6% and Clarendon utilising above 40%.</p> <p>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.</p> <p>A review of the NSIs has identified a decrease in the number of falls incidents from forty-five in December 2023 to forty-one in January 2024. Ward areas to note with the highest number of falls are Clarendon, East ward, Charnwood, and Beechwood.</p> <p>The number of medication incidents has increased from 6 in December 2023 to 8 in January 2024 across five ward areas – East ward, Beechwood, Dalgleish, Rutland and Ellistown.</p> <p>The number of category 2 pressure ulcers developed in our care has remained the same in January 2024.</p> <p>There were no complaints received in January 2024.</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 41 falls, 30 were first falls, 10 repeat falls and 1 patient placed themselves on the floor. The number of unwitnessed falls increased from 27 in December 2023 to 30 in January 2024. Ward areas to note are, Charnwood ward with 8 falls, both East ward and Clarendon have had 6 falls each. Of the falls reported, 28 had no harm, 13 had low harm. A falls champion day is planned in February 2024 to increase training and awareness of falls.</p> <p>8 medication incidents were reported across five of the wards, Hinckley East, Ellistown, Beechwood, Dalgleish, and Rutland. East ward reported 3 medication incidents, a review of these highlighted the themes were related to the recording of CDs and ordering of medication. In January a group of nurses with the lead pharmacist in CHS have commenced an omissions focus group, aiming to recognise improvements in practice on a ward level. The medication champion group continues to meet, and we are hoping to have a focus event in March to support improvement implementations.</p> <p>There were eight category 2 pressure ulcers developed over 3 wards in January: Swithland, East, and Ellistown. Swithland ward reported 4 and the other two wards reported 2. CHS Pressure ulcer improvement work continues within the community hospitals, with the Deputy Head of Nursing continuing to monitor, and challenge appropriate care, with a specialist tissue viability nurse aiming to start in March for the wards.</p> <p>The number of reported staffing related incidents has decreased from 11 in December 2023, to 6 in January 2024, across 6 wards, Clarendon, Dalgleish, Beechwood, Charnwood, East, and Coalville ward 4. 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 registered nurse cover arrived.</p>	
<b>DMH In-patients</b>	<p>High percentage of temporary workforce on all wards to meet planned staffing. Key area to note are Coleman 56.2 % and Willows at 51.9%, Beaumont, Belvoir and Heather – above 45%, 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 decrease in the number of falls incidents from sixty-eight in December 2023 to fifty-three in January 2024. The number of medication incidents decreased from sixteen in December 2023 to thirteen in January 2024.</p> <p>1 complaint was received in January 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 44 falls incidents, 14 occurred at the BMHU, 8 on Ashby, 4 on Watermead and 1 on Beaumont and Griffin. There was 7 first falls on Ashby, Griffin and Watermead and 7 repeat falls also on Ashby and Watermead and Beaumont. 5 of the falls were unwitnessed and 6 were self-reported. Fall's themes were due to a patient's poor physical health with reduced nutritional intake not eating and drinking adequate amounts, infection and swollen legs, a patient fell on a slippery surface, another patient fell whilst standing and refusing to use a mobility frame, a patient known to the MDT with falls due to non-epileptic seizures and a patient placing themselves on the floor. Of the falls reported 9 had no harm, 5 had low harm and there were no moderate harms reported in month. 4 falls occurred at Mill lodge which is a significant reduction and mostly due to the patient cohort and with staff risk assessing falls risks. 4 falls occurred at Stewart House. 1 fall was due to a patient who tripped whilst on a community visit in a shopping centre, 1 was a repeat fall, another patient fell due to feeling dizzy and another patient lost their balance transferring to their bed. 4 falls occurred at the Willows, 2 of which were un-witnessed, 1 was a repeat fall and 1 fall was due to a patient having a</p>	

		<p>seizure. No moderate harm to patients reported, positive use of falls huddles and MDT management and reviews in place.</p> <p>Of the 28 falls incidents reported in MHSOP, 10 related to first falls, 4 patients placing themselves on the floor and 14 related to repeat falls. The falls occurred mainly in the Bedroom, Dining Room and main ward area. The remaining 3 falls occurred in the Toilet, entrance and patient lounge. 57% of falls reported occurred in the day between the hours of 7.00am – 19.00hrs and 42% of falls reported occurred in the evening between the hours of 20.00hrs – 07.00hrs. 14 of these were unwitnessed falls. Gwendolen recorded 7 falls, Aston reported 13, Kirby reported 5 and Coleman reported 3 falls. No moderate harm falls were reported in January 2024. Falls huddles and pathways were carried out in all fall's incidents.</p> <p>The 13 medication incidents included ten reported for adult mental health services that were due to, e-CD register and incorrect counting and recording, medication administered without prescription, immediately prescribed – no harm to patient. Daily Medication administered for an extra day (after prescription stopped) to a patient – no harm. Medication administered twice to same patient – no harm. Extra dose of medication administered to a patient – no harm. Medication recorded as 'Patient discharged' in error, rectified immediately and administered. Accidental spillage of medication and CD medication wastage. Three medication incidents were reported for MHSOP wards, 2 on Kirby and 1 on Aston. 1 incident on Kirby Ward related to a patient returning from leave who had not taken some of their prescribed medication and the other related to inappropriate storage of controlled drug medication. The incident on Aston ward related to a recording error with controlled drug medication being recorded as patients own and not ward stock – the error was rectified and did not impact on patient care. None of the patients experienced any harm as a result 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.</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>	
<p><b>FYPCLDA In-patients</b></p>	<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 on nights and HCAs on days at the Grange.</p> <p>A review of the NSIs has identified a decrease in the number of falls from 4 in December 2023 to 3 in January 2024. The number of medication related incidents remained the same at 2 in December 2023 compared to January 2024.</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 unit continues to rely on a high percentage 65.3% 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.</p> <p>One medication incident was reported at the Beacon and one at the Agnes unit, neither were related to staffing.</p>	

		Of the 3 falls incidents reported, there was 1 unwitnessed fall with low harm to the patient on Welford, 1 unwitnessed fall with low harm to the patient at the Agnes unit and 1 patient fell at home prior to coming into the Grange, none of the falls reported were associated with staffing. 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 within the unit.	
<b>CHS Community</b>	Key areas to note - City East, City West, East North, Hinckley, East central due to high patient acuity, high vacancy levels and absence. East South has an increasing vacancy and absence rate and is becoming an area to note. 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. Community Equality & Quality Impact Assessment reviewed and updated to reflect increasing areas of risk. 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 4 workstreams. Following the pilot of the of the Community Nursing Safer Staffing Tool (CNSST) and data verification, roll out to the remaining hubs is being considered by the Strategic Executive Board in February 2024.	
<b>DMH Community</b>	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 all out to advert. 5 CMHTs now without senior matron support. West Leicestershire also experiencing significant sickness at team manager level. Long waiting lists for patient first assessments which is highest in Melton and City Central.  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 the staffing issues and requested additional staff via agency and bank. Meetings in place to look at ways to address waiting lists.	
<b>FYPC.LDA Community</b>	No change to Key areas to note - LD Community physio rag rated red and Mental Health School Team (MHST). Healthy Together and School Nursing continue in a manageable and recovering position.  Prioritisation model continues within Diana Service - acute Childrens Community Nursing (CCN) and End of Life provision due to unprecedented levels of staff absence.	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.

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 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.

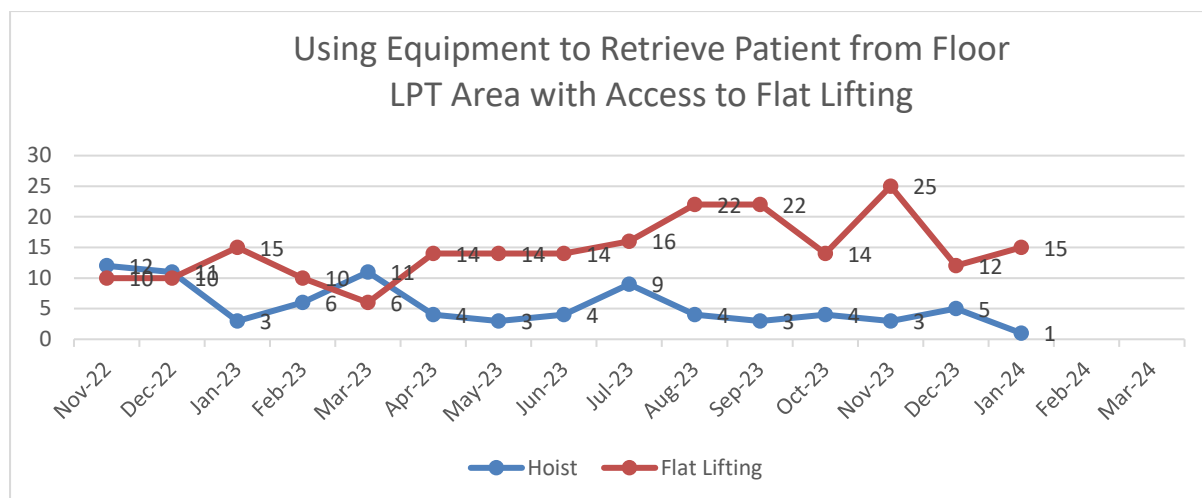
## Right Skills

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	92.4%	86.6%	green	92.9 %	95.2%	88.5%	81.7%
Bank						78.6%	65.1%

- 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 through 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 1<sup>st</sup> April 2024, if staff are not compliant, they will be restricted from booking shifts. 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 will be 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 83.5% for all substantive staff, green at 89.9% for CHS and amber at 75.4% for DMH. Training now classified as ‘essential to role’ and N/A to FYPC.LDA.
- Trust Falls group have reported progress and improvement in the following areas.
  - Improved Flat lift Training compliance and monthly monitoring.
  - Less patients are being left on the floor awaiting an ambulance.
  - Less patients are being hoisted who are injured.
  - Less patients are being hoisted off the floor.
  - Head of Patient Safety has requested all Heads of Nursing to highlight any future falls incidents of this nature, alongside existing nurse sensitive indicators in the monthly safe staffing review.
  - Flat lift equipment usage is now established on Ulysses and monitored with good trend analysis as per table below.

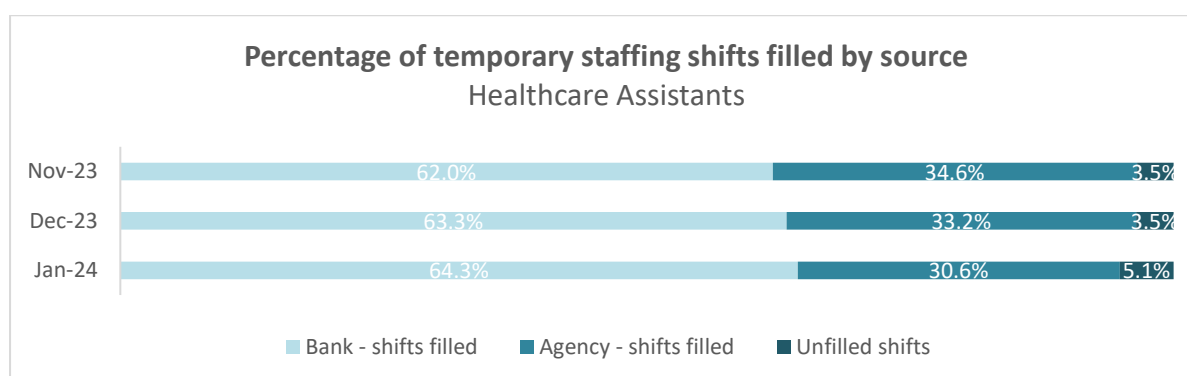
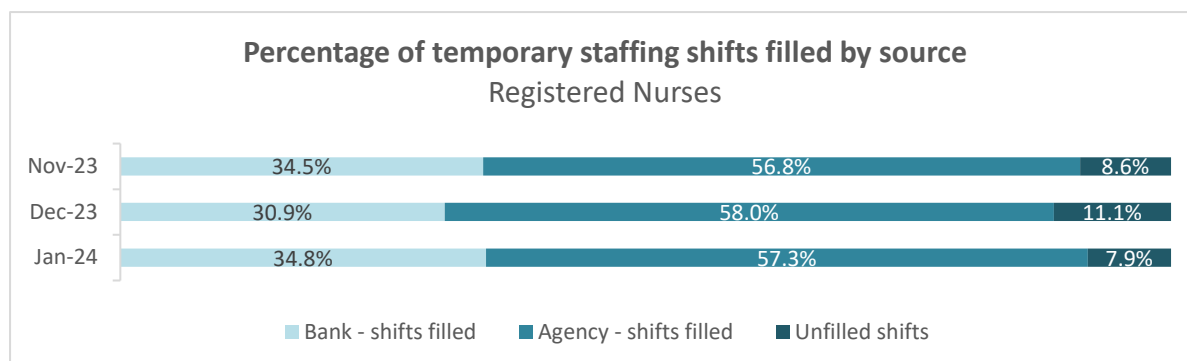


- A deep dive request to review all falls incidents in the last 6 months to identify any incidences where a patient was lying on the floor for a pro-longed period of time due to staff not being up to date with flat lift training is in progress. Review of a previous incident (more than 6 months ago) showed 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 planned in March 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.

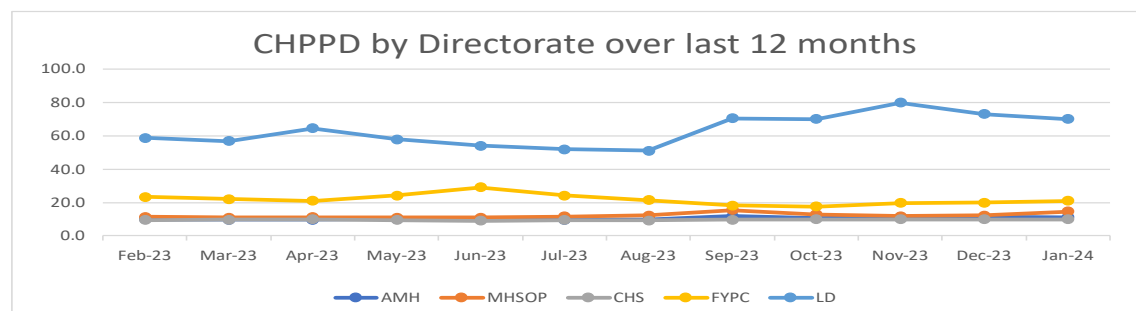
**Table 1 & 2 – Temporary RN and HCA Nursing Workforce**



## 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 December 2023, ranging between 6.8 (Stewart House) and 79.9 (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	9.9	177.2	26.8%	5.5%	8.8%	35%	54%
DMH Inc MHSOP	11.2 14.5	184.7	24.4%	5.8%	5.8%	42%	53%
FYPC LD	20.9 70.1	129.8	21.8%	7.2%	8.2%	14%	85%
All clinical directorates combined	12.1	491.7	24.4%	6.1%	7.5%	35%	57%

The RN vacancy position is at 491.7 Whole Time Equivalent (WTE) with a 24.4% vacancy rate, a decrease of 0.6% since December 2023. 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 7.5%, (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	87.8	23.4%	8.2%	10.0%	41%	52%
DMH Inc MHSOP	75.4	16.5%	8.2%	8.4%	86%	10%
FYPC LD	59.1	33.8%	6.3%	14.3%	63%	32%
All clinical directorates combined	222.3	22.1%	7.9%	9.9%	64%	31%



The HCA vacancy position is at 222.3WTE with a 22.1% vacancy rate, a decrease of 1.7% since December 2023. HCA turnover rate is at 9.9%. which is slightly below 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 had gradually increased over the 6 months prior to January 2024 and a deep dive review was presented to Strategic Workforce Committee in January 2024. A Healthcare Support Worker Attraction & Retention Steering Group is planned to commence in February 2024.

### **Recruitment Pipeline**

Throughout January 2024 we continue to grow and develop our nursing workforce. A total of 39.38 WTE nursing staff (bands 5 to 8a) were appointed and 34.5 WTE Health Care Support workers. 11 International Recruited RNs started with the trust 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 aide retention, reward, and meaningful recognition.

The self-assessment for the Interim National Preceptorship Quality Mark has been progressed and submitted resulting in the Trust being awarded the Interim Preceptorship Quality Mark on 30th January 2024.

### **Proposal**

Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in January 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 March 2024 and Strategic Executive Board in April 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 January 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.				

January 2024

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 Incidents
			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	>=80%	>=80%	>=80%	>=80%	-	-	<20%	<20%	<=6%				
Ashby	14	13	93.6%	207.1%	109.6%	143.9%			43.6%	22.1%	21.6%	10.1	2↓	8↑	0→			
Beaumont	23	22	115.9%	251.7%	108.0%	176.1%			47.6%	28.4%	19.2%	7.1	1→	1→	0→			
Belvoir Unit	10	10	117.7%	233.1%	105.7%	248.8%			49.7%	35.1%	14.7%	18.8	0↓	0↓	0→			
Bosworth	14	14	153.9%	171.0%	104.3%	168.9%		100.0%	44.6%	34.1%	10.5%	11.6	0↓	0↓	0→			
Heather	18	18	108.6%	225.4%	117.3%	184.1%		100.0%	48.7%	33.9%	14.8%	8.8	2→	0↓	0↓			
Thornton	12	12	142.0%	156.2%	104.5%	123.2%			42.4%	34.1%	8.3%	11.2	1↑	0→	0→			
Watermead	19	18	114.2%	198.1%	107.2%	191.0%		100.0%	30.3%	19.6%	10.7%	9.0	2↑	4→	0→			
Griffin - Herschel Prins	6	5	106.4%	165.1%	104.4%	242.7%		100.0%	36.7%	24.2%	12.5%	24.8	0→	1↑	0→			
Phoenix - Herschel Prins	12	9	106.2%	156.0%	104.5%	172.3%		100.0%	44.0%	35.1%	8.9%	16.3	0→	0→	0→			
Skye Wing - Stewart House	30	27	122.7%	145.0%	138.0%	206.2%			39.7%	39.7%	0.0%	6.8	2↑	4↓	0→			
Willows	9	9	182.0%	123.2%	140.4%	108.1%		100.0%	51.9%	47.1%	4.8%	13.5	0→	4↑	0↓			
Mill Lodge	14	11	107.9%	125.5%	103.3%	129.9%			38.3%	34.3%	4.0%	15.7	0↓	3↓	0→			
Kirby	23	17	133.5%	98.3%	91.1%	167.5%	100.0%	100.0%	35.5%	29.9%	5.6%	11.3	2↓	5↓	0→			
Aston (MHSOP)	17	11	110.6%	106.2%	104.4%	178.2%			37.6%	31.6%	6.0%	13.3	1↓	13↑	1→			
Coleman	19	16	109.0%	184.8%	104.5%	341.3%	100.0%	100.0%	56.2%	40.2%	16.0%	16.7	0↓	3↑	0→			
Gwendolen	18	11	106.2%	160.1%	104.5%	279.3%			33.4%	24.9%	8.5%	17.9	0↓	7↓	0→			
Beechwood Ward - BC03	23	22	98.6%	138.0%	104.8%	127.1%	100.0%	100.0%	36.2%	19.2%	17.0%	10.0	1→	5→	0→	0→	0→	1
Clarendon Ward - CW01	21	20	98.7%	124.2%	100.0%	133.1%	100.0%		42.9%	29.0%	13.9%	9.2	0→	6↑	0→	0→	0→	2
Dagleish Ward - MMDW	16	15	97.8%	129.2%	100.1%	151.3%	100.0%	100.0%	35.0%	12.3%	22.7%	11.0	1→	2↑	0→	0↓	0→	1
Rutland Ward - RURW	18	17	105.6%	143.4%	107.9%	113.9%	100.0%	100.0%	28.2%	8.7%	19.6%	8.7	1↑	3↑	0→	0↓	0→	
Ward 1 - SL1	21	19	89.1%	129.1%	99.5%	159.3%	100.0%	100.0%	37.5%	13.2%	24.3%	9.6	0→	3↓	0→	0↓	0→	
Ward 3 - SL3	14	13	114.1%	110.6%	99.6%	113.9%	100.0%	100.0%	34.2%	17.7%	16.5%	10.4	0↓	1↓	0→	0↓	0→	
Ellistown Ward - CVEL	21	19	100.6%	127.8%	101.6%	137.1%	100.0%	100.0%	28.0%	8.1%	19.8%	9.1	2→	4↑	0↓	2↑	0→	
Snibston Ward - CVSN	21	19	95.5%	163.8%	99.9%	190.6%	100.0%	100.0%	31.9%	13.3%	18.6%	10.9	0→	4↑	0→	0→	0→	
East Ward - HSEW	28	27	128.3%	205.4%	151.6%	175.2%	100.0%	100.0%	54.9%	19.2%	35.6%	11.7	3↑	6↑	0↓	2↑	0→	1
North Ward - HSNW	19	18	111.9%	106.0%	100.0%	159.6%	100.0%	100.0%	34.8%	21.5%	13.3%	9.3	0→	0↓	0→	0→	0→	
Charnwood Ward - LBCW	18	17	135.8%	138.5%	99.9%	163.7%	100.0%	100.0%	48.6%	10.5%	38.0%	10.3	0→	8↑	0→	0→	0→	
Swithland Ward - LBSW	22	21	103.3%	99.4%	99.9%	174.2%	100.0%	100.0%	17.9%	11.3%	6.5%	8.9	0→	1↓	0→	4↑	0→	
Welford (ED)	15	11	130.5%	97.3%	135.1%	174.9%	100.0%		33.8%	27.3%	6.5%	14.2	0→	1↑	0→			
CAMHS Beacon Ward - Inpatient Adolescent	17	4	109.9%	150.2%	104.5%	134.9%	100.0%		65.3%	29.7%	35.6%	40.9	1→	0↓	0→			
Agnes Unit	1	1	95.3%	80.3%	106.8%	115.4%			46.9%	17.3%	29.6%	79.9	1↑	1↑	0→			
Gillivers	7	1	116.1%	71.7%	146.2%	105.4%			12.6%	12.6%	0.0%	70.2	0↓	0↓	0→			
1 The Grange	4	1	80.2%	61.1%	63.2%	106.5%			16.1%	16.1%	0.0%	42.5	0→	1→	0→			

## Governance table

<b>For Board and Board Committees:</b> Paper sponsored by:	Quality and Safety Committee	
	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	
	26.03.2024	
Date submitted: 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	none	
	none	
STEP up to GREAT strategic alignment*:	Monthly report	
	High Standards	√
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	√
	Reaching Out	
	Equality, Leadership, Culture	
	Access to Services	
	Trust wide Quality Improvement	
	Organisational Risk Register considerations:	List risk number and title of risk
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	