Trust Board Committee – 30 January 2024

Safe Staffing – November 2023

Purpose of the report

This report provides a full overview of nursing safe staffing during the month of November 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 1.39% reported at 42.31% overall and Trust wide agency usage slightly decreased this month by 1.32 % to 18.39% overall.
- In November 2023; 29 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 87.87 % of our inpatient Wards and Units, changes from last month include Stewart House who have reduced agency usage to 0.6%.
- 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, enhanced observations due to one-to-one care, and increasing seasonal sickness. Key areas to note are East ward at 44.5% and Charnwood at 44.4% Beechwood, Dalgleish, ward1 St Lukes utilising above 40%. Clarendon, Rutland, ward 3 St Lukes, Ellistown and North wards are utilising above 30% temporary workforce. 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. A review of the NSIs has identified an increase in the number of falls incidents from twenty-nine in October to thirty-nine in November 2023. Ward areas to note with the highest number of falls are East ward, Charnwood and ward 1 St Lukes. The number of medication incidents has increased from nine in October to 11 in November 2023 across seven ward areas – Snibston, North and East, Ellistown, Rutland, Beechwood and Charnwood. The number of category 2 pressure ulcers developed in our care has decreased from eight in October to four in November 2023. Three complaints were received in November 2023.	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 thirty-nine falls incidents, thirty were first falls, six repeat falls and three patients placed themselves on the floor. The number of unwitnessed falls increased from six in October to eighteen in November 2023. Ward areas to note, are Hinckley East with 7 falls, Charnwood with 6 falls and Ward 1 St Luke's with 5 falls. Of the falls reported, 18 had no harm, 20 had low harm, and 1 fall was moderate harm, an ISMR was completed for the moderate harm fall and a decision of no further investigation required n was taken. The falls confirm/ challenge and sharing meeting has continued for the Hot Spot wards this month. Eleven medication related incidents were reported across seven wards. Charnwood ward reported 3 incidents in relation to the recording and storage of CDs, educational focus work will be provided for the ward. The number of category 2 pressure ulcers developed in our care has decreased to four in November 2023 across four wards – Clarendon, East ward, Charnwood and Swithland. CHS pressure ulcer improvement work continues within community hospitals and the Deputy Head of Nursing commenced pressure ulcer awareness meetings, with the first meeting in November 2023 for all wards to attend. There were five staffing related incidents reported across three wards – ward 1 St Lukes, Rutland and Beechwood in November 2023. Two incidents related to temporary workforce, the other three incidents related to staff shortages, staff movement to other wards/sites and last-minute sickness. No incident caused 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.	
DMH In-patients	High percentage of temporary workforce on all wards to meet planned staffing. Belvoir – above 60 %, Beaumont, Willows, Heather and Coleman above 50% temporary workforce 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. A review of the NSI's has identified a slight increase in the number of falls incidents from sixty-two in October to sixty- three in November 2023. The number of medication incidents decreased from twenty-three in October to fifteen in November 2023.	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 62 falls incidents 19 occurred at the BMHU, 7 on Ashby, 4 on Heather and Watermead and 1 on Belvoir, Bosworth, Beaumont and Thornton. 8 were first falls and 11repeat falls. 11 falls were reported at Mill Lodge a reduction largely due to a different patient cohort, 3 at Stewart House, 2 at the Willows and 1 on Phoenix. No moderate harm to patients reported, positive use of falls huddles and MDT management and reviews in place. MHSOP reported 27 falls incidents across 4 wards. Of these 27 falls incidents, 9 related to first falls; 16 related to repeat falls and 2 patients placed themselves on the floor. The falls occurred mainly in patient bedrooms, the corridor, and the remaining 2 falls occurred in the main ward and patient lounge. 44% of falls reported occurred in the day between 07.00 – 19.00hrs and 56% of falls reported occurred in the evening between 20.00hrs – 07.00hrs. 12 of these were unwitnessed falls. Aston Ward recorded 8 falls incidents, 3 first falls; 3 repeat falls and 2 patients placed self on floor. Of these 1 patient fell four times and 1 patient fell twice. Coleman Ward recorded 2 falls incidents, 1 first fall and 1 repeat fall. Kirby Ward recorded 2 falls incidents reported in month: 2 repeat falls. Gwendolen Ward recorded 15 falls incidents, 5 first falls and 10 repeat falls. Of these 1 patient fell six times; 1 patient fell 3 times and 1 patient fell twice. Falls huddles and pathways were carried out in all fall's incidents.	

		The 15 medication incidents were due to, incorrect PRN administration of a medication, temporary worker administered incorrect medication to wrong patient – no harm to the patient. Medication found in patients' room and on the floor, medication administered without a witness, discharge medication unavailable, 2 incidents related to CDs received from another team, Incorrect E-CD accounting, staff not recording when medication administered, and additional medication administered – no harm to the patient. Incorrect storage of medication and medication prescribed and administered without a valid emergency form (C6) under the Mental Health Act – no harm to the patient. 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 and nights at the Gillivers. Reduced fill rate for HCAs on days and nights and RNs on days at the Grange A review of the NSIs has identified a decrease in the number of falls from four in October to three in November 2023. The number of medication related incidents decreased from three in October to one in November 2023.	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 Gillivers and the Grange offer planned respite care and the staffing model is dependent on patient's needs, presentation, and risk factors. The Grange closed for refurbishment on 4th September 23 and was still closed throughout November 2023 work is progressing for opening to be confirmed beginning of December 2023. Staff were redeployed to support The Gillivers. There were no incidents reported this month. Of the three falls incidents reported, there was 1 on Beacon, 1 on the Agnes unit and 1 at Gillivers. None of the falls reported were associated with staffing. One medication incident was reported on Welford ward relating to a patients feed not being ordered. Ordering of patient feeds have now been added to the environmental ward list and will be ordered weekly. No harm came to the patients and not associated with staffing.	
CHS Community	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.	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. 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 been reviewed and validated. CNSST Pilot report went to November 2023 DMT and then Executive Management Board in December 2023.	
DMH Community	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.	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	

	MHSOP unscheduled care due to vacancies and high sickness, increased staff movement from other teams within directorate. Sickness levels increased due to winter viruses and COVID.	coordinated team support. Leadership team continue to discuss the staffing issues and requested additional staff via agency and bank.	
FYPC.LDA Community	Key areas to note - LD Community physio rag rated red. Healthy Together and School Nursing in manageable and recovering position. Prioritisation model implemented 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 Community nursing improving position following on-boarding of new starters. 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 and will be referenced in the safe staffing reports too, this month, an update on Mental health safe and therapeutic observations.

Mental Health Observations, staff representatives from adult acute, rehabilitation, PICU, MHSOP, CAMHS and learning disability services from NHFT and LPT have come together twice over the last 6 months. During the initial workshop both Trusts shared their stories regarding implementing changes in mental health observations over the last few years and current practices. During the second workshop representatives from both trusts identified areas they wanted to change, and these were narrowed down to three final areas:

• Inpatient pathway review
• Nighttime observation – safety vs therapeutic relationship and sleep hygiene
• Training and competences – use of technology

Representatives came together for a third workshop on 22nd November 23 to develop the quality improvement projects to commence in January 24.

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.
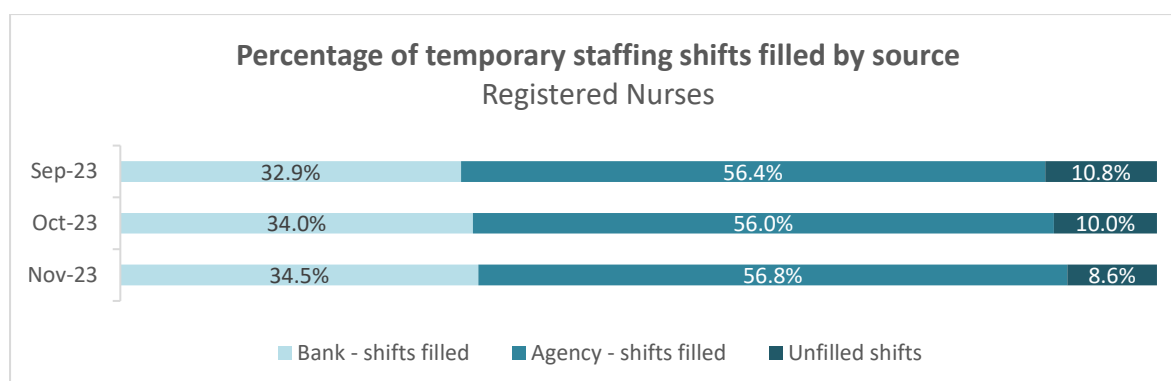
Right Skills

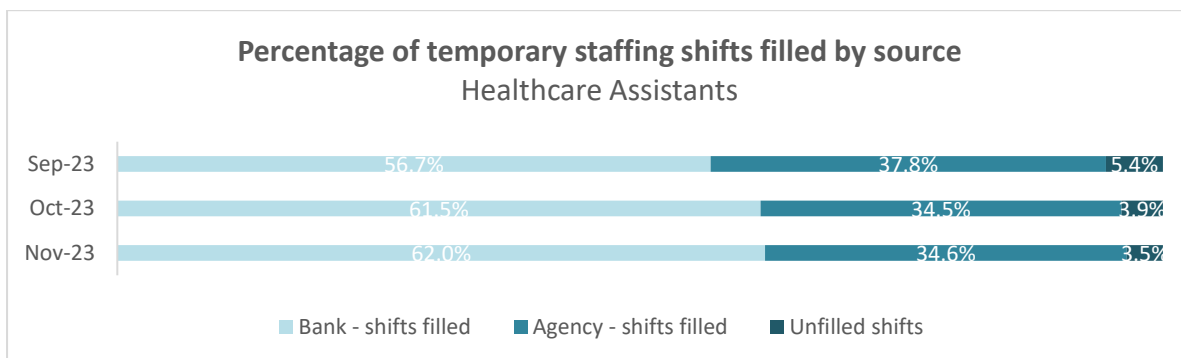| Staff Group	Appraisal/Supervision		Core Mandatory Training			Clinical Mandatory	
	Appraisal	Clinical Supervision	11 out of 12 compliance subjects	Resuscitation Level1	Data Security Awareness IG	Basic Life Support (BLS)	Immediate Life Support (ILS)
All Substantive	86.09%	84.7%	green	91.8 %	95.1%	86.7%	76.9%
Bank						66.6%	55.5%

- 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. 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) is rag rated green at 90.8% for CHS, red at 68.1% for DMH and 23% for bank staff. Training now classified as 'essential to role' and N/A to FYPC.LDA.

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

Percentage of temporary staffing shifts filled by source
Registered Nurses

	Bank - shifts filled	Agency - shifts filled	Unfilled shifts
Sep-23	32.9%	56.4%	10.8%
Oct-23	34.0%	56.0%	10.0%
Nov-23	34.5%	56.8%	8.6%

Percentage of temporary staffing shifts filled by source
Healthcare Assistants

	Bank - shifts filled	Agency - shifts filled	Unfilled shifts
Sep-23	56.7%	37.8%	5.4%
Oct-23	61.5%	34.5%	3.9%
Nov-23	62.0%	34.6%	3.5%

Care Hours Per Patient Day (CHPPD)

The total Trust CHPPD average (including ward based AHPs) is calculated by the Corporate Business Information Team at 11.8 CHPPD (national average 10.8) consistent with October 2023, ranging between 5.7 (Stewart House) and 83.0 (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 the proportion of staff absent due to sickness absence.

Table 3 – CHPPD by Directorate (previous 12 months)
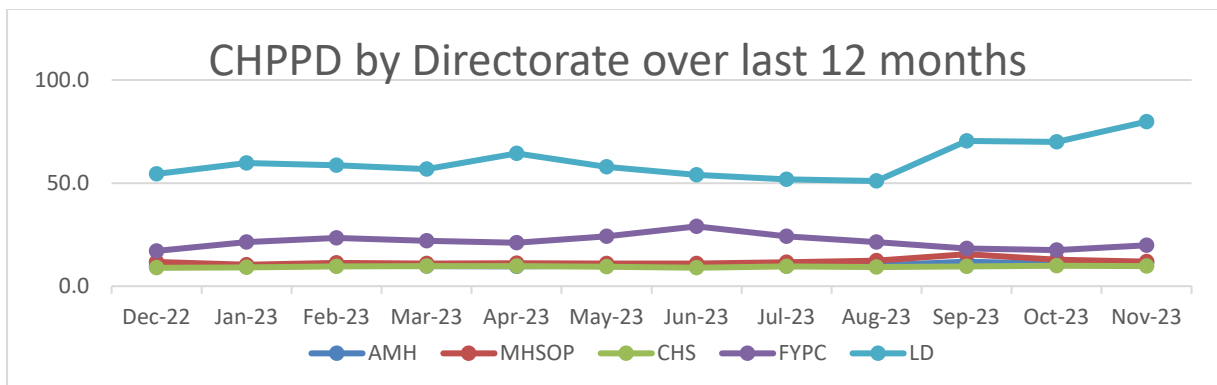
Table 4 – including CHPPD, RN Vacancies, Sickness, Turnover Rate, and temporary workforce.

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	9.8	173.4	26.4%	5.0%	9.0%	36%	52%
DMH Inc MHSOP	11.4 11.9	195.3	26.0%	7.1%	6.0%	40%	55%
FYPC Inc LDA	19.8 79.8	136.0	22.8%	8.8%	8.1%	18%	77%

Directorate							
All clinical directorates combined	11.8	504.7	25.2%	7.0%	7.6%	35%	57%

The RN vacancy position is at 504.7 Whole Time Equivalent (WTE) with a 25.2% 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 7.9%, (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	99.8	26.5%	8.2%	9.0%	38%	59%
DMH Inc MHSOP	75.9	17.0%	6.6%	13.6%	80%	16%
FYPC Inc LDA	65.1	37.2%	8.5%	9.6%	62%	36%
All clinical directorates combined	240.9	24.1%	8.1%	10.0%	62%	35%

The HCA vacancy position is at 240.9 WTE with a 24.1% vacancy rate. HCA turnover for HCAs is at 10.06%. 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 (Band 2 HCA turnover is 11.2%, Band 3 HCA turnover is 9.9%), a deep dive review is due to be presented to Strategic Workforce Committee in January 2024.

Recruitment Pipeline

Throughout November 2023 we continue to grow and develop our nursing workforce. A total of 24.23 WTE nursing staff (bands 5 to 8a) were appointed and 32.8 WTE Health Care Support workers. In addition to local recruitment activity 40 RNs and 82 HCAs are in the pipeline and due to commence in post over a 3-month period.

International Recruited (IR) nurses are planned in the pipeline with 6 RNs arriving in December 2023 and 11 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.

Proposal

Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in November 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 board 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 November 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.				

Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Nurse Day (Early & Late Shift) Average % fill rate registered nurses >=80%	Nurse Day Average % fill rate care staff >=80%	Nurse Night Average % fill rate registered nurses >=80%	Nurse Night Average % fill rate care staff >=80%	AHP Day Average % fill rate registered AHP -	AHP Day Average % fill rate non-registered AHP -	% Temp Workers (Nursing Only) Total <20%	Bank <20%	Agency <=6%	Overall CHPPD (Nursing And AHP)	Medication Errors	Falls	Complaints	PU Category 2	PU Category 4	Staffing Related Incidents
DMH Bradgate	Ashby	14	14	95.9%	198.9%	103.1%	112.6%			44.4%	13.4%	31.0%	9.0	0→	7↑	0↓			
	Beaumont	23	22	102.6%	257.3%	106.3%	195.6%		100.0%	55.8%	37.8%	18.0%	7.4	0↓	1→	0↓			
	Belvoir Unit	10	9	129.7%	290.9%	108.9%	368.4%			63.1%	45.4%	17.7%	24.5	0→	1↑	0→			
	Bosworth	14	14	135.2%	236.2%	109.1%	250.8%		100.0%	50.0%	36.8%	13.2%	14.0	0↓	1↑	0→			
	Heather	18	17	105.8%	224.1%	106.4%	181.4%		100.0%	51.6%	32.4%	19.2%	9.1	1↓	4↓	0→			
	Thornton	14	12	141.4%	139.2%	102.8%	124.8%			40.8%	32.3%	8.5%	11.0	1→	1↑	0↓			
	Watermead	20	19	125.5%	168.0%	101.2%	159.8%		100.0%	38.1%	19.8%	18.3%	8.2	5↑	4↑	0→			
	Griffin - HerschelPrins	6	6	105.3%	167.8%	104.6%	219.4%			46.0%	21.8%	24.1%	22.3	0↓	0↓	0→			
DMH Other	Phoenix - Herschel Prins	12	9	104.5%	152.3%	104.5%	167.2%		100.0%	41.3%	30.8%	10.5%	14.8	0↓	1↑	0→			
	Skye Wing - Stewart House	30	28	122.8%	123.3%	141.1%	145.9%			32.9%	32.3%	0.6%	5.7	2↑	3↑	0→			
	Willows	9	8	172.9%	124.8%	139.3%	115.4%			52.4%	45.1%	7.4%	14.7	2→	2→	0→			
	Mill Lodge	14	11	101.9%	132.7%	97.9%	146.5%			47.6%	30.1%	17.5%	15.8	1→	11↓	0→			
	Kirby	23	19	115.5%	114.9%	90.7%	143.1%	100.0%	100.0%	40.0%	34.0%	6.0%	9.5	0↓	2↓	0→			
	Aston (MHSOP)	17	16	107.0%	123.6%	104.4%	225.1%			45.1%	37.0%	8.1%	10.2	0↓	8↓	0↓			
	Coleman	19	14	102.5%	157.3%	104.3%	312.4%	100.0%	100.0%	59.8%	46.8%	13.0%	17.4	0→	2→	0→			
	Gwendolen	18	17	106.1%	171.5%	108.0%	271.1%			27.8%	19.5%	8.3%	11.8	3↑	15↑	0→			
CHS City	Beechwood Ward - BC03	24	23	102.2%	138.8%	100.4%	136.9%	100.0%	100.0%	43.7%	17.4%	26.3%	9.3	1↑	2↑	0→	0↓	0→	1
	Clarendon Ward - CW01	21	19	95.9%	119.4%	100.4%	139.1%	100.0%		37.9%	23.9%	14.0%	9.8	0↓	4→	1→	1↑	0→	
CHS East	Dalgleish Ward - MMDW	17	16	99.2%	125.8%	98.8%	149.8%	100.0%	100.0%	42.6%	9.6%	33.0%	9.9	0→	2→	1↑	0↓	0↓	
	Rutland Ward - RURW	18	17	97.9%	159.5%	99.9%	145.8%	100.0%	100.0%	30.7%	10.5%	20.2%	9.0	1↑	3↑	0→	0↓	0→	2
	Ward 1 - SL1	20	19	93.1%	139.6%	98.3%	173.1%	100.0%	100.0%	42.1%	11.6%	30.5%	10.2	0→	5↑	0→	0→	0→	2
	Ward 3 - SL3	14	13	105.4%	116.6%	100.0%	110.0%	100.0%	100.0%	38.3%	17.8%	20.6%	10.4	0→	0↓	0→	0→	0→	
CHS West	Ellistown Ward - CVEL	19	18	99.4%	144.9%	101.8%	190.4%	100.0%	100.0%	32.3%	9.3%	23.0%	10.4	1↑	3→	1↑	0↓	0→	
	Snibston Ward - CVSN	19	19	97.6%	145.8%	102.9%	151.1%	100.0%	100.0%	28.9%	14.6%	14.3%	10.2	1↑	1→	0↓	0↓	0→	
	East Ward - HSEW	25	23	114.0%	161.0%	118.3%	148.3%	100.0%	100.0%	44.5%	15.2%	29.3%	10.5	2↑	7↑	0→	1↑	1↑	
	North Ward - HSNW	19	18	102.9%	109.0%	100.1%	166.6%	100.0%	100.0%	32.4%	13.9%	18.5%	9.5	2→	3→	0→	0→	0→	
	Charnwood Ward - LBCW	18	17	119.7%	127.7%	100.0%	128.9%	100.0%	100.0%	44.4%	13.9%	30.5%	9.4	3↓	6↑	0→	1↑	0→	
	Swithland Ward - LBSW	20	19	100.0%	98.6%	100.0%	184.4%	100.0%	100.0%	25.5%	9.8%	15.7%	9.6	0→	3↓	0→	1→	0→	
FYPC	Welford (ED)	15	14	121.6%	106.9%	133.3%	140.0%	100.0%		33.2%	23.3%	9.9%	11.7	1↓	0↓	0→			
	CAMHS Beacon Ward - Inpatient Adolescent	17	4	105.3%	190.1%	104.2%	178.3%			64.4%	21.6%	42.8%	50.5	0↓	1→	0→			
LD	Agnes Unit	1	1	93.6%	85.3%	107.6%	121.2%			49.5%	18.3%	31.2%	83.0	0→	1↓	0→			
	Gillivers	6	1	96.2%	63.2%	138.2%	73.3%			3.5%	3.5%	0.0%	38.2	0→	1↑	0→			
	1 The Grange	5	0	81.6%	48.9%	18.7%	77.0%			2.2%	2.2%	0.0%	-	0→	0→	0→			

Governance table

For Board and Board Committees: Paper sponsored by:	Trust Board 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	
Date submitted:	30.01.2023	
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 **S**tandards	√
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	√
	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	