

## Public Trust Board - 28 March 2023

### Six-month Safe and Effective Staffing review- July 2022- December 2022

The purpose of the report is to provide a six-month overview of nursing safe staffing including right staff, right skills, right place; establishment reviews, workforce planning, new and developing roles and recruitment and retention in line with NHS Improvement (NHSI) *Developing Workforce Safeguards policy 1*.

### Summary

- In December the vacancy rate overall for registered nursing (RN) and registered health visiting staff is 21.8% and has reduced by 1.2% from June 2022. Trust-wide recruitment projects continue to work towards addressing the deficits as part of overarching workforce planning.
- Average CHPPD for inpatient areas across July 2022 to December 2022 was 11.4 a small reduction from the previous 6 month reporting at 12.2 CHPPD. It is noted that at 11.4 CHPPD this remains above average (compared to peer median of 10.7 and national average of 10.3) predominantly due to high acuity areas with a higher than average staff to patient ratio such as the Agnes Unit.
- There is an increase in RN fill rate on days overall and a reduction in fill rate for both RNs and HCSW on nights. Planned safe staffing levels were maintained, fill rate variation is reflected in response to increased ward activity, occupied beds and patient complexity.
- On average 43.21% of all planned shifts were filled by temporary staff, a reduction from the previous six months by 1.05%. Of the temporary worker utilisation, the average percentage filled by agency staff is 22.53% an increase from the last six months by 0.52%. Temporary worker demand increases closer to the start of the shift. The highest volume of shifts sent to Centralised Staffing Solutions (CSS) is to meet planned staffing due to vacancies, followed by patient acuity and last minute sickness and cancellations.
- Agency Reduction Group is meeting every 2 weeks, current focus on eliminating off-framework use and improving rostering performance.

- Triangulation of complaints and nurse sensitive indicators with planned versus actual staffing has not identified any direct correlation between staffing levels and the impact on quality and safety of patient care. However, we have identified some correlation of impact of staffing skill mix and competencies as a contributory factor in some serious incident and incident reviews.
- The key high-level themes from the incidents are linked to the deteriorating patient and NEWS escalation, mental health observations and pressure ulcer risk assessment and prevention, there are specific Trust groups working on improvement plans and new group collaboratives established with NHFT led by our group director for patient safety and deputy directors of nursing and quality specific to these three areas.
- Key Actions: NHS Winter 2022 preparedness: Nursing and Midwifery safer staffing Board Assurance Framework, November 2022, version 2 focuses on preparedness, decision making and escalation processes to support safer nursing in line with NQB workforce standards. Executive Directors of Nursing in all Trusts are expected to work with their Board and with their respective, ICB to align system approaches to workforce planning and consider whether system level solutions are appropriate. In response the Trust has revised and updated winter staffing board assurance framework and identified no additions to the KLOE, detailing the evidence to provide assurance.
- Triangulated nursing staff establishment reviews for annual resetting of safe staffing were presented to the Strategic Executive Board (SEB) on 3 February 2023. SEB have asked for additional work to be undertaken in relation to supplementary roles proposed to support safe staffing.
- The Trust-wide staffing and safety huddle continues to meet weekly to review staffing forecast through a safety lens.
- Completion of the NHS England Nursing and Midwifery Retention self-assessment has identified three priority areas: flexible working, pride and meaningful recognition, and professional development and careers.
- The health and well-being of all our staff remain 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.

## Background

All NHS Trusts are required to deploy sufficient, suitably qualified, competent, skilled, and experienced staff to meet care and treatment needs safely and effectively, National Quality Board (NQB), *Safe sustainable and productive staffing 2*.

The previous six month safe and effective staffing report was presented to Trust Board on 27 September 2022. The monthly Trust safe staffing reports provide a triangulated overview of nursing safe staffing for our in-patient areas and community teams. The report includes actual staffing against planned staffing (fill rates), Care Hours Per Patient Day (CHPPD) and quality and safety outcomes for patients sensitive to nurse staffing.

In responding to winter planning, surge and escalation plans were reviewed, decisions regarding service prioritisation, skill mix, and nurse ratios were taken in conjunction with a review of patient acuity and dependency, professional judgement, and the environment of care. Proposals for redeployment and surge/escalation plans were revised and connected to the ICB wider system, governed through the Trust winter planning committee.

## Analysis of the issue

### Trust overview - 'Right staff, Right Skills, Right Place'

#### Right Staff

The overall trust-wide summary of % of fill rate actual versus total planned shifts by registered nurses (RN) and health care support workers (HCSW) in the last six months is detailed in the table below.

	DAY		NIGHT	
Trust wide	% actual vs total planned shifts RN	% actual vs total planned shifts care HCSW	% actual vs total planned shifts RN	% actual vs total planned shifts care HCSW
July-22	88.3%	115.7%	103.6%	151.9%
Aug-22	98.3%	120.0%	106.5%	139.0%

Sep-22	101.5%	123.7%	108.8%	144.5%
Oct-22	99.3%	125.4%	109.7%	149.6%
Nov-22	102.6%	125.9%	109.7%	148.6%
Dec-22	104.7%	127.6%	108.8%	140.9%
<b>Average</b>	<b>99.0%</b>	<b>123.0%</b>	<b>107.8%</b>	<b>145.7%</b>

There is an increase in RN fill rate on days overall and a reduction in fill rate for both RNs and HCSW on nights. Planned safe staffing levels were maintained, fill rate variation is reflected in response to increased ward activity, occupied beds and patient complexity.

Exception reporting is provided within the Trust monthly safe staffing report per Ward/Unit and by Directorate.

### **Community Health Services (CHS)**

Community Hospitals have reported operating at an amber risk overall for the last six months. Areas to note where actual RN staffing levels did not consistently meet RN planned fill rates on day shifts above 80% were Beechwood, Rutland, Clarendon, North Ward and Snibston wards. These areas are utilising above 30% temporary workforce to meet planned staffing and respond to increased patient acuity. Daily staffing reviews take place and staff deployed to ensure substantive RN cover across the shifts and in response to rising acuity and dependency.

CHS opened an additional 15 bedded surge ward at Coalville Hospital to support patients medically optimised for discharge awaiting packages of care/ transfer to care homes. To date, full occupancy has not been met and the service is reviewing options to reconfigure the ward for mixed-sex accommodation to support flow in the system. An additional 5 beds were opened on East Ward in December 2022 too.

CHS community continues with an overall OPEL rating level 3 and action level 3/4 due to increased patient acuity, increased caseloads, and high levels of vacancies and absence. Essential visits have been maintained throughout and reprioritisation of assessments, visits,

and workload is undertaken daily with oversight from community matrons. Key areas to note are City Hubs and Hinckley Hubs impacted because of staff vacancies. Community services utilise a temporary workforce where staff have the skills and competencies to provide safe care.

### **Directorate of Mental Health (DMH)**

DMH in-patient wards utilise a high percentage of temporary workforce on all wards to meet planned safe staffing levels due to higher numbers of vacancies and increased patient acuity and levels of observations required for patient safety. There are key ward areas to note; Ashby, Beaumont, Belvoir, Watermead, and Griffin Ward utilising above 55% temporary workforce.

Areas to note where actual RN fill rates did not consistently meet planned RN levels are Kirby, Welford, and Coleman Wards in Mental Health Services for Older People. with fill rates falling to 49.4% on Coleman. These Wards have Medication Administration Assistants and Nursing Associates as part of their planned staffing and skill mix and these roles are not reflected in the planned staffing fill rates, reported by exception.

Increased above-average CHPPD was evident in Griffin, Gwendolen, Coleman, and Mill Lodge as a direct result of greater acuity and dependency, necessitating a higher ratio of nursing staff to maintain the safety of patients and staff.

DMH community services continue to have RMN vacancies across the peri-natal mental health team, primary mental health, and crisis mental health team. Retention and recruitment plans continue to be prioritised and services are utilising temporary workforce known to service with the appropriate competence to deliver care with re-prioritisation of patient assessments to manage caseloads.

Medic vacancies remain high for psychology and psychiatry and the services have not seen an improvement over the last twelve months. Waiting times, response times, and assessments are impacted as a direct result, and assessments are reprioritised in response.

**Families Younger People Children (FYPC) /Learning Disabilities (LD)**

The Beacon and Agnes Unit inpatient areas continue with high utilisation of temporary workforce impacting on continuity of care. The units continue to staff most night shifts with the required level of RN's to HCSW ratio for 7-9 patients, a mix of substantive and temporary registered staff. Recruitment to vacant posts at band 5 and band 2 continues, progressing although remains challenging and is reflective of the national picture.

Psychology and Therapy vacancies continue to be areas to note across FYPC/LD reflective of the national picture and recruitment/ retention actions continue including recruitment to alternative posts such as Therapy Assistants and Positive Behaviour Leads. Learning disabilities community physiotherapy is rated amber, and the team continue to assess and treat all red and amber RAG-rated referrals. Recruitment process is ongoing as there are challenges across all community services in recruiting qualified and support staff into vacancies.

Public Health Nursing- Healthy Together continue with an increase in vacancies across the County reflective of the age profile of the service and staff retirement in addition to reduced numbers of Specialist Community Public Health Nurses nationally. The service is working to a prioritised model of delivery and redeployment of staff across the locality in response. Looked after Children's team is operating at a high-risk level due continued high vacancy level over the last twelve months. Recruitment to several RN posts will increase the service provision and it is anticipated that the risk level will reduce.

**Right Skills**

**Mandatory and Role-Essential Training:**

- Core mandatory and clinical compliance scores demonstrate significant improvement month on month.
- Safeguarding Adults Level 3 is a new subject and will be rolled out to Band 6 & 7 initially.
- There is sufficient capacity on all courses to provide face-to-face training. Spaces for Basic Life Support in hospitals are good, and for Immediate Life Support, there is low compliance but good capacity.

- LD & Autism training Part A is now available for all staff as part of the role essential training package, Part B – Living with LD & Autism will be available in six months' time.

Correct to 1<sup>st</sup> December 2022 Trust-wide substantive staff compliance with core mandatory training is 91.6% against a target of 85%. Mandatory training compliance for bank-only nursing staff is 81.3%. Work continues to ensure active bank staff is compliant with mandatory training and booking shifts is enabled only for staff who are compliant.

**Area to note;**

Resuscitation training is a mandatory training requirement for all clinical (registered and non-registered) staff. Options for delivery of Level 1 resuscitation training have been proposed for all non-clinical staff in line with the standards set in the Core Skills Training Framework (CSTF) and ensure that Leicestershire Partnership (LPT) NHS Trust remains fully aligned with the training standards. The determination of which resuscitation training each staff requires is identified in the national core skills training framework. All training in the Trust is accredited by the UK Resus Council. There are two forms of resus delivered: Basic Life Support; and Immediate Life Support.

**Basic Life Support (BLS):**

Compliance substantive staff as of 1 December 2022-**86.8%** (Green, trending up)

Compliance for bank staff as of 1 December 2022- **63.5%** (Red, trending up)

**Immediate Life Support (ILS):**

Compliance substantive staff as of 1 December 2022- **82.2%** (Amber, trending up)

Compliance for bank staff as1 December 2022 - **58.1%** (Red, trending down)

**Right Place**

**Care Hours Per Patient Per Day**

Care Hours Per Patient Day (CHPPD) is a measure of workforce that is most useful at ward level to compare workforce deployment over time, with similar wards in the trust or at other

trusts. This measure should be used alongside clinical quality and safety outcome measures to reduce unwarranted variation and support delivery of high quality, efficient patient care.

CHPPD is calculated by adding the hours of registered nurses to the hours of healthcare support workers and dividing the total by every 24 hours of in-patient admissions (approximating 24 patient hours by counts of patients at midnight).

The Trust CHPPD average (including ward based AHPs) is reported at 11.4 CHPPD. General variation reflects the diversity of services, complex and specialist care provided across the Trust. Analysis has not identified significant variation at the service level; indicating that staff are being deployed productively across services. It should be noted that the Trust monthly CHPPD reporting includes ward based AHPs and nurses.

- Provider value = 11.4 above average (partners in region= 10.6 NHFT and Notts 10.5)
- Peer median =10.7
- National median= 10.3

Factors impacting results include the health roster needs to ensure it accurately differentiates supervisory clinical hours and actual hours.

Factors impacting CHPPD: acuity levels- constant change, staff sickness and absence above average- reconfiguration of wards/ line of sight, experience, and skill of the ward team on duty, high utilisation of temporary workforce who may not know the ward environment.

### **Measures to monitor the impact of staffing on quality**

NQB 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. These measures are best considered as ‘balancing measures’ where the impact of any workforce changes may become visible, they are not intended to include all aspects of quality, other indicators will be needed to provide a rounded view of the overall quality.



Triangulation of complaints and nurse sensitive indicators with planned versus actual staffing has not identified any direct correlation between staffing levels and the impact on quality and safety of patient care. We are starting to see correlation of impact of staffing skill mix and competencies as a contributory factor in some serious incident and incident reviews. The key high-level themes are linked to deteriorating patient and NEWS escalation, mental health observations and pressure ulcer risk assessment and prevention, there are specific Trust groups working on improvement plans and new group collaboratives established with NHFT led by our Group Director for Patient Safety and Deputy Directors of Nursing and Quality specific to these three areas.

Staffing and 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.

### **Establishment reviews- Inpatient Wards**

The annual nursing staff establishment reviews for safe staffing have been completed across all inpatient areas using a triangulated methodology using national evidence based tools; Safer Nursing Care Tool (for adult inpatient wards in community hospitals), Mental Health Optimal Staffing Tool (for adult inpatient Mental Health hospitals), Learning Disability Optimal Staffing Tool (Learning Disability Inpatient Units), professional judgement and patient outcomes.

To note, this is the first formal Trust annual establishment review using the aforementioned methodology. Due to the pandemic response annual re-setting was paused. In responding to Covid-19 staffing surge and escalation plans, decisions regarding skill mix and nurse ratios

were taken in conjunction with a review of patient acuity and dependency, professional judgement and the environment of care.

Triangulated establishment reviews for annual resetting were presented to the Strategic Executive Board (SEB) on 3 February 2023. SEB have asked for additional work to be undertaken in relation to skill-mixing and supplementary roles proposed to support safe staffing.

## Workforce planning

### Workforce Planning

Effective workforce planning is vital to ensure appropriate levels of skills of staff are available to deliver safe, high-quality care to patients and service users. It comes as part of the CQC regulations, but fundamentally is at the heart of the trust committed to ensuring that we are providing safe care for our patients and service users.

Head of Workforce Transformation and Planning is working with directorate operational and professional leads to update the workforce plans. These plans will incorporate the workforce implications of the establishment reviews, profiling and forecasting to fill any new roles. Impact to finance, recruitment, learning and development and where there is a proposal to introduce a new role, the 'Skill Mix Proposal Pack' process will be completed to ensure the correct governance and equality, quality, and impact assessment.

### Electronic Rostering

LPT uses Allocate HealthRoster to manage the planning and deployment of substantive, bank and agency staff for around one third of the Trust. All inpatient wards use HealthRoster as well as some community teams. Using recommendation from the Carter Review, the focus is supporting services to make the best use of substantive staff time by:

- Improving timeliness of rosters being published, this lead time has been adjusted to 12 weeks. This means rosters should be made available to staff with 12 weeks' notice.
- Reducing unused hours (hours staff have been paid for but not yet worked)

- Reducing accrued time off in lieu (TOIL) (hours that have been worked but not paid for)
- Effective planning of annual leave to avoid pressure points at certain times of the year

Detailed reports on rostering effectiveness are provided to services each month to measure the impact of different initiatives and to help identify areas for improvement.

There are several units which have made great progress with rostering twelve weeks in advance. The eRostering dashboard is reviewed and shared with directorates prior to commencement of the roster period. Services are supported by a SOP to support resolution of unused hours and how to use the system effectively. Roster reviews are completed with roster managers to cleanse, resolve and train managers on effective use of HealthRoster. A face to face HealthRoster training course has been developed, it runs monthly, is for a half a day, is suited to all types of experience ranging from a new starter to a refresher through to advanced and is available to be booked via uLearn.

### **Safe care**

The Trust has procured Allocate SafeCare which integrates fully with HealthRoster and offers the ability to monitor actual patient demand at key points during the day and accurately align staffing to match. The objective data identifying actual staffing requirement also helps avoid habitual temporary staff use and allow informed decision making as to when temporary staff are required. The user interface is accessible and easy to use and provides live user-friendly dashboard reporting.

SafeCare also has a positive impact on improving accuracy of rosters through contemporaneous updating of changes which further informs decision making and visibility. The net result of the above is an improved utilisation of substantive staff and reduction in temporary staff requirement. LPT will commence a pilot use of SafeCare at the Bradgate Unit early February 2023. A paper will be sent to the executive team to detail the pilot and learning from it.

Allocate (the system suppliers) have been in long standing conversations with Imperial Innovations about using their evidenced based tools within SafeCare and have now reached

an agreement which comes with a reoccurring cost. This has been approved and further work is required to embed the system into daily operation.

### **Weekly Staffing and Safety Huddles**

The weekly Trust safe staffing cell huddle continues to review staffing areas to note under planned levels (shift and staff required), quality and safety issues, red flags to note and monitoring of real time staffing levels. There is a continued focus on e-roster practice, temporary workforce usage and ongoing review of areas where off framework agency use is high. The staffing huddle increases in frequency in response to safe staffing escalation and prior to periods of public and school holidays to ensure staffing remains safe and effective.

## **Recruitment and Retention**

### **International Nurse Recruitment**

The Trust has recruited a total of 52 International Nurses since November 2021.

The IRN lead recently visited the Republic of Ireland to explore opportunities for opening additional pipelines to recruit overseas nurses. Conversations took place with Atlantic Technological University student nurses (mental health, learning disabilities, and physical health adult nurses). This is a longer-term investment, and initial scoping suggests the opportunity to recruit to 4 MH, 2 LD and up to 5 Adult Nurses however there are restrictions in place until September 2023.

There was no onboarding of IRN in December 2022 as the next onboarding will take place in January 2023 with 1 MH Nurse committing to coming to LPT. In preparation for supporting IRN into Mental Health, LPT has supported an MH OSCE trainer to complete the 'train the trainer' programme and this will enable MH candidate with the OSCE test due in January 2023. Collaborative working continues with UHL.

### **Healthcare Support Workers Zero Vacancy ambition**

Healthcare support workers (HCSWs) are an integral part of our clinical teams, and the Trust continues to work with NHS England (NHSE) through a programme of direct support and actions to progress recruitment, onboarding, retention and supporting HCSWs new to the role.

Turnover for HCSWs is consistent at 10% and the increase in vacancies is not related to the number of leavers. The vacancy rate has reduced from 23.5% to 19.7% in November 2022 (reduction of 3.8% / 46wte). Vacancy rates to date are 169.7 WTE with FYPC/LD demonstrating the largest proportion of HCSWs (band 3) in Healthy Together Public Health Nursing.

The Trust continues to progress with plans to recruit and grow our own. Headlines and ongoing actions include:

- Appointing Onboarding Officers whose role is to provide practical support to recruiting managers
- Implementation of monthly HCSWs interview centres enabling shortlisting and ID checks to be undertaken promptly- 28 interview slots per month
- Reducing the amount of time taken to undertake recruitment checks
- Two induction sessions per month with 96 spaces
- A process to enable workforce bureau bank staff to take on substantive roles in LPT has been developed
- Each clinical directorate has a working group to plan and monitor HCSW recruitment

Career development pathways have been enhanced to enable HCSWs to grow their careers in LPT with the expansion of expanding our training to professional roles to external candidates and supporting quality candidates in training programmes. The Talent for Care programme and soft skills course is available to all existing HCSWs supporting the development of nursing careers.

### **Registered Nurses**

Challenges continue across all three Directorates to recruit to RN vacancies in line with the National shortage. The current vacancy rate is 21.8% and remains high despite a slight reduction of 1.2% since June 2022.

Staff group	Budgeted establishment (fte)	Actual staff in post (fte)	Vacancies (fte)	Vacancy rate (%)
Registered nursing, midwifery and health visiting staff	1926.5	1506.5	420.0	21.8%

Progress continues by participating in the People Promise Exemplar scheme which started April 2022, and having a dedicated People Promise Manager who is focusing on retention and working with system colleagues/regional/national NHSE/I teams to review existing retention approaches and develop further activity.

In July 2022, NHS England Ruth May, Chief Nursing Officer (CNO) outlined two important principles to support the retention of nurses and midwives, namely:

- Targeted intervention for different career stages, early career, experience at work and late career
- A bundle approach to deliver sustained gains, including 5 high impact actions; complete a retention self-assessment, implement national preceptorship framework, implement legacy mentoring schemes, encourage and promote flexible retirement and develop a menopause policy.

Completion of the NHS England Nursing and Midwifery Retention self-assessment has identified three priority areas: flexible working, pride and meaningful recognition, and professional development and careers. Our plan is due to be presented to the Strategic Workforce Committee outlining our key actions to achieve self-assessment and high impact actions, which includes:

- The implementation of the national Preceptorship Framework Trust-wide
- Refreshing and updating the Career Development Framework from volunteer to Director of Nursing, AHPs and Quality
- The launch of the DAISY award scheme for extraordinary nurses for pride and meaningful recognition and flexible working Trust-wide

### Professional Nurse Advocates

The Trust continues to grow the number of Professional Nurse Advocates (PNAs), equipping RN with the skills to listen and support staff through restorative supervision, career conversations and thematic quality improvements.

Health Education England funded additional training places to support all Trusts to reach the trajectory of one trained PNA for every 20 RNs. This offer has become an integral part of the Trust’s health and well-being offer for all staff. A central database shows the number of PNAs per cohort and a working group meets monthly to progress actions in adherence to NHSE PNA programme, overseen by the PNA strategic working group. Numbers of qualified PNAs and trainees in the pipeline continues to grow and there is a work plan in place to progress the project and maximise the impact across clinical services.

		Staff by directorate			
PNA pipeline	No. of staff	CHS	FYPC/LD	DMH	Enabling
Qualified PNAs	9	4	5	0	0
Cohort 4	8 (currently in training)	2	3	3	0
Cohort 5	9 (Jan/Feb 2023)	0	1	8	0
Cohort 6	9 (start dates TBC)	0	1	7	1
<b>Total</b>	<b>35</b>	<b>6</b>	<b>10</b>	<b>18</b>	<b>1</b>

### Nursing Associates

The nursing associate role was created to bridge the gap between unregistered healthcare support workers and registered nurses – creating a further entry point into registered nurse training – and to provide additional support in clinical practice. The role helps provide high quality person-centred care. Training is a two year programme with a two year top up to become NMC (Nursing & Midwifery Council) Registered Nurses.

There are currently 21.5 wte (23 headcount) Registered Nursing Associates working in clinical areas with a further 20.6 wte (22 headcount) currently training with 17 wte due to complete in February and September 2023. A grow our own nursing campaign commences in January 2023, the system is also looking at recruit to train options too to widen access.

### **Registered Nurse Degree Apprenticeship**

Registered Nurse Degree Apprenticeship (RNDA) supports employers to develop their healthcare workforce to become NMC (Nursing & Midwifery Council) Registered Nurses in the fields of Adult, Children and Young People, Learning Disabilities or Mental Health nursing over a four year programme.

There are currently 28 staff on the programme: 9 in adult, 4 child, 9 mental health and 5 learning disability fields of practice due to complete in May and June 2023. Currently recruiting to 5 available RNDA posts with 6 applications.

### **Decision required**

The Trust Board is asked to confirm a level of assurance considering the report.

### **References**

1. NHS Improvement (October 2018) Developing Workforce Safeguards Supporting providers to deliver high quality care through safe and effective staffing.
2. National Quality Board (July 2016): Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time. Safe sustainable and productive staffing.



<b>For Board and Board Committees: Paper sponsored by:</b>	Trust Board 28.3.23	
	Anne Scott, Executive Director of Nursing, AHPs and Quality	
<b>Paper authored by:</b>	Emma Wallis Deputy Director of Nursing and Quality	
<b>Date submitted:</b>	08.03.22	
<b>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</b>	Quality Assurance Committee 14.02.23 Amber assurance	
	Six Monthly report	
<b>STEP up to GREAT strategic alignment*:</b>	High Standards	√
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	√
	Single Patient Record	
	Equality, Leadership, Culture	
	Access to Services	
	Trust wide Quality Improvement	
<b>Organisational Risk Register considerations:</b>	List risk number and title of risk	1: Deliver Harm Free Care 4: Services unable to meet safe staffing requirements
<b>Is the decision required consistent with LPT's risk appetite:</b>	Yes	
<b>False and misleading information (FOMI) considerations:</b>	None	
<b>Positive confirmation that the content does not risk the safety of patients or the public</b>	Yes	
<b>Equality considerations:</b>		