

Quality and Safety Committee – 19 December 2023

Safe Staffing – October 2023

Purpose of the report

This report provides a full overview of nursing safe staffing during the month of October 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 1.48% reported at 43.70% overall and Trust wide agency usage slightly decreased this month by 2.06 % to 19.71% overall.
- In October 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 the Willows who have reduced agency usage to 5.7%
- 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:

Area	Situation	Actions/Mitigations	Risk rating
CHS In-patients	<p>High percentage of temporary workforce to meet planned staffing levels across all wards due to vacancies, increased patient acuity and dependency, enhanced observations due to one-to-one care, and increasing seasonal sickness. Key areas to note Charnwood at 51.2% (surge ward relocated to Loughborough Hospital). Dagleish, ward 3 St Lukes and North Ward utilising above 40%. Beechwood, Clarendon, Rutland, ward 1 St Lukes, Snibston and East 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.</p> <p>A review of the NSIs has identified a decrease in the number of falls incidents from thirty-four in September to twenty-nine in October 2023. Ward areas to note with the highest number of falls are Clarendon, Ellistown, Northward, Swithland and ward 3 St Lukes.</p> <p>The number of medication incidents has decreased from thirteen in September to nine in October 2023 across five ward areas – Clarendon, Ellistown, Snibston, North and Charnwood wards.</p> <p>The number of category 2 pressure ulcers developed in our care has increased from four in September to eight in October 2023. One complaint was received in October 2023.</p>	<p>Daily staffing reviews, staff movement to ensure substantive RN cover in each area, or regular bank and agency staff for continuity, e-rostering reviewed. Active recruitment is taking place across the service line both domestic and international recruitment.</p> <p>Of the twenty-nine falls incidents, twenty-two were first falls and seven repeat falls. The number of unwitnessed falls also increased from four in September to six in October 2023. Ward areas to note are Swithland with 5 falls, Clarendon, and St Lukes ward 3 both with 4 falls, each. Thirteen falls were reported as no harm, fifteen falls as low harm and one fall was moderate harm, an ISMR was completed following this fall and a decision of no further action taken. A falls confirm/challenge and sharing meeting commenced this month for the hot spot wards this month.</p> <p>Nine medication related incidents were reported across five wards. Charnwood ward reported 4 incidents in relation to the recording of CDs, educational focus work provided for the ward. The Deputy Head of Nursing (DHoN) continues to complete a review across all wards in relation to improving medicines management practices.</p> <p>The number of category 2 pressure ulcers developed in our care has increased to eight in October across six wards. Dagleish and Snibston wards having 2 pressure ulcers developed in the trusts care. CHS pressure ulcer improvement work continues within community hospitals and the DHoN due to commence chairing the meeting from November 2023.</p> <p>There were thirteen staffing related incidents reported across six wards - Ellistown, Snibston, Swithland, ward 1 St Lukes, Rutland, and Dagleish in October 2023. Three incidents related to temporary workforce, other 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.</p>	
DMH In-patients	<p>High percentage of temporary workforce on all wards to meet planned staffing. Belvoir and Griffin – above 60 %. Ashby, Beaumont, Thornton, Willows, Kirby, Aston, and Coleman above 50% temporary workforce due to vacancies, high acuity, patient complexity and increased therapeutic observations. Fill Rates reduced for RNs on days on Kirby and Aston.</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-four in September to sixty-two in October 2023. The number of medication incidents increased from eighteen in September to twenty-three in October 2023. There were four complaints received in October 2023.</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.</p> <p>Kirby and Aston staffing model is 2 RNs in the day with a RN to Patient ratio of 1:12/1:10. Work progressing with Business support to identify cause of reduced fill rate, as planned staffing levels consistently met in October 2023.</p> <p>Of the 62 falls incidents, 12 falls occurred at the BMHU, 4 on Ashby and Heather, 2 on Watermead and 1 on Beaumont and Griffin. 7 were first falls and 5 repeat falls. 13 incidents reported at Mill Lodge (involving patients falling repeatedly following discharge) and 2 falls reported at the Willows and 1 at Stewart House. No moderate harm to patients reported. Falls huddles and reviews in place. MHSOP reported 34 falls incidents across 4 wards. Of these 33 falls incidents, 15 related to first falls; 15 related to repeat falls and 3 patients placed themselves on the floor. The falls occurred mainly in patient bedrooms, corridor, dining and main ward area and the remaining 3 falls occurred in the patient Lounge, bathroom and toilet. Gwendolen ward recorded 13 falls incidents, 7 first falls and 6 repeat falls. Of these 1 patient fell four times and 2 patients fell twice. Aston Ward reported 10 falls incidents, 2 first falls; 5 repeat falls and 3 patients reported to place themselves on the floor. Of these 1 patient</p>	

		<p>fell four times, 1 patient had a repeat fall, another patient had 1 first fall and reported placing themselves on the floor three times. Kirby Ward reported 9 falls incidents: 5 first falls and 4 repeat falls. 1 patient fell three times and 1 patient fell twice. One fall recorded as Moderate harm and resulted in the patient being admitted to UHL with a fractured femur requiring surgery. Coleman Ward recorded 2 falls incidents, 2 first falls unwitnessed and found by Staff. Falls huddles and pathways were carried out in all fall's incidents.</p> <p>The 23 Medication related incidents were due to, incorrect recording on electronic controlled drugs (CD) register (by temporary worker) CD medication not handed over to staff therefore not recorded, CD stock incorrectly recorded. Incorrect medication administered (by temporary worker) wrong dose and extra dose administered, medication omitted and a relative administered medication to the wrong patient – no harm to the patients. Medication omitted prior to treatment resulted in treatment delay – no harm to the patient. Medication damaged, out of stock and disposed incorrectly, take home medication incorrect and missing.</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>Active targeted recruitment is ongoing as per directorate workforce plan.</p>	
<p>FYPCLDA In-patients</p>	<p>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 RNs and HCAs on days and nights at the Grange</p> <p>A review of the NSIs has identified a decrease in the number of falls from eight in September to four in October 2023. The number of medication related incidents increased from two in September to three in October 2023.</p>	<p>Mitigation remains in place- potential risks being closely monitored.</p> <p>Review of NSIs has identified no correlation with staffing levels and impact to quality and safety of patient care/outcomes.</p> <p>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 October 23, staff were redeployed to support The Gillivers. There was no medication or falls incidents reported in October 23.</p> <p>Of the five falls incidents reported, there was 1 on Beacon and Welford ED and 2 at Agnes. None of the falls reported were associated with staffing.</p> <p>Three medication incidents were reported, one at the Beacon and two on Welford ED. No harm came to the patients and not associated with staffing.</p>	

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 from has been reviewed and validated. CNSST Pilot report planned for November 2023 to DMT and Executive Management Board. Fortnightly safe staffing delivery group meeting to review ongoing priorities, projects, and response.	
DMH Community	No change to key areas to note – City Central and Northwest Leicestershire CMHTs due to significant high RN vacancies. Increased staff movement from City central to other LPT services. MHSOP City West CMHT due to high sickness and temporary staff redeployment.	Mitigation remains in place, potential risks closely monitored within Directorate. Quality Improvement Plan in place via transformation. 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.	
FYPC.LDA Community	No change to key area’s previously noted - LD Community rated red including LD physio and no change to Healthy Together and Psychology. 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 has successfully recruited into several posts awaiting onboarding. Many areas are reviewing and operating in a service prioritisation basis including several therapy services. Some of the services has successfully recruited and candidate are currently 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 recognition and care of the deteriorating patient work.

The planning stage, with aims, drivers and change ideas for deteriorating patient testing has been agreed. The aim is to improve compliance of escalation and clinical response to NEWS2 thresholds. The primary change idea is to use a simulated training resource for clinical staff to 'practice' care of the deteriorating patient using real time scenarios and feedback to support learning and for clinical decisions making and escalation. The outcomes measured will include NEWS2 completion, clinical response and escalation and staff confidence. The audit tool for baseline measurement and staff confidence questionnaire are currently being developed. The group test sites have been confirmed.

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

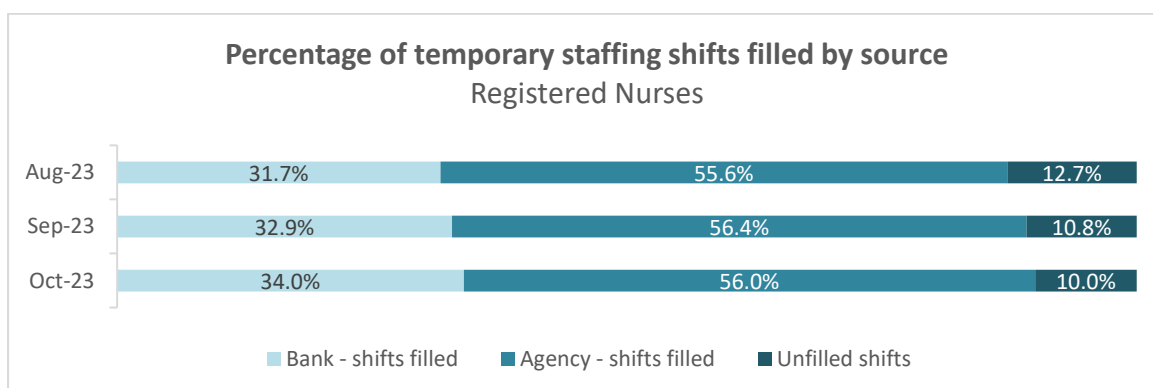
Staff Group	Appraisal/Supervision		Core Mandatory Training			Clinical Mandatory	
	Appraisal	Clinical Supervision	11 out of 12 compliance subjects	Resuscitation Level1	Data Security Awareness IG	Basic Life Support (BLS)	Immediate Life Support (ILS)
All Substantive	86.26%	85.5%	green	91.2 %	94.6%	84.8%	78.1%
Bank						66.3%	50.0%

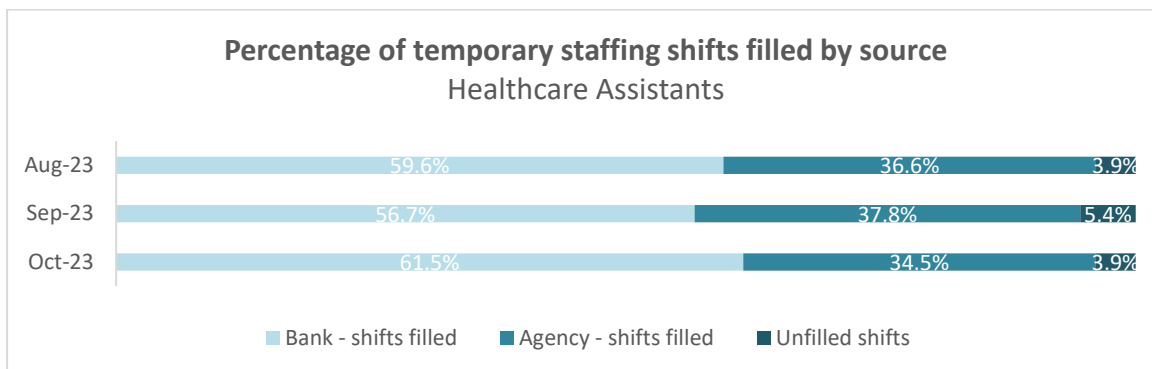
- Compliance with face-to-face mandatory training is reported through the Training Education Development (TED) and Strategic Workforce Committee.
- BLS compliance for bank staff is being taken through TED and Centralised Staffing Solutions (CSS) to improve compliance and mitigations proposed to restrict temporary workers who are not in date with clinical mandatory training. This will be managed through a phased approach and risk assessed to ensure there is no significant impact operationally.
- A letter to be 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 88.6% for CHS, red at 43.5% for DMH and 18.9% 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





Care Hours Per Patient Day (CHPPD)

The total Trust CHPPD average (including ward based AHPs) is calculated by the Corporate Business Information Team at 11.7 CHPPD (national average 10.8) consistent with September 2023, ranging between 4.5 (Stewart House) and 83.2 (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)

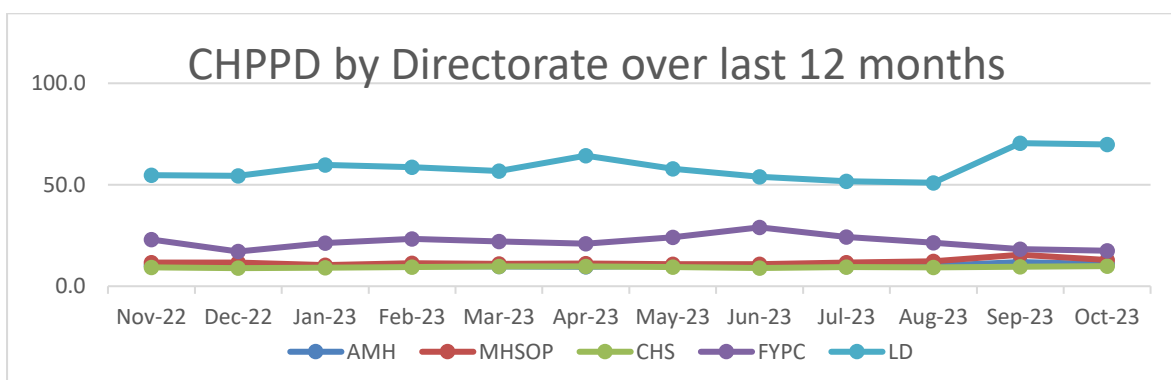


Table 4 – including CHPPD, RN Vacancies, Sickness, Turnover Rate, and temporary workforce.

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	9.9	179.7	27.4%	5.6%	9.5%	35%	51%
DMH Inc MHSOP	10.8 12.9	196.2	26.3%	6.0%	6.2%	41%	53%
FYPC LD	17.5 69.9	150.6	25.4%	7.0%	8.5%	16%	80%
All clinical directorates combined	11.7	526.4	26.4%	6.1%	7.9%	34%	56%

The RN vacancy position is at 526.4 Whole Time Equivalent (WTE) with a 26.4% 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. 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	107.0	28.4%	8.3%	8.4%	38%	58%
DMH Inc MHSOP	93.8	20.9%	8.7%	8.3%	77%	19%
FYPC LD	61.5	35.2%	8.0%	11.9%	63%	34%
All clinical directorates combined	262.3	26.2%	8.5%	8.9%	62%	35%

The HCA vacancy position is at 262.3 WTE with a 26.2% vacancy rate. HCA turnover for HCAs is at 8.9%.

Recruitment Pipeline

Throughout October 2023 we continue to grow and develop our nursing workforce. A total of 23.05WTE nursing staff (bands 5 to 8a) were appointed and 32.0WTE 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 October 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. 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.

October 2023

				Fill Rate Analysis (National Return)						% Temporary Workers			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						(NURSING ONLY)									
Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Nurse Day (Early & Late Shift)		Nurse Night		AHP Day		Total	Bank	Agency							
				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%							
DMH Bradgate	Ashby	14	13	96.0%	212.3%	104.2%	122.0%			54.1%	24.0%	30.1%	10.1	0↓	4↑	1↑			
	Beaumont	22	21	103.9%	251.0%	111.1%	177.7%		100.0%	56.4%	35.6%	20.7%	7.3	2↓	1↑	1↑			
	Belvoir Unit	10	10	124.8%	285.5%	103.2%	356.8%			66.0%	43.2%	22.8%	23.0	0→	0↓	0→			
	Bosworth	14	14	114.2%	162.7%	106.5%	124.8%		100.0%	37.5%	30.1%	7.4%	9.8	2↑	0↓	0→			
	Heather	18	18	110.7%	238.4%	117.1%	163.4%		100.0%	47.7%	25.9%	21.8%	9.2	6↑	4↑	0↓			
	Thornton	12	12	142.2%	121.5%	102.9%	104.5%			51.9%	38.8%	13.0%	10.0	1→	0→	1↑			
	Watermead	20	18	105.7%	146.7%	113.8%	131.8%		100.0%	42.7%	19.4%	23.4%	7.9	4↑	2↓	0↓			
	Griffin - Herschel Prins	7	6	103.6%	205.2%	104.5%	402.5%			60.5%	37.5%	23.0%	27.9	1→	1→	0→			
DMH Other	Phoenix - Herschel Prins	12	11	102.5%	138.9%	106.6%	156.3%		100.0%	49.9%	30.9%	19.0%	11.2	1→	0→	0→			
	Skye Wing - Stewart House	30	28	106.1%	104.9%	105.4%	103.0%			23.8%	23.1%	0.7%	4.5	1→	1↑	0→			
	Willows	9	8	170.9%	130.3%	139.5%	122.6%			54.4%	48.7%	5.7%	15.3	2↑	2↑	0→			
	Mill Lodge	14	13	125.1%	121.1%	139.9%	134.6%			44.7%	36.6%	8.1%	14.0	1↑	13↓	0→			
	Kirby	24	21	78.8%	135.9%	135.9%	409.9%	100.0%	100.0%	58.4%	42.3%	16.1%	10.8	1→	9↑	0→			
	Aston (MHSOP)	17	17	77.4%	131.9%	152.3%	329.9%			51.5%	40.2%	11.3%	9.9	1↓	10↓	1↑			
	Coleman	19	12	104.5%	166.6%	102.3%	318.7%	100.0%	100.0%	57.6%	38.0%	19.6%	20.9	0↓	2↓	0→			
	Gwendolen	19	16	104.4%	162.0%	104.0%	302.9%			32.4%	21.2%	11.1%	12.8	0↓	13↑	0↓			
CHS City	Beechwood Ward - BC03	23	22	101.2%	127.6%	100.0%	137.2%	100.0%	100.0%	37.3%	14.3%	23.0%	9.4	0→	1↓	0→	1↑	0→	
	Clarendon Ward - CW01	22	20	97.6%	118.7%	99.2%	115.4%	100.0%	100.0%	39.3%	20.7%	18.6%	9.3	1→	4↑	1↑	0→	0→	
CHS East	Dagleish Ward – MMDW	17	16	97.7%	125.1%	100.3%	153.8%	100.0%	100.0%	46.1%	10.0%	36.1%	9.5	0↓	2↓	0→	2↑	0→	2
	Rutland Ward – RURW	18	17	98.5%	149.5%	99.8%	117.2%	100.0%	100.0%	32.0%	11.8%	20.2%	8.3	0↓	2↑	0→	1↑	0→	2
	Ward 1 - SL1	20	18	94.1%	132.2%	100.0%	149.7%	100.0%	100.0%	39.3%	13.9%	25.5%	9.9	0↓	0↓	0→	0→	0→	2
	Ward 3 - SL3	14	13	103.8%	124.7%	101.6%	132.8%	100.0%	100.0%	42.5%	21.2%	21.4%	10.8	0→	4↑	0→	0↓	0→	
CHS West	Ellistown Ward – CVEL	19	18	100.0%	117.2%	101.5%	119.8%	100.0%	100.0%	27.9%	7.9%	20.0%	9.0	1↑	3↓	0↓	2↑	0→	1
	Snibston Ward – CVSN	19	18	96.7%	152.1%	100.0%	156.3%	100.0%	100.0%	34.3%	14.8%	19.5%	10.8	1→	1→	0→	1→	0→	5
	East Ward – HSEW	23	21	102.0%	120.0%	99.9%	134.3%	100.0%	100.0%	37.5%	15.8%	21.7%	9.9	0↓	2↓	0→	0→	0→	
	North Ward - HSNW	19	18	101.2%	119.4%	104.8%	206.8%	100.0%	100.0%	41.3%	11.7%	29.6%	11.0	2↑	3↑	0→	0→	0→	
	Charnwood Ward - LBCW	18	11	98.1%	105.4%	98.4%	100.9%	100.0%		51.2%	16.4%	34.9%	11.7	4↑	2↓	0→	0↓	0→	
	Swithland Ward – LBSW	20	18	99.6%	96.1%	96.4%	178.7%	100.0%	100.0%	22.4%	7.5%	14.9%	9.8	0→	5↑	0→	1↑	0→	1
FYPC	Welford (ED)	15	15	107.3%	119.4%	133.0%	133.3%	100.0%		30.1%	20.9%	9.2%	11.5	2→	1↑	0→			
	CAMHS Beacon Ward - Inpatient Adolescent	17	3	96.3%	144.3%	104.6%	115.7%			63.1%	26.0%	37.1%	43.5	1↑	1↑	0→			
LD	Agnes Unit	1	1	91.4%	86.5%	107.5%	121.3%			47.8%	16.1%	31.7%	83.2	0→	2↓	0→			
	Gillivers	6	2	85.8%	56.5%	115.9%	45.2%			2.3%	2.3%	0.0%	23.4	0→	0↓	0→			
	1 The Grange	5	0	73.0%	33.3%	13.5%	67.0%			2.1%	2.1%	0.0%	N/A	0→	0→	0→			

Governance table

For Board and Board Committees:	Quality and Safety Committee	
Paper sponsored by:	Anne Scott Executive Director of Nursing, AHPs and Quality	
Paper authored by:	Elaine Curtin Workforce and Safe staffing Matron, Jane Martin Assistant Director of Nursing and Quality, Emma Wallis Deputy Director of Nursing and Quality	
Date submitted:	19.12.2023	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	none	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	none	
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Monthly report	
STEP up to GREAT strategic alignment*:	High Standards	√
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	√
	Reaching Out	
	Equality, Leadership, Culture	
	Access to Services	
	Trustwide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	1: Deliver Harm Free Care 4: Services unable to meet safe staffing requirements
Is the decision required consistent with LPT's risk appetite:	Yes	
False and misleading information (FOMI) considerations:	None	
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:	None	