

Trust Board – 28 November 2023

Safe Staffing – September 2023

Purpose of the report

This report provides a full overview of nursing safe staffing during the month of September 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 0.53% reported at 45.18% overall and Trust wide agency usage slightly increased this month by 0.68 % to 21.77% overall.
- In September 2023; 30 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 90.90 % of our inpatient Wards and Units, no change from last month.
- 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
<p>CHS In-patients</p>	<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 68.7% (surge ward relocated to Loughborough Hospital) and Dalgleish's at 50.5%. Beechwood and ward 3 St Lukes utilising above 40%. Clarendon, Rutland, ward 1 St Lukes, Snibston, East 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.</p> <p>A review of the NSIs has identified a decrease in the number of falls incidents from thirty-six in August to thirty-four in September 2023. Ward areas to note with the highest number of falls are East ward, Ellistown, Dalgleish and ward 1 St Lukes.</p> <p>The number of medication incidents has decreased from fifteen in August to thirteen in September 2023 across seven ward areas - Snibston, Dalgleish, Rutland, East ward, ward 1 St Lukes, Clarendon and Charnwood.</p> <p>The number of category 2 pressure ulcers developed in our care has decreased from ten in August to four in September 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 thirty-four falls incidents, twenty-eight were first falls and six repeat falls. The number of unwitnessed falls also decreased from sixteen in August to four in September 2023. Ward areas to note are East ward and Ellistown both with six falls and Dalgleish and ward 1 St Lukes having four falls each. Twenty-two falls were reported as no harm, eleven falls as low harm and one fall was moderate harm, whereby a patient experiencing hip pain was transferred to Emergency Department and returned to the ward following day with no harm. A falls confirm/challenge and sharing meeting commenced this month for three wards.</p> <p>Thirteen medication related incidents were reported across seven wards. Dalgleish ward reported four incidents. A review of these incidents identified two were due to the usage of syringe drivers, education has been provided to the ward. The Deputy Head of Nursing 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 decreased to four across the hospitals. CHS pressure ulcer improvement work continues within community hospitals.</p> <p>There were five staffing related incidents reported across four wards in September 2023. These incidents were relating to staff shortages, training and one agency use and did not cause any harm to patients. 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>	
<p>DMH In-patients</p>	<p>High percentage of temporary workforce on all wards to meet planned staffing. Beaumont and Belvoir – above 60%. Ashby, Heather, Griffin, Phoenix, Willows, Kirby, Aston and Coleman above 50% temporary workforce 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 an increase in the number of falls incidents from 59 in August to 64 in September 2023. The number of medication incidents increased from 12 in August to 18 in September 2023. There were 3 complaints received in September 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>Of the 64 falls incidents, 13 falls occurred at the BMHU, 5 on Watermead, 1 on Ashby, Bosworth, and Griffin, 2 on Belvoir and 3 on Heather, 4 of the 13 were repeat falls on Heather and Watermead. 27 incidents reported at Mill Lodge (involving x 4 patients falling numerous times relating to their Huntington's disease and reduced mobility) and 1 fall reported at the willows. No moderate harm to patients reported. Falls huddles and reviews in place. MHSOP wards reported x 24 falls across 4 wards. Kirby ward recorded 8 falls, all occurring in the patients' bedrooms or bathrooms, all falls recorded as low or no harm and the falls pathways was followed after each fall, 6 were reported as first falls and 2 repeat falls. Aston Ward reported 11 falls, 2 patients reported to place themselves on the floor, 6 patients reported first falls and 3 repeat falls. The falls were recorded as no, or low harm and patients did not sustain any injury. No injuries were sustained as a result of the falls and falls huddles were carried out. Gwendolen ward reported 6 falls – 3 were reported as first falls, 1 patient placed themselves on the floor and 2 were recorded as repeat falls all recorded as low or no harm. Huddles and falls pathways were carried out in all incidents.</p> <p>The 18 medication related incidents were due to, incorrect recording on electronic controlled drugs (CD) register, CD medication ordering, not recorded and stored correctly, medication prescribed for two incorrect patients – no</p>	

		<p>harm to both patient's Incorrect medication administered – no harm to two patients. Medication administered but not recorded. Incorrect route of administration recorded, and excess Patient Required Medication (PRN) administered within 24 Hours – medical review outcome no harm to the patient.</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>There were 3 staffing related incidents reported across 2 wards in September 2023. These incidents were relating to a member of staff having to leave mid shift, another member of staff unable to return following escort duties and Agency worker failed to work a shift as planned leaving 1 RN however additional RN cover was found from across the BMHU.</p>	
FYPCLDA In-patients	<p>No change to key areas noted- Beacon, Agnes, and Welford (ED). Reduced fill rate for RNs and HCAs on days and for HCAs on nights at the Gillivers and reduced fill rate for RNs and HCAs on days and RNs on nights at the Grange. A review of the NSIs has identified an increase in the number of falls from two in August to eight in September 2023. The number of medication related incidents decreased from five in August to two in September 2023.</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. 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 staff redeployed to support The Gillivers. There was no medication error and 4 falls reported, resulting in minimal harm to the patient, not associated with staffing on review. Of the 8 falls reported, 2 incidents were on Welford ED 1 resulted in moderate harm to the patient and is subject to internal investigation and the other was minimal harm to the patient and not associated with staffing. 4 incidents occurred at the Gillivers with minimal harm to the patient and 2 falls reported at the Agnes unit. None of the falls reported were associated with staffing. Two medication incidents were reported, one relating to a 'high risk' medication omission and the second incident related to an incorrect prescription. No harm came to the patients and not associated with staffing.</p>	
CHS Community	<p>No change to Key areas to note - City East, City West, East North, Hinckley, East central and Charnwood Hubs due to high patient acuity, high vacancy levels and absence. Overall, the community nursing Service OPEL has been level 3, working to level 3 actions.</p>	<p>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) ward 5 pilot analysis and recommendations reported to CHS Workforce DMT in September 2023. Recommendations agreed, pilot planned to run with Northwest Leicestershire Hub on the 2-8 October 2023 and roll out CNSST implementation plan. Fortnightly safe staffing delivery group meeting to review ongoing priorities, projects and response.</p>	

DMH Community	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 have peer psychological supervision, teams have time out days and teams support in a coordinated way. Leadership team has met 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. Therapy services (Physio and audiology) has had an increase in vacancy.	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, Diana, School Nursing with plan to present EQIA at CRG. 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 pressure ulcer prevention improvement work.

We continue to see normal variation in the number of Category 2, 3 or 4 pressure ulcers developed or deteriorated in our care. CHS Community Nursing identified four Quality Improvement (QI) projects, based on thematic review and learning from previous incidents; Registered Nurse oversight of Category 2 pressure ulcer reviews; holistic assessment; wound photography and mental capacity act training. A CHS Pressure Ulcer Delivery group was established in September 2023 to lead and drive the improvement plans, reporting through to the Trust Pressure Ulcer prevention group. Whilst we are yet to see improvement in terms of prevalence, a review of the data and audit of standards over the last quarter at the Trust Strategic Pressure Ulcer group highlighted several quality improvements:

- Improved performance for care plan frequency and reassessment – Green @ 96.9%
- Improved performance for documented patient/carer advice and how to escalate concerns – Green @92.4% and 92.1%
- Improving performance for capacity assessment and recording – @78.5%
- Improving performance for individualised care plans – @70.8%

Community Hospitals Hinckley Hospital Pressure Ulcer Prevention (PUP) QI project has concluded. The project included introduction of a PUP 'first aid' cupboard, utilising pressure ulcer safety crosses and huddles, enhanced training, and an equipment review. We have seen positive impact with no patients on North Ward developing a pressure ulcer in our care since April 2023. The project is currently being upscaled and learning shared through the

service and directorate and at the Trust Pressure Ulcer Prevention Group. We have also seen the following quality improvements:

- 28% Reduction in Category 2 pressure ulcers developed or deteriorated in Community Hospitals
- Achieving 99.6% compliance in the pressure relieving cushion audit.
- Improved performance – weekly Waterlow risk assessment – @ 90%
- Improving performance PUP care plan – @ 87.5%
- Improving performance aSKING daily reviews –@ 75%

The aim of the Group Pressure Ulcer QI collaborative has been to improve the knowledge and understanding of the importance of nutrition, hydration and keep moving in the prevention and healing of pressure ulcers for patients, carers, and staff by June 2024. In NHFT, the test site is confirmed as the Kettering Villages Community team and in LPT, in-patient Community Hospitals, Clarendon & Beechwood wards. Project outcome measures to include numbers developed and deteriorated in our care, staff and patient questionnaires, dietetic referrals and completion of the nutrition, hydration and keep moving in aSKING.

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.

Right Skills

Staff Group	Appraisal/Supervision		Core Mandatory Training			Clinical Mandatory	
	Appraisal	Clinical Supervision	10 out of 12 compliance subjects	Resuscitation Level1	Data Security Awareness IG	Basic Life Support (BLS)	Immediate Life Support (ILS)
All Substantive	86.2%	83.0%	green	89.2%	94.7%	84.3%	78.5%
Bank						66.1%	54.4%

- 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

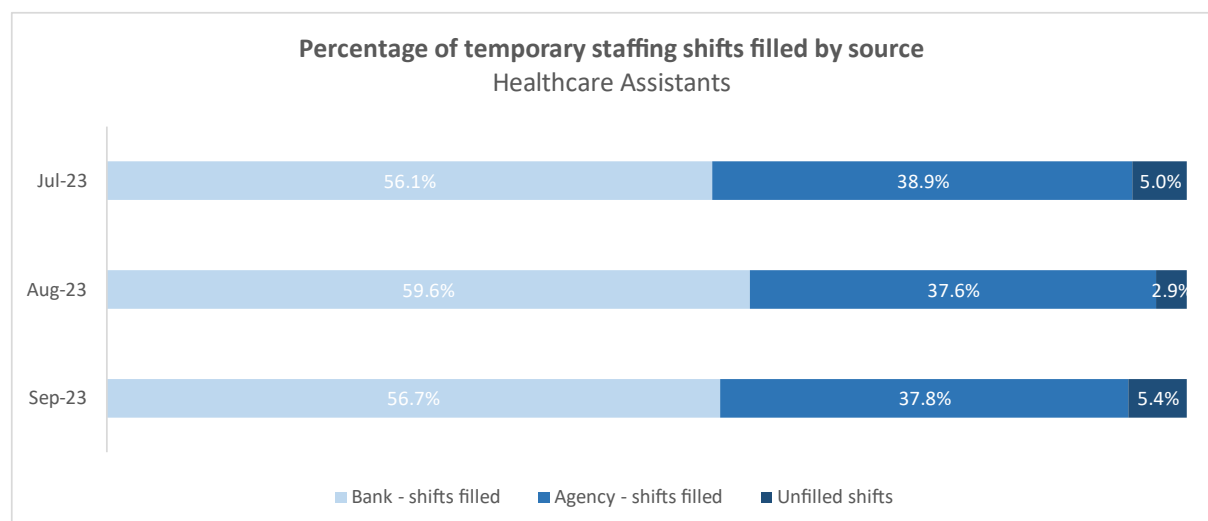
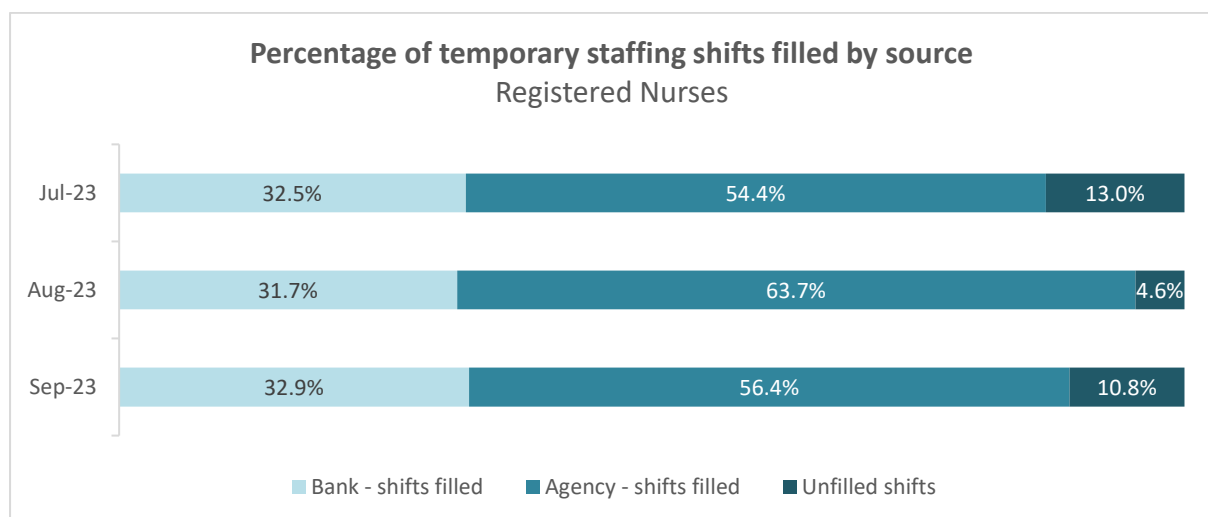
through a phased approach and risk assessed to ensure there is no significant impact operationally.

- In response to the emerging correlation between staff skills and competencies and incidences as a contributory factor and focused patient safety collaboratives for deteriorating patient, mental health observations and pressure ulcer prevention, 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 88.8% for CHS, red at 38.2% for DMH and 14.8% 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 12.4 CHPPD (national average 10.8) consistent with August 2023, ranging between 5.6 (Stewart House) and 85.4 (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)

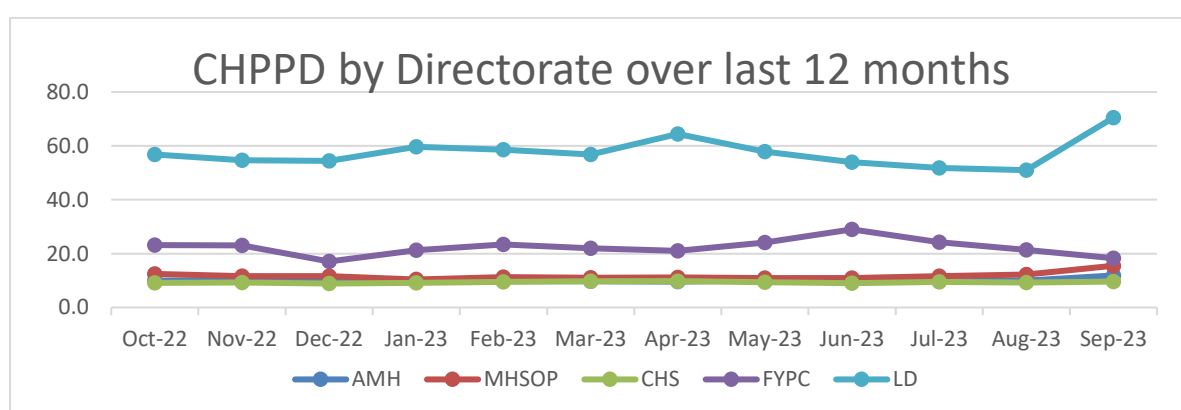


Table 4 – including CHPPD, RN Vacancies, Sickness and RN Turnover Rate

Directorate	CHPPD	RN vacancies (WTE)	RN Vacancies (%)	RN Sickness %	RN 12m Turnover rate %
CHS	9.6	171.7	26.4%	5.0%	9.1%
DMH Inc MHSOP	11.9 15.5	202.9	27.2%	5.2%	6.4%
FYPC LDA	18.3 70.5	155.0	26.0%	7.0%	8.5%
All clinical directorates combined	12.4	529.5	26.6%	5.7%	7.9%

The RN vacancy position is at 529.5 Whole Time Equivalent (WTE) with a 26.6% 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.

Recruitment Pipeline

Throughout September 2023 we continue to grow and develop our nursing workforce. A total of 26.16 WTE nursing staff (bands 5 to 8a) were appointed. In addition to local recruitment activity a number of staff are in the pipeline and due to commence in post over a 3-month period.

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. RN nominations have been received in recognition of the DAISY award.

Proposal

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

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.

September 2023

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																			
Nurse Day (Early & Late Shift)		Nurse Night		AHP Day		Average % fill rate registered nurses		Average % fill rate non-registered AHP											

Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered AHP	Average % fill rate non-registered AHP	Total	Bank	Agency	(Nursing And AHP)	Medication Errors	Falls	Complaints	PU Category 2	PU Category 4	Staffing Related Incidents
				>=80%	>=80%	>=80%	>=80%	-	-	<20%	<20%	<=6%							
DMH Bradgate	Ashby	13	14	100.5%	147.9%	102.6%	109.7%			57.5%	18.8%	38.8%	8.5	2	1	0			
	Beaumont	20	22	103.8%	343.7%	104.4%	230.7%		100.0%	66.3%	36.0%	30.3%	9.4	4	0	0			
	Belvoir Unit	9	10	106.6%	246.5%	101.4%	267.4%			60.3%	44.9%	15.5%	19.7	0	2	0			
	Bosworth	14	14	115.4%	144.7%	104.8%	112.8%		100.0%	39.3%	29.0%	10.3%	8.8	0	1	0			
	Heather	17	18	127.5%	251.5%	104.7%	213.4%		100.0%	59.8%	32.5%	27.3%	10.0	1	3	1			
	Thornton	12	12	135.7%	112.6%	102.0%	116.6%			44.1%	27.8%	16.4%	9.8	1	0	0			
	Watermead	18	20	103.8%	163.8%	93.3%	170.0%		100.0%	45.1%	17.6%	27.5%	7.8	2	5	1			
	Griffin - Herschel Prins	6	6	107.4%	191.8%	104.4%	448.7%			59.8%	37.6%	22.2%	28.6	1	1	0			
DMH Other	Phoenix - Herschel Prins	11	12	104.5%	174.5%	106.3%	168.6%			51.3%	34.0%	17.3%	12.6	1	0	0			
	Skye Wing - Stewart House	27	30	122.6%	114.6%	144.6%	146.3%			36.9%	36.9%	0.0%	5.6	1	0	0			
	Willows	7	9	196.2%	125.8%	147.1%	119.8%			52.2%	43.5%	8.8%	16.4	0	1	0			
	Mill Lodge	14	14	106.2%	136.7%	98.1%	129.1%			44.8%	27.1%	17.6%	12.8	0	26	0			
	Kirby	21	23	80.7%	102.9%	134.6%	268.5%	100.0%	100.0%	52.4%	39.4%	13.0%	9.2	1	8	0			
	Aston (MHSOP)	15	17	197.4%	303.2%	292.1%	701.9%			55.6%	36.3%	19.3%	24.2	2	11	0			
	Coleman	14	19	108.7%	155.3%	104.4%	321.8%	100.0%	100.0%	56.7%	40.1%	16.6%	15.9	1	0	0			
	Gwendolen	12	19	105.2%	135.5%	104.5%	289.1%			31.4%	22.5%	8.8%	14.9	1	6	1			
CHS City	Beechwood Ward - BC03	23	24	108.2%	127.4%	105.0%	129.8%	100.0%	100.0%	40.6%	15.9%	24.6%	8.8	0	3	0	0	0	
	Clarendon Ward - CW01	20	21	80.9%	125.0%	100.5%	122.5%	100.0%	100.0%	38.2%	20.4%	17.9%	9.6	1	2	0	0	0	
CHS East	Dagleish Ward - MMDW	16	17	99.8%	120.0%	99.7%	160.9%	100.0%	100.0%	50.5%	9.2%	41.3%	9.2	4	4	0	1	0	
	Rutland Ward - RURW	16	18	98.6%	155.4%	98.2%	123.4%	100.0%	100.0%	34.8%	15.3%	19.5%	8.7	1	1	0	0	0	
	Ward 1 - SL1	18	20	90.6%	134.4%	100.0%	149.6%	100.0%	100.0%	36.5%	11.6%	24.9%	10.2	2	4	0	0	0	
	Ward 3 - SL3	13	14	109.5%	111.4%	99.9%	116.0%	100.0%	100.0%	46.6%	19.2%	27.3%	9.9	0	2	0	1	0	
CHS West	Ellistown Ward - CVEL	17	20	100.4%	118.3%	100.0%	100.0%	100.0%	100.0%	24.6%	8.7%	15.9%	8.8	0	6	1	0	0	
	Snibston Ward - CVSN	18	19	97.9%	157.5%	98.5%	185.8%	100.0%	100.0%	33.8%	11.9%	21.9%	11.2	1	1	0	1	0	
	East Ward - HSEW	21	23	107.0%	127.1%	99.1%	151.7%	100.0%	100.0%	39.9%	12.2%	27.7%	9.8	2	6	1	0	0	
	North Ward - HSNW	18	19	102.9%	99.4%	101.3%	181.3%	100.0%	100.0%	35.3%	12.1%	23.3%	9.5	0	1	0	0	0	
	Charnwood Ward - LBCW	9	18	89.8%	97.8%	99.3%	94.4%		100.0%	68.7%	17.5%	51.1%	12.2	2	1	0	1	0	
	Swithland Ward - LBSW	19	20	98.8%	89.2%	99.7%	153.3%	100.0%	100.0%	17.7%	5.0%	12.8%	8.9	0	3	0	0	0	
FYPC	Welford (ED)	13	15	102.8%	115.6%	131.1%	155.5%	100.0%		37.2%	25.2%	12.1%	12.6	2	2	0			
	CAMHS Beacon Ward - Inpatient Adolescent	3	17	86.4%	132.4%	104.8%	117.0%	100.0%		54.8%	28.0%	26.8%	40.6	0	0	0			
LD	Agnes Unit	1	2	97.7%	93.4%	105.9%	129.7%			54.9%	15.7%	39.2%	85.0	0	2	0			
	Gillivers	2	6	74.8%	63.2%	124.4%	60.0%			4.5%	4.5%	0.0%	22.7	0	4	0			
	1 The Grange	0	5	73.4%	49.1%	23.3%	91.2%			6.2%	6.2%	0.0%	485.4	0	0	0			

Governance table

For Board and Board Committees: Paper sponsored by:	Public Trust Board	
	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:	28.11.2023	
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): 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	Monthly report	
STEP up to GREAT strategic alignment*:	High Standards	√
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	√
	Single Patient Record	
	Equality, Leadership, Culture	
	Access to Services	
	Trust wide 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:		