

## **Quality and safety Committee: 18 February 2025**

### **Six-month Safe and Effective Staffing review: July 2024 – December 2024**

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.

### **Summary**

- As of 31 Dec 2024, the vacancy rate overall for registered nursing (RN) was 17.7% which is an improved position compared to 23.1% at end of June 2024. RN turnover for nurses in December 2024 was 7.07% and has been consistently around this percentage in the previous 12 months, this is below the trusts target of 10%.
- The vacancy rate for health care support workers (HCSW) has decreased from 23.9% at the end of June 2024 to 15.1% at end of December 2024. HCSW turnover rate is 8.25% which is a positive change compared to 11.4% in June 2024.
- Average Care Hours Per Patient Day (CHPPD) for inpatient areas for July – end December 2024 is reported at 12.2 CHPPD, which is consistent with the previous six months.
- The overall average fill rate for RNs and HCSW has decreased on both day and night shifts compared to July – December 2024. Planned safe staffing levels were maintained, fill rate variation is reflected in response to increased ward activity, occupied beds, and patient complexity.
- On average 33% of all planned shifts were filled by temporary staff across the 6-month period, a decrease from 37% average for the previous six months. Of the temporary worker utilisation, the average percentage filled by agency staff was 11.6% which is a decrease from 16% between January and June 2024
- Between July and December 2024 (inclusive) there have been zero off-framework agency requests for the whole Trust.
- Improved compliance of core and clinical mandatory training for substantive and bank staff noted over this six-month period.
- Triangulation of complaints and nurse sensitive indicators (NSIs) with planned versus actual staffing has not identified any direct correlation between staffing levels and the impact on quality and safety of patient care.
- Following the light establishment review in April/May 2024 the annual nursing staffing establishment reviews commenced in October 2024 across all inpatient areas using a triangulated methodology including national evidence-based tools, patient outcomes and professional judgement. The review outcomes are planned to go through Directorate and Trust governance routes in the first three months of 2025.

## 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.

The previous six month safe and effective staffing report was presented to Quality and Safety Committee on 20 August 2024 and to Trust Board in September 2024.

The monthly Trust safe staffing reports provide a triangulated overview of nursing safe staffing for 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.

A six-monthly safe staffing summary is presented to the Leicester Leicestershire and Rutland Integrated Care Board (public or confidential) System Quality Group.

## Analysis of the issue

The following provides a Trust overview based on - 'Right staff, Right Skills, Right Place.'

### Right Staff

#### Registered Nurses:

As of 31 Dec 2024, the vacancy rate overall for registered nursing (RN) was 17.7% which is an improved position compared to 23.1% at end of June 2024. Trust-wide recruitment projects continue to work towards addressing the vacancy deficits as part of the Trust wide agency reduction and recruitment plan. This includes grow our own, international recruitment, recruitment of newly qualified RNs, as well as normal domestic recruitment.

	FTE budgeted establishment	FTE actual staff in post	FTE vacancies	% vacancy rate
Registered Nursing	2092.1	1721.0	371.1	17.7%

RN turnover for nurses in at the end of December 2024 was 7.07% and has been consistently around this percentage in the previous 12 months, this is below the trusts target of 10%.

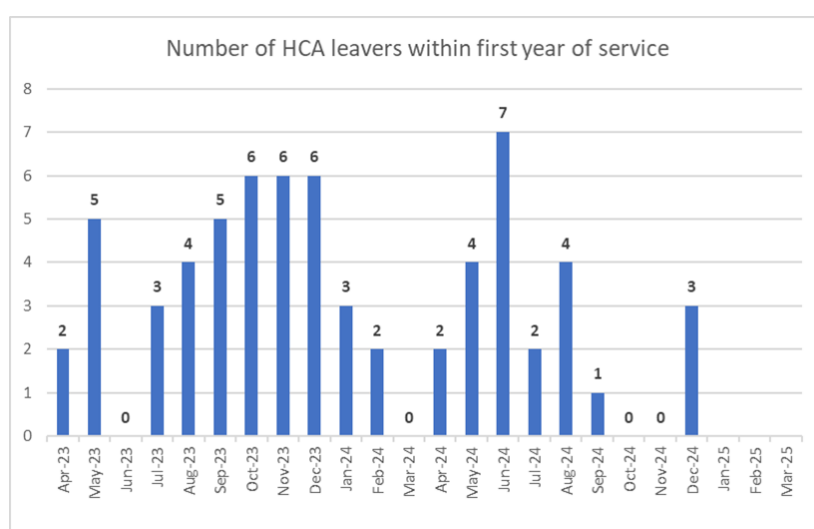
#### Healthcare Support Workers:

The vacancy rate for health care support workers (HCSW) has decreased from 23.9% at the end of June 2024 to 15.1% at end of December 2024.

	FTE budgeted establishment	FTE actual staff in post	FTE vacancies	% vacancy rate
HCA/HCSW	1053.6	894.9	158.7	15.1%

HCSW turnover rate was 8.25% which is a positive change compared to 11.4% in June 2024.

A deep dive review was completed due to rise in turnover rate over 12 months from June 2023 – 2024 which demonstrated that there was a high percentage of HCSW leaving in the first year of service.



As of end of December 2024 there were 3 HCA leavers within their first year. One left after 11 months for an unknown reason. One left at 9 months to undertake further education/study. One left after one month due to health reasons.

Our Trust HCSW Ambassador who has completed a video for HCSW and has also been awarded a valued star. We now have 15 local HCSW ambassadors, 12 have completed the Developing Talent for Healthcare course with the remaining 3 in the process of enrolling.

HCSW induction is now led by learning and development and covers all Directorates.

#### Fill Rate:

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	% of actual vs total planned shifts RN	% of actual vs total planned shifts care HCSW	% of actual vs total planned shifts RN	% of actual vs total planned shifts care HCSW
Jul-24	105.3%	122.6%	103.3%	123.4%
Aug-24	106.8%	124.1%	105.1%	122.1%
Sep-24	102.1%	122.7%	103.3%	121.8%
Oct-24	107.6%	123.0%	107.0%	126.7%
Nov-24	108.1%	120.2%	106.1%	128.5%
Dec-24	104.6%	118.5%	103.2%	122.8%
<b>Average</b>	<b>105.8%</b>	<b>121.8%</b>	<b>104.7%</b>	<b>124.2%</b>

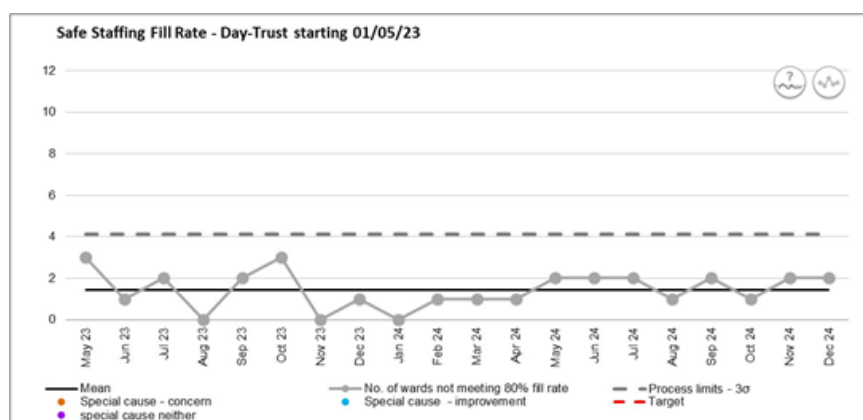
A deep dive has been progressing to understand the exceptions/variation in fill rate and over utilisation with workforce system colleagues, clinical and professional leads.

Fill rate variation is due to.

- dynamic staffing changes due to increased patient acuity and dependency, requiring increased staff for specialising, therapeutic observation and/or escorting patients.
- additional staff to ensure privacy and dignity and sexual safety when a patient is admitted to a mixed sex area, in an opposite sex zone.
- movement of registered staff across services to ensure the right skill mix and mix of substantive and temporary staff, with some RN shifts (where the planned staffing is 3) being backfilled with a HCSW.

Progress is being made with consistent planned staffing aligned to health roster and budgeted establishments. Targeted work to adjust health roster templates (due to successful recruitment) and aligned to current planned staffing from January 2025 is planned.

Although the overall average of fill rate for RNs and HCSW is above 100%, there was a decrease on both day and night shifts compared to July – December 2024. Fill rate variation is reflected in response to increased ward activity, occupied beds, and patient complexity.

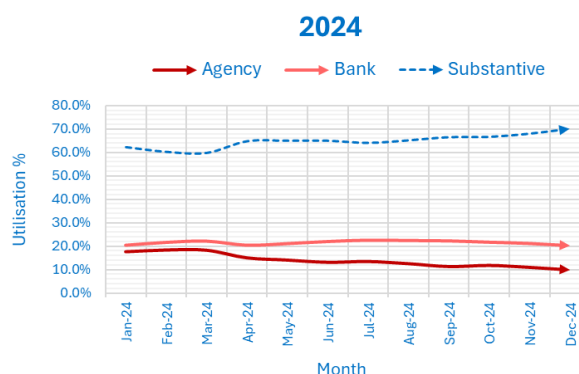


The chart above demonstrates variation in the number of wards reporting less than 80% fill rate for RN's on day shifts. During the six-month period the mean has reduced from 2 to 1.5. The area that has consistently reported under 80% RN fill rate in the day over this reporting period have been the two short break homes, patient needs are risk assessed prior to admission that determines the skill mix/ level of RN cover required.

Exception reporting is provided within the Trust monthly safe staffing report per Ward/Unit and by Directorate. Exception reporting has been stepped down from the Board Performance report.

## Temporary Workforce:

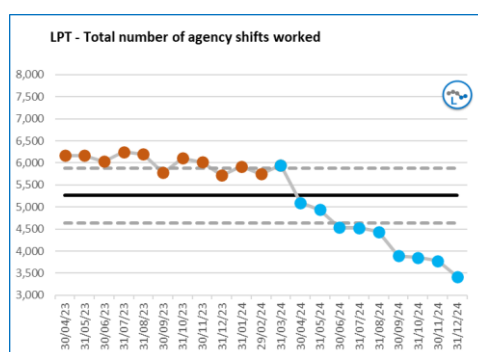
The chart and table below demonstrate temporary workforce utilisation (agency and bank) vs substantive utilisation from July – December 2024.



	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
<b>Agency</b>	<b>13.4%</b>	<b>12.5%</b>	<b>11.3%</b>	<b>11.7%</b>	<b>10.9%</b>	<b>9.8%</b>
Bank	22.6%	22.4%	22.2%	21.6%	21.0%	20.0%
Substantive	64.0%	65.1%	66.5%	66.7%	68.0%	70.2%

This shows that on average 33% of all planned shifts were filled by temporary staff across the 6-month period, a decrease from 37% average for the previous six months. Of the temporary worker utilisation, the average percentage filled by agency staff was 11.6% which is a decrease from 16% between January and June 2024. The highest volume of shifts sent to Centralised Staffing Solutions (CSS) is to meet planned staffing due to high acuity, patient complexity and enhanced observations.

The decrease in the number of agency shifts worked is illustrated as follows:



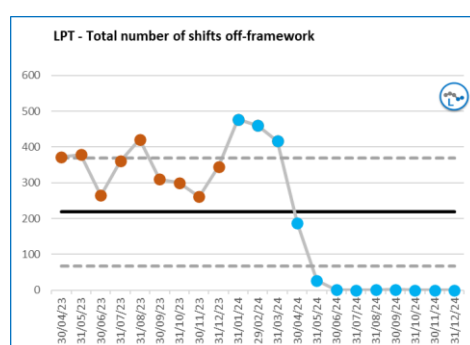
Work is ongoing regarding reducing price cap breaches with an initial reduction in rates from 1<sup>st</sup> September 2024, which included bringing Healthcare Assistants hourly rates within price cap.

#### Stopping off framework agency use:

Following its inclusion in the Spring budget statement, NHS organisations were instructed to stop all use of off-framework agencies by July 2024. A letter was shared with Thornbury agency staff advising they would be unable to work for us via Thornbury after 30<sup>th</sup> June 2024 and providing alternative options. 16 (just over 50%) transferred to on-framework agencies at that time.

The Executive Team have agreed to pay home to base mileage for a fixed period for those Thornbury workers wishing to continue working with us via on-framework agencies. Additional agency onboarded to HCRG master vend with 51 new on-framework agency nurses supplied. Action plan and weekly meeting established within CHS with operational, clinical and enabling representation.

The results of these actions are demonstrated on the SPC chart below.



Over the six months of this reporting period there have been zero off-framework agency requests for the whole Trust. The dynamic risk assessment (DRA) process continues that includes requests for off-framework agency if required. this includes break glass criteria to consider in the assessment and authorisation to ensure patient safety. Any off -framework shift authorisation and fill will be reviewed and monitored through the agency reduction meeting.

## Right Skills

### **Mandatory and Role-Essential Training:**

Core mandatory and clinical mandatory compliance scores demonstrate improvement month on month. There is sufficient capacity on all courses to provide face-to-face training.

#### Safeguarding Adults Level 3:

Compliance for substantive staff has remained green at 94% overall for the Trust.

#### Oliver McGowan Training:

Tier 1 has 2 parts:

Part A: is now available via uLearn for all staff as part of the role essential training package. Trust compliance is 97.7% at end of December 2024

Part B: 1 hour session training available as a system (LLR) and there are dates on Eventbrite for staff to book, via uLearn.

As a trust the compliance is 79.8%. Each Directorate has shown significant increase in compliance compared to end of June 2024 (FYPC/LDA now 87.2 compared to 37%, Bank 46.6% compared to 4%, CHS 84.8% compared to 8.9%, Enabling 81.6% compared to 3.7%, MH 83.5% compared to 2.1%).

Tier 2, part B: This has been identified for 2 priority groups in CHS and MH, urgent care. Currently compliance is CHS 62.14% compared to 10% MH 61.08% compared to 18.4%.

The ask from the Oliver McGowan regional group is for 30% of eligible workforce to be trained by end of March 2025, this will be all patient facing staff for tier 2, not just the priority groups. There is enough capacity to achieve this recommendation. This will be going to TED in February 2025

#### Resuscitation training:

Level 1 - Compliance at end of December 2024 was green 96.2% for substantive staff and 79.9% for bank only staff.

Level 2 - Basic Life Support (BLS). Compliance for substantive staff has increased to 92.8% at the end of December 2024 compared to the end June 2024 at 90%.

Compliance of BLS for bank only staff at the end of December 2024 was 89% (green).

Level 3 - Immediate Life Support (ILS) Compliance of ILS for substantive staff as of end December 2024 was 87.6% (green) which is an increase from 86% 6 months ago.

Compliance for bank only staff has improved to 87.8% (green) compared to end June 2024 at 84.6%

#### Supervision and Appraisal:

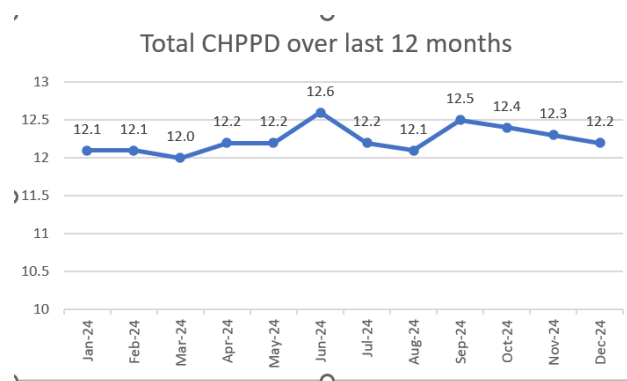
Substantive staff are green for appraisal (93.7%) and clinical supervision (89.4%)

## 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) for July – end December 2024 is reported at 12.2 CHPPD, which is consistent with the previous six months. General variation between directorates reflects the diversity of services, complex and specialist care provided across the Trust.

Factors impacting CHPPD are the changes in acuity levels, staff sickness, reconfiguration of wards/ line of sight, experience and skill of the ward team on duty and high utilisation of temporary workforce who may not know the ward environment.

The monthly safe staffing reports include a breakdown of CHPPD by Directorate to analyse the impact of CHPPD with changes to the budgeted establishment and planned staffing levels from annual establishment review.

### 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 including NEWS2 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.

The monthly safe staffing reports include narrative around nurse sensitive indicators, primarily: falls, pressure ulcers and medication incidents. There have been no category 4 pressure



ulcers in community hospitals in this reporting period. There was a reduction in the number of falls in quarter 2 compared to quarter 1, particularly moderate and major harm falls. The number of medication incidents has been affected by an increase in medication omissions being reported. This is a positive impact of work within CHS regarding ensuring the incidents are reported in order to learn from incidents and improve future medication processes.

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 do note some correlation of impact of staffing skill mix, competencies (right skills) and access to systems as contributory factors in some incident reviews.

## **Establishment reviews**

### **Inpatient Wards**

An assessment of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit), must be reported to the Trust Board by ward or service area twice a year and reset annually, in accordance with the National Quality Board (2016) guidance and NHS Improvements Developing Workforce Safeguards (2018).

LPT's safe staffing policy identifies that all in patient wards must undertake a full annual establishment reset review every 12 months, with a lighter review completed within the following 6 months.

#### Light Establishment Review

The outcomes of the light establishment reviews that commenced in April/May 2024 have been to Directorate DMT's and to Quality and safety Committee in December 2024, here there was no recommended changes.

#### Full Annual Establishment Review

The annual nursing staff establishment reviews commenced across all inpatient areas in October 2024 using a triangulated methodology using national evidence-based tools, professional judgement and patient outcomes.

The results and recommendations are planned to be presented to the Interim Executive Director of Nursing, AHPs and Quality in January 2025 and Directorate DMT's. The final report will be presented to Executive Management Board in February 2025.

## **Workforce Planning**

Effective workforce planning is vital to ensure appropriate levels of skilled 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's commitment to ensuring that we are providing safe care for our patients and service users.

The 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.

## Recruitment and Retention

### International Nurse Recruitment

The Trust has successfully recruited 126 Internationally Educated Nurses (IENs) since commencing this programme of work in November 2021.

Between July and December 2024, we onboarded 16 nurses, 15 to CHS and 1 Nurse to LDA. The challenge with supporting IENs into community teams has been 'driving,' associated costs and recognition that many countries do not have 'district nursing' type roles and therefore it is an unfamiliar role.

There has been some success in attracting potential candidates from direct applications, however, professional and employer checks are proving challenging.

Each Directorate have been asked how many IENs that they would like to onboard for the next 3 years, considering skill mix of teams, ability to support other new starters, preceptees and IENs, there is currently no additional funding announced from NHSE and minimal numbers from Directorates.

We continue to support the grow your own component despite there being no further funding for what was originally known as 'Strand C' for IENs currently working in the Trust as HCSWs. The Nursing and Midwifery Council (UK) introduced an additional process for this cohort of IENs to attain NMC registration by undertaking the Supporting Information from Employers (SIFE). Following a successful pilot, we continue to use a consistent process.

We are seeing success from our initial cohort of IENs and have six who moved into Band 6 roles within 2 years of onboarding. As confidence has grown in our IENs we see 2 gaining Director of Nursing Fellowships to support their career progression and a further 2 on the new cohort.

### NHS England Nursing and Midwifery High Impact Actions

Completion of the NHS England Nursing and Midwifery Retention self-assessment identified three priority areas: flexible working, pride and meaningful recognition, and professional development and careers. Progress continues to be made against the key actions to achieve self-assessment and high impact actions, which includes:

- The Trust was awarded the Interim Preceptorship Quality Mark on 30<sup>th</sup> January 2024. Work is progressing around the review and update of the medication competency assessment.

- The Nursing Career Development Framework from volunteer to Director of Nursing, AHPs and Quality is forming the basis of the new jobs page for the Trust.
- The launch of the DAISY award scheme from 1<sup>st</sup> June 2023 for extraordinary nurses for pride and meaningful recognition Trust-wide continues. From June 2023 to end December 2024, we received 48 nominations that meet the DAISY criteria, had 25 DAISY runners up and awarded 17 DAISY Honourees. The Executive Management Board (EMB) approved to progress the licence for DAISY awards for 2025/26.
- We are working with the ICS around legacy mentoring and are a member of the Legacy Mentoring - Focus Group to support development of regional resources.
- Flexible pension options and support around menopause has been widely communicated across the Trust.

### Professional Nurse Advocates

The Trust continues to grow the number of professional nurse advocates (PNAs), equipping RNs with 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.

		Staff by directorate			
PNA pipeline	No. of staff	CHS	FYPC/LD	DMH	Enabling
Qualified PNAs	21	2	9	10	0
Cohort 4	8	1	3	4	0
Cohort 5	5 (Jan/Feb 2023)	0	2	2	1
Cohort 6	3 (Sept / Nov 2023)	0	2	1	0
Cohort 7	2 (Mar 24)	0	1	1	0
Cohort 8	1 (Nov 24)	0	1	0	0
Total	40	3	18	18	1

PNA Midlands confirmed funding for 2024/2025 for PNA training and we have had 2 nurses join the training, who are awaiting to complete or their results. We have 3 nurses on the waiting list for upcoming courses as they are released.

Funding is now held and commissioned regionally; the aim is to ensure there is a collaborative approach so that universities have clear expectations set for them.

There are challenges to delivering the role in terms of capacity of the PNA and release of staff to attend. There are minimal referrals received and delays in confirmation of staff successfully passing the PNA course. There is an action plan in place to address these challenges.

### Professional Nurse Educators (Mental Health)

LPT received funding from NHSE for 1 year to pilot the Professional Nurse Educator (Mental Health) (PNE) role that has been rolled over the 24/25. 1.0WTE PNE for DMH commenced on 22 April 2024 and 0.6TE commenced in FYPC/LDA on 18 March 2024.

The professional nurse educator (PNE) is an innovative clinical mental health nursing role which supports the facilitation of a learning environment, embedding a learning culture and works as an addition and not instead of other roles.

One of their roles is to be a PNA, facilitate restorative supervision and promote the PNA role in addition to shadowing, bespoke training, support of preceptors and internationally educated nurses.

The PNE's have been supporting areas and staff with bespoke training, pastoral support, preceptorship and grow our own support, developing and coordinating transition programme for our internationally recruited nurses and being a visible supernumery presence. An SBAR is being developed regarding the future of this role post March 2025.

## Grow Our Own Workforce

We continue to offer three placements to T Level students, as from September 2024 one placement is being facilitated within community hospitals. T Levels are a two-year qualification for 16-19 year olds designed in collaboration with employers. Each T Level is equivalent to 3 A Levels, with the aim to support the young person to develop their skills, knowledge and to thrive in the workplace. Successful individuals will start with LPT in their first year with the HCSW workforce, then return to the same placement in the second year and work alongside the registered staff, then stay with the wards and complete their Student Nursing Associate programme.

Taster days are still running, and 2 community hospitals have offered placements for staff to spend a day on the ward, the work experience team will be adding this to the LLR portal.

HCSW career opportunity has been added to Ulearn under our program called WeLearn where a guest speaker can provide HCSW with the information they need and prepare them for the Student Nursing Associate programme.

Grow our own nursing promotion took place for 6 weeks across November and December 2024, we received 45 Expressions of Interest. Triage following the promotional event is currently taking place, Directorate leads will be provided with a breakdown of individuals wishing to undertake a programme in 2025/26 to ensure they can be adequately supported within practice. Individuals who met the essential criteria will be supported along the HEI/LPT recruitment process, individuals who did not meet criteria or did not have the appropriate visa have been supported and signposted as required.

## Nursing Associates

The registered 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 Nursing & Midwifery Council (NMC) registered nurses available.

There are currently 25 individuals in training, which is an increase from 18 six months ago:

Directorate/service	Number of Candidates
CHS	14
DMH	6

FYPC	3
LD	2

Recruit to train pilot in community CHS teams has commenced with 4 individuals recruited to commence February 2025, however 1 candidate have subsequently withdrawn, this is due to individuals receiving job offers elsewhere and deciding to take a different career path. The individuals will commence into a HCSW post and undertake the care certificate completion and probation.

On 29<sup>th</sup> April 2024, the Trust received TASK54985 letter: Official Title Change - Student Nursing Associate (SNA) to replace Trainee Nursing Associate (TNA).

This change is following conversations with the Nursing and Midwifery Council (NMC), where it has been reiterated the importance of recognising the recommended title for a learner on an NMC approved programme leading to registration as a nursing associate. LPT considered the actions required for this recommendation and sighted at EMB in June 2024. An update was presented to EMB in August 2024 which evidenced all actions had been completed.

### **Registered Nurse Degree Apprenticeship**

The Registered Nurse Degree Apprenticeship was developed in response to a growing demand for healthcare employers to 'grow their own' Registered Nurses through the Apprenticeship Levy. The first Registered Nurse Degree Apprentices began training in September 2017, the introduction of this programme has enabled people to train to become a registered nurse in their chosen field of nursing practice (Adult, Child, Learning Disability, Mental Health) through the apprenticeship route.

There are currently 43 staff on the RNDA programme, which is an increase from 36 at the end of June 2024.

Directorate/service/FOP	Number of Candidates
CHS	20
DMH	16
FYPC	6
LD	1

### **District Nurse Apprenticeship Programme**

The programme is a post registration award and professional qualification designed to meet the professional needs of Registered Nurses who will be working in a Primary Health care setting. The programme is designed to meet the needs of individual practitioners seeking a flexible and adaptable route to a degree level qualification and specialist practitioner recorded qualification with the NMC.

Following recruitment 6 individuals commenced in September 2024

### **Specialist Community Public Health Nurses (SCPHN)**

The programme is a post registration award designed to prepare staff for a career in Specialist Community Public Health Nursing at both strategic and operational levels, the course allows

individuals to achieve core and field specific SCPHN proficiency outcomes as a Health Visitor (HV) or School Nurse (SN).

9 individuals commenced on the HV SCPHN programme 9 in September 2024 – I has deferred for 12 months.

School nurse SCPHN programme has had 3 individuals commence in September 2024

### **Decision required.**

Quality and Safety Committee are asked to receive this report evidencing a level of assurance.

### **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>	Quality & Safety Committee	
	James Mullins, Interim Executive Director of Nursing, AHPs and Quality	
<b>Paper authored by:</b>	Jane Martin, Assistant Director of Nursing and Quality	
<b>Date submitted:</b>	07.02.25	
<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):</b> 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	NA	
	NA	
	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	
<b>Organisational Risk Register considerations:</b>	Trust wide Quality Improvement	
	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> <b>False and misleading information (FOMI) considerations:</b>	Yes	
	None	
<b>Positive confirmation that the content does not risk the safety of patients or the public</b>	Yes	
<b>Equality considerations:</b>		