

TRUST PUBLIC BOARD

26 May 2022

Supplementary Information

Nursing and Midwifery Strategy 2020-2025 Annual Report

Presented for:	Assurance and information
Presented by:	Lisa Grant, Chief Nurse
Author(s):	Memory Van Beek, Head of Nursing Professional Development
Previous Committees:	None

Trust Goals	
The best for patient safety, quality and experience	✓
The best place to work	✓
A centre for excellence for research, education and innovation	✓
Seamless integrated care across organisational boundaries	
Financial sustainability	

Trust Risks (Type & Category)				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Risk
Workforce Risk	✓	Workforce Supply Risk - We will deliver safe and effective patient care through having adequate systems and processes in place to ensure the Trust has access to appropriate levels of workforce supply	Cautious	↔ (same)
Operational Risk			Choose an item	Choose an item.
Clinical Risk	✓	We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Minimal	↔ (same)
Financial Risk			Choose an item	Choose an item.
External Risk	✓	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law	Averse	↔ (same)

Key points	
1. The Annual Nursing and Midwifery Report provides an update against the year one objectives.	Information

1. Introduction

The LTHT Nursing and Midwifery Strategy 2020-2025 has been developed in consultation with Nurses and Midwives across the Trust. It sets the direction for our work and our ambitions over the next five years.

The strategy has taken into account the many supporting strands of work in our organisation and across all the healthcare professions, plus The NHS Long Term Plan, NHS People Plan and the Chief Nursing Officer and Chief Midwifery Officers priorities for Nurses and Midwives in England.

2. Summary

This strategy is a commitment to our Nursing and Midwifery workforce, to our growth, our development and celebration of our professions. The strategy will enable us to deliver the highest standards of care and experience for our patients in line with our organisation's vision and goals.

The Strategy was launched in 2021-22 with three key goals and ambitions:

- Grow and develop our workforce
- Deliver outstanding care
- Celebrate excellence and enhance professional pride

Following the launch of the strategy, all our nursing and midwifery teams held further engagement events to create bespoke roadmaps outlining how each would deliver on our goals and ambitions. Throughout the year our Heads of Nursing have presented their plans through a 'report out', sharing the engagement and collaboration of their teams and commitment to meeting the strategy goals and ambitions with a focus on reset and recovery.

The attached end of year report demonstrates how all of our nursing and midwifery teams engaged with their teams, and collaboratively created their CSU plans for the first year. Examples are presented from across all our teams to showcase some of the successes, challenges and lessons that have shaped our first year of implementing our Nursing and Midwifery Strategy.

This annual report serves to demonstrate and celebrate our remarkable progress against the goals and objectives.

3. Recommendations

The Board is asked to:

- Note the content of this report

Authors:

Memory Van Beek, Head of Nursing Professional Development

Date:

3 May 2022

Appendix A

Bi-annual AHP Workforce: May 2022

1. Introduction

There is no national mandate or safer staffing standardised metric to report the number of Allied Health Professional (AHP) staff within the NHS England Hard Truths monthly staffing return, however the important contribution that our AHP colleagues make to the quality of care provided to patients is acknowledged. This paper provides the Board with a six month summary report in relation to staffing and quality indicators for these professional groups.

2. Summary

AHP's contribute to the quality and safety of patients at Leeds Teaching Hospitals Trust (LTHT) working as part of the multidisciplinary team (MDT) or autonomously in standalone clinics and imaging departments. Trust and local processes provide assurance of each profession's practice. This report provides a review of the AHP workforce in relation to the quality and safety of care provided. It will incorporate:

- Safe staffing and establishment setting
- Escalation and reporting of safety and quality concerns
- Monitoring of AHP caseloads
- Quality indicators
- Recruitment and retention
- Impact on diagnostic waits

3. Safe staffing and establishment setting

There remains no further update on the national staffing tools and metrics that are being developed to better serve the AHP workforce and meet their specific deployment practices, although progress is being made on capacity and demand tools. There are many best practice guidance that include AHP staffing levels which are utilised, for example Guidelines for the Provision of Intensive Care Services (GPICS), United Kingdom Rehabilitation Outcomes Collaborative (UKROC) and Sentinel Stroke National Audit (SSNAP). Our performance against these is locally assessed.

Allocate Healthroster is used within several professions in LTHT and provides a reliable and transparent record of deployment practices. Although maternity leave and vacancies can create gaps in the workforce there are no specific concerns to

raise to the Board from the last six months in relation to staffing of AHP within Adult Therapies CSU (AT CSU).

Covid-19 has had a significant impact on the way AHP services have been delivered to ensure our patients, staff and visitors are kept as safe as possible. Clear infection, prevention and control guidance was instrumental in the development of local procedures and guidelines to support effective patient care and limit virus transmission. Whilst challenges were identified within each profession, staff worked flexibly, embracing different patterns of working and moving between teams and sites safely to support the in-patient services and patient flow. Local training and education supported development of skills and task based competence in order to support ward areas as requested and maximise sustainability of service delivery.

The continued impact of the pandemic has posed operational challenges when staff have tested positive and this remains the biggest risk to service delivery for the coming months. Radiotherapy has amended the existing business contingency plans to include prioritisation of cancer treatments should there be a catastrophic loss of staffing.

3.1 Escalation and reporting of safety and quality concerns

LTHT AHP professions review their service capacity daily against the caseload referred; although AHP's work in teams within specialisms there is the ability to deploy staff within professional teams according to workload pressures. Escalation mechanisms exist within all teams to raise staffing concerns to the respective Clinical Service Manager; who in turn escalates to the Head of Profession/Service to support and mitigate any risks. Any outstanding unmitigated risks are raised to the appropriate CSU triumvirate team or appropriate CSU for other professions for discussion and additional support. All risks are documented via the risk register which is reviewed monthly. During the reporting period no safety concerns have been raised as a result of AHP staffing availability or deployment.

3.2 Monitoring of AHP caseload

The Radiology CSU has their own Computerised Radiography Information System (CRIS) which provides details on all patient examinations undertaken by the AHPs.

The data collected includes details of the practitioner who imaged the patient, in which examination room, how long the examination took and the radiation dose used and allows transparency over the workloads undertaken by each individual. Therapeutic radiography uses a very similar Oncology Management System called MOSAIQ.

For the majority of the other AHP professions, caseload is monitored via Patient Admin System (PAS) for outpatient services and PPM+ for inpatient referrals. Further work is on-going to identify ways to improve caseload oversight and data collection.

3.3 Out-patients

Electronic data capture is available through services' use of PAS and provides access data, monitored and assured through internal governance arrangements. This system, including the informatics suite, also provides services with demand and capacity data and is used to direct resources within the out-patient context.

Orthoptics has returned to near normal levels of service and retains some video and telephone appointments where appropriate.

Podiatry is currently resetting services. Current projects for reducing single service out-patient Referral to Treatment Time (RTT) has reduced from 50 weeks to 16 weeks in the last four months. Podiatry continues to lead facilitation of complying with National Institute for Health and Care Excellence (NICE) guidance on diabetic foot emergencies reducing the need for Emergency Department (ED) attendances for this cohort.

Although radiotherapy referrals did see a decrease through the first phase of the pandemic this has reverted to pre-pandemic levels, this coupled with lengthier treatment slots allocated due to Covid positive patients and the increasing complexity of radiotherapy, mean that the radiotherapy service is continuing to find demand exceeding capacity. A Radiotherapy recovery plan has been ratified at both cancer board and through the Trust Strategic Director and the Chief Operating Officer.

Over the last six months radiology demand has increased most significantly in CT with a year on year increase of almost 6% post-pandemic and out-strips current capacity. There remains a significant backlog of patients and additional scanning capacity will be coming on line in the week commencing 9 May to help address this. MRI demand has increased slightly by 2.5% however the waiting list is coming down steadily with assistance from the independent sector.

CT and MRI have been awarded funding from Health Education England to undertake a 12 month pilot scheme which will allow specialist radiographers to see all the CT and MRI scanning consoles simultaneously and talk to and supervise the scanning radiographers. The expectation is that and training time can be significantly reduced from the current 9-12 months for new recruits to ensure that activity is not

reduced due to training. Turnover is around 10% with recent attrition from MRI into the independent sector through offers of salaries equivalent to a band higher, with no out of hours working.

In Adult Therapies CSU, significant work is being undertaken to return to pre-covid capacity, address backlog and meet new demand. The use of telephone initial consultation and goal setting is working well in Physiotherapy, improving allocation of patients to the right therapist at the right time, signposting patients to the appropriate service as needed and reducing the number of follow up appointments required. The overall waiting list has reduced for acute appointments to just two weeks.

3.4 In-patients

The Adult Therapies CSU hold a monthly service delivery meeting where available data is reviewed, risks in relation to service and quality are identified and plans put in place to mitigate these.

There are no specific concerns to raise to the Board from the last six months as a result of caseload management within AT CSU. However caseload demand is higher than the capacity of the workforce meaning there are some delays in providing rehabilitation services. Some of the increased demand is due to the complexity of patients presenting with higher acuity and dependency needs.

Radiology continues to experience significant demand from wards, assessment areas and the emergency departments. This can impact on outpatient capacity at times of peak demand.

4. Quality Indicators

At LTHT some of the AHP professions use outcome measures where appropriate for the patient's pathway and against their personalised treatment plan. The physiotherapy service is leading a research project to test a standard outcome measure for all services to improve data collection and understanding of the outcome of their treatment. Work is currently underway to ensure that inpatient AHP goals are patient centred and linked to the progression of patients through their pathway.

A quality dashboard has been developed within AT CSU to provide a standardised and coordinated approach to presenting and sharing key quality and safety indicators.

AHPs directly support root cause analysis investigations, such as pressure ulcers and falls. The clinical governance structure within each CSU ensures lessons learnt

from these reviews, as well as complaints and Patient Advice Liaison Service (PALS) are shared between relevant professions and that continuous improvement is supported. There are no specific concerns to raise to the Board over the last six months in relation to the quality indicators within AT CSU at this time.

Diagnostic and therapeutic services report their performance in terms of waiting times as part of the NHS constitutional rights for patients. The Therapeutic Radiographer NHS England Radiotherapy service specification also describes several outcome measures required to evidence a quality service. LTHT diagnostic waiting times for routine patients are not quite back at pre Covid-19 levels but are around 85%. Most two week wait and fast track patients requiring diagnostic examinations continue to be seen within the required time frame, as they have throughout the pandemic.

Monthly Quality Assurance Group and Specialty Quality forums are in place across the AHP services, these provide assurance on quality and safety and an opportunity for learning across services.

5. Recruitment and retention

Each profession has its own strategy for recruiting and retaining its workforce with quality and safety being the key driver. Within AT CSU AHP recruitment has overall remained strong and positive. While the number of applicants for each post has been less than previous years the caliber of the candidates remains high. New graduates remain attracted to LTHT, often having had a good experience while a student on placement, and workforce strategies play into this mechanism to retain staff that have had their post-graduate development enhanced through our employment.

The Royal College of Podiatry reports a lack of supply of podiatrist in the NHS. This is acutely seen with the lack of applicants to specialist posts within hospital/acute settings. This drives the strategy of “grow your own” investment in staff and secondment opportunities at LTHT.

Physiotherapy and Occupational Therapy are about to celebrate their first graduates from the clinical apprenticeship programme that provides a work based learning route whilst employed, for unregistered staff to progress to registered/qualified posts.

National shortages of Dietitians choosing to work and remain in the NHS continue to result in regular recruitment drives and workaround for caseload management. It is consistently taking several months to recruit into previously competitive dietetic posts. The profession and wider regional group are considering grade progressive posts to address workforce pressures.

Diagnostic radiology is experiencing shortfalls in diagnostic radiographers in particular in the modalities of CT, US and MRI with many staff working additional hours to deal with the backlog work. We continue to advertise vacancies however, along with our colleagues in West Yorkshire Association Acute Trusts (WYAAT), workforce in these modalities is a significant challenge we are working on together in collaboration with the Planned Care Alliance and West Yorkshire and Harrogate Cancer Alliance. The academic year for the third cohort of radiography apprentices commenced in March 2021 with the first cohort of three expected to qualify in March 2023. Advanced practice opportunities in reporting and interventional work continue to provide staff development.

Therapeutic radiography are providing career development opportunities using skill mix models such as extended scope practitioners in the form of consultant radiographer roles, advanced clinical practice roles, and clinical support worker roles to deliver services and retain experienced staff and prevent attrition.

In order to provide a resilient and sustainable pool of trainees for the future the first cohort of Therapeutic Radiographer apprentices commenced in post.

Apprenticeships programs continue to be successful delivered within Occupational Therapy and Physiotherapy. Other professions continue to link with their professional bodies and higher educational partners to establish what apprentice opportunities and further plans can be supported.

6. Conclusion and recommendations

The Board is asked to:

- Note the content of this report and the factors that are influencing the current AHP services.
- Be assured support and plans for reliable data collection mechanisms is on-going
- Be assured that LTHT AHP professions are using quality and staffing metrics to influence service and establishment setting where these are available.
- Be assured that AHPs have local processes in place to escalate safety and quality concerns.

Author(s):

Janice Martin - Lead AHP Adult Therapies CSU
Penny Dutton - Radiography Head of Profession
Janice Hoole - Head of Orthoptics
Hazel Rodger - Head of Radiotherapy
Dawn Wills - Service Manager Children's CSU

Date: May 2022

Appendix B

February 2022

Feb-22	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (SJPC)
Ward name	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number of Red Shifts SafeCare
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)							
J42 Urology	100.0%	100.0%	90.0%	99.0%	2.99	2.85	3.5	3.5	6.5	6.3	
J43 Short Stay Surgery	89.0%	119.0%	90.0%	134.0%	NA	NA	NA	NA	NA	NA	1
J44 General Surgery	114.0%	128.0%	94.0%	129.0%	3.54	3.73	3.4	4.4	7.0	8.1	
J45 General Surgery	89.0%	106.0%	107.0%	144.0%	3.92	3.77	4.4	5.3	8.3	9.1	
J46 Colorectal Surgery	100.0%	115.0%	91.0%	98.0%	2.88	2.77	3.5	3.7	6.3	6.4	
J47 Colorectal Surgery	93.0%	100.0%	84.0%	106.0%	3.54	3.15	5.0	5.1	8.5	8.3	
J49 Renal Medicine Male	120.0%	102.0%	113.0%	134.0%	3.09	3.60	3.6	4.0	6.6	7.6	
J50 Renal Medicine Female	117.0%	98.0%	109.0%	170.0%	3.25	3.71	3.7	4.5	7.0	8.2	
J82 UGI & HPB Surgery	90.0%	90.0%	104.0%	110.0%	3.22	3.07	3.6	3.6	6.8	6.6	
J83 Leeds Liver Unit	108.0%	113.0%	97.0%	102.0%	3.25	3.34	3.5	3.7	6.7	7.1	
J91 Gastro	86.0%	103.0%	93.0%	98.0%	2.94	2.62	4.1	4.1	7.0	6.7	
J92 Gastro	87.0%	87.0%	104.0%	100.0%	2.73	2.54	5.0	4.6	7.8	7.2	
General ICU SJUH	96.0%	88.0%	86.0%	110.0%	30.46	27.66	3.7	3.7	34.2	31.4	

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	98.0%
	85.9%
	94.6%
	97.5%
	86.2%
	90.4%
	92.0%
	92.5%
	83.8%
3	75.8%
	96.0%
	96.0%
	98.5%

February 2022

Feb-22	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (SJPC)
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Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)							
J81 Surgical Oncology ICU	104.0%	80.0%	115.0%	81.0%	19.42	21.27	4.1	3.3	23.5	24.5	
Neuro HDU/ICU	83.0%	80.0%	85.0%	92.0%	24.90	20.83	3.6	3.1	28.5	23.9	
Cardiac HDU/ICU	103.0%	80.0%	100.0%	92.0%	24.70	24.99	4.2	3.6	28.9	28.6	
General ICU LGI	104.0%	118.0%	101.0%	114.0%	24.87	25.50	4.3	5.0	29.2	30.5	
J06 Adult Cystic Fibrosis	100.0%	107.0%	98.0%	100.0%	8.98	8.94	4.0	4.2	13.0	13.1	
J09 Respiratory Medicine	117.0%	108.0%	87.0%	92.0%	3.23	3.28	5.0	5.0	8.2	8.3	
J10 Respiratory Medicine	117.0%	89.0%	112.0%	89.0%	9.75	3.30	9.6	4.0	19.4	4.3	
J11 Respiratory Surge	89.0%	85.0%	83.0%	116.0%	3.87	3.33	5.0	4.9	8.8	8.3	
J12 Respiratory Medicine	106.0%	109.0%	86.0%	98.0%	3.47	3.34	4.6	4.8	8.1	8.1	
L14 Cardiology Day Case	124.0%	113.0%	93.0%	100.0%	NA	NA	NA	NA	NA	NA	
L16 Cardiac Surgery	83.0%	85.0%	97.0%	200.0%	3.36	2.97	2.1	2.5	5.5	5.5	
L18 Cardiology	99.0%	95.0%	94.0%	98.0%	2.95	2.86	4.6	4.4	7.5	7.3	1
L19 Cardiology	94.0%	91.0%	94.0%	125.0%	3.29	3.09	3.5	3.7	6.7	6.8	

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	95.6%
	91.8%
	92.4%
	96.5%
	93.9%
	84.9%
	92.3%
	94.4%
	96.5%
	NA
	90.6%
	89.9%
	92.3%

February 2022

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	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number of Red Shifts SafeCare
Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)							
L20 CCU	100.0%	94.0%	95.0%	NA	9.26	9.02	1.5	1.4	10.8	10.4	
C01 Neuro Rehabilitation	102.0%	93.0%	100.0%	246.0%	3.57	3.62	4.9	6.4	8.5	10.0	
C02	107.0%	143.0%	100.0%	169.0%	3.71	3.75	3.0	4.7	6.7	8.4	
C03 Orthopaedic Centre	99.0%	94.0%	97.0%	217.0%	4.75	4.95	3.1	4.3	7.9	9.2	
C06 Stroke Rehab	99.0%	74.0%	100.0%	128.0%	3.14	3.12	4.3	4.1	7.5	7.2	
Ward 01 - WGH	100.0%	100.0%	NA	NA	NA	NA	NA	NA	NA	NA	
J01 Neonatal Unit	99.0%	118.0%	99.0%	115.0%	10.01	9.87	1.2	1.3	11.2	11.2	
Transitional Care - SJH	103.0%	100.0%	99.0%	100.0%	6.43	6.47	3.5	3.5	9.9	10.0	
L30 Childrens Respiratory/CF	98.0%	68.0%	90.0%	89.0%	9.10	8.58	2.9	2.2	11.9	10.8	
L31 Childrens Oncology	87.0%	128.0%	94.0%	111.0%	10.31	9.30	1.1	1.4	11.5	10.7	
L38 Female Trauma Orthopaedics	128.0%	101.0%	127.0%	96.0%	6.49	8.30	2.9	2.9	9.4	11.2	
L40 Childrens General Medicine	83.0%	112.0%	102.0%	170.0%	7.68	7.03	1.8	2.5	9.5	9.5	
L41 Childrens Surgery	94.0%	91.0%	90.0%	116.0%	6.84	6.29	3.2	3.3	10.0	9.6	

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	96.5%
	98.8%
	82.1%
	83.5%
	80.6%
	NA
	94.1%
	94.6%
	88.9%
	86.9%
	89.9%
	95.8%
	95.7%

February 2022

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Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)							
L42 Paediatric Surgery	100.0%	85.0%	99.0%	92.0%	7.81	7.78	1.5	1.3	9.3	9.1	
L43 Neonatal Unit	90.0%	106.0%	89.0%	100.0%	22.62	20.17	0.6	0.7	23.2	20.8	
L47 PICU	100.0%	NA	100.0%	NA	25.27	25.27	2.1	1.7	27.3	26.9	
L50 Childrens Liver & Renal	96.0%	89.0%	95.0%	141.0%	7.14	6.83	2.0	2.2	9.1	9.1	
L51 Childrens Cardiac Surgery	96.0%	57.0%	99.0%	84.0%	8.41	8.19	1.4	1.0	9.9	9.2	
L52 Childrens Neurosciences	86.0%	80.0%	91.0%	175.0%	8.23	7.26	2.9	3.5	11.2	10.8	
L23 ENT/Spines	98.0%	153.0%	98.0%	152.0%	2.85	2.79	3.2	4.9	6.1	7.7	
L17 Neurology	102.0%	114.0%	100.0%	250.0%	3.11	3.14	3.9	6.2	7.0	9.3	
L21 Acute Stroke Unit	89.0%	83.0%	93.0%	93.0%	5.11	4.63	6.9	6.0	12.0	10.7	
L24 Neuro/Spines	96.0%	81.0%	100.0%	124.0%	2.93	2.87	4.9	4.8	7.8	7.6	1
L25 Neuro/Spines	97.0%	110.0%	100.0%	115.0%	4.30	4.23	4.8	5.4	9.1	9.7	
L28 Surgical Day Unit	109.0%	129.0%	100.0%	210.0%	NA	NA	NA	NA	NA	NA	
J23 Breast Surgery	90.0%	104.0%	101.0%	116.0%	5.71	5.33	6.7	7.1	12.4	12.5	

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	97.9%
	95.0%
	94.6%
	89.2%
	94.8%
	94.9%
	96.9%
	94.5%
	97.2%
	98.9%
	90.5%
	88.8%
	97.7%

February 2022

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	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number of Red Shifts SafeCare
Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)							
J84 Thoracic Surgery	92.0%	93.0%	92.0%	96.0%	4.94	4.53	3.0	2.9	8.0	7.4	
J88 Haematology	97.0%	102.0%	98.0%	101.0%	3.59	3.48	3.8	3.9	7.4	7.3	
J89 Haematology BMTU	86.0%	128.0%	98.0%	109.0%	5.24	4.76	3.0	3.5	8.2	8.2	
J93 Oncology	82.0%	92.0%	91.0%	91.0%	4.26	3.65	3.4	3.1	7.7	6.8	
J94 Young Adults Unit	83.0%	105.0%	100.0%	86.0%	5.96	5.41	2.6	2.5	8.6	7.9	
J96 Oncology Assessment	80.0%	82.0%	100.0%	117.0%	5.49	4.81	3.8	3.6	9.2	8.5	
J97 Oncology	87.0%	97.0%	87.0%	100.0%	3.90	3.40	3.1	3.1	7.0	6.5	
J98 Gynaecology	87.5%	83.0%	100.0%	116.0%	3.13	2.88	4.8	4.8	8.0	7.6	
J14 Older Peoples Services	129.0%	93.0%	100.0%	118.0%	2.97	3.41	4.1	4.3	7.1	7.7	2
J15 Older Peoples Services	106.0%	82.0%	129.0%	119.0%	2.73	3.19	4.0	4.0	6.7	7.1	1
J16 Acute Medicine	84.0%	81.0%	92.0%	124.0%	3.66	3.22	5.1	5.1	8.8	8.4	3
J17 Older Peoples Services	100.0%	89.0%	103.0%	114.0%	2.96	3.01	4.1	4.1	7.1	7.1	2
J19 Elderly Admissions	97.0%	102.0%	90.0%	110.0%	3.21	3.00	4.3	4.5	7.5	7.5	3

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	95.9%
	94.3%
	94.5%
	93.5%
	97.9%
	94.4%
	93.8%
	94.5%
1	76.4%
	93.2%
	80.0%
	82.5%
	88.2%

March 2022

Mar-22	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (SJPC)
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number of Red Shifts SafeCare
Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)							
J42 Urology	95.0%	98.0%	85.0%	115.0%	2.89	2.62	3.4	3.6	6.2	6.2	
J43 Short Stay Surgery	111.0%	89.0%	87.0%	112.0%	NA	NA	NA	NA	NA	NA	
J44 General Surgery	89.0%	115.0%	87.0%	123.0%	4.30	3.80	3.5	4.1	7.8	7.9	1
J45 General Surgery	107.0%	124.0%	89.0%	154.0%	3.37	3.36	3.8	5.2	7.2	8.5	
J46 Colorectal Surgery	104.0%	85.0%	78.0%	107.0%	2.45	2.26	4.2	3.9	6.6	6.2	1
J47 Colorectal Surgery	84.0%	111.0%	78.0%	111.0%	3.58	2.92	3.9	4.3	7.5	7.2	1
J49 Renal Medicine Male	112.0%	89.0%	103.0%	102.0%	2.77	3.01	4.3	4.1	7.1	7.1	
J50 Renal Medicine Female	118.0%	122.0%	107.0%	144.0%	3.12	3.55	3.1	4.1	6.2	7.6	
J82 UGI & HPB Surgery	89.0%	84.0%	96.0%	107.0%	3.02	2.77	3.4	3.2	6.4	6.0	
J83 Leeds Liver Unit	110.0%	88.0%	95.0%	102.0%	3.11	3.22	3.8	3.6	6.9	6.8	
J91 Gastro	85.0%	113.0%	98.0%	89.0%	2.62	2.35	3.7	3.7	6.3	6.1	
J92 Gastro	87.0%	121.0%	127.0%	116.0%	2.85	2.87	3.9	4.6	6.8	7.5	
General ICU SJUH	125.0%	93.0%	125.0%	109.0%	19.24	24.04	3.5	3.6	22.8	27.6	

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	98.2%
1	83.2%
	96.4%
	97.5%
	94.2%
1	78.3%
	92.9%
	93.5%
	83.6%
3	80.2%
	96.1%
	95.1%
	97.4%

March 2022

Mar-22	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (SJPC)
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number of Red Shifts SafeCare
Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)							
J81 Surgical Oncology ICU	92.0%	81.0%	102.0%	94.0%	19.55	18.93	4.7	4.1	24.2	23.1	
Neuro HDU/ICU	83.0%	96.0%	85.0%	129.0%	26.67	22.41	4.0	4.5	30.6	26.9	
Cardiac HDU/ICU	80.0%	80.0%	97.0%	96.0%	24.97	21.87	3.6	3.2	28.6	25.1	
General ICU LGI	100.0%	103.0%	101.0%	145.0%	23.78	23.88	4.0	4.7	27.7	28.6	
J06 Adult Cystic Fibrosis	98.0%	104.0%	100.0%	97.0%	6.72	6.65	3.3	3.3	10.0	10.0	1
J09 Respiratory Medicine	93.0%	96.0%	78.0%	91.0%	3.23	2.78	4.7	4.4	8.0	7.2	
J10 Respiratory Medicine	118.0%	74.0%	114.0%	83.0%	9.66	3.30	9.2	4.0	18.8	4.3	
J11 Respiratory Surge	92.0%	94.0%	83.0%	126.0%	3.16	2.78	4.4	4.8	7.6	7.6	
J12 Respiratory Medicine	97.0%	104.0%	83.0%	99.0%	3.35	3.01	4.4	4.5	7.8	7.5	
L14 Cardiology Day Case	114.0%	116.0%	123.0%	127.0%	NA	NA	NA	NA	NA	NA	1
L16 Cardiac Surgery	82.0%	93.0%	98.0%	124.0%	3.24	2.85	2.3	2.4	5.5	5.3	
L18 Cardiology	97.0%	81.0%	89.0%	102.0%	2.72	2.54	4.4	4.0	7.1	6.5	3
L19 Cardiology	96.0%	95.0%	92.0%	127.0%	3.02	2.84	3.1	3.4	6.2	6.3	7

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	93.3%
	93.9%
	90.9%
	97.6%
	94.3%
	96.4%
	96.3%
	95.8%
	97.1%
	96.3%
	94.6%
	90.0%
	93.4%

March 2022

Mar-22	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (SJPC)
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number of Red Shifts SafeCare
Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)							
L20 CCU	107.0%	92.0%	96.0%	NA	8.00	8.12	1.3	2.3	9.3	10.4	2
C01 Neuro Rehabilitation	94.0%	83.0%	100.0%	199.0%	4.36	4.18	5.7	6.4	10.0	10.6	
C02	99.0%	123.0%	98.0%	142.0%	3.26	3.21	2.7	3.6	6.0	6.8	
C03 Orthopaedic Centre	97.0%	100.0%	92.0%	100.0%	6.21	5.97	5.4	5.4	11.6	11.4	
C06 Stroke Rehab	94.0%	68.0%	100.0%	118.0%	3.11	3.00	4.1	3.6	7.2	6.6	
Ward 01 - WGH	102.0%	100.0%	NA	NA	NA	NA	NA	NA	NA	NA	
J01 Neonatal Unit	98.0%	115.0%	99.0%	100.0%	9.42	9.28	1.7	1.9	11.1	11.2	
Transitional Care - SJH	103.0%	100.0%	101.0%	100.0%	5.79	5.90	2.6	2.6	8.4	8.5	
L30 Childrens Respiratory/CF	93.0%	81.0%	77.0%	103.0%	8.00	6.82	2.2	2.1	10.2	8.9	
L31 Childrens Oncology	85.0%	96.0%	84.0%	109.0%	10.03	8.47	1.7	1.8	11.8	10.2	
L38 Female Trauma Orthopaedics	123.0%	101.0%	106.0%	100.0%	5.71	6.60	3.7	3.8	9.5	10.4	
L40 Childrens General Medicine	92.0%	135.0%	102.0%	160.0%	6.59	6.34	1.6	2.3	8.2	8.7	
L41 Childrens Surgery	95.0%	133.0%	96.0%	153.0%	5.88	5.61	3.0	4.2	8.8	9.8	

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	95.9%
1	91.8%
	77.6%
	99.0%
1	90.3%
	97.7%
	92.9%
	97.9%
	86.9%
1	88.3%
	94.5%
	86.5%
	91.7%

March 2022

Mar-22	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (SJPC)
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number of Red Shifts SafeCare
Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)							
L42 Paediatric Surgery	99.0%	75.0%	97.0%	90.0%	7.63	7.49	1.7	1.4	9.3	8.8	
L43 Neonatal Unit	100.0%	100.0%	98.0%	100.0%	18.02	17.80	1.0	1.0	19.0	18.8	
L47 PICU	97.0%	NA	100.0%	NA	24.75	24.37	0.0	0.0	24.7	24.4	
L50 Childrens Liver & Renal	101.0%	121.0%	100.0%	104.0%	6.81	6.85	1.7	1.9	8.5	8.8	
L51 Childrens Cardiac Surgery	96.0%	80.0%	94.0%	91.0%	8.18	7.76	1.1	1.0	9.3	8.7	
L52 Childrens Neurosciences	98.0%	100.0%	91.0%	148.0%	6.81	6.43	2.7	3.2	9.5	9.7	
L23 ENT/Spines	91.0%	122.0%	100.0%	135.0%	2.81	2.66	3.1	4.0	5.9	6.6	1
L17 Neurology	99.0%	121.0%	102.0%	201.0%	2.82	2.81	3.8	5.8	6.6	8.7	
L21 Acute Stroke Unit	92.0%	85.0%	90.0%	98.0%	4.35	3.98	5.9	5.4	10.2	9.4	
L24 Neuro/Spines	87.0%	78.0%	94.0%	131.0%	3.05	2.73	4.8	4.8	7.9	7.5	2
L25 Neuro/Spines	88.0%	103.0%	98.0%	120.0%	4.33	4.00	4.7	5.3	9.1	9.3	
L28 Surgical Day Unit	110.0%	114.0%	105.0%	189.0%	NA	NA	NA	NA	NA	NA	
J23 Breast Surgery	99.0%	106.0%	100.0%	103.0%	5.07	5.05	5.9	6.2	11.0	11.3	

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	94.2%
1	93.7%
	95.7%
	92.7%
	95.5%
	88.2%
	97.0%
	95.8%
	98.3%
	98.2%
	94.1%
	95.9%
	97.5%

March 2022

Mar-22	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (SJPC)
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number of Red Shifts SafeCare
Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)							
J84 Thoracic Surgery	92.0%	91.0%	109.5%	88.0%	4.38	4.29	3.2	2.9	7.6	7.2	
J88 Haematology	95.0%	82.0%	100.0%	105.0%	3.55	3.44	3.1	2.9	6.7	6.3	
J89 Haematology BMTU	89.0%	104.0%	88.0%	111.0%	4.40	3.90	2.3	2.5	6.7	6.4	
J93 Oncology	81.0%	93.0%	83.0%	97.0%	3.92	3.21	3.1	3.0	7.1	6.2	
J94 Young Adults Unit	84.0%	121.0%	98.0%	94.0%	5.35	4.85	2.4	2.6	7.8	7.5	
J96 Oncology Assessment	91.5%	91.0%	89.0%	120.0%	4.40	3.99	3.1	3.2	7.5	7.2	
J97 Oncology	82.0%	93.0%	83.0%	94.0%	3.76	3.09	3.0	2.8	6.8	5.9	
J98 Gynaecology	85.0%	112.0%	99.0%	109.0%	3.13	2.80	3.5	3.8	6.6	6.6	
J14 Older Peoples Services	114.0%	105.0%	91.0%	119.0%	3.00	3.07	4.0	4.5	7.0	7.5	5
J15 Older Peoples Services	91.0%	90.0%	108.0%	101.0%	2.78	2.75	4.4	4.2	7.2	7.0	8
J16 Acute Medicine	76.0%	84.0%	74.0%	120.0%	3.46	2.59	5.2	5.2	8.6	7.8	3
J17 Older Peoples Services	93.0%	94.0%	99.0%	117.0%	3.01	2.88	4.1	4.2	7.1	7.1	7
J19 Elderly Admissions	84.0%	105.0%	80.0%	112.0%	3.36	2.76	4.2	4.6	7.6	7.4	

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	95.0%
	93.4%
	94.7%
	96.9%
	98.3%
	93.4%
	89.6%
	95.4%
2	68.0%
	95.2%
	87.9%
	84.5%
	90.4%

March 2022

Mar-22	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (SJPC)
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number of Red Shifts SafeCare
Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)							
J20 Infection & Travel Medicine	75.0%	92.0%	105.0%	105.0%	3.75	3.22	3.0	3.0	6.8	6.2	
J21 Elderly Short Stay & Assessment	93.0%	101.0%	80.0%	108.0%	3.22	2.78	4.1	4.3	7.3	7.1	7
J26 Older Peoples Services	91.0%	100.0%	98.0%	111.0%	3.14	2.96	4.4	4.6	7.5	7.5	3
J27 Acute Medicine	100.0%	78.0%	96.0%	97.0%	3.37	3.30	5.8	5.0	9.2	8.3	10
J28 Older Peoples Services	91.0%	111.0%	102.0%	123.0%	2.56	2.47	3.6	4.2	6.2	6.7	1
J29 Winter Ward	80.0%	85.0%	80.0%	126.0%	3.29	2.62	3.7	3.8	7.0	6.4	6
J34 (NEW) Winter Ward	100.0%	75.0%	106.0%	118.0%	NA	2.50	NA	4.3	NA	6.8	4
David Beevers Day Unit - SJH	104.0%	109.0%	123.0%	123.0%	NA	NA	NA	NA	NA	NA	
L08 TRS HOBS	101.0%	80.0%	99.0%	97.0%	7.71	7.69	3.1	2.8	10.9	10.5	
L09 Childrens Medicine	102.0%	91.0%	120.0%	106.0%	2.85	3.09	4.9	4.8	7.8	7.9	
L10 Major Trauma Ward	86.0%	86.0%	98.0%	100.0%	3.17	2.86	5.4	5.1	8.6	7.9	
L15 Vascular	82.0%	80.0%	83.0%	111.0%	3.42	2.82	4.4	4.1	7.8	6.9	
L22 Plastics	89.0%	85.0%	100.0%	145.0%	2.73	2.53	3.4	3.7	6.1	6.3	1

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	86.7%
	80.2%
	91.4%
	89.1%
	92.4%
	88.0%
	81.8%
	NA
	96.9%
	90.9%
	97.1%
	97.5%
	82.7%

March 2022

Mar-22	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (SJPC)
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number of Red Shifts SafeCare
Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)							
L34 Orthopaedic Trauma	82.0%	81.0%	106.0%	100.0%	3.05	2.76	5.5	5.0	8.5	7.7	1
L35 Orthopaedic Trauma/Vascular	84.0%	83.0%	99.0%	106.0%	2.45	2.18	4.2	3.9	6.6	6.1	
(NEW) X37 Surge	86.0%	70.0%	128.0%	125.0%	NA	3.70	NA	4.8	NA	8.5	
J07 General Admissions (inc HOBS)	89.0%	97.0%	90.0%	96.0%	3.59	3.21	5.1	4.9	8.7	8.1	
J08 Medical Admissions Unit	86.0%	111.0%	83.0%	98.0%	3.23	2.72	4.9	5.1	8.1	7.8	
J03 Delivery Suite	97.0%	83.0%	99.0%	96.0%	28.02	27.39	5.0	4.5	33.0	31.9	
J04 Ante Natal	84.0%	84.0%	98.0%	80.0%	20.24	18.11	7.4	6.1	27.7	24.2	
J05 Obstetrics	97.0%	82.0%	91.0%	100.0%	4.00	3.79	2.3	2.0	6.3	5.8	
J24 Gynaecology	110.0%	108.0%	100.0%	168.0%	NA	NA	NA	NA	NA	NA	
L36 Maternity	93.0%	98.0%	90.0%	91.0%	4.10	3.78	2.2	2.1	6.3	5.9	
L44 Maternity	98.0%	93.0%	95.0%	81.0%	11.20	10.81	3.6	3.1	14.8	13.9	
L45 Delivery Suite	99.0%	83.0%	97.0%	90.0%	24.62	24.12	4.9	4.2	29.5	28.3	

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	78.2%
	92.1%
	97.0%
	89.5%
	92.5%
1	94.8%
	97.0%
	91.7%
	97.2%
	98.8%
	94.8%
	99.0%