

**TRUST PUBLIC BOARD****31 March 2022****Supplementary Information****Nursing and Midwifery Quality and Safety Staffing Report**

<b>Presented for:</b>	Assurance and information
<b>Presented by:</b>	Lisa Grant, Chief Nurse
<b>Author(s):</b>	Lisa Gibson - Head of Nursing Workforce and Education Laura Wokes - Lead Nurse Professional Practice Safety and Standards Sue Gibson - Director of Midwifery Becky Musgrave - Head of Midwifery
<b>Previous Committees:</b>	None

<b>Trust Goals</b>	
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	

<b>Trust Risks (Type &amp; Category)</b>				
<b>Level 1 Risk</b>	(✓)	<b>Level 2 Risks</b>	<b>(Risk Appetite Scale)</b>	<b>Risk</b>
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)

<b>Key points</b>	
1. The Nursing and Midwifery Quality and Safety Staffing supplementary information report for December 2021 and January 2022 is presented for information.	Information
2. Bi-Annual Midwifery workforce report is presented for information and assurance.	Information and assurance

## **1. Introduction**

The Nursing & Midwifery Quality and Safety Staffing Report is a report that provides a review of nursing and midwifery staffing levels in relation to the safety and quality of care provided. It reports by exception the clinical areas that have fallen below their planned staffing levels and have correspondingly not achieved the required standard within the Ward Healthcheck audit process.

This paper contains additional workforce and Healthcheck information collected for December 2021 and January 2022 and presented in Appendix B.

Also included in this paper in Appendix A is the bi-annual report on Maternity workforce, quality and safety including;

- National maternity transformation
- Maternity safe staffing reviews
- Birthrate Plus recommendations
- Future Workforce plans

## **2. Summary**

The ward/department Healthcheck provides a systematic overview of performance across a range of key areas that influence or reflect the standards of care, patient outcomes and experience of care delivered in LTHT. The Trust reports staffing numbers to NHS England via a monthly Nurse Staffing Return (Hard Truths) for inpatient areas. Data is included for December 2021 and January 2022, any wards that have been closed during the reporting period are excluded from the report.

Information in this report in Appendix B is presented by ward/departments where there is access to the full range of nationally recommended nursing and midwifery workforce indicators to understand how staff capacity and deployment may affect the quality of care delivered.

The Director of Midwifery has provided information in Appendix A as part of a biannual midwifery workforce report to enable the Board to gain insight and assurance in relation to the processes that are in place to monitor the midwifery workforce.

## **3. Risk**

The Workforce Committee provides oversight of the workforce supply and deployment of registered nurses, midwives, operating department practitioner and unregistered workforce. The Quality Assurance Committee provides oversight of the regulatory, quality and safety patient indicators. There was no material change to the risk appetite statement related to the level 2 risk categories and the Trust continues to operate within the risk appetite for the level 1 risk categories (workforce, clinical and external risks) set by the Board.

#### **4. Recommendations**

The Board is asked to:

- Note the content of this report

#### **Authors:**

Lisa Gibson - Head of Nursing Workforce and Education

Sue Gibson - Director of Midwifery

Laura Wokes - Lead Nurse Professional Practice Safety and Standards

#### **Date:**

11 March 2022

## Appendix A

### Bi- Annual Midwifery Workforce Paper Including Recommendations from Birthrate+ Review

Key points	
1. LTHT maternity services commissioned a Birthrate Plus (BR+) midwifery workforce review to establish the recommended establishment and skill mix required to sustain a safe service.	For information and Assurance
2. The review identified some gaps in the clinical and non-clinical/specialist midwifery workforce.	For Information
3. The paper details the current funded establishment, the BR+ recommendations and the associated additional funding.	For information
4. There is a separate unvalidated workforce tool to calculate midwifery requirements to support the roll out of continuity of carer which is a pivotal element of Maternity Transformation Plans.	Information and Assurance
5. Recurrent funding will be provided by NHS E/I which will be devolved to the West Yorkshire and Harrogate Local Maternity System (LMS) and will be distributed on a fair share basis. The available funding will enable the gaps identified in the BR+ report to be filled.	Information and Assurance

#### 1. Introduction

As part of the Safer Staffing requirements for Maternity Services an establishment review was commissioned by Birthrate+ (BR+). The use of BR+ has been recommended in all recent Department of Health Maternity Policy; is endorsed by the Royal College of Midwives and is incorporated within the Clinical Negligence Scheme for Trusts (CNST) standards issued by the NHS Litigation Authority. It is the only validated maternity workforce tool and has a 24-year history of application in 100+ Trusts in the UK and Ireland.

There have been a number of reports in recent years related to the safety of maternity services, most recently the interim Ockenden report in December 2020 and “The safety of maternity services” report by the Health Select Committee in July 2021. A workforce strategy that ensures we have the right staff with the right skills in the right place is inextricably linked with the fundamental principles of safety for mothers and babies and is pivotal in supporting and sustaining safe maternity care.

This paper provides the outcome of the establishment review undertaken in August 2021. The BR+ data was collected for a 3-month period, April to June 2021, and analysed to understand the acuity and needs of women which then determine the staffing levels and skill mix required to support and sustain a safe maternity service.

The report is based on the midwifery workforce required to support services at Leeds General Infirmary (LGI) St James Hospital (SJUH) and local community services. An absence factor uplift of 23% has been incorporated and 10% allowance for community travel is included in the staffing figures.

## **2. Background**

Bi-annual internal workforce reviews have been undertaken in LTHT and aligned with national key performance indicators and the principles of safe staffing in maternity services as defined by National Institute for Health and Care Excellence (NICE).

BR+ provides the intelligence and insights required to support leaders of maternity services and Trust Boards to model midwifery numbers, skill mix and deployment required to support safe and sustainable maternity services. The use of BR+ enables Trusts to calculate their specific workforce needs based on activity, case mix, demographics and skill mix. It also takes account of the contribution to the quality of services by non-clinical staff such as managers, governance teams and other non-clinical specialist roles.

In response to the Ockenden report all maternity services were asked to submit a workforce bid to NHSE/I for additional non-recurrent funding to support the clinical service based on the recommendations of their BR+ reports. At the time of submission LTHT had commissioned the BR+ workforce review but had not received the finalised report due to increased national demand on the BR+ team. The service did receive some nominal non-recurrent funding in the absence of a report.

Midwifery Continuity of Carer (MCoC) has been proven to deliver safer and more personalised maternity care. Building on the recommendations of Better Births and the commitments of the NHS Long Term Plan, the ambition for the NHS in England is for MCoC to be the default model of care for maternity services, and available to all pregnant women in England with rollout prioritised to those most likely to experience poorer outcomes. Where safe staffing allows and building blocks are in place, this should be achieved by March 2023 (NHS E 2021).

The BR + report calculated the LTHT clinical workforce recommendations on the provision of 30% continuity of carer which is the current level of provision.

In order to achieve higher trajectories of MCoC further increases in staffing will be required. This will be reviewed at appropriate junctures when the service is assured that all the building blocks described in the recently updated continuity of care guidance are embedded.

A continuity of carer workforce calculator developed by the national team has been used to determine workforce needs with increasing rollout to meet the national ambition of MCoC being the default model of care in maternity services.

This tool is not currently validated; however, its use is recommended by the national maternity team. This tool highlighted that in order to achieve 100% MCoC for all eligible women a further 64.3 WTE midwives would be required in LTHT.

Although recruiting to midwifery vacancies has not been a challenge historically, with current regional and national midwifery workforce challenges it would not be possible to recruit to this number of vacancies by March 2023. It is therefore recommended in

the CoC Rollout plans presented at Quality and Safety Assurance Group January 2022 a seven year midwifery redeployment strategy is required, ensuring safe maternity care is a priority, aiming for MCoC to be the default model of care for all by 2029.

The importance of strong sustained leadership within maternity services is echoed throughout all of the national reports evaluating the safety of maternity services. The service have recently undertaken a benchmarking exercise of 16 maternity CQC reports rated as requires improvement or inadequate. Elements of ineffective leadership and lack of oversight of key processes to maintain a safe quality service was highlighted in the majority of these reports. Concerns were raised about temporary structures and posts and a lack of embedded experienced leadership teams.

At LTHT the Midwifery leadership team is currently led by a Director of Midwifery supported by a Head of Midwifery (HoM), Deputy Head of Midwifery (DHoM) and four maternity Matrons covering all areas of the maternity pathway. In addition to the midwifery management team a Band 8A Governance and Quality Lead supports the leadership team in delivering clinical quality assurance at CSU specialty, overarching quality assurance groups and at corporate level forums. Currently one of the matrons also undertakes the safeguarding role of Named Midwife for LTHT. From March 2022 the Named Midwife and Matron posts will be separated to further strengthen both the maternity and safeguarding structures.

### **3. Establishment review process**

The methodology used to support the BR+ calculations is based on an assessment of clinical risk and the needs of women and their babies during the intrapartum and immediate postnatal episode. It utilises the accepted standard of 1:1 care during this care episode to determine the total midwife hours and therefore the staffing requirements to deliver care to women across the whole of the maternity pathway using NICE guidance and best practice.

The total WTE clinical calculation incorporates the contribution of band 3 Maternity Support Workers (MSW) in hospital and community postnatal care. It is founded on a skill mix ratio of 90/10 registered/unregistered (Band 3 MSW).

### **3. Outcome of the establishment review**

The BR+ report identified that a total of 363.63 WTE clinical midwives are needed to support staffing in the maternity service. This highlighted a deficit of 6.5 WTE clinical midwives based on 21/22 funded establishment; however, due to the non-recurrent nature of the external funding bid to NHSE the total clinical gap for 22/23 is 13 WTE.

The report recommends 40.39 WTE Band 3 Maternity Support Workers to support the inpatient and community postnatal midwifery services. There is a deficit of 23.05 WTE between the current funded establishment and the recommendations. It is important to note that this does not mean new posts but an uplift of existing band 2 support workers to a band 3 in the postnatal areas.

It is recommended that there should be a total of 40.39 WTE midwives within the non-clinical/specialist and management establishment. This is based on 10% of the total workforce. The national recommendation is that this cohort of staff should represent between 9 and 11% of the midwifery workforce. At the current time there are a total of 27.16 WTE midwives in this subset of the midwifery workforce. There is a deficit of 13.23 WTE between the number of people in post and the recommendation from BR+.

The midwifery leadership structure enacted during 2021 meets the Royal College of Midwives (RCM) leadership manifesto.

#### **4. Financial breakdown**

The total funding gap for 2022/23 to address the deficit between the current funded establishment and the BR + recommendation will be achieved through recurrent funding from the Local Maternity System (LMS).

In 2022/23 each LMS is expecting to receive additional recurrent funding to support implementation of the Ockenden Immediate and Essential Actions which include delivering a staffing model that matches BR+ recommendations.

Based on a fair share basis associated with 2021/22 maternity bookings it is anticipated that funding for Leeds Maternity service would pay for the recommended staffing levels indicated in the BR+ report and maintain the recommended management structure.

#### **5. Risk**

BR+ is the only nationally recognised workforce tool for maternity services. Alignment with the recommendations is desirable. Key indicators of maternity safety will continue to be monitored through CSU and Corporate governance forums and committees with bi-monthly oversight by the Trust Board.

#### **6. Recommendations**

1. To receive the report
2. To note the BR+ recommendations
3. To note the funding gap and planned funding stream from NHS E/I

#### **Authors:**

Sue Gibson - Director of Midwifery, Women's CSU and Maternity Safety Champion

Becky Musgrave - Head of Midwifery/ Head of Nursing, Maternity Safety Champion

**Date:** March 2022



## Appendix B

December 2021

Dec-21	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)	Ward Healthcheck	
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number Blue status Shifts/Red SafeCare	In Escalation - Stage 1, 2 3)	Overall ward Metrics %
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	89.0%	108.0%	89.0%	106.0%	2.99	2.67	3.4	3.6	6.4	6.3	1		97.6%
J43 Short Stay Surgery	115.0%	86.0%	81.0%	93.0%	NA	NA	NA	NA	NA	NA			87.2%
J44 General Surgery	93.0%	110.0%	80.0%	127.0%	3.80	3.33	3.6	4.2	7.4	7.5			96.3%
J45 General Surgery	92.0%	127.0%	85.0%	142.0%	3.56	3.17	3.8	5.0	7.4	8.2			96.9%
J46 Colorectal Surgery	90.0%	113.0%	86.0%	106.0%	3.06	2.70	3.5	3.8	6.6	6.5		1	90.9%
J47 Colorectal Surgery	84.0%	101.0%	79.0%	107.0%	3.40	2.82	4.5	4.7	7.9	7.5			87.2%
J49 Renal Medicine Male	110.0%	106.0%	98.0%	162.0%	2.86	3.01	3.6	4.5	6.4	7.5	1		93.0%
J50 Renal Medicine Female	112.0%	95.0%	102.0%	166.0%	3.14	3.37	4.0	4.7	7.1	8.1	1		89.2%
J82 UGI & HPB Surgery	95.0%	92.0%	86.0%	107.0%	3.58	3.28	4.0	3.9	7.6	7.2			89.7%
J83 Leeds Liver Unit	99.0%	81.0%	93.0%	101.0%	3.73	3.61	4.5	4.1	8.2	7.7		1	82.2%
J91 Gastro	87.0%	110.0%	96.0%	98.0%	2.91	2.63	3.9	4.1	6.8	6.7			97.6%
J92 Gastro	85.0%	144.0%	100.0%	179.0%	3.13	2.82	3.4	5.4	6.5	8.2			98.6%
General ICU SJUH	83.0%	99.0%	80.0%	111.0%	30.27	24.59	2.9	3.1	33.2	27.7			97.8%

December 2021

Dec-21	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number Blue status Shifts/Red 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 (%)							
General HDU SJUH	100.0%	81.0%	104.0%	90.0%	19.75	20.04	4.6	3.9	24.3	24.0	
Neuro HDU/ICU	101.0%	86.0%	98.0%	96.0%	20.38	20.24	3.5	3.2	23.9	23.4	
Cardiac HDU/ICU	105.0%	85.0%	101.0%	103.0%	21.56	22.29	4.0	3.8	25.6	26.1	
General ICU LGI	84.0%	84.0%	81.0%	106.0%	31.85	26.29	6.5	6.2	38.4	32.5	
J06 Adult Cystic Fibrosis	97.0%	104.0%	97.0%	97.0%	7.76	7.51	4.1	4.2	11.9	11.7	
J09 Respiratory Medicine	104.0%	105.0%	84.0%	94.0%	3.37	3.17	5.0	5.0	8.4	8.2	
J10 Respiratory Medicine	122.0%	93.0%	118.0%	95.0%	8.35	3.30	8.3	4.0	16.7	4.3	
(New) J11 Surge	81.0%	89.0%	80.0%	117.0%	4.32	3.48	5.6	5.7	9.9	9.2	
J12 Respiratory Medicine	102.0%	121.0%	101.0%	110.0%	3.44	3.49	4.4	5.1	7.9	8.6	
L14 Cardiology Day Case	86.0%	107.0%	113.0%	85.0%	NA	NA	NA	NA	NA	NA	
L16 Cardiac Surgery	80.0%	94.0%	93.0%	119.0%	3.36	2.86	2.4	2.5	5.8	5.3	
L18 Cardiology	101.0%	113.0%	91.0%	112.0%	2.60	2.50	4.0	4.6	6.6	7.1	
L19 Cardiology	101.0%	86.0%	96.0%	124.0%	2.90	2.86	3.1	3.2	6.0	6.1	

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	91.4%
	89.8%
	87.9%
	96.5%
	95.5%
	93.5%
	80.2%
	84.3%
	89.0%
	NA
	86.0%
	94.9%
	88.6%

December 2021

Dec-21	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSRR/SJPC)
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	
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	103.0%	102.0%	92.0%	NA	8.02	7.82	1.2	2.4	9.3	10.3	
C01 Neuro Rehabilitation	105.0%	106.0%	100.0%	246.0%	3.91	4.04	5.5	7.5	9.4	11.5	
C02	92.0%	100.0%	93.0%	100.0%	5.09	4.70	4.3	4.3	9.4	9.0	
C03 Orthopaedic Centre	101.0%	92.0%	97.0%	223.0%	7.21	7.20	3.2	4.1	10.4	11.3	
C06 Stroke Rehab	98.0%	80.0%	100.0%	121.0%	3.19	3.15	3.9	3.8	7.1	7.0	
Ward 01 - WGH	99.0%	90.0%	NA	NA	NA	NA	NA	NA	NA	NA	
J01 Neonatal Unit	99.0%	144.0%	99.0%	117.0%	7.81	7.76	1.0	1.3	8.8	9.1	
Transitional Care - SJH	100.0%	103.0%	100.0%	100.0%	8.67	8.67	2.9	3.0	11.6	11.7	
L30 Childrens Respiratory/CF	93.0%	126.0%	87.0%	156.0%	8.58	7.71	2.9	4.1	11.5	11.8	
L31 Childrens Oncology	81.0%	88.0%	84.0%	90.0%	10.49	8.69	1.5	1.4	12.0	10.1	
L38 Female Trauma Orthopaedics	101.0%	101.0%	98.0%	87.0%	7.09	7.05	3.5	3.3	10.6	10.3	
L40 Childrens General Medicine	82.0%	142.0%	91.0%	141.0%	8.05	6.92	1.8	2.5	9.8	9.4	
L41 Childrens Surgery	102.0%	97.0%	94.0%	110.0%	7.02	6.90	2.7	2.8	9.7	9.7	

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	98.2%
	93.6%
	87.9%
	95.8%
	82.4%
	NA
	97.8%
	NA
	94.1%
	92.3%
	98.5%
	98.8%
	90.3%

December 2021

Dec-21	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number Blue status Shifts/Red 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	98.0%	89.0%	98.0%	90.0%	7.88	7.75	1.8	1.6	9.7	9.4	
L43 Neonatal Unit	91.0%	100.0%	94.0%	100.0%	19.58	18.13	0.6	0.6	20.1	18.7	
L47 PICU	87.0%	NA	98.0%	NA	26.54	24.55	1.9	1.4	28.4	26.0	
L50 Childrens Liver & Renal	101.0%	96.0%	96.0%	107.0%	7.38	7.27	2.4	2.4	9.7	9.7	
L51 Childrens Cardiac Surgery	101.0%	86.0%	95.0%	95.0%	7.96	7.79	1.3	1.2	9.3	9.0	
L52 Childrens Neurosciences	86.0%	96.0%	80.0%	190.0%	8.34	6.94	3.4	4.5	11.7	11.4	
L23 ENT/Spines	104.0%	124.0%	111.0%	131.0%	2.91	3.11	3.6	4.6	6.5	7.7	
L17 Neurology	101.0%	108.0%	99.0%	155.0%	2.79	2.79	3.9	4.9	6.7	7.7	
L21 Acute Stroke Unit	91.0%	85.0%	89.0%	97.0%	4.62	4.17	6.4	5.8	11.0	10.0	
L24 Neuro/Spines	92.0%	85.0%	97.0%	125.0%	2.86	2.68	4.7	4.7	7.5	7.4	
L25 Neuro/Spines	93.0%	105.0%	105.0%	111.0%	4.28	4.19	4.8	5.2	9.1	9.4	
L28 Surgical Day Unit	109.0%	107.0%	105.0%	168.0%	NA	NA	NA	NA	NA	NA	
J23 Breast Surgery	88.0%	105.0%	102.0%	99.0%	5.48	5.08	6.6	6.8	12.1	11.9	

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	88.4%
	98.6%
	85.9%
	79.3%
	95.1%
	90.1%
	98.4%
1	72.4%
	82.8%
	99.7%
	90.9%
	89.2%
	95.5%

December 2021

Dec-21	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number Blue status Shifts/Red 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	91.0%	102.0%	105.0%	96.0%	4.69	4.49	3.4	3.4	8.1	7.8	
J88 Haematology	103.0%	117.0%	109.0%	96.0%	3.47	3.66	3.5	3.7	7.0	7.4	
J89 Haematology BMTU	83.0%	126.0%	89.0%	127.0%	5.25	4.47	2.5	3.2	7.7	7.6	
J93 Oncology	83.0%	106.0%	86.0%	95.0%	3.96	3.35	3.3	3.3	7.3	6.7	
J94 Young Adults Unit	83.0%	95.0%	94.0%	96.0%	5.93	5.20	2.7	2.6	8.7	7.8	
J96 Oncology Assessment	91.0%	92.0%	100.0%	126.0%	4.98	4.73	3.4	3.6	8.4	8.3	
J97 Oncology	93.0%	102.0%	87.0%	99.0%	3.88	3.50	3.1	3.1	7.0	6.6	
J98 Gynaecology	91.0%	123.0%	100.0%	108.0%	3.15	2.95	3.8	4.3	6.9	7.2	
J14 Older Peoples Services	117.0%	121.0%	98.0%	126.0%	2.76	2.95	3.9	4.8	6.6	7.8	
J15 Older Peoples Services	116.0%	102.0%	127.0%	132.0%	2.72	3.31	3.9	4.5	6.6	7.8	
J16 Acute Medicine	91.0%	87.0%	90.0%	109.0%	2.87	2.60	5.0	4.9	7.9	7.5	
J17 Older Peoples Services	127.0%	88.0%	107.0%	122.0%	2.92	3.43	4.0	4.2	7.0	7.6	1
J19 Elderly Admissions	98.0%	114.0%	83.0%	112.0%	3.28	2.96	4.2	4.7	7.4	7.7	

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	94.6%
	91.9%
	91.2%
	94.3%
	94.0%
1	75.5%
	89.8%
	93.2%
	84.2%
1	90.4%
	81.2%
1	79.5%
	86.9%

December 2021

Dec-21	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	
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	91.0%	126.0%	102.0%	112.0%	3.73	3.56	2.9	3.4	6.6	7.0	
J21 Elderly Short Stay & Assessment	119.0%	118.0%	85.0%	114.0%	2.89	2.94	3.7	4.3	6.6	7.3	
J26 Older Peoples Services	101.0%	111.0%	96.0%	131.0%	3.04	2.99	4.3	5.2	7.4	8.2	
J27 Acute Medicine	111.0%	124.0%	121.0%	142.0%	3.04	3.50	3.7	4.9	6.8	8.4	1
J28 Older Peoples Services	99.0%	103.0%	99.0%	132.0%	2.55	2.52	3.5	4.1	6.0	6.6	2
J29 Winter Ward	83.0%	82.0%	83.0%	110.0%	3.45	2.86	3.9	3.7	7.3	6.5	
David Beevers Day Unit - SJH	91.0%	106.0%	100.0%	134.0%	NA	NA	NA	NA	NA	NA	
L08 TRS HOBS	99.0%	111.0%	99.0%	108.0%	9.03	8.93	4.4	4.8	13.4	13.7	
L09 Childrens Medicine	105.0%	103.0%	119.0%	111.0%	2.66	2.94	4.7	5.0	7.3	7.9	
L10 Major Trauma Ward	88.0%	91.0%	95.0%	96.0%	3.77	3.41	6.3	5.9	10.1	9.3	
L15 Vascular	92.0%	105.0%	84.0%	135.0%	3.31	2.92	4.3	5.1	7.6	8.0	
L22 Plastics	88.0%	96.0%	102.0%	141.0%	2.68	2.50	3.4	3.9	6.0	6.4	
L34 Orthopaedic Trauma	86.0%	106.0%	103.0%	111.0%	3.00	2.78	5.3	5.8	8.3	8.6	

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	87.3%
	82.2%
	85.9%
	89.9%
	81.2%
	81.0%
	NA
	97.1%
	97.2%
	89.7%
	97.0%
	96.1%
	86.7%

December 2021

Dec-21	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)
Ward name	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number Blue status Shifts/Red SafeCare
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)							
L35 Orthopaedic Trauma/Vascular	97.0%	108.0%	100.0%	111.0%	2.79	2.73	4.9	5.4	7.7	8.1	
J07 General Admissions (inc HOBS)	94.0%	92.0%	93.0%	100.0%	3.84	3.58	4.8	4.6	8.6	8.2	
J08 Medical Admissions Unit	94.0%	110.0%	91.0%	99.0%	3.42	3.16	4.4	4.6	7.8	7.8	
J03 Delivery Suite	99.0%	104.0%	85.0%	88.0%	33.98	31.47	5.4	5.2	39.4	36.7	
J04 Ante Natal	86.0%	83.0%	110.0%	91.0%	19.78	18.93	7.9	6.8	27.7	25.7	
J05 Obstetrics	90.0%	80.0%	80.0%	109.0%	4.12	3.55	2.5	2.2	6.6	5.8	
J24 Gynaecology	99.0%	106.0%	94.0%	146.0%	NA	NA	NA	NA	NA	NA	
L36 Maternity	104.0%	99.0%	98.0%	96.0%	3.25	3.32	1.8	1.8	5.1	5.1	
L44 Maternity	100.0%	100.0%	105.0%	93.0%	12.02	12.29	5.2	5.0	17.2	17.3	
L45 Delivery Suite	97.0%	85.0%	96.0%	93.0%	21.87	21.15	4.2	3.7	26.0	24.9	

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	88.7%
	92.3%
	94.3%
	93.3%
	97.9%
	95.8%
	100.0%
	97.4%
	94.4%
	97.4%

## Appendix B

January 2022

Jan-22	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)
Ward name	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number Blue status Shifts/Red 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	93.0%	96.0%	94.0%	99.0%	3.24	3.02	3.7	3.6	6.9	6.6	
J43 Short Stay Surgery	122.0%	170.0%	105.0%	153.0%	NA	NA	NA	NA	NA	NA	
J44 General Surgery	101.0%	117.0%	83.0%	123.0%	4.31	4.03	3.7	4.4	8.0	8.4	
J45 General Surgery	89.0%	110.0%	98.0%	117.0%	3.66	3.40	4.5	5.1	8.1	8.5	1
J46 Colorectal Surgery	95.0%	110.0%	114.0%	99.0%	2.76	2.79	3.6	3.8	6.4	6.6	
J47 Colorectal Surgery	83.0%	114.0%	80.0%	103.0%	3.45	2.82	4.3	4.7	7.8	7.5	
J49 Renal Medicine Male	127.0%	112.0%	100.0%	187.0%	2.72	3.14	3.6	4.9	6.3	8.0	
J50 Renal Medicine Female	114.0%	103.0%	102.0%	153.0%	3.00	3.29	3.6	4.3	6.6	7.6	2
J82 UGI & HPB Surgery	92.0%	87.0%	97.0%	105.0%	3.64	3.41	4.2	4.0	7.8	7.4	
J83 Leeds Liver Unit	109.0%	82.0%	104.0%	117.0%	3.21	3.43	4.1	4.0	7.3	7.5	
J91 Gastro	89.0%	106.0%	95.0%	94.0%	2.85	2.60	4.0	4.1	6.9	6.7	
J92 Gastro	93.0%	106.0%	100.0%	132.0%	3.41	3.24	4.5	5.7	7.9	9.0	
General ICU SJUH	120.0%	83.0%	123.0%	95.0%	20.73	25.19	3.4	3.0	24.1	28.2	

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	97.9%
1	91.4%
	93.6%
	96.8%
	91.2%
1	79.6%
	96.6%
	97.5%
	61.0%
2	78.1%
	96.0%
	97.9%
	86.0%



January 2022

Jan-22	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number Blue status Shifts/Red 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 (%)							
Ward J81 Oncology HDU SJUH	116.0%	84.0%	112.0%	82.0%	18.10	21.75	4.9	4.1	23.0	25.8	
Neuro HDU/ICU	96.0%	106.0%	93.0%	96.0%	24.37	23.00	3.3	3.3	27.6	26.3	
Cardiac HDU/ICU	103.0%	89.0%	98.0%	90.0%	25.06	25.27	4.6	4.2	29.7	29.4	
General ICU LGI	105.0%	127.0%	101.0%	110.0%	26.00	26.68	4.6	5.5	30.6	32.1	
J06 Adult Cystic Fibrosis	104.0%	103.0%	93.0%	94.0%	6.15	6.12	3.3	3.3	9.4	9.4	
J09 Respiratory Medicine	93.0%	108.0%	82.0%	89.0%	3.73	3.28	5.2	5.1	8.9	8.4	
J10 Respiratory Medicine	122.0%	85.0%	117.0%	94.0%	9.57	3.30	9.5	4.0	19.0	4.3	
(New) J11 Surge	109.0%	94.0%	90.0%	112.0%	3.37	3.35	4.9	5.0	8.3	8.4	
J12 Respiratory Medicine	100.0%	109.0%	85.0%	101.0%	3.63	3.35	4.6	4.8	8.2	8.2	
L14 Cardiology Day Case	92.0%	87.0%	95.0%	107.0%	NA	NA	NA	NA	NA	NA	
L16 Cardiac Surgery	94.0%	117.0%	94.0%	152.0%	3.25	3.06	2.4	3.1	5.7	6.2	
L18 Cardiology	102.0%	104.0%	91.0%	101.0%	2.91	2.82	4.5	4.6	7.4	7.5	3
L19 Cardiology	101.0%	100.0%	100.0%	124.0%	3.12	3.14	3.3	3.7	6.4	6.8	1

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	95.0%
	93.4%
	93.0%
	98.8%
	94.3%
	91.7%
	87.1%
	89.5%
	89.6%
	89.6%
	89.0%
	87.3%
	95.5%

January 2022

Jan-22	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number Blue status Shifts/Red 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	103.0%	103.0%	95.0%	NA	8.56	8.45	1.3	2.7	9.9	11.2	2
C01 Neuro Rehabilitation	109.0%	94.0%	100.0%	205.0%	4.67	4.94	5.9	7.2	10.5	12.2	
C02	98.0%	121.0%	100.0%	113.0%	4.44	4.39	3.6	4.2	8.0	8.6	
C03 Orthopaedic Centre	97.0%	99.0%	98.0%	126.0%	5.29	5.16	3.7	4.1	9.0	9.2	
C06	98.0%	79.0%	100.0%	118.0%	2.96	2.93	4.4	4.1	7.4	7.0	
Ward 01 - WGH	102.0%	100.0%	NA	NA	NA	NA	NA	NA	NA	NA	
J01 Neonatal Unit	93.0%	100.0%	99.0%	100.0%	9.81	9.43	1.3	1.3	11.1	10.7	
Transitional Care - SJH	100.0%	100.0%	100.0%	100.0%	7.23	7.23	4.3	4.3	11.5	11.5	
L30 Childrens Respiratory/CF	91.0%	89.0%	95.0%	120.0%	9.41	8.76	3.2	3.3	12.6	12.1	
L31 Childrens Oncology	94.0%	87.0%	96.0%	128.0%	10.44	9.89	1.8	1.8	12.2	11.7	
L38 Female Trauma Orthopaedics	119.0%	97.0%	120.0%	102.0%	7.08	8.48	3.6	3.5	10.6	12.0	
L40 Childrens General Medicine	91.0%	98.0%	102.0%	96.0%	8.30	7.95	1.6	1.6	9.9	9.5	
L41 Childrens Surgery	90.0%	100.0%	106.0%	107.0%	7.38	7.14	3.1	3.2	10.5	10.4	

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	96.2%
	90.3%
	91.0%
	96.0%
	81.6%
	NA
	92.9%
	NA
	89.6%
	86.2%
	91.0%
	88.8%
	93.6%

January 2022

Jan-22	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number Blue status Shifts/Red 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	96.0%	81.0%	92.0%	100.0%	8.03	7.75	1.5	1.4	9.6	9.1	
L43 Neonatal Unit	89.0%	100.0%	93.0%	100.0%	18.15	16.45	0.6	0.6	18.8	17.1	
L47 PICU	93.0%	NA	102.0%	NA	24.66	23.99	2.0	1.3	26.7	25.3	
L50 Childrens Liver & Renal	101.0%	100.0%	97.0%	96.0%	7.31	7.23	2.4	2.3	9.7	9.6	
L51 Childrens Cardiac Surgery	94.0%	81.0%	103.0%	103.0%	8.59	8.40	1.7	1.6	10.3	10.0	
L52 Childrens Neurosciences	100.0%	107.0%	99.0%	184.0%	7.30	7.25	3.0	4.2	10.3	11.4	
L23 ENT/Spines	93.0%	111.0%	103.0%	132.0%	3.14	3.04	3.7	4.4	6.8	7.5	
L17 Neurology	107.0%	107.0%	100.0%	153.0%	3.27	3.42	4.5	5.7	7.8	9.1	
L21 Acute Stroke Unit	92.0%	88.0%	99.0%	98.0%	4.66	4.40	6.3	5.8	10.9	10.2	
L24 Neuro/Spines	88.0%	145.0%	99.0%	100.0%	3.23	2.96	4.0	4.7	7.2	7.7	
L25 Neuro/Spines	84.0%	98.0%	101.0%	81.0%	4.65	4.21	6.3	5.6	11.0	9.8	
L28 Surgical Day Unit	117.0%	179.0%	102.0%	211.0%	NA	NA	NA	NA	NA	NA	
J23 Breast Surgery	87.0%	101.0%	96.0%	98.0%	5.42	4.88	6.6	6.6	12.0	11.5	

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	96.9%
	91.8%
	87.8%
	76.0%
	100.0%
	96.5%
	97.5%
	88.9%
	89.8%
	90.3%
	92.6%
	93.9%
	98.8%

January 2022

Jan-22	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)
Ward name	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number Blue status Shifts/Red SafeCare
	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	90.0%	86.0%	128.0%	82.0%	4.12	4.18	3.3	2.8	7.4	7.0	
J88 Haematology	97.0%	116.0%	97.0%	118.0%	3.64	3.53	3.8	4.5	7.5	8.0	
J89 Haematology BMTU	84.0%	112.0%	81.0%	113.0%	5.11	4.23	2.8	3.2	7.9	7.4	
J93 Oncology	84.0%	100.0%	81.0%	94.0%	4.01	3.32	3.4	3.3	7.5	6.7	
J94 Young Adults Unit	89.0%	95.0%	92.0%	86.0%	5.59	5.05	2.5	2.2	8.1	7.3	
J96 Oncology Assessment	88.0%	85.0%	93.0%	126.0%	4.85	4.37	3.3	3.4	8.2	7.8	
J97 Oncology	81.0%	90.0%	87.0%	95.0%	3.92	3.27	3.1	2.9	7.1	6.2	
J98 Gynaecology	83.0%	88.0%	110.0%	127.0%	3.63	3.32	5.2	5.5	8.8	8.8	
J14 Older Peoples Services	119.0%	113.0%	93.0%	106.0%	3.01	3.18	4.7	5.1	7.7	8.3	1
J15 Older Peoples Services	118.0%	88.0%	124.0%	129.0%	2.85	3.44	4.1	4.3	6.9	7.7	1
J16 Acute Medicine	80.0%	83.0%	88.0%	108.0%	3.67	3.06	5.2	4.9	8.9	8.0	
J17 Older Peoples Services	113.0%	91.0%	100.0%	128.0%	2.91	3.11	4.3	4.6	7.2	7.7	2
J19 Elderly Admissions	94.0%	99.0%	86.0%	104.0%	3.27	2.93	4.4	4.5	7.7	7.4	3

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	90.5%
	85.9%
1	89.4%
	98.9%
	97.0%
	93.8%
	97.5%
	94.4%
	86.0%
	79.6%
1	81.7%
	86.3%
1	88.5%

January 2022

Jan-22	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	
Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)							
J19 Elderly Admissions	94.0%	99.0%	86.0%	104.0%	3.27	2.93	4.4	4.5	7.7	7.4	3
J20 Infection & Travel Medicine	81.0%	92.0%	97.0%	105.0%	3.87	3.39	3.1	3.1	7.0	6.5	1
J21 Elderly Short Stay & Assessment	102.0%	103.0%	88.0%	103.0%	3.26	3.08	4.4	4.5	7.6	7.6	4
J26 Older Peoples Services	100.0%	90.0%	101.0%	105.0%	3.22	3.23	4.7	4.5	7.9	7.8	
J27 Acute Medicine	84.0%	90.0%	92.0%	94.0%	3.98	3.49	5.5	5.0	9.4	8.5	5
J28 Older Peoples Services	95.0%	100.0%	100.0%	116.0%	2.82	2.74	4.0	4.2	6.8	7.0	1
J29 Winter Ward	94.0%	81.0%	88.0%	125.0%	3.37	3.07	3.9	4.0	7.3	7.1	4
J34 Winter Surge	90.0%	91.0%	90.0%	101.0%	NA	3.30	NA	5.9	NA	9.2	
David Beevers Day Unit - SJH	96.0%	90.0%	149.0%	141.0%	NA	NA	NA	NA	NA	NA	
L08 TRS HOBBS	98.0%	91.0%	99.0%	88.0%	8.75	8.65	4.3	3.9	13.1	12.5	
L09 Childrens Medicine	99.0%	97.0%	123.0%	104.0%	2.74	2.96	4.9	4.9	7.6	7.9	
L10 Major Trauma Ward	83.0%	89.0%	100.0%	96.0%	3.80	3.36	6.3	5.8	10.1	9.2	
L15 Vascular	93.0%	89.0%	85.0%	101.0%	3.33	2.98	4.3	4.0	7.6	7.0	

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
1	88.5%
	81.2%
	83.9%
1	91.6%
	94.1%
1	61.0%
1	78.6%
	80.2%
	NA
	100.0%
	98.3%
	95.7%
	93.6%

January 2022

Jan-22	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	
Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)							
L22 Plastics	86.0%	103.0%	109.0%	108.0%	2.78	2.61	4.0	4.2	6.7	6.8	
L34 Orthopaedic Trauma	86.0%	89.0%	108.0%	106.0%	3.47	3.26	6.1	5.9	9.6	9.2	
L35 Orthopaedic Trauma/Vascular	81.0%	90.0%	100.0%	97.0%	2.67	2.34	4.7	4.4	7.3	6.7	
X37 Winter Surge	109.0%	86.0%	117.0%	118.0%	NA	25.70	NA	4.5	NA	30.2	
J07 General Admissions (inc HOBS)	96.0%	81.0%	93.0%	91.0%	3.57	3.38	5.2	4.5	8.8	7.9	
J08 Medical Admissions Unit	88.0%	126.0%	91.0%	92.0%	3.42	3.06	4.7	5.0	8.1	8.1	
J03 Delivery Suite	100.0%	97.0%	98.0%	95.0%	29.71	29.39	6.1	5.8	35.8	35.2	
J04 Ante Natal	87.0%	99.0%	100.0%	95.0%	21.11	19.39	7.3	7.1	28.5	26.5	
J05 Obstetrics	98.0%	84.0%	97.0%	97.0%	4.60	4.48	2.9	2.5	7.4	7.0	
J24 Gynaecology	97.0%	111.0%	98.0%	160.0%	NA	NA	NA	NA	NA	NA	
L36 Maternity	98.0%	85.0%	93.0%	90.0%	4.06	3.90	2.2	1.9	6.3	5.8	
L44 Maternity	98.0%	81.0%	99.0%	85.0%	11.78	11.61	3.7	3.0	15.5	14.7	
L45 Delivery Suite	97.0%	84.0%	99.0%	86.0%	26.20	25.68	5.3	4.5	31.5	30.2	

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	96.0%
	82.7%
	95.1%
	98.8%
	90.2%
	92.0%
	92.5%
	94.5%
	92.8%
	89.7%
	96.6%
	95.0%
	94.2%

**REPORT ENDS**