

Quality and Safety Committee – 18 June 2024

Safe Staffing – April 2024

Purpose of the report

This report provides a full overview of nursing safe staffing during the month of April 2024, including a summary/update of new staffing areas to note, potential risks, and actions to mitigate the risks to ensure that safety and care quality are maintained. This report triangulates workforce metrics; fill rates, Care Hours Per Patient Day (CHPPD), quality and outcomes linked to Nurse Sensitive Indicators (NSI's) and patient experience feedback. (Annex 1 in-patient scorecard).

Analysis of the issue

Right Staff

- Temporary worker utilisation rate decreased this month by 6.39% reported at 34.87% overall and Trust wide agency usage decreased this month by 4.5% to 11.59% overall. Directorate agency utilisation and reduction plans continue.
- In April 2024; 22 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 64.70% of our inpatient Wards and Units. Changes from last month include Heather ward where the team have reduced agency usage to below 6.0%.
- A Senior nursing review is undertaken to triangulate metrics where there is high percentage of temporary worker/agency utilisation or concerns directly relating to; increased acuity, high caseloads of high-risk patients, increased staff sickness, ability to fill additional shifts and the potential impact to safe and effective care.
- The table below identifies the key areas to note from a safe staffing, quality, safety, and experience review, including high temporary workforce utilisation and fill rate.

Area	Situation - updated	Actions/Mitigations	Risk rating
<p>CHS In-patients</p>	<p>High percentage of temporary workforce to meet planned staffing levels across all wards due to vacancies, annual leave, maternity leave, increased patient acuity and dependency. Key areas to note are East ward at 48.5% due to opening additional beds. Rutland, Dalgleish and Ward 1 St Lukes all utilising above 35%.</p> <p>Increased fill rate HCA day and night shifts due to increased acuity and dependency, increasing number of patients admitted requiring enhanced observations, one to one supervision.</p> <p>A review of the NSIs has identified a decrease in the number of falls incidents from forty in March to twenty-seven in April 2024. Ward areas to note with the highest number of falls are Beechwood, Ward1 St Lukes, Ellistown and Coalville Ward 4.</p> <p>The number of medication incidents has increased from seven in March to twenty-three in April 2024. Ward areas to note with the highest number of medication incidents are East ward, Snibston, and Charnwood.</p> <p>The number of category 2 pressure ulcers developed in our care has increased from 10 in March to thirteen in April 2024.</p> <p>One complaint was received in April 2024.</p>	<p>Daily staffing reviews, staff movement to ensure substantive RN cover in each area, or regular bank and agency staff for continuity, e-rostering reviewed. Active recruitment is taking place across the service line.</p> <p>Of the 27 falls, 22 were first falls, 5 repeat falls. The number of unwitnessed falls remained the same from 18 in March to 18 in April 2024. The falls incidents are across 10 wards, areas to note are Beechwood, and Ward 1 St Lukes both having 5 falls each, Coalville ward 4, and Ellistown both having 4 falls. Of the falls reported, 14 had no harm, 11 had low harm, and 2 with Moderate harm. First moderate harm incident an ISMR was completed and reviewed at IRM meeting on 03/05/2024, no further investigation was required, a Duty of Candour is being completed as incident remains a moderate harm. An ISMR is being completed for the second moderate harm incident and is to be reviewed at IRM meeting on 24/05/2024. A hospital falls action plan was presented at the Strategic Falls Working Group, displaying actions in place for the next 12 months, with the main priority to commence fall validation meetings in June 2024.</p> <p>The increase in medication incidents is due to the ongoing medication focus work, encouraging all wards to report all medication omissions as well as incidents. The medication incidents were reported across 10 wards, the wards with the highest are East ward x 5 incidents, Snibston and Charnwood both x 4 medication incidents. Highlighted themes were related to omissions of medication without medical guidance and the following of policy. There was no level of harm to patients. The medication omission focus work continues, wards continuing to use safety crosses to demonstrate safety, whilst carrying out senior conversations and reflections.</p> <p>13 category 2 pressure sores were reported in April 2024 over 5 wards. Wards to highlight are Swithland x 4 new pressure ulcers, Clarendon, and Charnwood with x 3 on each ward. CHS pressure ulcer improvement work continues. Deputy Head of Nursing continuing to monitor, confirm and challenge appropriate pressure ulcer care, with a weekly meeting and the community hospital tissue viability nurse continuing to increase knowledge through bespoke education. By the end of June 2024, the roll out of new patient chairs will be completed. No Category 3 or 4 pressure sores were developed in CHS in-patient wards in April 2024.</p> <p>The number of staffing related incidents has decreased from 8 in March to 6 in April 2024 reported across 4 wards, Dalgleish, Snibston, East ward and Coalville ward 4, with a theme of temporary workforce/staff arriving late to duty. None of these incidents were reported as causing any harm. Impact continues to be noted on health and wellbeing of staff who remained on shift over and above rostered hours until registered nurse cover arrived.</p>	
<p>DMH In-patients</p>	<p>High percentage of temporary workforce on all wards to meet planned staffing. Key areas to note are Griffin 51.6%, Gwendolen at 43.6% and Bosworth at 42%. Beaumont, Willows, and Mill Lodge – at 40% due to vacancies, high acuity, patient complexity and increased therapeutic observations.</p>	<p>Staffing is risk assessed daily across all DMH and MHSOP wards and staff moved to support safe staffing levels, skill mix, and patient needs. Active targeted recruitment is ongoing as per directorate workforce plan. On going changes to temporary workforce usage whilst onboarding new starters.</p> <p>Of the 43 falls incidents: 11 occurred at the BMHU, 5 on Heather, 3 on Watermead and 1 fall on Belvoir, Bosworth, and Griffin wards. 9 were first falls and 2 repeat falls.</p> <p>The main location of falls occurred in the Bedroom (6), Corridor (2) with the remaining 3 falls occurring in the Main Ward Area / GGR/ Reception. There were no moderate harm falls or prolonged waits for patients due to</p>	

	<p>A review of the NSI's has identified a decrease in the number of falls incidents from sixty-six in March to forty-three in April 2024.</p> <p>The number of medication incidents increased from seven in March to thirteen in April 2024.</p> <p>1 complaint was received in April 2024.</p>	<p>flat lift training. In mental health rehabilitation 3 falls occurred at Stewart House, 1 first fall and 2 repeat falls. No moderate harm to patients reported, positive use of falls huddles and MDT management and reviews in place.</p> <p>Of the 29 falls incidents reported in MHSOP: 7 related to first falls, 20 repeat falls and 2 placed themselves on floor. The falls have occurred mainly in the Bedroom (10), Corridor (9), Main Ward Area (3), Toilet (3). And the remaining 3 falls occurred in the Patient Lounge and off the ward.</p> <p>79% (23) of falls reported occurred in the day between the hours of 7.00am – 7.00pm. 20% (6) of falls reported occurred in the evening between the hours of 8.00pm – 7.00am. 8 of these were unwitnessed falls. Coleman ward reported 1 patient who has fallen 3 times due to the patient's presentation and condition a further 2 patients have experienced 2 falls each. Falls huddles take place and no moderate harm falls were reported in April 2024.</p> <p>Medication Errors</p> <p>The 13 medication incidents included 10 reported for adult mental health services that were due to, incorrect medication prescription, extra dose administered, CD medication out of stock, medication administered and not recorded, medication administered to wrong patient, incorrect TTO prescription, medication containing sugar incorrectly administered and no ASSIST Lite screening prior to prescription, there was no harm to patients reported.</p> <p>3 medication errors were reported for MHSOP wards - 1 on kirby ward, Coleman Ward and 1 at Mill Lodge. The incident on Kirby Ward related to expired medication (with a short expiry date) that was in date at the time of issue. Staff reminded of medicines management policy and need to ensure dates are checked during administration. The patient was advised of the error and has not experienced any harm because of the error occurring. 1 incident on Coleman ward related to the application of a medication patch which was the wrong dose. Patient was reviewed by medical staff and advised to replace the patch with the correct dose. Staff involved have engaged in reflection to understand and learn how the error occurred. The patient has been advised of the error and has not experienced any harm as a result. 1 incident at Mill lodge involved omission of PRN medication to manage symptoms relating to physical health deterioration. Following further review systems and processes have been reviewed and care plans updated to ensure staff are clear on the use of PRN medication to manage the patient's symptoms.</p>	
<p>FYPC.LDA In-patients</p>	<p>No change to key areas noted- Beacon, Agnes, and Welford (ED). Reduced fill rate for HCAs on days at the Agnes unit and the Gillivers. Reduced fill rate for RNs and HCAs on days and RNs on nights at the Grange.</p> <p>A review of the NSIs has identified an increase in the number of falls from 2 in March to 3 in April 2024. The number of medication related incidents decreased from 6 in March to 4 in April 2024.</p>	<p>Mitigation remains in place- potential risks being closely monitored. Review of NSIs has identified no correlation with staffing levels and impact to quality and safety of patient care/outcomes.</p> <p>The Beacon unit continues to rely on a high percentage (50.6%) of temporary workforce (block booking approach in place) to meet safe planned staffing levels and has a number of beds closed. The unit has an agreed bed opening plan reviewed monthly and a significant number of new starters including newly qualified RNs have been recruited. The Agnes unit also has high percentage of temporary workforce (50.1%) and currently above their equivalent commissioned beds, operating on 4 pods. Slight reduced fill rate for HCA on days. Safe staffing reviewed daily by charge nurse and matron and staffing adjusted dependent on acuity and</p>	

		<p>patient needs. The service continues to recruit both HCAs and RNs to reduce temporary staffing levels and are currently going through recruitment processes.</p> <p>The Gillivers and the Grange offer planned respite care and the staffing model is dependent on patient's needs, presentation, and risk factors.</p> <p>4 Medication incidents were reported, 3 on Welford and 1 on the Agnes unit. These were related to out-of-date medication, patient disposed of medication following administration, incorrect strength of medication administered and incorrect recording of nutritional supplement – no harm to any patients and not related to staffing.</p> <p>Of the 3 falls incidents reported, there was 1 fall on Welford, 1 fall reported on the Agnes unit relating to a staff member fall and 1 fall on the Beacon. No harm to the patients or staff member and none of the falls were associated with staffing.</p>	
CHS Community	<p>Key areas to note - City West, City East, Hinckley, East North, East central, due to high patient acuity, high vacancy levels and absence. Work is taking place with the ICB around the city simple wound care clinic provision. Overall, the community nursing Service OPEL has been level 2, working to level 2 actions</p>	<p>Continued daily review of caseloads and of all non-essential activities per Level 2 OPEL actions. On going reprioritisation of patient assessments. Pressure ulcer and Insulin community nursing quality improvement work continues. The Community Nursing SPA/triage transformation workstream has been working through the staff engagement sessions right across the patient pathways. Following the Community Nursing Safer Staffing Tool (CNSST) pilot and data verification, roll out to the remaining hubs in a phased approach, has been paused as directed by NHSE – awaiting review and further CNSST training. Work continues reviewing our temporary workforce with a particular focus on agency staff. Reviewing skill sets, understanding training gaps and supporting staff who wish to move over to our preferred temporary workforce supplier.</p>	
DMH Community	<p>Key areas to note – City Central has interim team manager in post whilst work underway to merge this team into City West and City East as part of Transformation plan (estimated time for completion is July 1st). Long waiting lists for patient first assessments, highest in Melton and City Central, plan in place to review, numbers remain high. Charnwood CMHT - significant high vacancy rate at senior level plus band 7 acting up as team manager in another team. South Leicestershire also has significant band 6 vacancy.</p> <p>MHSOP Community South Leicestershire and Melton CMHTs are key areas to note, due to vacancies. Increased staff movement from other</p>	<p>Mitigation remains in place, potential risks closely monitored within Directorate. Quality Improvement Plan continues via transformation programme. Case load reviews continue, introduction of alternative and skill mix roles on identified service need. Most teams continue with peer psychological supervision, team time out days and coordinated team support. Leadership team continue to discuss staffing issues and request additional staff via bank and agency. Meetings in place to look at ways to address waiting lists.</p> <p>Recruitment for new team managers has successfully recruited 3 new starters, advert re-advertised to recruit to the remaining 2 posts. Band 6 recruitment joint advert going out with shared interview panel to be held soon.</p> <p>Plans to hold an Outpatients (OP) case load review week over the next couple of months to try and reduce the OP case load size.</p>	

	CMHT teams within directorate are supporting to maintain patient safety and posts are out to advert.		
FYPC.LDA Community	No change to Key areas to note - LD Community physio rag rated red and Mental Health School Team (MHST). County Healthy Together and School Nursing continue to be below safer staffing however Healthy together services are cross covering. Number of vacancies coming up in the HENS team, LD SLT, and retirement in Diana team.	Mitigation remains in place with potential risks being closely monitored within Directorate. MHST not impacting on face-to-face contacts however unable to deliver additional whole school approach agenda - Business Continuity plan in place. Many areas are reviewing and operating in a service prioritisation basis including several therapy services. Some services have successfully recruited, and candidates continue through the onboarding process. Following successful business case (part allocated) for Neuro Developmental, there are a number of vacancies going out for advert & and rolling out of wave 11 - further funding for the expansion of MHST.	

Measures to monitor the impact of staffing on quality.

National Quality Board guidance suggests drawing on measures of quality alongside care hours per patient day (CHPPD) to understand how staffing may affect the quality of care. Suggested indicators include patient and staff feedback, completion of key clinical processes – NEWS, observations, VTE risk assessments, medication omissions, patient harms including pressure ulcer prevalence and in-patient falls and learning from patient safety investigations and serious incidents.

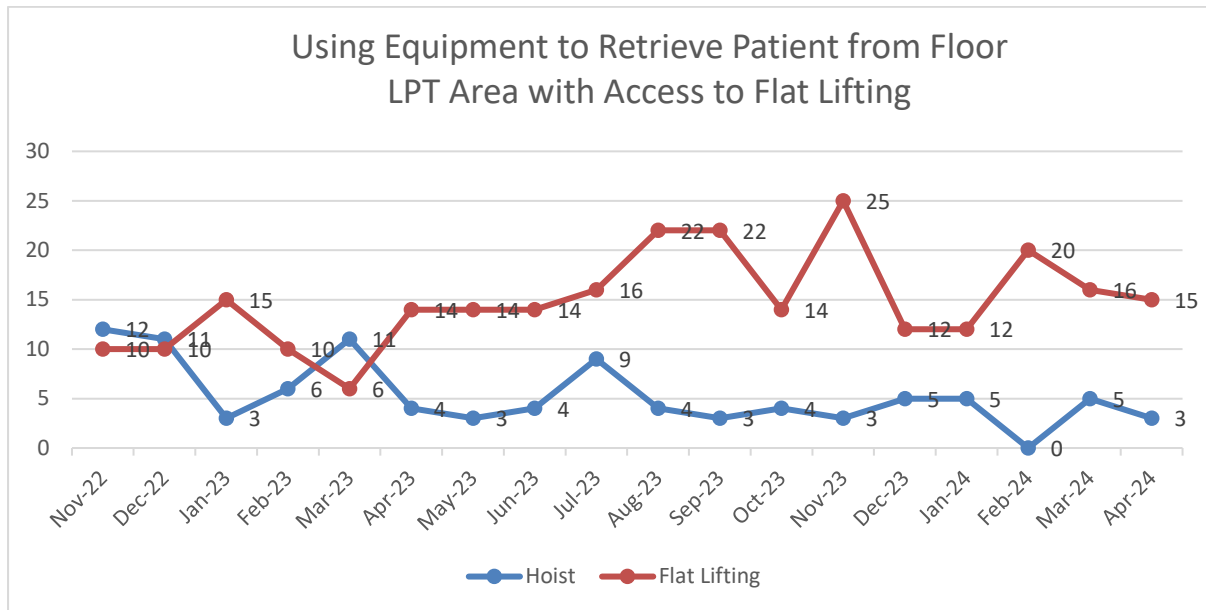
Staffing, safety and incident reviews have identified that as workload, acuity and dependency increases with mitigating actions such as re-prioritisation of visits, step down of non-clinical activities, review of training, movement of staff and increased reliance on temporary workforce there is an impact on role essential training, equipment training such as use of Flat Lift equipment, timeliness of care plan and risk assessment updates and challenges with clinical continuity and oversight of standards.

Right Skills

Staff Group	Appraisal/Supervision		Core Mandatory Training			Clinical Mandatory	
	Appraisal	Clinical Supervision	12 out of 12 compliance subjects	Resuscitation Level1	Data Security Awareness IG	Basic Life Support (BLS)	Immediate Life Support (ILS)
All Substantive	92.9%	89.6%	green	92.4%	95.8%	89.7%	86.0%
Bank				77.1%		89.6%	84.0%

- Compliance with face-to-face mandatory training is reported through the Training Education Development (TED) and Strategic Workforce Committee.
- Compliance for bank staff is being taken though TED and Centralised Staffing Solutions (CSS) to improve compliance and mitigations proposed to restrict temporary workers who are not in date with clinical mandatory training.
- A letter was sent to all Trust bank staff in November 2023 to outline the expectation for all bank workers to be in date with core and clinical mandatory training by 1st April 2024, if staff are not compliant, they will be restricted from booking shifts. This has been extended until 1st May 2024, compliance is improving, and Centralised Staffing Solutions are sending weekly text message reminders and having regular phone conversations with those staff who remain out of date.
- In response to ensuring all staff have the right skills and competencies clinical teams and services continue working with block booked agency workers to provide role essential/specific training for staff working in Crisis, urgent mental health care teams and community nursing.
- Flat lift training compliance (as reported at Trust falls group) has improved (following an improvement action at PSIG) and is rag rated green 87.5% for all substantive staff, green at 93.6% for CHS and amber at 79.3% for DMH. Training now classified as ‘essential to role’ and N/A to FYPC.LDA.

- Flat lift equipment usage is now established on Ulysses and monitored with good trend analysis as per table below and monitored at the Trust Falls Group



Right Place

Care Hours Per Patient Day (CHPPD)

The total Trust CHPPD average (including ward based AHPs) is calculated by the Corporate Business Information Team at 12.02 CHPPD (national average 10.8) consistent with March 2024, ranging between 5.5 (Stewart House) and 80.0 (Agnes unit). CHPPD is calculated by the total actual staffing hours divided by the total occupied bed days (OBDs). Registered Nursing Associates and Therapy link Workers actual hours worked, are now included in the CHPPD. General variation reflects the diversity of services, complex and specialist care provided across the Trust. Table 3 reflects the variation in directorate and table 4 illustrates CHPPD, proportion of RN vacancies, sickness, turnover rate, and temporary workforce.

Table 3 – CHPPD by Directorate (previous 12 months)

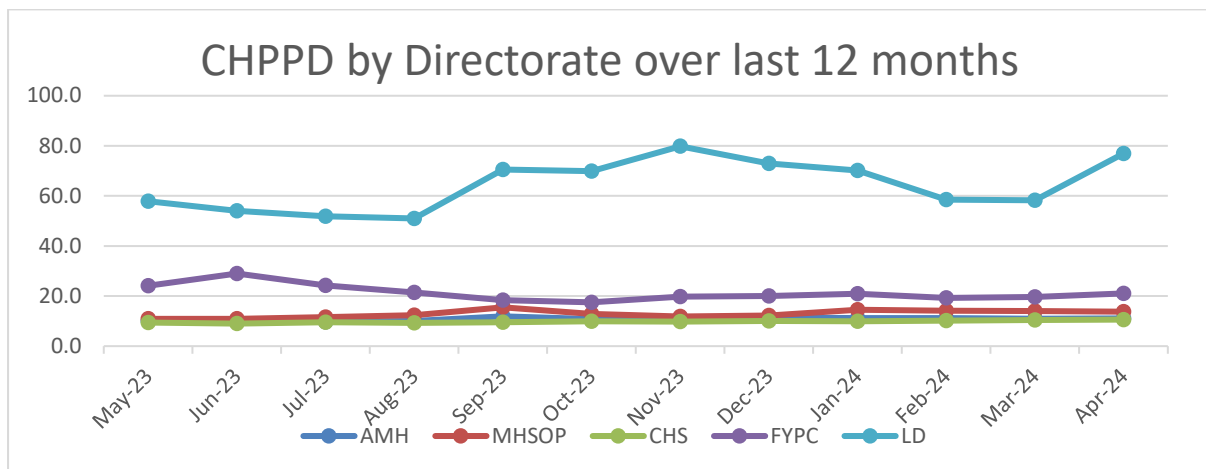


Table 4 – including CHPPD, RN Vacancies, Sickness, Turnover Rate, and temporary workforce.

Directorate	CHPPD	RN vacancies (WTE)	RN Vacancies (%)	RN Sickness %	RN 12m Turnover rate %	% Temp staffing shifts filled by Bank	% Temp staffing shifts filled by Agency
CHS	10.6	168.9	25.5%	6.5%	9.0%	35%	56%
DMH Inc MHSOP	11.1 13.7	175.4	23.2%	6.5%	7.3%	44%	51%
FYPC LDA	21.0 76.9	135.7	22.3%	4.7%	8.0%	15%	83%
All clinical directorates combined	12.2	480.0	23.7%	5.8%	8.1%	36%	57%

The RN vacancy position is at 480.0 Whole Time Equivalent (WTE) with a 23.4% vacancy rate, an increase of 0.3% since March 2024. Additional beds have also been opened in CHS. RN turnover for nurses is at 8.1%, (includes all reasons for leaving - voluntary leavers, retirements, dismissals etc). This is below the trusts target of 10%. Progress continues by participating in the People Promise Exemplar scheme focusing on retention working with system /regional/national teams to review existing retention approaches and develop further activity. Development of three key priority nursing retention actions areas; increasing pride and recognition, improving flexible working and accessible career development pathways.

Table 5 – includes HCA Vacancies, Sickness, Turnover Rate, and temporary workforce.

Directorate	HCA vacancies (WTE)	HCA Vacancies (%)	HCA Sickness %	HCA 12m Turnover rate %	% Temp staffing shifts filled by Bank	% Temp staffing shifts filled by Agency
CHS	75.4	20.1%	9.9%	11.8%	48%	47%
DMH Inc MHSOP	68.9	14.7%	8.5%	9.8%	95%	3%
FYPC LD	50.1	28.7%	6.5%	13.0%	78%	17%
All clinical directorates combined	194.4	19.1%	8.7%	10.8%	73%	24%

The HCA vacancy position is at 194.4 WTE with a 19.1 % vacancy rate, a decrease of 0.1% since March 2024. HCA turnover rate is at 10.8%. which is slightly above our internal target of no more than 10% turnover. As part of the monitoring of the Trust Wide Workforce, Recruitment and Agency Plan, turnover rates for our priority staff groups are reviewed every month. A Healthcare Support Worker Attraction & Retention Steering Group was established in February 2024. The retention plan includes high level aims for 2024/25 in relation to HCSW turnover to improve retention of HCSWs in their first year of service and

improve retention of younger HCSW's. A review of current provisions was scoped and new workstreams identified. LLR Buddying Framework Pilot co-hort 1 started in April 2024.

Fill rate.

The purpose of the Care Hours Per Patient Day (CHPPD) and Nurse Staffing Fill Rate is to monitor at a ward level the extent to which rota hours are being filled by registered nurses and midwives and unregistered care staff against planned staffing; and to monitor care hours per patient day. The key purpose is to obtain re-assurance that wards are being safely staffed and identify areas of potential unwarranted variation. The fill rate percentage is calculated by dividing the number of planned hours by the actual hours, as reported from Healthroster.

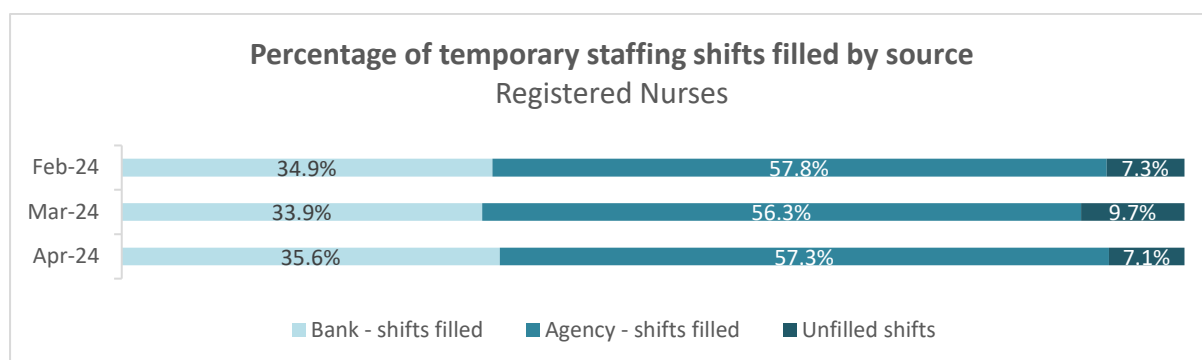
Fill rate of below 80% of RNs on the day shift is reported through the Performance Workforce Report (PWR)

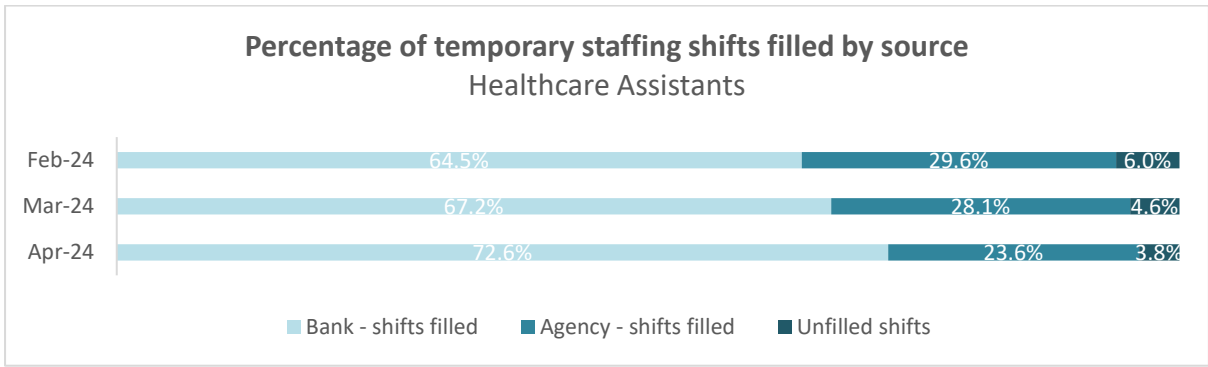
Fill rate variation above and below 100% for HCSWs is largely attributed to.

- dynamic staffing changes due to increased patient acuity, requiring increased staff for specialising or therapeutic observation.
- 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.

A deep dive is underway to understand the exceptions/variation in fill rate and over utilisation with workforce system colleagues, clinical and professional leads. Initial outcomes require further exploration, and an update will be presented within the next safe staffing report.

Please see Table 1 and 2 below identifying Temporary RN and HCA Nursing Workforce shift fill percentage.





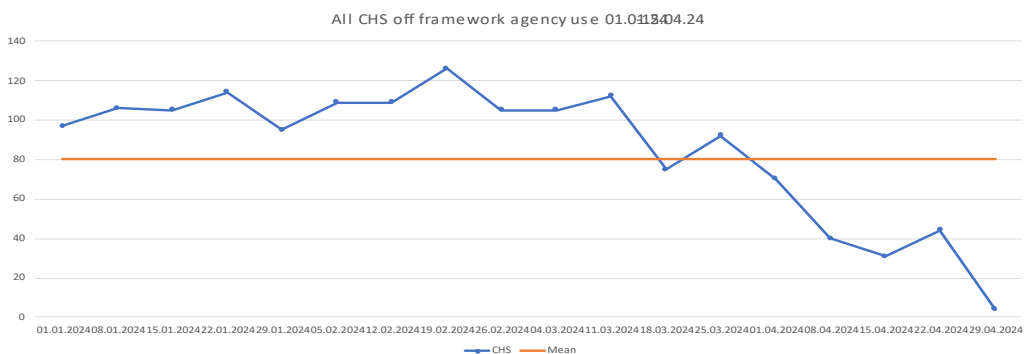
Agency Reduction

In response to a national NHSE directive for all NHS providers to cease all 'off framework' agency usage/spending by July 2024, a vacancy and agency reduction plan is progressing in CHS in-patients (who account for 5 %) and community services (who account for 95%) to cease off framework agency utilisation by July 2024. CHS high level priority actions continue:

- Off framework agency spend supported to switch to on framework agency supplier and paid travel to be considered for community teams
- On-framework agency supplier trajectory agreed to include 44 staff planning for shadow shifts and induction into CHS community teams
- Proposal for a peripatetic team for in-patients to mitigate staffing risks with single site and geographical challenges for staff movement.
- Weekly and monthly directorate Agency monitoring meetings

The results of these priority actions are demonstrating an improving position in the table below for CHS off framework agency use. Between March and April 2024, 50% off framework Agency staff, known to the trust have transferred to on-framework Agency. The plan continues to reduce zero off framework agency usage in May 2024.

All CHS off framework agency use Jan– Apr 2024



Trust wide Off framework Actions

- Overarching review of NHS England controls received at Trust Wide Agency Reduction and reviewed fortnightly at the agency reduction meetings.
- Workplan and actions to review controls in depth each month. Currently services are reviewing their longest serving agency workers and devising plans to move them off agency or stop them from working.
- Equality and Quality Impact Assessments (EQIAs) completed to stop use of off-framework agency staff in services safe to do so. There is no off-framework agency usage in DMH and FYPC.LDA.

Recruitment Pipeline

Throughout April 2024 we continue to grow and develop our nursing workforce. A total of 20.1WTE nursing staff (bands 5 to 8a) were appointed and 28.7WTE Health Care Support workers. 14 WTE Internationally Recruited RNs are in the recruitment pipeline for arrival in May 2024. 11 WTE's are for CHS in-patients and x 3 WTE for DMH.

Health and Well Being

The health and well-being of all our staff remains a key priority. The trust continues to support staff mental and physical health through referrals, signposting, communications, health and wellbeing champions and access to available resources.

The DAISY awards are a key retention action, to increase pride and recognition and were launched on 1 June 2023 to aide retention, reward, and meaningful recognition.

Proposal

Challenges/Risks

Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in April 2024 staffing challenges continue to increase. There is some evidence that current controls and business continuity plans are not fully mitigating the impact to the quality and safety of patient care across all services, at all times.

Whilst there has been no evidence through the in-patient monthly triangulated review of Nurse Sensitive Indicators and quality metrics that staffing numbers (right staff) is a contributory factor to patient harm, we are starting to see some correlation of impact of staffing skill mix and competencies (right skills) as a contributory factor in some serious incident and incident reviews linked to deteriorating patient, pressure ulcer harm and mental health observations. There is a level of concern about pressure ulcer harm in community nursing and longer-term impact of deferred visits, and potential for unknown risks and impact to outcomes and harm linked to reduced service offer/Health assessments in Healthy Together teams and Looked After Children services, all of which are being reviewed and risk managed. In community nursing where a visit or assessment is deferred the patient receives a visit from a HCSW and assessment re-prioritised.

As part of the Annual Establishment Review all inpatient wards commenced their acuity and dependency data collection (utilising evidence-based tools) for 20 days in October 2023. Recommendations were presented to the Executive Director of Nursing, AHPs and Quality in January 2024, to be shared for operational and financial planning with a final summary to Executive Management Board in May 2024 and Strategic Executive Board. Data collection started in April 2024 as part of the bi-annual establishment light review process.

Decision required.

The committee is asked to confirm a level of assurance that processes are in place to monitor inpatient and community staffing levels and actions in place to try to mitigate the risk of impact to patient safety and care quality.

Annex 1 April 2024 Scorecard and key table showing fill rate thresholds for RN, HCA on days and nights shifts and % temporary workers parameters for bank, agency and total.

Score card	Average Fill Rate Thresholds RN, HCA on days and nights		% Temporary Workers Total and Bank			Agency	
	Below <=80%	Above >80%	Below < 20%	Between 20% - 50%	Above >50%	Below <=6%	Above > 6%
Rag rating							
Fill rate will show in excess of 100% where shifts have utilised more staff than planned or due to increased patient acuity requiring extra staff			Please see table (page 2) for high level exception reporting highlighting reduced fill rate below 80% threshold and key areas to note due to high bank and agency utilisation.				

April 2024				Fill Rate Analysis (National Return)						% Temporary Workers (NURSING ONLY)			Overall CHPPD (Nursing And AHP)	Medication Errors	Falls	Complaints	PU Category 2	PU Category 4	Staffing Related Incidents
Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Actual Hours Worked divided by Planned Hours						Total	Bank	Agency							
				Nurse Day (Early & Late Shift)		Nurse Night		AHP Day											
				Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered AHP	Average % fill rate non-registered AHP										
		>=80%	>=80%	>=80%	>=80%	-	-	<20%	<20%	<=6%									
DMH Bradgate	Ashby	14	14	105.3%	233.3%	106.1%	144.0%			38.0%	27.9%	10.1%	10.3	4↑	0↓	0↓			
	Beaumont	22	22	132.8%	225.8%	105.1%	171.0%		100.0%	40.9%	29.7%	11.2%	7.3	0↓	0↓	0→			
	Belvoir Unit	8	7	108.7%	240.4%	108.1%	266.8%			39.5%	30.8%	8.7%	25.0	1↑	1↓	0→			
	Bosworth	14	14	151.3%	171.8%	108.3%	197.4%		100.0%	42.0%	37.6%	4.4%	11.9	0→	1↑	0→			
	Heather	18	17	106.0%	183.1%	105.0%	158.1%		100.0%	24.1%	18.7%	5.3%	8.4	0↓	5→	1↑			
	Thornton	12	12	166.3%	120.4%	106.4%	133.7%			39.2%	35.2%	4.0%	11.2	1↑	0↓	0→			
	Watermead	20	19	129.0%	222.2%	114.8%	203.9%		100.0%	31.6%	23.5%	8.1%	9.2	2↑	3→	0↓			
	Griffin - Herschel Prins	6	5	107.7%	152.6%	104.7%	332.7%		100.0%	51.6%	43.5%	8.1%	30.6	0→	1↑	0→			
DMH Other	Phoenix - Herschel Prins	12	11	106.7%	172.5%	104.4%	172.6%			22.7%	15.8%	7.0%	12.9	0→	0→	0→			
	Skye Wing - Stewart House	30	28	116.7%	131.8%	104.5%	155.1%			22.6%	22.6%	0.0%	5.5	1↑	3↑	0→			
	Willows	9	9	181.3%	105.7%	139.5%	105.4%		100.0%	40.0%	38.5%	1.5%	12.6	1↑	0↓	0→			
	Mill Lodge	14	13	130.2%	129.4%	139.2%	178.8%			40.6%	37.7%	2.9%	16.0	1→	3↓	0→			
	Kirby	23	21	140.2%	111.0%	97.3%	179.7%	100.0%	100.0%	24.5%	23.1%	1.4%	9.5	1→	1↓	0→			
	Aston (MHSOP)	17	13	147.4%	109.2%	104.5%	217.7%			31.3%	29.7%	1.7%	12.5	0↓	6→	0→			
	Coleman	18	13	112.2%	182.0%	104.6%	317.1%	100.0%	100.0%	28.3%	24.1%	4.2%	19.9	1↑	14↓	0→			
Gwendolen	19	17	135.3%	204.1%	108.0%	402.2%			43.6%	35.7%	7.9%	15.0	0→	5→	0→				
CHS City	Beechwood Ward - BC03	24	23	99.8%	124.1%	100.4%	132.3%	100.0%	100.0%	24.8%	17.9%	6.8%	9.4	1→	5↑	0→	0→	0→	
	Clarendon Ward - CW01	20	18	97.8%	111.6%	99.7%	142.4%	100.0%		26.5%	20.3%	6.1%	10.4	1↑	2→	0→	3↑	0→	
CHS East	Dagleish Ward – MMDW	17	17	106.5%	180.6%	99.5%	196.7%	100.0%	100.0%	38.4%	10.9%	27.4%	12.2	2↑	2↓	0→	0→	0→	1
	Rutland Ward - RURW	18	17	130.1%	200.4%	100.1%	197.8%	100.0%	100.0%	38.6%	9.8%	28.8%	11.1	0↓	0↓	0↓	0↓	0→	
	Ward 1 - SL1	21	19	96.4%	164.4%	100.0%	198.8%	100.0%	100.0%	36.3%	18.7%	17.6%	10.7	0→	5↓	1↑	0↓	0↓	
	Ward 3 - SL3	14	13	106.6%	113.4%	105.0%	99.7%	100.0%	100.0%	29.3%	18.0%	11.4%	10.4	0↓	0↓	0→	0↓	0↓	
CHS West	Ellistown Ward - CVEL	18	15	116.4%	151.2%	115.0%	151.3%	100.0%	100.0%	33.1%	14.4%	18.8%	6.7	1→	4↑	0→	2→	0→	2
	Snibston Ward – CVSN	8	7	100.6%	147.7%	101.1%	174.0%	100.0%	100.0%	32.0%	16.0%	16.0%	29.1	4↑	3→	0→	0↓	0→	2
	Ward 4 - CVW4	15	15	102.4%	122.9%	101.0%	175.8%	100.0%		25.1%	12.2%	12.9%	10.6	1↑	4↓	0↓	1→	0↓	1
	East Ward – HSEW	27	26	136.8%	177.8%	151.6%	196.6%	100.0%	100.0%	48.5%	21.0%	27.5%	11.2	↑	1→	0→	0→	0→	2
	North Ward - HSNW	19	18	110.5%	105.7%	100.0%	159.9%	100.0%	100.0%	19.9%	12.4%	7.5%	9.2	2↑	1↓	0→	0→	0→	
	Charnwood Ward - LBCW	18	17	199.7%	134.9%	111.4%	163.1%	100.0%	100.0%	31.5%	8.2%	23.3%	11.3	4↑	0↓	0↓	3↑	0→	
FYPC	Swithland Ward - LBSW	22	21	150.2%	96.9%	99.6%	178.1%	100.0%	100.0%	19.3%	12.8%	6.4%	9.0	2↑	1↓	0→	4↑	0→	
	Welford (ED)	15	12	150.3%	101.4%	133.0%	136.0%	100.0%		38.1%	32.4%	5.8%	13.4	3↓	1→	0↓			
	CAMHS Beacon Ward - Inpatient Adolescent	17	4	115.7%	172.4%	104.8%	130.8%			50.6%	33.9%	16.7%	47.9	0→	1↑	0→			
LD	Agnes Unit	1	1	104.1%	77.5%	105.8%	131.8%			50.1%	25.5%	24.5%	80.0	1↓	1→	0→			
	Gillivers	4	1	105.9%	72.1%	138.3%	115.6%			9.4%	9.4%	0.0%	72.5	0↓	0→	0→			
	1 The Grange	4	1	77.5%	51.2%	65.3%	105.0%			8.1%	8.1%	0.0%	66.4	0→	0→	0→			

Governance table

For Board and Board Committees:	Quality & Safety Committee	
Paper sponsored by:	Anne Scott Executive Director of Nursing, AHPs and Quality	
Paper authored by:	Elaine Curtin Workforce and Safe staffing Matron, Jane Martin Assistant Director of Nursing and Quality, Emma Wallis Deputy Director of Nursing and Quality	
Date submitted:	18.06.2024	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	none	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured:	none	
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Monthly report	
LPT strategic alignment:	Great Health Outcomes	
	Great Care	
	Great Place to Work	
	Part of the Community	
CRR/BAF considerations:	List risk number and title of risk	1: Deliver Harm Free Care 4: Services unable to meet safe staffing requirements
Is the decision required consistent with LPT's risk appetite:	Yes	
False and misleading information (FOMI) considerations:	None	
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:	none	