

Quality & Safety Committee – 29 October 2024

Safe Staffing – August 2024

Purpose of the Report

This report provides a full overview of nursing safe staffing during the month of August 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 (table below). 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 increased this month by 0.88% reported at 33.80% overall and Trust wide agency usage decreased this month by 0.60% to 6.85% overall. Directorate agency utilisation and reduction plans continue.
- In August 2024; 14 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 41.17 % of our inpatient Wards and Units. Changes from last month include Thornton, Griffin, Phoenix, Elliston, Snibston, Swithland and ward 4 Coalville. The increase was due to additional staff required to maintain safe levels of observation due to increased patient acuity.
- A review is undertaken by the Head/Deputy Heads of Nursing 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 as reported into Directorate Management Teams (DMTs).
- 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 /Potential Risks	Actions/Mitigations	Risk rating
CHS In-patients	<p>High percentage of temporary workforce to meet planned staffing levels due to vacancies, increased patient acuity and dependency and patients requiring one to one enhanced care. Key areas to note are East ward at 40.8%, St Lukes ward 3 and Ellistown both using 36%.</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 no change in the number of falls incidents from thirty-eight in July to August 2024. Ward areas to note with the highest number of falls are Swithland ward, Clarendon ward, St Lukes ward 1, and Coalville ward 4.</p> <p>The number of medication incidents has decreased from thirty-six in July to thirty-two in August 2024. Ward areas to note with the highest number of medication incidents are Swithland and East wards.</p> <p>The number of category 2 pressure ulcers developed in our care has increased from six in July to sixteen in August 2024. Ward areas to note are Swithland and Dalgleish.</p> <p>Two complaints were received in August 2024. One on Beechwood and one on Swithland.</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. Temporary workforce usage is improving due to an active recruitment drive taking place across the service line. Ten wards are using less than 35%, with three wards all using less than 20% Clarendon, Snibston, and North.</p> <p>Of the 38 falls, 34 were first falls, 4 repeat falls. The number of unwitnessed falls has increased from 18 in July to 19 in August 2024. The falls spread across 13 wards, areas to note include, Swithland, Clarendon, St Lukes ward 1, and Coalville ward 4 all having 5 falls each. Of the falls reported, 15 had no harm, 22 had low harm, and 1 patient had Moderate harm, in which an ISMR was carried out, and taken to the IRM meeting for further investigation. The weekly falls meeting continues across all wards/hospitals discussing themes and to recognise improvements in care lead by the falls link Matron, with oversight of the Deputy Head of Nursing.</p> <p>Of the 36 medication incidents, the three key themes are, medication unavailable, discrepancy in counting, omitted medications. The medication incidents are across 12 wards: Wards highlighted are Swithland ward with 7 incidents and East with 5 incidents. Wards are continuing to use safety crosses to monitor incidents, carry out clinical conversations and reflections. Incident forms are now being completed for all medications that are not given to our patients. (Omissions). A daily report is shared with all leads reflecting omissions, which is showing improvement.</p> <p>16 pressure ulcers were reported across 7 wards. Swithland ward reported 6 pressure ulcers and Dalgleish reported 3. The Ward Sisters and Matrons for the areas are undertaking a review and focus with the teams. Six areas have had no pressure ulcers develop in care. CHS pressure ulcer improvement work continues, with the Deputy Head of Nursing continuing to monitor, review and learn and share, with a weekly meeting, now led by the pressure ulcer link Matron. The Community Hospital tissue viability nurse continues to increase ward-based staff education and is planning a link nurse training day. No category 4 pressure ulcers were developed in LPT in-patient care in August 2024.</p> <p>It is noted that Swithland ward features in the Nurse Sensitive Indicators. Head of Nursing is reviewing with Deputy Head of Nursing, matron and ward sister if a deeper dive is required.</p> <p>The number of staffing related incidents has decreased from 12 in July to six in August 2024. Staffing related incidents were reported across 5 wards, Dalgleish, St Lukes Ward 3, Hinckley North, Charnwood, and Clarendon with a theme of staff shortages. 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>	
DMH In-patients	<p>High percentage of temporary workforce to meet planned staffing. Key areas to note are Beaumont at 54.0%, Gwendolen at 46.4% and Watermead at 45.1% due to high acuity, patient complexity, increased therapeutic observations and additional staff to ensure privacy and dignity and sexual safety when a patient is admitted to a mixed sex area in an opposite sex zone. Gwendolen reporting reduced fill rate for RNs on days.</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.</p> <p>Gwendolen ward have seen a reduction in fill rate for RNs on the day shift below 80% reflecting the amendment to baseline of 3 registered staff. Due to vacancies each shift is covered by a minimum of 2 RNs to meet safe staffing, where there is a shortfall of a third RN, skill mix is adjusted, and additional health care support workers deployed to achieve the minimum safer staffing requirements. Recruitment</p>	

	<p>A review of the NSI's has identified an increase in the number of falls incidents from fifty-two in July to sixty-five in August 2024.</p> <p>The number of medication incidents increased from eleven in July to sixteen in August 2024.</p> <p>7 complaints were received in August 2024. Two on Ashby and one on Belvoir, Phoenix, Willows, Langley and Gwendolen.</p>	<p>is improving to both Gwendolen and Coleman wards. In addition, due to the acuity and dependency on Gwendolen ward, additional staff are needed to support safe patient care, and escorting patients to other areas for treatment of physical health conditions.</p> <p>Falls</p> <p>Of the 65 falls incidents:</p> <p>14 occurred in Acute, Forensic and PICU services (AFPICU)</p> <p>7 occurred in AMH rehabilitation services including 1 patient who tripped whilst on day leave.</p> <p>44 occurred in MHSOP (including Mill Lodge which now sits in MHSOP organic pathway service)</p> <p>Of the 14 falls within AFPICU, 8 were first falls, 5 repeat falls and 1 patient placed themselves on the floor. Another patient reported having x 5 falls (unwitnessed) during admission due to repeated urine infections. Another patient reported x 2 falls unwitnessed, prior to discharge – no harm. 2 falls were due to a patient with uncontrollable jerky movements, referred to physio and requiring investigation for Functional Movement Disorder. A patient fell twice due to dizziness, medication reviewed and started on standing and lying blood pressure and another patient fell due to tonic clonic seizures, commenced on level 3 therapeutic observations and alcohol detox programme. There was very low harm or no harm to the patients as a result of the falls incident. All patients seen by Occupational Therapy and necessary equipment put in place and all patients were reviewed by physical health team. Flat lifting equipment was used 3 times.</p> <p>In mental health rehabilitation 7 falls incidents were reported. Of these 7 incidents; 4 repeat falls and 1 first fall all for the same patient. The falls occurred mostly in the Bedroom (3), Toilet (2) and garden (1). 1 patient reported tripping whilst on day leave. There were no moderate harms reported to the patients as a result of the falls incidents.</p> <p>Of the 44 falls incidents reported in MHSOP, 14 were first falls, 26 repeat falls and 4 patients placed themselves on the floor. The falls occurred mostly in the Bedroom (26), Corridor (9), Bathroom (3), Sitting Room (2) and the remaining 4 falls occurring in the clinic/ main ward area and reception. 45% (20) falls reported occurred in the daytime between the hours of 7.00am – 7.00pm. 54% (24) falls reported occurred in the evening between the hours of 8.00pm – 7.00am. 24 of these falls' incidents were unwitnessed falls. 26 falls incidents reported on Gwendolen ward due to patient cohort being acutely unwell, frail combined with restlessness and agitation. Regular reviews by Multi-Disciplinary Team including Occupational Therapy and Physiotherapy in place to manage falls risks and reduce levels of harm. Moderate harm was caused to a patient found on the floor in front of bedroom on Langley ward. Patient reported banging her head during the fall and stated they were unable to stand unaided. Patient transferred to UHL and undergone surgery. ISMR completed. All other falls incidents where low to no harm.</p>	
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FYPC.LDA in- patients	<p>High Percentage of temporary workforce, key areas to note - Beacon at 59.3%, Welford (ED) at 51.4%. Reduced fill rate for HCAs on days and nights at the Agnes unit and reduced fill rate for HCAs on days at the Gillivers.</p> <p>A review of the NSIs has identified an increase in the number of falls from one in July to three in August 2024.</p> <p>The number of medication related incidents remained at four in July and August 2024.</p> <p>One Complaint received in August 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. The Beacon unit continues to rely on a high percentage 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 are progressing through recruitment.</p> <p>Temporary workforce usage has improved on the Agnes unit, currently operating on 4 pods. Safe staffing is reviewed daily by the charge nurse and matron and staffing adjusted dependent on patient acuity and needs, as a result this has at times reduced the fill rate for HCAs on days and nights. 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 individual patient's needs, presentation, and risk factors. As a result, this fluctuates the fill rate for HCA on days at the Gillivers.</p> <p>7 Medication incidents were reported, 4 at the Agnes unit due to incorrect dosage of medication administered, administration of medication at the wrong time, 1 charting omission and 1 medication omission. 3 medication incidents on Welford; 1 due to a tablet being found on clinic floor, incorrect/reduced strength of medication administered and omission of medication as unavailable, re-ordered from pharmacy. There was no harm to the patients as a result of the medication incidents.</p> <p>3 falls incidents were reported. 1 incident was due to a patient falling whilst mobilising at the Agnes unit (no harm to the patient) and 2 falls at The Grange. Both falls were witnessed falls and the patient sustained low harm as a result of one fall. Falls pathway followed.</p>	
CHS Community	<p>Key areas to note - City West, City East, Hinckley, East North, East central, East South, due to high patient acuity, reduced leadership, high vacancy levels and absence.</p>	<p>Continued daily review of caseloads and of all non-essential activities per Level 2 OPEL actions including review of auto planner and on-going reprioritisation of patient assessments. Ongoing pressure ulcer and insulin improvement work continues.</p>	

	<p>Overall community nursing Service OPEL has been level 2, working to level 2/3 actions.</p>	<p>The Community Nursing SPA/triage transformation workstream continues and has progressed to the development and implementation of further triage training. Transition of the city wound care clinics has continued through the management of change process with patients being reviewed and transferred to the appropriate healthcare professional.</p> <p>Recruitment is ongoing with new starters being welcomed into hubs, clear induction plans and probation periods set, and training plans created to support staff to access mandatory and role specific training. Ongoing reviews of preferred agency workers, skill sets, access, and equipment. The Community Nursing Safer Staffing Tool (CNSST) remains paused as directed by NHSE.</p>	
DMH Community	<p>No change to key areas to note – City East and City Central has an interim team manager (in post) whilst work continues to merge this team into City West and City East as part of the community transformation plan which is nearing completion.</p> <p>There are significant vacancies and operational challenges with senior Band 6 and matron vacancy and sickness across CMHTs. Charnwood, South & East Leicestershire, City East, City Central and Melton CMHTs are key areas to note. Staff movement from other CMHT teams within directorate to support and maintain patient safety. Urgent plan in place to deal with immediate situation and requires a longer-term plan.</p> <p>To note PIER, Forensic, PAUSE and MHF/MHPs remain without matron cover. Support provided by Deputy Head of Nursing.</p> <p>Long waiting lists for patient first assessments, highest in Melton and South Leicestershire.</p> <p>MHSOP - There are some staffing challenges in the Memory Service and Unscheduled Care Team, these are being supported by the CMHT's and the service is considering additional agency resource.</p>	<p>The CMHT leadership team review staffing daily and request additional staff via bank and agency, mitigation remains in place, including staff movement across the service, potential risks are closely monitored within the Directorate Quality and Safety meetings. Quality Improvement plan continues via the transformation programme. Case load reviews continue, introduction of alternative and skill mix of roles to support service need. Most teams continue with peer psychological supervision, team time out days and coordinated team support. Meetings in place to look at ways to address waiting lists. All neighbourhood teams now have managers recruited, due to start in next month(s). A joint advert for band 6 recruitment is being re-advertised. The plan to merge City Central into City East and City West is progressing. First task and finish groups arranged to discuss next team merges.</p>	
FYPC.LDA Community	<p>LD Community Forensic team rag rated red and Mental Health School Team (MHST). Healthy Together and School Nursing continue to be below safer staffing however Healthy together services are cross covering. Number of vacancies in the HENS team, LD SLT, and retirements in Diana team.</p>	<p>Mitigation remains in place with potential risks being closely monitored within Directorate. Safer Staffing plan initiated, and Forensic team are working through a prioritisation model proposal with vacancies out to advert. 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. LD Community 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.</p>	

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 there is an impact on timeliness of care planning 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%	88.9%	green	93.5%	95.6%	91.1%	86.8%
Bank			green	100%	92.9%	87.8%	88.3%

- Compliance with face-to-face mandatory training is reported through the Training Education Development (TED) and People and Culture Committee.
- Compliance for bank staff is monitored through TED and Centralised Staffing Solutions (CSS), compliance has significantly improved, work is in progress to start adding rules to Health Roster that dictate what training bank staff need to be compliant with, to book a shift. Mitigations proposed to restrict temporary workers who are not in date with clinical mandatory training.
- 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.

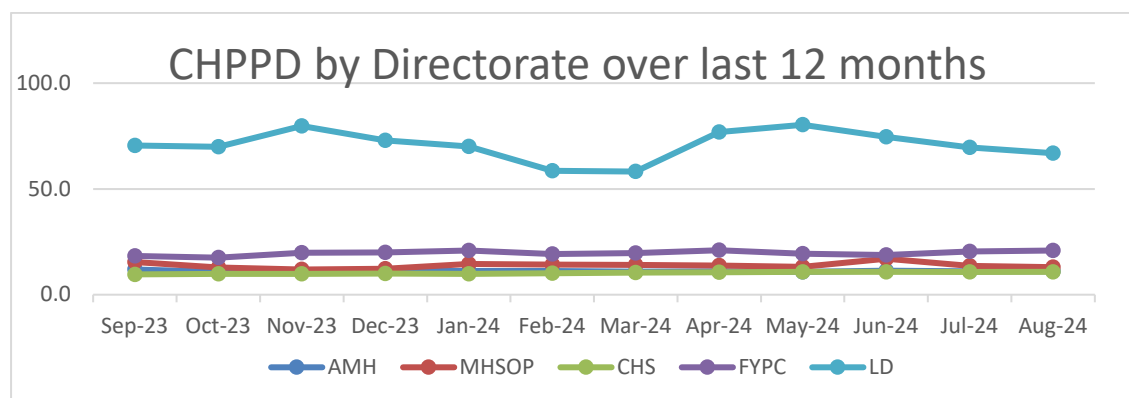
Right Place

Care Hours Per Patient Day (CHPPD)

- The total Trust CHPPD average (including ward based AHPs) is calculated by the Corporate Business Information Team at 12.1 CHPPD (national average 10.8) consistent with July 2024, ranging between 5.2 (Stewart House) and 97.1 (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 split (WTE)		RN vacancies (WTE)	RN Vacancies (%)	RN Sickness %	RN 12m Turnover rate %	% Temp staffing shifts filled by Bank	% Temp staffing shifts filled by Agency
CHS	10.8	Inpatient -	21.6	148.2	22.4%	5.3%	7.9%	35%	58%
		Community -	126.6						
DMH Inc MHSOP	11.0	Inpatient -	66.6	161.6	21.0%	6.0%	6.4%	45%	49%
		Community -	95.0						
FYPC LD	20.9	Inpatient -	21.7	144.8	23.7%	4.2%	7.8%	23%	75%
		Community -	123.0						
All clinical directorates combined	12.1	Inpatient -	110.0	454.5	22.3%	5.4%	7.3%	37%	57%
		Community -	344.6						

- The RN vacancy position is at 454.5 Whole Time Equivalent (WTE) with a 23.3% vacancy rate, a decrease of 1.0% since July 2024. RN turnover for nurses is at 7.3%, (includes all reasons for leaving - voluntary leavers, retirements, dismissals etc). This is below the trusts target of 10%.

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

Directorate	HCA vacancies split (WTE)		HCA vacancies (WTE)	HCA Vacancies (%)	HCA Sickness %	HCA 12m Turnover rate %	% Temp staffing shifts filled by Bank	% Temp staffing shifts filled by Agency
CHS	Inpatient -	56.1	71.2	17.9%	6.0%	10.8%	78%	18%
	Community -	15.2						
DMH	Inpatient -	35.9	71.7	14.9%	6.9%	8.6%	94%	3%

Inc MHSOP	Community -	35.8						
FYPC	Inpatient -	41.0	42.2	24.2%	4.3%	14.8%	87%	4%
LD	Community -	1.2						
All clinical directorates combined	Inpatient -	132.9	185.1	17.6%	6.2%	10.4%	87%	9%
	Community -	52.2						

The HCSW vacancy position is at 185.1 WTE with an 17.6% vacancy rate, a decrease of 0.7% since July 2024. HCSW turnover rate is at 10.4%. which is just 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 HCSW Attraction & Retention Steering Group was established in February 2024. The retention plan includes high level actions for 2024/25 to improve retention of HCSWs in their first year of service and younger HCSW's.

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 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.

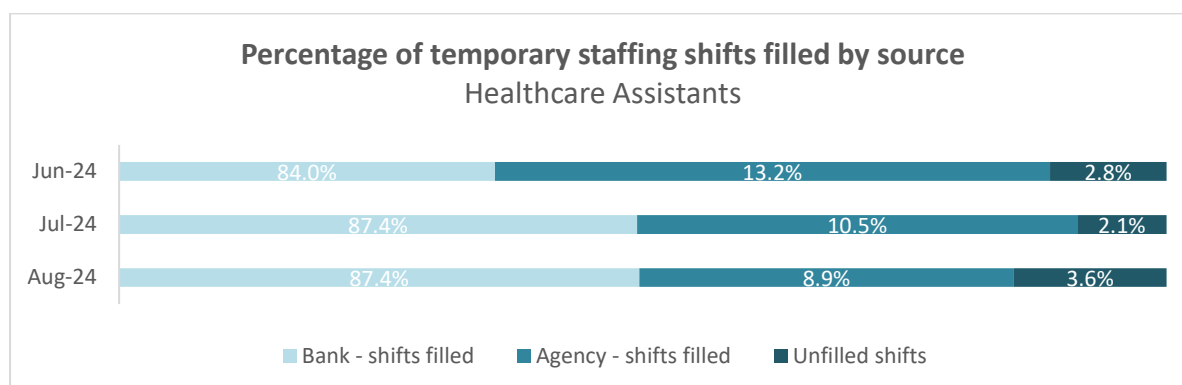
Fill rate of RNs on the day shift is reported through the Performance Workforce Report (PWR)

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

- dynamic staffing changes due to increased patient acuity and dependency, requiring increased staff for specialising, therapeutic observation and/or escorting patients.
- 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. Further exploration of initial fill rate variation has been confirmed as above. Progress is being made with consistent planned staffing aligned to health roster and budgeted establishments. Targeted work to adjust health roster templates (due to successful recruitment) and aligned to current planned staffing from the 1 November 2024 is progressing.

Please see Table 6 and 7 below identifying Temporary RN and HCA Nursing Workforce shift fill percentage.



Agency Reduction

In response to the NHSE directive for all NHS providers to cease all ‘off framework’ agency use by July 2024, Community Health Services (CHS) in-patients (who accounted for 5 % off-framework usage) and community nursing services (who accounted for 95%) implemented a vacancy and agency reduction plan to cease off framework agency utilisation by July 2024. All actions have been completed and as a result there has been only 1 off framework shift (during August) otherwise no off-framework usage since May 2024.

Recruitment Pipeline

Throughout August 2024 we continue to grow and develop our nursing workforce. A total of 14.6 WTE nursing staff (bands 5 to 8a) were appointed and 15.0 WTE Health Care Support workers. Seven WTE Internationally Educated RNs are in the pipeline to arrive in September 2024.

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. We are also working with the ICS around legacy mentoring and are a member of the Legacy Mentoring - Focus Group to support development of regional resources and flexible pension options and support around menopause has been widely communicated across the Trust.

Proposal

Challenges/Risks

Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in August 2024 staffing challenges have improved with a significant decrease in our agency usage.

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

As part of the bi- annual establishment light review process, all inpatient wards commenced their acuity and dependency data collection (utilising evidence-based tools) for 30 days in April/May 2024. Senior Nurse's reviewed recommendations in July 2024 and presented to Directorate DMTs during August/September 2024 and to Quality and Safety Committee in October 2024.

Decision required – Please indicate:

Briefing – no decision required	
Discussion – no decision required	
Decision required – detail below	

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 August2024 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.

August 2024			Fill Rate Analysis (National Return)						% Temporary Workers			Overall CHPPD (Nursing And AHP)	Medication Errors	Falls	Complaints	PU Category 2	PU Category 4	Staffing Related Incidents
Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Actual Hours Worked divided by Planned Hours						(NURSING ONLY)									
			Nurse Day (Early & Late Shift)		Nurse Night		AHP Day		Total	Bank	Agency							
			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	<20%	<20%	<=6%							
>=80%	>=80%	>=80%	>=80%	-	-	<20%	<20%	<=6%										
Ashby	14	14	91.8%	182.9%	99.8%	155.3%			37.3%	29.3%	8.0%	9.6	1→	3↓	2↑			
Beaumont	22	21	106.8%	160.3%	102.8%	181.0%		100.0%	54.8%	42.8%	12.0%	9.1	0↓	2↑	0→			
Belvoir Unit	6	6	124.1%	154.9%	107.8%	181.1%			43.1%	40.2%	2.9%	32.7	0→	0→	1↑			
Bosworth	14	14	102.3%	164.9%	103.2%	116.1%		100.0%	24.1%	21.2%	2.9%	9.4	2→	2↑	0↓			
Heather	17	17	118.9%	138.7%	102.8%	122.9%		100.0%	40.1%	29.9%	10.2%	8.6	3↑	2→	0→			
Thornton	12	11	101.3%	195.3%	109.9%	156.1%			39.5%	36.4%	3.1%	11.5	1→	1↓	0→			
Watermead	20	19	124.2%	185.2%	113.1%	176.3%		100.0%	45.9%	37.7%	8.2%	10.6	1↑	4↑	0→			
Griffin - Herschel Prins	6	5	103.2%	100.3%	104.6%	93.1%		100.0%	33.6%	28.8%	4.8%	28.3	1↓	0↓	0↓			
Phoenix - Herschel Prins	12	11	109.7%	121.6%	104.8%	103.7%			34.2%	29.3%	4.9%	11.2	0→	0→	1↑			
Skye Wing - Stewart House	30	29	106.8%	132.0%	104.5%	110.2%			20.8%	20.2%	0.6%	5.2	2↑	6↓	0→			
Willows	9	9	94.5%	136.7%	98.3%	114.7%		100.0%	30.0%	26.5%	3.5%	11.4	3↑	1↓	1→			
Mill Lodge	14	9	104.1%	123.1%	102.8%	137.4%			23.2%	18.9%	4.3%	19.3	1→	1↑	0→			
Langley (MHSOP)	20	16	110.9%	121.3%	99.5%	107.0%	100.0%	100.0%	33.5%	32.7%	0.7%	9.7	0→	3↑	1→			
Aston (MHSOP)	17	15	88.8%	194.7%	102.7%	218.1%			42.9%	39.7%	3.2%	11.5	0→	4↑	0→			
Coleman	19	16	81.8%	154.4%	103.0%	164.9%	100.0%	100.0%	36.8%	32.3%	4.5%	15.8	1↑	9→	0→			
Gwendolen	19	17	70.9%	159.0%	103.0%	181.6%			46.4%	38.3%	8.2%	15.1	0→	26↑	1↑			
Beechwood Ward - BC03	23	22	110.8%	115.3%	101.6%	113.4%	100.0%	100.0%	31.1%	24.2%	6.8%	9.9	2→	2↓	1↑	0↓	0→	
Clarendon Ward - CW01	21	20	101.0%	120.9%	100.0%	107.1%	100.0%	100.0%	17.0%	14.2%	2.8%	10.4	1↑	5↑	0→	2↑	0→	1
Dalglish Ward - MMDW	17	16	124.0%	124.5%	103.3%	101.8%	100.0%	100.0%	32.9%	17.2%	15.7%	10.8	2↓	2↑	0→	3↑	0→	1
Rutland Ward - RURW	18	17	123.0%	109.0%	109.5%	121.0%	100.0%	100.0%	26.7%	16.3%	10.4%	9.6	2↓	3→	0→	1↑	0→	
Ward 1 - SL1	20	17	103.4%	114.3%	98.5%	100.7%	100.0%	100.0%	34.8%	26.2%	8.6%	11.7	1→	5↑	0→	0→	0→	
Ward 3 - SL3	14	14	117.4%	134.5%	93.4%	112.6%	100.0%	100.0%	38.1%	31.4%	6.8%	12.4	0→	2↑	0↓	0→	0→	2
Ellistown Ward - CVEL	19	18	110.0%	120.4%	100.1%	107.4%	100.0%	100.0%	36.8%	31.1%	5.7%	11.0	1↓	2↑	0→	0→	0→	
Snibston Ward - CVSNI	19	18	97.5%	121.6%	99.9%	99.8%	100.0%	100.0%	18.5%	12.8%	5.7%	10.7	4↓	1↓	0→	2→	0→	
Ward 4 - CVW4	15	14	154.1%	116.8%	117.5%	111.7%	100.0%	100.0%	21.8%	15.9%	6.0%	11.5	4↓	4↑	0→	0→	0→	
East Ward - HSEW	27	25	120.8%	110.4%	106.5%	102.2%	100.0%	100.0%	40.8%	32.6%	8.1%	10.9	5↑	2↓	0→	1→	0→	
North Ward – HSNW	20	19	110.9%	115.1%	104.8%	112.5%	100.0%	100.0%	19.7%	14.9%	4.8%	10.1	1↑	3↑	0→	2↑	0→	1



Charnwood Ward - LBCW	18	17	113.2%	109.6%	112.7%	102.0%	100.0%	100.0%	27.6%	18.6%	9.0%	11.5	3→	2↓	0→	0→	0→	1
Swithland Ward - LBSW	22	19	108.5%	113.1%	99.9%	104.0%	100.0%	100.0%	28.4%	23.6%	4.8%	10.4	6↑	5↓	1↑	6↑	0→	
Welford (ED)	15	13	130.4%	130.3%	135.0%	221.5%	100.0%		51.4%	45.7%	5.7%	14.7	3↑	0↓	1↑			
CAMHS Beacon Ward - Inpatient Adolescent	17	4	89.6%	116.2%	103.0%	83.3%			59.3%	43.2%	16.1%	42.9	0↓	0→	0→			
Agnes Unit	1	1	83.8%	69.3%	98.8%	76.5%			29.9%	14.7%	15.2%	97.1	5↑	1↑	0→			
Gillivers	3	2	113.8%	66.4%	137.6%	92.5%			18.5%	18.5%	0.0%	31.1	0→	0→	0→			
1 The Grange	2	1	-	88.4%	-	97.1%			9.7%	9.7%	0.0%	62.2	0→	2↑	0→			

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.				



Governance table

For Board and Board Committees: Paper sponsored by:	Quality & Safety Committee James Mullins Interim 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:	29.10.2024	
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): 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	None	
LPT strategic alignment:	Monthly Report	
	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

