

## Trust Board – 24 September 2024

### Safe Staffing – July 2024 draft

#### Purpose of the report

This report provides a full overview of nursing safe staffing during the month of July 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 increased this month by 1.04% reported at 34.68% overall and Trust wide agency usage decreased this month by 0.74% to 7.45% overall. Directorate agency utilisation and reduction plans continue.
- In July 2024; 19 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 55.88 % of our inpatient Wards and Units. Changes from last month include Thornton ward.
- 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 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	Actions/Mitigations	Risk rating
<p><b>CHS In-patients</b></p>	<p>High percentage of temporary workforce to meet planned staffing levels across all wards due to vacancies, increased patient acuity and dependency. Key areas to note are East ward at 42.5% due to opening additional beds, ward 1 and ward 3 St Lukes and Ellistown using over 35%. Nine wards are using less than 35% with 3 wards – North, Clarendon, ward 4 and Snibston Coalville using 22% or less.</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 an increase in the number of falls incidents from thirty-seven in June to thirty-eight in July 2024. Ward areas to note with the highest number of falls are Swithland, Beechwood, Snibston and ward 1 St Lukes.</p> <p>The number of medication incidents has decreased from forty-five in June to thirty-six in July 2024. Ward areas to note with the highest number of medication incidents are Coalville ward 4, Snibston and Dalgleish.</p> <p>The number of category 2 pressure ulcers developed in our care has decreased from thirteen in June to six in July 2024.</p> <p>one complaint was received in July 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. Temporary workforce usage is improving due to an active recruitment drive taking place across the service line.</p> <p>Of the 38 falls reported, 20 were first falls, 16 repeat falls, and 2 patients placed themselves on the floor. The number of unwitnessed falls has decreased from 22 in June, to 18 in July. The falls spread across 11 wards, areas to note include, Beechwood Ward, Snibston ward and St Lukes ward 1, all having 4 falls each. 14 had no harm, 23 had low harm, and 1 patient had Moderate harm, in which an ISMR was carried out, this was taken to the IRM meeting for further investigation.</p> <p>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 reported the main key themes are, medication unavailable, discrepancy in counting, omitted medications. The medication incidents are across 10 wards: Coalville ward 4 having 8 incidents, Snibston having 7 medication incidents and Dalgleish having 5 medication incidents. Seven wards have less than 5 medication incidents each, with two wards with no medication incidents. Wards are continuing to use safety crosses to demonstrate safety, whilst carrying out senior 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.</p> <p>6 pressure ulcers were reported across 5 wards. Beechwood, Dalgleish, East ward and Swithland all reported 1 Pressure Ulcer, and Snibston reported 2. CHS Pressure ulcer improvement work continues, the Deputy Head of Nursing continues to monitor, and challenge appropriate care in a weekly meeting. The community hospital tissue viability nurse is continuing to increase education. The roll out of new patient chairs has concluded. No Category 3 or 4 pressure sore were developed in LPT Care in July.</p> <p>The number of staffing related incidents has increased from 8 in June to 12 in July 24. Staff related incidents were reported across 5 wards, Dalgleish, St Lukes Ward 3, Coalville Ward 4, Charnwood, and East ward with a theme of staff shortages. Three of the staff shortages were related to Advanced Nurse Practitioner (ANP) cover. 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><b>DMH In-patients</b></p>	<p>High percentage of temporary workforce on all wards to meet planned staffing. Key areas to note are Thornton at 52.5%, Belvoir at 48.4%, Beaumont at 47.6%, Griffin at 45.0%, and Gwendolen at 40.7% due to high acuity, patient complexity, increased therapeutic observations and patients requiring hospital escorts, patient (from Thornton) required 2 to 1 at another provider. Coleman and Gwendolen reporting reduced fill rate for RNs on days.</p> <p>A review of the NSI's has identified a decrease in the number of falls incidents from fifty -five in June to fifty-two in July 2024.</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>Coleman and Gwendolen wards 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. In addition, due to the acuity and dependency on Coleman and Gwendolen wards, additional staff are needed to support safe patient care, and escorting patients to other areas for treatment of physical health conditions.</p> <p><b>Falls</b></p>	

The number of medication incidents decreased from thirteen in June to eleven in July 2024.

5 complaints were received in July 2024.

Of the 52 falls incidents:

15 occurred in Acute, Forensic and PICU services (AFPICU)

10 occurred in AMH rehabilitation services and 1 fall at a patient's home (11 falls in total).

27 occurred in MHSOP (including Mill Lodge which now sits in MHSOP organic pathway service)

Of the 15 falls within AFPICU, 7 were first falls and 8 repeat falls. 5 falls reported on Ashby, 2 falls on Thornton, 3 falls on Griffin, 2 falls on Heather and Watermead and 1 fall on Beaumont. Falls themes include mental health presentation, physical health poorly controlled diabetes, seizure, mechanical slip from a bed, a slip on wet floor, medication and mobility equipment not being used, Mental health treatment (ECT) poor food and fluid intake. There was very low harm or no harm to the patients as a result of the falls incidents. All patients were reviewed by MDT including reviewing multifactorial causes and post falls process completed.

In mental health rehabilitation 11 falls incidents were reported. Of these 11 falls incidents; 10 were repeat falls and 1 patient placed themselves on the floor.

The falls occurred mostly in the Bedroom (6), Toilet (2) and the remaining 3 in the Bathroom/ Main Ward Area and a Patient's Home. There were no moderate harms to the patients as a result of the falls incidents.

Please note Gwendolen ward has 1 fall recorded on July 24 scorecard (annex 1). However, an additional 15 falls were reported following a ward move from the 8 July 2024. They are not recorded on the July 24 scorecard as listed below.

X 8 First Falls

- x 1 fall self-reported by a patient,
- x 5 were un-witnessed falls found by staff
- x 2 were due to slips/trips/falls when mobilising

x 7 Repeat falls

- x 1 repeat fall due to slips/trips/falls when mobilising
- x 6 repeat falls un-witnessed by staff

No moderate harm was reported as a result of the x 15 falls.

Please note the 16 falls in total for Gwendolen are included in the summary narrative below as part of the 27 total falls reported in MHSOP. Work is in progress with business support to review the reporting base for Gwendolen ward for next month.

Of the total 27 falls incidents reported in July 24; 14 were first falls, 10 repeat falls and 3 patients placed themselves on the floor. The falls occurred mostly in the Bedroom (14), Corridor (5), Patient Lounge (4) and the remaining 4 falls occurring in the Bathroom/ En suite/ Toilet and other. 33% (9) falls reported occurred in the daytime between the hours of 7.00am – 7.00pm. 67% (18) falls reported occurred in the evening between the hours of 8.00pm – 7.00am and 13 of these were unwitnessed falls. There were no moderate harm incidents reported for July 24.

		<p><b><u>Medication Errors</u></b></p> <p>Eleven medication incidents were reported and due to; incorrect storage of insulin, medication out of stock, medication administered at incorrect time and extra dose administered – no harm to the patient. Medication administered to wrong patient due to incorrect identification. Opioid Substitution Therapy (OST) incorrectly prescribed, and patient overly sedated, short-term medication dispensed by pharmacy but not available on the ward and an accidental overdose of medication whilst a patient was on leave from the Willows. All incidents were low/ no harm incidents.</p> <p>One medication related incident at Mill lodge was due to an incorrect dose of IM injection was given – the patient did not sustain any harm as a result and staff member supported with medicines administration support.</p>	
<p><b>FYPC.LDA In-patients</b></p>	<p>High Percentage of temporary workforce, with no change to key areas noted- Beacon at 59.6%, Welford (ED) at 49.9% and Agnes at 40.5%. Reduced fill rate for HCAs on nights at the Beacon and reduced fill rate for HCAs on days at the Gillivers and the Grange.</p> <p>A review of the NSIs has identified a decrease in the number of falls from 4 in June to one in July 2024.</p> <p>The number of medication related incidents increased from 3 in June to four in July 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 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. Reduced fill rate for HCAs on night shift as staffing model adjusted as per bed occupancy and acuity level.</p> <p>The Agnes unit also has high percentage of temporary workforce and currently above their equivalent commissioned beds, operating on 4 pods. Safe staffing reviewed daily by charge nurse and matron and staffing adjusted dependent on acuity and 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. Reduced fill rate for HCA on days at the Gillivers and the Grange.</p> <p>4 medication incidents were reported, 2 at the Beacon due to a patients own CD drug being incorrectly recorded as ward stock and an incorrect dosage of medication being supplied on discharge. 2 medication incidents on Welford; 1 due to incorrect recording of medication administered (as patient refused) and incorrect storage of medication in the fridge instead of at room temperature. There was no harm to the patients as a result of the medication incidents.</p> <p>There was one unwitnessed fall on Welford ward, patient reviewed by nursing team and low harm to the patient. Falls pathway followed.</p>	

<p><b>CHS Community</b></p>	<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>Work continues with the ICB around the city simple wound care clinic provision.</p> <p>Overall community nursing Service OPEL has been level 2, working to level 2/3 actions.</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. Pressure ulcer and Insulin community nursing quality improvement work continues. The Community Nursing SPA/triage transformation workstream has developed a clear work programme in place that is supported by fortnightly project group huddles.</p> <p>The Community Nursing Safer Staffing Tool (CNSST) remains paused as directed by NHSE. On going work continues reviewing our temporary workforce targeting on-framework agency staff to upskill, block booking staff for continuity and access to clinical systems, supporting transition and support of any staff transfers from off to on-framework agencies.</p>	
<p><b>DMH Community</b></p>	<p>No change to key areas to note – 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. 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 plus band 7 acting up as team manager in another team. South Leicestershire has significant band 6 vacancy. Community South Leicestershire and Melton CMHTs are key areas to note due to vacancies, increased patient waiting times. Increased staff movement from other CMHT teams within directorate and supporting to maintain patient safety, posts out to advert. Melton CMHT significantly challenged for staffing over next month, due to long-term sickness. Urgent plan in place to deal with immediate situation and requires a longer-term plan.</p> <p>Crisis Pathway – quality summit took place in July 2024.</p> <p>MHSOP Community unscheduled care service is a key area to note – recruitment in progress and support from CMHT to manage any identified risks.</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>Three new team managers successfully recruited; further interviews planned for 23 August to recruit to remaining posts. A joint advert for band 6 recruitment is being re-advertised.</p> <p>The plan to merge City Central into City East, City West and South Leicestershire CMHT is progressing.</p> <p>The interim Director of Nursing and Medical Director led 2 initial quality summits with our crisis pathway in July 2024 focused on safety, governance and leadership. Immediate actions agreed with a follow up summit planned for September 2024.</p>	
<p><b>FYPC.LDA Community</b></p>	<p>LD Community physio 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 retirement in Diana team.</p>	<p>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. 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 &amp; 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	11 out of 12 compliance subjects	Resuscitation Level1	Data Security Awareness IG	Basic Life Support (BLS)	Immediate Life Support (ILS)
All Substantive	92.6%	90.9%	green	91.9%	94.8%	90.7%	88.8%
Bank			green	93.3%	91.4	89.6%	84.2%

- Compliance with face-to-face mandatory training is reported through the Training Education Development (TED) and Strategic Workforce Committee.
- Compliance for bank staff is monitored through TED and Centralised Staffing Solutions (CSS) compliance has significantly improved and 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.

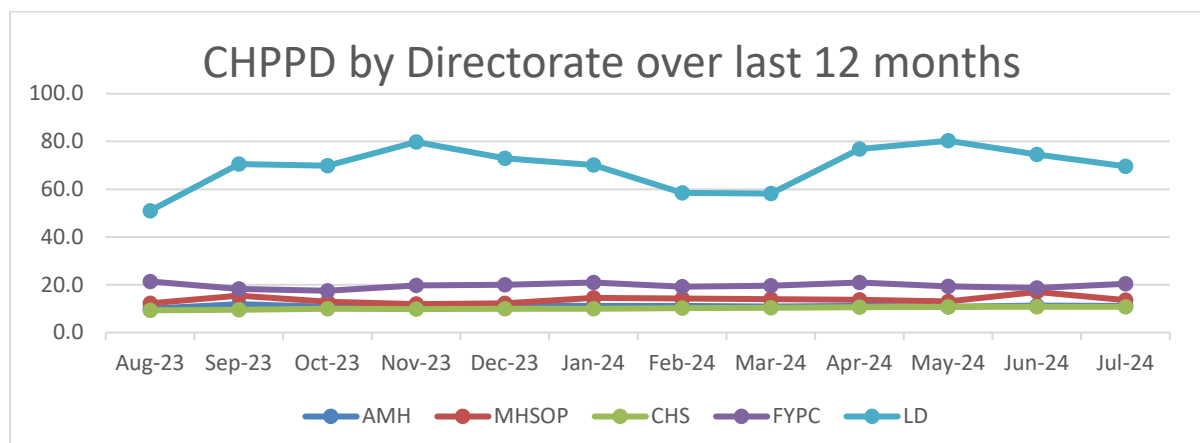
## Right Place

### Care Hours Per Patient Day (CHPPD)

The total Trust CHPPD average (including ward based AHPs) is calculated by the Corporate Business Information Team at 12.2 CHPPD (national average 10.8) consistent with June 2024, ranging between 5.0 (Stewart House) and 95.6 (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	10.7	153.6	23.2%	6.4%	7.3%	35%	60%
DMH Inc MHSOP	11.1 13.6	174.8	22.8%	6.8%	7.4%	44%	52%
FYPC LDA	20.4 69.6	148.3	24.2%	4.9%	7.1%	18%	78%
All clinical directorates combined	12.6	476.7	23.3%	6.2%	7.3%	36%	59%

The RN vacancy position is at 476.7 Whole Time Equivalent (WTE) with a 23.3% vacancy rate, a decrease of 0.5% since June 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 (WTE)	HCA Vacancies (%)	HCA Sickness %	HCA 12m Turnover rate %	% Temp staffing shifts filled by Bank	% Temp staffing shifts filled by Agency
CHS	66.8	16.8%	7.8%	11.2%	75%	23%
DMH Inc MHSOP	74.4	15.4%	8.7%	8.5%	95%	3%
FYPC LD	51.8	29.6%	4.2%	17.2%	95%	2%
All clinical directorates combined	193.0	18.3%	7.7%	10.8%	87%	11%

The HCSW vacancy position is at 193.0 WTE with an 18.3% vacancy rate, a decrease of 0.3% since June 2024. HCSW turnover rate is at 10.8%. 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 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.

### **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)

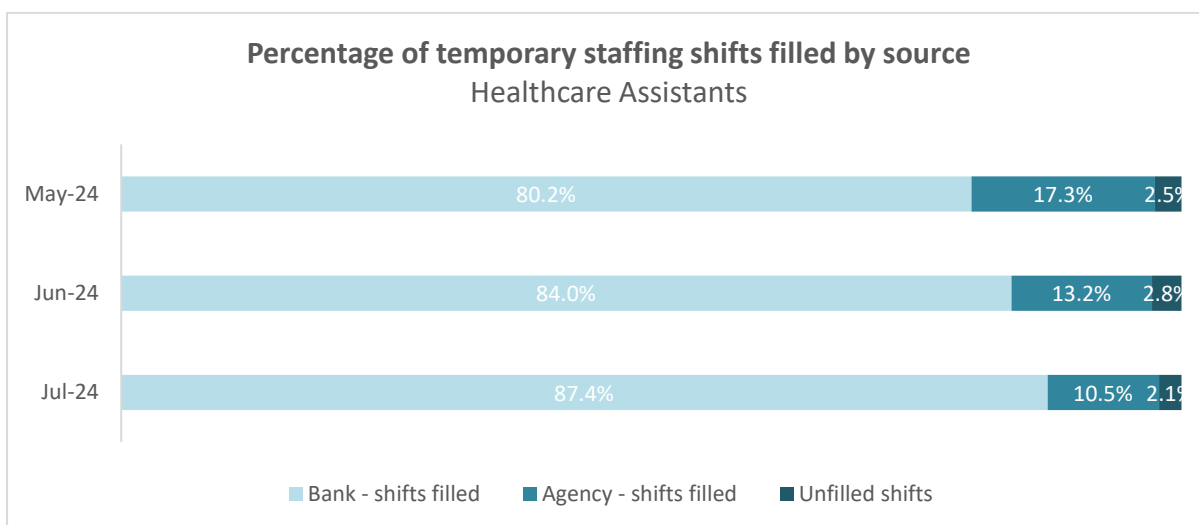
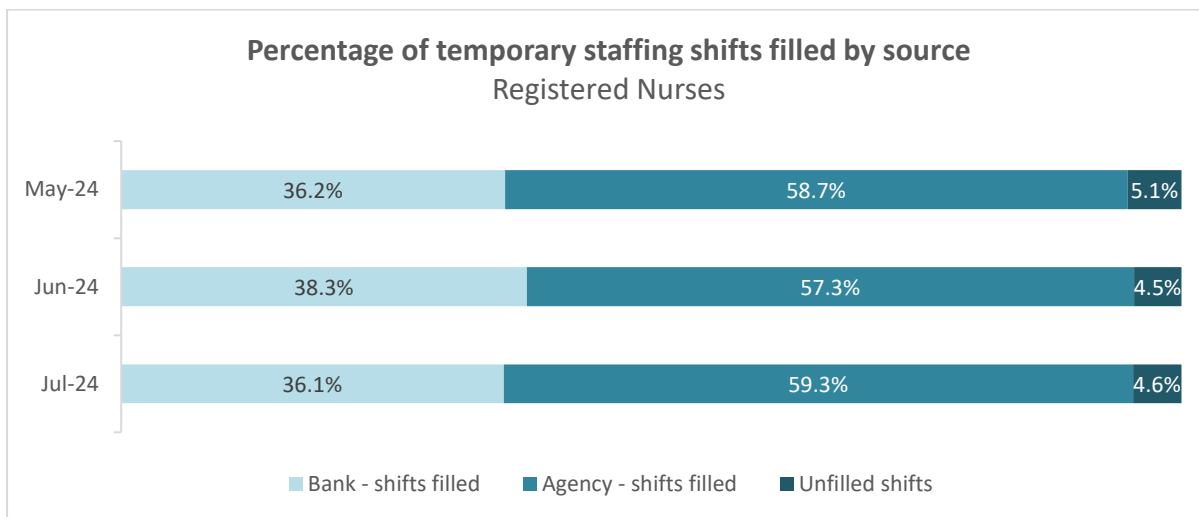
Fill rate variation above and below 100% for HCSWs is largely attributed to.

- dynamic staffing changes due to increased patient acuity and dependency, requiring increased staff for special ling, 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 underway.

**Please see Table 6 and 7 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 has progressed 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 have all been completed and the weekly meeting stepped down with no off-framework usage since May 2024. The plan continues at zero off framework agency usage in July 2024. Monthly CHS workforce group continues.

### Trust wide Off framework Actions

- Overarching review of NHS England controls received at Trust Wide Agency Reduction and reviewed monthly 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, FYPC.LDA and CHS since May 24.

## **Recruitment Pipeline**

Throughout July 2024 we continue to grow and develop our nursing workforce. A total of 20.7 WTE nursing staff (bands 5 to 8a) were appointed and 41.1 WTE Health Care Support workers. Nine WTE Internationally Educated RNs started in July 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 July 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 will review recommendations in July and present to Directorate DMTs during August and September 2024 and then Quality and Safety Committee in October 2024.

### **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 July 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.

July 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										
			>=80%	>=80%	>=80%	>=80%	-	-	<20%	<20%	<=6%							
Ashby	14	14	100.1%	173.2%	104.4%	137.3%			39.0%	27.6%	11.4%	9.2	1→	5↑	0→			
Beaumont	22	21	108.0%	139.7%	106.3%	170.9%		100.0%	47.6%	36.4%	11.2%	8.7	2→	1↓	0→			
Belvoir Unit	6	6	115.6%	166.1%	106.6%	198.6%			48.4%	42.7%	5.7%	36.2	0→	0→	0→			
Bosworth	14	14	103.7%	166.4%	104.1%	104.2%		100.0%	20.7%	19.9%	0.9%	9.1	2→	0↓	1↑			
Heather	17	17	103.7%	139.6%	102.8%	109.2%		100.0%	28.5%	20.0%	8.6%	8.3	0→	2↓	0→			
Thornton	12	11	113.5%	256.9%	104.5%	217.3%			52.5%	46.0%	6.5%	14.5	1↑	2↑	0→			
Watermead	20	19	130.0%	156.2%	106.6%	143.6%		100.0%	38.9%	30.7%	8.2%	9.6	0↓	2↓	0↓			
Griffin - Herschel Prins	6	5	111.4%	104.0%	106.3%	81.2%		100.0%	45.0%	36.8%	8.2%	26.2	2→	3→	2→			
Phoenix - Herschel Prins	12	11	105.4%	123.1%	102.3%	104.5%			28.3%	21.9%	6.4%	11.8	0→	0→	0→			
Skye Wing - Stewart House	30	29	108.2%	118.2%	104.5%	104.6%			15.2%	15.0%	0.2%	5.0	1↑	8↑	0→			
Willows	9	9	96.6%	147.6%	80.9%	140.9%		100.0%	36.2%	34.1%	2.0%	12.1	1↑	2↑	1↑			
Mill Lodge	14	9	107.6%	115.7%	102.1%	142.6%			22.8%	19.7%	3.1%	18.8	1→	0↓	0→			
Langley (MHSOP)	20	16	100.2%	120.3%	96.6%	105.7%	100.0%	100.0%	30.6%	29.8%	0.7%	11.5	0→	1↑	1↑			
Aston (MHSOP)	17	15	91.6%	182.6%	104.5%	177.0%			31.1%	30.0%	1.1%	10.3	0→	1↓	0→			
Coleman	19	16	70.5%	134.1%	102.8%	151.7%	100.0%	100.0%	38.4%	33.4%	5.0%	16.5	0↓	9↓	0→			
Gwendolen	19	17	69.4%	153.3%	104.8%	166.9%		100.0%	40.7%	37.1%	3.6%	15.8	0↓	1↓	0→			
Beechwood Ward - BC03	23	22	97.2%	113.1%	100.3%	102.3%	100.0%	100.0%	27.4%	22.7%	4.6%	9.4	2↑	4↑	0↓	1→	0→	
Clarendon Ward - CW01	21	20	81.3%	117.2%	100.0%	112.9%	100.0%	100.0%	21.7%	18.2%	3.5%	9.7	0↓	3↓	0→	0↓	0→	
Dagleish Ward - MMDW	17	16	122.7%	122.1%	110.2%	98.0%	100.0%	100.0%	34.4%	17.5%	16.9%	10.3	5↑	0↓	0→	1→	0→	
Rutland Ward - RURW	18	17	131.5%	120.0%	111.4%	121.9%	100.0%	100.0%	23.7%	12.6%	11.1%	9.7	3↓	3↑	0→	0↓	0→	
Ward 1 - SL1	20	17	94.0%	109.7%	100.0%	98.2%	100.0%	100.0%	40.2%	27.0%	13.2%	11.7	1↑	4↑	0→	0→	0→	
Ward 3 - SL3	14	14	105.8%	140.6%	100.0%	115.9%	100.0%	100.0%	37.7%	29.3%	8.4%	10.9	0↓	0↓	1↑	0↓	0→	
Ellistown Ward - CVEL	19	18	100.2%	125.1%	99.9%	102.0%	100.0%	100.0%	40.2%	30.7%	9.5%	10.3	2↓	1↓	0→	0↓	0→	
Snibston Ward - CVSN	19	18	98.3%	122.3%	100.0%	105.6%	100.0%	100.0%	22.0%	13.5%	8.5%	10.8	7↑	4↓	0↓	2↑	0→	
Ward 4 - CVW4	15	14	149.3%	118.5%	120.8%	106.5%	100.0%	100.0%	22.0%	13.3%	8.6%	11.7	8↑	3→	0↓	0→	0→	
East Ward - HSEW	27	25	111.6%	117.5%	99.9%	127.2%	100.0%	100.0%	42.5%	32.9%	9.6%	12.4	4↓	3↑	0→	1↓	0→	
North Ward - HSNW	20	19	112.7%	111.2%	104.8%	113.9%	100.0%	100.0%	20.7%	17.4%	3.3%	10.2	0↓	1↑	0→	0→	0→	
Charnwood Ward - LBCW	18	17	114.6%	109.9%	115.1%	120.2%	100.0%	100.0%	32.9%	22.3%	10.6%	12.0	3↓	3→	0→	0↓	0→	

Swithland Ward - LBSW	22	19	100.0%	108.4%	100.0%	107.5%	100.0%	100.0%	34.8%	25.6%	9.2%	10.5	1↑	9↑	0→	1↓	0→
Welford (ED)	15	13	123.7%	125.8%	132.5%	193.4%	100.0%		49.9%	44.7%	5.2%	14.4	2↓	1→	0→		
CAMHS Beacon Ward - Inpatient Adolescent	17	4	107.6%	101.3%	104.5%	70.8%			59.6%	44.8%	14.8%	43.0	2↑	0→	0→		
Agnes Unit	1	1	97.0%	80.5%	98.1%	104.5%			40.5%	24.2%	16.4%	95.6	0→	0→	0→		
Gillivers	3	2	118.0%	54.8%	137.1%	109.7%			18.5%	18.5%	0.0%	38.5	0→	0→	0→		
1 The Grange	2	1	-	69.4%	-	119.8%			13.8%	13.8%	0.0%	45.0	0→	0↓	0→		

Please note an additional 15 falls were reported for Gwendolen in July 2024 and not recorded on this scorecard and work in progress with Business Support to review for next month.

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

<b>For Board and Board Committees: Paper sponsored by:</b>	Trust Board	
	James Mullins Interim Executive Director of Nursing, AHPs and Quality	
<b>Paper authored by:</b>	Elaine Curtin Workforce and Safe staffing Matron, Jane Martin Assistant Director of Nursing and Quality, Emma Wallis Deputy Director of Nursing and Quality	
<b>Date submitted:</b>	24.9.2024	
<b>State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):</b>	none	
<b>If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured:</b>	none	
<b>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</b>	Monthly report	
<b>LPT strategic alignment:</b>	Great Health Outcomes	
	Great Care	
	Great Place to Work	
	Part of the Community	
<b>CRR/BAF considerations:</b>	List risk number and title of risk	1: Deliver Harm Free Care 4: Services unable to meet safe staffing requirements
<b>Is the decision required consistent with LPT's risk appetite:</b>	Yes	
<b>False and misleading information (FOMI) considerations:</b>	None	
<b>Positive confirmation that the content does not risk the safety of patients or the public</b>	Yes	
<b>Equality considerations:</b>	none	