

## Quality & Safety Committee – 20 August 2024

### Safe Staffing – June 2024

#### Purpose of the report

This report provides a full overview of nursing safe staffing during the month of June 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 0.72% reported at 33.64% overall and Trust wide agency usage decreased this month by 1.06% to 8.19% overall. Directorate agency utilisation and reduction plans continue.
- In June 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 Ashby, Heather and Gwendolen.
- 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 45.3% due to opening additional beds and ward 3 St Lukes at 42.1%. Ellistown and ward 1 St Lukes are 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 an increase in the number of falls incidents from thirty-five in May to thirty-seven in June 2024. Ward areas to note with the highest number of falls are Swithland, Snibston and ward 3 St Lukes</p> <p>The number of medication incidents has increased from twenty-four in May to forty-five in June 2024. Ward areas to note with the highest number of medication incidents are Ellistown, East ward and Coalville ward 4.</p> <p>The number of category 2 pressure ulcers developed in our care has increased from twelve in May to thirteen in June 2024.</p> <p>Four complaints received in June 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 37 falls, 32 were first falls, 3 repeat falls, and 2 patients placed themselves on the floor. The number of unwitnessed falls has increased from 18 in May, to 22 in June. The falls spread across 11 wards, areas to note include, Swithland Ward with 8 falls, and both Snibston and St Lukes ward 3 both having 5 falls each. Of the falls reported, 22 had no harm, 14 had low harm, and 1 patient had moderate harm, in which an ISMR was carried out, this will be taken to the IRM meeting on the 12 July 2024 for further review. The weekly falls meetings continue across all wards/hospitals discussing post fall learning and sharing for prevention and reduction. 2 clinical leads (therapy/nursing) driving forward the falls agenda and delivering an education and audit programme.</p> <p>45 medication incidents were reported in June 2024. The main key themes are, medication unavailable (11), discrepancy in counting (10), and omitted medications (8). The medication incidents were across 10 wards: Ellistown x 8 incidents, East x 7 medication incidents and Coalville ward 4, x 6 medication incidents. The remaining 7 wards have less than 5 medication incidents each. 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). Increased reporting of omissions focused work is progressing well led by the lead matron, pharmacist and ANP looking at all reasons/themes and actions. Trust pharmacy lead has commended the service line on the proactive reporting of unavailable medications and omitted medications, reported via the medicines management committee.</p> <p>13 category 2 pressure ulcers were reported across 10 wards in June 2024. Wards to highlight are East Ward (3) and Swithland Ward (3). The remaining 8 Wards have 1 patient with a category 2 pressure ulcer. CHS Pressure ulcer improvement work continues, with the Deputy Head of Nursing continuing to monitor, and challenge appropriate care, with a weekly meeting, with the community hospital tissue viability nurse continuing to increase education. The roll out of new patient chairs has commenced, and additional mattress pumps are now available. No Category 3 or 4 pressure ulcers were developed in LPT Care in June. Trial underway on x 3 wards on improved documentation and repositioning as part of the quality account improvement work.</p> <p>The number of staffing related incidents has increased from 6 in May to 8 in June. Staff related incidents were reported across 5 wards, Dagleish, St Lukes Ward 3, Coalville Ward 4, Snibston, and Rutland, with a theme of staff shortages. Three of the staff shortages were related to ANP cover, three to LPT staff shortages and a further two to agency staff. 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 Belvoir at 46.8%, Beaumont at 46.6%, Griffin at 45.1%, Thornton at 44.1% and Ashby at 42.1%. Heather, Watermead and Gwendolen over 30% due to high acuity, patient complexity, increased therapeutic observations and patients requiring hospital escorts. Willows reporting reduced fill rate for RNs on nights. Coleman and 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. On going changes to temporary workforce usage whilst onboarding new starters. Willows are currently transitioning to new safe staffing levels of 2 RN at night and backfilling with health Care Support Workers until transition complete, therefore affecting their reported fill rate.</p> <p>Coleman and Gwendolen wards have seen a reduction in fill rate for RNs on the day shift 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</p>	

	<p>A review of the NSI's has identified a decrease in the number of falls incidents from sixty-seven in May to fifty-five in June 2024.</p> <p>The number of medication incidents decreased from seventeen in May to thirteen in June 2024.</p> <p>3 complaints were received in June 2024.</p>	<p>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> <p>Of the 55 falls incidents:</p> <p>17 occurred in Acute, Forensic and PICU services (AFPICU)</p> <p>3 occurred in AMH rehabilitation services.</p> <p>35 occurred in MHSOP (including Mill Lodge which now sits in MHSOP organic pathway service)</p> <p>Of the 17 falls within AFPICU, 10 were first falls, 6 repeat falls and 1 patient (from Thornton ward) fell whilst in the community. 6 falls on Heather, 3 falls on Beaumont, Watermead and Griffin and 1 fall on Bosworth and Thornton. Falls themes include 2 falls due to patients with poor mental health placing themselves on the floor, x 2 patients slipped outside, another patient fell due to a low blood sugar, another was an environmental fall during table tennis, 1 patient with poor food and fluid intake due to newly diagnosed diabetes and refusing intervention fell twice. Another patient fell due to feeling sleepy and very poor mental health, one patient (from MHSOP) kept forgetting to use their walking frame, and 1 patient fell, woke up on the floor and under investigation for seizures. There was a 5-hour long delay, due to a patient moving about on the floor with challenges to engage the patient in flat lifting and refusing intervention. There was very low harm or no harm to the patients as a result of the falls incidents.</p> <p>In mental health rehabilitation, 3 unwitnessed falls occurred at Stewart House. 1 patient lost their balance and fell, and 2 further falls whereby the patient's wrist alarm alerted staff. There were no moderate harm falls or pro-longed waits (due to flat lift training) to patients reported, positive use of falls huddles and MDT management and reviews in place.</p> <p>Please note Kirby ward moved to Langley ward on the 5 June 24. There were X10 falls incidents that occurred on Langley ward and not recorded against Kirby ward as per June 2024 scorecard. Work is underway with Business support to update the scorecard for July 2024.</p> <p>Of the 35 falls incidents; 12 were first falls and 23 repeat falls. The falls occurred mostly in the Bedroom (18), Corridor (6), Dining Room (2) and the remaining 9 falls occurring in the Grounds Gardens Recreational (GGR), Main Ward Area, Sitting Room, Bathroom, Patient lounge and Patient home. 57% (20) falls reported occurred in the daytime between the hours of 7.00am – 7.00pm. 42% (15) falls reported occurred in the evening between the hours of 8.00pm – 7.00am. 12 of these were unwitnessed falls. There was one moderate harm fall on Langley ward. The patient fell onto their left side whilst using the toilet. The fall was unwitnessed, and the patient was found by staff. Medical staff asked to review the patient as unable to sit or stand and an ambulance was called. Patient was escorted to UHL – incident to be reviewed using the System Engineering Initiative for Patient Safety (SEIPS) framework Staffing was not a contributory factor to any of the falls occurring and Falls huddles took place.</p> <p><b>Medication Errors</b></p> <p>The medication 13 incidents included 10 reported for adult mental health services that were due to, e-CD register recording administration error, CD medication not recorded or stored, incorrect prescription and medication administered, incorrect prescription on admission and discharge, wrong medication administered and medication not</p>
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		<p>received on to ward, incorrect dosage recording for a patient transferred from another ward there was no harm to patients in any medication incidents reported.</p> <p>3 medication errors were reported for MHSOP wards - Mill Lodge reported 1 incident due to a GP prescription for the wrong patient, medication not administered. Gwendolen reported 1 incident due to incorrect prescription and administration, dose was corrected – no harm to the patient and Coleman reported 1 incident relating to missing medication. Staffing was not a contributory factor in any of the incidents occurring throughout June 2024.</p>	
<b>FYPC.LDA In-patients</b>	<p>High Percentage of temporary workforce, with no change to key areas noted- Beacon at 56.4%, Agnes at 42.6% and Welford (ED) at 43.8%. Reduced fill rate for HCAs on nights at the Beacon, Gillivers and the Grange.</p> <p>A review of the NSIs has identified an increase in the number of falls from 3 in May to 4 in June 2024.</p> <p>The number of medication related incidents increased from 1 in May to 3 in June 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 due to 2/3 patients.</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 nights at the Gillivers and the Grange.</p> <p>3 medication incidents reported on Welford this month due to CD register not updated following CD medication given as TTO and CD register handover also not completed. Plus, an extra tablet was handed to a patient by mistake (as tablet already in medicine pot) – the patient did not take the extra tablet.</p> <p>Of the 4 falls reported 1 fall was reported and witnessed on Welford ward, patient reviewed by medical staff – no harm. There were 3 falls reported at the Grange relating to one patient with epilepsy, who fell 3 times due to partial/tonic seizures. Falls pathway followed and no harm to the patient or associated with staffing.</p>	
<b>CHS Community</b>	<p>Key areas to note - City West, City East, Hinckley, East North, East central, East South, due to high patient acuity, high vacancy levels and absence.</p> <p>Work continues with the ICB around the city simple wound care clinic provision.</p> <p>Overall, the 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. 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. Following the Community Nursing Safer Staffing Tool (CNSST) pilot and data verification, roll out to the remaining hubs remains paused as directed by NHSE. Work continues reviewing our temporary workforce with a particular focus of on framework agency staff, including supporting any staff transfers from off and on-framework agency to LPT bank, reviewing skill sets, block booking staff for continuity and access to clinical systems.</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 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.</p> <p>Community South Leicestershire and Melton CMHTs are key areas to note due to vacancies, increased waiting times for patients. Increased staff movement from other CMHT teams within directorate are supporting to maintain patient safety and posts are out to advert.</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>Recruitment for new team managers has successfully recruited 3 new starters, advert re-advertised to recruit to the remaining 2 posts. A joint advert for band 6 recruitment is being processed with shared interview panel to be held soon.</p> <p>The plan to merge City Central into City East, City West and South Leicestershire CMHT is progressing, but will not be completed by 1<sup>st</sup> July as originally planned.</p>	
<p><b>FYPC.LDA Community</b></p>	<p>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 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. 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 &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	93.6%	92.3%	green	92.6%	93.5%	90.0%	86.0%
Bank			green	80.5%	89.7%	90.3%	84.6%

- 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.

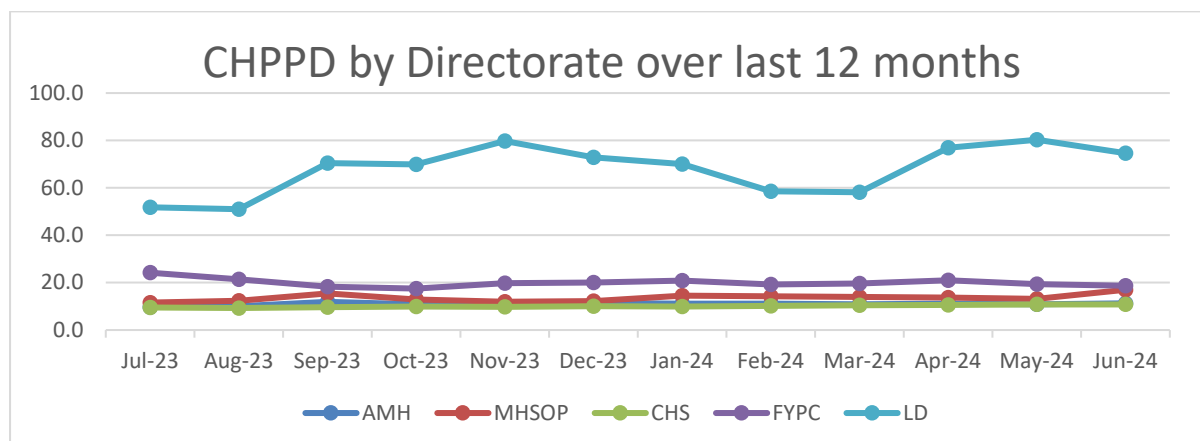
## Right Place

### Care Hours Per Patient Day (CHPPD)

The total Trust CHPPD average (including ward based AHPs) is calculated by the Corporate Business Information Team at 12.6 CHPPD (national average 10.8) consistent with April 2024, ranging between 5.1 (Stewart House) and 101.0 (Agnes Unit) and 110.4 (Kirby ward due to reduced number of patients and ward move to Langley). 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	10.8	152.8	23.2%	5.8%	7.3%	36%	58%
DMH Inc MHSOP	11.3 17.0	156.3	25.2%	5.7%	7.3%	50%	47%
FYPC LDA	18.7 18.7	176.9	23.2%	5.7%	7.1%	17%	82%
All clinical directorates combined	12.6	486.0	23.8%	5.8%	7.3%	38%	57%

The RN vacancy position is at 486.0 Whole Time Equivalent (WTE) with a 23.8% vacancy rate, a decrease of 0.3% since May 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%. 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 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	74.8	18.7%	8.5%	11.7%	70%	26%
DMH	69.1	14.3%	8.0%	9.1%	94%	4%

<b>Inc MHSOP</b>						
<b>FYPC LD</b>	53.2	30.4%	5.3%	18.1%	94%	5%
<b>All clinical directorates combined</b>	197.0	18.6%	7.8%	11.5%	84%	13%

The HCSW vacancy position is at 197.0 WTE with an 18.6% vacancy rate, no change since May 2024. HCSW turnover rate is at 11.5%, which is 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)

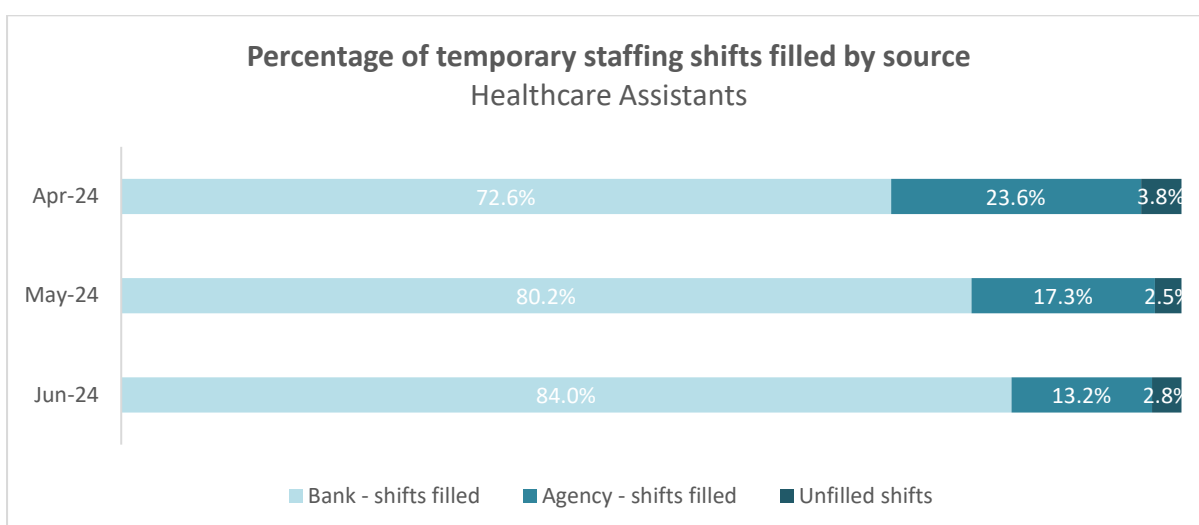
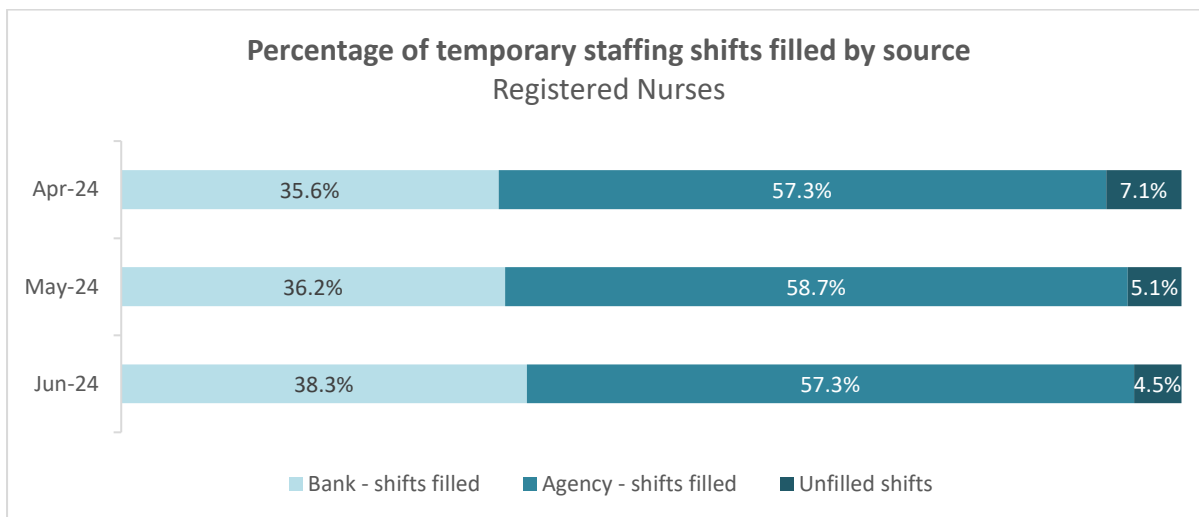
Fill rate variation above and below 100% for HCSWs is largely attributed to.

- dynamic staffing changes due to increased patient acuity, requiring increased staff for special ling 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. Further exploration of initial outcomes is on-going. Progress is being made with consistent planned staffing aligned to health roster and further exploration/clarification of budgeted establishments. An update will be presented within the next safe staffing report.

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



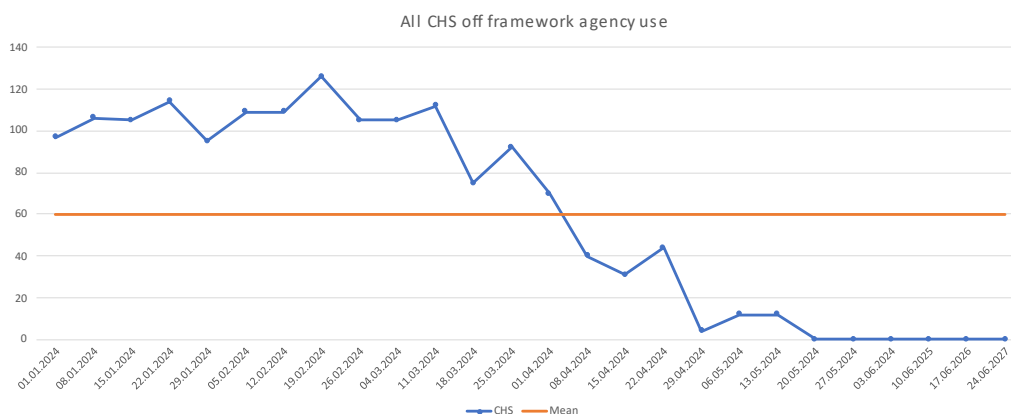


## Agency Reduction

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 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 have all been completed. Three new actions have been identified to be progressed via CHS workforce group together with actions deemed not such a high priority as per vacancy and agency reduction project plan. Weekly and monthly directorate agency monitoring meetings continue.

The results of these priority actions demonstrate an improvement with no off-framework usage since 20 May 2024 shown in the table below for CHS off framework agency use. The plan continues to remain at zero off framework agency usage in June 2024.

## All CHS off framework agency use 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 use in DMH, FYPC.LDA and CHS since May 24

### Recruitment Pipeline

Throughout June 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 28.4 WTE Health Care Support workers. Three Internationally Recruited RNs commenced in June 2024 and a further 9 WTE Internationally Educated RNs are in the recruitment pipeline for 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 June 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 2024 and then to EMB and SEB in September 24.

### 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 June 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.				

June 2024

Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	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
				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	<20 %	<20 %	<=6%							
DMH Bradgate	Ashby	14	14	90.9%	211.5%	104.7%	154.9%			42.1 %	35.3 %	6.7%	10.1	1	0	0			
	Beaumont	22	21	113.1%	130.8%	115.0%	142.0%		100.0%	46.6 %	36.0 %	10.6%	8.4	2	3	0			
	Belvoir Unit	6	6	117.5%	160.1%	109.6%	204.4%			46.8 %	43.1 %	3.7%	34.6	0	0	0			
	Bosworth	14	14	97.3%	185.3%	109.8%	112.6%		100.0%	23.2 %	20.9 %	2.3%	9.3	2	1	0			
	Heather	18	17	102.7%	158.3%	104.5%	128.9%		100.0%	35.6 %	28.3 %	7.3%	9.3	0	6	0			
	Thornton	12	12	94.1%	291.7%	108.2%	218.7%			44.1 %	41.4 %	2.6%	14.1	0	1	0			
	Watermead	20	19	116.4%	116.5%	105.2%	108.4%		100.0%	34.8 %	27.0 %	7.8%	8.0	3	3	1			
	Griffin - Herschel Prins	6	6	107.1%	108.8%	105.0%	107.1%		100.0%	45.1 %	38.2 %	6.9%	26.8	2	3	2			
DMH Other	Phoenix - Herschel Prins	12	12	106.1%	129.0%	104.3%	104.6%			29.1 %	20.9 %	8.3%	11.5	0	0	0			
	Skye Wing - Stewart House	30	29	114.0%	119.0%	104.8%	109.9%			20.5 %	20.1 %	0.4%	5.1	0	3	0			
	Willows	9	8	112.8%	146.2%	71.5%	157.1%		100.0%	30.0 %	29.8 %	0.2%	13.2	0	0	0			
	Mill Lodge	14	10	113.6%	121.5%	102.1%	151.7%			22.0 %	19.9 %	2.1%	17.8	1	1	0			

	Kirby	3	2	95.5%	117.7%	93.3%	116.6%	100.0%	100.0%	22.4%	20.1%	2.3%	110.4	0	0	0		
	Aston (MHSOP)	17	15	85.2%	166.8%	104.5%	150.2%			25.0%	24.3%	0.7%	9.3	0	3	0		
	Coleman	17	15	70.5%	135.8%	104.3%	144.3%	100.0%	100.0%	36.2%	32.5%	3.7%	17.7	1	17	0		
	Gwendolen	19	17	70.6%	146.2%	104.4%	151.9%			35.5%	29.1%	6.4%	14.0	1	4	0		
CHS City	Beechwood Ward - BC03	20	18	96.4%	104.7%	103.1%	103.3%	100.0%	100.0%	21.9%	19.0%	3.0%	10.9	0	1	1	1	0
	Clarendon Ward - CW01	22	20	94.9%	119.1%	100.0%	111.1%	100.0%	100.0%	28.1%	23.2%	4.9%	9.8	2	4	0	1	0
CHS East	Dagleish Ward - MMDW	17	16	139.3%	125.0%	109.9%	112.8%	100.0%	100.0%	32.1%	17.7%	14.4%	11.0	4	3	0	1	0
	Rutland Ward - RURW	18	17	132.8%	112.6%	110.8%	118.3%	100.0%	100.0%	22.2%	13.4%	8.8%	9.2	4	0	0	1	0
	Ward 1 - SL1	21	18	95.9%	110.9%	100.0%	98.7%	100.0%	100.0%	37.0%	20.9%	16.1%	11.3	0	1	0	0	0
	Ward 3 - SL3	14	14	105.4%	129.0%	100.0%	119.9%	100.0%	100.0%	42.1%	31.4%	10.7%	11.1	2	5	0	1	0
CHS West	Ellistown Ward - CVEL	20	18	101.2%	138.9%	101.7%	127.7%	100.0%	100.0%	37.8%	24.9%	12.9%	11.4	8	3	0	1	0
	Snibston Ward - CVSN	19	15	98.4%	129.5%	101.7%	138.1%	100.0%	100.0%	25.9%	16.7%	9.2%	11.6	4	5	1	1	0
	Ward 4 - CVW4	14	13	111.9%	124.0%	97.9%	106.7%	100.0%	100.0%	27.7%	16.1%	11.7%	11.9	6	3	2	0	0
	East Ward - HSEW	28	26	103.0%	120.4%	100.8%	108.3%	100.0%	100.0%	45.3%	31.6%	13.7%	11.5	7	2	0	3	0
	North Ward - HSNW	19	18	124.1%	110.5%	115.0%	104.4%	100.0%	100.0%	21.8%	16.5%	5.2%	10.1	4	0	0	0	0
	Charnwood Ward - LBCW	18	17	101.7%	114.8%	101.7%	107.8%	100.0%	100.0%	34.3%	21.0%	13.3%	11.1	4	3	0	1	0
	Swithland Ward - LBSW	22	19	100.3%	99.2%	100.0%	114.3%	100.0%	100.0%	28.0%	20.6%	7.4%	10.1	0	8	0	2	0
FYPC	Welford (ED)	15	14	144.4%	119.3%	135.4%	134.8%	100.0%		43.8%	38.3%	5.5%	13.4	3	1	0		
	CAMHS Beacon Ward - Inpatient Adolescent	17	4	114.9%	102.4%	104.5%	66.9%			56.4%	41.4%	15.0%	35.5	0	0	0		
LD	Agnes Unit	1	1	96.8%	83.6%	119.5%	111.6%			42.6%	23.1%	19.5%	101.0	0	0	0		
	Gillivers	6	1	108.5%	48.8%	120.0%	95.6%			17.4%	17.4%	0.0%	41.7	0	0	0		
	1 The Grange	3	1	-	65.9%	-	105.0%			10.9%	10.9%	0.0%	42.3	0	3	0		

Please note Kirby ward moved to Langley ward in June 24 and x 10 falls incidents occurred post move. The falls are not recorded on June 24 scorecard. Work underway with Business Support to change Kirby ward to Langley ward (MHSOP) from July 2024.

## Governance table

<b>For Board and Board Committees:</b>	Quality & Safety Committee	
<b>Paper sponsored by:</b>	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>	20.08.2024	
<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	

