

Trust Board Committee – 28 May 2024

Safe Staffing – March 2024

Purpose of the report

This report provides a full overview of nursing safe staffing during the month of March 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 0.61% reported at 41.26% overall and Trust wide agency usage slightly decreased this month by 0.15% to 16.09% overall.
- In March 2024; 23 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 67.64% of our inpatient Wards and Units, changes from last month include Bosworth, Coleman and Welford ED, who have all reduced agency usage to below 6.0%.
- Senior nursing review is undertaken to triangulate metrics where there is high percentage of temporary worker/agency utilisation or concerns directly relating to; increased acuity, high caseloads of high-risk patients, increased staff sickness, ability to fill additional shifts and the potential impact to safe and effective care.
- The table below identifies the key areas to note from a safe staffing, quality, safety, and experience review, including high temporary workforce utilisation and fill rate.

Area	Situation - updated	Actions/Mitigations	Risk rating
<p>CHS In-patients</p>	<p>High percentage of temporary workforce to meet planned staffing levels across all wards due to vacancies, annual leave, maternity leave, increased patient acuity and dependency. Key areas to note are Coalville ward 4 at 62.3%, East ward 57.2% due to opening additional beds. Charnwood, Dalgleish, Ward 1 St Lukes and Snibston all utilising above 40%.</p> <p>Increased fill rate HCA day and night shifts due to increased acuity and dependency, increasing number of patients admitted requiring enhanced observations, one to one supervision.</p> <p>A review of the NSIs has identified a decrease in the number of falls incidents from forty-one in February to forty in March 2024. Ward areas to note with the highest number of falls are Charnwood, Ward1 St Lukes and Coalville Ward 4.</p> <p>The number of medication incidents has remained at 7 in February to March 2024 across six ward areas – Beechwood, Rutland, Ellistown, East ward, Charnwood and ward 3 St Lukes.</p> <p>The number of category 2 pressure ulcers developed in our care has decreased from 13 in February to 10 in March 2024.</p> <p>There were 3 complaints received in March 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 40 falls, 29 were first falls, 7 repeat falls and 4 patients placed themselves on the floor. The number of unwitnessed falls increased from 9 in February to 18 in March. Ward areas to note are, Coalville ward 4, Charnwood Ward and St Luke’s ward 1 all having 6 falls. Of the falls reported, 26 had no harm, 14 had low harm. Our falls leads are currently reviewing good practice and areas which need improvement to formulate a next step falls action plan for the next 12 months.</p> <p>7 medication incidents were reported across 6 wards: St Lukes ward 3, Beechwood, Ellistown, Rutland, Hinckley East, and Charnwood. All five wards are reporting one medication error; however, Hinckley East are reporting x2. The themes highlighted were related to omissions of medication without medical guidance and the following of policy. The omission focus work continues, staff have been asked to submit an incident form for all missed medications and are managed in line with the medication error policy. All wards are now using the safety crosses to demonstrate safety.</p> <p>10 category 2 pressure ulcers were reported over 6 wards: Rutland (2) Ward 1 St Lukes (1) Ward 3 St Lukes (2), Snibston (2), Coalville Ward 4 (1) and Charnwood (2). CHS Pressure ulcer improvement work continues, with the Deputy Head of Nursing continuing to monitor, and challenge appropriate care, with a weekly meeting. A hospital Tissue Viability nurse has now commenced in role and is currently working with wards to develop and improve practice and further learning.</p> <p>The number of staffing related incidents has increased from 4 in February to 8 in March 24 reported across 4 wards, Dalgleish, Coalville ward 4, St Lukes Ward 3, and Snibston. Incidents were related to agency staff x 4 and x 5 other staffing incidents, none of these incidents were reported as causing any harm. Impact continues to be noted on health and wellbeing of staff who remained on shift over and above rostered hours until registered nurse cover arrived.</p>	
<p>DMH In-patients</p>	<p>High percentage of temporary workforce on all wards to meet planned staffing. Key areas to note are Griffin 56.8%, Gwendolen at 53.8% and Aston at 52.0%. Beaumont, Belvoir, Thornton, Watermead and the Willows – above 45%, due to vacancies, high acuity, patient complexity and increased therapeutic observations.</p> <p>MHSOP wards, key areas to note – Aston and Gwendolen.</p> <p>A review of the NSI’s has identified an increase in the number of falls incidents from fifty-one in February to sixty six in March 2024. The number of medication incidents decreased from thirteen eight in February to seven in March 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. On going changes to temporary workforce usage whilst onboarding new starters.</p> <p>Of the 41 falls incidents: 15 occurred at the BMHU, 2 on Ashby, 1 on Beaumont, 2 on Belvoir, 5 on Heather, 2 on Thornton and 3 on Watermead. 6 were first falls and 9 repeat falls. Fall’s themes were physical health, mental health, medication related and mechanical, a patient did not put brakes on wheelchair. There were no moderate harm falls or prolonged waits for patients due to flat lift training. 7 falls occurred at Mill lodge, linked to the symptoms of Huntington’s disease. In mental health rehabilitation 1 fall occurred at the Willows. No moderate harm to patients reported, positive use of falls huddles and MDT management and reviews in place.</p> <p>Of the 43 falls incidents reported in MHSOP: 19 related to first falls, 20 repeat falls and 4 placed themselves on the floor.</p>	

	<p>2 complaints were received in March 2024.</p>	<p>The falls have occurred mainly in the Bedroom (17), Corridor (15), Patient Lounge (7). And the remaining 4 occurring in the Bathroom/ GGR/ Toilet and Patient home. 44% (19) of falls reported occurred in the day between the hours of 7.00am – 7.00pm. 55% (24) of falls reported occurred in the evening between the hours of 8.00pm – 7.00am. 17 of these were unwitnessed falls. It is noted mid-March all male patients were moved from Gwendolen to Coleman ward, making Coleman ward all male patients and vice versa – making Gwendolen all female patients. The scorecard has been updated with the fall’s incidents reported after the move. Coleman ward reported a patient who had fallen multiple times due to his presentation and condition – falls huddles occurred and the patient’s frequency of falls improved. No moderate harm falls were reported in March 24.</p> <p>Medication Errors</p> <p>The 7 medication incidents included 5 reported for adult mental health services that were due to, incorrect medication prescription, extra dose administered, medication dosage amended incorrectly, incorrect TTO prescription and a patient’s own medication stock administered to another patient – no harm to the patients.</p> <p>2 medication incidents were reported for MHSOP wards. 1 on Kirby and 1 on Aston. 1 incident on Kirby Ward related to a patient who was dispensed a standard dose of medication instead of modified release version. The medication was in the process of being re prescribed to standard dose however this dose was given prior to the change in prescription. The patient did not experience any harm and treatment plan was changed to reflect the standard prescription.</p> <p>The incident on Aston ward related to a prescribing error relating to physical health medication – There was multiple factors involved in the prescribing error and this is being investigated through an after-action review process. The patient did not experience any harm and learning is being shared with the wider MDT. Review of incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes.</p>	
<p>FYPCLDA In-patients</p>	<p>No change to key areas noted- Beacon, Agnes, and Welford (ED). Reduced fill rate for HCAs on days at the Gillivers and Agnes unit and Reduced fill rate for RNs and HCAs on days and RNs on nights at the Grange.</p> <p>A review of the NSIs has identified a decrease in the number of falls from 17 in February to 2 in March 2024. The number of medication related incidents increased from 4 in February to 6 in March 2024.</p>	<p>Mitigation remains in place- potential risks being closely monitored.</p> <p>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 (59.7%) of temporary workforce (block booking approach in place) to meet safe planned staffing levels and has a number of beds closed. The unit has an agreed bed opening plan reviewed monthly and a significant number of new starters including newly qualified RNs have been recruited. The Gillivers and the Grange offer planned respite care and the staffing model is dependent on patient’s needs, presentation, and risk factors. The Agnes unit is currently within their equivalent commissioned beds. Significant reduction in the use of temporary workforce during March, predominantly bank and agency workforce block booked for night shifts. Reduced Fill rate for HCA on days due to the acuity level and reduced number of patients on the unit. Safe staffing reviewed daily by charge nurse and matron and staffing adjusted</p>	

		<p>dependent on acuity and patient needs. The service continues with the recruitment process to reduce temporary staffing levels and a number of newly qualified RNs have also been recruited.</p> <p>Five medication incidents were reported on Welford and one at the Gillivers. Medication incidents related to a discrepancy between number of CD stock and Register, medication administered in a soluble form instead of chewable, medication administered orally instead of Naso-gastric, nutritional shakes omitted due to pharmacy delay and Dossett box found on Langley ward, incorrect strength of nebuliser administered – no harm to any patients and not related to staffing.</p> <p>Of the 2 falls incidents reported, there was 1 fall on Welford and 1 fall reported at the Agnes unit relating to a patient following a seizure. No harm to the patients and none of the falls were associated with staffing.</p>	
CHS Community	<p>Key areas to note - City West, City East, Hinckley, East North, East central, due to high patient acuity, high vacancy levels and absence. Work is taking place with the ICB around the city simple wound care clinic provision. Overall, the community nursing Service OPEL has been level 2, working to level 3 actions</p>	<p>Continued daily review caseloads and of all non-essential activities per Level 3 OPEL actions. On going reprioritisation of patient assessments. Pressure ulcer and community nursing quality improvement and transformational plans continue. The Community Nursing transformation work continues with its workstreams. Following the pilot of the of the Community Nursing Safer Staffing Tool (CNSST) and data verification, roll out to the remaining hubs in a phased approach has been agreed by the Strategic Executive Board (SEB) with further updates provided to SEB as implementation programme progresses. Work is underway on the review of our temporary workforce with a particular focus on agency staff. Reviewing skill sets and supporting staff who wish to move over to our preferred temporary workforce supplier.</p>	
DMH Community	<p>No change to key areas to note – City Central and Northwest Leicestershire CMHTs due to significant high RN vacancies and sickness. South Leicestershire CMHT has significant band 6 vacancies recruitment plan continues. 5 CMHTs now without senior matron support. West Leicestershire experiencing significant sickness at team manager level. Long waiting lists for patient first assessments which is highest in Melton and City Central with a plan in place to review however numbers remain high.</p> <p>MHSOP Community South Leicestershire and Memory Service are key areas to note, due to vacancies and long-term sickness, increased staff movement from other CMHT teams within directorate are supporting to maintain patient safety.</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 agency and bank. Meetings in place to look at ways to address waiting lists. Recruitment is underway for x 6 substantive team manager posts for the community mental health teams, there was a positive response to the advert.</p>	
FYPC.LDA Community	<p>No change to Key areas to note - LD Community physio rag rated red and Mental Health School Team (MHST). County Healthy Together and</p>	<p>Mitigation remains in place with potential risks being closely monitored within Directorate. LD/A Community nursing much- improved position. MHST not impacting on face-to-face contacts however unable to deliver</p>	

updated	School Nursing continue to be below safer staffing however Healthy together services are cross covering. Number of vacancies coming up in the HENS team.	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.	
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Measures to monitor the impact of staffing on quality.

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

Staffing, safety and incident reviews have identified that as workload, acuity and dependency increases with mitigating actions such as re-prioritisation of visits, step down of non-clinical activities, review of training, movement of staff and increased reliance on temporary workforce there is an impact on role essential training, equipment training such as use of Flat Lift equipment, timeliness of care plan and risk assessment updates and challenges with clinical continuity and oversight of standards. Senior clinicians and leaders are working every day to minimise and mitigate these risks however it is important to note this reality in practice and impact to patient and staff experience.

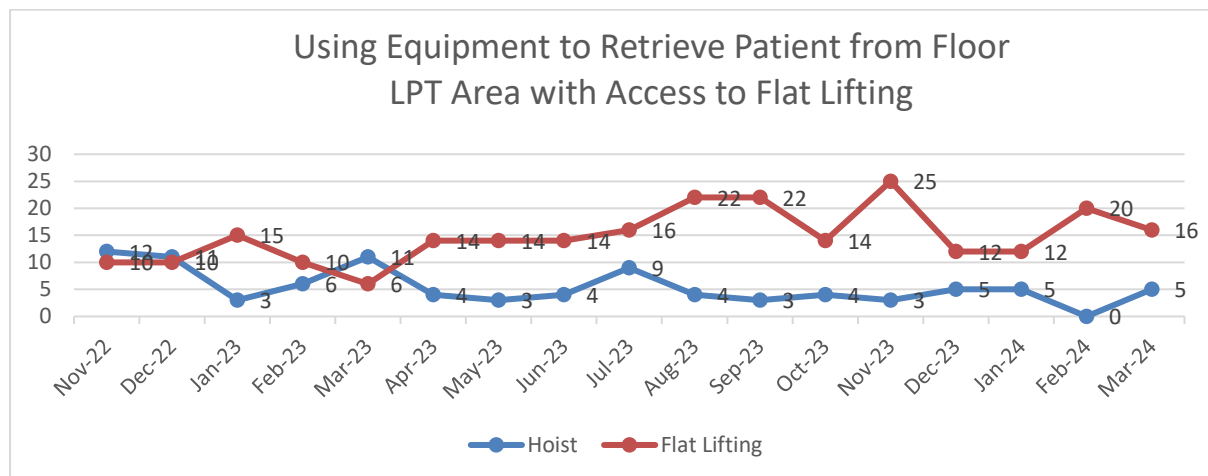
Right Skills

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	93.1%	89.0%	green	89.2 %	95.2%	89.1%	85.9%
Bank				75.2%		88.90%	86.10%

- Compliance with face-to-face mandatory training is reported through the Training Education Development (TED) and Strategic Workforce Committee.
- Compliance for bank staff is being taken though TED and Centralised Staffing Solutions (CSS) to improve compliance and mitigations proposed to restrict temporary workers who are not in date with clinical mandatory training.
- A letter was sent to all Trust bank staff in November 2023 to outline the expectation for all bank workers to be in date with core and clinical mandatory training by 1st April 2024, if staff are not compliant, they will be restricted from booking shifts. This has been extended until 1st May 2024, compliance is improving, and Centralised Staffing Solutions are sending weekly text message reminders and having regular phone conversations with those staff who remain out of date.
- In response to ensuring all staff have the right skills and competencies clinical teams and services continue working with block booked agency workers to provide role essential/specific training for staff working in CRISIS and urgent mental health care teams and community nursing.
- Flat lift training compliance (as reported at Trust falls group) has improved (following an improvement action at PSIG) and is rag rated green 86.0% for all substantive staff, green

at 93.7% for CHS and amber at 76.1% for DMH. Training now classified as 'essential to role' and N/A to FYPC.LDA.

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



- A deep dive request to review all falls incidents in the last 6 months to identify any incidences where a patient was lying on the floor for a pro-longed period of time due to staff not being up to date with flat lift training is in progress. Review of a previous incident (more than 6 months ago) showed that the detail of the patient being on the floor for a length of time was not described in the content of the fall incident and only identifiable from system 1 records. Therefore, a review of 6 months falls incidents alone will not be accurate. A meeting is rescheduled for April 2024 to scope additional information required and the Moving and Handling Advisor together with Patient Safety lead nurse will start to review additional data and comparison information alongside falls incidents to start to build accurate evidence.

Right Place

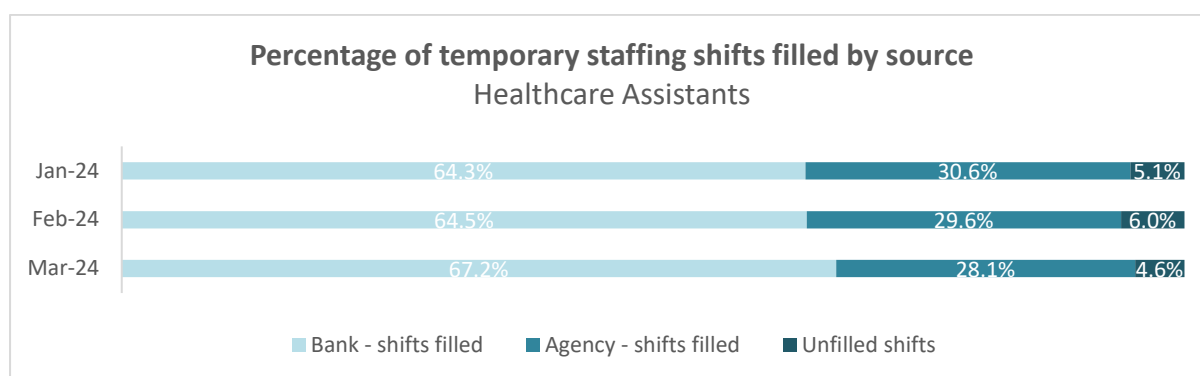
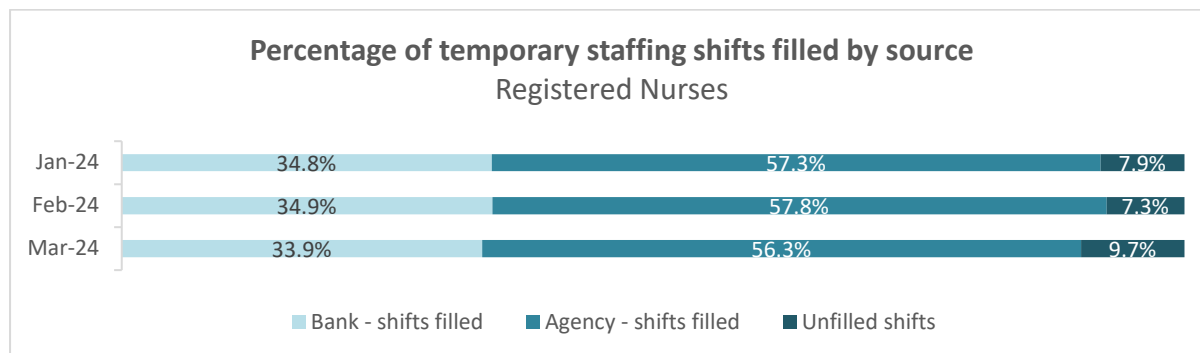
The purpose of the Care Hours Per Patient Day (CHPPD) and Nurse Staffing Fill Rate is to monitor at a ward level the extent to which rota hours are being filled by registered nurses and midwives and unregistered care staff against planned staffing; and to monitor care hours per patient day. The key purpose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

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

- dynamic staffing changes due to increased patient acuity, requiring increased staff for specialising or therapeutic observation.
- movement of registered staff across services to ensure the right skill mix and mix of substantive and temporary staff, with some RN shifts (where the planned is for 3) being backfilled with a HCSW.

To understand the variation further, a deep dive will be undertaken to review the exceptions/variation for over-utilisation with workforce system and clinical and professional leads and presented within the next safe staffing report.

Table 1 & 2 – Temporary RN and HCA Nursing Workforce



Care Hours Per Patient Day (CHPPD)

The total Trust CHPPD average (including ward based AHPs) is calculated by the Corporate Business Information Team at 12.0 CHPPD (national average 10.8) consistent with February 2024, ranging between 6.5 (Stewart House) and 92.7 (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)

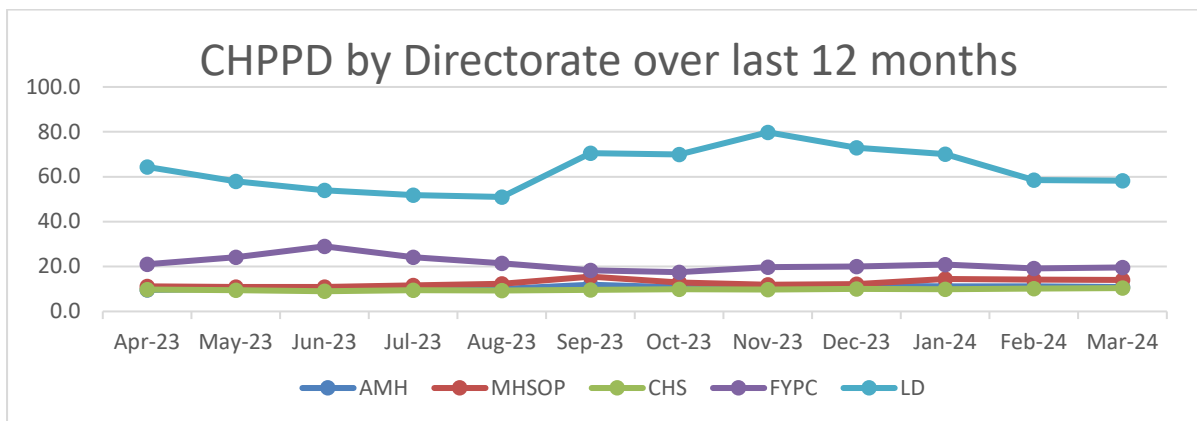


Table 4 – including CHPPD, RN Vacancies, Sickness, Turnover Rate, and temporary workforce.

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	10.4	175.3	26.4%	6.3%	9.8%	32%	55%
DMH Inc MHSOP	10.9 14	172.8	22.8%	5.6%	7.2%	44%	50%
FYPC LDA	19.6 58.2	124.6	20.8%	3.9%	7.7%	16%	83%
All clinical directorates combined	12	472.7	23.4%	5.3%	8.2%	34%	56%

The RN vacancy position is at 472.7 Whole Time Equivalent (WTE) with a 23.4% vacancy rate, a decrease of 0.5% since February 2024. Additional beds have also been opened in CHS as part of a system winter plan. RN turnover for nurses is at 8.2%, (includes all reasons for leaving - voluntary leavers, retirements, dismissals etc). This is below the trusts target of 10%. Progress continues by participating in the People Promise Exemplar scheme focusing on retention working with system /regional/national teams to review existing retention approaches and develop further activity. Development of three key priority nursing retention actions areas; increasing pride and recognition, improving flexible working and accessible career development pathways.

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

Directorate	HCA vacancies (WTE)	HCA Vacancies (%)	HCA Sickness %	HCA 12m Turnover rate %	% Temp staffing shifts filled by Bank	% Temp staffing shifts filled by Agency
CHS	80.0	21.3%	8.3%	12.6%	39%	55%
DMH Inc MHSOP	61.0	13.2%	6.8%	8.7%	92%	5%
FYPC LDA	53.3	30.4%	6.7%	13.5%	74%	20%

All clinical directorates combined	194.3	19.2%	7.4%	10.8%	67%	28%
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The HCA vacancy position is at 194.3WTE with a 19.2% vacancy rate, a decrease of 1.2% since February 2024. HCA turnover rate is at 10.8%. which is slightly above our internal target of no more than 10% turnover. As part of the monitoring of the Trust Wide Workforce, Recruitment and Agency Plan, turnover rates for our priority staff groups are reviewed every month. A Healthcare Support Worker Attraction & Retention Steering Group was established in February 2024. The retention plan includes high level aims for 2024/25 in relation to HCSW turnover to improve retention of HCSWs in their first year of service and improve retention of younger HCSW's. A review of current provisions was scoped and new workstreams identified. Plans in place to pilot the LLR Buddying Framework co-hort 1 to start 1 April 2024.

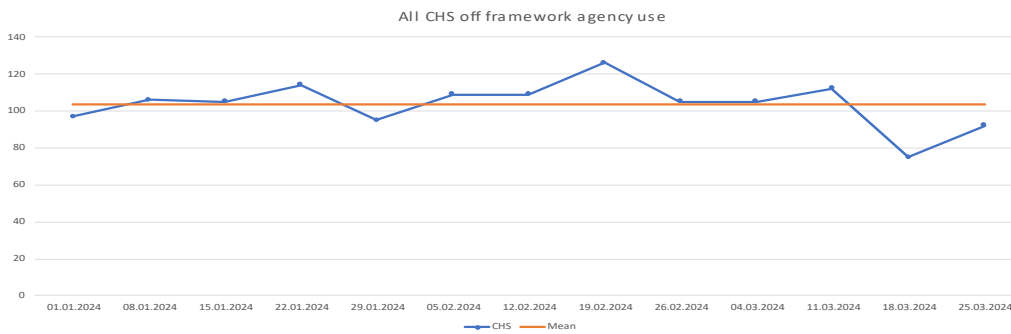
Agency Reduction

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. Phase 1 high level priority actions include:

- Off framework agency staff supported to switch to on framework agency supplier and paid travel to be considered – community teams.
- Nurse Agency supplier (on framework) trajectory to include x 44 staff planning for shadow shifts and induction into CHS community teams.
- Nurse recruitment trajectory to be actioned for additional fast tracking – community and in-patients.
- Community and in-patient matrons to release 1 shift per week.
- Options appraisal to consider palliative care to support End of Life care – pilot in x 1 hub.
- Written proposal for peripatetic team for in-patients to mitigate staffing risks if reduced to 1 RN per shift and on- call support / last minute DRA requests.
- Weekly and monthly directorate Agency monitoring meetings
- Community Nursing weekly meetings and lead matrons identified.
- Project risk log in place
- Plan in place to manage unplanned workforce challenges and DRA requests.

Please see Table below for CHS off framework agency use

All CHS off framework agency use 2024



- Project plans and Actions are being considered to review a number of agency RMNs working in FYPC/LDA and DMH – to recruit and onboard as substantive staff and use of RRP schemes.

Recruitment Pipeline

Throughout March 2024 we continue to grow and develop our nursing workforce. A total of 36.51WTE nursing staff (bands 5 to 8a) were appointed and 30.1WTE Health Care Support workers. 14 WTE Internationally Recruited RNs are in the recruitment pipeline for arrival in May 2024. 11 WTE's are for CHS in-patients and x 3 WTE for DMH.

Health and Well Being

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

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

Proposal

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

Whilst there has been no evidence through the in-patient monthly triangulated review of Nurse Sensitive Indicators and quality metrics that staffing numbers (right staff) is a contributory factor to patient harm, we are starting to see some correlation of impact of staffing skill mix and competencies (right skills) as a contributory factor in some serious incident and incident reviews linked to deteriorating patient, pressure ulcer harm and mental health observations. There is a level of concern about pressure ulcer harm in community nursing and longer-term impact of deferred visits, and potential for unknown

risks and impact to outcomes and harm linked to reduced service offer/Health assessments in Healthy Together teams and Looked After Children services, all of which are being reviewed and risk managed. In community nursing where a visit or assessment is deferred the patient receives a visit from a HCSW and assessment re-prioritised.

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

Decision required.

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

Annex 1 March 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.				

March 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	96.5%	184.8%	97.5%	117.2%			39.3%	24.4%	14.9%	9.0	1→	2↓	1→			
	Beaumont	22	21	121.9%	249.2%	106.3%	206.2%		100.0%	47.1%	30.3%	16.8%	8.1	1↑	1→	0↓			
	Belvoir Unit	10	10	128.6%	229.8%	109.2%	244.3%			49.8%	38.0%	11.8%	18.5	0→	2↑	0→			
	Bosworth	14	14	137.9%	135.0%	104.5%	124.9%		100.0%	38.3%	33.0%	5.3%	9.8	0↓	0↓	0→			
	Heather	18	18	105.2%	212.8%	111.2%	167.2%		100.0%	33.0%	25.1%	7.8%	8.8	1↑	5↑	0→			
	Thornton	12	12	143.8%	123.3%	99.4%	117.8%			45.8%	40.9%	4.9%	10.1	0↓	2↑	0↑			
	Watermead	20	19	130.5%	244.9%	109.2%	235.9%		100.0%	46.7%	33.5%	13.2%	10.0	1↑	3↓	1↑			
	Griffin - Herschel Prins	6	6	105.9%	163.3%	108.0%	316.5%		100.0%	56.8%	48.2%	8.6%	27.3	0→	0↓	0→			
DMH Other	Phoenix - Herschel Prins	12	10	106.2%	185.4%	104.5%	178.6%			42.4%	32.9%	9.6%	15.4	0↓	0→	0→			
	Skye Wing - Stewart House	30	28	135.0%	143.6%	148.2%	203.1%			35.7%	35.5%	0.2%	6.5	0↓	0↓	0→			
	Willows	9	9	163.1%	113.8%	141.0%	111.2%		100.0%	49.8%	48.2%	1.7%	12.7	0→	1→	0→			
	Mill Lodge	14	12	100.9%	123.8%	91.1%	133.0%			38.4%	33.8%	4.5%	14.0	1↑	7↑	0→			
	Kirby	23	22	143.2%	104.9%	99.9%	177.6%	100.0%	100.0%	31.6%	28.3%	3.3%	8.5	1→	4→	0→			
	Aston (MHSOP)	17	13	160.6%	157.2%	104.5%	349.9%			52.0%	49.5%	2.5%	17.1	1↑	6↓	0→			
	Coleman	18	11	106.3%	161.9%	104.9%	291.1%	100.0%	100.0%	30.3%	24.7%	5.6%	22.0	0↓	27↑	0→			
	Gwendolen	20	17	119.8%	190.0%	102.7%	398.4%			53.8%	38.0%	15.9%	13.8	0→	5↓	0→			
CHS City	Beechwood Ward - BC03	24	23	97.0%	130.7%	99.6%	145.9%	100.0%	100.0%	31.9%	17.5%	14.4%	9.3	1↑	2→	0↓	0→	1↑	
	Clarendon Ward - CW01	20	18	99.1%	113.0%	103.4%	134.1%	100.0%		35.0%	25.6%	9.4%	10.6	0→	2↑	0→	0↓	0→	
CHS East	Dagleish Ward – MMDW	17	16	101.5%	186.0%	99.7%	234.6%	100.0%	100.0%	47.0%	10.9%	36.1%	13.0	0↓	4→	0→	0↓	0↓	1
	Rutland Ward – RURW	18	17	124.2%	151.9%	106.5%	117.1%	100.0%	100.0%	31.2%	11.8%	19.4%	9.0	1↑	4↑	1↑	2→	0→	
	Ward 1 - SL1	20	19	84.4%	154.1%	100.1%	190.9%	100.0%	100.0%	43.4%	19.1%	24.3%	10.4	0↓	6↑	0→	1→	0→	3
	Ward 3 - SL3	14	13	113.6%	107.4%	100.0%	99.8%	100.0%	100.0%	37.4%	20.4%	17.0%	10.0	1→	2↓	0→	2↑	0→	3
CHS West	Ellistown Ward – CVEL	20	18	101.9%	152.3%	106.6%	159.4%	100.0%	100.0%	31.0%	10.6%	20.4%	10.3	1→	1↓	0→	0→	0→	
	Snibston Ward – CVSNI	21	20	110.6%	175.2%	104.5%	182.4%	100.0%	100.0%	42.0%	13.3%	28.7%	10.3	0↓	3↑	0→	2↑	0→	3
	Ward 4 - CVW4	15	15	116.4%	125.3%	109.5%	177.2%	100.0%		62.3%	18.7%	43.6%	10.8	0	6	1	1	1	
	East Ward – HSEW	28	26	142.8%	178.6%	151.5%	187.5%	100.0%	100.0%	57.2%	21.0%	36.2%	11.1	2↑	1↓	0→	0↓	0→	
	North Ward - HSNW	19	19	102.7%	115.7%	107.6%	184.2%	100.0%	100.0%	32.1%	16.0%	16.0%	9.3	0→	2→	0→	0→	0→	
	Charnwood Ward - LBCW	18	15	197.6%	133.4%	106.5%	180.1%	100.0%	100.0%	45.8%	5.6%	40.2%	12.8	1↑	6↑	1↑	2→	0→	
	Swithland Ward - LBSW	21	20	126.6%	97.1%	98.9%	201.0%	100.0%	100.0%	27.6%	10.9%	16.7%	9.3	0→	2↑	0→	0→	0→	
FYPC	Welford (ED)	15	12	149.4%	93.6%	134.6%	155.2%	100.0%		39.7%	34.0%	5.7%	13.6	5↑	1↑	1↑			
	CAMHS Beacon Ward - Inpatient Adolescent	17	5	118.8%	164.7%	104.5%	121.3%			59.7%	33.3%	26.4%	35.3	0↓	0↓	0↓			
LD	Agnes Unit	1	1	98.1%	66.1%	98.1%	103.5%			43.2%	16.8%	26.4%	60.0	0↓	1→	0→			
	Gillivers	7	1	118.1%	68.4%	139.1%	114.3%			11.4%	11.4%	0.0%	92.7	1↑	0→	0→			
	1 The Grange	4	2	73.0%	64.8%	63.2%	117.6%			16.0%	16.0%	0.0%	38.0	0→	0↓	0→			

Governance table

For Board and Board Committees:	Trust Board Committee	
Paper sponsored by:	Anne Scott Executive Director of Nursing, AHPs and Quality	
Paper authored by:	Elaine Curtin Workforce and Safe staffing Matron, Jane Martin Assistant Director of Nursing and Quality, Emma Wallis Deputy Director of Nursing and Quality	
Date submitted:	28.05.2024	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	none	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured:	none	
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Monthly report	
LPT strategic alignment:	Great Health Outcomes	
	Great Care	
	Great Place to Work	
	Part of the Community	
CRR/BAF considerations:	List risk number and title of risk	1: Deliver Harm Free Care 4: Services unable to meet safe staffing requirements
Is the decision required consistent with LPT's risk appetite:	Yes	
False and misleading information (FOMI) considerations:	None	
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:	none	