

Trust Board – 27 January 2025

Safe Staffing Monthly report

Purpose of the Report

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

Analysis of the issue

Right Staff

- Temporary worker utilisation rate decreased this month by 1.56% reported at 29.71% overall and Trust wide agency usage slightly decreased this month by 0.88% to 5.50% overall.
- In November 2024; 11 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 32.35% of our inpatient Wards and Units. A decrease of 11.76 % compared to October 2024. Changes from last month include Beaumont, Heather, Watermead, Coleman, Snibston and Grace Dieu.
- A review is undertaken by the Head/Deputy Heads of Nursing to triangulate metrics where there is high percentage of temporary worker/agency utilisation or concerns directly relating to; increased acuity, high caseloads of high-risk patients, increased staff sickness, ability to fill additional shifts and the potential impact to safe and effective care as reported into Directorate Management Teams (DMTs).
- The table below identifies the key areas to note from a safe staffing, quality, patient safety, and experience review, including high temporary workforce utilisation and fill rate.

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
<p>CHS In-patients</p>	<p>High percentage of temporary workforce to meet planned staffing levels due to increased patient acuity and dependency and patients requiring one to one enhanced care. Key areas to note are Grace Dieu at 64.9% (due to supporting temporary closure of St Lukes ward 3 until 9 December 2024). Dalgleish, East and Swithland all above 30%.</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 thirty-six in October to thirty-two in November 2024. Ward areas to note with the highest number of falls are Snibston, Ellistown, Rutland and Beechwood.</p> <p>The number of medication incidents has decreased from twenty-eight in October to twenty-one in November 2024. Ward areas to note with the highest number of medication incidents are Swithland and Beechwood</p> <p>The number of category 2 pressure ulcers developed in our care has increased from ten in October to eleven in November 2024. Ward areas to note are East ward and Coalville ward 4.</p> <p>No complaints received in November 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 and improvements in all areas is noted. Nine wards are using less than 30% temporary workforce and four wards less than 20%, North, Coalville ward 4, St Lukes ward 1 and Clarendon.</p> <p>Fill rate was less than 80% for RN on days on Snibston. Snibston planned staffing is for 2 RN on days and this was maintained. Work in progress with business support to update planned staffing for Snibston ward following previous ward moves.</p> <p>Of the 32 falls, 27 were first falls, 4 repeat falls. The number of unwitnessed falls has increased from 15 in October to 18 in November. The falls spread across 11 wards, areas to note include Snibston having 5 falls and Ellistown, Rutland and Beechwood all having four falls. 2 falls resulted in moderate harm, ISMRs were completed, and learning actions have been identified. 12 falls resulted in low harm and 18 falls resulting in no harm.</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. The team are starting to plan another falls link training day for their teams.</p> <p>21 Medication incidents were reported in November 2024. The three key themes are, medication unavailable, discrepancy in counting, omitted medications. The medication incidents are across 11 wards: Wards highlighted are Swithland and Beechwood both having 3 incidents each. Wards are continuing to use safety crosses to demonstrate safety, the wards have started to add narrative on to the safety crosses to explain the incidents, whilst carrying out senior conversations and reflections. Incident forms continue being completed for all medications that are not given to our patients (omissions) and ongoing improvements are being noted. A daily report is shared with all leads reflecting omissions, which is showing improvement, which are discussed with ward leads.</p> <p>11 category 2 pressure ulcers were reported across 6 wards. Areas to note are East ward and Coalville ward 4, both having 2 pressure ulcers developed in care. This has been highlighted to matrons to increase focus on these wards. Seven wards had no pressure ulcers develop in care. The repositioning quality commitment continues, with a plan to implement new care round documentation in February 2025 and commence a new mattress trial. CHS Pressure ulcer improvement work continues, with the Deputy Head of Nursing continuing to monitor, and challenge appropriate care, with a weekly meeting, now lead by the pressure ulcer link Matron. The Community Hospital tissue viability nurse continues to increase education. In November a successful link nurse training day was carried out, whilst engagement continued to be high on "Stop the Pressure Day" where educational stands were in place and wards took place in a pressure ulcer display competition. No Category 4 pressure sore were developed in LPT Care in November.</p> <p>The number of staffing related incidents was 11 in November, these were reported across 5 wards, Dalgleish, Grace Dieu, Ellistown, Charnwood, and Beechwood. Themes include agency nurses cancelling duty last minute within staff shortages, with 1 incident related to Advanced Nurse Practitioner shortages.</p>	

<p>DMH In-patients</p>	<p>High percentage of temporary workforce to meet planned staffing. Key areas to note are Beaumont at 51.5% and Belvoir at 45.4%, due to high acuity, patient complexity, increased therapeutic observations and additional staff to ensure privacy and dignity and sexual safety when a patient is admitted to a mixed sex area in an opposite sex zone. Fill rate of less than 80% for RNs on days at Gwendolen.</p> <p>Increased fill rate HCA day and night shifts due to increased acuity and dependency, increasing number of patients admitted requiring therapeutic observations, safe support of seclusion area's as contingency space due to over population and patient escorts.</p> <p>A review of the NSI's has identified a decrease in the number of falls incidents from fifty-one in October to fifty in November 2024.</p> <p>The number of medication incidents has increased from eight in October to 10 November 2024.</p> <p>Two complaints received in November 2024.</p>	<p>Staffing is risk assessed daily through a staffing huddle across all DMH and MHSOP wards and staff moved to support safe staffing levels, skill mix, and patient needs, acuity, and dependency. Active targeted recruitment is ongoing as per directorate workforce plan.</p> <p>Fill rate was achieved across all MHSOP wards with the exception of Gwendolen Ward. Planned staffing is for 3RN on days, however 2 RNs were achieved with additional HCSW to support.</p> <p>There is a higher proportion of bank and agency use particularly on Gwendolen associated with the acuity of patients, the utilisation of mixed sex beds (5 female beds were managed on Gwendolen in response to demand) whilst dormitory work was completed at the Bennion centre and the need to increase therapeutic observations for mental health and physical healthcare.</p> <p>Falls Of the falls incidents:</p> <p>AFPICU</p> <p>11 occurred in Acute, Forensic and PICU services (AFPICU). There were 7 first falls, 3 repeat falls and 1 patient placed self on the floor. 3 falls incidents on Heather ward involving 1 patient and 3 on Watermead relating to 3 patients. The falls mainly occurred in the bedroom (5) Main ward area (2), Bathroom (1), Dining room (1), patient lounge and other. No moderate harms fall reported in November 2024.</p> <p>Rehabilitation</p> <p>8 occurred in AMH rehabilitation services, 4 first falls, 3 repeat falls and one patient placed self on the floor. The falls occurred mainly in the bedroom (2) Grounds, Gardens, Recreational area (2) corridor (2) and the toilet (1). Two Moderate Harm falls incidents were reported at Stewart House relating to one patient.</p> <p>MHSOP</p> <p>31 occurred in MHSOP (including Mill Lodge which part of MHSOP organic pathway service)</p> <p>Of these 31 falls incidents; 18 first falls, 13 repeat falls and 3 placed selves on floor.</p> <p>The falls have occurred mostly in the Bedroom (18), Corridor (4), Bathroom (2), Dining Room (2), Toilet (2) and the remaining 3 falls occurring in the Main Ward Area, Patient lounge and Grounds/Gardens/Recreational Area.</p> <ul style="list-style-type: none"> • 51% (16) falls reported occurred in the daytime between the hours of 7.00am – 7.00pm. • 48% (15) falls reported occurred in the evening between the hours of 8.00pm – 7.00am. • 12 of these were unwitnessed falls. (Langley 7/ Gwendolen 4/ Aston 1) 	
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<p>FYPC.LDA in- patient</p>	<p>High Percentage of temporary workforce, key areas to note - Welford ED at 48% and Beacon at 39.6%. Reduced fill rate for HCAs on days at the Agnes unit, Gillivers and the Grange. Reduced Fill rate for HCA on nights at the Beacon unit.</p> <p>A review of the NSIs has identified an increase in the number of falls from one in October to five in November 2024.</p> <p>The number of medication related incidents increased from one in October to three in November 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. Staffing levels were reviewed and adjusted based on occupancy and acuity level.</p> <p>Temporary workforce usage is improving on the Agnes unit and is currently within their equivalent commissioned beds, operating on 3 pods. Safe staffing is reviewed daily by charge nurse and matron. The service continues to recruit both HCAs and RNs currently going through recruitment processes. Due to reduction in acuity, staffing level was reviewed and adjusted accordingly.</p>	

	No complaints received in November 2024.	<p>The Gillivers and the Grange offer planned respite care and the staffing model is dependent on individual patient's needs, presentation, and risk factors. As a result, this fluctuates the fill rate for HCA on days at the Gillivers and the Grange. The Gillivers planned staffing includes 1 RN per shift and this was maintained in November 24.</p> <p>Of the 5 falls incidents, 1 was reported for the Beacon unit and no harm to the patient as a result of the fall. Another fall reported related to a patient who was on section 17 leave (MM judgement) from the Agnes unit. 2 falls reported on Welford related to one patient, 1 of the falls resulted in minor harm. 1 unwitnessed fall was reported at the Grange and the patient sustained a low level of harm as a result.</p> <p>3 medication errors were reported. Agnes unit reported 1 medication omission following a pharmacy review it was confirmed as not being an error. Two medication incidents reported for Welford ED relating to inaccurate drawing up of CD medication (into a cup as opposed to utilising syringe/stopper provided) and as a result of the discrepancy, another medication error was reported relating to the CD stock balance. The incidents did not result in any harm to the patients.</p>	
CHS Community	<p>No change to Key areas to note - City West, City East, Hinckley, East North, East central, East South, due to high patient acuity, reduced leadership. Newly recruited staff are in the pipeline. Matrons are acting up in City East and East Central to support leadership. District Nurse (DN) recruitment focused on areas of pressure.</p> <p>Overall community nursing Service OPEL has been level 2/3, working to level 2/3 actions.</p>	<p>Continued daily review of caseloads and of all non-essential activities per Level 2/3 OPEL actions including review of auto planner and on-going reprioritisation of patient assessments. Ongoing pressure ulcer and insulin improvement work continues. The Community Nursing SPA/triage transformation workstream continues and has progressed to the development and implementation of specific triage training, skills, and competencies. Transition of the city wound care clinics has now completed and clinics are now integrated into the city teams offer. Recruitment is ongoing and progressing well with new starters being welcomed into hubs, clear induction plans, and probation periods set, and training plans created to support staff to access mandatory and role specific training. Ongoing reviews of preferred agency workers, skill sets, access, and equipment. The Community Nursing Safer Staffing Tool (CNSST) will be re-launched in January 2025.</p>	
DMH Community	<p>Key areas to note –The next stage of the CMHT mergers is progressing and teams re-named as Neighbourhood Community Mental Health Teams. All CMHTs now have substantive team managers.</p> <p>Key areas to note - Charnwood, South & East Leicestershire, City East and Melton CMHTs and Perinatal Mental Health Service due to significant band 6 vacancies and operational challenges. Staff movement from other CMHT teams within directorate to support and maintain patient safety. Urgent plan in place to deal with immediate situation and requires a longer-term plan but this is more of a challenge for Perinatal due to the specialist nature of the service.</p> <p>Long waiting lists for patient first assessments, highest in Melton and South Leicestershire.</p>	<p>The CMHT leadership team review staffing daily and request additional staff via bank and agency, mitigation remains in place, including staff movement across the service, potential risks are closely monitored within the Directorate Quality and Safety meetings. Quality Improvement plan continues via the transformation programme. Case load reviews continue, introduction of alternative and skill mix of roles to support service need. Most teams continue with peer psychological supervision, team time out days and coordinated team support. Meetings in place to look at ways to address waiting lists and are monitored via the Patient Tracking List meetings. Task and finish groups established to discuss next team mergers to be completed in 2025. The Community Psychiatric Nurse's (CPN) have a separate waiting list process which all CMHTs work too, and Occupational Therapists have introduced similar process.</p>	

	<p>MHSOP key area to note - Unscheduled Care Team, have temporary workforce supporting sickness and maternity leave in the team and being supported by the CMHT's. Recruitment is underway. All patient care has been reviewed with appropriate mitigations and risk placed on risk register.</p>		
<p>FYPC.LDA Community LDA</p>	<p>Key areas to note - LD Community Forensic team rag rated red. Potential staffing challenges in the Dynamic Support Pathway team due to long term sickness, cross cover being explored from the Crisis Intensive Support team and Agnes unit. Mental Health School Team (MHST) continues with red rag rating due to significant staffing vacancies in all roles, maternity leave, long term sickness and staff on educational programmes. Multiple areas within City and County Healthy Together and School Nursing continue to be below safer staffing numbers. Number of vacancies in the HENS team, LD SLT, Audiology (team lead), LD Physiotherapy, Clinical Lead and Band 7 and retirements in Diana Team.</p>	<p>Mitigation remains in place with potential risks being closely monitored within Directorate. Safer Staffing plan initiated including teams operating in a service prioritisation basis. LD Forensic team risk being populated in EQIA to support prioritisation model, no adverse impact at this time as other areas of LD service offering additional input to cases and ensuring high risk patients continue to receive input. MHST and Healthy Together are both using cross covering within their own services to support clinical cover. Healthy Together adjusting delivery of their HCP contacts due to staffing levels. MHST not currently impacting on face-to-face contacts and now able to deliver Whole School and College Approach with appointment of Project Manager and Practice Development Lead. Clinical Team leaders within MHST overseeing multiple localities, consistent leadership across service line and vacancy control forms being submitted for additional admin support. Clinical Leads within MHST supporting allocation meetings and have oversight of waiting times. Healthy Together Leicester City have 3 out of 6 areas working to a safer staffing model. Healthy Together continue to utilise Bank staff and moving resource from better staffed areas. Additionally Healthy Together utilise a skill mix approach and carry out capacity and demand work alongside continued recruitment into vacant posts.</p> <p>LD Community have successfully recruited, and candidates continue through the onboarding process.</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.

Staffing, safety, and incident reviews have identified that as workload, acuity and dependency increases with mitigating actions such as re-prioritisation of visits, step down of non-clinical activities, review of training, movement of staff there is an impact on timeliness of care planning and risk assessment updates and challenges with clinical continuity and oversight of standards.

Right Skills

Staff Group	Appraisal/Supervision		Core Mandatory Training			Clinical Mandatory	
	Appraisal	Clinical Supervision	12 out of 12 compliance subjects	Resuscitation Level1	Data Security Awareness IG	Basic Life Support (BLS)	Immediate Life Support (ILS)
All Substantive	94.5%	92.5%	green	96.0%	97.4%	92.0%	88.5%
Bank			green	81.8%	94.5%	89.0%	88.1%

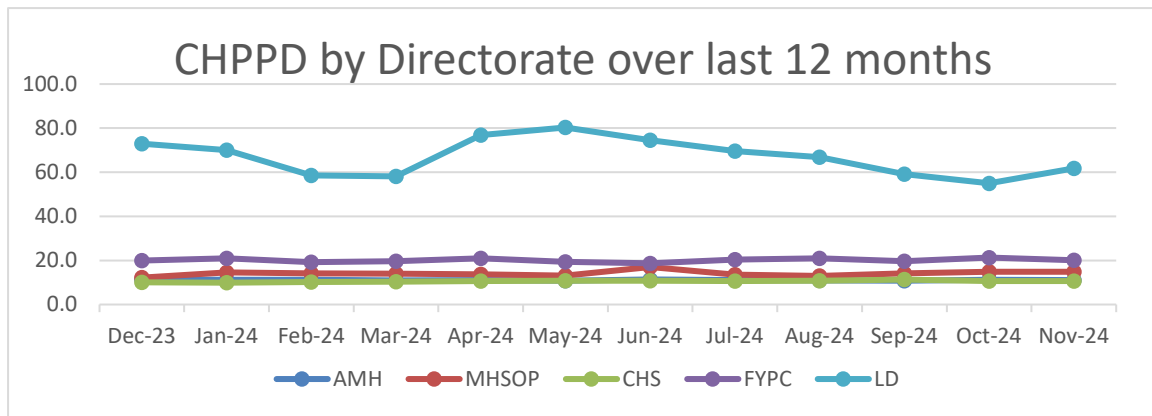
- Compliance with face-to-face mandatory training is reported through the Training Education Development (TED) and People and Culture Committee.
- Compliance for bank staff is monitored through TED and Centralised Staffing Solutions (CSS), compliance has significantly improved, work is in progress to start adding rules to Health Roster that dictate what training bank staff need to be compliant with, to book a shift. Mitigations are in place 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 temporary staff 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 12.3 CHPPD (national average 10.8) consistent with October 2024, ranging between 5.6 (Stewart House) and 76.6 (Agnes Unit). CHPPD is calculated by the total actual staffing hours divided by the total occupied bed days (OBDs). 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.
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- **Table 3 – CHPPD by Directorate (previous 12 months)**



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

Directorate	CHPPD	RN vacancies split (WTE)		RN vacancies (WTE)	RN Vacancies (%)	RN Sickness %	RN 12m Turnover rate %	% Temp staffing shifts filled by Bank	% Temp staffing shifts filled by Agency
CHS	10.7	Inpatient -	9.4	112.9	17.0%	6.3%	7.8%	36%	56%
		Community -	103.5						
DMH	11.1	Inpatient -	46.5	142.2	18.3%	6.0%	6.0%	49%	47%
Inc MHSOP	14.9	Community -	95.7						
FYPC	20.1	Inpatient -	18.3	120.0	19.8%	7.0%	7.0%	26%	69%
LD	61.8	Community -	101.7						
All clinical directorates combined	12.3	Inpatient -	74.2	375.1	18.3%	6.4%	6.9%	38%	55%
		Community -	300.9						

- The RN vacancy position is at 375.1 Whole Time Equivalent (WTE) with a 18.3% vacancy rate, a decrease of 1.3 % since October 2024. RN turnover for nurses is at 6.9%, (includes all reasons for leaving - voluntary leavers, retirements, dismissals etc). This is below the trusts target of 10%.

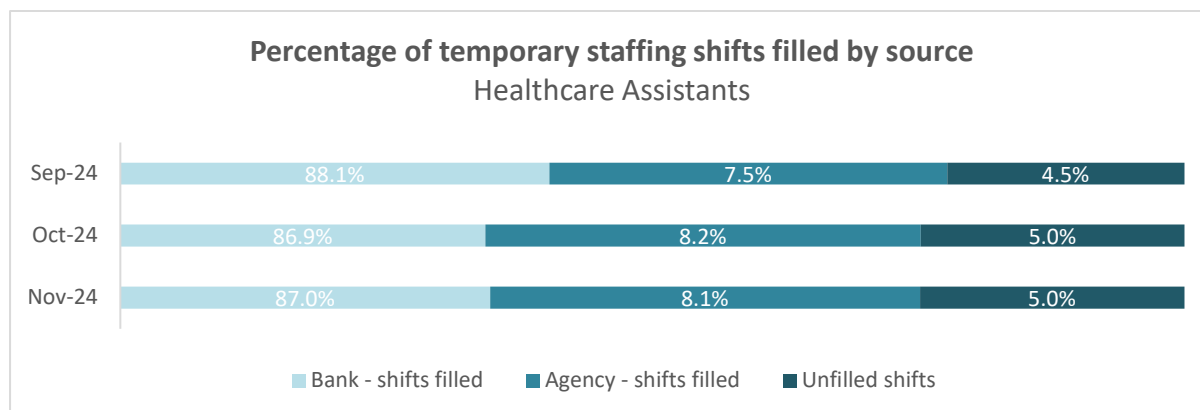
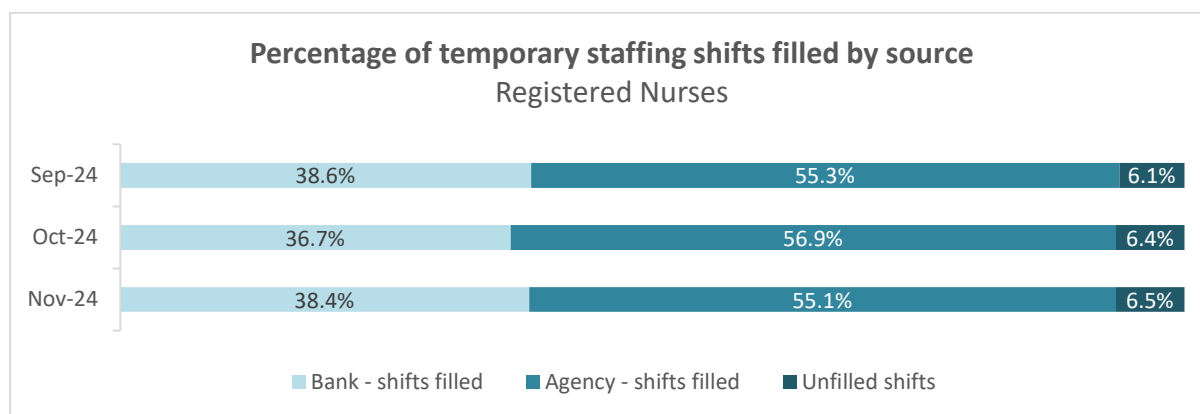
Table 5 – includes HCSW Vacancies, Sickness, Turnover Rate, and temporary workforce.

Directorate	HCA vacancies split (WTE)	HCA vacancies (WTE)		HCA Vacancies (%)	HCA Sickness %	HCA 12m Turnover rate %	% Temp staffing shifts filled by Bank	% Temp staffing shifts filled by Agency
CHS	Inpatient -	43.9	61.3	15.6%	8.5%	10.4%	79%	16%
	Community -	17.4						

DMH Inc MHSOP	Inpatient -	36.2	70.6	14.6%	7.1%	6.3%	94%	3%
	Community -	34.3						
FYPC LD	Inpatient -	40.9	39.0	22.2%	5.6%	9.6%	86%	4%
	Community -	-1.9						
All clinical directorates combined	Inpatient -	121.0	170.8	16.2%	7.4%	8.3%	87%	8%
	Community -	49.8						

The HCSW vacancy position is at 170.8WTE with an 16.2% vacancy rate, a decrease of 0.7% since October 2024. HCSW turnover rate is at 8.3%. which is below 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.

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



Recruitment Pipeline

Throughout November 2024 we continue to grow and develop our nursing workforce. A total of 24.8 WTE nursing staff (bands 5 to 8a) were appointed and 16.3 WTE Health Care Support workers.

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 as a system regarding 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 November 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, competencies (right skills) and access to systems as contributory factors in some incident reviews.

As part of the annual establishment review process, all inpatient wards commenced their acuity and dependency data collection (utilising evidence-based tools) for 30 days in October 2024. Senior Nurse's, matrons and ward sisters will triangulate and apply professional judgement to the evidence-based tool recommendations and present to Directorate DMTs during January 2025 and to Executive Management Board in February 2025.

Decision required – Please indicate:

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

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

November 2024 scorecard

Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	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
			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	105.2%	160.9%	115.3%	111.5%			31.9%	24.8%	7.2%	8.5	0→	2→	0→			
Beaumont	22	21	95.3%	152.6%	102.3%	161.8%		100.0%	51.5%	46.3%	5.3%	8.8	1↑	2↑	1↑			
Belvoir Unit	6	6	113.6%	177.6%	103.3%	246.3%			45.4%	41.9%	3.5%	38.2	0→	0→	0→			
Bosworth	14	14	88.6%	177.1%	102.4%	104.6%		100.0%	12.8%	10.9%	1.9%	8.6	2↑	0↓	0→			
Heather	18	18	100.0%	132.2%	101.4%	114.4%		100.0%	21.7%	16.5%	5.2%	8.3	1→	3↓	1↑			
Thornton	13	12	97.8%	147.3%	109.8%	102.8%			18.5%	16.8%	1.6%	9.6	0→	0→	0→			
Watermead	20	20	123.1%	191.0%	103.4%	175.7%		100.0%	38.1%	33.7%	4.4%	10.2	1↓	3↑	0→			
Griffin - Herschel Prins	6	5	113.6%	114.8%	99.6%	121.9%		100.0%	35.4%	29.5%	5.9%	28.5	0→	1→	0→			
Phoenix - Herschel Prins	12	10	113.3%	116.9%	102.7%	110.1%		100.0%	28.9%	22.8%	6.0%	14.3	0→	0→	0→			
Skye Wing - Stewart House	30	28	105.0%	150.4%	101.7%	109.4%			21.6%	21.2%	0.4%	5.6	0→	5→	0→			
Willows	9	9	95.2%	136.5%	99.5%	109.2%		100.0%	23.1%	22.8%	0.3%	11.5	1↑	3↑	0↓			
Mill Lodge	14	9	114.0%	114.8%	100.2%	134.1%			19.9%	16.6%	3.3%	18.2	1↑	3↑	0→			
Langley (MHSOP)	20	19	97.2%	150.7%	93.7%	184.3%	100.0%	100.0%	36.0%	33.5%	2.4%	11.7	0↓	13↑	0→			
Aston (MHSOP)	17	13	100.8%	195.8%	104.5%	224.9%			37.7%	36.2%	1.4%	12.7	1→	3↓	0→			
Coleman	19	16	81.2%	129.2%	104.5%	175.3%	100.0%	100.0%	38.0%	34.5%	3.5%	16.8	0↓	8↑	0→			
Gwendolen	19	9	72.1%	103.1%	109.8%	117.5%		100.0%	25.6%	19.4%	6.2%	21.3	2↑	4↓	0→			
Beechwood Ward - BC03	23	22	113.6%	108.3%	112.4%	101.3%	100.0%	100.0%	26.4%	21.3%	5.1%	9.3	3↓	4↑	0→	0→	0→	↑5
Clarendon Ward - CW01	22	20	100.0%	126.8%	100.0%	110.6%	100.0%	100.0%	17.7%	14.9%	2.8%	10.1	2↑	0↓	0→	0→	0→	→0
Dagleish Ward - MMDW	17	16	109.1%	139.7%	103.2%	136.8%	100.0%	100.0%	46.0%	31.9%	14.2%	10.9	1↓	0↓	0→	1→	0→	→0
Rutland Ward - RURW	18	17	111.4%	108.0%	106.7%	129.7%	100.0%	100.0%	23.9%	16.6%	7.3%	9.2	0→	4↑	0→	0↓	0→	→0
Ward 1 - SL1	20	19	159.1%	108.9%	115.0%	115.8%	100.0%	100.0%	10.4%	6.2%	4.2%	13.7	2↑	1↓	0→	0↓	0→	→0
Ellistown Ward - CVEL	20	19	146.0%	118.0%	115.0%	120.6%	100.0%	100.0%	21.7%	16.7%	5.0%	11.3	1↑	4↑	0→	0→	0→	↑1
Snibston Ward - CVSN	21	19	72.5%	120.7%	100.1%	120.9%	100.0%	100.0%	28.9%	23.3%	5.6%	9.9	1→	5↑	0→	0→	0→	→0
Ward 4 - CVW4	15	14	119.6%	104.4%	101.7%	100.0%	100.0%	100.0%	19.8%	11.9%	7.9%	10.8	0↓	3↑	0→	3↑	0→	→0
East Ward - HSEW	27	25	119.9%	108.9%	100.2%	118.4%	100.0%	100.0%	32.3%	26.0%	6.4%	11.7	2↓	3↓	0→	3↑	0→	→0
North Ward - HSNW	19	18	107.6%	116.1%	101.8%	123.4%	100.0%	100.0%	18.2%	14.6%	3.6%	10.6	2↓	2↑	0→	0→	0→	→0
Charnwood Ward - LBCW	19	18	102.6%	112.3%	103.3%	117.4%	100.0%	100.0%	26.6%	19.3%	7.3%	10.8	1↑	3↑	0→	1→	0→	→1
Grace Dieu - LBGR	16	14	104.6%	126.9%	99.9%	156.5%	100.0%		64.9%	58.9%	6.0%	9.2	1↑	1→	0→	2→	0→	↑3
Swithland Ward - LBSW	21	19	116.0%	109.2%	100.0%	121.0%	100.0%	100.0%	35.5%	32.8%	2.6%	10.7	3↑	2↑	0→	1↓	0→	→0



Welford (ED)	15	14	133.6%	132.1%	154.2%	303.8%	100.0%		48.0%	39.0%	9.0%	15.9	2↑	2↑	0↓			
CAMHS Beacon Ward - Inpatient Adolescent	17	6	161.5%	105.5%	106.3%	76.0%	100.0%		39.6%	24.6%	15.0%	30.0	0→	1↑	0→			
Agnes Unit	1	1	92.5%	64.3%	124.5%	95.1%			30.7%	15.4%	15.3%	76.6	1↑	1↑	0→			
Gillivers	3	2	107.3%	71.6%	129.2%	113.3%			16.8%	16.8%	0.0%	37.8	0→	0→	0→			
1 The Grange	1	1	-	78.8%	-	100.3%			6.1%	6.1%	0.0%	52.6	0→	1↑	0→			

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.				



Governance table

For Board and Board Committees: Paper sponsored by:	Trust Board James Mullins, Interim Executive Director of Nursing, AHPs and Quality	
Paper authored by:	Elaine Curtin Workforce and Safe Staffing Matron, Jane Martin Assistant Director of Nursing and Quality, Emma Wallis Deputy Director of Nursing and Quality	
Date submitted:	27.1.2025	
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	

