

## Trust Board – 30 July 2024

### Safe Staffing – May 2024

#### Purpose of the report

This report provides a full overview of nursing safe staffing during the month of May 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 0.51% reported at 34.36% overall and Trust wide agency usage decreased this month by 2.34% to 9.25% overall. Directorate agency utilisation and reduction plans continue.
- In May 2024; 16 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 47.05 % of our inpatient Wards and Units. Changes from last month include Ashby, Belvoir, Gwendolen, Beechwood, Clarendon, and North wards.
- 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 43.9% due to opening additional beds. Dalgleish, Ellistown, ward 1 and ward 3 St Lukes all 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 twenty-seven in April to thirty-five in May 2024. Ward areas to note with the highest number of falls are Snibston, Ellistown and Coalville Ward 4.</p> <p>The number of medication incidents has increased from twenty-three in April to twenty-four in May 2024. Ward areas to note with the highest number of medication incidents are Ellistown and North ward.</p> <p>The number of category 2 pressure ulcers developed in our care has decreased from thirteen in April to twelve in May 2024.</p> <p>No complaints received in May 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 35 falls, 28 were first falls, 7 repeat falls. The number of unwitnessed falls remained the same from 18 in April to 18 in May 2024. The falls incidents were across 12 wards, areas to note are Snibston and Coalville ward 4 both having 6 falls each, and Ellistown having 5 falls. Of the falls reported, 13 had no harm, 17 had low harm, and no patients had moderate harm. A weekly falls meeting has commenced across all wards/community hospitals discussing themes and to recognise improvements in care.</p> <p>The increase in medication incidents is due to the ongoing medication focus work, encouraging all wards to report all medication omissions as well as incidents. The medication incidents were reported across 10 wards, the wards with the highest are Ellistown having x 7 incidents, and North ward x 4 medication incidents. Highlighted themes related to omissions of medication not being available, in total 12 medications were out of stock. There was no level of harm to patients. The medication omission focus work continues, wards continuing to use safety crosses to demonstrate safety, whilst carrying out senior conversations and reflections. Incidents are reported for all medications that are not given to our patients.</p> <p>12 category 2 pressure sores were reported in May 2024 over 8 wards. Wards to highlight are Swithland x 4 new pressure ulcers, and Rutland with x 2 pressure sores developed in LPT's care. CHS pressure ulcer improvement work continues. Deputy Head of Nursing continuing to monitor, confirm and challenge appropriate pressure ulcer care, weekly meeting in place and the community hospital tissue viability nurse continuing to increase education. The roll out of new patient chairs has commenced and additional mattress pumps now available. No Category 3 or 4 pressure sores were developed in CHS in-patient wards in May 2024.</p> <p>The number of staffing related incidents has remained the same from 6 in April to 6 in May 2024. Staff related incidents were reported across 4 wards, Dalgleish, Hinckley East, St Lukes Ward 3, and Coalville Hospital, with a theme of staff shortages. Three of the staff shortages related to Advanced Nurse Practitioner cover. None of these incidents were reported as causing any harm. Impact continues to be noted on health and wellbeing of staff who remained on shift over and above rostered hours until registered nurse cover arrived.</p>	
<p><b>DMH In-patients</b></p>	<p>High percentage of temporary workforce on all wards to meet planned staffing. Key areas to note are Thornton at 48.8%, Gwendolen at 46.5% Willows at 42.1% and Griffin at 42%. Belvoir and Beaumont over 35% due to vacancies, high acuity, patient complexity and increased therapeutic observations. Griffin reporting reduced Fill Rate for HCAs on Nights and Willows reporting reduced fill rate for RNs on nights. Coleman and Gwendolen reporting reduced fill rate for RNs on days.</p> <p>A review of the NSI's has identified an increase in the number of falls incidents from forty-three in April to sixty-seven in May 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. Griffin and Willows were appropriately staffed in May 2024, despite the reduced fill rate, therefore work is in progress with Business Support and Health Roster to update planned staffing numbers.</p> <p>Coleman and Gwendolen wards have seen a reduction in fill rate for RNs on the day shift reflecting the need for 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 depolyed to achieve the minimum safer staffing requirements. In addition, due to the acuity and dependency on Coleman and Gwendolen wards, additional staff are needed to support safe patient care, and escorting patients to other areas for treatments of physical health conditions.</p>	

The number of medication incidents increased from thirteen in April to seventeen in May 2024.

3 complaints were received in May 2024.

**Falls**

Of the 67 falls incidents:

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

4 occurred in AMH rehabilitation services.

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

Of the 19 falls within AFPICU, 9 falls on Heather, 2 falls on Ashby, Beaumont, Bosworth, Watermead and 1 fall on Phoenix and Thornton. Heather reported x 9 falls, 1 patient fell repeatedly 6 times, 2 falls were due to patients walking on a recently mopped floor (with signage in place) and 1 patient fell coming out of the shower. The main location of falls occurred in the bedroom, corridor, garden and whilst patients were out in the community. A patient also fell whilst in seclusion. Two patients were transferred to UHL as a result of a fall, 1 patient became unconscious in the corridor and another patient fell due to postural hypertension. Both patients referred to physio. Heather ward has a Quality Improvement initiative into post falls huddles as it is an area identified with consistent falls. In mental health rehabilitation, 2 falls occurred at Stewart House and 2 at the Willows. 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.

Of the 44 falls incidents reported in MHSOP: 17 related to first falls, 24 repeat falls and 3 placed themselves on floor. The falls occurred mainly in the Bedroom (26), Corridor (12), Dining Room (4), and main ward area (2). 50% (22) of falls reported occurred in the day between the hours of 7.00am – 7.00pm. 50% (22) of falls reported occurred in the evening between the hours of 8.00pm – 7.00am. 18 of these were unwitnessed falls. Aston ward reported a significant increase in falls during May 24, 1 patient fell 3 times and 2 patients fell twice. Staffing was not a contributory factor to any of the falls occurring. Falls huddles take place and no moderate harm falls were reported in May 2024.

**Medication Errors**

The 17 medication incidents included 7 reported for adult mental health services that were due to, e-CD register inputting error, medication administered to wrong patient, additional medication in blister pack for leave medication and medication tablet found on floor of patient's bedroom, there was no harm to patients reported.

10 medication errors were reported for MHSOP wards - 2 on kirby ward, 2 on Aston, 1 on Gwendolen ward and 5 on Mill lodge. Mill Lodge reported 1 incident when administration of medication had not been fully explained to a bank nurse who was administering medication reflection took place with all staff. The other incidents related to the use of syringe drivers for a patient on the end-of-life pathway and the monitoring and recording of medication being given through the syringe driver. Staff at Mill lodge have been supported with additional training to monitor and manage medication administration via syringe driver to ensure safe practice.

		<p>2 incidents on Kirby Ward related to prescribing and dispensing errors which were identified by ward staff. The patients were advised of the error and did not experience any harm as a result of the error occurring. The 2 incidents on Aston ward related to the following od detox regime for patients who have been admitted to hospital whilst completing an alcohol detoxification process. The process began at UHL, and regime was switched to a more severe form of detoxification, with any apparent consultation with turning point. Further work is being carried out to ensure detox regimes and their processes are clear for all to follow.</p> <p>1 medication error reported for Gwendolen ward related to a missed dose of medication due to this being out of ward stock. Staffing was not a contributory factor in any of the incidents occurring throughout May 2024.</p>	
<b>FYPC.LDA In-patients</b>	<p>High Percentage of temporary workforce. No change to key areas noted- Beacon, Agnes, and Welford (ED). Reduced fill rate for HCAs on nights at the Gillivers.</p> <p>A review of the NSIs has identified no change in the number of falls from 3 in April to 3 in May 2024. The number of medication related incidents decreased from 4 in April to 1 in May 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 (51.7%) 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 Agnes unit also has high percentage of temporary workforce (46.3%) 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. Slight reduced fill rate for HCA on nights at the Gillivers</p> <p>1 medication incident reported on Welford this month due to incorrect storage of oral medicine and of the 3 falls incidents reported, there was 1 fall on Welford whereby a patient tripped, and 2 falls reported on the Agnes unit, one relating to a staff member fall and another fall whilst patient on section 17 leave taking part in sports game. No harm to the patients or staff member and none of the falls were 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. 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 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 been working through the staff engagement sessions right across the patient pathways. Following the Community Nursing Safer Staffing Tool (CNSST) pilot and data verification, roll out to the remaining hubs in a phased approach, has been paused as directed by NHSE – awaiting review and further CNSST training. Work continues reviewing our temporary workforce with a particular focus on off-framework agency staff, including reviewing skill sets, block booking staff for continuity and access to systems.</p>	
<b>DMH Community</b>	<p>Key areas to note – City Central has interim team manager in post whilst work underway to merge this team into City West and City East as part of Transformation plan. Long waiting lists for patient first assessments,</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</p>	

	<p>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 also has significant band 6 vacancy.</p> <p>Community South Leicestershire and Melton CMHTs are key areas to note, due to vacancies. This has led to 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 is a key area to note – ongoing recruitment and support from CMHT to manage any identified risks.</p>	<p>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. Band 6 recruitment joint advert going out 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 are now underway, but will not be completed by 1<sup>st</sup> July as originally planned.</p>	
<p><b>FYPC.LDA Community</b></p>	<p>Mental Health School Team (MHST) rag rated as red County Healthy Together and School Nursing continue to be below safer staffing however Healthy together services are cross covering and moving to corporate working rather than aligning to GP practices.</p> <p>SLT vacancies in LD and reviewing cross directorate recruitment.</p> <p>Number of vacancies coming up in the HENS team, retirement in Diana team and following part successful bid for ND, there are a number of vacancies out to advert. Sickness in audiology 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. 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 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.

## Right Skills

Staff Group	Appraisal/Supervision		Core Mandatory Training			Clinical Mandatory	
	Appraisal	Clinical Supervision	11 out of 12 compliance subjects	Resuscitation Level1	Data Security Awareness IG	Basic Life Support (BLS)	Immediate Life Support (ILS)
All Substantive	92.7%	92.9%	green	92.7%	94.6%	90.9%	87.7%
Bank			green	100%	92.6%	88.8%	86.1%

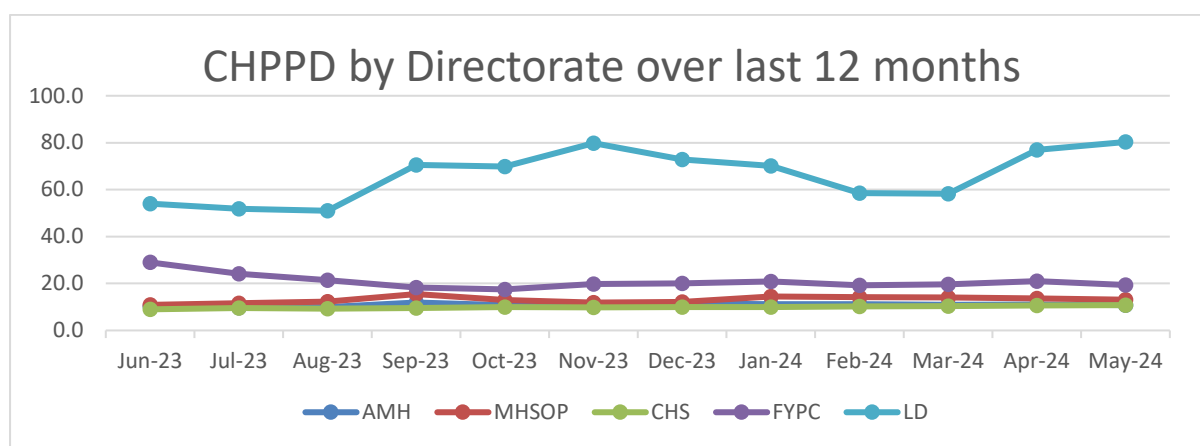
- Compliance with face-to-face mandatory training is reported through the Training Education Development (TED) and Strategic Workforce Committee.
- Compliance for bank staff is monitored through TED and Centralised Staffing Solutions (CSS) compliance has significantly improved and work is in progress 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.
- Flat lift training compliance (as reported at Trust falls group) has improved (following an improvement action at PSIG) and is rag rated green 89.6% for all substantive staff, green at 93.2% for CHS and amber at 84.4% for DMH. Bank Compliance has also improved rag rated amber at 69.6%. Additional Training sessions are in progress until June 2024. 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 and monitored at the Trust Falls Group

## Right Place

### Care Hours Per Patient Day (CHPPD)

The total Trust CHPPD average (including ward based AHPs) is calculated by the Corporate Business Information Team at 12.2 CHPPD (national average 10.8) consistent with April 2024, ranging between 5.5 (Stewart House) and 107.8 (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	10.8	156.8	23.8%	6.5%	9.2%	35%	59%
DMH	10.8	187.4	24.5%	5.4%	7.6%	48%	49%
Inc MHSOP	13.1						
FYPC	19.4	148.8	24.1%	6.1%	7.2%	15%	84%
LDA	80.3						
All clinical directorates combined	12.2	493.0	24.1%	6.0%	8.0%	36%	59%

The RN vacancy position is at 493.0 Whole Time Equivalent (WTE) with a 24.1% vacancy rate, an increase of 0.37% since April 2024. Additional beds have also been opened in CHS. RN turnover for nurses is at 8.1%, (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	HCSW vacancies (WTE)	HCSW Vacancies (%)	HCSW Sickness %	HCSW 12m Turnover rate %	% Temp staffing shifts filled by Bank	% Temp staffing shifts filled by Agency
CHS	84.5	21.0%	10.1%	10.3%	62%	34%
DMH Inc MHSOP	61.6	13.2%	9.0%	9.6%	95%	3%
FYPC LDA	48.6	27.8%	6.8%	14.0%	88%	11%
All clinical directorates combined	194.7	18.6%	9.1%	10.6%	80%	17%

The HCSW vacancy position is at 194.4 WTE with a 18.6% vacancy rate, a decrease of 0.5% since April 2024. HCSW turnover rate is at 10.6%. 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. LLR Buddying Framework Pilot co-hort 1 started in April 2024.

**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 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 of below 80% 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.

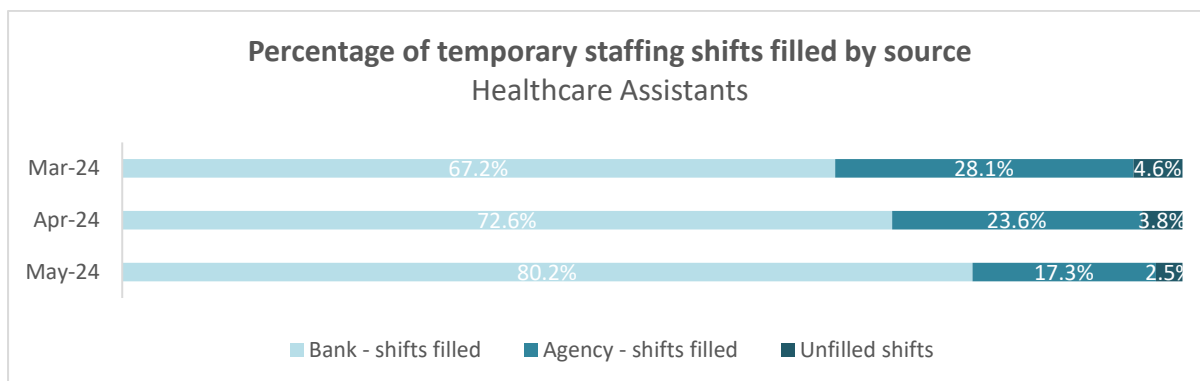
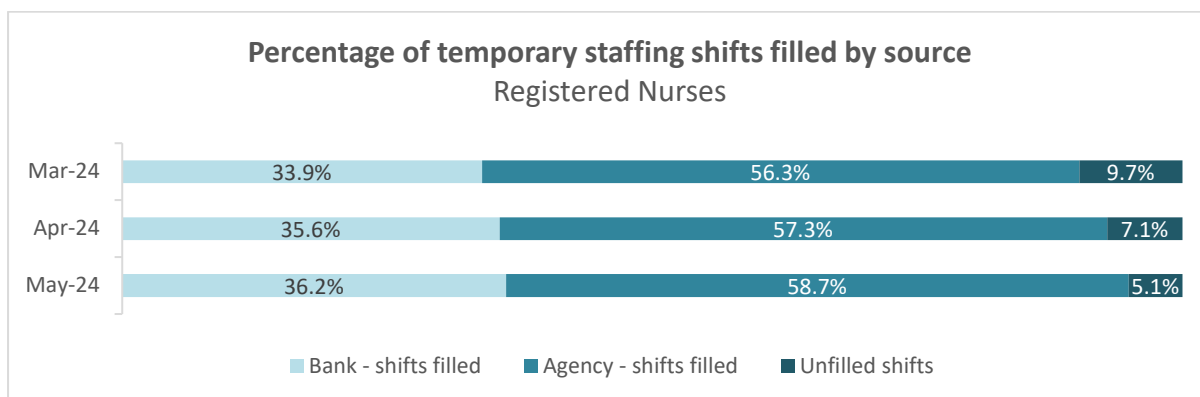
- dynamic staffing changes due to increased patient acuity, requiring increased staff for special ling or therapeutic observation.



- 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 to include review of planned staffing aligned to health roster templates and 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 continue:

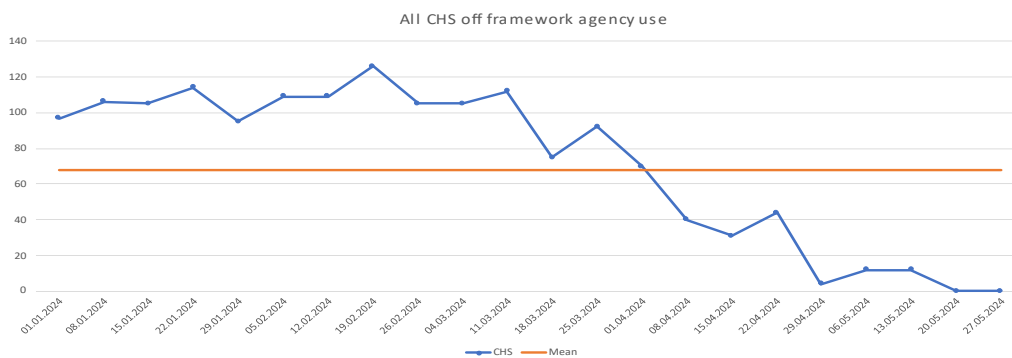
- Off framework agency spend supported to switch to on framework agency supplier and paid travel for community teams
  - 16 off framework/Agency nurses (known to trust) transferred to on-framework agency following letter/communication.
- On-framework agency supplier trajectory agreed to include staff planning for shadow shifts and induction into CHS community teams
  - 51 nurses in placement and future shifts booked, x 5 shadow shifts booked and

further x 8 in the pipeline.

- Proposal for a peripatetic team for in-patients to mitigate staffing risks with single site and geographical challenges for staff movement.
- Process for last minute RN staffing gaps for CHS in-patients (out of hours)
- Weekly and monthly directorate Agency monitoring meetings

The results of these priority actions demonstrate an improved position in the table below for CHS off framework agency use. The plan continues to remain at zero off framework agency usage in May 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 usage in DMH and FYPC.LDA.

## Recruitment Pipeline

Throughout May 2024 we continue to grow and develop our nursing workforce. A total of 13.3 WTE nursing staff (bands 5 to 8a) were appointed and 36.8 WTE Health Care Support workers. 13 WTE Internationally Recruited RNs arrived in May 2024, x 3 WTE RNs are in the recruitment pipeline for June and x 9 WTE RNs 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.

## **Proposal**

### **Challenges/Risks**

Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in May 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 do note some correlation of impact of staffing skill mix and competencies (right skills) as contributory factors in some serious incident and incident reviews.

October 2023 Annual Establishment Review 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. 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.

### **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 May 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.				

May 2024																			
Fill Rate Analysis (National Return)										% Temporary Workers			Overall CHPPD (Nursing And AHP)	Medication Errors	Falls	Complaints	PU Category 2	PU Category 4	Staffing Related Incidents
Actual Hours Worked divided by Planned Hours										(NURSING ONLY)									
Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	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%							
DMH Bradgate	Ashby	14	14	88.0%	216.2%	104.5%	122.2%			34.8%	29.6%	5.2%	9.4	0↓	2↑	0→			
	Beaumont	22	22	108.8%	121.0%	105.2%	113.5%		100.0%	39.1%	27.4%	11.7%	7.2	0→	2↑	0→			
	Belvoir Unit	6	6	108.4%	152.3%	105.1%	184.4%			41.9%	37.5%	4.4%	33.0	1→	0↓	0→			
	Bosworth	14	14	103.7%	164.9%	109.7%	117.0%		100.0%	17.4%	16.8%	0.6%	9.2	0→	2↑	1↑			
	Heather	18	18	106.7%	160.0%	105.5%	127.5%		100.0%	31.5%	26.6%	5.0%	9.4	2↑	9↑	0↓			
	Thornton	12	12	101.3%	274.3%	111.3%	214.8%			48.8%	45.8%	3.0%	14.0	1→	1↑	0→			
	Watermead	20	19	125.0%	118.5%	109.8%	105.3%		100.0%	32.6%	23.0%	9.6%	8.0	1↓	2↓	1↑			
	Griffin - Herschel Prins	6	6	111.1%	101.7%	106.2%	72.8%		100.0%	42.0%	33.8%	8.2%	23.3	0→	0↓	0→			
DMH Other	Phoenix - Herschel Prins	12	12	101.0%	121.5%	102.9%	102.3%			20.7%	13.7%	7.0%	11.0	0→	1↑	0→			
	Skye Wing - Stewart House	30	28	110.9%	130.9%	104.5%	119.3%			27.4%	27.0%	0.4%	5.5	0↓	2↓	0→			
	Willows	9	9	99.5%	174.7%	70.3%	175.5%		100.0%	42.1%	40.8%	1.3%	13.3	2↑	2↑	1↑			
	Mill Lodge	14	13	126.2%	125.2%	111.3%	159.5%			29.4%	26.4%	3.0%	14.4	5↑	4↑	0→			
	Kirby	22	20	102.9%	120.8%	94.7%	101.9%	100.0%	100.0%	23.1%	20.5%	2.7%	9.3	2↑	6↑	0→			
	Aston (MHSOP)	17	16	96.7%	185.4%	104.5%	178.8%			25.5%	24.4%	1.1%	9.7	2↑	17↑	0→			
	Coleman	18	14	71.6%	128.2%	104.5%	127.2%	100.0%	100.0%	28.0%	24.6%	3.5%	17.5	0↓	13↓	0→			
	Gwendolen	19	15	78.7%	162.9%	104.8%	179.7%			46.5%	41.0%	5.5%	17.8	1↑	4↓	0→			
CHS City	Beechwood Ward - BC03	23	22	101.8%	111.1%	100.0%	100.3%	100.0%	100.0%	24.0%	20.8%	3.2%	9.8	1→	3↓	0→	0→	0→	
	Clarendon Ward - CW01	22	19	96.8%	106.1%	100.0%	103.0%	100.0%	100.0%	26.9%	21.4%	5.5%	9.3	0↓	1↓	0→	1↓	0→	
CHS East	Dagleish Ward – MMDW	17	16	137.3%	152.1%	104.7%	122.2%	100.0%	100.0%	35.3%	14.4%	20.9%	11.7	1↓	3↑	0→	1↑	0→	2↑
	Rutland Ward - RURW	18	17	125.8%	123.6%	108.0%	151.6%	100.0%	100.0%	30.8%	11.2%	19.7%	10.1	1↑	2↑	0→	2↑	0→	
	Ward 1 - SL1	21	19	97.8%	110.1%	100.0%	99.1%	100.0%	100.0%	38.4%	21.7%	16.7%	10.7	1↑	1↓	0↓	0→	0→	
	Ward 3 - SL3	14	13	104.8%	129.9%	100.0%	125.4%	100.0%	100.0%	36.9%	22.3%	14.6%	11.4	0→	0→	0→	0→	0→	1↑
CHS West	Ellistown Ward - CVEL	19	15	107.5%	129.8%	116.3%	105.4%	100.0%	100.0%	42.2%	25.9%	16.3%	10.6	7↑	5↑	0→	1↓	0→	
	Snibston Ward – CVSN	20	18	95.8%	130.6%	99.9%	124.4%	100.0%	100.0%	28.7%	18.9%	9.8%	13.4	3↓	6↑	0→	0→	0→	1↓
	Ward 4 - CVW4	14	13	105.0%	131.3%	108.1%	107.4%	100.0%		32.2%	21.6%	10.6%	11.8	2↑	6↑	0→	1→	0→	1→
	East Ward – HSEW	28	27	117.3%	114.2%	101.9%	114.8%	100.0%	100.0%	43.9%	27.3%	16.6%	11.4	3↓	1→	0→	1↑	0→	1↓
	North Ward - HSNW	19	18	134.5%	108.9%	109.7%	103.4%	100.0%	100.0%	19.7%	14.4%	5.3%	9.9	4↑	1→	0→	1↑	0→	
	Charnwood Ward - LBCW	18	17	119.9%	108.3%	101.6%	99.6%	100.0%	100.0%	31.1%	13.7%	17.4%	11.2	2↓	2↑	0→	0↓	0→	
	Swithland Ward - LBSW	22	19	99.3%	104.5%	100.0%	112.8%	100.0%	100.0%	25.8%	15.8%	10.0%	10.1	0↓	4↑	0→	4→	0→	
FYPC	Welford (ED)	15	14	139.8%	116.8%	135.8%	143.4%	100.0%		42.8%	38.8%	4.0%	12.9	1↓	1→	0→			
	CAMHS Beacon Ward - Inpatient Adolescent	17	5	122.1%	126.1%	104.5%	92.0%			51.7%	41.8%	9.9%	38.7	0→	0↓	0→			
LD	Agnes Unit	1	1	96.1%	96.5%	133.7%	107.9%			46.3%	21.3%	25.0%	107.8	0↓	2↑	0→			
	Gillivers	4	2	120.9%	70.9%	137.7%	90.3%			9.2%	9.2%	0.0%	40.0	0→	0→	0→			
	1 The Grange	3	1	-	91.7%	-	115.2%			11.6%	11.6%	0.0%	60.6	0→	0→	0→			

## Governance table

<b>For Board and Board Committees: Paper sponsored by:</b>	Trust Board	
	James Mullins Interim Executive Director of Nursing, AHPs and Quality	
<b>Paper authored by:</b>	Elaine Curtin Workforce and Safe staffing Matron, Jane Martin Assistant Director of Nursing and Quality, Emma Wallis Deputy Director of Nursing and Quality	
<b>Date submitted:</b>	30.07.2024	
<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	