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Leicestershire Partnership NHS Trust

Trust Board – 25 March 2025

Safe Staffing Monthly Report – January 2025

Purpose of the Report

This report provides a full overview of nursing safe staffing during the month of January 2025, 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 increased this month by 1.09% reported at 29.21% overall and Trust wide agency usage slightly increased this month by 0.53% to 5.23% overall.
- In January 2025; 9 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 25.71% of our inpatient Wards and Units, which is a decrease of 2.86% compared to December 2024. Changes from last month include Beaumont, Watermead and Rutland.
- 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
CHS **In-patients**	**Staffing** High percentage of temporary workforce to meet planned staffing levels on Grace Dieu at 70.2 %, Dalgleish 40.7%, Charnwood and Clarendon were above 30% and had the highest percentages of agency staff.	**Staffing** 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. Grace Dieu increased usage was due to reopening on 16 December until the 31 March 2025 as a winter pressure ward. Dalgleish usage was due to increased patient acuity and dependency and patients requiring one to one enhanced care. Ten wards are using less than 30% temporary workforce to meet planned staffing and two wards using less than 20% North ward and Beechwood.	
	Fill rate: Fill rate above 110% of RN Day shifts on – Rutland, Ward 1 SL, North, Grace Dieu and Swithland all other wards below. Fill rate above 110% of HCA day shifts - Clarendon, Dalgleish, Rutland, Ward 3 SL, Snibston and Grace Dieu and HCA night shifts – Clarendon, Dalgleish, Rutland, ward 3, Ellistown, Snibston, East and Grace Dieu	**Fill rate:** Fill rate above 110% due to increased acuity and dependency, increasing number of patients admitted requiring enhanced observations, one to one supervision.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	Nurse Sensitive Indicators A review of the NSIs has identified an increase in the number of falls incidents from forty -two in December 2024 to forty- seven in January 2025. Ward areas to note with the highest number of falls are Rutland, North ward, Charnwood and Swithland. The number of medication incidents has increased from twenty in December 2024 to twenty-four in January 2025. Ward area to note with the highest number of medication incidents is Grace Dieu. The number of category 2 pressure ulcers developed or deteriorated in our care has decreased from thirteen in December 2024 to 10 in January 2025 Ward areas to note are Snibston and Swithland. No Category 4 pressure ulcers have developed or deteriorated in LPT inpatient Care since March 2024. No complaints received in January 2025.	**Nurse Sensitive Indicators** <u>Falls</u> Of the 47 falls,30 were first falls, 15 repeat falls, 2 placed themselves on the floor. The number of unwitnessed falls has increased from 18 in in December compared to 23 in January 2025. The falls spread across 10 wards, areas to note include Rutland and North Ward both reporting 7 falls, Charnwood and Swithland Wards both reporting five falls each. Two falls resulted in moderate harm, one in which a local investigation will take place. There were 22 falls resulting in low harm and 23 falls resulting in no harm. The weekly falls meeting continues across all wards/hospitals discussing themes and to recognise improvements in care lead by the falls link Matron, with oversite of the Deputy Head of Nursing. The team are planning another falls link training day including themes recognised across all wards through ISMRS, the patient safety team will be supporting. <u>Medication errors</u> 24 Medication incidents were reported in January 2025. The three key themes are, medication unavailable, discrepancy in counting and omitted medications. The medication incidents are across 11 wards: The ward highlighted is Grace Dieu reporting 7 incidents. Wards are continuing to use safety crosses to demonstrate safety, the wards have started to add narrative on 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 and discussed with ward leads. Focus work has also commenced around Controlled medication. <u>Pressure Ulcers</u> 10 category 2 pressure ulcers were reported across 5 wards. Areas to note are Snibston reporting 3 pressure ulcers and Swithland reporting 4 pressure ulcers developed in care. Eight wards have had no Pressure Ulcers develop in care. CHS Pressure ulcer improvement work continues, with the Deputy Head of Nursing continuing to monitor, and challenge appropriate care, the weekly huddle, led by the pressure ulcer link Matron continues reporting into the trusts strategic pressure ulcer group. The Community Hospital tissue viability nurse continuing to increase education with approaching all ward leads for individual training plans. The repositioning quality commitment continues, implementing new care round documentation and fluid balance charts on the 24 February. The Arian mattress trial also commences on the 24 February for 4 weeks on Coalville ward 4 and Snibston Ward.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
		<u>Staffing Related Incidents</u> The number of staffing related incidents has increased from 1 in December to 16 in January 2025. Staff related incidents were reported across 9 wards, relating to staff shortages, staff movement to other wards/sites, last minute sickness, staff arriving late on shift and staffing reduced to 1 RN on a night shift, on Coalville ward 4. An additional HCA was put in place, admissions paused to the ward and RN cover provided from neighbouring ward on Coalville site. Review of incidences has not identified any direct correlation between staffing and the impact to quality and safety of patient care/outcomes.	
DMH **In-patients**	**Staffing:** High percentage of temporary workforce to meet planned staffing. Key areas to note are Beaumont at 45.5% and Belvoir at 35.3%.	**Staffing:** 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. Temporary workforce has reduced significantly. Active targeted recruitment is ongoing as per directorate workforce plan. Beaumont and Belvoir's utilisation of temporary workforce was due to high acuity, patient complexity, increased 1 to 1 therapeutic observation, 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 and additional staff providing 2 to 1 escort for a long-term patient off site. There were 4 privacy and dignity reported incidents in January 2025 for DMH (Stewart House, Beaumont and Watermead) a significant decrease compared to 11 in December 2024. 3 of which related to patients being admitted to a zoned corridor for the opposite gender on a mixed ward due to bed pressures. The risks are mitigated by increased therapeutic observations of the areas and/or individuals.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	Fill rate: Fill rate of less than 80% for RNs on days on Beaumont and Gwendolen. Fill rate of over 110% for RN days on Belvoir, Watermead, Griffin and Stewart house and RN nights on Thornton ward. Fill rate HCA day shifts above 110% on all wards except Griffin and night shifts on all wards except – Thornton, watermead, Griffin, Phoenix, Stewart House, and Willows due to increased acuity and dependency, increasing number of patients admitted requiring therapeutic observations and patient escorts.	**Fill rate:** Fill rate was achieved across all Acute, Forensic, PICU and MHSOP wards with the exception of Beaumont and Gwendolen Wards. Planned staffing on Beaumont is for 3RN on days, however 2 RNs were achieved with additional HCSW to backfill. Gwendolen RN staffing reduced to 2 RN due to sickness, vacancies, and a reduction in the number of beds open and therefore actual hours of staffing.	
	Nurse Sensitive Indicators: A review of the NSI's has identified an increase in the number of falls incidents from 62 in December 2024 to 67 in January 2025.	**Nurse Sensitive Indicators:** <u>Falls</u> Of the falls incidents: **AFPICU -** 20 occurred in Acute, Forensic and PICU services (AFPICU). There were 7 first falls, 10 Repeat falls and 3 placed selves on the floor. 6 falls reported on Beaumont, 4 on Watermead, 3 on Ashby, Heather, and Thornton and 1 on the Belvoir unit. The main location of falls occurred in the Bedroom (10), main ward area (5), corridor (3), bathroom (1) and Other (1). Falls were due to patients fainting, falling after waking up, falling from bed, sliding from a chair, whilst getting dressed, transferring back to bed, transferring to wheelchair, slipping from the toilet and patient found on the floor. No moderate harm falls reported in January 2025. **Rehabilitation -** 4 occurred in AMH rehabilitation services. There was 2 first falls and 2 repeat falls. 3 falls reported at Stewart house and 1 at the Willows. The main location of falls occurred mostly in the Corridor (2), Bedroom (1) and Grounds/Gardens/Recreational Area (1).	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	The number of medication incidents has increased from 17 In December 2024 to 20 in January 2025. 3 complaints received in January 2025.	There were 3 low harm incidents, 1 no harm. No moderate harm falls reported for January 2025. Staffing was not identified as a contributory factor. **MHSOP** 43 occurred in MHSOP (including Mill Lodge which is part of MHSOP organic pathway) Of the 43 falls incidents; 15 first falls, 25 repeat falls and 3 placed selves on the floor. The falls occurred mostly in the Bedroom (17), Corridor (16), Main Ward Area (4), Patient lounge (2). The remaining (4) falls occurring in the Dining room/ Shower/ Toilet and Sitting room. • 53% (23) falls reported occurred in the daytime between the hours of 7.00am – 7.00pm. • 46% (20) falls reported occurred in the evening between the hours of 8.00pm – 7.00am. • 12 of these were unwitnessed falls. (Coleman 6/ Kirby 5/ Langley) Moderate Harm Falls – 1 reported moderate harm incident on Langley ward. Physical observations checked and neuro observations commenced. Duty doctor seen. Patient sent to UHL for CT head. CT head completed and returned, no intra cranial haemorrhage reported. Levels of observations increased to level 4 observations. All patients receive a falls risk assessment/multi-factorial falls risk assessment on admission. Falls huddles in place and physiotherapy reviews for patients with sustained falls and increased risk of falling. Themes and trends in falls are being discussed in the DMH falls huddle with focus on improving the use of falls huddles and documentation to support further safe care. Review of Nurse Sensitive Indicators has identified no correlation with staffing levels and impact to quality and safety of patient care/outcomes. **<u>Medication errors</u>** 20 medication incidents were reported for AMH: x 2 on Ashby, 4 on Watermead and 1 on Bosworth, Heather, Griffin, and Phoenix. 5 on Coleman, 3 on Gwendolen and 2 on Kirby. Medication incidents were due to e-CD medication counting and recording, Discharge medication amount, patient leaving before discharge medication given, Discharge medication not given – patient then received them, medication given to wrong patient – no harm to patient, incorrect medication dispensed from pharmacy - not given and incorrect insulin prescription – not given. 10 medication incidents were reported in MHSOP. 5 incidents reported on Coleman, due to x 2 medication omissions, pharmacy reported lost/misplaced medication, patient received wrong dose with no harm and another patient received medication when allergy stated – no harm to the patient.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
		Patients have not come to any harm as a result of the incident's reported. Investigations have not identified staffing as a contributory factor to the incidents occurring. 2 incidents on kirby ward relate to the incorrect storage of medication and the application of a discontinued topical cream, replaced with an additional treatment. Medication administration has been discussed with staff involved in the incidents. 3 incidents on Gwendolen ward relate to omission of insulin medication subject to directorate investigation, and a dispensing error where a patient was dispensed wrong medication – duty of candour processes followed, patient reviewed for any impact on wellbeing – patient did not experience any ill effect as a result of the incident and staff involved have been supported through the BESS process.	
FYPC.LDA in-patient	**Staffing:** High Percentage of temporary workforce, key areas to note - Welford ED at 49.6% and Beacon at 43.8%.	**Staffing:** 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. Welford ED temporary workforce usage due to increase in patient acuity, increased therapeutic observations. 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. Agnes unit is currently within their equivalent commissioned beds, operating on 2 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.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	Fill Rate: Fill rate below 80% for HCAs on days at the Agnes unit, Gillivers and The Grange. Fill rate above 110% for RN on days – Welford ED, Beacon and Gillivers and RN nights Welford and Gillivers. Fill rate above 110% for HCA on days on Welford ED and Beacon and nights – Welford ED	**Fill rate:** Agnes unit operating on 2 pods, due to reduction in acuity, staffing level was reviewed daily and adjusted accordingly. Beacon unit Staffing levels were reviewed and adjusted based on occupancy and acuity level. The Gillivers 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.	
	Nurse Sensitive Indicators: A review of the NSIs has identified an increase in the number of falls from 4 in December 2024 to 9 in January 2025. The number of medication related incidents increased from 6 in December 2024 to 9 in January 2025. Two complaints received in January 2025.	**Nurse Sensitive Indicators:** Of the 9 falls incidents, 2 was reported at the Beacon Unit, with no harm to the patient. 7 falls reported at the Agnes unit, 3 of which a patient placed them self on the floor resulting in low harm, 1 fall also resulted in a RIDDOR report for a staff member. 9 medication errors were reported. 5 on Welford ED, 2 at Agnes and 1 at the Beacon and Gillivers. Medication errors were due to incorrect discrepancy in the amount and recording on the CD register, prescription error incorrect route of administration, incorrect medication formulation, 1 medication omission due to lack of staff competent to use Naso-Gastric tube - no harm to the patient and patient not given CD medication on discharge – patient received shortly afterwards and inappropriate delegation of medication administration to a HCSW. The medication incidents did not result in any harm to the patients. Action regarding enteral nutrition incidents include support through HR processes and train the trainer sessions provided by UHL to enable update training and competency assessments to be provided.	
CHS Community	No change to Key areas to note - City West, City East, Hinckley, East central, East South, due to high patient acuity, and transition of vacant posts with new starters. 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. Overall community nursing Service OPEL has been level 2/3, working to level 2/3 actions.	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. Continued daily reprioritisation of managerial time to ensure essential visits are supported. Ongoing quality improvement work focusing on pressure ulcer and insulin continues and community nursing transformation programme underway. Recruitment and retention programme continues with new starters coming into the service and in the pipeline. New starters are being welcomed into hubs, clear induction plans, probation periods set, and training plans created to support staff to access mandatory and role specific training. Period of overlap between new starters and agency staff due to new staff gaining competences and confidence. On going	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
		use of preferred agency staff to support this with matrons regularly reviewing agency usage and stepping down when safe to do so.	
DMH Community	Key areas to note –The next stage of the CMHT transformation is progressing and teams re-named as Neighbourhood Community Mental Health Teams. All CMHTs now have substantive team managers. Charnwood, South Leicestershire, City West, and Assertive Outreach are key areas to note, due to significant band 6 vacancies and operational challenges due to reduced capacity. Staff movement from other CMHTs within directorate to support and maintain patient safety. Northwest Leicestershire CMHT have 1 band 6, 1 band 5 vacancy and 1 band 7 temporarily in post. 1 WTE locum leaving at end of February 2025 causing delay for appointments in out-patients. Long waiting lists for patient first assessments, highest in Melton and South Leicestershire. Recruitment challenges in Urgent Care include Crisis Resolution Home team (CRHT), Mental Health Liaison Service (MHLS) and Mental Health Urgent Care Hub (MHUCH). MHSOP community teams stable at present – with some agency usage across CMHTs covering vacancies.	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. Perinatal now have 2 agency staff starting.	
FYPC.LDA Community	No change to 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.	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	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
		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. LD Community have successfully recruited, and candidates continue through the onboarding process.	

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 – NEWS2, 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	94.2%	91.8%	green	94.4%	97.1%	92.8%	87.5%
Bank			green	100 %	92.5%	88.5%	84.9%

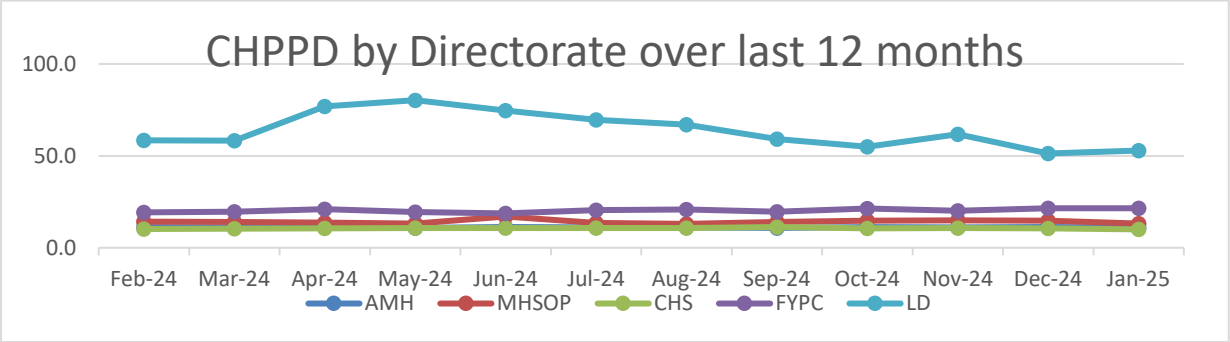
- Compliance with face-to-face mandatory training is reported through the Training Education Development (TED) and People and Culture Committee.
- Compliance for bank staff is monitored through TED and Centralised Staffing Solutions (CSS), compliance has significantly improved, work is in progress to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

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 11.6CHPPD (national average 10.8) for January 2025 consistent with December 2024, ranging between 5.6 (Stewart House) and 66.9 (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, temporary workforce, and new starters.

- **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	New starters in month (WTE)
CHS	10	Inpatient -	9.9	102.0	15.4%	6.1%	6.8%	36%	57%	8.8
		Community -	92.1							
DMH Inc MHSOP	10.9	Inpatient -	45.3	138.7	17.9%	8.1%	5.8%	51%	45%	8.0
	13.1	Community -	93.4							
FYPC	21.5	Inpatient -	14.7	112.6	18.6%	5.8%	5.8%	27%	71%	9.4
LDA	52.9	Community -	97.9							
All clinical directorates combined	11.6	Inpatient -	70.0	353.4	17.3%	6.8%	6.1%	40%	55%	26.2
		Community -	283.4							

- The RN vacancy position is at 353.4 Whole Time Equivalent (WTE) with a 17.3% vacancy rate, a decrease of 0.7 % since December 2024. RN turnover for nurses is at 6.1% which is below the trusts target of 10%. Throughout January 2025 we continue to grow and develop our nursing workforce. A total of 26.2WTE nursing staff (bands 5 to 8a) were appointed.

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	New starters in month (WTE)
CHS	Inpatient -	43.1	58.6	14.9%	8.5%	10.5%	71%	18%	4.5
	Community -	15.4							
DMH	Inpatient -	37.1	67.3	13.8%	7.8%	6.7%	95%	2%	3.8

Inc MHSOP	Community -	30.2							
FYPC	Inpatient -	38.2	39.3	22.5%	9.5%	8.0%	86%	2%	2.0
LD	Community -	1.0							
All clinical directorates combined	Inpatient -	118.4	165.1	15.6%	8.3%	8.3%	83%	9%	10.3
	Community -	46.7							

The HCSW vacancy position is at 165.1 WTE with an 15.6 % vacancy rate, an increase of 0.5% since December 2024. HCSW turnover rate is at 8.3%. which is below our internal target of no more than 10% turnover. Throughout January 2025 we continue to grow and develop our Health Care Support Worker workforce. A total of 10.3WTE were appointed.

Fill rate.

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

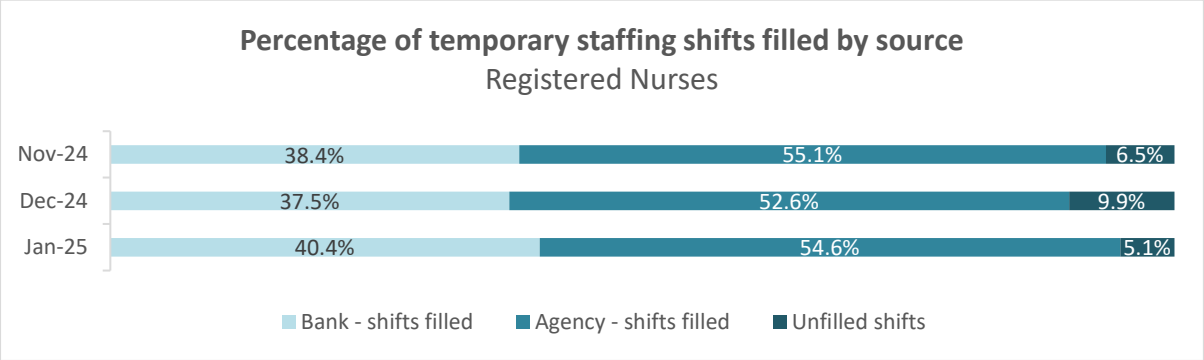
Fill rate of RNs on the day shift is reported through the Performance Workforce Report (PWR)

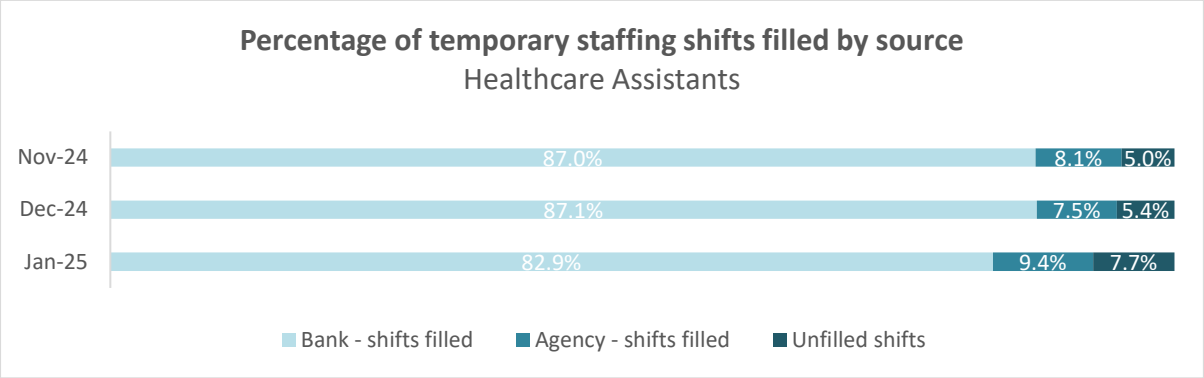
Fill rate variation above and below 100% is largely attributed to.

- dynamic staffing changes due to increased patient acuity and dependency, requiring increased staff for specialing, therapeutic observation and/or escorting patients.
- movement of registered staff across services to ensure the right skill mix and mix of substantive and temporary staff, with some RN shifts (where the planned staffing is 3) being backfilled with a HCSW.
- Ward closures for periods of time e.g., St Lukes Ward
- Staffing for admissions of patients to a zone for the opposite gender
- Operational challenges i.e., Staff in supernumerary period, newly qualified staff on preceptorship and grow our own students.

A deep dive progresses to understand the exceptions/variation in fill rate and over utilisation with workforce system colleagues, clinical and professional leads. Progress is being made with consistent planned staffing aligned to health roster and budgeted establishments. Targeted work to adjust health roster templates and aligned to current planned staffing is planned for the end of March 2025.

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





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 January 2025 staffing challenges have improved with a significant decrease in 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 triangulated and applied professional judgement to the evidence-based tool recommendations and presented 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.

January 2025

Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Fill Rate Analysis (National Return) – Actual Hours Worked divided by Planned Hours: Nurse Day (Early & Late Shift) – Average % fill rate registered nurses >=80%	Nurse Day (Early & Late Shift) – Average % fill rate care staff >=80%	Nurse Night – Average % fill rate registered nurses >=80%	Nurse Night – Average % fill rate care staff >=80%	AHP Day – Average % fill rate registered AHP -	AHP Day – Average % fill rate non-registered AHP -	% Temporary Workers (NURSING ONLY) – Total <20%	Bank <20%	Agency <=6%	Overall CHPPD (Nursing And AHP)	Medication Errors	Falls	Complaints	PU Category 2	PU Category 4	Staffing Related Incidents
Ashby	14	14	107.0%	191.2%	106.0%	146.7%			31.8%	28.5%	3.3%	9.7	2→	3↑	1↑			
Beaumont	22	22	77.6%	167.2%	106.4%	141.3%		100.0%	45.5%	40.8%	4.8%	8.2	0↓	6↑	0→			
Belvoir Unit	5	4	117.2%	136.0%	96.7%	179.1%			35.3%	33.3%	2.0%	42.4	0→	1→	1↑			
Bosworth	14	14	99.5%	171.0%	98.2%	111.1%		100.0%	26.8%	23.0%	3.8%	8.9	1→	0↓	0→			
Heather	18	18	98.3%	158.0%	93.9%	123.4%		100.0%	27.2%	23.4%	3.8%	8.5	1↓	3↓	0→			
Thornton	13	11	86.9%	187.2%	111.3%	106.2%			24.0%	22.0%	2.0%	10.3	0→	3↑	0→			
Watermead	20	19	128.9%	128.8%	105.9%	109.0%		100.0%	20.9%	17.5%	3.4%	8.7	4↑	4↑	0→			
Griffin - Herschel Prins	6	6	112.9%	108.1%	98.0%	109.9%		100.0%	30.5%	20.2%	10.2%	27.9	1↑	0→	1↑			
Phoenix - Herschel Prins	12	9	83.9%	120.3%	104.8%	80.9%			19.0%	16.1%	3.0%	14.2	1↑	0→	0→			
Skye Wing - Stewart House	30	29	123.4%	142.0%	104.4%	107.9%			18.0%	17.2%	0.8%	5.6	0↓	3↓	0→			
Willows	9	8	98.3%	146.6%	102.3%	109.7%		100.0%	26.1%	25.8%	0.4%	12.4	0↓	1↓	0→			
Mill Lodge	14	10	107.8%	110.2%	102.9%	120.9%			18.6%	16.6%	2.1%	16.2	0↓	1→	0→			
Kirby	23	22	99.0%	169.0%	103.7%	162.4%	100.0%	100.0%	36.2%	34.7%	1.5%	9.7	2↑	9↓	0→			
Langley (MHSOP)	20	19	97.0%	211.7%	104.0%	236.4%			41.1%	39.5%	1.6%	9.5	0→	11↑	0→			
Coleman	19	17	86.0%	141.8%	103.7%	179.8%	100.0%	100.0%	41.8%	36.7%	5.1%	17.6	5↑	19↑	0→			
Gwendolen	19	10	64.6%	110.7%	104.5%	112.7%		100.0%	26.6%	20.7%	5.9%	19.5	3↑	3↓	0→			
Beechwood Ward - BC03	24	23	100.0%	109.3%	98.1%	105.0%	100.0%	100.0%	19.2%	16.7%	2.5%	8.9	0↓	3↓	0→	0↓	0→	↑1
Clarendon Ward - CW01	22	20	98.1%	142.0%	101.6%	162.3%	100.0%	100.0%	31.2%	27.4%	3.8%	11.3	1↑	4↓	0→	0↓	0→	↑3
Dalgleish Ward - MMDW	17	16	102.7%	118.4%	100.1%	135.3%	100.0%	100.0%	40.7%	26.0%	14.7%	10.4	2→	0↓	0→	0↓	0→	↑3
Rutland Ward - RURW	17	16	121.0%	117.1%	106.9%	162.9%	100.0%	100.0%	24.9%	19.1%	5.9%	10.0	0↓	7↑	0→	0↓	0→	↑2
Ward 1 - SL1	21	20	115.5%	97.3%	100.0%	104.0%	100.0%	100.0%	26.8%	17.6%	9.1%	10.8	2→	3↑	0→	1↑	0→	→0
Ward 3 - SL3	14	14	104.6%	125.6%	100.0%	146.5%	100.0%	100.0%	22.1%	18.4%	3.6%	11.2	1↑	1↑	0→			↑1
Ellistown Ward – CVEL	19	18	90.6%	102.3%	100.0%	131.1%	100.0%	100.0%	21.9%	17.8%	4.1%	11.0	1↓	3↑	0→	1↑	0→	↑2
Snibston Ward – CVSN	21	20	100.4%	111.0%	100.1%	115.1%	100.0%	100.0%	22.6%	17.5%	5.1%	9.1	2↑	2↑	0→	3→	0→	↑2
Ward 4 - CVW4	15	14	108.0%	102.2%	99.7%	108.5%	100.0%	100.0%	21.0%	15.6%	5.4%	10.2	3↑	3→	0→	0↓	0→	↑2
East Ward – HSEW	28	27	86.4%	86.6%	98.9%	115.4%	100.0%	100.0%	25.3%	18.4%	6.9%	10.2	1→	2↓	0→	1↑	0→	→0
North Ward – HSNW	19	19	112.9%	103.3%	100.1%	105.6%	100.0%	100.0%	18.1%	15.0%	3.0%	9.4	1↓	7↑	0→	0↓	0→	→0
Charnwood Ward - LBCW	19	18	103.1%	110.3%	99.9%	106.4%	100.0%	100.0%	32.0%	23.2%	8.8%	10.6	0→	5↑	0→	0→	0→	→0
Grace Dieu - LBGR	20	19	144.1%	155.1%	100.1%	194.8%	100.0%	100.0%	70.2%	50.0%	20.2%	8.5	7↑	2↑	0→	0→	0→	↑1

Swithland Ward - LBSW	22	21	112.6%	96.7%	101.6%	108.2%	100.0%	100.0%	26.8%	23.1%	3.7%	9.0	3→	5↑	0→	4↑	0→	→0
Welford (ED)	15	14	163.9%	138.9%	155.7%	272.6%	100.0%		49.6%	42.1%	7.5%	16.4	5↑	0→	0↓			
CAMHS Beacon Ward - Inpatient Adolescent	17	6	133.6%	135.3%	104.5%	87.0%	100.0%		43.8%	34.1%	9.8%	34.2	1↑	2↑	1→			
Agnes Unit	1	1	80.4%	58.1%	89.6%	89.1%			15.8%	7.9%	7.9%	67.0	2→	7↑	0→			
Gillivers	3	2	111.1%	68.8%	143.0%	110.0%			20.1%	20.1%	0.0%	30.3	1→	0→	0→			
1 The Grange	2	1	-	77.6%	-	101.6%			11.6%	11.6%	0.0%	52.8	0→	0↓	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%	Above >110%	Below < 20%	Between 20% - 50%	Above >50%	Below <=6%	Above > 6%
Rag rating								
Fill rate will show in excess of 110% where shifts have utilised more staff than planned or due to increased patient acuity requiring extra staff. Highlighted for trust wide monitoring purpose only.				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:	25.3.2025	
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	