

## Quality & Safety Committee – 18 February 2025

### Safe Staffing Monthly Report - December 2025

#### Purpose of the Report

This report provides a full overview of nursing safe staffing during the month of December 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 1.59% reported at 28.12% overall and Trust wide agency usage slightly decreased this month by 0.80% to 4.70% overall.
- In December 2024; 10 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 28.57% of our inpatient Wards and Units, which is a decrease of 3.78% compared to November 2024. Changes from last month include Ashby, Phoenix, Gwendolen, Coalville ward 4, East and Charnwood.
- 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	<b>Staffing</b> High percentage of temporary workforce to meet planned staffing levels on Grace Dieu at 56.1 % and Snibston were above 30%. Dalgleish, Rutland, St Lukes ward 1 and Grace Dieu had the highest percentages of agency staff.	<b>Staffing</b> 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 supporting temporary closure of St Lukes ward 3 until 9 December 2025 and then reopened on 16 December 2025 as a winter pressure ward. Dalgleish usage was due to increased patient acuity and dependency and patients requiring one to one enhanced care.  Eleven wards are using less than 30% temporary workforce to meet planned staffing and two wards less than 20%, North ward and Clarendon.	
	<b>Fill rate:</b> RN fill rate below 80% on nights on St Lukes ward 3. Reduced RN fill rate on days and nights and reduced HCA fill rate on days on Grace Dieu.  Fill rate above 100% of HCA day and night shifts was above 100% for all wards except St Lukes ward 3 and Grace Dieu	<b>Fill rate:</b> Fill rate was less than 80% for RN on nights on St Lukes ward 3 due to re-opening on the 9 December 2024, which led to the ward not being staffed for 9 days and planned staffing of 2 RN per night shift was maintained from 9 December 2024. Grace Dieu closed 9 December and re-opened 16 December as a winter pressure ward reducing shift fill rate across December 2024 due to the ward not being staffed for 7 days.  Fill rate above 100% 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
	<p><b>Nurse Sensitive Indicators</b> A review of the NSIs has identified an increase in the number of falls incidents from thirty-two in November to forty -two in December 2024. Ward areas to note with the highest number of falls are Clarendon, Beechwood, and Rutland.</p> <p>The number of medication incidents has decreased from twenty-one in November to twenty in December 2024. Ward areas to note with the highest number of medication incidents are Beechwood and Ellistown.</p> <p>The number of category 2 pressure ulcers developed or deteriorated in our care has increased from eleven in November to thirteen in December 2024. Ward areas to note are Coalville ward 4 and Snibston.</p> <p>No Category 4 pressure ulcers have developed or deteriorated in LPT Care since March 2024.</p> <p>No complaints received in December 2024.</p>	<p><b>Nurse Sensitive Indicators</b> Of the 42 falls, 34 were first falls, 4 repeat falls, 4 patients placed themselves on the floor. The number of unwitnessed falls has remained the same at 18 compared to November. The falls spread across 11 wards, areas to note include Clarendon having 8 falls and Beechwood and Rutland both reporting five falls each. No falls resulted in moderate harm, there were 14 falls resulting in low harm and 28 falls resulting in no harm. The weekly falls meeting continues across all wards/hospitals discussing themes to recognise improvements in care lead by the falls link Matron, with oversight of the Deputy Head of Nursing. The team are planning another falls link training day including themes recognised across all wards through ISMRS supported by the patient safety team.</p> <p>20 Medication incidents were reported in December 2024. The three key themes are, medication unavailable, discrepancy in counting, omitted medications. The medication incidents are across 9 wards: Wards highlighted are Beechwood and Ellis town both reporting 4 medication 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>13 category 2 pressure ulcers were reported across 8 wards. Areas to note are Coalville ward 4 and Snibston both having 3 pressure ulcers developed in care. Six wards have had no pressure ulcers developed in care.</p> <p>CHS Pressure ulcer improvement work continues, with the Deputy Head of Nursing continuing to monitor, and challenge appropriate care. There is a weekly meeting, led by the pressure ulcer link Matron. The Community Hospital tissue viability nurse continues to increase education. The repositioning quality account priority commitment continues, and there are plans to implement new care round documentation in February 2025 and a new mattress trial starting from 24 February 2025 for 4 weeks on Coalville ward 4 and Snibston Ward.</p> <p>The number of staffing related incidents has decreased from 11 in November to 1 in December 2024. The incident was a result of inadequate staffing on one ward with no harm caused.</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
DMH In-patients	<b>Staffing:</b> High percentage of temporary workforce to meet planned staffing. Key areas to note are Beaumont at 49.3 % and Belvoir at 46.3%,	<b>Staffing:</b> 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 11 privacy and dignity incidents in DMH (Beaumont and Watermead) where patients were admitted to a zone of the opposite gender due to bed pressures. The risks of this are mitigated by increased therapeutic observations of the areas and/or individuals.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p><b>Fill rate:</b> Fill rate of less than 80% for RNs on days at Gwendolen.</p> <p>Fill rate HCA day and night shifts above 100% 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><b>Fill rate:</b> 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 ward, associated with the acuity of patients, the utilisation of mixed sex beds on Gwendolen ward and need to increase therapeutic observations for mental health and physical healthcare, agency usage is reducing significantly. It is noted on the 17 December 2024 two permanent ward moves took place - Langley to Kirby ward and Aston ward to Langley.</p>	
	<p><b>Nurse Sensitive Indicators:</b> A review of the NSI's has identified an increase in the number of falls incidents from fifty in November to 62 in December 2024.</p>	<p><b>Nurse Sensitive Indicators:</b> <u>Falls</u> Of the falls incidents:</p> <p><b>AFPICU</b>16 occurred in Acute, Forensic and PICU services (AFPICU). There were 5 first falls and 11 Repeat falls. 4 falls reported on Beaumont and Heather, 3 falls reported on Bosworth and Watermead and 1 on Ashby and Belvoir. The falls were due to patients falling from bed, sliding to the floor, patient with an unsteady gait, patient who was rushing, patients tripping, a possible seizure and a fall post ligature. No moderate harms fall reported in December 2024.</p> <p><b>Rehabilitation</b></p> <p>9 occurred in AMH rehabilitation services. There was 1 first fall, 4 repeat falls and one patient placed self on the floor at Stewart House. 3 falls reported at the Willows, 1 patient fell out of bed and 2 falls were unwitnessed. There was no /low harm to any patients and staffing was not identified as a contributory factor.</p> <p><b>MHSOP</b></p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>The number of medication incidents has increased from 10 in November to 17 In December 2024.</p> <p>No complaints received in December 2024.</p>	<p>37 occurred in MHSOP (including Mill Lodge which part of MHSOP organic pathway)</p> <p>Of these 37 falls incidents; 18 first falls, 16 repeat falls and 3 placed selves on the floor. The falls have occurred mostly in the Bedroom (17), Corridor (8), Main Ward Area (7), Dining Room (2) and the remaining (3) falls occurring in the Activity Room/ Nursing office and Patient lounge.</p> <ul style="list-style-type: none"> <li>60% (22) falls reported occurred in the daytime between the hours of 7.00am – 7.00pm.</li> <li>40% (15) falls reported occurred in the evening between the hours of 8.00pm – 7.00am.</li> <li>8 of these were unwitnessed falls. (Kirby 4/ Coleman 2/ Langley (male) 1/ Gwendolen 1)</li> </ul> <p>1 moderate fall incident reported on Kirby ward. Patient has a diagnosis of anxiety and depression.</p> <p>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.</p> <p><u>Medication errors</u></p> <p>15 medication incidents were reported for AMH: x 2 on Ashby, 3 on Beaumont, 6 on Heather and 1 on Watermead, Bosworth, the Willows and Stewart House.</p> <p>Medication incidents were due to incorrect recording, charting and storage of CD medication, normal release medication given instead of modified, incorrect medication given, additional dose given, medication given to wrong patient, incorrect labelling on discharge medication, prescription error, consent to treatment not in place under mental health regulation – resolved before medication administered and medication trolley left unattended.</p> <p>2 medication incidents were reported in MHSOP. 1 incident recorded for Mill Lodge and Gwendolen Ward. Both incidents did not impact on direct patient care. incidents related to incorrect transfer of CD disposal kits to pharmacy by porters and incorrect procedure when checking CD drug dispensing. There was no /low harm to any patients and staffing was not identified as a contributory factor.</p>	
FYPC.LDA in-patient	<p><b>Staffing:</b></p> <p>High Percentage of temporary workforce, key areas to note - Welford ED at 50.7% due. Beacon at 32.9%.</p>	<p><b>Staffing:</b></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>Welford ED temporary workforce usage due to increase in patient acuity, increased therapeutic observations.</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
		<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.</p> <p>Temporary workforce usage is improving on the Agnes unit and 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.</p>	
	<p><b>Fill Rate:</b> Fill rate below 80% for HCAs on days and nights at the Agnes unit.</p> <p>Fill rate below 80% for HCA on nights at the Beacon unit and the Gillivers</p>	<p><b>Fill rate:</b> Agnes unit operating on 2 pods, due to reduction in acuity, staffing level was reviewed daily and adjusted accordingly.</p> <p>Beacon unit Staffing levels were reviewed and adjusted based on occupancy and acuity level.</p> <p>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 nights at the Gillivers.</p>	
	<p><b>Nurse Sensitive Indicators:</b> A review of the NSIs has identified a decrease in the number of falls from five in November to 4 in December 2024.</p> <p>The number of medication related incidents increased from three in November to six in December 2024.</p> <p>Two complaints received in December 2024.</p>	<p><b>Nurse Sensitive Indicators:</b> Of the 4 falls incidents, 1 was reported at the Beacon unit. The patient fell from the chair, no harm to the patient as a result of the fall. 2 falls reported at the Agnes unit, one fall related to a patient who was on section 17 leave from the Agnes unit and another due to a patient sliding onto the floor. 1 witnessed fall was reported at the Grange and no of harm to the patient as a result.</p> <p>6 medication errors were reported. Agnes unit reported 1 medication omission following a patient splashed a tiny amount of medication from the syringe, resulting in a reduced dose of medication administration. Four medication incidents reported for Welford ED. One related to Naso-Gastric (NG) tube not being aspirated prior to NG feed administration. Another related to the use of normal water instead of saline to flush a Percutaneous Endoscopic Gastrostomy. One incident related to a discrepancy on the CD register and another tablet was dispensed instead of liquid. The medication was not administered. The medication incidents did not result in any harm to the patients. Work is ongoing related to NG and enteral feeding.</p> <p>Gillivers reported 1 incident related to discharge medication being given to the incorrect patient. Patient carer's informed and no harm to the patient as a result of the incident.</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
<b>CHS Community</b>	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. 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. On going use of preferred agency staff to support the transition and induction of new starters.	
<b>DMH Community</b>	<p>No Change to 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 &amp; East Leicestershire, City East and Melton CMHTs and Perinatal Mental Health Service are key areas to note, due to significant band 6 vacancies and operational challenges. Staff movement from other CMHTs within directorate to support and maintain patient safety.</p> <p>Long waiting lists for patient first assessments, highest in Melton and South Leicestershire.</p> <p>MHSOP no change - 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>	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.	
<b>FYPC.LDA Community LDA</b>	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	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.	



Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>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>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 – 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

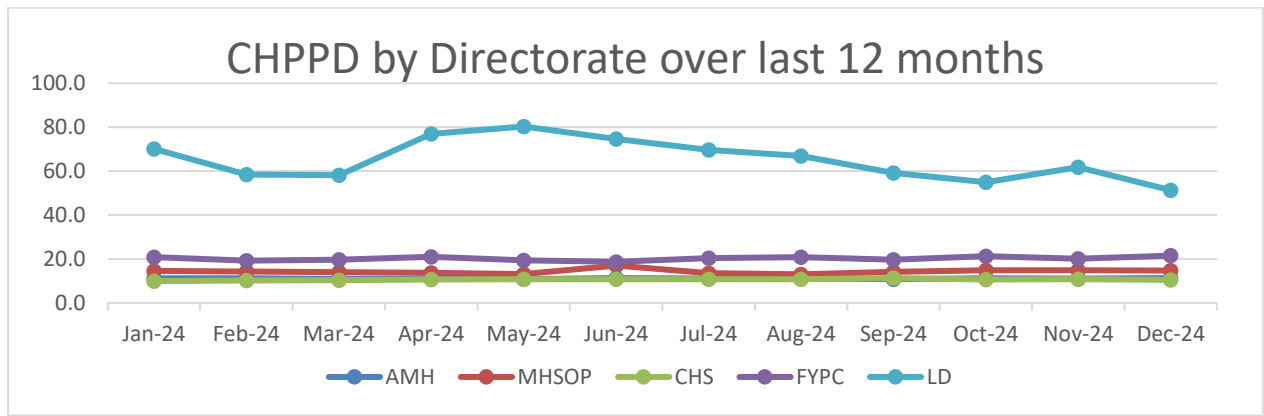
Staff Group	Appraisal/Supervision		Core Mandatory Training			Clinical Mandatory	
	Appraisal	Clinical Supervision	12 out of 12 compliance subjects	Resuscitation Level1	Data Security Awareness IG	Basic Life Support (BLS)	Immediate Life Support (ILS)
All Substantive	93.7%	89.4%	green	96.2%	97.1%	92.8%	87.6%
Bank			green	79.9%	94.5%	89.0%	87.8%

- 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 12.2 CHPPD (national average 10.8) for December consistent with November 2024, ranging between 5.7 (Stewart House) and 73.8 (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 start-Rs in month (WTE)
CHS	10.5	Inpatient -	8.5	107.5	16.2%	5.9%	7.7%	34%	52%	5.5
		Community -	99.0							
DMH Inc MHSOP	11.3 14.7	Inpatient -	45.5	140.0	18.0%	6.3%	5.9%	47%	48%	3.5
		Community -	94.4							
FYPC	21.5	Inpatient -	16.7	121.3	20.0%	5.9%	6.3%	28%	68%	3.0
LDA	51.3	Community -	104.6							
All clinical directorates combined	12.2	Inpatient -	70.8	368.8	18.0%	6.1%	6.6%	38%	53%	12.0
		Community -	298.0							

- The RN vacancy position is at 368.8 Whole Time Equivalent (WTE) with a 18.0% vacancy rate, a decrease of 0.3 % since November 2024. RN turnover for nurses is at 6.6% which is below the trusts target of 10%. Throughout December 2024 we continue to grow and develop our nursing workforce. A total of 12.0 WTE 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 Turn-over rate %	% Temp staffing shifts filled by Bank	% Temp staffing shifts filled by Agency	New starters in month (WTE)
CHS	Inpatient -	42.5	57.4	14.6%	9.2%	10.0 %	78%	16%	8.8
	Community -	14.9							

DMH Inc MHSOP	Inpatient -	36.6	61.2	12.6%	7.2%	6.6%	96%	2%	6.0
	Community -	24.6							
FYPC LD	Inpatient -	40.9	41.0	23.4%	8.1%	8.9%	83%	3%	1.0
	Community -	0.1							
All clinical directorates combined	Inpatient -	120.0	159.5	15.1%	8.1%	8.2%	87%	8%	15.8
	Community -	39.6							

The HCSW vacancy position is at 159.5 WTE with an 15.1 % vacancy rate, a decrease of 1.10% since November 2024. HCSW turnover rate is at 8.2%. which is below our internal target of no more than 10% turnover. Throughout December 2024 we continue to grow and develop our Health Care Support Worker workforce. A total of 15.8 WTE 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.

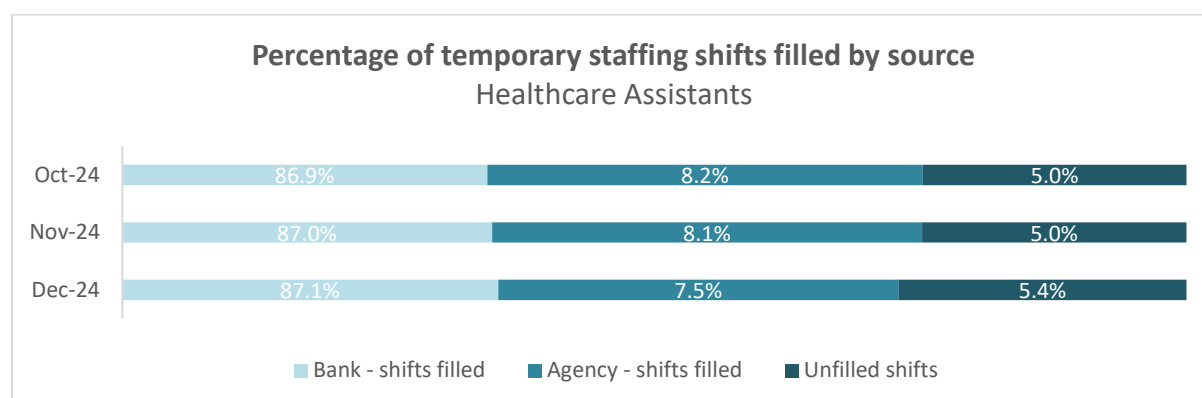
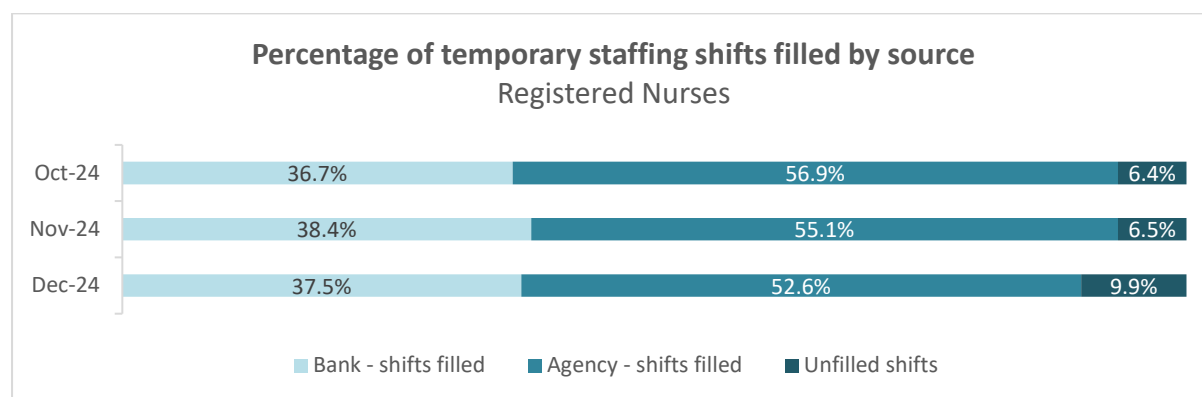
Fill rate of RNs on the day shift is reported through the Performance Workforce Report (PWR)

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 specialising, 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 December 2024 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 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:**

<b>Briefing – no decision required</b>	<b>x</b>
<b>Discussion – no decision required</b>	
<b>Decision required – detail below</b>	

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.

December 2024

December 2024			Fill Rate Analysis (National Return)						% Temporary Workers			Overall CHPPD					
			Actual Hours Worked divided by Planned Hours														
			Nurse Day (Early & Late Shift)		Nurse Night		AHP Day		(NURSING ONLY)								
Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	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	Total	Bank	Agency	(Nursing And AHP)	Medication Errors	Falls	Complaints	PU Category 2	PU Category 4
			>=80%	>=80%	>=80%	>=80%	-	-	<20%	<20%	<=6%						
Ashby	14	14	97.0%	195.7%	115.3%	136.9%			34.1%	28.1%	6.0%	9.9	2↑	1↓	0→		
Beaumont	22	21	92.3%	167.7%	105.5%	172.6%		100.0%	49.3%	41.0%	8.3%	9.3	3↑	4↑	0↓		
Belvoir Unit	6	6	111.2%	153.1%	108.4%	227.5%			46.3%	42.5%	3.8%	36.5	0→	1↑	0→		
Bosworth	14	14	91.8%	187.1%	102.9%	124.4%		100.0%	31.3%	28.2%	3.1%	9.4	1↓	3↑	0→		
Heather	18	18	93.1%	133.1%	106.3%	104.4%		100.0%	19.8%	14.9%	4.9%	7.9	6↑	4↑	0↓		
Thornton	12	11	97.9%	170.2%	111.6%	107.9%			17.5%	17.3%	0.3%	10.8	0→	0→	0→		
Watermead	21	20	119.4%	133.9%	109.4%	108.0%		100.0%	25.4%	18.4%	7.0%	8.1	1→	3→	0→		
Griffin - Herschel Prins	6	5	111.5%	107.7%	91.5%	123.5%		100.0%	33.7%	24.1%	9.6%	28.7	0→	0↓	0→		
Phoenix - Herschel Prins	12	8	103.1%	118.7%	94.5%	97.8%		100.0%	19.0%	16.1%	3.0%	16.2	0→	0→	0→		
Skye Wing - Stewart House	30	29	110.2%	158.4%	104.7%	114.6%			19.0%	18.0%	1.0%	5.7	1↑	6↑	0→		
Willows	9	8	101.6%	145.8%	101.7%	109.0%		100.0%	17.2%	17.1%	0.1%	12.8	1→	3→	0→		
Mill Lodge	14	9	109.6%	105.8%	104.5%	129.1%			21.6%	19.3%	2.3%	17.7	1→	1↓	0→		
Langley/Kirby (MHSOP)	22	20	119.9%	148.9%	106.4%	165.1%	100.0%	100.0%	37.9%	36.4%	1.5%	10.9	0→	10↓	0→		
Aston/Langley (MHSOP)	18	17	102.8%	233.0%	95.1%	300.6%			39.7%	38.2%	1.5%	11.7	0↓	13↑	0→		
Coleman	19	17	93.4%	154.1%	104.4%	170.8%	100.0%	100.0%	42.7%	39.0%	3.7%	17.1	0→	7↓	0→		
Gwendolen	19	9	79.6%	113.5%	107.8%	136.1%		100.0%	32.6%	29.0%	3.6%	24.0	1↓	6↑	0→		
Beechwood Ward - BC03	24	22	111.7%	111.7%	103.2%	101.5%	100.0%	100.0%	20.3%	18.2%	2.1%	9.5	4↑	5↑	0→	2↑	0→
Clarendon Ward - CW01	22	19	98.9%	118.4%	100.0%	115.9%	100.0%	100.0%	19.8%	15.5%	4.2%	10.0	0↓	8↑	0→	1↑	0→
Dalglish Ward - MMDW	17	16	108.1%	144.6%	100.2%	142.6%	100.0%	100.0%	40.2%	29.4%	10.8%	11.6	2↑	2↑	0→	1→	0→
Rutland Ward - RURW	18	16	112.8%	114.6%	107.9%	130.0%	100.0%	100.0%	26.2%	17.8%	8.4%	9.2	2↑	5↑	0→	1↑	0→
Ward 1 - SL1	21	20	122.8%	106.4%	111.3%	106.0%	100.0%	100.0%	22.8%	16.7%	6.1%	11.7	2→	7↑	0→	0→	0→
Ward 3 - SL3	15	8	85.7%	93.0%	77.4%	87.0%	100.0%	100.0%	22.2%	17.1%	5.1%	12.7	0	1	0	0	0
Ellistown Ward - CVEL	19	18	100.0%	111.2%	106.5%	109.8%	100.0%	100.0%	22.3%	19.3%	3.0%	11.1	4↑	2↓	0→	0→	0→
Snibston Ward - CVSNI	20	19	100.1%	124.3%	104.8%	130.0%	100.0%	100.0%	30.1%	24.7%	5.5%	10.2	1→	0↓	0→	3↑	0→
Ward 4 - CVW4	15	14	109.3%	111.2%	101.5%	114.0%	100.0%	100.0%	22.8%	17.0%	5.7%	10.6	0→	2↓	0→	3→	0→
East Ward - HSEW	28	27	99.7%	82.3%	90.3%	105.7%	100.0%	100.0%	21.9%	17.9%	3.9%	9.8	1↓	4↑	0→	0↓	0→
North Ward - HSNW	19	18	109.3%	100.1%	104.8%	101.0%	100.0%	100.0%	14.1%	9.1%	5.0%	9.6	2→	3↑	0→	1↑	0→
Charnwood Ward - LBCW	18	18	102.2%	117.1%	100.0%	115.1%	100.0%	100.0%	25.3%	21.5%	3.8%	10.6	0↓	0↓	0→	0↓	0→
Grace Dieu - LBGR	6	6	67.3%	73.9%	61.3%	83.3%	100.0%	100.0%	56.1%	46.0%	10.1%	13.5	0↓	1→	0→	0↓	0→
Swithland Ward – LBSW	21	19	109.2%	111.0%	106.5%	103.2%	100.0%	100.0%	23.1%	21.2%	1.9%	10.2	3→	2→	0→	1→	0→



Welford (ED)	15	15	154.0%	141.9%	156.5%	283.8%	100.0%		50.7%	44.0%	6.8%	15.6	4↑	0↓	1↑		
CAMHS Beacon Ward - Inpatient Adolescent	17	3	145.6%	95.5%	104.8%	66.0%	100.0%		32.2%	21.1%	11.1%	47.5	0→	1→	1↑		
Agnes Unit	1	1	84.2%	58.6%	98.0%	71.3%			16.3%	5.7%	10.6%	73.8	1→	2↑	0→		
Gillivers	4	2	110.3%	70.6%	134.1%	118.4%			19.7%	19.7%	0.0%	26.4	1↑	0→	0→		
1 The Grange	1	1	-	89.5%	-	112.9%			9.7%	9.7%	0.0%	46.6	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:	Quality & Safety Committee	
	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:	18.2.2025	
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	

