



Quality & Safety Committee – 18 December 2024

Safe Staffing – October 2024

Purpose of the Report

This report provides a full overview of nursing safe staffing during the month of October 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 0.79% reported at 31.27% overall and Trust wide agency usage slightly increased this month by 0.21% to 6.38% overall. Directorate agency utilisation and reduction plans continue.
- In October 2024; 15 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 44.11% of our inpatient Wards and Units. An increase of 12.05 % compared to September 2024. Changes from last month include the opening of Grace Dieu to support the temporary closure of St Lukes Ward 3 for estates works until 9 December 2024.
- 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, safety, and experience review, including high temporary workforce utilisation and fill rate.

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
CHS In-patients	<p>High percentage of temporary workforce to meet planned staffing levels due to vacancies, increased patient acuity and dependency and patients requiring one to one enhanced care. Key areas to note are Dalgleish ward at 36.6%, and East ward at 33.7%. Grace Dieu opened on the 16 September 2024 with highest percentage of temporary workforce at 77.7% to support the temporary closure of St Lukes ward 3 until 9 December 2024.</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 no change in the number of falls incidents from thirty-six in September to October 2024. Ward areas to note with the highest number of falls are East ward, Clarendon, Dalgleish, Rutland and ward 1 St Lukes.</p> <p>The number of medication incidents has decreased from forty-one in September to twenty-eight in October 2024 due to increased focus on medications. Ward areas to note with the highest number of medication incidents are East, North, Beechwood and Dalgleish.</p> <p>The number of category 2 pressure ulcers developed in our care has decreased from eleven in September to ten in October 2024. Ward areas to note are ward 1 St Lukes, Grace Dieu and Swithland.</p> <p>No complaints received in October 2024.</p>	<p>Daily staffing reviews, staff movement to ensure substantive RN cover in each area, or regular bank and agency staff for continuity, e-rostering reviewed. Temporary workforce usage is improving due to an active recruitment drive taking place across the service line and improvements in all areas is noted. Ten wards are using 30% or less than, temporary workforce and two wards using less than 20% - ward 1 St Lukes and North ward.</p> <p>Of the 36 falls, 34 were first falls, 2 repeat falls. The number of unwitnessed falls has remained the same from 15 in September to 15 in October. The falls spread across all wards, areas to note include East ward having 8 falls, Clarendon having 4, Dalgleish, Rutland and St Lukes ward 1 all having three falls. 0 falls resulted in moderate harm, 14 low harm and 22 no harm. The weekly falls meeting continues across all wards/hospitals discussing themes and recognising improvements in care lead by the falls link Matron, with oversight of the Deputy Head of Nursing.</p> <p>28 Medication incidents were reported in October 2024. The three key themes are, medication unavailable, discrepancy in counting, omitted medications. The medication incidents are across 8 wards: Wards highlighted are East ward with 7 incidents, North with 6, Beechwood and Dalgleish with 4. Wards continue to use safety crosses to demonstrate safety, whilst carrying out senior conversations and reflections. Incident forms continue to be completed for all medications that are not given to our patients. (Omissions). A daily report is shared with all leads reflecting omissions, which is showing improvement, which are discussed with ward leads.</p> <p>10 category 2 pressure ulcers were reported across 7 wards. Areas to note are St Lukes ward 1, Grace Dieu and Swithland ward all having 2 pressure ulcers developed in care. This has been highlighted to matrons to increase focus on those wards. Seven 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, with a weekly meeting, now lead by the pressure ulcer link Matron. The Community Hospital tissue viability nurse continuing to increase education, whilst currently planning a link nurse training day. No Category 4 pressure sore were developed in LPT Care in October 2024.</p>	
DMH In-patients	<p>High percentage of temporary workforce to meet planned staffing. Key areas to note are Beaumont at 58.3%, Coleman at 46.4% and Griffin at 44.1% due to high acuity, patient complexity, increased therapeutic observations and additional staff to ensure privacy and dignity and sexual safety when a patient is admitted to a mixed sex area in an opposite sex zone.</p> <p>Increased fill rate HCA day and night shifts due to increased acuity and dependency, increasing number of patients admitted requiring therapeutic observations, safe support of seclusion area's as contingency space due to over population, patient escorts, increased RN sickness backfilled with additional HCAs and to support on boarding of new staff in supernumerary status.</p>	<p>Staffing is risk assessed daily through a staffing huddle across all DMH and MHSOP wards and staff moved to support safe staffing levels, skill mix, and patient needs, acuity and dependency. Active targeted recruitment is ongoing as per directorate workforce plan.</p> <p>MHSOP wards have achieved the fill rate across all wards. There is a higher proportion of bank and agency used particularly on Coleman and Gwendolen wards which is associated with the acuity of patients and need to increase therapeutic observations for mental health and physical healthcare.</p> <p>Falls Of the 51 falls incidents:</p> <p>10 occurred in Acute, Forensic and PICU services (AFPICU)</p> <p>6 occurred in AMH rehabilitation services.</p>	

	<p>A review of the NSI's has identified a decrease in the number of falls incidents from seventy-eight in September 2024 to fifty-one in October 2024.</p> <p>The number of medication incidents decreased from fourteen in September to eight in October 2024.</p> <p>One complaint received in October 2024.</p>	<p>35 occurred in MHSOP (including Mill Lodge which part of MHSOP organic pathway service)</p> <p>Analysis has shown that there were no moderate harms as a result of the falls that occurred in our care, there was a mixture of first and repeat falls, some slips and patients placing themselves on the floor all reported and managed in line with our falls policy.</p> <p><u>Medication errors</u></p> <p>8 medication incidents were reported: x 1 on Bosworth, Heather, Langley, Aston, Coleman and Gwendolen and x 2 on Watermead. There was no harm to any patients and staffing not identified as a contributory factor. All medication errors dealt with in line with the medication error policy.</p>	
FYPC.LDA in- patient	<p>High Percentage of temporary workforce, key areas to note - Beacon at 49.1% and Welford ED at 44.2% and Agnes at 39.2%. Reduced fill rate for HCAs on days at the Gillivers.</p> <p>A review of the NSIs has identified decrease in the number of falls from five in September to one in October 2024.</p> <p>The number of medication related incidents remained at one in September and October 2024.</p> <p>One Complaint received in October 2024.</p>	<p>Mitigation remains in place- potential risks being closely monitored. Review of NSIs has identified no correlation with staffing levels and impact to quality and safety of patient care/outcomes.</p> <p>The Beacon unit continues to rely on a high percentage of temporary workforce (block booking approach in place) to meet safe planned staffing levels and has a number of beds closed. The unit has an agreed bed opening plan reviewed monthly. Staffing levels were reviewed and adjusted based on occupancy and acuity level.</p> <p>Temporary workforce usage is improving on the Agnes unit and is currently within their equivalent commissioned beds, operating on 3 pods. Safe staffing is reviewed daily by the charge nurse and matron and staffing adjusted dependent on patient acuity and 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 individual patient's needs, presentation, and risk factors. As a result, this fluctuates the fill rate for HCA on days at the Gillivers. The Gillivers planned staffing includes 1 RN per shift and this was maintained in October 24.</p> <p>One fall was reported relating to a patient who sustained a fall at home, whilst on leave from Welford ED resulting in a minor injury.</p>	
CHS Community	<p>No change to Key areas to note - City West, City East, Hinckley, East North, East central, East South, due to high patient acuity, reduced leadership, staff are in the pipeline and absence. A matron is acting up in the city to support leadership and District Nurse (DN) recruitment focused on areas of pressure. Overall 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 including review of auto planner and on-going reprioritisation of patient assessments.</p> <p>Ongoing pressure ulcer and insulin improvement work continues.</p> <p>The Community Nursing SPA/triage transformation workstream continues and has progressed to the development and implementation of specific triage training, skills, and competencies.</p>	

		<p>Transition of the city wound care clinics has continued through the management of change process with patients being reviewed and transferred to the appropriate healthcare professional is nearing its completion.</p> <p>Recruitment is ongoing and progressing well with new starters being welcomed into hubs, clear induction plans and probation periods set, and training plans created to support staff to access mandatory and role specific training. Ongoing reviews of preferred agency workers, skill sets, access, and equipment. The Community Nursing Safer Staffing Tool (CNSST) remains paused as directed by NHSE.</p>	
DMH Community	<p>Key areas to note – City East, City Central and City West have now fully merged and a new team manager in post. The next stage of the CMHT mergers is progressing and service re-named as Neighbourhood Community Mental Health Teams. All CMHTs now have substantive team managers.</p> <p>Key areas to note - Charnwood, South & East Leicestershire, City East and Melton CMHTs due to significant band 6 vacancies and operational challenges. Staff movement from other CMHT teams within directorate to support and maintain patient safety. Urgent plan in place to deal with immediate situation and requires a longer-term plan.</p> <p>To note Forensic, Mental Health Facilitators and Mental Health Practitioners remain without pro-longed matron cover, impacting on the monitoring of quality and safety standards. Deputy Head of Nursing supporting Perinatal and Maternal Mental Health Services now and moving a matron from these teams into PIER and PAUSE.</p> <p>Long waiting lists for patient first assessments, highest in Melton and South Leicestershire.</p> <p>MHSOP key area to note - Unscheduled Care Team, have temporary workforce supporting long term sickness in the team and being supported by the CMHT's. Recruitment is underway. All patient care has been reviewed with appropriate mitigations and risk placed on risk register.</p>	<p>The CMHT leadership team review staffing daily and request additional staff via bank and agency, mitigation remains in place, including staff movement across the service, potential risks are closely monitored within the Directorate Quality and Safety meetings. Quality Improvement plan continues via the transformation programme. Case load reviews continue, introduction of alternative and skill mix of roles to support service need. Most teams continue with peer psychological supervision, team time out days and coordinated team support. Meetings in place to look at ways to address waiting lists and are monitored via the Patient Tracking List meetings. Task and finish groups established to discuss next team mergers to be completed in 2025. The Community Psychiatric Nurse's (CPN) have a separate waiting list process which all CMHTs work too, and Occupational Therapists have introduced similar process.</p>	
FYPC.LDA Community	<p>No change to key areas to note - LD Community Forensic team rag rated red. 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. City and County Healthy Together and School Nursing continue to be below safer staffing. Number of vacancies in</p>	<p>Mitigation remains in place with potential risks being closely monitored within Directorate. Safer Staffing plan initiated including teams operating in a service prioritisation basis. LD Forensic team risk being populated in EQIA to support prioritisation model, no adverse impact at this time as other areas of LD service offering additional input to cases and ensuring high risk patients continue to receive input. Cross covering within MHST and Healthy Together. Healthy Together adjusting delivery of their HCP contacts due to staffing levels. MHST not 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</p>	

	the HENS team, LD SLT, Audiology (team lead), LD Physiotherapy, Clinical Lead and Band 7 and retirements in Diana Team.	leaders within MHST overseeing multiple localities, consistent leadership across service line and vacancy control forms being submitted for additional admin support. LD Community have successfully recruited, and candidates continue through the onboarding process. Following successful business case (part allocated) for Neuro Developmental, there are a number of vacancies going out for advert & and rolling out of wave 11 - further funding for the expansion of MHST.	
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Measures to monitor the impact of staffing on quality.

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

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

Right Skills

Staff Group	Appraisal/Supervision		Core Mandatory Training			Clinical Mandatory	
	Appraisal	Clinical Supervision	12 out of 12 compliance subjects	Resuscitation Level1	Data Security Awareness IG	Basic Life Support (BLS)	Immediate Life Support (ILS)
All Substantive	94.5%	92.5%	green	96.0%	97.4%	92.0%	88.5%
Bank			green	85.3%	95.7%	90.1%	88.6%

- 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 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.

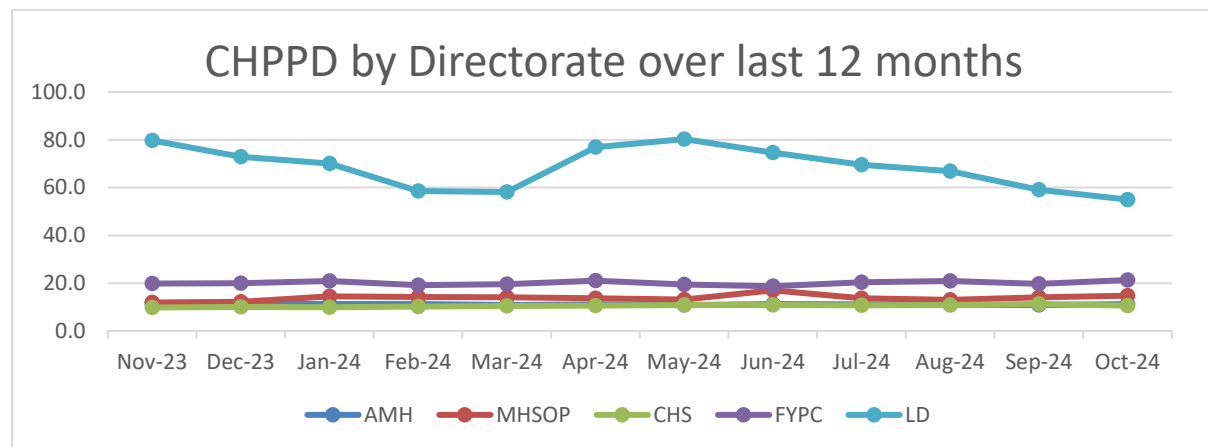
Right Place

Care Hours Per Patient Day (CHPPD)

- The total Trust CHPPD average (including ward based AHPs) is calculated by the Corporate Business Information Team at 12.4 CHPPD (national average 10.8) consistent with September 2024, ranging between 5.3 (Stewart House) and 76.4 (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 split (WTE)		RN vacancies (WTE)	RN Vacancies (%)	RN Sickness %	RN 12m Turnover rate %	% Temp staffing shifts filled by Bank	% Temp staffing shifts filled by Agency
CHS	10.6	Inpatient -	7.8	126.3	19.0%	6.0%	7.7%	35%	57%
		Community -	118.5						
DMH Inc MHSOP	11.2	Inpatient -	51.1	145.9	18.9%	7.2%	6.0%	45%	50%
	14.8	Community -	94.8						
FYPC LD	21.3	Inpatient -	21.4	129.9	21.2%	5.4%	6.9%	24%	74%
	55.0	Community -	108.5						
All clinical directorates combined	12.4	Inpatient -	80.3	402.1	19.6%	6.3%	6.8%	37%	57%
		Community -	321.7						

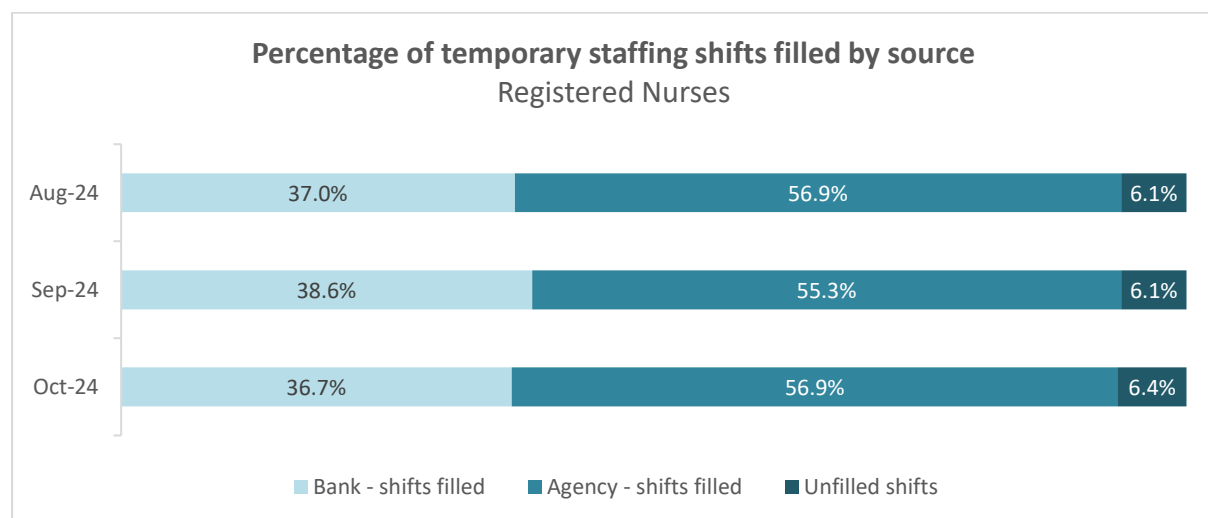
- The RN vacancy position is at 402.1 Whole Time Equivalent (WTE) with a 19.6% vacancy rate, a decrease of 1.4 % since September 2024. RN turnover for nurses is at 6.8%, (includes all reasons for leaving - voluntary leavers, retirements, dismissals etc). This is below the trusts target of 10%.

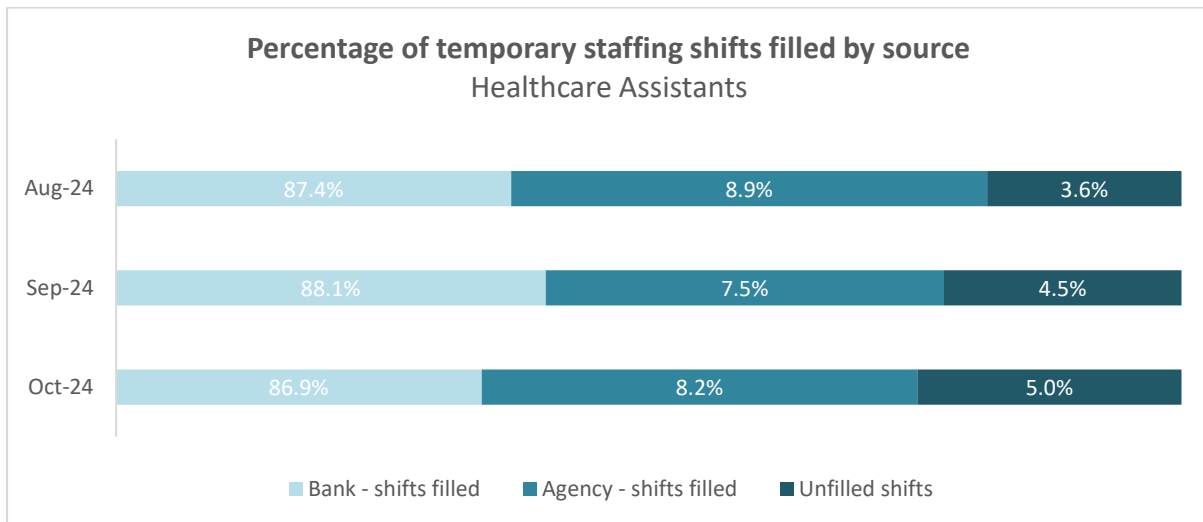
Table 5 – includes HCSW Vacancies, Sickness, Turnover Rate, and temporary workforce.

Directorate	HCA vacancies split (WTE)		HCA vacancies (WTE)	HCA Vacancies (%)	HCA Sickness %	HCA 12m Turnover rate %	% Temp staffing shifts filled by Bank	% Temp staffing shifts filled by Agency
CHS	Inpatient -	51.0	65.2	16.6%	7.3%	10.1%	79%	16%
	Community -	14.3						
DMH Inc MHSOP	Inpatient -	40.5	70.0	14.3%	8.0%	7.7%	93%	4%
	Community -	29.5						
FYPC LDA	Inpatient -	44.9	44.0	25.1%	4.9%	10.5%	86%	3%
	Community -	-0.9						
All clinical directorates combined	Inpatient -	136.4	179.2	16.9%	7.3%	9.0%	87%	8%
	Community -	42.9						

The HCSW vacancy position is at 179.2 WTE with an 16.9% vacancy rate, a decrease of 0.6% since September 2024. HCSW turnover rate is at 9.0%. which is below our internal target of no more than 10% turnover. As part of the monitoring of the Trust Wide Workforce, Recruitment and Agency Plan, turnover rates for our priority staff groups are reviewed every month. A HCSW Attraction & Retention Steering Group was established in February 2024. The retention plan includes high level actions for 2024/25 to improve retention of HCSWs in their first year of service and younger HCSW's.

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





Agency Reduction

In response to the NHSE directive for all NHS providers to cease all 'off framework' agency use by July 2024, Community Health Services (CHS) in-patients (who accounted for 5 % off-framework usage) and community nursing services (who accounted for 95%) implemented a vacancy and agency reduction plan to cease off framework agency utilisation by July 2024. All actions have been completed and as a result there has been no off-framework usage since May 2024. A deep dive into off-framework requests is undertaken and feedback through the monthly agency reduction meeting, to identify learning.

Recruitment Pipeline

Throughout October 2024 we continue to grow and develop our nursing workforce. A total of 18.7 WTE nursing staff (bands 5 to 8a) were appointed and 20.5 WTE Health Care Support workers.

Health and Well Being

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

The DAISY awards are a key retention action, to increase pride and recognition and were launched on 1 June 2023 to aide retention, reward, and meaningful recognition. We are also working as a system regarding legacy mentoring and are a member of the Legacy Mentoring - focus group to support development of regional resources and flexible pension options and support around menopause has been widely communicated across the Trust.

Proposal

Challenges/Risks

Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in September 2024 staffing challenges have improved with a significant decrease in our agency usage.

Whilst there has been no evidence through the in-patient monthly triangulated review of Nurse Sensitive Indicators and quality metrics that staffing numbers (right staff) is a contributory factor to patient harm, we do note some correlation of impact of staffing skill mix, competencies (right skills) and access to systems as contributory factors in some incident reviews.

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

The Interim Executive Director of Nursing, AHP' & Quality has commissioned a 6-month review of falls data, themes, and trends to understand opportunities for further learning and improvement. Please see annex 2 for copy of the LPT Falls Steering Committee Oct 2024 Quarterly highlight report.

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.

Annex 1 October 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.

October 2024				Fill Rate Analysis (National Return)						% Temporary Workers			Overall CHPPD						
				Actual Hours Worked divided by Planned Hours						(NURSING ONLY)									
				Nurse Day (Early & Late Shift)		Nurse Night		AHP Day											
Ward Group	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%							
DMH Bradgate	Ashby	14	13	102.2%	161.5%	101.0%	106.3%			32.8%	22.8%	9.9%	8.7	0↓	2↓	0→			
	Beaumont	22	21	92.3%	192.5%	102.0%	215.0%		100.0%	58.3%	48.4%	9.9%	10.6	0↓	1↑	0→			
	Belvoir Unit	6	6	134.9%	149.7%	117.3%	182.0%			38.9%	36.4%	2.4%	33.2	0→	0↓	0→			
	Bosworth	14	14	97.5%	188.5%	105.0%	131.2%			24.2%	20.6%	3.6%	9.1	1↓	2↑	0→			
	Heather	18	17	109.0%	138.0%	104.9%	109.9%		100.0%	32.6%	26.3%	6.3%	8.6	1→	4↓	0→			
	Thornton	13	12	123.1%	142.2%	113.0%	106.4%			26.0%	22.8%	3.2%	10.2	0→	0↓	0→			
	Watermead	21	19	121.3%	148.6%	108.6%	139.0%		100.0%	37.0%	26.2%	10.7%	9.1	2→	0↓	0→			
	Griffin - Herschel Prins	6	5	113.4%	115.4%	105.6%	134.6%		100.0%	44.1%	39.2%	5.0%	32.8	0→	1↑	0→			
DMH Other	Phoenix - Herschel Prins	12	10	103.7%	124.7%	101.2%	105.5%		100.0%	25.9%	21.7%	4.2%	13.9	0→	0↓	0→			
	Skye Wing - Stewart House	30	29	108.2%	140.5%	104.4%	104.6%			16.1%	15.0%	1.1%	5.3	0↓	5↑	0↓			
	Willows	9	9	91.5%	149.7%	101.8%	119.9%		100.0%	25.4%	24.3%	1.0%	12.0	0→	1↓	1↑			
	Mill Lodge	14	9	103.0%	113.0%	102.0%	133.9%			17.6%	15.4%	2.1%	18.5	0→	2↑	0→			
	Langley (MHSOP)	20	19	104.1%	148.8%	91.0%	167.6%	100.0%	100.0%	36.6%	34.7%	1.9%	11.5	1↑	10↑	0→			
	Aston (MHSOP)	17	11	95.9%	188.3%	102.9%	183.9%			35.8%	33.4%	2.4%	13.7	1↑	5↓	0↓			
	Coleman	19	16	81.1%	141.6%	101.0%	185.3%	100.0%	100.0%	46.4%	39.0%	7.4%	18.0	1↑	6↓	0→			
	Gwendolen	19	13	87.4%	122.9%	104.5%	118.0%		100.0%	27.3%	20.8%	6.5%	16.7	1↑	12↓	0→			
CHS City	Beechwood Ward - BC03	23	22	111.7%	114.1%	103.2%	104.8%	100.0%	100.0%	26.7%	21.7%	5.0%	9.5	4↓	1↓	0→	0→	0→	
	Clarendon Ward - CW01	22	20	99.9%	135.5%	100.0%	117.0%	100.0%	100.0%	22.9%	19.0%	4.0%	10.6	0↓	4↑	0→	0↓	0→	
CHS East	Dalgleish Ward - MMDW	17	16	119.1%	125.9%	100.5%	108.9%	100.0%	100.0%	36.6%	24.7%	11.9%	10.6	4↓	3↑	0→	1→	0→	
	Rutland Ward - RURW	18	17	103.0%	109.4%	101.6%	109.3%	100.0%	100.0%	20.6%	14.0%	6.6%	9.0	0↓	3↓	0↓	1↑	0→	
	Ward 1 - SL1	20	19	141.6%	114.5%	116.1%	106.4%	100.0%	100.0%	8.9%	4.4%	4.4%	13.3	0↓	3↓	0→	2↑	0→	

CHS West	Ellistown Ward 2 stroke unit CVEL	20	18	147.7%	118.4%	111.3%	131.0%	100.0%	100.0%	25.1%	19.7%	5.3%	11.8	2↓	6↓	0→	0↓	0→	
	Snibston Ward 1 Rehab CVSNI	20	18	74.7%	117.8%	106.4%	109.5%	100.0%	100.0%	28.2%	21.0%	7.2%	9.8	1→	3→	0→	0→	0→	
	Ward 4 - CVW4	15	14	103.2%	122.4%	98.4%	109.6%	100.0%	100.0%	23.6%	18.2%	5.5%	11.2	2↓	1↓	0→	1↑	0→	
	East Ward - HSEW	28	27	112.3%	109.8%	103.1%	118.6%	100.0%	100.0%	33.7%	25.9%	7.8%	11.0	7↓	8↑	0↓	0→	0→	
	North Ward - HSNW	19	18	109.1%	118.0%	100.0%	117.1%	100.0%	100.0%	18.9%	15.9%	3.0%	11.0	6↑	1→	0→	0↓	0→	
	Charnwood Ward - LBCW	18	17	106.7%	107.6%	102.8%	107.3%	100.0%	100.0%	26.2%	18.1%	8.1%	10.6	0↓	1→	0→	1↑	0→	
	Grace Dieu - LBGR	17	14	103.7%	125.0%	99.9%	140.3%	100.0%		77.7%	64.5%	13.2%	9.2	0↓	1→	0→	2↑	0→	
	Swithland Ward - LBSW	22	20	111.8%	114.3%	111.3%	116.5%	100.0%	100.0%	29.2%	24.9%	4.3%	10.4	2↓	1↓	0→	2↓	0→	
FYPC	Welford (ED)	15	13	112.1%	104.2%	153.9%	246.6%	100.0%		44.2%	35.7%	8.5%	14.5	1→	1↓	1↑			
	CAMHS Beacon Ward - Inpatient Adolescent	17	5	125.2%	127.9%	109.5%	96.2%	100.0%		49.1%	36.2%	12.9%	38.4	0→	0→	0→			
LD	Agnes Unit	1	1	101.6%	83.2%	132.1%	107.2%			39.2%	21.7%	17.5%	76.4	0→	0→	0→			
	Gillivers	3	2	121.2%	50.1%	138.1%	108.0%			17.0%	17.0%	0.0%	28.9	0→	0↓	0→			
	1 The Grange	3	2	-	83.0%	-	112.9%			10.7%	10.7%	0.0%	35.0	0→	0↓	0→			

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.				

Annexe 2 - LPT Falls Steering Committee October 2024 Quarterly Highlight Report



P- LPT Falls Steering
Group PSIG Highligh



Governance table

For Board and Board Committees: Paper sponsored by:	Quality and 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:	18.12.2024	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	None	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured:	None	
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Monthly Report	
LPT strategic alignment:	Great Health Outcomes	
	Great Care	
	Great Place to Work	
	Part of the Community	
CRR/BAF considerations:	List risk number and title of risk	1: Deliver Harm Free Care 4: Services unable to meet safe staffing requirements
Is the decision required consistent with LPT's risk appetite:	Yes	
False and misleading information (FOMI) considerations:	none	
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:	None	

