



Trust Board – 27 May 2025

Safe Staffing Monthly Report – March 2025

Purpose of the Report

This report provides a full overview of nursing safe staffing during the month of March 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 decreased this month by 0.32% reported at 28.7% overall and Trust wide agency usage decreased this month by 0.25 % to 3.89% overall.
- In March 2025; 7 inpatient wards/units utilised above 6% agency staff to meet safe staffing levels, this equates to 20.58% of our inpatient Wards and Units, no change compared to February 2025. Ward/unit changes from last month include Rutland, Welford (ED) and Beacon.
- 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%. Dalglish, Charnwood and St Lukes ward 1 using over 30% temporary workforce.	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 reopened on 16 December 2024 as a winter pressure ward and closed on 31 March 2025. Dalglish. Charnwood and St Lukes ward 1 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 (no change from February 2025) and four wards using less than 20% - North Ward, Rutland, Beechwood, and Clarendon Ward.	
	Fill rate: Fill rate above 110% of RN Day shifts on – Rutland, Dalglish, and North ward all other wards below. RN Night shifts on Rutland only. Fill rate above 110% of HCA day shifts - Clarendon, Charnwood, and Grace Dieu. Fill rate above 110% of HCA night shifts – Clarendon, Dalglish, Ward 1 (St Lukes) Ellistown, East ward, Charnwood, Grace Dieu and Swithland.	Fill rate: Fill rate above 110% due to increased acuity and dependency, increasing number of patients transferred from acute providers requiring enhanced observations, one to one supervision. From the 1 April 2025 and in addition to the trust process, additional support has been implemented to review any additional requirements for staffing.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>Nurse Sensitive Indicators</p> <p>A review of the NSIs has identified a decrease in the number of falls incidents from forty-four in February to thirty in March 2025. Ward areas to note with the highest number of falls are Rutland and Swithland.</p> <p>The number of medication incidents has increased from seventeen in February to twenty-six in March 2025. Ward area to note with the highest number of medication incidents is Snibston.</p> <p>The number of category 2 pressure ulcers developed or deteriorated in our care has decreased from 10 in February to 7 in March 2025.</p> <p>No Category 4 pressure ulcers have developed or deteriorated in LPT inpatient Care since March 2024.</p>	<p>Nurse Sensitive Indicators</p> <p><u>Falls</u> Of the 30 falls,17 were first falls, 13 repeat falls. The number of unwitnessed falls has decreased from 26 in February to 13 in March 2025. The falls spread across 10 wards, areas to note include Rutland reporting 6 falls and Swithland reporting 5 falls. Two falls resulted in moderate harm, there were 15 falls resulting in low harm and 13 falls resulting in no harm. The two moderate harms were investigated as per Trust process, as a result no further action was needed. The weekly falls meetings continue across all wards/hospitals, discussing themes and to recognise improvements in care lead by the falls link Matron, with oversight of the Deputy Head of Nursing. The team are currently planning a training day with patient safety for all falls link staff., The training will include learning and actions from local ward patient safety falls investigation reviews.</p> <p><u>Medication errors</u> 26 medication incidents reported in March 2025. The two key themes were medication unavailable and prescribing errors. The medication incidents are across 12 wards: The ward highlighted is Snibston reporting 5 incidents, and Coalville ward 4 reporting 4 incidents. Wards continue to use safety crosses to monitor and track medicines safety, add narrative to the safety crosses when there is an incident, whilst carrying out senior clinical conversations and reflections. Improvements are noted with a daily report, shared with all leads. Focused work on Controlled Drug medication continues and will be captured in a new CHS medication group due to commence in May 2025.</p> <p><u>Pressure Ulcers</u> 7 category 2 pressure ulcers were reported across 7 wards. Each of the 7 wards reported one category 2 pressure ulcer incident developed in care. Seven wards have had no pressure ulcers develop in care. CHS Pressure ulcer improvement work continues, the hospital tissue viability nurse continues to work and support ward staff through increased education and training, support on the wards. To note there have been no category 4 pressure ulcers developed in LPT in-patient care since March 2024.</p> <p>From February 2025, the repositioning quality account commitment continues rolling out new care round documentation and fluid balance charts. From the 7 April 2025 a repositioning visual clock trial is due to commence on two wards - Beechwood and North ward.</p> <p><u>Staffing Related Incidents</u> The number of staffing related incidents has decreased from 5 in February to 4 in March 2025. Staff related incidents were reported across 3 sites. Two relating to HCA shortages, another related to an Occupational Therapy (OT) shortage and one an Advanced Nurse Practitioner (ANP) shortage. The 4 incidents were reported as no harm.</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
DMH In-patients	Staffing: High percentage of temporary workforce to meet planned staffing. Key areas to note are Beaumont at 42.7%, Ashby, Heather, and Gwendolen all above 35%.	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, patient needs, acuity, and dependency. Temporary workforce to meet planned staffing has reduced significantly across the service. Active targeted recruitment is on-going as per directorate workforce plan. Beaumont, Ashby and Heather utilisation of temporary workforce were due to high patient acuity, increased 1 to 1 therapeutic observation, additional staff required to ensure privacy and dignity and sexual safety when a patient is admitted to a mixed sex area in an opposite sex zone (Beaumont), and patients requiring therapeutic observations following Electro-Convulsive Therapy (ECT). Increased use also to cover high levels of Registered Nurse sickness on Ashby and HCA sickness and maternity leave on Heather ward, requiring staff to meet planned staffing levels. Gwendolen ward temporary staff usage was due to high patient acuity, managing both mental and physical health needs and transfer of patients requiring therapeutic observation due to deteriorating physical health conditions to the acute hospital. There was 1 privacy and dignity reported incident for the in March 2025, which is a decrease compared to 3 in February 2025. The incident details 2 female patients being admitted to a zoned corridor for the opposite gender on a mixed ward. Both have separate sleeping accommodation and toilet and bathroom facilities; risks are mitigated by increased therapeutic observations of the areas and /or individuals.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>Fill rate: Fill rate RN Day shifts above 110% on Watermead and night shifts on Aston and Beaumont wards.</p> <p>Fill rate HCA day shifts above 110% on all wards except Phoenix, Willows and Mill Lodge and night shifts on all wards except Stewart House.</p>	<p>Fill rate: Fill rate was achieved across all Acute, Forensic, PICU and MHSOP wards. Belvoir unit remains closed for essential works until end of May 2025. Thornton ward closed and moved permanently to Aston ward on the 18 March 2025.</p> <p>Fill rate above 110% was due to increased patient acuity and dependency requiring therapeutic observations to manage mental and physical health needs, increasing number of patients admitted requiring therapeutic observations, patient escorts to acute services, additional staff to support therapeutic observations for patient transfers to and during acute hospital stays, long term patient requiring 2 to 1 continuous observation, increased therapeutic observations of patients admitted to a zoned corridor for the opposite gender on a mixed sex ward, patients requiring ECT, and additional staffing due to ward moves and increased RN and HCA sickness and maternity leave across a number of wards requiring additional backfill to meet planned staffing and in support of new starters.</p>	
	<p>Nurse Sensitive Indicators: A review of the NSI's has identified an increase in the number of falls incidents from fifty-eight in February to eighty-five in March 2025.</p>	<p>Nurse Sensitive Indicators: <u>Falls</u> Of the falls incidents:</p> <p>AFPICU - 25 occurred in Acute, Forensic and PICU services (AFPICU). Of these 25 falls incidents; 12 were first falls and 13 repeat falls. Most falls incidents occurring on Ashby (9), involving 5 patients and Beaumont Ward (8) involving 4 patients. The main location of falls occurred in the Bedroom (10), Corridor (4), Main Ward Area (4), Bathroom (2), GGR (2). The remaining (3) falls occurring in the Dining Room, Kitchen, and Seclusion Room.</p> <p>Moderate Harm Falls – No moderate harm falls reported in March 2025.</p> <p>Rehabilitation - 6 falls incidents reported in DMH rehabilitation services. There was 1 first falls, 4 repeat falls and 1 placed self on floor. The main location of falls occurred mostly in the public place (2), Other (2), Bedroom (1), Corridor (1). These were reported as 3 Low harm incidents and 3 no harm incidents for March 2025.</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>The number of medication incidents has increased from 10 in February to twelve in March 2025.</p>	<p>MHSOP - 54 falls incidents were reported in March MHSOP (including Mill Lodge as part of the MHSOP organic pathway). Of the 54 falls incidents; 18 first falls, 34 repeat falls and 2 placed selves on the floor. Most falls incidents occurring on Kirby (25), Gwendolen (13). Langley and Coleman had x 6 falls and 4 falls at Mill lodge. The falls occurred mostly in the Bedroom (29), Corridor (7), Main Ward Area (6), Toilet (6), Dining Room (3). The remaining (4) falls occurring in the Patient's Home, Nursing Office, and Entrance.</p> <ul style="list-style-type: none"> • 62% (34) falls reported occurred in the daytime between the hours of 7.00am – 7.00pm. • 38% (21) falls reported occurred in the evening between the hours of 8.00pm – 7.00am. <p>17 of these were unwitnessed falls. (Kirby 15/ Gwendolen 6/ Coleman 4 and Langley 1).</p> <p>There was one reported patient incident of moderate harm, for a patient on Kirby ward, the incident is being reviewed as per Trust Patient Safety process. All other falls were low or no harm.</p> <p>Analysis of the falls has shown that falls were due to a number of reasons including fall from; a chair, toilet/commode, trips over an object, falls whilst mobilising/standing, unwitnessed falls found by staff, patient self-reported falls, patients placing themselves on the floor, and falling from bed.</p> <p>All patients receive a falls risk assessment/multi-factorial falls risk assessment on admission. Falls huddles are 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 falls huddles to share, learn, and support safe care.</p> <p>Medication errors</p> <p>9 medication incidents were reported: 5 on Heather, 2 on Watermead and 1 on Beaumont and Griffin wards. Medication incidents were due to; accidental overdose by patient, an extra dose administered, wrong dose administered, wrong medication, wrong time, medication unavailable. Medication lost/misplaced and failure of staff to follow medication policy. Of the incidents, one was reported as low harm and 8 reported as no harm to patients. All errors were managed in line with the Trust medication policy.</p> <p>3 medication incidents were reported in MHSOP, 1 on Langley, Gwendolen and Mill Lodge. Medication incidents were due to 2 medication omissions without medical guidance and incorrect administration of an analgesic patch. Medication error process and reflections completed with staff. All incidents reported as low/no harm.</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
FYPC.LDA in-patient	Staffing: High Percentage of temporary workforce, key areas to note - Welford ED at 43.2% and Beacon at 41.2%.	Staffing: Mitigation remains in place, potential risks monitored. Welford ED temporary workforce usage due to increase in patient acuity, increased 1 to 1 therapeutic observations and patient complexity. Beacon unit continue with reliance on high temporary workforce usage with a block booking approach to meet safe planned staffing. Several beds remain closed, and the unit has an agreed bed opening plan reviewed monthly.	
	Fill Rate: Fill rate below 80% for RNs on days and nights at the Grange. Fill rate below 80% for HCAs on days at the Gillivers and on nights at the Grange. Fill rate above 110% for RN on days – Welford ED, Beacon, and Agnes and RN on nights - Welford ED, Agnes and the Gillivers. Fill rate above 110% for HCA on days at the Beacon and Agnes and on nights on Welford ED and Agnes unit.	Fill rate: Agnes unit continues operating on 2 pods. Safe staffing is reviewed daily by charge nurse and matron and staffing reduced accordingly due to reduction in acuity. Beacon unit staffing levels were reviewed and adjusted according to patient acuity and bed occupancy. Gillivers offer planned respite care and the staffing model is dependent on individual patient need, presentation, and associated risks. As a result, this fluctuates the fill rate for RNs and HCAs on days and nights at both Gillivers and the Grange. Welford ED has high patient acuity and a number of patients requiring additional staff to provide increased therapeutic observations and supervision at mealtimes.	
	Nurse Sensitive Indicators: A review of the NSIs has identified a decrease in the number of falls from three in February to two in March 2025. The number of medication related incidents decreased from seven in February to six in March 2025.	Nurse Sensitive Indicators: <u>Falls</u> There were 2 falls incidents reported at the Agnes unit. One of the incidents was miscoded as a fall and the other related to a patient who was on leave in the community. <u>Medication errors</u> 6 medication errors were reported, 4 on Welford ED and 2 at the Beacon unit. Medication errors were due to discrepancy with CD's, incorrect administration of a vitamin instead of prescribed tablet, incorrect dosage of medication administered, medication found in a patient's room and medication administered with a NG feed. No harm to the patients as a result of the medication errors.	
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. Proactive recruitment continues with new starter induction programs in place. Matron recruited to City East and seconded matron for Charnwood hub to start at the end of April, matron return from Mat Leave back to East Central. 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	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
		going use of preferred agency staff to support this with matrons regularly reviewing agency usage and stepping down when safe to do so.	
DMH Community	<p>The next stage of the CMHT transformation continues and teams re-named as Neighbourhood Community Mental Health Teams. All CMHTs now have substantive team managers.</p> <p>Key areas to note -, Northwest Leicestershire, South Leicestershire, and City West due to significant vacancies. Assertive Outreach have escalated staffing challenges within directorate, currently they have 5 senior nurse vacancies. Perinatal Mental Health service also experiencing significant senior nurse sickness impacting on service delivery. Long waiting lists for patient first assessments, highest in Melton and South Leicestershire.</p>	<p><u>CMHT</u> <u>Planned Care</u> 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 continue 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 2025/26. The Community Psychiatric Nurse's (CPN) continue with waiting list process which all CMHTs work too, and Occupational Therapists have introduced similar process. Perinatal have challenges in recruiting bank staff.</p> <p><u>Urgent Care</u> Urgent care continues with recruitment challenges within Crisis Resolution Home Team (CRHT) for registered clinicians. Increased demand into the service and backlog of routine referrals in MHCAP being supported by block booking of agency staff, with an improving picture and plan for all routine referrals going to the neighbourhood teams, reducing the need for agency booking. Positive recruitment into MHCAP and CJLD once inducted will reduce temporary workforce usage, once all staff are onboarded and signed off (local induction/competencies) Mental Health Liaison Service (MHLS) continue to recruit into older adults' team, currently supported by backfill with a clinical fellow. Safer staffing supported by use of limited bank staff/agency staff where indicated. Some agency staff have recently transferred to substantive posts in MHCAP.</p> <p><u>MHSOP Community</u> No change this month, temporary workforce being used across MHSOP community services to manage long term sickness, absence, and vacancies across community teams. Vacancies are being filled and awaiting recruitment checks to be completed.</p>	
FYPC.LDA Community	No changes to key areas to note - LD Community Forensic team and Access team rag rated red. Mental Health School Team (MHST) continues with staffing capacity challenges due to maternity leave, long term sickness and	Mitigation continues in place with potential risks being closely monitored within Directorate. Safer staffing plan initiated including teams operating in a service prioritisation basis.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>staff on educational programmes. Multiple areas within City and County Healthy Together and School Nursing continue to be below safer staffing numbers. Team member acting up short term into Audiology (team lead), and LD Physiotherapy Clinical Lead post out for recruitment.</p>	<p>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. Mitigation and plans in place for the Access team.</p> <p>MHST and Healthy Together are cross covering within their own services to support clinical cover. Healthy Together adjusting delivery of their HCP contacts due to staffing levels. Healthy Together Leicester City have 3 out of 6 areas working to a safer staffing model, Healthy Together County have 2 teams out of 8. Pilots in place for support being offered through the Healthy Together Helpline. Healthy Together continue to use Bank staff and moving resource from better staffed areas. Additionally Healthy Together use a skill mix approach and carry out capacity and demand work alongside continued recruitment into vacant posts. 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. MHST have also introduced a new working model which has supported increase in clinical activity reported. Clinical Team leaders (CTL's) within MHST overseeing multiple localities (2-3 localities per team lead) with recruitment of two more CTLs recently. Clinical Leads within MHST supporting allocation meetings and have oversight of waiting times.</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	94.1%	93.2%	green	94.2%	97.7%	94.3%	91.9%
Bank			green	82.8%	97.1%	86.7%	90.1%

- Compliance with face-to-face mandatory training is reported through the Training Education Development (TED) and People and Culture Committee.
- Compliance for bank staff is monitored through TED and Centralised Staffing Solutions (CSS), compliance has significantly improved, work is in progress to start adding rules to Health Roster that dictate what training bank staff need to be compliant with, to book a shift. Mitigations are in place to restrict temporary workers who are not in date with clinical mandatory training.

Right Place

Care Hours Per Patient Day (CHPPD)

CHPPD data gives ward and nurse leaders and Trust boards a picture of how staff are deployed and how productively. If there is wide variation between similar wards, we can investigate to make sure the right staff are being used in the right way in the right numbers.

What this tells us

CHPPD includes total staff time spent on direct patient care but also on activities such as preparing medicines, updating patient records, and sharing care information with other staff and departments. It covers both temporary and permanent care staff but excludes student nurses and staff working across more than one ward. CHPPD relates only to hospital wards where patients stay overnight.

By itself, CHPPD does not reflect the total amount of care provided on a ward nor does it directly show whether care is safe, effective, or responsive. It should therefore be considered alongside measures of quality and safety.

The total Trust CHPPD average (including ward based AHPs) is calculated by the Corporate Business Information Team at 11.4CHPPD (national average 10.8) for March 2025 consistent with February 2025, ranging between 5.8 (Stewart House) and 99.9 (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)

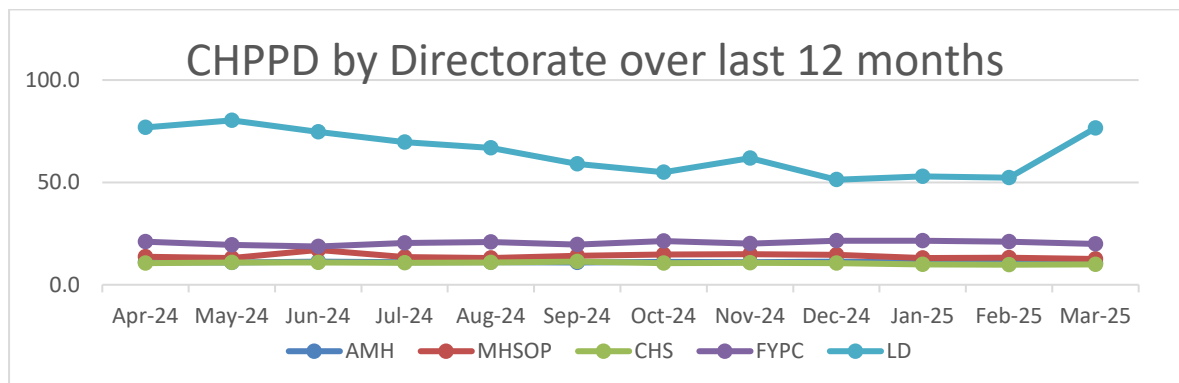


Table 4 – including CHPPD, RN Vacancies, Sickness, Turnover Rate, and temporary workforce.

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 -	11.0	104.2	15.7%	5.0%	6.0%	38%	55%	8.2
		Community -	93.2							
DMH Inc MHSOP	10.5	Inpatient -	38.4	126.6	16.4%	6.3%	5.0%	56%	39%	11.3
	12.6	Community -	88.1							
FYPC LDA	19.9	Inpatient -	14.3	92.6	15.7%	5.5%	5.8%	36%	61%	7.5
	76.5	Community -	78.4							
All clinical directorates combined	11.4	Inpatient -	69.0	323.4	15.9%	5.6%	5.6%	46%	48%	27.0
		Community -	267.8							

The RN vacancy position is at 323.4 Whole Time Equivalent (WTE) with a 15.9% vacancy rate, a decrease of 0.6 % since February 2025. RN turnover for nurses is at 5.6% which is below the trusts target of 10%. Throughout March 2025 we continue to grow and develop our nursing workforce. A total of 27.0WTE 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 -	42.4	58.2	14.8%	7.0%	9.0%	77%	18%	9.4
	Community -	15.8							
DMH Inc MHSOP	Inpatient -	15.8	57.9	11.7%	6.5%	6.3%	97%	1%	13.5
	Community -	42.1							
FYPC LD	Inpatient -	38.8	40.7	23.2%	6.7%	7.5%	77%	0%	3.7
	Community -	1.8							
All clinical directorates combined	Inpatient -	115.7	156.8	14.7%	6.7%	7.5%	86%	8%	26.7
	Community -	63.2							

The HCSW vacancy position is at 156.8 WTE with an 14.7 % vacancy rate, a decrease of 1.9% since February 2025. HCSW turnover rate is at 7,5%. which is below our internal target of no more than 10% turnover. Throughout March 2025 we continue to grow and develop our Health Care Support Worker workforce. A total of 26.7WTE were appointed.

Fill rate.

In NHS contexts, the "planned versus actual staffing fill rate" refers to the comparison between the number of staff planned to be working during a specific period and the actual number who are available and working. This calculation helps identify gaps in staffing, which can impact patient care, resource allocation, 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:

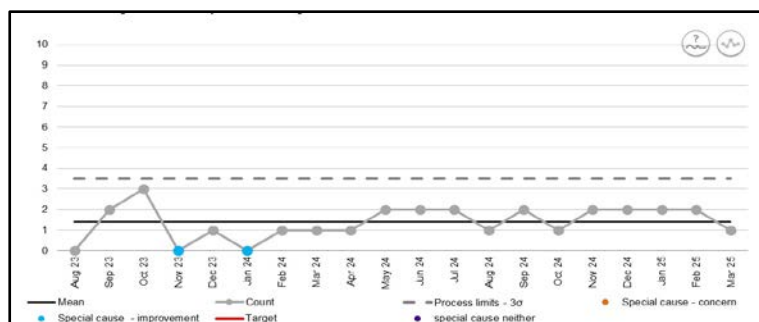
- Dynamic staffing changes due to increased patient acuity and dependency, requiring increased staff for specialising, therapeutic observation and/or escorting patients.
- Movement of registered staff across services to ensure the right skill mix and mix of substantive and temporary staff, with some RN shifts (where the planned staffing is 3) being backfilled with a HCSW.
- Ward closures for periods of time e.g., The Belvoir unit
- 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.

The deep dive to understand the exceptions/variation in fill rate and over utilisation with workforce system colleagues, clinical and professional leads, is now completed with current planned staffing aligned to health roster and budgeted establishments. Reporting of fill rate above 110% has been included in the monthly safe staffing report for the past 3 months and will continue to ensure we report on both reduced >80% and above 110% fill rates. Work has commenced with Quality Improvement colleagues to identify normal limits of variation with an update provided next month.

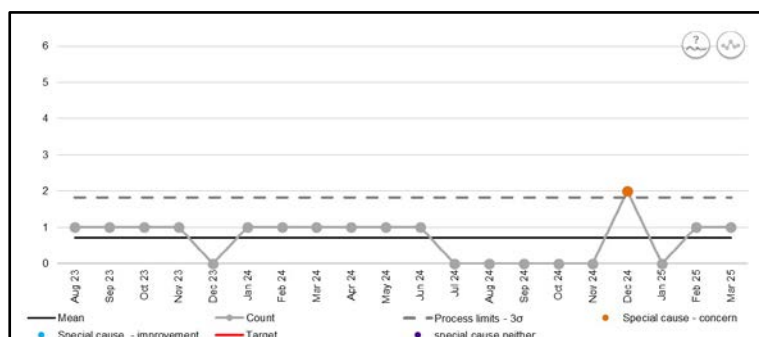
Please see charts 6 and 7 for RN Fill rate day and night shifts (as per Quality and Safety Metrics report).

Exception analysis is provided in the table on pages 2 to 9.

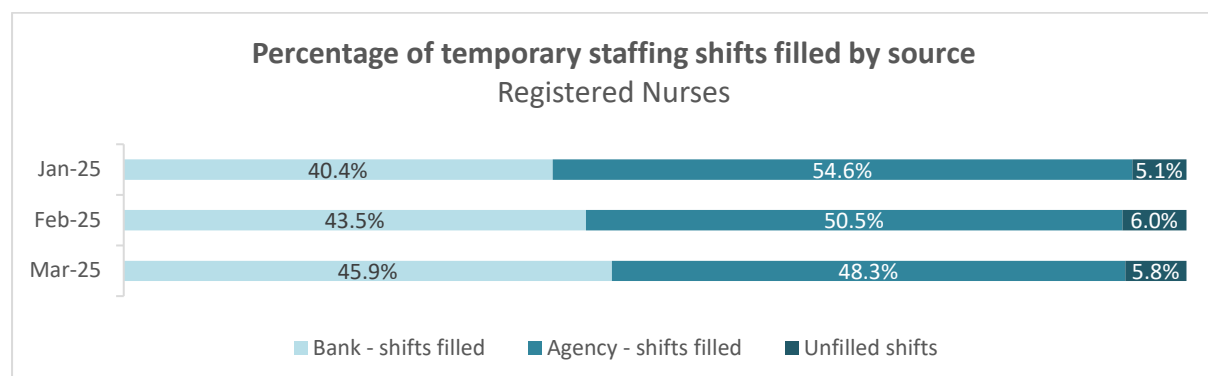
Number of wards not meeting >80% fill rate for RNs on Day shifts

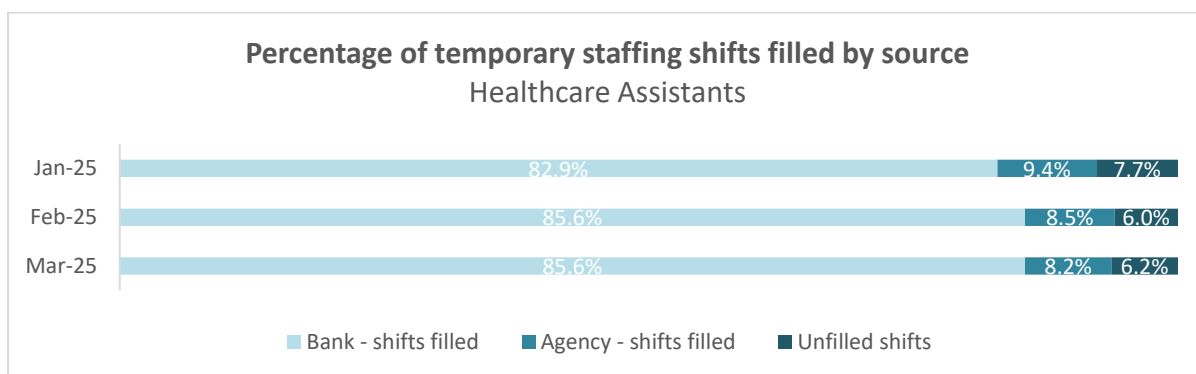


Number of wards not meeting >80% fill rate for RNs – Night shifts



Please see Table 8 and 9 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 March 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. Community Nursing Safer Staffing Tool (CNSST) II Relaunch report was presented to CHS DMT on the 27 February 2025 and the EMB on the 4 March 2025. An update is planned for EMB on 6 May 2025.

As part of the light (6 monthly) establishment review process, all inpatient wards commenced their acuity and dependency data collection (utilising evidence-based tools) for 30 days in April 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.

Annex 1 - March 2025 Scorecard			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)								
			Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registere d AHP	Average % fill rate non- registered AHP	Total	Bank	Agency						
Ward	Average no. of Beds on Ward	Average no. of Occupie d Beds	>=80%	>=80%	>=80%	>=80%	-	-	<20%	<20%	<=6%	(Nursing And AHP)	Medicati on Errors	Falls	Compl aints	PU Catego ry 2	PU Categor y 4
Ashby	14	14	96.5%	186.6%	103.2%	116.0%			39.6%	32.8 %	6.8%	8.9	0→	9↑	1↑		
Aston	11	7	95.0%	229.1%	118.5%	165.5%			22.1%	20.2 %	1.9%	10.7	0↓	1→	1→		
Beaumont	22	21	90.5%	184.4%	110.6%	166.2%		100.0%	42.7%	37.1 %	5.6%	9.0	1↑	8↑	0→		
Bosworth	14	14	86.5%	250.2%	104.7%	196.9%		100.0%	31.3%	29.2 %	2.2%	12.0	0→	2↑	1↑		
Heather	18	18	98.1%	139.8%	99.4%	137.1%			39.5%	34.3 %	5.3%	8.2	5↑	1↓	0→		
Watermead	20	20	110.1%	134.1%	103.2%	117.4%		100.0%	20.4%	16.2 %	4.2%	8.0	2→	3↓	0↓		
Griffin - Herschel Prins	6	5	99.6%	118.2%	93.6%	136.7%		100.0%	22.1%	21.2 %	0.9%	30.5	1→	1→	0→		
Phoenix - Herschel Prins	12	10	87.0%	94.5%	97.6%	114.8%		100.0%	26.6%	23.5 %	3.0%	13.2	0→	0→	0→		
Skye Wing - Stewart House	30	29	106.7%	116.3%	104.5%	107.9%			21.2%	19.7 %	1.5%	5.8	0→	2↑	0→		
Willows	9	8	97.2%	82.9%	101.7%	116.7%		100.0%	29.6%	29.4 %	0.2%	12.3	0→	4↑	0→		
Mill Lodge	14	10	99.8%	107.6%	100.8%	141.6%			33.2%	29.7 %	3.5%	17.5	1↑	4↑	0→		
Kirby	23	22	101.3%	178.8%	96.5%	177.5%	100.0%	100.0%	37.5%	36.4 %	1.1%	10.0	0↓	25↑	0→		
Langley (MHSOP)	20	15	107.6%	121.9%	104.5%	145.4%			33.0%	32.5 %	0.5%	8.8	0↓	6↓	1↑		
Coleman	19	18	92.1%	117.8%	104.5%	152.2%	100.0%	100.0%	31.7%	29.8 %	1.9%	14.8	1↑	6↓	0→		
Gwendolen	19	15	81.4%	142.5%	97.6%	176.6%		100.0%	39.2%	35.3 %	3.9%	17.3	1↓	13↑	0→		
Beechwood Ward - BC03	24	23	98.8%	109.4%	100.0%	107.1%	100.0%	100.0%	17.5%	17.1 %	0.5%	8.7	3↑	3↓	0→	0→	0→
Clarendon Ward - CW01	23	20	98.4%	118.4%	100.0%	117.9%	100.0%	100.0%	17.9%	16.7 %	1.1%	9.4	1↑	4↑	0→	0→	0→

Dalgleish Ward - MMDW	17	16	116.4%	107.7%	99.7%	130.8%	100.0%	100.0%	34.2%	25.6%	8.6%	10.3	2↑	0↓	0→	1↑	0→
Rutland Ward - RURW	18	17	118.9%	102.9%	115.7%	109.4%	100.0%	100.0%	15.9%	13.2%	2.7%	8.7	0→	6↓	0↓	0→	0→
Ward 1 - SL1	21	20	105.3%	100.0%	101.6%	110.5%	100.0%	100.0%	31.1%	21.3%	9.8%	11.2	2↑	2↓	0→	0→	0→
Ward 3 - SL3	14	14	103.0%	98.9%	100.0%	98.9%	100.0%	100.0%	28.0%	23.2%	4.9%	11.4	0↓	3↑	0→	0↓	0→
Ellistown Ward - CVEL	20	19	100.5%	104.2%	100.0%	122.8%	100.0%	100.0%	22.6%	18.9%	3.7%	10.2	2↑	1↑	0→	1→	0→
Snibston Ward - CVSN	20	18	100.1%	107.0%	100.0%	103.1%	100.0%	100.0%	23.4%	17.9%	5.6%	9.1	5↑	1↓	0→	1→	0→
Ward 4 - CVW4	14	14	100.0%	102.0%	100.0%	107.5%	100.0%	100.0%	24.2%	17.6%	6.6%	11.1	4↑	1↓	0→	1↑	0→
East Ward - HSEW	28	28	94.2%	82.8%	95.7%	110.2%	100.0%	100.0%	29.9%	22.2%	7.7%	9.6	2↑	4↑	0→	1↑	0→
North Ward - HSNW	19	19	110.8%	100.2%	100.0%	101.1%	100.0%	100.0%	11.1%	9.6%	1.4%	9.1	1↑	0↓	0→	1→	0→
Charnwood Ward - LBCW	18	17	99.2%	122.3%	101.6%	143.0%	100.0%	100.0%	32.8%	25.4%	7.3%	12.4	1↓	0↓	0→	1↑	0→
Grace Dieu - LBGR	14	12	108.1%	119.1%	85.5%	129.0%	100.0%		70.2%	59.5%	10.7%	10.4	2→	0↓	0→	0↓	0→
Swithland Ward - LBSW	22	20	98.9%	98.4%	100.0%	130.7%	100.0%	100.0%	25.0%	22.2%	2.8%	9.6	1→	5↑	0→	0↓	0→
Welford (ED)	15	14	129.8%	98.5%	153.3%	257.3%	100.0%	100.0%	43.2%	39.0%	4.2%	13.8	4→	0→	1→		
CAMHS Beacon Ward - Inpatient Adolescent	17	5	157.6%	135.0%	103.0%	105.9%	100.0%		41.2%	35.3%	6.0%	35.2	2↑	0↓	0→		
Agnes Unit	1	0	156.1%	183.3%	112.9%	123.7%			11.3%	9.7%	1.6%	99.9	0↓	2↑	0→		
Gillivers	4	1	99.5%	74.1%	143.1%	109.7%			17.9%	17.9%	0.0%	44.3	0→	0→	0→		
1 The Grange	1	1	72.1%	117.8%	38.6%	69.2%			8.0%	8.0%	0.0%	75.1	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 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:	16 May 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:	T - Technology	
	H – Healthy Communities	
	R - Responsive	
	I – Including Everyone	
	V – Valuing our People	
	E – Efficient & Effective	
CRR/BAF considerations (<i>list risk number and title of risk</i>):	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	