

Quality & Safety Committee – 17 June 2025

Safe Staffing Monthly Report – April 2025

Purpose of the Report

This report provides a full overview of nursing safe staffing during the month of April 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 5.22% reported at 23.48% overall and Trust wide agency usage decreased this month by 1.43% to 2.46% overall.
- In April 2025; 1 inpatient ward/unit utilised above 6% agency staff to meet safe staffing levels (Dalglish ward, Melton Mowbray Hospital), this equates to 3.03% of our inpatient Wards and Units, significant change compared to March 2025. Ward/unit changes from last month include Ashby, ward 1 St Lukes, ward 4 Coalville, East Ward, 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	Staffing High percentage of temporary workforce to meet planned staffing levels on Dalglish, Ward 1 St Lukes and East ward using over 25% 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. Temporary workforce usage over 25% was due to 2 RN on sick leave and 2 RN on Maternity leave on Dalglish and high HCA vacancies on both Ward 1 St Lukes and East ward. Ten wards are using less than 25% temporary workforce to meet planned staffing (improvement from March 2025) and four wards using less than 20% - Beechwood, Clarendon, Rutland and North ward. Grace Dieu closed on the 31 March 2025.	
	Fill rate: Fill rate above 110% of RN Day shifts on – Rutland and ward 3 St Luke’s all other wards below. Fill rate above 110% of HCA day shifts – Beechwood, Clarendon, Rutland, Ward 1 St Lukes, Ellistown and Charnwood. Fill rate above 110% of HCA night shifts – all wards except Dalglish, Ward 1, Ward 3 St Luke’s and Snibston.	Fill rate: The increased fill rate for HCA both on day and night shifts remains high, this is due to increased acuity and dependency. Patients are requiring enhanced observations, one to one supervision and additional beds that have been opened due to LLR wide system request. For wards using over 110% fill rate this is due to increased acuity and dependency, increased one to one supervision for patients and patient transfers from acute providers. From the 1 April 2025 and in addition to the trust process, additional support has been implemented to review any additional requirements for staffing.	
	Nurse Sensitive Indicators A review of the NSIs has identified an increase in the number of falls incidents from thirty in March to thirty-six in April 2025. Ward areas to note with the highest number of falls are Ward 1 St Luke’s, North and Swithland wards. The number of medication incidents has decreased from twenty-six in March to eighteen in April 2025. Ward area to note with the highest number of medication incidents is Dalglish, Snibston, Charnwood and Swithland.	Nurse Sensitive Indicators Falls Of the 36 falls,32 were first falls, 4 repeat falls the number of unwitnessed falls has increased from 13 in March to 16 in April2025. The falls were across 13 wards, areas to note include Ward 1 St Lukes 7 falls, North ward 6 falls, and Swithland Ward 4 falls. Of these, 22 falls resulting in low harm and 14 falls resulting in no harm. The weekly falls meeting continues across all wards/hospitals discussing themes and to recognise improvements in care lead by the falls link Matron, with oversight of the Deputy Head of Nursing. The team have another falls link training day planned to include themes recognised across all wards through ISMRS, with support from the patient safety team. Medication errors 18 medication incidents reported in April 2025.The main theme being medication prescribing errors. The medication incidents were across 8 wards: four areas having 3 incidents each; Dalglish, Snibston, Charnwood, and Swithland. Wards are continuing to use safety crosses to demonstrate safety, adding	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	The number of category 2 pressure ulcers developed or deteriorated in our care has increased from 7 in March to 12 in April 2025. Areas to note Swithland, Clarendon, Dalgleish, and Ward 3 St Lukes. No Category 4 pressure ulcers have developed or deteriorated in LPT inpatient Care since March 2024.	narrative on the safety crosses to explain the incidents, whilst carrying out senior conversations and reflections. Incident forms completed for all medications that are not given to our patients. (Omissions) and ongoing improvements noted. A daily report is shared with all leads reflecting omissions, which is showing improvement, and discussed with ward leads. Focused work on Controlled Drug medication continues and will be captured in a new CHS medication group due to commence in May 2025. <u>Pressure Ulcers</u> 12 pressure ulcer incidents were reported in April 2025 across 7 wards. Wards to note, Swithland (3), Clarendon (2), Dalgleish (2), and Ward 3 St Lukes (2). CHS Pressure ulcer improvement work continues, with the Deputy Head of Nursing continuing to monitor, and challenge appropriate care, the weekly meeting, led by the pressure ulcer link Matron continues linking into the trusts strategic pressure ulcer group. The Community Hospital tissue viability nurse continuing to increase education with approaching all ward leads for individual training plans. The repositioning quality commitment continues, rolling out new care round documentation and fluid balance charts. The Arian mattress trial has concluded, and results being reviewing for learning and next steps. A repositioning visual clock trail commenced on two wards in April 2025 with CHS commencing a new project to reduce moisture damage in care to our patients. The Deputy Head of Nursing continues all focus work with teams, reviewing all incidents individually, always focusing on patients' safety. <u>Staffing Related Incidents</u> The number of staffing related incidents has increased from 4 in March, to 7 in April across 4 sites due to staff shortages. Of the 7 incidents, 2 related to bank staff performance and ward leadership team are investigating, and one incident was due to staff sickness. The incidents were reported as no harm.	

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 Ashby at 36.04%. Beaumont, Bosworth, Mill Lodge, Kirby and Coleman wards all above 30%.	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. Ashby utilisation of temporary workforce were due to high patient acuity, increased 1 to 1 therapeutic observations and additional staff required for 1 to 1 hospital escorts. Additional staff were 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 to provide 2 to 1 continuous observation to a long- term patient on Bosworth ward. Mill lodge, kirby and Coleman wards temporary staff usage was high due to increased patient acuity and additional staff required to support therapeutic observations to manage both mental health and physical health acuity across the MHSOP wards and transferring of patients requiring therapeutic observation following deteriorating physical health conditions to acute hospital.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	Fill rate: Reduced fill rate for RN on days at Gwendolen. Fill rate RN Day shifts above 110% on Watermead, Stewart house and Langley and night shifts on Bosworth, Watermead and Phoenix wards. Reduced Fill rate HCSW days on the Willows Fill rate HCA day shifts above 110% on all wards except Phoenix and Mill Lodge and night shifts on all wards except Phoenix, Stewart House, and the Willows.	Fill rate: Fill rate was achieved across all Acute, Forensic, PICU and MHSOP wards except Gwendolen ward the Willows. Belvoir unit remains closed for essential works until end of May 2025. Gwendolen ward planned staffing reduced to 2 RN on the day shift due to reduced bed occupancy. Planned staffing for 8 days included 3 RN's, 19 days with 2 RN (plus additional Medicines Administration Technician or Assistant Practitioner) and 3 days with 2 RNs. No reported HCSW staff shortages on the day shift at the Willows in April 2025. Work in progress with workforce system support team. 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 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.	
	Nurse Sensitive Indicators: A review of the NSI's has identified a decrease in the number of falls incidents from eighty-five in March to sixty-one in April 2025.	Nurse Sensitive Indicators: <u>Falls</u> Of the falls incidents: AFPICU - 19 reported falls incidents occurred in Acute, Forensic and PICU services (AFPICU) in April 2025. Of these 19 falls incidents; 9 were first falls, 9 repeat falls and 1 placed self on floor. Most falls incidents occurring on Ashby (5), involving 4 patients. The main location of falls occurred in the Bedroom (7), Dining Room (4), Main Ward Area (2), Grounds/Gardens/Recreational A (2). The remaining (4) falls occurring in the Clinic, Entrance, Patient Lounge and Toilet. All falls in this period were reported a low or no harm. Rehabilitation – 2 falls incidents reported in DMH rehabilitation services. Of the 2 falls reported, 1 was a first fall and 1 a repeat fall. The main location of falls is: Other (Patient A, fell putting on leggings & Patient B was observed to fall whilst attempting to kick a football). These were reported as 2 low harm incidents and no moderate harm incidents for April 2025. MHSOP - 40 falls incidents were reported in April 2025 in MHSOP (including Mill Lodge as part of the MHSOP organic pathway). Of the 40 falls incidents; 10 were first falls, 29 repeat falls and 1 patient placed	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	The number of medication incidents has increased from twelve in March to sixteen in April 2025.	self on floor. The Main location of falls occurred within the Bedroom (21), Corridor (8), Toilet (4), Main Ward Area (2). The remaining (5) falls occurring in the Activity Room/ Bathroom/ Dining Room/ Patient Lounge and Grounds/Gardens/Recreational A. • 60% (24) falls reported occurred in the daytime between the hours of 7.00am – 7.00pm. • 40% (16) falls reported occurred in the evening between the hours of 8.00pm – 7.00am. • 18 of these were unwitnessed falls. (Coleman 7/ Gwendolen 6/ Kirby 5). No moderate harm Falls incidents were reported in April 2025. 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. <u>Medication errors</u> 11 medication incidents were reported: 3 on Watermead, 2 on Heather and 1 on Sycamore, Phoenix, Cedar, Bosworth, Beaumont and Aston wards. Medication incidents were due to; Discrepancy in counting medication, an incorrect prescription, medication administered to the wrong patient, wrong time, medication omitted, wrong date, ECD register and failure of staff to follow medication policy. Of the incidents, one was reported as low harm and 10 reported as no harm to patients. All errors were managed in line with the Trust medication policy. 5 medication incidents were reported in MHSOP, 2 on Gwendolen and Kirby and 1 on Mill Lodge. Medication incidents were due to ECD register issues, medication omitted, medication lost/misplaced, medication given, and prescription not signed. Medication error process and reflections completed with staff. All incidents reported as low/no harm.	
FYPC.LDA in-patient	Staffing: High Percentage of temporary workforce, key areas to note – Beacon at 50% and Welford ED at 31.6%.	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. Beacon unit closed and moved temporarily to Thornton ward on the 16 April 2025.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	Fill Rate: Fill rate below 80% for RNs on days at the Grange Fill rate below 80% for HCAs on nights at the Gillivers and at the Grange. Fill rate above 110% for RN on days – Welford ED, Beacon, Agnes and the Gillivers and RN on nights - Welford ED, Agnes and the Gillivers. Fill rate above 110% for HCA on days at the Beacon, Agnes, and the Grange and on nights on Beacon, Agnes, Welford ED the Gillivers.	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 an increase in the number of falls from two in March to 3 in April 2025. The number of medication related incidents decreased from six in March to 4 in April 2025.	Nurse Sensitive Indicators: <u>Falls</u> There were 3 falls incidents reported in April 2025, 1 at the Beacon and 2 on the Agnes unit. Of the fall's incidents, 1 fall was due to a patient kicking an item off the floor, another patient placed self on the floor and there was 1 un-witnessed fall. All falls in this period were reported as low or no harm. <u>Medication errors</u> 4 medication errors were reported, 1 at the Beacon unit, 2 on Agnes and 1 at the Grange. Medication errors were due to a lower dose of medication administered rather than prescribed dosage, no harm to the patient and is subject to an ISMR as per trust process, medication being administered at incorrect time, medication bag delivery being left in nursing office and a prescription error resulting in a missed dose. All medication errors in this period were reported as low or no harm.	
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 seconded matron for Charnwood hub to start at the end of April. District Nurse (DN) recruitment focused on areas of pressure. Overall community nursing Service OPEL has been level 2/3, working to level 2/3 actions.	Continued daily review of caseloads and of all non-essential activities per Level 2/3 OPEL actions including review of auto planner and on-going reprioritisation of patient assessments. Continued daily reprioritisation of managerial time to ensure essential visits are supported. Ongoing quality improvement work focusing on pressure ulcer and insulin continues and community nursing transformation programme underway. Recruitment and retention programme continues with new starters coming into the service and in the pipeline. New starters are being welcomed into hubs, clear induction plans, probation periods set, and training plans created to support staff to access mandatory and role specific training. Period of overlap between new starters and agency staff due to new staff gaining competences and confidence. On going use of preferred agency staff to support this with matrons regularly reviewing agency usage and stepping down when safe to do so.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
DMH Community	The next phase of the CMHT transformation continues and teams re-named as Neighbourhood Community Mental Health Teams. All CMHTs now have substantive team managers. Key areas to note - South Leicestershire, and City West due to significant 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. Forensic CMHT due to reduced medical provision and Northwest Leicestershire due to reduced administrative support.	<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. 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 suitable bank staff and continue to have 2 band 7s on long-term sick leave and one band 7 acting up into the team manager post. Assertive Outreach have recruited 2 band 6 RN's and continue to have vacancies. East Leicestershire have reduced band 6 RN due to sickness and retirement and escalated to Directorate Management Team meetings and Dynamic Risk Assessments (DRA) in place. <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 no longer being support with agency being discussed at community CRG. 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. Challenges in older adult MHLS, Safer staffing supported by use of limited bank staff/agency staff were indicated and MHP vacancy currently being used to fund a clinical fellow. <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 complete	
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 staff on educational programmes. Multiple areas within City and County Healthy Together and School Nursing continue to be below safer staffing numbers. LD Physiotherapy Clinical Lead post out for recruitment.	Mitigation continues 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, 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.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
		MHST continues to cross cover across localities and review of referral and allocation processes to support capacity. MHST have introduced a new working model with an increase in clinical activity reported. Clinical Team leaders (CTL's) within MHST overseeing multiple localities (2-3 localities per team lead) with further recruitment of two more CTLs. Clinical Leads within MHST supporting allocation meetings and oversight of waiting times. Recent challenge due to recruitment to Children's Wellbeing Practitioner roles (nationally driven), however the BABCP advised they cannot support with the Whole School and College Approach impacting on capacity of the wider team. Working through this with leads and system partners. Healthy Together utilise a safer staffing model reviewed monthly by service leads and CTLs. The safer staffing model is based on percentages of staff in work. Actions are then taken to mitigate any clinical impact dependant on the percentages. Healthy Together are cross covering within their own service to support clinical cover. Healthy Together adjust delivery of their HCP contacts due to staffing levels e.g., digital antenatal contact or changes to the KPI deadline. 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. Utilising an equity tool for delegating Safeguarding cases, to ensure these are shared equitably across the city.	

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	94.5%	92.4%	green	95.0%	97.0%	93.4%	90.3%
Bank			green	100 %	98.4%	84.4%	85.1%

- 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 11.7 CHPPD (national average 10.8) for April 2025 consistent with March 2025, ranging between 6.0 (Stewart House) and 83.1 (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)

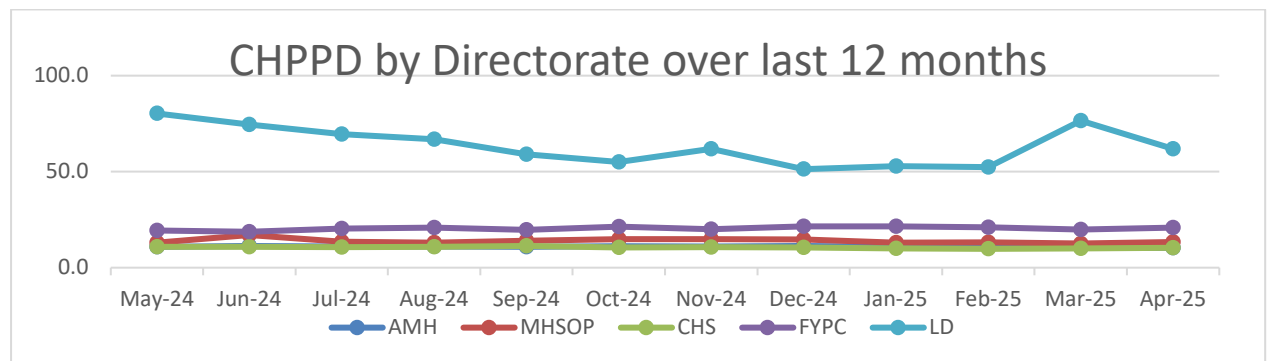


Table 4 – including CHPPD, RN Vacancies, Sickness, Turnover Rate, and temporary workforce.

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	10.3	Inpatient -	9.9	83.8	12.8%	4.8%	5.9%	40%	54%	7.4
		Community -	73.9							
DMH	10.3	Inpatient -	38.0	115.6	15.0%	6.2%	4.4%	54%	42%	6.4
Inc MHSOP	13.3	Community -	77.6							
FYPC	20.9	Inpatient -	15.2	75.6	12.9%	5.5%	6.3%	33%	66%	1.8
LDA	61.9	Community -	60.4							
All clinical directorates combined	11.7	Inpatient -	63.1	274.9	13.7%	5.5%	5.4%	44%	51%	15.6
		Community -	211.9							

The RN vacancy position is at 274.9 Whole Time Equivalent (WTE) with a 13.7% vacancy rate, a decrease of 2.2% since March 2025. RN turnover for nurses is at 5.4% which is below the trusts target of 10%. Throughout April 2025 we continue to grow and develop our nursing workforce. A total of 15.6 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 Turnover rate %	% Temp staffing shifts filled by Bank	% Temp staffing shifts filled by Agency	New starters in month (WTE)
CHS	Inpatient -	39.9	54.1	13.8%	8.2%	10.3%	85%	11%	6.3
	Community -	14.2							
DMH Inc MHSOP	Inpatient -	36.1	70.7	13.9%	6.9%	5.9%	98%	1%	5.0
	Community -	34.6							
FYPC LD	Inpatient -	32.7	34.7	20.0%	5.3%	8.0%	84%	1%	1.0
	Community -	2.0							
All clinical directorates combined	Inpatient -	108.6	159.5	14.9%	7.1%	7.8%	90%	5%	12.3
	Community -	50.8							

The HCSW vacancy position is at 159.5 WTE with an 14.9 % vacancy rate, an increase of 0.2% since March 2025. HCSW turnover rate is at 7.8 %. which is below our internal target of no more than 10% turnover. Throughout April 2025 we continue to grow and develop our Health Care Support Worker workforce. A total of 12.3 WTE 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:

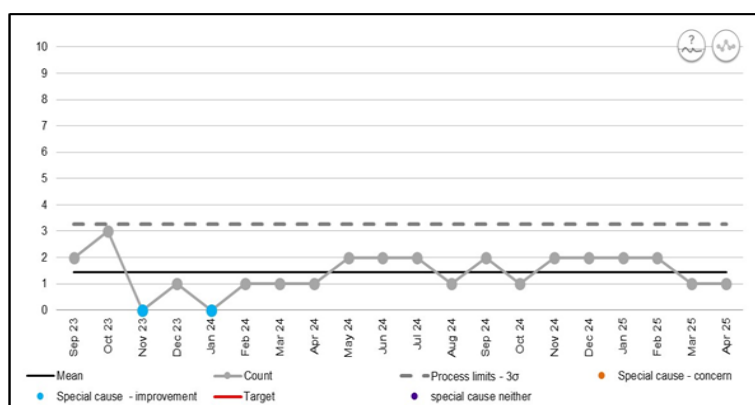
- Dynamic staffing changes due to increased patient acuity and dependency, requiring increased staff for specialising , therapeutic observation and/or escorting patients.
- Movement of registered staff across services to ensure the right skill mix and mix of substantive and temporary staff, with some 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 is progressing with Quality Improvement colleagues to set a base line of normal upper and lower limits of variation (based on average fill rate data from previous 12 months) with a plan to present as a statistical representation of the data next month.

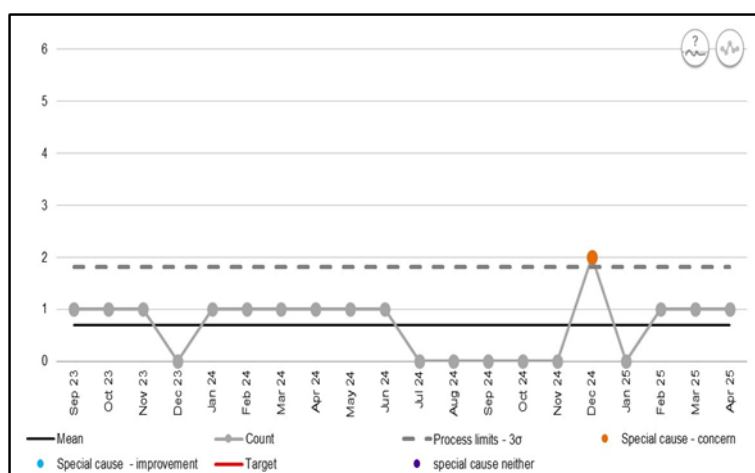
Please see charts 6 and 7 for RN Fill rate day and night shifts (as per Quality and Safety Metrics report).

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

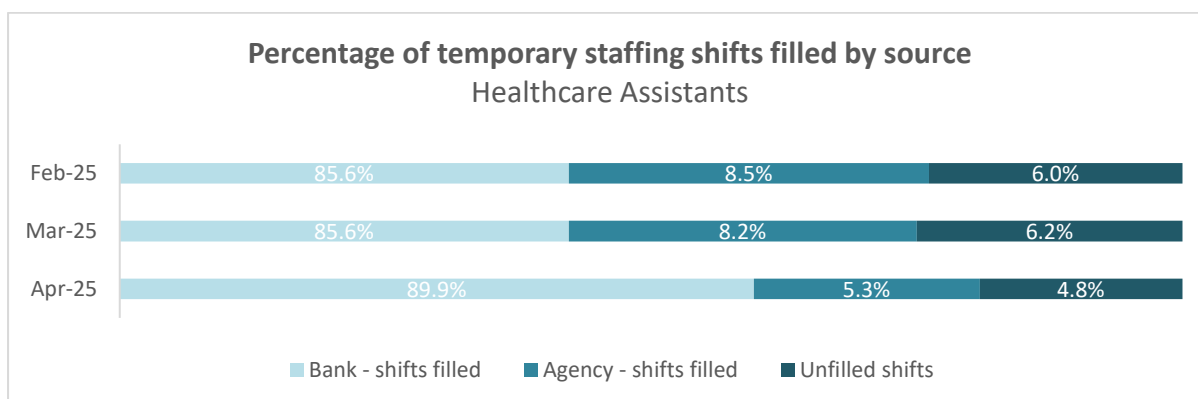
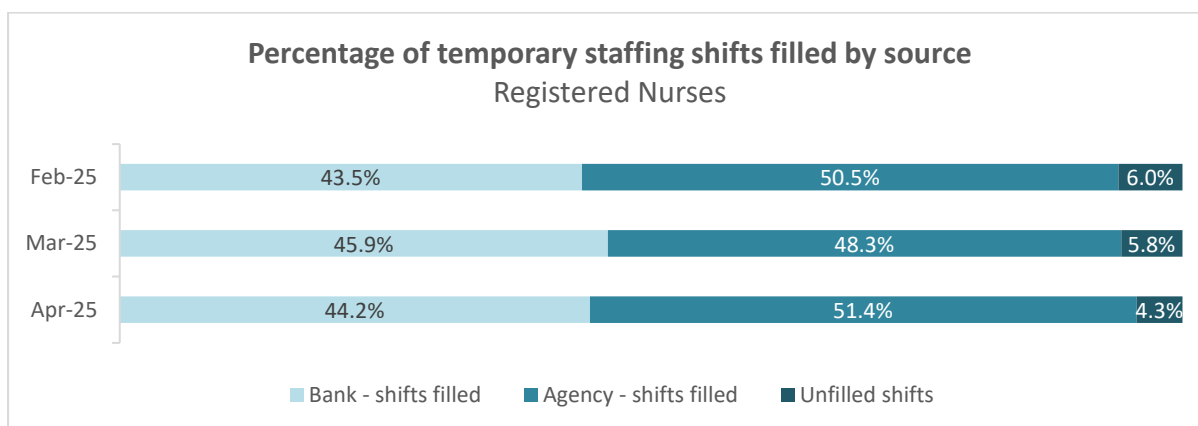
Number of wards not meeting >80% fill rate for RNs on Day shifts



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. Schwartz rounds also provide staff with an opportunity to engage in a reflective space to share stories, discuss emotional and social aspects of working in healthcare focused on staff well-being.

Proposal

Challenges/Risks

Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in April 2025 staffing challenges continue to improve with a significant decrease in agency usage and reduction in temporary workforce usage overall.

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 update is planned for EMB on 6 May 2025 recommending a pilot to commence in the Northwest Leicestershire hub in June 2025.

As part of the light (6 monthly) establishment review process, all inpatient wards completed their acuity and dependency data collection utilising evidence-based methodology and 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

Annexe 1 April 2025 Scorecard				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	Complain ts	PU Categ ory 2	PU Catego ry 4
				>=80%	>=80%	>=80%	>=80%	-	-	<20%	<20%	<=6%						
DMH Bradgate	Ashby	14	14	89.1%	198.3%	103.1%	154.5%			36.4%	33.7%	2.7%	9.4	0→	5↓	0↓		
	Aston	17	17	106.1%	185.7%	103.0%	127.2%			13.4%	11.8%	1.6%	7.7	1↑	0↓	0↓		
	Beaumont	22	21	85.8%	168.8%	104.8%	157.1%		100.0%	30.5%	28.9%	1.6%	8.6	1→	3↓	0→		
	Bosworth	14	14	93.9%	233.9%	111.7%	180.7%		100.0%	32.9%	31.6%	1.4%	12.2	1↑	1↓	0↓		
	Heather	18	18	87.9%	158.4%	99.9%	137.9%			29.2%	25.8%	3.4%	8.4	2↓	3↑	1↑		
	Watermead	20	19	117.1%	116.0%	111.7%	120.0%		100.0%	18.9%	15.1%	3.8%	8.3	3↑	3→	0→		
	Griffin - Herschel Prins	6	5	96.8%	117.7%	99.4%	111.1%		100.0%	18.0%	17.3%	0.7%	28.8	0↓	3↑	0→		
DMH Other	Phoenix - Herschel Prins	12	10	90.1%	99.5%	113.3%	105.7%			13.5%	13.3%	0.3%	13.7	1↑	1↑	0→		
	Skye Wing - Stewart House	29	29	113.3%	115.4%	104.5%	108.4%			17.5%	17.5%	0.0%	6.0	0→	1↓	0→		
	Willows	9	8	100.8%	76.8%	102.4%	106.8%		100.0%	12.7%	12.4%	0.2%	11.8	2↑	1↓	0→		
	Mill Lodge	14	9	96.1%	102.6%	104.5%	150.7%			31.3%	27.2%	4.1%	20.4	1→	0↓	0→		
	Kirby	23	22	99.7%	145.2%	93.0%	142.1%	100.0%	100.0%	30.6%	30.0%	0.6%	8.8	1↑	15↓	0→		
	Langley (MHSOP)	20	11	117.1%	119.0%	102.7%	112.3%			15.2%	15.0%	0.3%	11.9	0→	3↓	0↓		
	Coleman	19	16	93.4%	133.5%	104.5%	147.7%	100.0%	100.0%	32.1%	29.8%	2.3%	18.0	0↓	14↑	0→		
	Gwendolen	19	14	71.0%	124.4%	96.8%	150.6%		100.0%	28.0%	25.7%	2.3%	16.2	2↑	8↓	0→		
CHS City	Beechwood Ward - BC03	24	23	100.0%	116.3%	100.0%	114.2%	100.0%	100.0%	14.7%	14.0%	0.7%	9.3	2↓	1↓	0→	0→	0→
	Clarendon Ward - CW01	23	20	86.7%	120.9%	100.0%	121.8%	100.0%	100.0%	10.0%	9.7%	0.3%	9.6	0↓	3↓	0→	2↑	0→
CHS East	Dalglish Ward - MMDW	17	16	104.1%	106.6%	100.0%	99.7%	100.0%	100.0%	29.2%	22.4%	6.8%	9.0	3↑	2↑	0→	2↑	0→
	Rutland Ward - RURW	18	18	111.7%	112.0%	108.3%	124.3%	100.0%	100.0%	15.9%	12.4%	3.5%	8.9	0→	2↓	1↑	0→	0→
	Ward 1 - SL1	20	19	99.6%	119.9%	100.0%	104.9%	100.0%	100.0%	28.7%	24.8%	3.9%	11.6	0↓	7↑	0→	0→	0→
	Ward 3 - SL3	14	14	121.8%	108.0%	100.0%	100.0%	100.0%	100.0%	25.0%	22.0%	3.0%	11.6	1↑	3→	0→	2↑	0→
CHS West	Ellistown Ward - CVEL	19	18	100.1%	112.3%	100.0%	130.6%	100.0%	100.0%	21.7%	19.0%	2.7%	11.1	1↓	1→	0→	1→	0→
	Snibston Ward - CVSNI	20	18	101.0%	108.5%	99.7%	106.7%	100.0%	100.0%	21.0%	18.1%	2.9%	9.6	3↓	1→	0→	1→	0→
	Ward 4 - CVW4	15	15	100.0%	106.6%	100.0%	129.0%	100.0%	100.0%	20.3%	18.4%	1.9%	11.2	2↓	3↑	0→	0↓	0→
	East Ward - HSEW	28	26	98.2%	85.2%	88.9%	116.4%	100.0%	100.0%	26.9%	23.5%	3.4%	10.5	0↓	2↓	0→	0↓	0→
	North Ward - HSNW	19	18	107.8%	108.8%	100.0%	124.4%	100.0%	100.0%	18.2%	16.6%	1.6%	10.1	0↓	6↑	0→	1→	0→
	Charnwood Ward - LBCW	17	17	99.8%	113.1%	100.2%	124.3%	100.0%	100.0%	20.9%	19.0%	1.9%	11.9	3↑	1↑	0→	0↓	0→
	Swithland Ward - LBSW	21	19	100.0%	100.6%	100.1%	132.2%	100.0%	100.0%	21.3%	18.7%	2.6%	10.3	3↑	4↓	0→	3↑	0→
FYPC	Welford (ED)	15	13	144.0%	83.0%	153.5%	178.2%	100.0%	100.0%	31.6%	27.0%	4.6%	12.9	0↓	0→	0↓		

	CAMHS Beacon Ward - Inpatient Adolescent	17	6	156.4%	181.6%	108.0%	154.5%	100.0%	50.0%	44.3%	5.7%	37.4	1↓	1↑	0→		
LD	Agnes Unit	1	1	177.9%	242.2%	150.3%	171.7%		24.7%	19.5%	5.3%	83.1	2↑	2→	0→		
	Gillivers	4	2	113.9%	65.5%	137.9%	115.6%		8.6%	8.6%	0.0%	35.8	0→	0→	0→		
	1 The Grange	2	1	86.3%	116.6%	36.5%	73.0%		7.1%	7.1%	0.0%	45.6	1↑	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:	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	
	17.06.2025	
Date submitted: 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): If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured: 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	None	
	None	
	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	