



Trust Board – 29 July 2025

Safe Staffing Monthly Report – May 2025

Purpose of the Report

This report provides a full overview of nursing safe staffing during the month of May 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. (Scorecard, page 2&3).

Analysis of the issue

Right Staff

- Temporary worker utilisation rate decreased this month by 0.28% reported at 23.20% overall and Trust wide agency usage decreased this month by 1.08% to 1.38% overall.
- Registered Nurses
 - Vacancy position is at 271.2 Whole Time Equivalent (WTE) with a 13.5% vacancy rate, a decrease of 0.2% since April 2025.
 - Turnover for nurses is at 5.4% which is below the trusts target of 10%.
 - Sickness reported at 5.4%.
 - A total of 12.0 WTE nursing staff (bands 5 to 8a) were appointed in May.
- HCSW
 - Vacancy position is at 157.2 WTE with an 14.7% vacancy rate, decrease of 0.2% since April 2025.
 - Turnover rate is at 7.5 %. which is below our internal target of no more than 10% turnover.
 - Sickness reported at 6.5%.
 - A total of 11.5 WTE HCSW were appointed in May 2025.

Right Skills

Core mandatory training compliance is currently compliant (green) on average across the Trust. Basic Life Support and Immediate Life Support (clinical mandatory training) topics rated as compliant (green).

Across the Trust, on average Appraisal rates and Clinical Supervision remain consistent at green compliance.

Right Place

The total Trust CHPPD average (including ward based AHPs) is calculated by the Corporate Business Information Team at 11.9 CHPPD (national average 10.8) for May 2025 consistent with April 2025, ranging between 6.1 (Stewart House) and 73.3 (Agnes Unit).



May 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)								
Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered AHP	Average % fill rate non-registered AHP	Total	Bank	Agency	(Nursing And AHP)	Medication Errors	Falls	Complaints	PU Category 2	PU Category 4
			>=80%	>=80%	>=80%	>=80%	-	-	<20%	<20%	<=6%						
Ashby	14	13	90.1%	245.0%	106.5%	192.3%			35.8%	35.2%	0.7%	11.4	0→	3↓	0→		
Aston	17	17	121.7%	187.0%	106.3%	141.4%			13.9%	13.2%	0.7%	8.2	0↓	0→	0→		
Beaumont	22	21	88.5%	136.5%	105.1%	131.9%		100.0%	21.5%	20.0%	1.5%	8.0	2↑	3→	1↑		
Bosworth	14	14	87.4%	193.6%	99.5%	144.7%		100.0%	17.8%	17.5%	0.3%	10.3	1→	2↑	0→		
Heather	18	18	93.9%	183.1%	96.5%	158.3%			35.2%	33.4%	1.8%	9.3	1↓	5↑	1→		
Watermead	20	18	105.5%	145.5%	111.6%	136.4%		100.0%	24.1%	22.0%	2.1%	9.8	1↓	1↓	0→		
Griffin - Herschel Prins	6	5	102.7%	129.1%	101.0%	136.3%		100.0%	24.9%	24.5%	0.4%	35.3	0→	1↓	0→		
Phoenix - Herschel Prins	12	10	99.1%	91.6%	109.6%	104.5%			13.1%	13.1%	0.0%	13.4	0↓	2↑	0→		
Skye Wing - Stewart House	29	28	102.7%	109.8%	104.9%	119.9%			17.8%	17.8%	0.0%	6.1	0→	4↑	0→		
Willows	9	8	105.5%	115.7%	101.8%	112.2%		100.0%	12.4%	12.4%	0.0%	12.1	0↓	6↑	0→		
Mill Lodge	14	8	98.6%	101.9%	102.9%	136.1%			26.0%	20.8%	5.2%	21.2	3↑	2↑	0→		
Kirby	23	21	102.8%	166.9%	89.9%	175.7%	100.0%	100.0%	27.4%	27.4%	0.0%	10.2	0↓	14↓	0→		
Langley (MHSOP)	19	17	110.7%	206.5%	104.5%	155.0%			35.5%	35.3%	0.2%	10.8	2↑	8↑	1↑		
Coleman	19	18	95.3%	141.0%	104.6%	171.1%	100.0%	100.0%	32.0%	31.4%	0.7%	17.3	3↑	15↑	1↑		
Gwendolen	18	14	81.5%	132.4%	103.2%	147.5%		100.0%	28.3%	27.1%	1.1%	17.5	4↑	13↑	0→		
Beechwood Ward - BC03	24	23	99.6%	103.2%	100.1%	99.2%	100.0%	100.0%	11.3%	11.0%	0.3%	8.6	1↓	2↑	0→	0→	0→
Clarendon Ward - CW01	23	20	87.8%	106.8%	100.0%	100.0%	100.0%	100.0%	3.5%	3.5%	0.0%	9.1	0→	3→	0→	0↓	0→
Dalglish Ward - MMDW	17	16	101.0%	108.4%	100.1%	99.5%	100.0%	100.0%	25.9%	21.0%	4.9%	9.6	0↓	3↑	0→	3↑	0→
Rutland Ward - RURW	18	16	103.2%	113.0%	106.5%	143.5%	100.0%	100.0%	22.8%	20.8%	2.0%	9.7	1↑	3↑	0↓	1↑	0→
Ward 1 - SL1	21	18	98.9%	112.2%	100.0%	102.8%	100.0%	100.0%	23.5%	21.1%	2.4%	11.7	1↑	0↓	0→	0→	0→
Ward 3 - SL3	14	13	115.0%	109.7%	99.7%	101.0%	100.0%	100.0%	23.3%	21.8%	1.5%	11.6	0↓	2↓	0→	1↓	0→
Ellistown Ward - CVEL	18	17	97.4%	108.8%	100.0%	121.0%	100.0%	100.0%	17.3%	16.2%	1.1%	11.6	0↓	3↑	0→	1→	0→
Snibston Ward - CVSN	19	17	98.9%	110.8%	100.1%	101.9%	100.0%	100.0%	23.7%	21.2%	2.5%	10.3	6↑	3↑	0→	0↓	0→
Ward 4 - CVW4	15	14	97.8%	113.8%	100.0%	114.7%	100.0%	100.0%	12.4%	12.3%	0.2%	11.2	3↑	2↓	0→	1↑	0→
East Ward - HSEW	28	26	91.1%	98.8%	95.7%	98.0%	100.0%	100.0%	21.4%	20.4%	1.1%	9.4	1↑	3↑	0→	0→	0→
North Ward - HSNW	19	18	106.1%	110.5%	98.4%	130.0%	100.0%	100.0%	20.7%	20.7%	0.0%	10.0	0→	3↓	0→	2↑	0→
Charnwood Ward - LBCW	18	17	99.4%	110.7%	99.6%	120.4%	100.0%	100.0%	19.6%	18.1%	1.5%	10.8	2↓	4↑	0→	0→	0→
Swithland Ward - LBSW	21	19	101.4%	89.4%	100.0%	105.3%	100.0%	100.0%	13.7%	13.4%	0.3%	9.4	0↓	3↓	0→	0↓	0→
Welford (ED)	15	13	108.7%	128.8%	100.2%	101.3%	100.0%	100.0%	30.7%	29.6%	1.1%	12.3	1↑	1↑	1↑		
CAMHS Beacon Ward - Inpatient Adolescent	17	5	125.4%	188.8%	105.0%	129.1%	100.0%		50.1%	47.6%	2.5%	51.7	0↓	0↓	1↑		
Agnes Unit	1	1	163.2%	278.9%	148.5%	202.4%			26.5%	22.2%	4.3%	73.3	4↑	5↑	0→		
Gillivers	4	2	109.1%	62.2%	150.8%	92.5%			9.5%	9.5%	0.0%	29.6	2↑	0→	0→		
1 The Grange	2	1	84.3%	99.9%	35.3%	78.1%			9.0%	9.0%	0.0%	54.7	0↓	0→	0→		

Scorecard 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.				

The following table below identifies key areas to note from a safe staffing, quality, patient safety and experience review, including high temporary workforce utilisation and fill rate with actions and mitigations.



Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
CHS In-patients	Staffing High percentage of temporary workforce to meet planned staffing levels on Dalgleish at 25.9 % temporary workforce. This was due to 2 RNs on sick leave and 2 RNs on maternity leave.	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.	Amber
	Fill rate: Fill rate above 110% of RN Day shifts on – ward 3 St Luke’s all other wards below. Fill rate above 110% of HCA day shifts – Rutland, Ward 1 St Lukes, Snibston, Ward 4 Coalville, North and Charnwood wards. Fill rate above 110% of HCA night shifts – Rutland, Ellistown, Ward 4 Coalville, North and Charnwood	Fill rate: Increased RN fill rate on the day shift on Ward 3 ST Lukes due to additional RN from the Community nursing team (in addition to planned staffing). For wards using over 110% fill rate this is due to increased acuity and dependency, increased one to one supervision/demands from patient transfers from acute providers.	
	Nurse Sensitive Indicators A review of the NSIs has identified a decrease in the number of falls incidents from 36 in April to 34 in May 2025. Ward area to note with the highest number of falls is Charnwood. The number of medication incidents has decreased from 18 in April to 15 in May 2025. Ward area to note with the highest number of medication incidents is Snibston.	Nurse Sensitive Indicators Falls The falls occurred on 12 wards, an area to note is Charnwood with 4 falls. One fall resulted in a severe harm, which was investigated through the ISMR process. The weekly falls meeting continues across all wards/hospitals discussing themes and to recognise improvements in care. The team continue planning falls link training days including themes recognised across all wards through ISMRS, patient safety team will be assisting. Medication errors The main three themes: medication unavailable, incorrect dose and omitted medications. The medication incidents are across 6 wards: Snibston key area to note with 6 medication incidents. Wards continue to use safety crosses to demonstrate safety, whilst carrying out senior conversations and reflections. A daily report is shared with all leads reflecting omissions, which is showing improvement and discussed with ward leads. Focus work has also commenced on	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	The number of category 2 pressure ulcers developed or deteriorated in our care has decreased from 12 in April to 9 in May 2025. Areas to note are Dalglish, and North ward. No Category 4 pressure ulcers have developed or deteriorated in LPT inpatient care since March 2024.	Controlled medication and will be captured in a new CHS medication group due to commence in May 2025. <u>Pressure Ulcers</u> Pressure Ulcers category 2 developed in our care across 7 wards. Areas to note Dalglish (3), Hinckley North (2). CHS Pressure ulcer improvement work continues, Deputy Head of Nursing continues to monitor. Weekly meeting, led by the pressure ulcer link Matron continues linking to the trusts strategic pressure ulcer group. The Community Hospital tissue viability nurse continues to increase education together with ward leads for specific training plans. <u>Staffing Related Incidents</u> The number of staffing related incidents has decreased from 7 in April (across 4 sites) to 2 in May 2025 due to staff shortages, no harm was recognised or reported.	

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 35.8%, Langley 35.5%, Heather at 35% and Coleman at 32.0%. Gwendolen, Kirby and Mill Lodge all above 25%.	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. High utilisation of temporary workforce was due to patient acuity, increased 1 to 1 therapeutic observation, patient and hospital escorts. Short notice absence of substantive staff and bank cancellations requiring temporary workforce to meet planned staffing.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	Fill rate: Fill rate RN Day shifts above 110% on Aston and Langley and on Night shifts on Watermead. Fill rate HCA day shifts above 110% on all wards except Phoenix, Stewart House and Mill Lodge and night shifts on all wards except Phoenix.	Fill rate: Fill rate was achieved across all Acute, Forensic, PICU and MHSOP wards. Belvoir unit remains closed for essential works until 16 June 2025. Increased RN fill rate day shift on Aston due to (additional staff from the Belvoir unit) and Langley due to newly qualified RN on preceptorship. On night shifts on Watermead was due to sickness/absence. HCA Fill rate above 110% was due to increased patient acuity and dependency requiring therapeutic observations to manage mental and physical health needs, additional staff to support therapeutic observations for patient transfers to and during acute hospital stays, higher number of patients requiring 2 to 1 continuous observation and increased staff to maintain levels of observation when patients are admitted to a zoned corridor for the opposite gender on a mixed sex ward. Additional staffing due to maternity leave across a number of wards requiring additional backfill to meet planned safe staffing. High rates of violence and aggression incidents requiring high levels of interventions with subsequent increase in patient observations.	
	Nurse Sensitive Indicators: A review of the NSI's has identified an increase in the number of falls incidents from 61 in April to 79 in May 2025.	Nurse Sensitive Indicators: Falls - Of the fall's incidents: AFPICU – 17 reported falls incidents occurred in Acute, Forensic and PICU services (AFPICU) in May 2025. Most falls incidents occurring on Heather ward (5), involving 2 patients. Falls in this period were reported as no moderate harm.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	The number of medication incidents has increased from 16 in April to 17 in May 2025. 4 complaints were received in May 2025.	Rehabilitation – 10 falls incidents reported in DMH rehabilitation services. Willows (6) and Stewart House (4). 1 moderate harm fall incident reported for the month. MHSOP – 52 falls incidents were reported in May 2025. Highest falls on Coleman (15) Kirby (14) and Gwendolen (13). It is noted a high number of patients placing themselves on the floor as well as sliding onto the floor (as opposed to falls). One moderate harm fall occurred on Kirby Ward when the patient was on leave in home environment and fractured hip, so not subject to ISMR. 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> 5 medication incidents were reported for AMH. Medication incidents were due to; accidental overdose by patient, wrong dose, ECD register and failure of staff to follow medication policy. 12 medication incidents were reported in MHSOP, 4 on Gwendolen, 3 on Mill Lodge and Coleman and 2 on Langley. High risk medication omissions now being reported an increase in CD medication errors and recording. .	
FYPC. LDA in- patient	Staffing: High Percentage of temporary workforce, key areas to note – Beacon at 50.1% and Welford ED at 30.7%.	Staffing: Mitigation remains in place, potential risks monitored. Beacon unit continue with reliance on high temporary workforce usage with a block booking approach to meet safe planned staffing following temporary move to Thornton ward and acuity levels. Several beds	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
		remain closed, and the unit has an agreed bed opening plan reviewed monthly. Welford ED temporary workforce usage due to increase in patient acuity, increased 1 to 1 therapeutic observations and patient complexity staffing levels reviewed and adjusted accordingly.	
	Fill Rate: Fill rate below 80% for RNs on nights 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 – Beacon and Agnes and RN on nights - Agnes and the Gillivers. Fill rate above 110% for HCA on days at the Beacon, Agnes, and the Welford ED and on nights on Beacon and Agnes	Fill rate: 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. Agnes unit continues operating on 3 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 and temporary move to Thornton ward. Welford ED has high 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 3 in April to 6 in May 2025. The number of medication related incidents increased from 4 in April to 7 in May 2025.	Nurse Sensitive Indicators: <u>Falls</u> There were 6 falls incidents reported in May 2025, 5 falls on the Agnes unit mainly due to a patient placing themselves on the floor. There was 1 fall on Welford ED. All falls were reported as low or no harm to the patients. <u>Medication errors</u> 7 medication errors were reported, 4 on Agnes unit, 2 at the Gillivers and 1 on Welford ED. Medication errors were due to incorrect storage, incorrect mixing of antibiotic liquid, dispensed medication expired, medication found. There was no harm to any patients.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
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. 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 including review of auto planner and on-going reprioritisation of patient assessments. Ongoing quality improvement work focusing on pressure ulcer and insulin continues and community nursing transformation programme underway.	
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 – Northwest Leicestershire CMHT, Assertive Outreach and Perinatal Mental Health service also experiencing significant senior nurse sickness. Recruitment challenges within Crisis Resolution Home Team (CRHT) for registered clinicians and older adults MHLS.	<u>CMHT 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. Teams continue with peer psychological supervision, team time out days and coordinated team support. <u>Urgent Care</u> Recruitment into MHCAP and CJLD once inducted will reduce temporary workforce usage, once all staff are onboarded and signed off. Mental Health Liaison Service (MHLS) continue to recruit into older adults' team, currently supported by backfill with a clinical fellow. Safe staffing supported by use of limited bank staff/agency staff were indicated. <u>MHSOP Community</u> No change this month, temporary workforce being used across MHSOP community services to manage long term sickness,	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
		absence, and vacancies across community teams. Vacancies are being filled and awaiting recruitment checks to be complete	
FYPC. LDA Comm unity	Improved position with LD Community Forensic team and Access team sickness reduced. 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. 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	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 improving position prioritisation model continues, 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. MHST continues to cover across localities and review of referral and allocation processes to support capacity. Introduction of a new working model with an increase in clinical activity reported. 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.	

Challenges/Risks

Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in May 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) as contributory factors in some incident reviews.

Community Nursing Safer Staffing Tool (CNSST) II Relaunch report update was agreed at EMB on 6 May 2025. CNSST II 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	

Proposal

The board is asked to confirm a level of assurance that processes are in place to monitor.



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:	17.07.2025												
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:	<table> <tr> <td>T - Technology</td><td></td></tr> <tr> <td>H – Healthy Communities</td><td></td></tr> <tr> <td>R - Responsive</td><td></td></tr> <tr> <td>I – Including Everyone</td><td></td></tr> <tr> <td>V – Valuing our People</td><td></td></tr> <tr> <td>E – Efficient & Effective</td><td>x</td></tr> </table>	T - Technology		H – Healthy Communities		R - Responsive		I – Including Everyone		V – Valuing our People		E – Efficient & Effective	x
T - Technology													
H – Healthy Communities													
R - Responsive													
I – Including Everyone													
V – Valuing our People													
E – Efficient & Effective	x												
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												



