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Leicestershire Partnership NHS Trust

Quality & Safety Committee – 19 August 2025

Safe Staffing Monthly Report – June 2025

Purpose of the Report

This report provides a full overview of nursing safe staffing during the month of June 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 increased this month by 1.43% reported at 24.63% overall and Trust wide agency usage increased this month by 0.18% to 1.56% overall.
- Registered Nurses
  - Vacancy position is at 278.3 Whole Time Equivalent (WTE) with a 13.8% vacancy rate, an increase of 0.3% since May 2025.
  - Turnover for nurses is at 5.8% which is below the trusts internal target of no more than 10%.
  - Sickness reported at 6.0%. an increase of 0.6% since May 2025.
  - A total of 11.9 WTE nursing staff (bands 5 to 8a) were appointed in June 2025.
- HCSW
  - Vacancy position is at 154.1 WTE with an 14.4% vacancy rate, decrease of 0.3% since May 2025.
  - Turnover rate is at 6.8 %. which is below our internal target of no more than 10% turnover.
  - Sickness reported at 7.6% an increase of 1.1% since May 2025
  - A total of 9.0 WTE HCSW were appointed in June 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 12.1CHPPD (national average 10.8) for June 2025 consistent with May 2025.

June 2025 scorecard is presented below.

June 2025

Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Fill Rate Analysis (National Return) — Actual Hours Worked divided by Planned Hours: Nurse Day (Early & Late Shift) — Average % fill rate registered nurses	Nurse Day — Average % fill rate care staff	Nurse Night — Average % fill rate registered nurses	Nurse Night — Average % fill rate care staff	AHP Day — Average % fill rate registered AHP	AHP Day — Average % fill rate non-registered AHP	% Temporary Workers (NURSING ONLY) — Total	Bank	Agency	Overall CHPPD (Nursing And AHP)	Medication Errors	Falls	Complaints	PU Category 2	PU Category 4
				>=80%	>=80%	>=80%	>=80%	-	-	<20%	<20%	<=6%						
DMH Bradgate	Ashby	14	13	98.1%	167.6%	104.5%	136.1%		100.0%	33.4%	30.3%	3.2%	9.3	2↑	5↑	0→		
	Aston	17	16	114.8%	151.6%	106.6%	121.6%			9.8%	8.9%	0.8%	7.5	2↑	1↑	0→		
	Beaumont	22	21	97.9%	144.0%	103.6%	106.3%		100.0%	28.4%	24.8%	3.7%	7.4	0↓	0↓	0↓		
	Belvoir Unit	4	3	72.7%	72.3%	56.7%	72.0%			27.4%	25.6%	1.8%	28.8	0	1	0		
	Bosworth	14	14	93.0%	230.1%	105.6%	209.2%		100.0%	34.5%	33.6%	0.9%	12.0	0↓	2→	0→		
	Heather	18	17	107.1%	190.9%	95.3%	179.9%		100.0%	34.2%	31.9%	2.3%	10.8	1→	6↑	0↓		
	Watermead	20	19	115.9%	128.0%	106.1%	126.0%		100.0%	29.1%	24.2%	4.9%	8.7	1→	1→	1↑		
	Griffin - Herschel Prins	6	5	103.0%	116.9%	104.6%	116.3%		100.0%	21.7%	21.4%	0.2%	30.9	0→	1→	0→		
DMH Other	Phoenix - Herschel Prins	12	11	99.4%	86.6%	106.3%	103.4%			15.3%	15.3%	0.0%	12.0	0→	0↓	0→		
	Skye Wing - Stewart House	29	25	114.8%	104.9%	104.6%	122.5%			14.1%	14.1%	0.0%	6.7	0→	2↓	0→		
	Willows	9	8	104.4%	124.1%	103.4%	105.7%		100.0%	8.2%	8.2%	0.0%	12.7	1↑	2↓	0→		
	Mill Lodge	14	8	101.5%	97.6%	103.3%	148.6%			37.0%	31.2%	5.8%	21.4	0↓	1↓	0→		
	Kirby	23	21	102.9%	189.6%	97.0%	203.1%	100.0%	100.0%	38.4%	38.4%	0.0%	11.4	0→	9↓	1↑		
	Langley (MHSOP)	20	16	113.9%	165.6%	109.6%	135.9%			27.8%	27.4%	0.4%	9.9	2→	12↑	0↓		
	Coleman	19	16	103.2%	126.7%	104.9%	194.4%	100.0%	100.0%	32.4%	31.3%	1.2%	20.6	2↓	10↓	0↓		
	Gwendolen	19	18	97.7%	156.9%	119.6%	188.8%		100.0%	40.7%	36.7%	4.0%	15.7	2↓	16↑	0→		
CHS City	Beechwood Ward - BC03	24	23	98.8%	100.0%	100.3%	100.1%	100.0%	100.0%	9.2%	9.0%	0.2%	8.9	0↓	3↑	0→	0→	0→
	Clarendon Ward - CW01	22	19	87.6%	102.8%	98.3%	100.0%	100.0%	100.0%	4.2%	3.8%	0.4%	9.4	3↑	6↑	0→	2↑	0→
CHS East	Dalgleish Ward - MMDW	17	16	109.9%	123.7%	100.0%	125.2%	100.0%	100.0%	35.4%	33.1%	2.3%	10.6	0→	3→	0→	1↓	0→
	Rutland Ward - RURW	18	17	121.9%	129.4%	106.5%	151.6%	100.0%	100.0%	25.4%	22.7%	2.7%	9.5	1→	0↓	0→	1→	0→
	Ward 1 - SL1	21	19	94.8%	104.9%	100.0%	100.0%	100.0%	100.0%	23.7%	23.4%	0.3%	11.2	2↑	3↑	0→	0→	0→
	Ward 3 - SL3	14	13	112.2%	91.3%	100.0%	87.4%	100.0%	100.0%	18.7%	17.5%	1.2%	11.2	3↑	5↑	0→	1→	0→
CHS West	Ellistown Ward - CVEL	18	16	94.0%	108.3%	100.3%	104.9%	100.0%	100.0%	8.1%	7.8%	0.3%	11.6	2↑	1↓	0→	0↓	0→
	Snibston Ward - CVSN	19	18	100.6%	112.3%	100.1%	113.2%	100.0%	100.0%	21.9%	21.6%	0.3%	9.9	9↑	4↑	0→	1↑	0→
	Ward 4 - CVW4	15	14	101.1%	99.4%	100.0%	109.8%	100.0%	100.0%	9.4%	8.9%	0.5%	10.8	1↓	1↓	0→	0↓	0→
	East Ward - HSEW	23	22	66.6%	88.5%	65.6%	79.3%	100.0%	100.0%	11.9%	11.9%	0.0%	9.7	0↓	1↓	0→	0→	0→
	North Ward - HSNW	19	18	97.8%	99.1%	100.0%	99.6%	100.0%	100.0%	15.8%	15.6%	0.2%	9.0	0→	3→	2↑	0↓	0→
	Charnwood Ward - LBCW	18	18	102.0%	111.9%	101.7%	114.2%	100.0%	100.0%	16.6%	16.3%	0.3%	10.9	0↓	5↑	0→	0→	0→
	Swithland Ward - LBSW	21	20	97.4%	85.5%	99.9%	108.8%	100.0%	100.0%	15.7%	15.4%	0.4%	9.0	0→	2↓	0→	1↑	0→
FYPC	Welford (ED)	15	13	95.6%	150.5%	100.1%	132.0%	100.0%	100.0%	40.8%	37.8%	3.1%	12.6	1→	1→	0↓		
	CAMHS Beacon Ward - Inpatient Adolescent	17	5	134.1%	177.8%	104.8%	146.8%	100.0%		57.3%	51.8%	5.5%	56.8	3↑	1↑	0↓		
LD	Agnes Unit	1	1	169.5%	253.4%	137.0%	222.1%			30.5%	27.7%	2.8%	72.3	2↓	2↓	0→		
	Gillivers	3	1	94.0%	54.8%	147.7%	111.8%			9.0%	9.0%	0.0%	41.7	0↓	0→	0→		
	1 The Grange	2	1	75.2%	87.2%	36.8%	60.9%			11.5%	11.5%	0.0%	39.1	0→	0→	0→		

T H R I V E

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 35.4 % 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 below 80% of RN Day shifts and night shifts on – East ward Fill rate above 110% of RN Day shifts on – Rutland and Ward 3 St Lukes all other wards below. Fill rate above 110% of HCA day shifts and night shifts on – Dalgleish, Rutland, Snibston and Charnwood all other wards below.	**Fill rate:** East ward closed x 5 beds at the end of May until mid-September 2025 and reduced planned staffing accordingly. Increased RN fill rate on the day shift on Rutland due to sickness and maternity leave and 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 and increased one to one supervision.	
	Nurse Sensitive Indicators A review of the NSIs has identified an increase in the number of falls incidents from 34 in May to 37 in June 2025. Ward area to note with the highest number of falls is Clarendon. The number of medication incidents has increased from 15 in May to 21 in June 2025. Ward area to note with the highest number of medication incidents is Snibston.	**Nurse Sensitive Indicators** **<u>Falls</u>** The falls were across 12 wards, Clarendon with 6, Charnwood and St Lukes ward 3 both with 5 falls, and Snibson ward with 4 falls. No falls resulted in moderate or severe harm, there were 17 falls resulting in no harm, and 20 falls resulting in low harm. The weekly falls meeting continues across all wards/hospitals discussing themes and to drive improvements in care. Falls link training days are planned to include themes from across all wards through huddles, incident reviews in support with the patient safety team. **<u>Medication errors</u>** The main two themes are: medication unavailable and omitted medications. The medication incidents are across 7 wards: Snibston with 9 medication incidents. Wards continue to use safety crosses, whilst carrying out senior conversations and reflections. A daily report is shared with all leads reflecting omissions, which is showing improvement. Focused work has also commenced on controlled medication and will be captured in a new CHS medication group that commenced in May 2025.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	The number of category 2 pressure ulcers developed or deteriorated in our care has decreased from 9 in May to 7 in June. Ward Area to note Clarendon. No Category 4 pressure ulcers have developed or deteriorated in LPT inpatient care since March 2024.	**<u>Pressure Ulcers</u>** Pressure Ulcers category 2 developed in our care across 6 wards. Five wards (Dalgleish, Rutland, Ward 3 St Lukes, Snibston and Swithland) having developed one category 2 pressure sore each and Clarendon developing two. 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. Clarendon is an area to note for falls, medication and pressure ulcers category 2 incidents. Matron and Deputy Head of Nursing are monitoring and supporting the Ward team. **<u>Staffing Related Incidents</u>** The number of safe staffing related incidents has increased from to 2 in May to 9 in June 2025 across 6 wards, due to staff shortages.	

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 Gwendolen 40%, Kirby at 38.4% and Mill Lodge at 37%. Ashby, Bosworth, Heather and Coleman 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. High utilisation of temporary workforce was due to increased patient acuity, high rates of violence and aggression requiring high levels of interventions, increased therapeutic observations to manage both mental and physical health, , patient and hospital escorts due to deterioration in patients' physical health. High levels of last-minute short notice absence of substantive staff alongside bank cancellations.	
	Fill rate: Fill rate RN and HCA day & night shifts below 80% on Belvoir unit. Fill rate RN Day shifts above 110% on Aston, Watermead, Stewart House and Langley and on Night shifts on Gwendolen. Fill rate HCA day shifts above 110% on all wards except Phoenix and Stewart House and on night shifts all wards except Phoenix, Beaumont and the Willows.	**Fill rate:** Fill rate was achieved across all Acute, Forensic, PICU and MHSOP wards. Belvoir unit remained closed for essential works until 16 June 2025 and then re-opened which has impacted on reduced fill rate due to a decrease in beds across the whole of the month. Increased RN fill rate day shift on Aston, Watermead, Stewart House and Langley due to back fill for maternity leave, skill mix (preceptees/new starters) and on Gwendolen was due to patient acuity and high levels of aggression. HCA fill rate above 110% was due to increased therapeutic observations, escort duties and **<u>To be noted</u>** Currently we are undertaking an urgent piece of work with Workforce Information support. Fill rate over utilisation data will be cleansed, re-aligned and changes made for July 2025.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	Nurse Sensitive Indicators: A review of the NSI's has identified a decrease in the number of falls incidents from 79 in May to 69 in June 2025. The number of medication incidents has decreased from 17 in May to 13 in June 2025. 3 complaints were received in June 2025.	**Nurse Sensitive Indicators:** **<u>Falls</u>** **AFPICU –** 17 reported falls incidents occurred in June 2025. Most falls incidents occurring on Heather ward (6), involving 4 patients. There were no falls in this period reported as moderate harm. **Rehabilitation** – 4 falls incidents reported for Willows (2) and Stewart House (2), none of moderate harm. **MHSOP** – 48 falls incidents were reported in June 2025. Highest falls on Gwendolen (16) Langley (12) and Coleman (10). It is noted a high number of repeat unwitnessed falls. All falls reported in this period as no moderate harm.Falls huddles are in place and physiotherapy reviews for patients with sustained falls and increased risk of falling, where themes and trends in falls are being discussed to share, learn and support safe care. **<u>Medication errors</u>** 7 medication incidents were reported for AFPICU. Medication incidents were due to; discrepancy in counted medication, wrong dose, medication omission, prescribing errors and staff not following medication policy. 6 medication incidents in this period were reported as no harm and 1 as low harm. 6 medication incidents were reported in MHSOP, 2 on Langley, Coleman and Gwendolen due to medication omission, wrong dose, medication unavailable and not following medication policy. All medication incidents reported as no harm to patients.	
FYPC. LDA in-	**Staffing:** High Percentage of temporary workforce, key areas to note – Beacon at 57.3% and Welford ED at 40.8%.	**Staffing:** Beacon unit currently on Thornton Ward, continue to use regular, block booked, temporary staff to meet safe planned staffing. Additional staff have been deployed to support staffing and high rates	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
patient		of violence and aggression incidents requiring high levels of interventions with subsequent increase in patient observations. Welford ED temporary workforce usage due to increase in patient acuity, increased patients requiring 1 to 1 therapeutic observations and patient complexity, staffing levels reviewed and adjusted accordingly.	
	Fill Rate: Fill rate below 80% for RNs and HCA on day shifts and nights at the Grange Fill rate above 110% for RN on day shifts – Beacon and Agnes and RN on nights - Agnes and the Gillivers. Fill rate above 110% for HCA on days on Welford ED, Beacon and Agnes and on nights on Welford ED, Beacon and Agnes and Gillivers	**Fill rate:** Grange & 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 in both services, that also provide cross cover. Agnes unit continues operating on 3 pods. Safe staffing is reviewed daily by charge nurse and matron and staffing amended accordingly due to fluctuations in acuity. Beacon unit staffing levels are reviewed and adjusted according to patient acuity and bed occupancy. 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 6 in May to 4 in June 2025. The number of medication related incidents decreased from 7 in May to 6 in June 2025.	**Nurse Sensitive Indicators:** **<u>Falls</u>** There were 4 falls incidents reported in June 2025, 2 falls on the Agnes unit due to a patient placing themselves on the floor and being supported to sit on the floor. There was 1 fall on Welford ED and on the Beacon unit. All falls were reported as low or no harm. **<u>Medication errors</u>** 6 medication incidents were reported, 3 on Beacon unit, 2 at Agnes and 1 on Welford ED. Medication incidents were due to incorrect route of administration, wrong tablet formulation, incorrect Fortisip	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
		administration, wrong dose, medication omissions. There was no harm to any patients.	
CHS Community	Key areas to note - City West, City East, and East South, due to high patient acuity. All hubs currently welcoming new staff and have new staff in the pipeline, hubs are transitioning vacant posts to new starters resulting in backfill whilst staff are inducted. Overall community nursing Service OPEL has been level 2, 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. Induction of new staff continues across all hubs. 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 – Melton and Rutland CMHT, 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 working to OPEL level 3 and older adults Mental Health Liaison Service (MHLS)	**CMHT** **Planned Care** The CMHT leadership team review staffing daily, potential risks are closely monitored within the Directorate Quality and Safety meetings or escalated via the daily Community Assurance Huddle. 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. **Urgent Care** CRHT remain challenged over the summer, OPEL level 3 enacted and team leads stepping into planned staffing to support safe staffing. Two clinical fellows now recruited into MHLS 'older adults' team and once onboarded will support safe staffing. Recruitment challenges continue into Mental Health Practitioner posts. Safe staffing supported by use of limited bank staff/agency staff were indicated. **MHSOP Community** 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.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
FYPC. LDA Community	Improved position continues 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 challenged, safer staffing plan initiated including teams operating in a service prioritisation basis. LD Physiotherapy Clinical Lead post now recruited to and awaiting confirmation of start date for October/November 2025. Recent challenge due to recruitment to Children's Wellbeing Practitioner roles (nationally driven), however the British Association for Behavioural and Cognitive Psychotherapies (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 currently, 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. Work continues at pace to ensure that the route of referral into the service is widened to include self-referral and direct referrals from other stakeholders. These referrals will go via Triage and Navigation. It is unsure at this time what the impact of this will be on the service. 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 June 2025 staffing challenges continue, with risks mitigated and actions in place to support safe staffing.
- 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.
- CNSST II pilot commenced 26 May – 8 June 2025 in the Northwest Leicestershire hub. CNSST II Pilot Report to be presented to CHS DMT in August and EMB in September 2025.
- The April 2025 (6-monthly) Light Establishment Review report to be presented to Quality & Safety Committee in August 2025.

Proposal

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

Decision required – Please indicate:

Briefing – no decision required	**x**
Discussion – no decision required	
Decision required – detail below	

Governance table

For Board and Board Committees: Paper sponsored by:	Quality & Safety Committee Emma Wallis, Acting Director of Nursing, AHPs and Quality	
Paper authored by: 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	Elaine Curtin Workforce and Safe Staffing Matron, Jane Martin Assistant Director of Nursing and Quality, 8 August 2025 None None Monthly	
LPT strategic alignment:	**T** - **T**echnology	
	H – **H**ealthy Communities	
	R - **R**esponsive	
	I – **I**ncluding Everyone	
	V – **V**aluing our People	
	E – **E**fficient & Effective	x
CRR/BAF considerations *(list risk number and title of risk):* Is the decision required consistent with LPT's risk appetite: False and misleading information (FOMI) considerations:	1: Deliver Harm Free Care 4: Services unable to meet safe staffing requirements Yes None	
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:	None	