

Quality & Safety Committee – 15 April 2025

Safe Staffing Monthly Report – February 2025

Purpose of the Report

This report provides a full overview of nursing safe staffing during the month of February 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 0.19% reported at 29.02% overall and Trust wide agency usage decreased this month by 1.09 % to 4.14% overall.
- In February 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, which is a decrease of 5.13% compared to January 2025. Changes from last month include Griffin, Charnwood and Agnes
- 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 75.7%, Dalgleish and St Lukes ward 1 both 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 plans to close on 31 March 2025. Dalgleish usage was due to increased patient acuity and dependency and patients requiring one to one enhanced care. Eleven wards are using less than 30% temporary workforce to meet planned staffing (compared to ten wards in January 2025) and two wards using less than 20% Clarendon and Beechwood.	
	Fill rate: Fill rate above 110% of RN Day shifts on – Rutland, Ward 1 SL, and Grace Dieu all other wards below. Fill rate above 110% of HCA day shifts - Dalgleish, Rutland, Ward 3 SL, Snibston, North ward and Grace Dieu. Fill rate above 110% of HCA night shifts – Dalgleish, Rutland, ward 1 and ward 3 (St Lukes), North ward, Charnwood, Swithland and Grace Dieu.	Fill rate: Fill rate above 110% due to increased acuity and dependency, increasing number of patients admitted requiring enhanced observations, one to one supervision. Supernumerary staff are included within the fill rate.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	Nurse Sensitive Indicators A review of the NSIs has identified a decrease in the number of falls incidents from forty- seven in January to forty-four in February 2025. Ward areas to note with the highest number of falls are Rutland and Charnwood. The number of medication incidents has decreased from twenty-four in January to seventeen in February 2025. Ward area to note with the highest number of medication incidents is Snibston. The number of category 2 pressure ulcers developed or deteriorated in our care has remained at 10 in January and February 2025. Ward area to note is Swithland. No Category 4 pressure ulcers have developed or deteriorated in LPT inpatient Care since March 2024.	Nurse Sensitive Indicators <u>Falls</u> Of the 44 falls,34 were first falls, 9 repeat falls, 1 placed themselves on the floor. The number of unwitnessed falls has increased from 23 in January to 26 in February 2025. The falls spread across 13 wards, areas to note include Rutland reporting 7 falls and Charnwood reporting 5 falls. No falls resulted in moderate harm, there were 20 falls resulting in low harm and 23 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 continue to plan a falls link training day, including themes recognised across all wards through ISMRS, the patient safety team will be supporting. <u>Medication errors</u> 17 Medication incidents were reported in February 2025. The three key themes were medication unavailable and omitted medications. The medication incidents are across 10 wards: The ward highlighted is Snibston reporting 4 incidents. Wards are continuing to use safety crosses to demonstrate safety, the wards continue to add narrative on the safety crosses to explain the incidents, whilst carrying out senior conversations and reflections. Ongoing improvements are noted with a daily report shared with all leads reflecting omissions, which is showing improvement and discussed with ward leads. Focus work has also commenced around Controlled medication. <u>Pressure Ulcers</u> 10 category 2 pressure ulcers were reported across 6 wards. Areas to note are Swithland reporting 5 pressure ulcers developed in care. Eight wards have had no Pressure Ulcers develop in care. CHS Pressure ulcer improvement work continues, with the Deputy Head of Nursing continuing to monitor, and challenge appropriate care, the weekly huddle, led by the pressure ulcer link Matron continues reporting into the trusts strategic pressure ulcer group. The Community Hospital tissue viability nurse continues to increase education with all ward leads for individual training plans. The repositioning quality commitment continues, implementing new care round documentation and fluid balance charts on the 24 February. The Arian mattress trial commenced on the 24 February for 4 weeks on Coalville ward 4 and Snibston Ward. From the 1 April 2025 a repositioning visual clock trail is due to commence on two wards. Deputy Head of Nursing (DHON) is arranging meetings with the ward leads of Swithland Ward to discuss pressure Ulcer management and support. <u>Staffing Related Incidents</u>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
		The number of staffing related incidents has decreased from 16 in January to 5 in February 2025. Staff related incidents were reported across 3 wards relating to, Advanced Nurse Practitioner (ANP) sickness impacting two wards, another related to an Occupational Therapy (OT) shortage and 3 related to nurse shortages. The 5 incidents were reported as no harm.	
DMH In-patients	Staffing: High percentage of temporary workforce to meet planned staffing. Key areas to note are Bosworth at 40.8% and Ashby 37.8%.	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, and patient needs, acuity, and dependency. Temporary workforce has reduced significantly. Active targeted recruitment is on-going as per directorate workforce plan. Bosworth and Ashby's utilisation of temporary workforce was due to high acuity, patient complexity, increased 1 to 1 therapeutic observation, additional staff required for patient escorts and providing escort for a long -term patient off site. Senior nurse leader sickness on both wards requiring backfilling of staff to support. There were 3 privacy and dignity reported incidents for the Directorate in February 2025, which is a small decrease compared to 4 in January 2024. All 3 incidents were of patients being admitted to zoned corridor for the opposite gender on a mixed ward. The risks are mitigated by increased therapeutic observations of the areas and /or individuals.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	Fill rate: Fill rate of less than 80% for RNs on days on Belvoir and Gwendolen Fill rate of over 110% for RN days on Watermead, Griffin and Stewart house and RN nights on Beaumont and Thornton ward. Fill rate HCA day shifts above 110% on all wards except Phoenix, Stewart House and the Willows, Mill Lodge and night shifts on all wards except – Belvoir, Heather, Thornton, Phoenix and Stewart House due to increased acuity and dependency, increasing number of patients admitted requiring therapeutic observations and during transfer to acute services due to deterioration in physical health and patient escorts.	Fill rate: Fill rate was achieved across all Acute, Forensic, PICU and MHSOP wards with the exception of Belvoir and Gwendolen Wards. Belvoir unit closed end of January 2025 for essential works until end of May 2025. Gwendolen RN staffing reduced to 2 RN due to sickness, vacancies, and a reduction in the number of beds open and therefore actual hours of staffing. Gwendolen had a lower bed occupancy, and third RN is backfilled with a HCSW where needed and supported by wider leadership team.	
	Nurse Sensitive Indicators: A review of the NSI's has identified a decrease in the number of falls incidents from 67 in January to fifty-eight in February 2025.	Nurse Sensitive Indicators: <u>Falls</u> Of the falls incidents: AFPICU- 19 occurred in Acute, Forensic, and PICU services (AFPICU). Of these 19 falls incidents; there were 11 first falls, 4 repeat falls and 4 placed selves on the floor. Most falls incidents occurring on Ashby (7), involving 4 patients and Watermead ward (4) involving 1 patient. The main location of falls occurred in the Corridor (5), Bedroom (4), Main Ward Area (2), Dining Room (2). The remaining (6) falls occurring in the Clinic/ En suite/ Nursing office/ Public place/ Toilet and Other. No moderate harm falls reported in February 2025. Rehabilitation - 4 falls incidents reported in DMH rehabilitation services. There was 3 first falls and 1 repeat fall. 3 at the Willows and 1 at Stewart House. The main location of falls occurred mostly in the Dining room (1), Bedroom (1), Reception (1) and Bathroom (1).	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	The number of medication incidents has decreased from 20 in January to 10 in February 2025.	These were reported as 1 low harm incident reported and 3 no harm incidents reported for February 2025. Falls were due to; patient dizziness/nausea, patient unsteady on their feet/lost balance, patients placing themselves on the floor, patient attempting to walk unsupported without Zimmer frame, another patient slipped out of the shower, patient felt weak, patient tripped on shoes, patient was asleep and fell out of seat and another patient rolled out of bed. MHSOP - 35 falls incidents were reported in MHSOP (including Mill Lodge as part of MHSOP organic pathway) Of the 35 falls incidents; 11 first falls, 22 repeat falls and 2 placed selves on the floor. The falls have occurred mostly in the Bedroom (21), Corridor (7), Patient lounge (2). The remaining (5) falls occurring in the Bathroom/ En suite/ GGR/ Other and Toilet. • 57% (20) falls reported occurred in the daytime between the hours of 7.00am – 7.00pm. • 42% (15) falls reported occurred in the evening between the hours of 8.00pm – 7.00am. • 17 of these were unwitnessed falls. (Coleman 5/ Kirby 5/ Langley (male) 5/ Gwendolen (2). Harm score of incidents • 7 Low harm incidents reported in month. • 28 no harm incidents reported in month. All patients receive a falls risk assessment/multi-factorial falls risk assessment on admission. Falls huddles 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 DMH falls huddle focused on improving the use of falls huddles and documentation supporting further safe care. Medication errors 5 medication incidents were reported for AMH: x 1 on Heather, Thornton and Griffin and x 2 on Watermead. Medication incidents were due to; two administrations of wrong medication, medication given to wrong patient (no harm to patient), extra dose administered to a patient and medication omission due to being out of stock. All medication incidents resulted in low/no harm to patients. 5 medication incidents were reported in MHSOP, 1 on Kirby, 2 on Langley and Gwendolen. Medication incidents were due to x 2 medication omissions, an incorrect number of tablets entered on to the ECD register and a prescribing error due to conflicting dose information. 1 medication was given to the wrong patient, BESS process and support completed. No harm came to any of the patients as a result of the medication incidents.	

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 48.3% and Beacon at 39.3%.	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. A number of beds remain closed, and the unit has an agreed bed opening plan reviewed monthly.	
	Fill Rate: Fill rate below 80% for RNs on days at the Agnes unit and on nights at the Grange. Fill rate below 80% for HCAs on days at Agnes unit and Gillivers and on nights at the Beacon and Agnes unit. Fill rate above 110% for RN on days – Welford ED and Beacon and RN nights Welford ED. Fill rate above 110% for HCA on days and nights on Welford ED and Gillivers.	Fill rate: Agnes unit is currently 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 HCAs on days and nights at both Gillivers and the Grange. Welford ED high acuity and a number of patients requiring increased therapeutic observations.	
	Nurse Sensitive Indicators: A review of the NSIs has identified an increase in the number of falls from 9 in January to three in February 2025. The number of medication related incidents decreased from 9 in January to seven in February 2025.	Nurse Sensitive Indicators: <u>Falls</u> Of the 3 falls incidents, 2 were reported at the Beacon unit. One patient fell in a controlled way and another patient placed themselves on the floor there was no harm as a result of the falls and 1 fall reported at the Grange as a result of a seizure, the patient sustained a fracture to their foot. <u>Medication errors</u> 7 medication errors were reported, 4 on Welford ED, 1 at the Beacon, Agnes and the Grange. Medication errors were due to incorrect route of administration, incorrect flushing of an NG tube, extra dose administered, discrepancy in stock on CD register, oral medication administered without dilution, oral medication found by relative and administration of a patient's own expired medication. 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. Matrons are acting up in City East and East Central to support leadership. District Nurse (DN) recruitment focused on areas of	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.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	pressure. Overall community nursing Service OPEL has been level 2/3, working to level 2/3 actions.	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.	
DMH Community	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. Key areas to note - Charnwood, South Leicestershire, and City West due to significant vacancies. Assertive Outreach have escalated staffing challenges within directorate and Perinatal Mental Health service also experiencing significant senior nurse sickness impacting on service delivery. Northwest Leicestershire CMHT have 1 band 6, 1 band 5 vacancy and 1 band 7 temporarily in post. Staff movement from other CMHTs within directorate to support and maintain patient safety. Long waiting lists for patient first assessments, highest in Melton and South Leicestershire. .	<u>CMHT</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. The Community Psychiatric Nurse's (CPN) have a separate waiting list process which all CMHTs work too, and Occupational Therapists have introduced similar process. Perinatal have challenges in recruiting bank staff. <u>Urgent Care</u> Urgent care continues with recruitment challenges within Crisis Resolution Home Team (CRHT). Increased demand into the service and backlog of routine referrals in MHCAP being supported by block booking of agency staff. Positive recruitment into MHCAP and CJLD once inducted will reduce bank use. Mental Health Liaison Service (MHLS) continue to recruit into older adults' team, currently supported by backfill with clinical fellow. Safer staffing supported by use of limited bank staff/agency staff were indicated. <u>MHSOP Community</u> 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	
FYPC.LDA Community	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	Mitigation remains in place with potential risks being closely monitored within Directorate. Safer Staffing plan initiated including teams operating in a service prioritisation basis. LD Forensic team risk being populated in EQIA to support prioritisation model, no adverse impact at this time as other areas of LD	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	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.	service offering additional input to cases and ensuring high risk patients continue to receive input. Mitigation and plans in place for Access team. MHST and Healthy Together are both using 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 utilise Bank staff and moving resource from better staffed areas. Additionally Healthy Together utilise 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.	

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

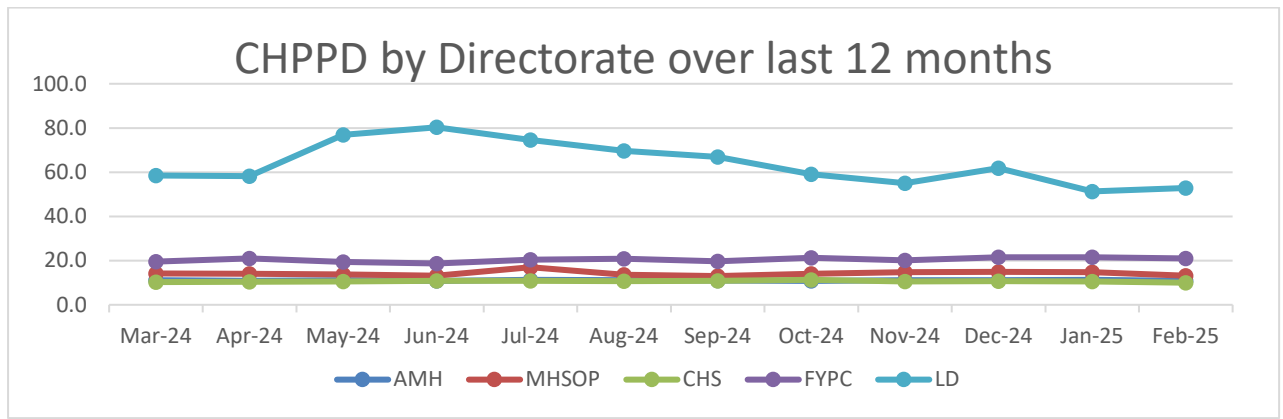
Staff Group	Appraisal/Supervision		Core Mandatory Training			Clinical Mandatory	
	Appraisal	Clinical Supervision	12 out of 12 compliance subjects	Resuscitation Level1	Data Security Awareness IG	Basic Life Support (BLS)	Immediate Life Support (ILS)
All Substantive	94.2%	91.9%	green	94.7%	97.1%	93.0%	88.1%
Bank			green	66.5%	92.1%	86.2%	86.8%

- 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)

- 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 February 2025 consistent with January 2025, ranging between 5.7(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	9.8	Inpatient -	9.5	99.0	14.9%	5.1%	6.5%	38%	55%	6.6
		Community -	89.5							
DMH Inc MHSOP	10.7	Inpatient -	45.7	133.0	17.2%	6.6%	5.1%	56%	39%	4.0
	13.2	Community -	87.3							
FYPC	21.0	Inpatient -	13.9	104.8	17.5%	5.9%	5.9%	36%	61%	5.0
LDA	52.3	Community -	90.9							
All clinical directorates combined	11.4	Inpatient -	69.0	336.8	16.5%	5.9%	5.8%	43%	50%	15.6
		Community -	267.8							

- The RN vacancy position is at 336.8 Whole Time Equivalent (WTE) with a 16.5% vacancy rate, a decrease of 0.8 % since January 2025. RN turnover for nurses is at 5.8% which is below the trusts target of 10%. Throughout February 2025 we continue to grow and develop our nursing workforce. A total of 15.6WTE 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 -	41.9	56.6	14.4%	8.5%	9.3%	76%	18%	2.0

	Community -	14.7							
DMH	Inpatient -	35.5	81.4	15.9%	8.0%	6.9%	97%	1%	7.8
Inc MHSOP	Community -	45.9							
FYPC	Inpatient -	38.3	40.9	23.3%	7.2%	8.7%	82%	1%	2.4
LD	Community -	2.5							
All clinical directorates combined	Inpatient -	115.7	178.9	16.6%	8.1%	8.0%	86%	8%	12.2
	Community -	63.2							

The HCSW vacancy position is at 178.9WTE with an 16.6% vacancy rate, an increase of 1.0% since January 2025. HCSW turnover rate is at 8.0%. which is below our internal target of no more than 10% turnover. Throughout February 2025 we continue to grow and develop our Health Care Support Worker workforce. A total of 12.2WTE were appointed.

Fill rate.

The purpose of the Care Hours Per Patient Day (CHPPD) and Nurse Staffing Fill Rate is to monitor at a ward level the extent to which rota hours are being filled by registered nurses and unregistered staff against planned staffing; and to monitor care hours per patient day. The key purpose is to obtain re-assurance that wards are being safely staffed 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.

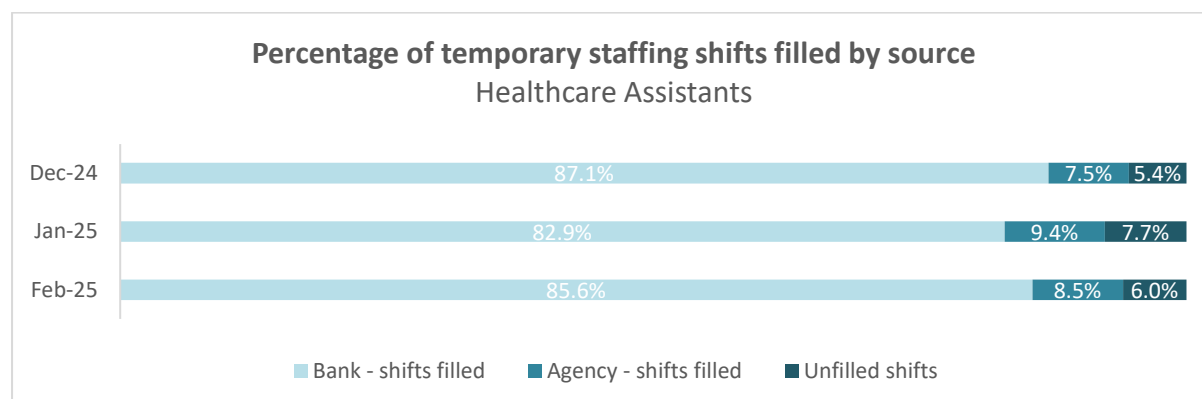
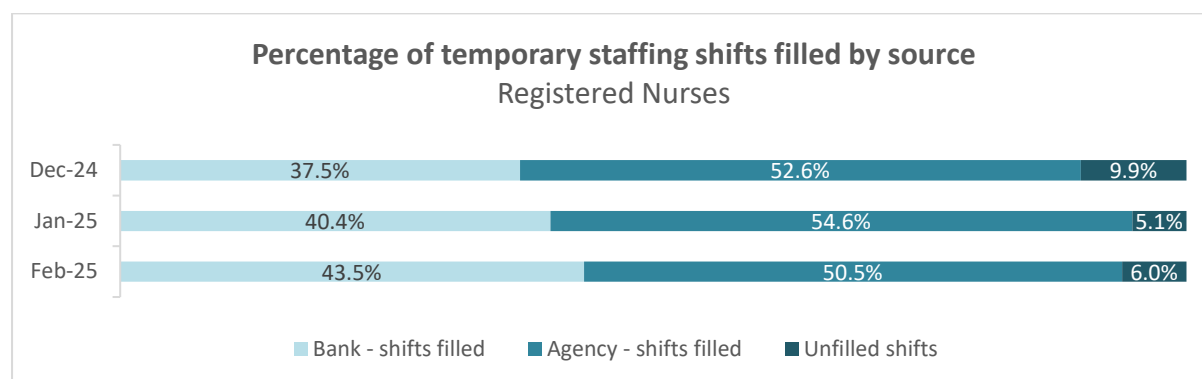
Fill rate of RNs on the day shift is reported through the Performance Workforce Report (PWR)

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. The reporting of fill rate above 110% has been included in monthly safe staffing report for past 2 months and will continue to be. This will ensure we are reporting on both reduced and above fill rates.

Please see Table 6 and 7 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 February 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 the EMB in May 2025.

As part of the light (6 monthly) establishment review process, all inpatient wards will commence 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.

February 2025			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 registered AHP	Average % fill rate non- registered AHP	Total	Bank	Agency							
Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	>=80%	>=80%	>=80%	>=80%	-	-	<20%	<20%	<=6%	(Nursing And AHP)	Medicati on Errors	Falls	Compl aints	PU Category 2	PU Category 4	Staffing Related Incidents
Ashby	14	14	104.0%	211.5%	105.6%	161.4%			37.8%	35.4%	2.4%	10.0	0↓	7↑	0→			
Beaumont	22	21	83.4%	160.6%	110.6%	145.4%			35.8%	32.5%	3.3%	8.1	0→	3↓	0→			
Belvoir Unit	0	0	39.2%	23.5%	20.5%	21.3%			0.8%	0.8%	0.0%	#VALUE!	0→	0↓	0↓			
Bosworth	14	14	97.2%	284.1%	98.9%	222.1%		100.0%	40.8%	39.2%	1.6%	12.8	0↓	0→	0→			
Heather	18	17	98.9%	128.8%	97.2%	104.3%		100.0%	30.3%	24.3%	6.0%	7.8	1→	2↓	0→			
Thornton	12	12	85.1%	172.9%	112.0%	100.8%			15.8%	15.5%	0.3%	9.5	1↑	1↓	1↑			
Watermead	21	20	112.3%	148.4%	109.8%	127.0%		100.0%	20.2%	17.6%	2.6%	9.0	2↓	4→	1↑			
Griffin - Herschel Prins	6	5	113.2%	117.9%	106.9%	112.1%		100.0%	25.1%	23.4%	1.7%	35.0	1→	1↑	0↓			
Phoenix - Herschel Prins	12	10	92.2%	90.2%	98.9%	100.8%		100.0%	20.8%	20.8%	0.0%	13.0	0↓	0→	0→			
Skye Wing - Stewart House	30	29	112.9%	103.7%	103.5%	104.2%			18.1%	18.1%	0.0%	5.7	0→	1↓	0→			
Willows	9	8	98.2%	86.8%	100.2%	119.1%		100.0%	29.6%	29.2%	0.4%	12.3	0→	3↑	0→			
Mill Lodge	14	10	92.2%	102.5%	104.5%	155.5%			37.9%	34.7%	3.2%	16.9	0→	1→	0→			
Kirby	23	22	92.8%	171.3%	99.5%	145.8%	100.0%	100.0%	38.4%	36.5%	2.0%	9.3	1↓	8↓	0→			
Langley (MHSOP)	20	16	108.2%	161.6%	102.4%	171.8%			35.4%	34.5%	0.8%	9.3	2↑	13↑	0→			
Coleman	19	18	93.8%	143.9%	104.5%	199.8%	100.0%	100.0%	42.0%	39.7%	2.3%	18.0	0↓	8↓	0→			
Gwendolen	19	11	67.5%	114.1%	97.1%	121.8%		100.0%	22.1%	18.2%	3.9%	18.4	2↓	5↑	0→			
Beechwood Ward - BC03	24	23	99.8%	105.2%	100.0%	104.4%	100.0%	100.0%	15.6%	14.1%	1.5%	8.6	2↑	4↑	0→	0→	0→	
Clarendon Ward - CW01	23	20	100.6%	106.6%	100.0%	108.9%	100.0%	100.0%	18.1%	15.9%	2.2%	9.1	0↓	3↓	0→	0→	0→	
Dalgleish Ward - MMDW	17	16	98.1%	113.9%	100.3%	134.1%	100.0%	100.0%	42.0%	29.1%	12.9%	10.3	0↓	4↑	0→	0→	0→	
Rutland Ward - RURW	18	17	130.3%	117.0%	119.6%	139.2%	100.0%	100.0%	22.0%	14.8%	7.3%	9.6	0→	7→	1↑	0→	0→	
Ward 1 - SL1	21	20	116.8%	102.0%	107.1%	112.5%	100.0%	100.0%	32.2%	22.1%	10.1%	11.4	1↓	3→	0→	0↓	0→	
Ward 3 - SL3	14	14	103.7%	140.9%	100.0%	158.9%	100.0%	100.0%	30.0%	26.5%	3.5%	11.9	2↑	2↑	0→	1↑	0→	
Ellistown Ward - CVEL	18	18	96.9%	96.9%	100.0%	103.6%	100.0%	100.0%	20.4%	15.6%	4.8%	10.5	1→	0↓	0→	1→	0→	
Snibston Ward - CVSN	21	20	100.2%	110.8%	100.0%	107.1%	100.0%	100.0%	26.9%	21.6%	5.3%	8.7	4↑	3↑	0→	1↓	0→	
Ward 4 - CVW4	15	14	100.5%	103.3%	100.0%	98.8%	100.0%	100.0%	19.1%	15.5%	3.6%	10.2	1↓	2↓	0→	0→	0→	
East Ward - HSEW	28	27	94.3%	81.4%	90.5%	105.7%	100.0%	100.0%	27.5%	17.6%	9.9%	9.5	1→	1↓	0→	0↓	0→	
North Ward - HSNW	19	18	107.4%	113.7%	100.0%	134.1%	100.0%	100.0%	20.3%	17.1%	3.2%	10.6	0↓	2↓	0→	1↑	0→	
Charnwood Ward - LBCW	19	18	106.3%	109.3%	103.6%	115.1%	100.0%	100.0%	26.8%	21.4%	5.4%	10.6	2↑	5→	0→	0→	0→	
Grace Dieu - LBGR	20	19	147.0%	161.6%	100.0%	222.9%	100.0%		75.7%	65.7%	10.0%	9.0	2↓	4↑	0→	1↑	0→	
Swithland Ward – LBSW	22	21	101.2%	100.5%	105.4%	113.1%	100.0%	100.0%	23.9%	22.3%	1.6%	9.1	1↓	3↓	0→	5↑	0→	
Welford (ED)	15	14	133.6%	106.4%	154.4%	274.1%	100.0%		48.3%	41.7%	6.6%	14.7	4↓	0→	1↑			
CAMHS Beacon Ward - Inpatient Adolescent	17	4	141.4%	111.0%	104.5%	79.7%	100.0%		39.3%	31.3%	7.9%	41.1	1→	2→	0↓			

Agnes Unit	1	1	53.5%	59.8%	97.4%	75.8%			12.0%	7.9%	4.1%	83.1	1→	0↓	0→			
Gillivers	3	2	108.3%	73.6%	157.1%	128.6%			20.2%	20.2%	0.0%	29.9	0↓	0→	0→			
1 The Grange	3	2	91.8%	127.7%	46.7%	82.5%			12.3%	12.3%	0.0%	37.5	1↑	1↑	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 on 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
Date submitted:	15.04 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): 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
LPT strategic alignment:	None
	Monthly report
	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