

## Trust Board 26 May 2026

### Safe Staffing March 2026

#### Purpose of the Report

This report provides a full overview of nursing safe staffing during the month of March 2026, including a summary/update of Allied Health Professional (AHP) and medical vacancies.

Key staffing areas to note, potential risks, and actions to mitigate to ensure that safety and care quality are maintained as presented on page 4.

This report triangulates in-patient nursing workforce metrics; fill rates, Care Hours Per Patient Day (CHPPD), Nurse Sensitive Indicators (NSI's), and patient experience feedback. (Scorecard, Appendix 1).

#### Background

The Trust is required to report safe staffing to board monthly and undertake bi-annual review of workforce safeguards in line with National Health Service England (NHSE) requirements. The workforce safeguards review considers the efficiencies of the workforce in terms of activity and acuity, thereby ensuring that appropriate workforce planning is in place that meets operational demand, whilst working within the appropriate financial control. The Trust assesses compliance using a triangulated approach to deciding staffing requirements described in National Quality Board and Developing Workforce Safeguard guidance. This includes the use of evidence-based tools, professional judgement, and outcomes to ensure the right staff with the right skills are in the right place at the right time.

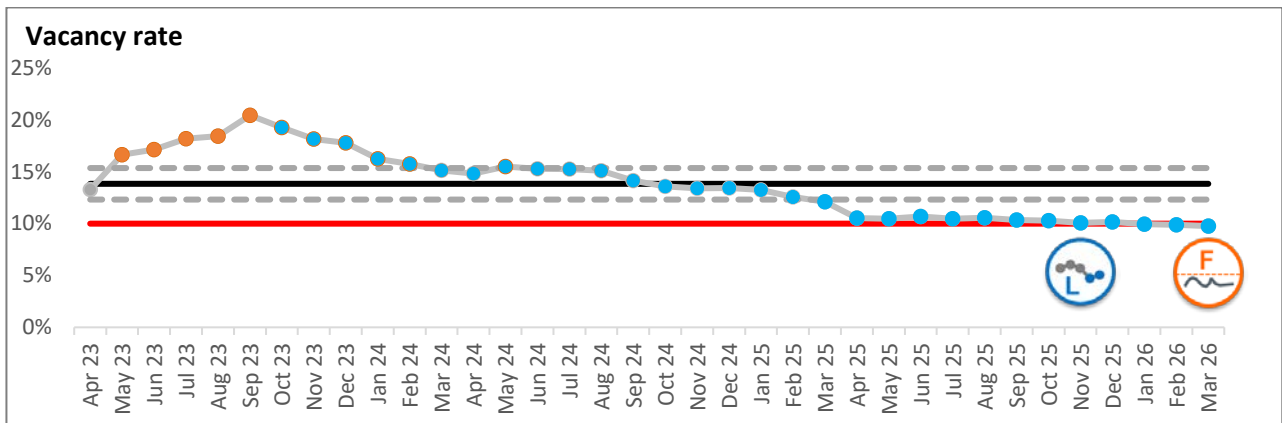
The Trust demonstrates its position regarding mandatory submission of fill rates required by the Department of Health via UNIFY and paying attention to any variance below 80% and above 110%. The upload of these figures to UNIFY occurs on the 15<sup>th</sup> of each month following review and sign off by the Group Chief Nurse/Executive Director of Nursing, Allied Health Professionals and Quality or designated deputy.

#### Analysis of the issue

##### Right Staff

##### Trust overall vacancy rate

In March 2026, the overall Trust vacancy rate was 9.8% which is slightly below the Trust target of 10%.



### Registered Nurses

- Vacancy position is at 225.6 Whole Time Equivalent (WTE) with a 11.2% vacancy rate, no change since February 2026.
- Turnover for nurses is at 6.0% which is below the Trust target of 10%.
- Sickness reported at 6.9 % an increase of 0.1% since February 2026.
- A total of 8.6 WTE nursing staff (bands 5 to 8a) were appointed in March 2026.

### HCSW

- Vacancy position is at 154.8 WTE with a 14.6% vacancy rate, a decrease of 0.5% since February 2026.
- Turnover rate is at 8.4%. which is below our internal target of no more than 10%.
- Sickness reported at 6.6% which is a decrease of 1.4% since February 2026.
- A total of 16.6 WTE HCSW were appointed in March 2026.

### Allied Health Professionals (AHPs)

- Vacancy position is at 63.8 WTE with a 6.9% vacancy rate, a decrease of 0.5% since February 2026.
- Turnover rate is at 8.7%, which is below our internal target of no more that 10 % turnover.
- Sickness reported at 4.1%, which is a slight decrease from 4.2% reported in February 2026.
- A total of 7.4WTE AHP were appointed in March 2026.

### Medical

- Vacancy position is at 12.4 WTE with a 7.7 % vacancy rate with an increase of 0.7% since February 2026.
- Turnover rate is at 9.3%, an increase of 0.2 % since February 2026.
- Sickness reported at 0.9% which is a decrease of 0.6% since January 2026.
- No medical staff were appointed in March 2026.

### Temporary workforce

- Temporary worker utilisation rate reduced slightly this month by 1.18 % reported at 26.76% overall, of this, Trust wide agency usage decreased this month by 0.32% to 2.40% overall.

## Group Sickness Absence Reduction Project

In line with the national medium term workforce planning guidance LPT are working together with its Group partner Northamptonshire Healthcare Foundation Trust (NHFT) on achieving a reduction in sickness absence rates. A detailed project and workplan is being progressed.

### **Right Skills**

- Across the Trust on average core and Clinical mandatory training compliance is currently compliant (green).
- Across the Trust, on average appraisal rates and clinical supervision remain consistently compliant (green).

### **Right Place**

- In March 2026, the total Trust Care Hours Per Patient Per Day (CHPPD average), including ward based AHPs, is calculated at 11.2 CHPPD (national average 10.8) consistent with February 2026.

March 2026 staffing scorecard is presented in accessible format in **Appendix 1**.

Table 1 below identifies key areas to note for March 2026 from a safe staffing, quality, patient safety, and experience review, including high temporary workforce utilisation and fill rate with actions and mitigation. Following this triangulation Table 1 reports exceptions to planned staffing of a moderate or higher risk.

The table is presented, and RAG rated using the thresholds and tipping points as described in the Trust Safe staffing policy:

<b>Level of Risk</b>	<b>RAG rating</b>
Low	GREEN
Moderate	AMBER
High	RED
Unmitigated	BLACK

**Table 1 – Key Areas to Note**

Area	Situation/Potential Risks and Actions/Mitigations	Risk rating
<b>CHS In-patients</b>	<p>Temporary workforce utilisation higher for:</p> <p>Grace Dieu (72.2%), due to an additional 18 beds opened from 5 January to 12 March 2026 to support winter pressures across the system.</p> <p>Ward 1 &amp; Ward 3 St Lukes and Swithland 25% temporary workforce due to vacancies and sickness.</p> <p>Dalgleish and Rutland over 25.0% of which 8.2 – 8.5% was agency.</p> <p>Daily staffing reviews, and staff movement to ensure substantive Registered Nurse (RN) cover in each area, or regular bank and agency staff for continuity to mitigate the risks.</p> <p>All Nurse sensitive indicators (except complaints) increased this month on Snibston ward. This will be monitored next month to assess any actions as needed.</p>	<b>Green</b>
<b>CHS In-patients</b>	<p><b>Fill rate</b></p> <p>Fill rate below 80% for RN Day shifts on East ward and Grace Dieu.</p> <p>Reduced fill rate on East Ward was mitigated by having a registered nursing associate as the fourth registered staff member. Reduced fill rate on Grace Dieu was due to bed capacity reduction and planned staffing adjusted accordingly with closure of the ward on the 12 March 2026.</p> <p>Fill rate above 110% of HCSW day shifts on ward 1 St Lukes, ward 3 St Lukes, East ward and Snibston is due to patient acuity and dependency, increased Enhanced Therapeutic Observations of Care (ETOC) following transfer from acute providers requiring additional staff to meet the patient care needs.</p>	<b>Green</b>
<b>CHS In-patients</b>	<b>Nurse Sensitive Indicators (NSIs)</b>	<b>Green</b>

Area	Situation/Potential Risks and Actions/Mitigations	Risk rating
	<p><b><u>Falls</u></b> No significant change in falls since last month</p> <p><b><u>Medication incidents</u></b> Medication incidents increased from 12 in February to 19 in March 2026. Of the nineteen medication incidents reported, 15 resulted in no harm and 4 as low harm. The main theme was medication unavailability; none related to staffing.</p> <p><b><u>Pressure Ulcers</u></b> The number of category 2 pressure ulcers developed or deteriorated in our care has decreased from 11 in February to 6 in March 2026. The Moisture Associated Skin Damage (MASD) quality account priority work continues. Contenance link nurse education training days were hosted during March 2026.</p> <p><b><u>Staffing Related Incidents</u></b> The number of safe staffing related incidents has decreased from 18 in February to 11 in March 2026 across seven wards. Incidents reported were relating to a reduction in staffing due to sickness, high acuity and patients requiring Enhanced Therapeutic Observations Care (ETOC), shifts unfilled and temporary staff not attending booked shifts. All staffing related incidents reported as no harm.</p>	
<b>DMH In-patients</b>	<p><b>Staffing:</b> High percentage of temporary workforce to meet planned staffing for Belvoir at 56.9%, Heather and Watermead over 40.0 % temporary workforce. High Utilisation of temporary workforce was due to a number of factors including increased acuity for patients with high-risk behaviours, increased therapeutic observations due to high rates of violence and aggression, resulting in 2 staff related Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), hospital escorts, patients requiring 2 to 1 continuous observation, sickness and moving staff to support Thornton ward.</p> <p>Thornton ward reopened four beds on the 20 February until 23 March 2026. (Supporting patients from Beaumont and Ashby wards whilst maintenance work conducted). Registered nursing staff were moved from other wards supported by HCSW temporary workforce, due to the short-term opening of Thornton. This is not identified separately on the March 2026 scorecard.</p>	<b>Green</b>

Area	Situation/Potential Risks and Actions/Mitigations	Risk rating
	<p>Staffing is risk assessed daily through a staffing huddle across all DMH wards and staff moved to support safe staffing levels and skill mix, patient needs, acuity and dependency and we use regular temporary staff who know the ward areas well and support continuity of patient care.</p> <p><b>Allied Health Professional (AHP) Staffing:</b>  Reduction in Technical Instructor (TI) posts in Mental Health Services for Older People (MHSOP) due to vacancies. Long term sickness in Occupational Therapy (OT) in Acute, Forensic, Psychiatric Intensive Care Unit (PICU), rehabilitation, and MHSOP physiotherapy. Therapy Instructor (TI) recruited into MHSOP with temporary workforce and staff movement in place for physiotherapy. Currently sourcing temporary workforce for OT in Rehabilitation.</p>	
<b>DMH In-patients</b>	<p><b>Fill rate:</b>  Fill rate RN night shift above 110% on Bosworth. Safe staffing levels maintained, staffing reviews in place and closely managed. Increased RN fill rate night shift (on Bosworth) due to a senior RN being allocated as Clinical Duty Manager and backfilling three vacant HCSW shifts required to support periods of increased therapeutic observations.</p> <p>Fill rate HCSW on day shifts above 110% on Ashby, Belvoir, Bosworth, Heather, Watermead, Kirby and Langley.</p> <p>Fill rate HCSW night shifts above 110% on Beaumont, Belvoir, Watermead, Coleman, Gwendolen, Kirby, and Mill Lodge.</p> <p>HCSW fill rate above 110% was due to increased patient acuity and dependency requiring increased therapeutic observations to manage increased incidences of violence, physical aggression and behavioural distress, management of falls and deterioration in mental and physical health needs, patient escorts, and urgent transfers to acute hospital.</p>	<b>Green</b>
<b>DMH In-patients</b>	<p><b>Nurse Sensitive Indicators:</b></p> <p><b><u>Falls</u></b>  An increase in the number of falls incidents from 72 in February to 76 in March 2026. All falls were reported as low or no harm and staffing was not identified in initial review as a contributory factor. Falls huddles are in place</p>	<b>Green</b>

Area	Situation/Potential Risks and Actions/Mitigations	Risk rating
	<p>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.</p> <p><b><u>Medication Incidents</u></b> The number of medication incidents increased from 11 in February to 25 in March 2026. All incidents were reported as no, or low harm and staffing was not a contributory factor.</p> <p><b><u>Pressure Ulcers</u></b> The number of category 2 pressure ulcers developed or deteriorated in our care decreased from 3 in February to 2 in March 2026. The pressure ulcers developed in our care attributed to high-risk physical and mental health patient factors. All incidents reported as low harm and patient care being managed with tissue viability support and guidance</p> <p>It is noted that all Nurse sensitive indicators (except complaints) increased this month on Heather and Kirby wards. This will be monitored next month to assess any actions as needed.</p>	
<b>FYPC.LDA in- patient</b>	<p><b>Staffing:</b> 42.3% temporary workforce at Beacon to ensure continuity of care to meet safe planned staffing due to high levels of acuity/complex needs and increased therapeutic observations to maintain patient safety</p> <p>Agnes Unit at 37.9%. One patient requiring six staff to deliver safe and effective care. Safe staffing is reviewed daily due to increased patient acuity and complexity with staffing levels adjusted accordingly.</p> <p>Beacon and Agnes Unit continue with reliance on high temporary workforce usage with advance booking of staff. Mitigation remains in place; potential risks being closely monitored.</p>	<b>Green</b>
<b>FYPC.LDA in- patient</b>	<p><b>Fill Rate:</b> Below 80% for RNs on day shifts and night shifts at the Grange and below 80% for HCSWs on day shifts at the Gillivers</p>	<b>Green</b>

Area	Situation/Potential Risks and Actions/Mitigations	Risk rating
	<p>Above 110% for RN on days at the Agnes unit and Gillivers and above 110% for HCSWs on day shifts at the Beacon and day and night shifts on Welford ED.</p> <p>The Grange &amp; Gillivers offer planned respite care, the staffing model is dependent on individual patient need, presentation, and associated risks. As a result, this fluctuates the fill rate for RNs and HCSWs on days and nights for the month in both services. Mitigation was provided with cross cover for significant reduced RN fill rate on the day and nights shifts at the Grange during March 2026. Work is in progress to align the Gillivers and the Grange fill rate analysis, to potentially enable joint reporting as short breaks going forward.</p> <p>Staffing levels reviewed and adjusted accordingly at the Agnes unit. Increased RN fill rate due to high patient acuity and support required on Pod 1. Beacon unit continue with high levels of acuity and patient complexity.</p> <p>Welford ED continues with high patient acuity, a number of patients requiring additional staff to provide increased therapeutic observations, supervision at mealtimes and Naso-Gastric feeding.</p>	
<b>FYPC.LDA in- patient</b>	<p><b>Nurse Sensitive Indicators:</b></p> <p><b><u>Falls</u></b> The number of falls incidents increased from 2 in February to 5 in March 2026.</p> <p><b><u>Medication Incidents</u></b> The number of medication related incidents decreased from 7 in February to 4 in March 2026.</p>	<b>Green</b>
<b>CHS Community</b>	<p>Overall community nursing Service OPEL has been level 2, working to level 2/3 actions.</p> <p>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 including the review of senior nurse role. Community Nursing Safer Staffing Tool II (CNSST II) implementation continues across the service.</p>	<b>Green</b>
<b>DMH Community</b>	<p>The next phase of the Community Mental Health Team (CMHT) transformation continues.</p>	<b>Green</b>

Area	Situation/Potential Risks and Actions/Mitigations	Risk rating
	<p>Key areas to note - Mental Health Urgent Care Hub (MHUCH) for registered clinicians, nurses and HCSW's. Sickness impacting the Crisis team. Working to OPEL level 3.</p> <p>City West has significant pressure due to high referral rates requiring longer management time in daily huddles and high sickness in MHSOP community teams.</p> <p>South Leicestershire and City East continue to review patient tracker list, case management and waiting times for Community Psychiatric Nurse (CPN) input. Psychosis Intervention Early Recovery (PIER) caseloads remain high, overall reducing.</p> <p>The CMHT leadership team review staffing weekly and request additional staff via bank and agency, mitigation includes staff movement across the service, 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. PIER caseloads are monitored on a weekly basis and overall are starting to reduce. The team has additional bank and agency staff to support.</p> <p>Crisis Resolution Home team (CRHT) staffing model fluctuates in response to case load and clinical risk. OPEL level 3 enacted team leads continue stepping into planned staffing to support safe staffing. Four new Mental Health practitioners recruited into Crisis team pending onboarding. Challenges continue in MHUCH, Place of Safety Assessment Unit (PSAU) and Mental Health Response Vehicle service with Mental Health Practitioner (MHP) vacancies being backfilled with additional temporary workforce. Active on-going recruitment although progressing remains challenging.</p> <p>West Leicestershire CMHT staffing shortages due to long term sickness mitigation includes support with RN temporary workforce. City West CMHT has high sickness and managing currently. Charnwood has high sickness and new team manager in post</p> <p><b>AHP Community</b> Reduction in Occupational Therapy posts in Adult Mental services in City West, City East, Charnwood, East Leicestershire, Forensics and Mental Health Services for Older People in South Leicestershire, Melton, Rutland and Harborough and Charnwood due to vacancies, Sickness, and maternity leave.</p>	

Area	Situation/Potential Risks and Actions/Mitigations	Risk rating
	New ways of working to support workflow and reduction in waiting times in progress. Registered staff currently being aligned to new neighbourhoods. Attendance at referral huddles by OTs identified increase in referral rates. MHSOP community OT team cross covering across LLR to support waiting list management.	
<b>FYPC.LDA Community</b>	<p>Learning Disability (LD) city and county nursing, LD access and LD Crisis Response Intensive Support Team (CRIST) are areas to note due to maternity leave and sickness.</p> <p>Mental Health Support Teams (MHST) in schools, a number of City and County Healthy Together teams and LD physiotherapy experiencing significant increase in referrals.</p> <p>Mental Health school team (MHST) challenge continues 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 with leads and system partners.</p> <p>Child Adolescent Mental Health Service Eating Disorder Team (CAMHS EDT) staffing significantly reduced due to sickness/maternity leave now listed as a fragile service.</p> <p>Mitigation continues in place with potential risks being closely monitored within Directorate. Safer staffing plans/models reviewed including teams operating in a service prioritisation basis.</p>	<b>Green</b>

## Summary

- Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback, and outcomes in March 2026, staffing challenges continue with clear actions in place to mitigate the risks and as such are rated overall as (Green) low risk.
- The key areas to note are identified and discussed at daily safe staffing huddles within directorate and actions put in place to manage any immediate risks.
- Key areas to note and mitigations are escalated monthly to Directorate Management Team meetings.
- Table 1 demonstrates mitigations and actions to safely manage the staffing risks and planned longer term improvements related to workforce and nurse sensitive indicators.

## Proposal

This report is presented for discussion, the report provides assurance to the board that we are reporting in line with National Quality Board and Developing Workforce Safeguards guidance.

## Decision required

Briefing – no decision required	
Discussion – no decision required	<b>X</b>
Decision required – detail below	

## Governance table

For Board and Board Committees:	Trust Board 26.5.2026
Paper sponsored by:	Linda Chibuzor Group Chief Nurse/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:	8 May 2026
Name and date of other committee / forum at which this report / issue was considered:	Executive Management Board 5.5.2026
Level of assurance gained if considered elsewhere	<input checked="" type="checkbox"/> Assured <input type="checkbox"/> Partially assured. <input type="checkbox"/> Not assured
Date of next report:	Bi-Monthly
THRIVE strategic alignment:	<input type="checkbox"/> Technology <input type="checkbox"/> Healthy communities <input type="checkbox"/> Responsive <input type="checkbox"/> Including everyone <input type="checkbox"/> Valuing our people <input checked="" type="checkbox"/> Efficient and effective
Board Assurance Framework considerations: (list risk number and title of risk)	BAF 04 Timely Access BAF 05 Patient Safety BAF 07 Culture BAF 08 Workforce resourcing strategies
Is the decision required consistent with LPT's risk appetite:	Yes
False or Misleading Information (FOMI) considerations:	None
Positive confirmation that the content does not risk the safety of patients or the public:	Yes
Equality considerations:	None

There are 2 tables, the first contains the main report data and the 2nd contains further descriptors of what the values contained in the main report data mean.

Ward Name	Average Beds	Average Occupied Beds	% Fill Rate Registered Nursing Day	% Fill Rate Unqualified Nursing Day	% Fill Rate Registered Nursing Night	% Fill Rate Unqualified Nursing Night	% Fill Rate Allied Healthcare Professional Registered Day	% Fill Rate Allied Healthcare Professional Unregistered Day	Temporary Workers % (Nursing)	Bank % (Nursing)	Agency % (Nursing)	Overall Care Hours Per Patient Day	Medication Errors (and monthly movement)	Falls (and monthly movement)	Complaints (and monthly movement)	Pressure Ulcers Category 2 (and monthly movement)	Pressure Ulcers Category 4 (and monthly movement)
Beechwood Ward - BC03	23	22	99.8% Green	106.5% Green	100.0% Green	108.0% Green	100.0%	100.0%	18.4% Green	18.0% Green	0.4% Green	10	2 Up	1 Down	0 No Change	0 No Change	0 No Change
Clarendon Ward - CW01	21	19	102.9% Green	107.0% Green	100.0% Green	98.7% Green	100.0%	100.0%	7.3% Green	7.3% Green	0.0% Green	10	1 Up	2 Down	0 No Change	0 No Change	0 No Change
Dalgleish Ward - MMDW	17	16	99.6% Green	100.2% Green	100.1% Green	102.2% Green	100.0%	100.0%	26.2% Amber	17.9% Green	8.2% Red	9	1 Up	2 No Change	0 No Change	1 Up	0 No Change
Rutland Ward - RURW	18	17	98.6% Green	104.1% Green	100.0% Green	149.5% Blue	100.0%	100.0%	33.1% Amber	24.7% Amber	8.5% Red	9	0 Down	2 Up	0 No Change	0 No Change	0 No Change
Ward 1 - SL1	21	20	95.4% Green	111.7% Blue	100.0% Green	115.2% Blue	100.0%	100.0%	29.8% Amber	26.2% Amber	3.5% Green	11	0 Down	4 Up	0 No Change	0 No Change	0 No Change
Ward 3 - SL3	14	13	102.3% Green	127.3% Blue	100.0% Green	127.4% Blue	100.0%	100.0%	27.4% Amber	23.8% Amber	3.6% Green	11	1 No Change	2 Up	0 No Change	0 No Change	0 No Change
Charnwood Ward - LBCW	19	17	95.9% Green	98.7% Green	100.0% Green	101.1% Green	100.0%	100.0%	15.9% Green	14.7% Green	1.2% Green	10	1 Up	2 Down	0 No Change	0 No Change	0 No Change
East Ward - HSEW	28	26	76.3% Red	120.3% Blue	100.0% Green	121.8% Blue	100.0%	100.0%	21.2% Amber	19.1% Green	2.2% Green	10	1 No Change	5 Up	0 No Change	1 No Change	0 No Change
Ellistown Ward - CVEL	19	17	97.3% Green	109.5% Green	100.0% Green	131.1% Blue	100.0%	100.0%	21.4% Amber	20.4% Amber	1.0% Green	11	2 Up	2 Up	1 Up	2 Up	0 No Change
Grace Dieu - LBGR	3	7	35.0% Red	22.5% Red	36.9% Red	28.0% Red	100.0%	100.0%	72.2% Red	67.5% Red	4.8% Green	15	0 No Change	0 Down	0 No Change	0 Down	0 No Change
North Ward - HSNW	19	18	103.4% Green	103.0% Green	100.2% Green	120.1% Blue	100.0%	100.0%	20.4% Amber	19.4% Green	1.0% Green	10	1 No Change	2 Down	0 No Change	0 No Change	0 No Change
Snibston Ward - CVSN	20	18	100.0% Green	115.1% Blue	100.1% Green	129.1% Blue	100.0%	100.0%	23.0% Amber	21.3% Amber	1.7% Green	11	4 Up	8 Up	0 No Change	2 Up	0 No Change
Switland Ward - LBSW	21	19	85.0% Green	104.1% Green	108.1% Green	110.8% Blue	100.0%	100.0%	29.2% Amber	25.6% Amber	3.6% Green	9	2 No Change	4 Down	0 No Change	0 Down	0 No Change
Ward 4 - CVW4	15	13	102.8% Green	108.5% Green	100.0% Green	122.6% Blue	100.0%	100.0%	15.0% Green	14.9% Green	0.2% Green	12	3 Up	3 Up	0 No Change	0 Down	0 No Change
Ashby	13	13	93.2% Green	116.4% Blue	95.2% Green	104.8% Green	100.0%	100.0%	23.7% Amber	19.8% Green	3.9% Green	9	1 Up	6 Up	0 No Change	0 No Change	0 No Change
Aston	17	16	106.5% Green	97.0% Green	100.0% Green	101.1% Green	100.0%	100.0%	21.3% Amber	21.0% Amber	0.3% Green	7	2 No Change	0 No Change	0 Down	0 No Change	0 No Change
Beaumont	21	20	87.3% Green	105.6% Green	92.3% Green	117.3% Blue	100.0%	100.0%	30.0% Amber	29.4% Amber	0.7% Green	8	2 No Change	2 Down	0 No Change	0 No Change	0 No Change
Belvoir Unit	10	9	104.5% Green	139.6% Blue	96.8% Green	170.3% Blue	100.0%	100.0%	56.9% Red	54.7% Red	2.2% Green	25	1 Up	2 Up	0 No Change	0 No Change	0 No Change
Bosworth	14	14	95.0% Green	114.2% Blue	110.1% Blue	105.0% Green	100.0%	100.0%	26.1% Amber	26.1% Amber	0.0% Green	8	2 Down	0 No Change	1 Up	0 No Change	0 No Change
Griffin - Herschel Prins	6	6	102.7% Green	92.1% Green	100.5% Green	99.9% Green	100.0%	100.0%	32.0% Amber	32.0% Amber	0.0% Green	23	0 No Change	3 Up	0 No Change	0 No Change	0 No Change
Heather	18	17	92.3% Green	121.1% Blue	102.4% Green	120.5% Blue	100.0%	100.0%	42.2% Amber	38.1% Amber	4.2% Green	9	4 Up	14 Up	0 No Change	1 Up	0 No Change
Watermead	20	20	95.2% Green	123.4% Blue	97.3% Green	114.1% Blue	100.0%	100.0%	40.1% Amber	38.9% Amber	1.2% Green	7	3 Up	4 Down	0 Down	0 No Change	0 No Change
Coleman	19	17	96.8% Green	107.5% Green	100.0% Green	124.5% Blue	100.0%	100.0%	20.2% Amber	20.0% Amber	0.2% Green	15	1 Up	6 Down	0 No Change	0 Down	0 No Change
Gwendolen	19	15	85.7% Green	96.4% Green	100.2% Green	117.9% Blue	100.0%	100.0%	29.2% Amber	28.7% Amber	0.5% Green	14	1 Up	10 Up	0 No Change	1 Down	0 No Change
Kirby	24	23	98.8% Green	132.8% Blue	88.1% Green	165.8% Blue	100.0%	100.0%	32.9% Amber	32.9% Amber	0.0% Green	9	1 Up	21 Up	0 No Change	1 up	0 No Change
Langley (MHSOP)	20	18	95.5% Green	120.1% Blue	99.9% Green	108.5% Green	100.0%	100.0%	21.1% Amber	21.1% Amber	0.0% Green	7	0 No Change	4 Down	0 No Change	0 No Change	0 No Change
Mill Lodge	14	9	97.3% Green	94.2% Green	98.1% Green	134.3% Blue	100.0%	100.0%	24.4% Amber	23.9% Amber	0.4% Green	19	3 Up	1 Down	0 No Change	0 No Change	0 No Change
Phoenix - Herschel Prins	12	12	89.0% Green	87.6% Green	100.0% Green	100.0% Green	100.0%	100.0%	12.5% Green	12.5% Green	0.0% Green	10	0 Down	1 No Change	0 No Change	0 No Change	0 No Change
Skye Wing - Stewart House	30	30	85.8% Green	109.8% Green	100.0% Green	100.1% Green	100.0%	100.0%	17.1% Green	17.1% Green	0.0% Green	5	3 Up	1 Up	0 No Change	0 No Change	0 No Change
Willows	9	8	92.5% Green	107.1% Green	99.0% Green	105.5% Green	100.0%	100.0%	30.2% Amber	29.5% Amber	0.7% Green	12	1 Up	1 No Change	0 No Change	0 No Change	0 No Change
CAMHS Beacon Ward - Inpatient Adolescent	17	5	101.4% Green	111.3% Blue	99.9% Green	86.8% Green	100.0%	100.0%	42.3% Amber	40.1% Amber	2.2% Green	35	2 Up	3 Up	0 No Change	0 No Change	0 No Change
Welford (ED)	15	14	99.2% Green	170.1% Blue	100.0% Green	113.1% Blue	100.0%	100.0%	18.4% Green	17.7% Green	0.7% Green	12	2 No Change	0 No Change	0 No Change	0 No Change	0 No Change
1 The Grange	1	1	76.9% Red	91.3% Green	76.3% Red	88.3% Green	100.0%	100.0%	4.2% Green	4.2% Green	0.0% Green	63	0 No Change	0 No Change	0 No Change	0 No Change	0 No Change
Agnes Unit	1	1	110.3% Blue	82.9% Green	104.2% Green	85.4% Green	100.0%	100.0%	37.9% Amber	23.4% Amber	14.5% Red	103	0 Down	2 No Change	0 No Change	0 No Change	0 No Change
Gillivers	3	3	115.5% Blue	59.3% Red	108.6% Green	104.4% Green	100.0%	100.0%	2.6% Green	2.6% Green	0.0% Green	32	0 No Change	0 No Change	0 No Change	0 No Change	0 No Change

Metric	Average Fill Rate Thresholds Registered Nursing, Unqualified Nursing Days and Nights			Temporary Workers % Nursing (Total and Bank)			Agency	
	Below <=80%	Above >80%	Above >110%	Below < 20%	Between 20% - 50%	Above >50%	Below <=6%	Above > 6%
Rag Rating	Red	Green	Blue	Green	Amber	Red	Green	Red
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 (in main report) for high level exception reporting highlighting reduced fill rate below 80% threshold and key areas to note due to high bank and agency utilisation.				