



Trust Board – 30 September 2025

Safe Staffing Monthly Report – July 2025

Purpose of the Report

This report provides a full overview of nursing safe staffing during the month of July 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 0.42% reported at 25.05% overall and Trust wide agency usage decreased this month by 0.20% to 1.36% overall.
- Registered Nurses
 - Vacancy position is at 262.4 Whole Time Equivalent (WTE) with a 13.1% vacancy rate, a decrease of 0.7% since June 2025.
 - Turnover for nurses is at 5.8% which is below the trusts target of 10%.
 - Sickness reported at 5.6%. a decrease of 0.4% since June 2025.
 - A total of 8.3 WTE nursing staff (bands 5 to 8a) were appointed in July 2025.
- HCSW
 - Vacancy position is at 127.1 WTE with an 12.1% vacancy rate, decrease of 2.3% since June 2025.
 - Turnover rate is at 7.2 %. which is below our internal target of no more than 10% turnover.
 - Sickness reported at 8.3% an increase of 0.7% since June 2025.
 - A total of 9.8 WTE HCSW were appointed in July 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 at 11.8 CHPPD (national average 10.8) for July 2025 consistent with June 2025.

July 2025 scorecard is presented below.

July 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)								
Ward Group	Ward	Averag e no. of Beds on Ward	Average no. of Occupie d Beds	Average % fill rate register ed nurses	Averag e % fill rate care staff	Averag e % fill rate regist ered nurses	Averag e % fill rate care staff	Average % fill rate registered AHP	Average % fill rate non- registered AHP	Total	Bank	Agenc y						
				>=80%	>=80%	>=80%	>=80%	-	-				<20%	<20%	<=6%			
DMH Bradgat e	Ashby	14	14	91.8%	124.7%	100.1%	123.6%		100.0%	36.2%	32.2%	4.0%	9.0	1↓	0↓	0→		
	Aston	17	17	92.9%	80.6%	104.8%	96.8%		100.0%	24.5%	23.1%	1.4%	7.1	1↓	0↓	0→		
	Beaumont	23	22	86.9%	95.3%	100.1%	100.9%		100.0%	26.0%	23.2%	2.8%	7.1	1↑	0→	1↑		
	Belvoir Unit	11	10	102.5%	104.4%	101.1%	101.2%		100.0%	26.4%	23.7%	2.8%	17.6	0→	0↓	0→		
	Bosworth	14	14	89.2%	213.9%	104.7%	205.4%		100.0%	44.1%	43.3%	0.9%	12.3	1↑	2→	0→		
	Heather	18	18	92.7%	145.9%	96.2%	149.4%		100.0%	34.7%	29.0%	5.8%	9.1	2↑	11↑	1↑		
	Watermead	20	19	101.8%	103.3%	98.4%	105.3%		100.0%	35.6%	33.3%	2.3%	7.5	2↑	1→	0↓		
	Griffin - Herschel Prins	6	6	98.3%	97.4%	98.4%	112.9%		100.0%	26.3%	24.7%	1.6%	26.8	0→	1→	0→		
DMH Other	Phoenix - Herschel Prins	12	12	92.0%	95.0%	103.2%	97.8%		100.0%	20.6%	20.3%	0.3%	11.3	2↑	0→	0→		
	Skye Wing - Stewart House	29	25	101.9%	94.5%	100.4%	103.1%		100.0%	17.7%	17.3%	0.4%	6.0	1↑	0↓	0→		
	Willows	10	8	97.1%	116.2%	99.6%	107.0%		100.0%	15.1%	14.0%	1.1%	12.7	2↑	3↑	0→		
	Mill Lodge	14	8	94.6%	93.3%	96.4%	129.5%		100.0%	33.7%	26.7%	7.1%	20.2	0→	1→	0→		
	Kirby	23	22	90.3%	150.4%	98.5%	177.9%	100.0%	100.0%	37.2%	37.2%	0.0%	10.2	1↑	22↑	0↓		
	Langley (MHSOP)	20	16	92.0%	187.7%	95.3%	197.3%			45.4%	44.4%	1.0%	11.6	0↓	13↑	0→		
	Coleman	18	17	95.1%	127.8%	100.1%	187.2%	100.0%	100.0%	36.3%	35.2%	1.1%	19.2	1↓	15↑	0→		
	Gwendolen	19	18	78.9%	136.4%	100.4%	160.3%		100.0%	40.8%	38.6%	2.1%	14.6	0↓	22↑	0→		
CHS City	Beechwood Ward - BC03	24	24	99.7%	101.5%	100.3%	99.8%	100.0%	100.0%	16.1%	15.8%	0.3%	8.6	2↑	4↑	0→	0→	0→
	Clarendon Ward - CW01	22	20	80.9%	98.9%	100.0%	100.0%	100.0%	100.0%	9.1%	8.7%	0.4%	8.8	1↓	1↓	0→	1↓	0→
CHS East	Dalgleish Ward - MMDW	3	2	25.9%	15.6%	22.6%	15.0%	100.0%	100.0%	10.3%	9.7%	0.7%	24.1	0→	0↓	0→	0↓	0→
	Rutland Ward - RURW	18	17	99.8%	116.8%	100.0%	145.6%	100.0%	100.0%	17.4%	17.0%	0.4%	8.8	2↑	4↑	0→	2↑	0→
	Ward 1 - SL1	20	18	97.3%	105.2%	100.0%	102.3%	100.0%	100.0%	24.6%	24.6%	0.0%	11.3	0↓	2↓	1↑	0→	0→
	Ward 3 - SL3	14	13	105.4%	115.0%	100.0%	130.6%	100.0%	100.0%	19.7%	19.0%	0.6%	10.2	0↓	2↓	0→	0↓	0→
CHS West	Ellistown Ward - CVEL	18	17	95.0%	99.5%	100.0%	100.8%	100.0%	100.0%	7.2%	7.2%	0.0%	11.3	1↓	2↑	0→	1↑	0→
	Snibston Ward - CVSN	19	17	108.6%	104.4%	100.0%	102.2%	100.0%	100.0%	22.6%	22.4%	0.2%	10.0	4↓	3↓	0→	0↓	0→
	Ward 4 - CVW4	15	13	99.4%	103.1%	100.1%	120.2%	100.0%	100.0%	14.8%	14.6%	0.2%	12.1	3↑	0↓	0→	0→	0→
	East Ward - HSEW	23	22	80.9%	95.9%	102.7%	100.0%	100.0%	100.0%	16.3%	16.0%	0.3%	8.9	2↑	8↑	0→	0→	0→
	North Ward - HSNW	19	18	101.7%	92.1%	100.0%	100.0%	100.0%	100.0%	17.8%	17.3%	0.5%	8.6	0→	1↓	0↓	0→	0→
	Charnwood Ward - LBCW	18	17	96.4%	97.6%	100.0%	108.6%	100.0%	100.0%	0.0%	0.0%	0.0%	10.5	0→	1↓	0→	0→	0→
	Swithland Ward - LBSW	20	20	101.1%	103.0%	101.6%	113.8%	100.0%	100.0%	16.6%	16.5%	0.2%	9.3	1↑	1↓	0→	1→	0→
FYPC	Welford (ED)	15	10	99.6%	162.6%	99.6%	158.1%	100.0%	100.0%	24.6%	23.8%	0.8%	18.4	3↑	1→	0→		
	CAMHS Beacon Ward	17	4	93.4%	141.7%	100.0%	128.5%			47.8%	43.4%	4.4%	61.2	1↓	1→	2↑		
LD	Agnes Unit	1	1	74.4%	89.8%	70.3%	79.7%			19.5%	17.9%	1.6%	65.4	1↓	4↑	0→		
	Gillivers	4	2	109.4%	62.9%	116.5%	91.9%			9.2%	9.2%	0.0%	41.3	0→	0→	0→		
	1 The Grange	2	1	67.7%	74.1%	40.2%	83.1%			8.8%	8.8%	0.0%	49.8	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 Key areas to note - Ward 1 St Lukes 24.6% and Snibston 22.6% 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 to meet planned staffing has reduced significantly across all wards due to continued recruitment drives. Utilisation of temporary workforce was due to high levels of sickness and vacancies.	Amber
	Fill rate: Fill rate below 80% of RN and HCA Day shifts and night shifts on – Dalgleish Fill rate above 110% of HCA day shifts on Rutland and ward 3 St Lukes and night shifts on – Rutland, Ward 3 St Lukes, Ward 4 (Coalville) and Swithland This is a significant reduction in the number of wards from 6 in January to 2 in July 2025. No wards have had a fill rate of above 110% for RN shift on either day or nights in July 2025.	Fill rate: Dalgleish ward closed 11 July 2025 for estates work. For wards using over 110% fill rate this is due to increased acuity and dependency, increased one to one supervision with patients requiring enhanced care and impact of patient transfers from acute providers.	
	Nurse Sensitive Indicators A review of the NSIs has identified a decrease in the number of falls incidents from 37 in June to 29 in July 2025. Ward areas to note with the highest number of falls is East, Beechwood, Rutland and Snibson. The number of medication incidents has decreased from 21 in June to 16 in July 2025. Ward area to note with the highest number of medication incidents is Snibston.	Nurse Sensitive Indicators Falls 29 reported falls incidents occurring across 11 wards, multifactorial with the majority resulting in low or no harm and one patient fall resulted in moderate harm. The weekly falls meeting continues across all areas discussing themes and improvements in care. Falls link training days are planned to include themes recognised across all wards which the patient safety team will be assisting. Medication errors The main theme is medication unavailable due to late patient transfers from acute providers and medication unavailable on admission. The medication incidents are across 8 wards 14 of the incidents reported as no harm, and 2 incidents reported as low harm. Wards continue to use safety crosses, whilst carrying out senior conversations and reflections. A daily report is shared with all leads reflecting omissions,	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	The number of category 2 pressure ulcers developed or deteriorated in our care has decreased from 7 in June to 5 July 2025. No Category 4 pressure ulcers have developed or deteriorated in LPT inpatient care since March 2024.	which is showing improvement. Focus work has also commenced on controlled medication and will be captured in the new CHS medication group. <u>Pressure Ulcers</u> Pressure Ulcers category 2 developed in our care across 4 wards. 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. A new project to reduce moisture damage in care to patients continues working closely with our continence specialist teams. <u>Staffing Related Incidents</u> The number of safe staffing related incidents has decreased from 9 in June to 5 in July 2025 across 4 wards, due to reduced planned staffing. <u>To be Noted</u> In June 2025 the monthly safe staffing report identified that Clarendon was an area to note for falls, medication and category 2 pressure ulcer incidents. Clarendon does not feature as an outlier for July 2025 following monitoring by ward matron.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
DMH In-patients	Staffing: High percentage of temporary workforce to meet planned staffing for Langley 45.4%, Bosworth 44.1%, and Gwendolen at 40.8%. Kirby, Coleman, Ashby and Watermead all above 35%.	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. Utilisation of temporary workforce was due to a number of factors including increased patient acuity, high rates of patients with violent and aggressive behaviours requiring high levels of care interventions, increased therapeutic observations to manage both mental and physical health care needs, patient and hospital escorts due to deterioration in patients' physical health. High levels of sickness and last-minute short notice absence of substantive staff alongside bank cancellations.	
	Fill rate: Fill rate RN on day shifts below 80% on Gwendolen. Fill rate HCA day shifts above 110% on Ashby, Bosworth, Heather, Willows, Kirby, Langley, Coleman and Gwendolen Fill rate HCA night shifts above 110% on Ashby, Bosworth, Heather, Griffin, Mill Lodge, Kirby, Langley, Coleman and Gwendolen.	Fill rate: On Gwendolen there were 12 days with 2 RNs (safe staffing levels were maintained and mitigated by Medicines Administration Technician or an Assistant Practitioner) and 7 days with 2 RNs, supported by deputy ward sisters. Additional HCSWs are also utilised when there are 2 RNs on shift. HCA fill rate above 110% was due to increased patient acuity and dependency requiring increased therapeutic observations to manage mental and physical health needs, patient escorts and transfers to acute hospital, long term patient requiring 2 to 1 continuous observation and additional staffing due to sickness across a number of wards requiring additional backfill.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	Nurse Sensitive Indicators: A review of the NSI's has identified an increase in the number of falls incidents from 69 in June to 91 in July 2025. There is no change in the number of medication incidents from 13 in June to July 2025. 2 complaints were received in July 2025.	Nurse Sensitive Indicators: <u>Falls</u> AFPICU – 18 reported falls incidents occurred in Acute, Forensic and PICU services (AFPICU) in July 2025. There were no falls in this period reported as moderate harm. Rehabilitation – 3 falls incidents reported and none of moderate harm. MHSOP – 73 falls incidents were reported in July 2025. Highest falls on Gwendolen and kirby (22) Langley (13) and Coleman (15). It is noted an increased number of patients placing themselves on the floor due to behaviours, (as well as sliding onto the floor) as opposed to falls and a high number of repeat unwitnessed falls. All incidents reported consistently. 2 falls were reported as moderate harm, both patients transferred to acute services for review. All other 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> 11 no harm medication incidents were reported for APFICU.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
FYPC. LDA in-patient	Staffing: High Percentage of temporary workforce, key area to note – Beacon at 47.8% and Welford at 24.6%.	Staffing: Beacon unit continue with reliance on high temporary workforce usage with a block booking approach to meet safe planned staffing due to increased patient complexity and acuity levels. High rates of violence and aggression incidents requiring high levels of interventions with subsequent increase in patient observation. Welford ED temporary workforce usage due to increase in patient acuity, increased patients requiring support with naso-gastric feeding and patient complexity, staffing levels reviewed and adjusted accordingly.	
	Fill Rate: Fill rate below 80% for RNs on day and night shifts – Agnes Unit and the Grange. Fill rate below 80% for HCA on day shifts at the Gillivers and the Grange and on nights at Agnes. Fill rate above 110% for RN on nights at the Gillivers. Fill rate above 110% for HCA on days and nights on Welford ED and Beacon.	Fill rate: Agnes unit operating on 3 pods. Safe staffing is reviewed daily by charge nurse and matron and staffing amended accordingly due to fluctuations in patient acuity. Violence and aggression incidents towards staff reported in July 2025. 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. Beacon unit staffing levels were 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, supervision at mealtimes and Naso-gastric feeding.	
	Nurse Sensitive Indicators: A review of the NSIs has identified an increase in the number of falls from 4 in June to 6 in July 2025.	Nurse Sensitive Indicators: Analysis has shown that 4 of the 6 patient falls on the Agnes unit mainly due to a patient placing themselves on the floor. There was 1 fall on Welford ED and on the Beacon unit. All falls were reported as low or no harm.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	The number of medication related incidents decreased from 6 in June to 5 in July 2025.	<u>Medication errors</u> 6 medication incidents were reported there was no harm reported to any patients.	
CHS Comm unity	No change to 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, 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 Comm unity	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 and vacancies. Recruitment challenges within Crisis Resolution Home Team (CRHT) for registered clinicians working to OPEL level 3 and older adults Mental Health Liaison Service (MHLS)	<u>CMHT</u> <u>Planned Care</u> The CMHT leadership team review staffing daily 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. Case load reviews continue, introduction of alternative and skill mix of roles to support service need. <u>Urgent Care</u> CRHT remain challenged over the summer with reduced availability of competent temporary workforce. 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 however successful recruitment to 3 posts made in MHLS. <u>MHSOP Community</u> No change this month, temporary workforce being used across MHSOP community services to manage long term	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
		sickness, absence, and vacancies across community teams. Vacancies are being filled and awaiting recruitment checks to be completed.	
FYPC. LDA Comm unity	No change to key areas to note. 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 below safer staffing numbers. 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 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. 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, the impact of this will be assessed. 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 July 2025 staffing challenges continue to improve with a slight decrease in agency usage and significant reduction in temporary workforce usage overall.
- CNSST II Pilot Report to be presented to CHS DMT in August and EMB in September 2025. Revised implementation to start in 2 Community Nursing Hubs in September 2025.
- Annual Establishment Review and data collection to commence 1-30 October 2025.

Proposal

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

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:	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:	30 September 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	
LPT strategic alignment:	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	