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Leicestershire Partnership NHS Trust

Quality and Safety Committee – 21 October 2025

Safe Staffing Monthly Report – August 2025

Purpose of the Report

This report provides a full overview of nursing safe staffing during the month of August 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 on page 4). This report triangulates workforce metrics; fill rates, Care Hours Per Patient Day (CHPPD), 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 0.67% reported at 25.72% overall, of this Trust wide agency usage decreased this month by 0.25% to 1.11% overall.
- Registered Nurses
  - Vacancy position is at 254.6 Whole Time Equivalent (WTE) with a 12.8% vacancy rate, a decrease of 0.3% since July 2025.
  - Turnover for nurses is at 5.6% which is below the trusts target of 10%.
  - Sickness reported at 5.7% which is an increase of 0.1% since July 2025.
  - A total of 6.4 WTE nursing staff (bands 5 to 8a) were appointed in August 2025.
- HCSW
  - Vacancy position is at 138.7 WTE with an 12.9% vacancy rate, increase of 0.8% since July 2025.
  - Turnover rate is at 6.7%. which is below our internal target of no more than 10% turnover.
  - Sickness reported at 7.9% which is a decrease of 0.4% since July 2025.
  - A total of 11.2 WTE HCSW were appointed in August 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 11.5 CHPPD (national average 10.8) for August 2025 consistent with July 2025.

August 2025 scorecard is presented below.

August 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 (Early & Late Shift) – 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	14	91.1%	121.6%	100.2%	123.9%		100.0%	38.1%	35.2%	2.9%	8.7	1→	2↑	0→		
	Aston	18	17	88.8%	88.6%	101.7%	104.8%		100.0%	17.8%	16.7%	1.1%	7.2	1→	0→	0→		
	Beaumont	22	21	85.0%	94.0%	101.1%	101.0%		100.0%	26.8%	25.7%	1.1%	7.1	2↑	0→	0↓		
	Belvoir Unit	10	10	97.9%	142.4%	114.7%	152.3%		100.0%	41.5%	39.7%	1.8%	21.4	1↑	1→	0→		
	Bosworth	14	14	82.7%	150.6%	99.8%	124.3%		100.0%	38.2%	36.5%	1.7%	8.9	0↓	0↓	0→		
	Heather	19	17	89.9%	123.0%	99.5%	141.0%		100.0%	34.8%	30.5%	4.3%	8.9	4↑	2↓	0↓		
	Watermead	20	20	103.5%	111.4%	99.8%	110.3%		100.0%	39.9%	37.7%	2.2%	7.5	0↓	0↓	0→		
	Griffin - Herschel Prins	6	6	96.6%	110.7%	98.7%	151.4%		100.0%	34.3%	34.1%	0.2%	27.5	0→	5↑	0→		
DMH Other	Phoenix - Herschel Prins	12	12	91.9%	94.0%	98.4%	101.0%		100.0%	16.3%	15.5%	0.8%	10.7	1↓	0→	0→		
	Skye Wing - Stewart House	30	27	101.2%	100.0%	100.7%	105.8%		100.0%	18.4%	18.4%	0.0%	5.7	5↑	5↑	0→		
	Willows	9	9	102.0%	102.8%	97.9%	102.2%		100.0%	12.5%	12.5%	0.0%	11.4	1↓	0↓	0→		
	Mill Lodge	14	10	93.5%	95.0%	100.2%	132.1%		100.0%	36.3%	34.6%	1.7%	17.4	0→	5↑	0→		
	Kirby	23	22	96.0%	189.6%	95.4%	257.8%	100.0%	100.0%	51.4%	50.2%	1.2%	12.0	1→	12↓	0→		
	Langley (MHSOP)	20	13	87.5%	126.5%	98.6%	127.7%			37.1%	36.0%	1.1%	10.7	0→	7↓	0→		
	Coleman	17	17	91.3%	145.9%	100.2%	197.9%	100.0%	100.0%	35.9%	33.7%	2.2%	20.1	2↑	14↓	0→		
	Gwendolen	19	15	74.8%	120.5%	100.0%	143.8%		100.0%	37.0%	35.3%	1.8%	15.6	0→	12↓	0→		
CHS City	Beechwood Ward - BC03	24	24	99.3%	105.0%	100.0%	104.6%	100.0%	100.0%	20.0%	19.1%	0.9%	8.5	3↑	8↑	0→	0→	0→
	Clarendon Ward - CW01	21	20	84.6%	98.1%	100.0%	100.0%	100.0%	100.0%	10.8%	10.8%	0.0%	8.7	1→	2↑	0→	0↓	0→
CHS East	Rutland Ward	18	17	112.2%	113.6%	100.0%	154.5%	100.0%	100.0%	9.5%	8.7%	0.7%	8.8	2→	2 ↓			
	Ward 1 - SL1	21	19	98.0%	105.3%	100.0%	103.1%	100.0%	100.0%	22.2%	21.9%	0.3%	10.3	2→	2↓	0→	0↓	0→
	Ward 3 - SL3	14	13	104.1%	145.7%	100.0%	149.9%	100.0%	100.0%	29.5%	29.3%	0.2%	11.3	1↑	3↑	0↓	1↑	0→
CHS West	Ellistown Ward -	19	17	93.9%	99.2%	99.4%	99.3%	100.0%	100.0%	16.4%	15.6%	0.8%	10.7	1↑	1↓	0→	0→	0→
	Snibston Ward	18	18	99.7%	109.3%	100.0%	103.1%	100.0%	100.0%	24.8%	24.1%	0.7%	9.4	1→	6↑	0→	0↓	0→
	Ward 4 - CVW4	15	14	99.9%	98.2%	100.1%	107.5%	100.0%	100.0%	17.2%	17.0%	0.2%	10.9	1↓	2↓	0→	1↑	0→
	East Ward	23	22	80.3%	98.2%	100.0%	99.0%	100.0%	100.0%	14.0%	13.8%	0.2%	8.8	1↓	1↑	0→	0→	0→
	North Ward	19	19	97.2%	101.8%	100.0%	101.0%	100.0%	100.0%	13.6%	13.6%	0.0%	8.6	3↑	1↓	0→	1↑	0→
	Charnwood Ward	19	17	96.3%	99.7%	100.0%	121.4%	100.0%	100.0%	7.6%	7.3%	0.3%	10.4	3↑	2↑	0→	0→	0→
	Swithland Ward	20	19	99.8%	107.8%	100.1%	109.7%	100.0%	100.0%	18.0%	18.0%	0.0%	8.7	1↑	2↑	0→	0→	0→
FYPC	Welford (ED)	15	12	99.7%	185.1%	98.1%	169.5%	100.0%	100.0%	33.8%	31.7%	2.1%	15.5	1→	4↑	0→	0↓	0→
	CAMHS Beacon	17	4	72.8%	135.5%	100.5%	113.4%			46.6%	41.3%	5.2%	52.4	1↓	1→	0→		
LD	Agnes Unit	1	1	78.8%	79.9%	61.3%	70.2%			12.6%	11.6%	1.0%	74.2	0↓	0↓	0↓		
	Gillivers	4	2	102.6%	61.1%	100.5%	93.5%			8.3%	8.3%	0.0%	32.8	1↓	1↓	0→		

	1 The Grange	2	2	60.4%	81.7%	58.1%	72.5%			9.8%	9.8%	0.0%	35.5	0→	0→	0→		

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.				

Scorecard key table showing fill rate thresholds for RN, HCA on days and nights shifts and % temporary workers parameters for bank, agency and total.

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 29.5%, Snibston 24.8% and Ward 1 St Lukes 22.2% 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 above 110% of RN on day shifts on Rutland. No wards had a fill rate of over 110% for RNs at night. Fill rate above 110% of HCA day shifts and night shifts on Rutland and ward 3 St Lukes.	**Fill rate:** Only one ward reporting RN fill rate of over 110% this a significantly improved position compared to previous months. Rutland ward RN increased fill rate was due to additional RN from Dalgleish ward (currently closed due to estates work) working night shifts. For wards using over 110% fill rate of HCSW this was due to increased patient acuity and dependency, increased enhanced care and impact of patient transfers from acute providers. A robust Dynamic Risk Assessment (DRA) process is followed for additional staffing requests (above planned staffing) causing an increase in the fill rate above 110%. The process is closely managed and monitored ensuring patient safety.	
	Nurse Sensitive Indicators A review of the NSIs has identified an increase in the number of falls incidents from 29 in July to 34 in August 2025. Ward areas to note with the highest number of falls are Beechwood, Snibston and St Lukes ward 3. The number of medication incidents has increased from 16 in July to19 in August 2025. Ward area to note with the	**Nurse Sensitive Indicators** **<u>Falls</u>** The majority of the 34 falls resulted in low or no harm and three patient falls 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 learning from themes across all wards, supported by the patient safety team. **<u>Medication incidents</u>** The main themes were medication unavailable, discrepancy in counting and failure to follow policy. 16 of the incidents reported as no harm, and 3 incidents reported as low harm. Wards continue to use safety crosses, whilst carrying out senior reviews and reflections. A	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	highest number of medication incidents is Beechwood, North Ward and Charnwood. The number of category 2 pressure ulcers developed or deteriorated in our care has decreased from 5 in July to 3 in August 2025. No Category 4 pressure ulcers have developed or deteriorated in LPT inpatient care since March 2024.	daily report is shared with all leads reflecting omissions, which is showing improvement. Focus work has also commenced on controlled medication and will be captured in the new CHS medication group. **Pressure Ulcers** Pressure Ulcers category 2 developed in our care across 3 wards. CHS Pressure ulcer improvement work continues, led by the Deputy Head of Nursing and pressure ulcer link Matron, supported by the Community Hospitals Tissue Viability Nurse. The new Quality Account project to reduce moisture damage in care to patients continues, working closely with continence specialist teams. **Staffing Related Incidents** The number of safe staffing related incidents has increased from 5 in July to 6 in August 2025 across 4 wards, relating to a reduction in staffing due to last minute temporary worker cancellations and patient acuity requiring enhanced/one to one care and shifts unfilled. Baseline planned staffing was maintained.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
DMH In-patients	**Staffing:** High percentage of temporary workforce to meet planned staffing for Kirby 51.4%, Belvoir 41.5%. Ashby, Bosworth, Watermead, Langley, Coleman, Gwendolen and Mill Lodge all above 35%.	**Staffing:** Staffing is risk assessed daily through a staffing huddle across all DMH wards and staff moved to support safe staffing levels, skill mix, patient needs, acuity, and dependency. High 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.	
	Fill rate: Fill rate RN on day shifts below 80% on Gwendolen. No wards had a fill rate of over 110% for RNs in the day Fill Rate RN night shifts above 110% on Belvoir Fill rate HCA day and night shifts above 110% on Ashby, Belvoir, Bosworth, Heather, Watermead, Griffin, Kirby, Langley, Coleman and Gwendolen. Fill rate HCA night shifts above 110% on Mill Lodge.	**Fill rate:** On Gwendolen Ward there were 21-day shifts that had 2 RNs on days, the planned staffing is 3 RNs, on those days the reduced number of RNs was mitigated either by adjusting the skill mix including, Medicines Administration Technician's (MAT), Assistant Practitioner or by deputy ward sisters. Additional HCSWs are also utilised when there are 2 RNs on shift, ensuring safe/planned staffing was maintained. Belvoir unit had 9 shifts during August 2025 covered by a Registered Nurse Associate (RNA) and therefore provided a third registered staff member. 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,	

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 91 in July to 65 in August 2025. The number of medication incidents increased from 13 in July to19 in August 2025.	**Nurse Sensitive Indicators:** **<u>Falls</u>** **AFPICU –** 10 reported falls incidents occurred in Acute, Forensic and PICU services (AFPICU) in August 2025. There were no falls in this period reported as moderate harm. **Rehabilitation** – 5 falls incidents reported and none of moderate harm. **MHSOP** – 50 falls incidents were reported in August 2025. Highest falls on Coleman (14) Kirby and Gwendolen (12). It is noted an increased number of patients placing themselves on the floor due to behaviours, patient falls whilst mobilising/standing and a high number of repeat unwitnessed falls. 1 fall was reported as moderate harm, the patient was 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>** 15 no harm medication incidents and 4 reported as low harm for AFPICU and MHSOP.	
FYPC. LDA in-	**Staffing:** High Percentage of temporary workforce, key area to note – Beacon at 46.6% and Welford ED at 33.8%.	**Staffing:** Beacon unit continue with reliance on high temporary workforce usage with a block booking approach to meet safe planned staffing	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
patient		due to increased patient complexity, acuity levels and vacancies. 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 shifts – Beacon, Agnes Unit and the Grange. Fill rate below 80% RN on night shifts – Agnes Unit and the Grange. Fill rate below 80% for HCA on day shifts at Agnes unit and the Gillivers and on nights at Agnes unit and the Grange. Fill rate above 110% for HCA on days and nights on Welford ED and Beacon.	**Fill rate:** Beacon unit planned staffing is 3 RNs on the day shift, staffing levels were reviewed and adjusted according to patient acuity and bed occupancy. 2 RNs worked consistently on day shifts in August 2025 reducing the overall RN fill rate for the month. 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. 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 no change in the number of falls of 6 in August 2025.	**Nurse Sensitive Indicators:** There were 4 falls on Welford ED,1 on the Beacon unit and the Gillivers. 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 5 in July to 3 in August 2025.	**Medication errors** 3 medication incidents were reported as low or no harm.	
CHS Community	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 linking with Community Nursing Safer Staffing Tool II (CNSST II) being implemented in 2 community nursing hubs in September 2025.	
DMH Community	The next phase of the CMHT transformation continues. 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)	**CMHT** **Planned Care** 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. **Urgent Care** 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. Challenges in Mental Health	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
		Urgent Care Hub with MHP vacancies being backfilled with additional hours/temporary workforce. Vacancy out for recruitment. **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.	
FYPC. LDA Community	No change to key areas to note; LD Community Forensic team and Access, Mental Health School Team (MHST) a number of City and County Healthy Together and School Nursing teams and LD physiotherapy. 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, other areas of LD service offering additional input to patients on caseload and ensuring high risk patients continue to receive care and support. Mitigation and plans in place for the Access team. MHST continue to cover across localities and review of referral and allocation processes to support capacity. The Triage and Navigation referral route is now live. 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. LD Physiotherapy Clinical Lead post now recruited to and awaiting confirmation of start date for October/November 2025.	

Challenges/Risks

- Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in August 2025, staffing challenges continue with key areas noted and clear actions in place to mitigate risks. There is a slight decrease in agency usage and significant reduction in temporary workforce usage overall.
- CNSST II 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:	Quality and Safety Committee James Mullins, Interim Executive 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, Emma Wallis Deputy Director of Nursing and Quality 21 October 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	