



Quality and safety Committee: 19 August 2025

Six-month Safe and Effective Staffing review: January 2025 – June 2025

Purpose of the Report

The purpose of the report is to provide a six-month overview of nursing safe staffing including right staff, right skills, right place; establishment reviews, workforce planning, new and developing roles and recruitment and retention in line with NHS Improvement (NHSI) Developing Workforce Safeguards Policy.

Analysis

Summary

- As of 30 June 2025, the vacancy rate overall for Registered Nurses (RNs) is 13.7%, an improved position compared to 17.7% at the end of December 2024. The 12-month rolling turnover rate for RNs is 6.3% and is a reducing trend.
- As of 30 June 2025, the vacancy rate overall for Health Care Support Workers (HCSWs) is 14.3%, an improved position compared to 15.1% at the end of December 2024. The 12-month rolling turnover rate for HCSWs is 7.1% and is a reducing trend.
- Average Care Hours Per Patient Day (CHPPD) for inpatient areas reported between January to the end of June 2025 is 11.6 CHPPD (national average 10.8).
- The overall average in-patient fill rate for RNs has decreased on both day and night shifts compared to between July – December 2024. HCSW fill rate on days has decreased with a small increase at night. Fill rate variation is reflected in response to increased ward activity, occupied beds, and patient complexity, acuity and dependency.
- On average 28% of all in-patient planned shifts were filled by temporary staff across the 6-month period, a decrease from 33% average for the previous six months. Of the temporary worker utilisation, the average percentage filled by agency staff was 8% which is a decrease from 11.6% between June and December 2024.
- Compliance of core and clinical mandatory training for the Trust on average, overall has been sustained as green for substantive and bank staff noted over this six-month period.
- Triangulation of complaints and nurse sensitive indicators (NSIs) with planned versus actual staffing has not identified any direct correlation between staffing levels and the impact on quality and safety of patient care.
- The annual inpatient nursing staffing establishment reviews have been completed for October 2024 across all inpatient areas using a triangulated methodology including national evidence-based tools, patient outcomes and professional judgement. Data collection for the light review has commenced in June 2025.
- LPT gained the newly revised Community Nursing Safer Staffing Tool II (CNSST II) license in December 2024 and EMB agreed to pilot the tool that commenced in June 2025.

Background

All NHS Trusts are required to deploy sufficient, suitably qualified, competent, skilled, and experienced staff to meet care and treatment needs safely and effectively, National Quality Board (NQB), safe sustainable and productive staffing.

The previous six month safe and effective staffing report was presented to Quality and Safety Committee on 18 February 2025 and to Trust Board in March 2025.

The monthly Trust safe staffing reports provide a triangulated overview of nursing safe staffing for in-patient areas and community teams. The report includes actual staffing against planned staffing (fill rates), Care Hours Per Patient Day (CHPPD) and quality and safety outcomes for patients sensitive to nurse staffing.

The following provides a Trust 6-month overview based on NQB 'Right staff, Right Skills, Right Place.'

Right Staff

Registered Nurses:

As of 30 June 2025, the vacancy rate overall for registered nursing (RN) is 13.7% which is an improved position compared to 17.7% at the end of December 2024. Trust-wide recruitment projects continue to work towards substantive recruitment to our vacancies, as part of the Trust wide agency reduction and recruitment plan. This includes 'grow our own', recruitment of newly registered RNs, and 'domestic' recruitment. The table below shows the RN vacancy numbers and vacancy rate for this reporting period.

	FTE budgeted establishment	FTE actual staff in post	FTE vacancies	% vacancy rate
Registered Nursing	2064.2	1781.0	283.2	13.7%

As of June 2025, the 12-month rolling turnover rate for Registered Nurses is 6.3% and is showing a reducing trend. This is below the Trust's KPI of no more than a 10% turnover rate.

Healthcare Support Workers:

As of 30 June 2025, the vacancy rate overall for health care support workers (HCSW) is 14.3% which is an improved position compared to 15.1% at the end of December 2024. The table below shows the HCSW vacancy numbers and vacancy rate for this reporting period.

	FTE budgeted establishment	FTE actual staff in post	FTE vacancies	% vacancy rate
HCA/HCSW	1068.0	915.8	152.2	14.3%

As of June 2025, the 12-month rolling turnover rate for HCSWs is 7.1% and is showing a reducing trend. This is below the Trust's KPI of no more than a 10% turnover rate.

Fill Rate:

The overall trust-wide summary of % of fill rate actual versus total planned shifts in inpatient areas by registered nurses (RN) and health care support workers (HCSW) in the last six months is detailed in the table below.

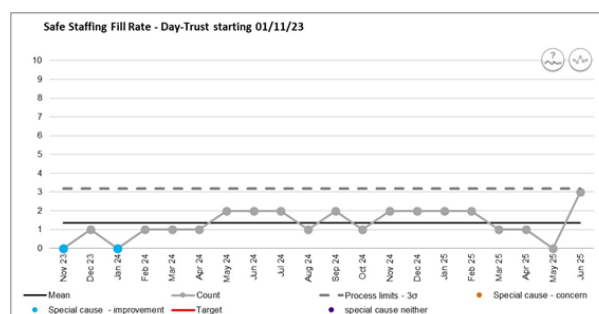
2025	DAY		NIGHT	
Trust wide	% of actual vs total planned shifts RN	% of actual vs total planned shifts care HCSW	% of actual vs total planned shifts RN	% of actual vs total planned shifts care HCSW
Jan-25	104.0%	119.2%	103.4%	125.6%
Feb-25	98.8%	109.9%	100.7%	121.9%
Mar-25	102.5%	118.0%	102.2%	128.5%
Apr-25	103.8%	119.9%	103.7%	127.9%
May-25	101.5%	128.4%	102.5%	127.5%
Jun-25	102.2%	123.2%	100.5%	128.5%
Average	102.2%	119.7%	102.2%	126.7%

The overall average of fill rate for RNs and HCSW is above 100% meeting planned staffing levels, there was a decrease in RN fill rate on both day and night shifts compared to July – December 2024 in three inpatient areas and further analysis is provided below the fill rate SPC chart. HCSW fill rate on day shifts decreased on average with a slight increase on night shifts from 124.2% (July - Dec 2024) to 126.7% in this reporting period.

Fill rate variation is reflected in response to increased ward activity, occupied beds, and patient complexity.

A deep dive has been completed to understand the exceptions/variation in fill rate and over utilisation with workforce system colleagues, clinical and professional leads and this is also being linked to the Enhanced Observation Transformation project. Fill rate over utilisation data will be cleansed, re-aligned and changes made for July 2025 in the Directorate of Mental Health.

Targeted work to adjust health roster templates has been completed to align with current planned staffing.



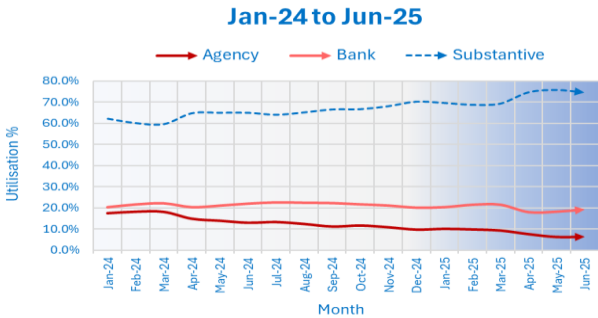
The chart above demonstrates variation in the number of wards reporting less than 80% fill rate for RNs on day shifts. During the six-month period the mean number of wards has

remained at 1.5. The area that has consistently reported under 80% RN fill rate in the day over this reporting period have been the short break homes as patient needs are risk assessed prior to admission that determines the skill mix/ level of RN cover required for safe staffing.

In June 2025, increase in fill rate wards includes the opening of Belvoir ward and reduction in beds on East ward. Exception reporting is provided within the Trust monthly safe staffing report per Ward/Unit and by Directorate.

Temporary Workforce:

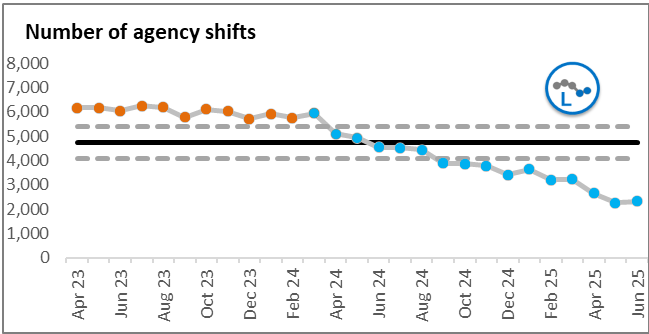
The chart and table below demonstrate temporary workforce utilisation (agency and bank) vs substantive utilisation from January 2024 – June 2025 to meet planned staffing.



	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Agency	10.2%	9.9%	9.3%	7.6%	6.3%	6.4%
Bank	20.3%	21.4%	21.4%	17.9%	18.1%	19.1%
Substantive	69.6%	68.7%	69.2%	74.5%	75.6%	74.4%

This shows that on average 28% of all planned shifts were filled by temporary staff across the 6-month period, a decrease from 33% average for the previous six months. Of the temporary worker utilisation, the average percentage filled by agency staff was 8% which is a decrease from 11.6% between June and December 2024.The highest volume of shifts sent to Centralised Staffing Solutions (CSS) is to meet planned staffing due to high acuity, patient complexity and enhanced observations.

The number of agency shifts worked in LPT each month since April 2023 is shown below.



This demonstrates a sustained reduction in our agency use over the last year, we have sustained zero use of off-framework agency use too.

At the same time as reducing our utilisation of agency staff, we have completed work to bring hourly rates for registered and non-registered nursing and AHP agency staff in line with NHS England price caps. This has contributed to reduced agency expenditure and has encouraged movement of agency staff into bank and substantive roles within LPT.

During 2025/26 we plan to reduce our agency use by a further 51% whilst ensuring patient safety and safe staffing ratios. As at end of June 2025, we are on plan to deliver that reduction.

Right Skills

Mandatory and Role-Essential Training:

Core mandatory and clinical mandatory compliance scores demonstrate improvement month on month.

Safeguarding Adults Level 3:

Compliance for substantive staff has remained green at 97.2% overall for the Trust. This is an increase from 94% for the previous six months - **Compliant**.

Oliver McGowan Training:

Tier 1 has 2 parts:

Part A: is available via uLearn for all staff as part of the role essential training package. Trust overall average compliance is 98.3% at end of June 2025 – **Compliant**.

Part B: 1 hour session training available as a system (LLR) and there are dates on Eventbrite for staff to book, via uLearn. Overall, the Trust average compliance is 83.8%.

Tier 2, part B: Face to face all day training. Current overall average compliance is 69.4%

The target for both Tier 1 part B and Tier 2 is 85% by the end of March 2026, in line with the Oliver McGowan regional group requirement, and the Trust is on track to achieve this.

Resuscitation training:

Level 1 - Compliance at end of June 2025 was green 96.3% for substantive staff and 92.4% for bank only staff - **Compliant**.

Level 2 - Basic Life Support (BLS). Compliance for substantive staff was 91.6% and 85.1% for bank staff at the end of June 2024 - **Compliant**.

Level 3 - Immediate Life Support (ILS) Compliance for substantive staff was 87.8% and 87.8% for bank staff as of end June 2025 – **Compliant**.

All three levels of adult resuscitation training have remained compliant throughout the six-month reporting period.

Supervision and Appraisal:

Substantive staff are green for appraisal (95.6%) and clinical supervision (89.7%)

Right Place

Care Hours Per Patient Per Day

Care Hours Per Patient Day (CHPPD) is a measure of workforce that is most useful at ward level to compare workforce deployment over time, with similar wards in the trust or at other trusts, this data is used as part of the annual establishment review. This measure should be used alongside clinical quality and safety outcome measures to reduce unwarranted variation and support delivery of high quality, efficient patient care.

CHPPD is calculated by adding the hours of registered nurses to the hours of healthcare support workers and dividing the total by every 24 hours of in-patient admissions (approximating 24 patient hours by counts of patients at midnight).

Month	CHPPD
Jan 25	11.6
Feb 25	11.4
Mar 25	11.1
Apr 25	11.7
May 25	11.9
June 25	12.1

The Trust CHPPD average (including ward based AHPs) for January to the end of June 2025 is 11.6 (national average 10.8). General variation between directorates reflects the diversity of services, complex and specialist care provided across the Trust.

Factors impacting CHPPD are changes in patient acuity levels resulting in increased staffing above planned levels, reconfiguration of wards, ward factors such as line of sight, experience, and skill of the ward team on duty.

Measures to monitor the impact of staffing on quality.

NQB 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 including NEWS2 observations, VTE risk assessments, medication omissions, patient harms including pressure ulcer prevalence and in-patient falls in addition to learning from patient safety investigations and serious incidents.

These measures are best considered as 'balancing measures' where the impact of any workforce changes may become visible, they are not intended to include all aspects of quality, other indicators will be needed to provide a rounded view of the overall quality. The monthly safe staffing reports include narrative around nurse sensitive indicators, primarily: falls, pressure ulcers and medication incidents.

Triangulation of complaints and nurse sensitive indicators with planned versus actual staffing has not identified any direct correlation between staffing levels and the impact on quality and safety of patient care.

Establishment reviews

Inpatient Wards

An assessment of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit), must be reported to the Trust Board by ward or service area twice a year and reset annually, in accordance with the National Quality Board (2016) guidance and NHS Improvements Developing Workforce Safeguards (2018).

LPT's safe staffing policy identifies that all in patient wards must undertake a full annual establishment review every 12 months, with a lighter review completed within the following 6 months.

Inpatient Full Annual Establishment Review

The annual nursing staff establishment reviews commenced across all inpatient areas in October 2024 and 30 days of patient acuity and dependency data was collected. The outcomes were reviewed using triangulated methodology whereby outputs from national evidence-based tools are reviewed alongside professional judgement, quality and staff outcome metrics.

The results and recommendations were presented to the Interim Executive Director of Nursing, AHPs and Quality in January 2025 and Directorate DMT's. The final report was presented to Executive Management Board in February 2025 which approved the recommendations of:

- Assessment of and absorption of therapeutic observations for Griffin, Coleman, Gwendolen
- Uplift planned staffing levels of 1 HCSW on the long night due to increase in bed base to 20 on Langley Ward.
- No change to establishment but to pilot a decrease in planned staffing at the Agnes Unit.
- 9 wards being risk assessed and monitored going forward in CHS and further consideration in the next bi-annual light review in April 2025.

Inpatient Light Establishment Review

The light establishment reviews that commenced in April 2025 across all inpatient wards using a triangulated methodology using national evidence-based tools, professional judgement and patient outcomes. The outcomes and assurance agreed in June and July DMT's and final report will be presented to Quality and safety Committee in August 2025.

Community Nursing Safer Staffing Tool II

CNSST was paused in June 2024 for review and update and relaunched in September 2024. LPT received the CNSSTII license in December 2024 which is valid until December 2026.

EMB, on 6 May 2025, agreed CNSST II pilot to commence in the Northwest Leicestershire hub in June 2025. Data collections commenced for 2 weeks with plans in place to apply a triangulated approach by reviewing quality and staff outcome metrics, alongside outputs from the CNSST II and professional judgement. The outcomes will be considered in CHS Directorate DMT in August 2025 and update to EMB in September 2025.

Workforce Planning

Effective workforce planning is vital to ensure appropriate levels of skilled staff are available to deliver safe, high-quality care to patients and service users. Fundamentally it is at the heart

of the trust's commitment to ensuring that we are providing safe care for our patients and service users.

A workforce plan for 2025/26 is in place and incorporates the workforce implications of the establishment reviews, the output of newly registered staff from local universities and LPT's 'grow our own' programmes, forecasting of recruitment, turnover and sickness rates, and is aligned to the Trust's financial plan.

Where there is a proposal to introduce or change a nursing role, the 'Skill Mix Proposal Pack' process will be completed to ensure the correct governance and equality, quality, and impact assessment.

Recruitment and Retention

International Nurse Recruitment

The Trust has successfully recruited 126 Internationally Educated Nurses (IENs) since commencing this programme of work in November 2021.

- 79 physical health
- 36 mental health
- 6 community
- 5 FYPCLDA

Transition programmes have been developed and delivered to provide additional support to IENs and our IENs have achieved 100% pass rate in OSCE passes and have successfully retained IENs with low attrition – 2.3%

We continue to support the grow your own component despite there being no further funding for what was originally known as 'Strand C' for IENs currently working in the Trust as HCSWs. 5 staff have been successful with more in the pipeline.

We are seeing success from our initial cohort of IENs and seven nurses have been promoted into Band 6 roles within 2 years of onboarding and 5 completed or completing the Director of Nursing and AHP Fellowship, to support their career progression.

Stay and Thrive sessions for IEN's are held quarterly, focussing on language, communication skills and career development. A graduation event is being planned for September 2025.

NHS England Nursing and Midwifery High Impact Actions

Progress continues to be made against the key actions from the completion of the NHS England Nursing and Midwifery Retention self-assessment, which includes:

- The Trust is working towards the assessment for Multidisciplinary Preceptorship Interim Quality Mark. Work has now been completed around the review and update of the medication competency assessment.
- The Nursing Career Development Framework from volunteer to Director of Nursing, AHPs and Quality has formed the basis of the new jobs page for the Trust.
- The launch of the DAISY award scheme from 1st June 2023 for extraordinary nurses for pride and meaningful recognition Trust-wide continues. From June 2023 to end May 2025, we received 58 nominations that meet the DAISY criteria, had 29 DAISY runners up and awarded 21 DAISY Honourees.

- Flexible pension options and support around menopause has been widely communicated across the Trust.

Professional Nurse Advocates

The Trust continues to grow the number of professional nurse advocates (PNAs) from the initial cohort of PNA's in 2021, equipping RNs with skills to listen and support staff through restorative supervision, career conversations and thematic quality improvements. We are unaware of any Health Education England funding for future training places to support all Trusts to reach the trajectory of one trained PNA for every 20 RNs. We have 5 nurses on the waiting list for upcoming courses.

		Staff by directorate			
PNA pipeline	No. of staff	CHS	FYPC/LD	DMH	Enabling
Qualified PNAs	22	3	10	9	0
Cohort 8	1 (awaiting confirmation)	0	1	0	0
Total	23	3	11	9	0

Professional Nurse Educators (Mental Health)

The professional nurse educator (PNE) is an innovative clinical mental health nursing role which supports the facilitation of a learning environment, embedding a learning culture and works as an addition and not instead of other roles.

LPT received funding from NHSE for 1 year to pilot the Professional Nurse Educator (Mental Health (PNE) role. The PNE's supported areas and staff with bespoke training, pastoral support, preceptorship and grow our own support, developing and coordinating transition programme for our internationally recruited nurses and being a visible supernumerary presence. The pilot ceased in March 2025, with the individuals returning to substantive positions or gaining other roles.

Grow Our Own Workforce

Grow our own nursing promotion took place for 6 weeks across November and December 2024, we received 45 Expressions of Interest. Triage following the promotional event has taken place, Directorate leads have been provided with a breakdown of individuals wishing to undertake a programme in 2025/26 to ensure they can be adequately supported within practice. Individuals who met the essential criteria have been supported along the Higher Education Institute (HEI) /LPT recruitment process, individuals who did not meet criteria or did not have the appropriate visa are currently being supported and signposted as required.

7 staff have currently been recruited to a programme and 11 staff are currently undertaking recruitment process onto a programme.

Directorate/service/FOP	OU	DMU
CHS	14	4
DMH	14	2
FYPC/LD	6	1

Nursing Associates

The registered nursing associate role was created to bridge the gap between unregistered healthcare support workers and registered nurses creating a further entry point into registered nurse training and to provide additional support in clinical practice. The role helps provide high quality person-centred care. Training is a two-year programme with a two year top up to become Nursing & Midwifery Council (NMC) registered nurses available.

There are currently 15 individuals in training:

Directorate/service	Number of Candidates
CHS	5 – community 2- inpatient
DMH	4
FYPC/LDA	4

A 'recruit to train' pilot in community CHS teams took place with 2 individuals recruited. The individuals will commence into a HCSW post and undertake the care certificate completion and probation.

Registered Nurse Degree Apprenticeship

The Registered Nurse Degree Apprenticeship was developed in response to a growing demand for healthcare employers to 'grow their own' Registered Nurses through the Apprenticeship Levy. There are currently 41 staff on the RNDA programme, which is a decrease from 43 at the end of December 2024.

District Nurse Apprenticeship Programme

The programme is a post registration award and professional qualification designed to meet the professional needs of Registered Nurses who will be working in a Primary Health/community care setting. The programme is designed to meet the needs of individual practitioners seeking a flexible and adaptable route to a degree level qualification and specialist practitioner recorded qualification with the NMC. Following recruitment, 6 individuals commenced in September 2025

Specialist Community Public Health Nurses (SCPHN)

The programme is a post registration award designed to prepare staff for a career in Specialist Community Public Health Nursing at both strategic and operational levels, the course allows individuals to achieve core and field specific SCPHN proficiency outcomes as a Health Visitor (HV) or School Nurse (SN).

Following recruitment individuals are due to commence programme in September 2025

Health visitor – 9

School nurse – 3

Proposal

Quality and Safety Committee are asked to receive this report and agree a level of assurance.

Decision required – Please indicate:

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

References

1. NHS Improvement (October 2018) Developing Workforce Safeguards Supporting providers to deliver high quality care through safe and effective staffing.
2. National Quality Board (July 2016): Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time. Safe sustainable and productive staffing

Governance table

For Board and Board Committees: Paper sponsored by:	Quality & Safety Committee	
	Emma Wallis, Acting Director of Nursing, AHPs and Quality	
Paper authored by:	Jane Martin, Assistant Director of Nursing and Quality	
Date submitted:	08.08.25	
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	N/A	
	N/A	
	6 monthly report	
LPT strategic alignment:	T - Technology	
	H – Healthy Communities	
	R - Responsive	x
	I – Including Everyone	x
	V – Valuing our People	x
	E – Efficient & Effective	x
CRR/BAF considerations (<i>list risk number and title of risk</i>):	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	