

Trust Board Committee – 25 November 2025

Safe Staffing Monthly Report – September 2025

Purpose of the Report

This report provides a full overview of nursing safe staffing during the month of September 2025, including a summary/update of AHP and medical vacancies, 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 4&5).

Background

The Trust is required to 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's 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 is required to demonstrate 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 15th of each month following review and sign off by the Chief Nurse or designated deputy.

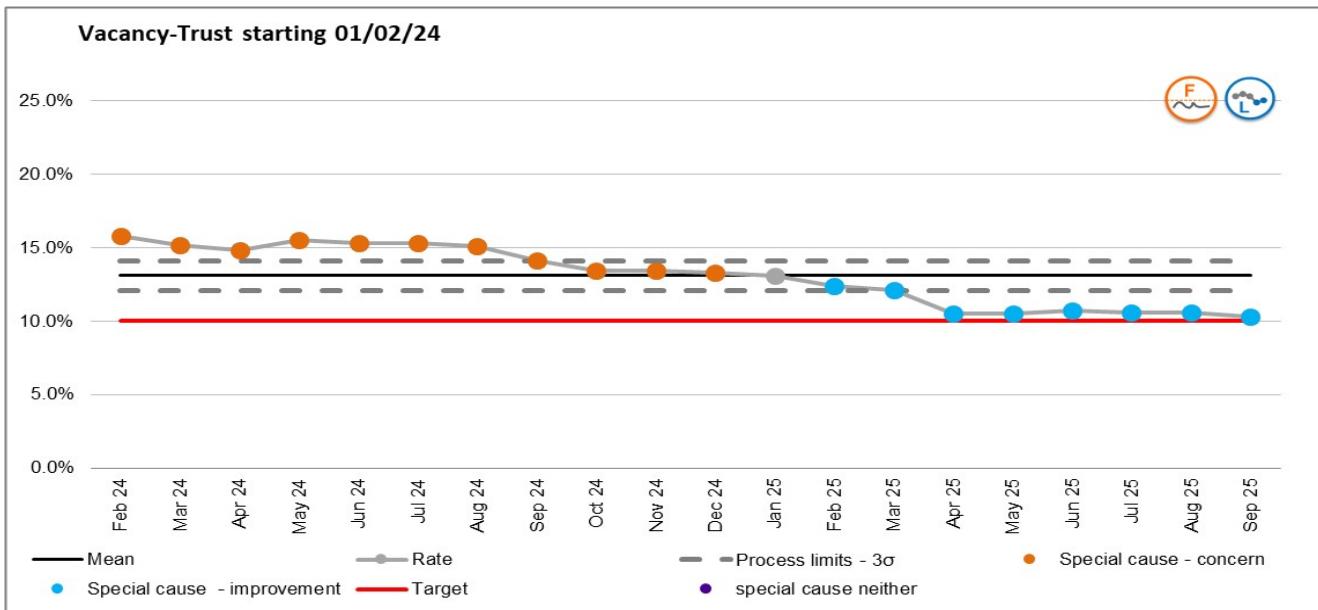
Analysis of the issue

Right Staff

- Temporary worker utilisation rate decreased this month by 1.62% reported at 24.1% overall, of this Trust wide agency usage increased this month by 0.38% to 1.49% overall.

Trust overall vacancy rate

For September 2025, the Trust vacancy rate was 10.3%. During 2025-26 our workforce plan shows a reduction/ special cause improvement in the vacancy rate from the 2024/25 outturn position of 12.1% down to 9.9% by year end. This work is overseen by the Agency Reduction Group and Workforce Development Group which report into People and Culture Committee.



- Registered Nurses
 - Vacancy position is at 257.3 Whole Time Equivalent (WTE) with a 12.9% vacancy rate, an increase of 0.1% since August 2025.
 - Turnover for nurses is at 5.3% which is below the trusts target of 10%.
 - Sickness reported at 6.3% which is an increase of 0.6% since August 2025.
 - A total of 17.7 WTE nursing staff (bands 5 to 8a) were appointed in September 2025.
- HCSW
 - Vacancy position is at 158.8 WTE with an 14.7% vacancy rate, increase of 1.8% since August 2025.
 - Turnover rate is at 7.1%. which is below our internal target of no more than 10% turnover.
 - Sickness reported at 8.4% which is a decrease of 0.5% since August 2025.
 - A total of 8.7 WTE HCSW were appointed in September 2025.

Allied Health Professionals (AHP)

- Vacancy position is at 81.7 WTE with an 8.8% vacancy rate.

Medical

- Vacancy position is at 14.37 with a 5.9% vacancy rate.

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 11.2 CHPPD (national average 10.8) for September 2025 consistent with August 2025.

September 2025 scorecard is presented below.

September 2025				Fill Rate Analysis (National Return)								% Temporary Workers (NURSING ONLY)			Overall CHPPD (Nursing And AHP)					
				Actual Hours Worked divided by Planned Hours																
				Nurse Day (Early & Late Shift)		Nurse Night		AHP Day				Total	Bank	Agency		Medicat ion Errors	Falls	Comp laints	PU Category 2	PU Category 4
Ward Group	Ward	Average no. of Beds on Ward	Average no. of Occupied Beds	Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered AHP	Average % fill rate non-registered AHP	Total	Bank	Agency	Medicat ion Errors	Falls	Comp laints	PU Category 2	PU Category 4			
>=80%	>=80%	>=80%	>=80%	-	-	<20%	<20%	<=6%												
CHS City	Beechwood Ward - BC03	24	23	100.3%	103.6%	100.3%	108.0%	100.0%	100.0%	20.2%	19.9%	0.3%	9.0	0	6	0	0	0		
	Clarendon Ward - CW01	21	20	82.2%	105.8%	103.3%	101.5%	100.0%	100.0%	8.3%	8.2%	0.2%	9.0	2	2	0	0	0		
CHS East	Rutland Ward - RURW	18	17	114.3%	111.5%	107.4%	175.5%	100.0%	100.0%	10.4%	8.7%	1.7%	9.0	3	1	1	0	0		
	Ward 1 - SL1	20	18	92.3%	105.3%	99.9%	99.9%	100.0%	100.0%	24.5%	24.0%	0.5%	11.0	0	1	0	0	0		
	Ward 3 - SL3	14	13	105.4%	147.6%	98.3%	146.6%	100.0%	100.0%	28.3%	28.3%	0.0%	12.0	0	0	0	0	0		
CHS West	Charnwood Ward - LBCW	18	17	92.0%	118.7%	100.0%	130.0%	100.0%	100.0%	19.6%	19.3%	0.3%	11.0	1	3	0	1	0		
	East Ward - HSEW	23	22	88.1%	102.7%	103.3%	107.5%	100.0%	100.0%	7.6%	6.9%	0.7%	9.0	2	6	0	0	0		
	Ellistown Ward - CVEL	19	17	95.3%	98.4%	100.0%	107.6%	100.0%	100.0%	14.4%	13.9%	0.5%	11.0	2	2	0	0	0		
	North Ward - HSNW	19	19	100.4%	103.0%	100.0%	108.9%	100.0%	100.0%	14.5%	14.1%	0.4%	9.0	1	1	0	0	1		
	Snibston Ward - CVS	19	18	102.0%	107.1%	100.3%	106.6%	100.0%	100.0%	21.9%	21.7%	0.2%	10.0	2	1	0	1	0		
	Swithland Ward - LBSW	20	19	98.6%	104.6%	100.0%	108.9%	100.0%	100.0%	14.2%	14.2%	0.0%	9.0	0	3	0	0	0		
	Ward 4 - CVW4	15	15	100.1%	100.2%	98.3%	113.3%	100.0%	100.0%	19.1%	19.1%	0.0%	11.0	4	2	0	0	0		
DMH Bradgate	Ashby	14	14	90.6%	137.3%	100.0%	133.0%		100.0%	37.5%	33.0%	4.5%	9.0	2	4	0	0	0		
	Aston	17	17	74.1%	92.8%	98.4%	101.7%		100.0%	17.9%	15.3%	2.7%	7.0	0	1	0	0	0		
	Beaumont	22	21	88.1%	96.2%	100.7%	100.8%		100.0%	29.4%	27.3%	2.2%	7.0	1	4	0	1	0		
	Belvoir Unit	10	10	104.5%	138.3%	102.7%	144.7%		100.0%	33.8%	31.2%	2.6%	21.0	1	1	1	0	0		
	Bosworth	14	13	84.9%	124.4%	100.0%	103.4%		100.0%	31.8%	30.6%	1.2%	8.0	0	1	0	0	0		
	Griffin - Herschel Prins	6	6	106.9%	96.0%	98.5%	105.0%		100.0%	30.9%	29.9%	1.0%	24.0	0	2	0	0	0		
	Heather	18	18	90.6%	125.3%	99.5%	115.6%		100.0%	41.1%	36.4%	4.8%	8.0	0	0	0	0	0		
	Watermead	20	20	96.8%	97.0%	100.0%	102.2%		100.0%	39.8%	36.9%	2.9%	7.0	0	1	0	0	0		
DMH Other	Coleman	18	17	88.8%	151.5%	100.1%	194.3%	100.0%	100.0%	38.3%	36.4%	1.9%	20.0	1	24	0	0	0		
	Gwendolen	19	11	72.2%	100.3%	100.0%	117.2%		100.0%	21.1%	19.1%	1.9%	18.0	2	12	0	0	0		
	Kirby	23	22	97.2%	146.9%	86.8%	189.4%	100.0%	100.0%	34.3%	34.1%	0.2%	10.0	1	6	0	0	0		
	Langley (MHSOP)	19	16	88.7%	125.8%	100.0%	113.2%			22.4%	21.8%	0.7%	9.0	0	3	0	0	0		
	Mill Lodge	14	11	93.0%	91.9%	100.3%	136.6%		100.0%	35.1%	32.9%	2.2%	15.0	0	0	0	0	0		
	Phoenix - Herschel Prins	12	12	90.4%	101.2%	104.2%	97.8%		100.0%	20.1%	19.5%	0.5%	11.0	1	0	0	0	0		
	Skye Wing - Stewart House	30	29	97.4%	100.1%	99.7%	104.0%		100.0%	14.0%	13.8%	0.2%	5.0	1	3	0	0	0		
	Willows	9	9	103.7%	101.7%	97.2%	103.3%		100.0%	13.9%	13.8%	0.1%	11.0	2	1	1	0	0		
FYPC	CAMHS Beacon Ward - Inpatient Adolescent	17	6	73.2%	130.5%	100.0%	114.2%			47.2%	42.7%	4.5%	34.0	1	0	0	0	0		
	Welford (ED)	15	14	98.3%	211.6%	100.1%	178.3%	100.0%	100.0%	32.9%	31.2%	1.7%	15.0	1	1	0	0	0		
LD	1 The Grange	2	1	55.6%	76.5%	53.8%	70.0%			5.5%	5.5%	0.0%	63.0	0	0	0	0	0		

Agnes Unit	1	1	91.1%	109.9%	78.5%	100.6%			35.1%	28.6%	6.5%	112.0	0	0	0	0	0
Gillivers	3	2	106.4%	58.0%	107.2%	79.4%			7.8%	7.8%	0.0%	33.0	0	0	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	Red	Green	Blue	Green	Yellow	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 (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 worker parameters for agency, bank 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	<p>Staffing Key areas to note - Ward 3 St Lukes 28.3%, Ward 1 St Lukes 24.5%, Snibston at 21.9% and Beechwood at 20.2% temporary workforce.</p>	<p>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.</p> <p>Temporary workforce to meet planned staffing has reduced significantly across all wards due to continued recruitment drives. Utilisation of temporary workforce continues to meet planned safe staffing where there is sickness.</p>	Amber
	<p>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.</p> <p>Fill rate above 110% of HCA day shifts and night shifts on Rutland, ward 3 St Lukes and Charnwood. HCA night shifts only ward 4 Coalville.</p>	<p>Fill rate: Only one ward reporting RN fill rate of over 110% this improved position continues. Rutland ward RN increased fill rate was due to additional RN from Dalgleish ward (remains closed due to estates work) working day shifts.</p> <p>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. This is an improved position, with a continued focus reducing the number of wards to four compared to previous months.</p> <p>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.</p>	
	<p>Nurse Sensitive Indicators</p> <p>A review of the NSIs has identified a decrease in the number of falls incidents from 34 in August to 28 in September 2025. Ward areas to note with the highest number of falls are Beechwood and East ward.</p> <p>The number of medication incidents has decreased from 19 in August to 17 in September 2025. Ward area to note</p>	<p>Nurse Sensitive Indicators</p> <p>Falls The majority of the 28 falls resulted in low or no harm. The weekly falls meeting continues across all areas discussing themes and improvements in care. All falls discussed at monthly Quality Leads meeting. Falls link training days are planned to include learning from themes across all wards, supported by the patient safety team.</p> <p>Medication incidents</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>with the highest number of medication incidents is ward 4 Coalville and Rutland.</p> <p>The number of category 2 pressure ulcers developed or deteriorated in our care has decreased from 3 in August to 2 in September 2025.</p> <p>1 category 4 pressure ulcer developed or deteriorated in LPT inpatient care in September 2025.</p>	<p>The main themes were medication unavailable, discrepancy in counting and failure to follow policy. 16 of the incidents reported as no harm, and 1 incident reported as low harm. Wards continue to use safety crosses, whilst carrying out senior reviews and reflections. A 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.</p> <p>Pressure Ulcers Pressure Ulcers category 2 developed in our care across 2 wards. One pressure ulcer category 4 developed on North ward. An ISMR was completed recognising no gaps in care and positive care was provided.</p> <p>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 and an additional 3-month workstream commenced focused on unstageable pressure ulcers.</p> <p>Staffing Related Incidents The number of safe staffing related incidents has increased from 6 in August to 7 in September 2025 across 6 wards relating to, staff shortages, a reduction in staffing due to last minute temporary worker cancellations, patient acuity requiring enhanced/one to one care and shifts unfilled. Baseline planned staffing was maintained.</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
DMH In-patients	<p>Staffing: High percentage of temporary workforce to meet planned staffing for Heather at 41.1%, Watermead, Coleman and Ashby all above 35% temporary workforce.</p> <p>AHP Staffing: Limited Speech and Language Therapy (SALT) capacity in Rehabilitation and Huntingdon's Disease (HD) service, reduction in Technical Instructor (TI) posts in MHSOP due to sickness and vacancies. Long term sickness in Occupational Therapy (OT) in rehabilitation and MHSOP physiotherapy.</p>	<p>Staffing: 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>High Utilisation of temporary workforce was due to a number of factors including increased patient acuity for patients with high-risk behaviours, increased therapeutic observations to manage both mental and physical health care needs, patient and hospital escorts due to deterioration in patients' physical health and staff sickness.</p> <p>AHP SALT referrals reduced into Rehabilitation and HD service. One band 7 OT lead and TI recruited into MHSOP with temporary workforce in place for physiotherapy and OT in Rehabilitation.</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>Fill rate: Fill rate RN on day shifts below 80% on Aston and Gwendolen.</p> <p>Fill rate HCA day shifts and night shifts above 110% on Ashby, Belvoir, Heather, Coleman, Kirby and Langley and days shifts only on Bosworth.</p> <p>Fill rate HCA night shifts only above 110% on Gwendolen and Mill Lodge.</p>	<p>Fill rate: Aston ward had an average bed occupancy and acuity, there were 19 shifts that had 2 RNs on days, plus a supernumerary Registered Nurse Associate (RNA) the planned staffing is 3 RNs, on those days the reduced number of RN's was mitigated by a deputy ward sister (on management duties). On Gwendolen Ward there was a lower than normal bed occupancy during September 2025 there were 26-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 to include a Medicines Administration Technician's (MAT) or backfilling with an additional HCSW (who are also utilised when there are 2 RNs on shift) ensuring safe/planned staffing was maintained.</p> <p>HCA fill rate above 110% was due to increased patient acuity and dependency requiring increased therapeutic observations to manage violence and aggression, management of falls and deterioration in mental and physical health needs, patient escorts and transfers to acute hospital.</p>	
	<p>Nurse Sensitive Indicators: A review of the NSI's has identified a decrease in the number of falls incidents from 65 in August to 63 in September 2025.</p>	<p>Nurse Sensitive Indicators: <u>Falls</u></p> <p>AFPICU – 14 reported falls incidents occurred in Acute, Forensic and PICU services (AFPICU) in September 2025. There were no falls in this period reported as moderate harm or above.</p> <p>Rehabilitation – 4 falls incidents reported and none of moderate harm.</p> <p>MHSOP – 45 falls incidents were reported in September 2025. Highest falls on Coleman (24) and Gwendolen (12). It is noted an</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	The number of medication incidents decreased from 19 in August to 12 in September 2025.	<p>increased number of patient falls whilst mobilising/standing and a high number of first and repeat unwitnessed falls. Staffing levels not identified as a contributing factor.</p> <p>2 falls were reported as moderate harm, the patients were transferred to acute services for review. All other falls reported in this period as no moderate harm.</p> <p>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.</p> <p>Medication errors</p> <p>11 no harm medication incidents and 1 reported as low harm for AFPICU and MHSOP. Staffing levels not identified as a contributing factor.</p>	
FYPC. LDA in- patien t	<p>Staffing: High Percentage of temporary workforce, key area to note – Beacon at 47.2%, Agnes and Welford ED above 30%.</p>	<p>Staffing:</p> <p>Beacon unit continue with reliance on high temporary workforce usage with an advance booking of staff to ensure continuity of care to meet safe planned staffing due to high levels of acuity, increased complexity of children and young people and vacancies.</p> <p>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.</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>Fill Rate: Fill rate below 80% for RNs on day shifts – Beacon and the Grange.</p> <p>Fill rate below 80% RN on night shifts – Agnes Unit and the Grange.</p> <p>Fill rate below 80% for HCA on day shifts and night shifts at the Grange and Gillivers.</p> <p>Fill rate above 110% for HCA on days and nights on Beacon and Welford ED.</p>	<p>Fill rate: Beacon unit planned staffing is 3 RNs (as per budgeted Establishment) the day shift, staffing levels were reviewed and adjusted according to patient acuity and bed occupancy. 2 RNs worked consistently on day shifts in September 2025 reducing the overall average RN fill rate for the month and within a safe staffing model. No incidents reported relating to staffing levels.</p> <p>Agnes unit planned staffing is 4 RNs on the night shift. Safe staffing is reviewed daily by charge nurse and matron, pods reduced from 3 to 2 and staffing levels were reviewed and adjusted due to fluctuation in patient acuity. 3 RNs worked consistently on the night shifts safely staffing patients on 2 pods reducing the overall average RN fill rate during September 2025.</p> <p>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.</p> <p>Beacon unit staffing levels were reviewed and adjusted according to patient acuity and bed occupancy.</p> <p>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.</p>	
	<p>Nurse Sensitive Indicators: The number of falls incidents decreased from 6 in August to 1 in September 2025.</p>	<p>Nurse Sensitive Indicators:</p> <p>Falls There was 1 fall on Welford ED reported as no harm.</p> <p>Medication errors</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	The number of medication related incidents decreased from 3 in August to 2 in September 2025.	2 medication incidents were reported as low and 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 from September 2025.	
DMH Community	<p>The next phase of the CMHT transformation continues. All CMHTs now have substantive team managers.</p> <p>Key areas to note – Melton and Rutland CMHT, Northwest Leicestershire CMHT, Assertive Outreach and Perinatal Mental Health service continue experiencing significant senior nurse sickness and vacancies.</p> <p>Recruitment challenges within Crisis Resolution Home Team (CRHT) for registered clinicians working to OPEL level 3 and older adults Mental Health Liaison Service (M HLS)</p>	<p>CMHT</p> <p>Planned Care</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. Case load reviews continue, introduction of alternative and skill mix of roles to support service need.</p> <p>Urgent Care</p> <p>CRHT staffing model fluctuates in response to case load and clinical risk. A new agency identified to support the service. OPEL level 3 enacted and team leads stepping into planned staffing to support safe staffing. Two clinical fellows now recruited into M HLS 'older adults' team. Recruitment challenges continue into Mental Health Practitioner (MHP) posts however successful recruitment to 3 posts made in M HLS and recruitment progressing for additional 3 MHPs.</p> <p>Challenges in Mental Health Urgent Care Hub with MHP vacancies</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
		<p>being backfilled with additional hours/temporary workforce. Recruitment continues with planned interviews.</p> <p>MHSOP Community</p> <p>No change this month, temporary workforce being utilised across City East, South Leicester, Melton, Rutland and Harborough to manage long term sickness, absence, maternity leave RN and AHP vacancies across MHSOP community teams. Vacancies are starting to be filled and recruitment checks commenced.</p>	
FYPC. LDA Community	<p>key areas to note, LD Community Forensic team and Access, Dynamic Support Pathway and Discharge hub. No change to Mental Health School Team (MHST) a number of City and County Healthy Together and School Nursing teams and LD physiotherapy.</p> <p>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</p>	<p>Mitigation continues in place with potential risks being closely monitored within Directorate. Safer staffing plan initiated including teams operating in a service prioritisation basis.</p> <p>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.</p> <p>Dynamic Support pathway and Discharge hub staffing reduced due to sickness and absence, prioritisation model in place and support being provided from other LDA group to minimise the impact.</p> <p>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.</p> <p>Healthy Together utilise a safer staffing model reviewed monthly by service leads and CTLs. The safer staffing model is based on</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
		<p>percentages of staff in work. Actions are then taken to mitigate any clinical impact.</p> <p>LD Physiotherapy Clinical Lead now in post.</p>	

Challenges/Risks

- Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback and outcomes in September 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 starting in 2 Community Nursing Hubs in September 2025.
- Annual Establishment Inpatient Review and data collection to commence 1-30 October 2025.

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 – Please indicate:

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

Governance table

For Board and Board Committees: Paper sponsored by:	Trust Board 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: 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	25 November 2025 None None Monthly
LPT strategic alignment:	T - Technology H – Healthy Communities R - Responsive I – Including Everyone V – Valuing our People E – Efficient & Effective <input checked="" type="checkbox"/>
CRR/BAF considerations (<i>list risk number and title of risk</i>): Is the decision required consistent with LPT's risk appetite: False and misleading information (FOMI) considerations: Positive confirmation that the content does not risk the safety of patients or the public	1: Deliver Harm Free Care 4: Services unable to meet safe staffing requirements Yes None Yes
Equality considerations:	None