

Quality and Safety Committee – 18 December 2025

Safe Staffing Monthly Report – October 2025

Purpose of the Report

This report provides a full overview of nursing safe staffing during the month of October 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.

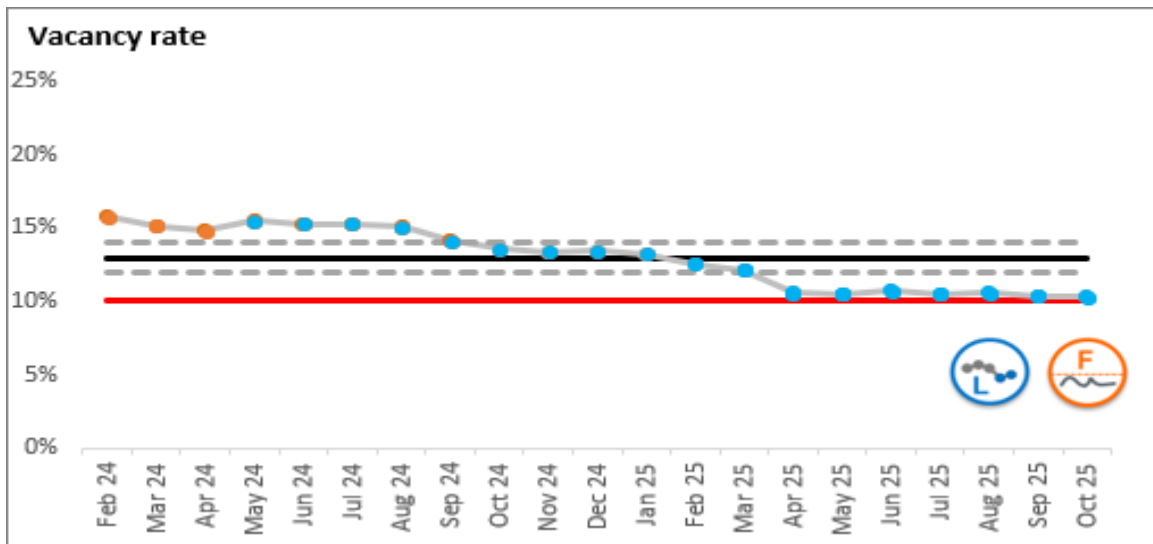
Analysis of the issue

Right Staff

- Temporary worker utilisation rate increased this month by 0.22% reported at 24.32% overall, of this Trust wide agency usage increased this month by 0.21% to 1.70% overall.

Trust overall vacancy rate

In October 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 261.6 Whole Time Equivalent (WTE) with a 13.0% vacancy rate, an increase of 0.1% since September 2025.
 - Turnover for nurses is at 5.4% which is below the trusts target of 10%.
 - Sickness reported at 6.3% remains the same since September 2025.
 - A total of 11.9 WTE nursing staff (bands 5 to 8a) were appointed in October 2025.
- HCSW
 - Vacancy position is at 156.6 WTE with an 14.7% vacancy rate, remaining the same since September 2025.
 - Turnover rate is at 7.6%. which is below our internal target of no more than 10% turnover.
 - Sickness reported at 9.7% which is an increase of 1.3% since September 2025.
 - A total of 5.6 WTE HCSW were appointed in October 2025.

Allied Health Professionals (AHP)

- Vacancy position is at 71.7 WTE with an 7.8% vacancy rate.
- Turnover rate is at 7.8%. Which is below our internal target of no more that 10 % turnover.
- Sickness reported at 5.0%
- A total of 6.4 WTE AHP were appointed in October 2025.

Medical

- Vacancy position is at 14.3 with a 5.9% vacancy rate.
- Turnover rate is at 9.7%
- Sickness reported at 3.4%
- A total of 2.7 WTE medical staff were appointed in October 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 October 2025 consistent with September 2025.

October 2025 scorecard is presented below.

October 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	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	(Nursing And AHP)	Medicat ion Errors	Falls	Comp laints	PU Category 2	PU Category 4
				>=80%	>=80%	>=80%	>=80%	-	-									
CHS City	Beechwood Ward - BC03	24	23	100.2%	111.9%	98.5%	118.5%	100.0%	100.0%	19.6%	19.3%	0.3%	9.0	0→	9↑	1↑	0→	0→
	Clarendon Ward - CW01	21	20	82.1%	98.7%	100.0%	100.0%	100.0%	100.0%	9.2%	8.9%	0.3%	9.0	3↑	4↑	0→	0→	0→
CHS East	Rutland Ward - RURW	18	17	126.9%	111.2%	108.2%	167.7%	100.0%	100.0%	9.9%	8.8%	1.2%	9.0	0↓	1→	0↓	1↑	0→
	Ward 1 - SL1	20	19	96.6%	103.4%	100.0%	96.7%	100.0%	100.0%	19.4%	18.8%	0.6%	11.0	0→	2↑	1↑	0→	0→
	Ward 3 - SL3	13	12	105.7%	108.6%	100.0%	100.0%	100.0%	100.0%	17.1%	16.9%	0.2%	11.0	2↑	0→	0→	0→	0→
CHS West	Charnwood Ward - LBCW	18	18	103.1%	119.1%	100.0%	151.2%	100.0%	100.0%	23.0%	22.1%	0.9%	12.0	1→	4↑	0→	1→	0→
	East Ward - HSEW	27	26	101.5%	115.9%	132.3%	120.9%	100.0%	100.0%	10.7%	10.4%	0.3%	9.0	3↑	3↓	0→	1↑	0→
	Ellistown Ward - CVEL	19	17	98.5%	103.9%	100.0%	122.3%	100.0%	100.0%	12.9%	12.1%	0.8%	11.0	2→	0↓	0→	1↑	0→
	North Ward - HSNW	19	19	98.8%	103.8%	100.0%	101.1%	100.0%	100.0%	14.0%	14.0%	0.0%	9.0	0↓	2↑	0→	0→	0→
	Snibston Ward - CVSNI	19	18	100.4%	107.1%	99.8%	105.2%	100.0%	100.0%	23.1%	22.3%	0.8%	9.0	8↑	6↑	0→	0↓	0→
	Swithland Ward - LBSW	20	19	96.0%	109.8%	100.0%	109.4%	100.0%	100.0%	18.6%	18.6%	0.0%	9.0	2↑	4↑	1↑	1↑	0→
	Ward 4 - CVW4	15	14	100.1%	103.5%	100.0%	109.7%	100.0%	100.0%	17.1%	16.8%	0.3%	11.0	2↓	1↓	0→	0→	0→
DMH Bradgate	Ashby	14	13	93.7%	145.3%	100.0%	111.3%	100.0%		33.7%	30.0%	3.7%	9.0	0↓	8↑	0→	0→	0→
	Aston	17	17	79.7%	102.6%	95.4%	130.1%	100.0%		24.0%	22.8%	1.2%	8.0	0→	3↑	0→	0→	0→
	Beaumont	22	22	87.8%	97.8%	98.9%	106.5%	100.0%		34.5%	29.8%	4.8%	7.0	1→	3↓	0→	0↓	0→
	Belvoir Unit	10	10	103.0%	144.3%	103.5%	157.1%	100.0%		36.1%	34.5%	1.6%	22.0	0↓	0↓	0↓	0→	0→
	Bosworth	14	14	93.7%	116.5%	101.1%	101.4%	100.0%		30.5%	29.3%	1.1%	8.0	1↑	1→	0→	0→	0→
	Griffin - Herschel Prins	6	6	106.0%	103.1%	100.0%	139.7%	100.0%		28.5%	27.9%	0.7%	27.0	0→	1↓	0→	0→	0→
	Heather	18	18	87.3%	130.2%	101.2%	133.5%	100.0%	100.0%	46.4%	40.4%	6.1%	9.0	0→	4↑	0→	0→	0→
	Watermead	20	20	98.9%	102.4%	98.7%	100.9%	100.0%		31.2%	28.1%	3.1%	7.0	1↑	3↑	0→	0→	0→
DMH Other	Coleman	19	18	98.8%	152.8%	100.0%	203.7%	100.0%	100.0%	38.4%	36.3%	2.1%	19.0	3↑	26↑	0→	0→	0→
	Gwendolen	19	11	74.2%	90.9%	98.0%	115.9%	100.0%		20.3%	18.8%	1.5%	18.0	1↓	18↑	0→	1↑	0→
	Kirby	23	20	97.6%	150.6%	91.5%	176.3%	100.0%	100.0%	36.6%	36.3%	0.4%	11.0	0↓	15↑	0→	0→	0→
	Langley (MHSOP)	19	16	90.8%	128.5%	100.0%	104.2%			19.5%	19.3%	0.2%	9.0	0→	8↑	0→	0→	0→
	Mill Lodge	14	10	97.3%	92.1%	100.0%	134.2%	100.0%		28.0%	25.7%	2.4%	16.0	2↑	4↑	0→	0→	0→
	Phoenix - Herschel Prins	12	12	86.7%	98.4%	98.7%	99.8%	100.0%		24.2%	24.2%	0.0%	11.0	0↓	0→	0→	0→	0→
	Skye Wing - Stewart House	30	30	100.1%	96.5%	100.3%	103.2%	100.0%		14.7%	14.7%	0.0%	5.0	2↑	4↑	0→	0→	0→
	Willows	9	9	104.1%	95.2%	97.8%	102.0%	100.0%		15.5%	15.5%	0.0%	11.0	0↓	1→	0↓	0→	0→
FYPC	CAMHS Beacon Ward - Inpatient Adolescent	17	6	70.1%	145.3%	100.5%	118.0%			51.3%	44.4%	6.9%	35.0	2↑	1↑	0→	0→	0→
	Welford (ED)	15	14	97.3%	212.5%	99.5%	154.6%	100.0%	100.0%	32.1%	30.3%	1.8%	15.0	2↑	1→	0→	0→	0→
LD	1 The Grange	3	1	56.2%	74.5%	45.2%	72.6%			7.5%	7.5%	0.0%	47.0	0→	0→	0→	0→	0→

Agnes Unit	1	1	100.1%	97.9%	91.1%	102.6%		36.1%	28.4%	7.8%	104.0	1↑	2↑	0→	1↑	0→
Gillivers	4	3	107.0%	42.1%	104.5%	96.9%		6.2%	6.2%	0.0%	22.0	1↑	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								
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	Staffing Key areas to note - Snibston at 23.1% and Charnwood at 23.0% 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 continues to meet planned safe staffing where there is sickness.	Amber
	Fill rate: Fill rate above 110% of RN on day shifts on Rutland. East ward had a fill rate of over 110% for RNs at night. Fill rate above 110% of HCA day shifts and night shifts on Beechwood, Rutland Charnwood and East ward. HCA night shifts only on Ellistown ward.	Fill rate: Two wards 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 and East ward beds were reopened to full bed capacity on the 13 October (closed since May 2025) and RN staffing increased to 3 RN. 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. 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 28 in September to 37 in October 2025. Ward areas to note with the highest number of falls are Beechwood and Snibston wards.	Nurse Sensitive Indicators <u>Falls</u> Of the 37 falls reported, 21 falls resulted in no harm, 16 falls resulted in low harm. The weekly falls meeting continues across all areas discussing themes and improvements in care. All falls discussed at monthly Quality Leads meeting.	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>The number of medication incidents has increased from 17 in September to 23 in October 2025. Ward area to note with the highest number of medication incidents is Snibston ward.</p> <p>The number of category 2 pressure ulcers developed or deteriorated in our care has increased from 2 in September to 5 in October 2025.</p> <p>No category 4 pressure ulcer developed or deteriorated in LPT inpatient care in October 2025.</p> <p>It is noted that Staffing levels were not a contributing factor when reviewing the nurse sensitive indicators.</p>	<p><u>Medication incidents</u> the main themes were medication unavailable and medication omission. 20 of the incidents reported as no harm and 3 incidents reported as low harm.</p> <p>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. CHS medication group continues to focus on controlled medication.</p> <p><u>Pressure Ulcers</u></p> <p>Pressure Ulcers category 2 developed in our care across 5 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 and an additional 3-month workstream commenced focused on unstageable pressure ulcers.</p> <p><u>Staffing Related Incidents</u></p> <p>The number of safe staffing related incidents has decreased from 7 in September to 6 in October 2025 across 3 wards relating to, a reduction in staffing due to last minute sickness and internal staff movement, patient acuity requiring enhanced/one to one care and shifts unfilled. Safe planned staffing levels were maintained. Three incidents reported as low harm and three as no harm.</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 46.4%, Coleman at 38.4% and And Kirby at 36.6% 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 Acute, Forensic, PICU, 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 acuity for patients with high-risk behaviours, increased therapeutic observations due to high rates of violence and aggression, falls and 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 and Kirby and days shifts only on Bosworth and Langley.</p> <p>Fill rate HCA night shifts only above 110% on Aston, Griffin, Gwendolen and Mill Lodge.</p>	<p>Fill rate: Aston ward had an average bed occupancy and acuity, there were 15 shifts that had 2 RNs on days, plus either a supernumerary Registered Nurse or 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) or supported by the charge nurse.</p> <p>On Gwendolen Ward there was a lower-than-normal bed occupancy (8 empty beds) during October 2025. There were 24-day shifts that had 2 RNs on duty, 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 (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, staff sickness and backfilling.</p>	
	<p>Nurse Sensitive Indicators: A review of the NSI's has identified an increase in the number of falls incidents from 63 in September to 105 in October 2025.</p>	<p>Nurse Sensitive Indicators: <u>Falls</u> AFPICU – 28 reported falls incidents occurred in Acute, Forensic and PICU services (AFPICU) in October 2025. There were no falls in this period reported as moderate harm or above. Rehabilitation – 5 falls incidents reported and none of moderate harm.</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>The number of medication incidents decreased from 12 in September to 11 in October 2025.</p>	<p>MHSOP – 72 falls incidents were reported in October 2025. Highest falls on Coleman (27) and Gwendolen (18) and Kirby (15). It is noted an increased number of patient falls whilst mobilising/standing and a high number of repeat unwitnessed falls. Staffing levels not identified as a contributing factor.</p> <p>1 fall was reported as moderate harm, the patient stumbled onto the commode, fractured hip and transferred to acute services. ISMR requested. 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><u>Medication errors</u> 7 no harm medication incidents and 4 reported as low harm for AFPICU, Rehab and MHSOP. Staffing levels not identified as a contributing factor.</p>	
FYPC. LDA in-patient	<p>Staffing: High Percentage of temporary workforce, key area to note – Beacon at 51.3%, Agnes and Welford ED above 30%.</p>	<p>Staffing: 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, patient complexity requiring therapeutic observations and mealtime supervision. 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 at the Grange.</p> <p>Fill rate below 80% for HCA on day shifts and night shifts at the Grange and on day shifts only at the 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) for a day shift, staffing levels were reviewed and adjusted according to patient acuity and bed occupancy. 2 RNs worked consistently on day shifts in October 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>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 for the month 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 increased from 1 in September to 4 in October 2025.</p> <p>The number of medication related incidents increased from 2 in September to 6 in October 2025.</p>	<p>Nurse Sensitive Indicators: <u>Falls</u> There were 4 falls incidents, all reported as no harm.</p> <p><u>Medication errors</u> 6 medication incidents were reported, 5 as no harm and 1 as low harm.</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
CHS Comm unity	No change to Key areas to note - City West, City East, and East South, due to high patient acuity. All hubs continue 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) implementation across the service.	
DMH Comm unity	<p>The next phase of the CMHT transformation continues. All CMHTs now have substantive team managers.</p> <p>Key area to note –City West has significant pressure due to high referral rates requiring longer management time in daily huddles and no change to MHSOP community teams.</p> <p>No change to key areas to note - Recruitment challenges within Crisis Resolution Home Team (CRHT) for registered clinicians working to OPEL level 3 and older adults Mental Health Liaison Service (MHLS)</p>	<p><u>CMHT Planned Care</u> 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. Targeted plan in place together with medical staff, to address high referral rates in City West. Mitigation includes daily huddles, staff working additional hours to progress backlog and medical job planning to prevent further build up.</p> <p><u>Urgent Care</u> 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 MHLS ‘older adults’ team. Recruitment challenges continue into Mental Health Practitioner (MHP) posts however successful recruitment to 3 posts made in MHLS and recruitment continues for additional 3 MHPs. Challenges in Mental Health Urgent Care Hub with MHP vacancies being backfilled with additional hours/temporary workforce. Recruitment continues with planned interviews.</p> <p><u>MHSOP Community</u></p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
		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.	
FYPC. LDA Comm unity	<p>No change to 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 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 October 2025, staffing challenges continue with key areas noted and clear actions in place to mitigate risks. There is a slight increase in agency usage and significant reduction in temporary workforce usage overall.
- CNSST II revised implementation progressing in 2 further Community Nursing Hubs in November 2025.
- Annual Establishment Inpatient Reviews and data collection commenced 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:	Quality and Safety Committee	
	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:	18 December 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	