



Quality and Safety Committee 17 February 2026

Safe Staffing December 2025

Purpose of the Report

This report provides a full overview of nursing safe staffing during the month of December 2025, including a summary/update of Allied Health Professional (AHP) and medical vacancies, key staffing areas to note, potential risks, and actions to mitigate to ensure that safety and care quality are maintained (table on page 4). This report triangulates in-patient nursing workforce metrics; fill rates, Care Hours Per Patient Day (CHPPD), Nurse Sensitive Indicators (NSI's) and patient experience feedback. (Scorecard, Appendix 1).

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 and Developing Workforce Safeguard 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.

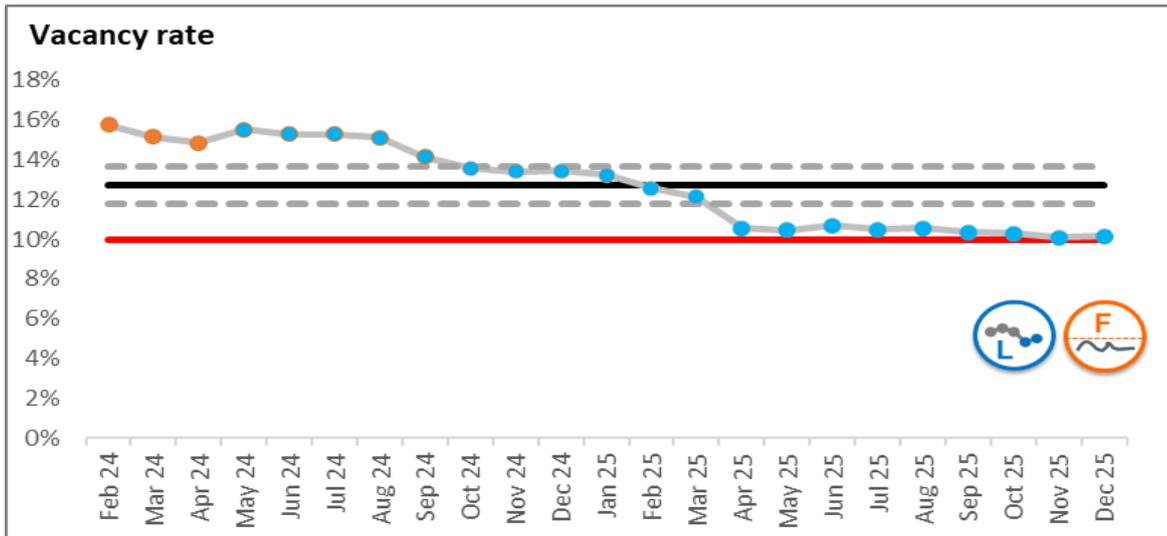
The Trust is required to demonstrate its position regarding mandatory submission of fill rates required by the Department of Health via UNIFY and paying attention to any variance below 80% and above 110%. The upload of these figures to UNIFY occurs on the 15th of each month following review and sign off by the Group Chief Nurse or designated deputy.

Analysis of the issue

Right Staff

Trust overall vacancy rate

In December 2025, the overall Trust vacancy rate was 10.2% slightly above the trust target of 10%. 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 226.4 Whole Time Equivalent (WTE) with a 11.2% vacancy rate, a decrease of 0.9% since November 2025.
 - Turnover for nurses is at 5.5% which is below the trusts target of 10%.
 - Sickness reported at 5.6% a decrease of 0.6% since November 2025.
 - A total of 4.6 WTE nursing staff (bands 5 to 8a) were appointed in December 2025.
- HCSW
 - Vacancy position is at 168.0 WTE with an 15.8% vacancy rate, an increase of 0.4% since November 2025.
 - Turnover rate is at 7.8%. which is below our internal target of no more than 10% turnover.
 - Sickness reported at 9.2 % which is an increase of 0.4% since November 2025.
 - A total of 6.5 WTE HCSW were appointed in December 2025.

Allied Health Professionals (AHPs)

- Vacancy position is at 76.0WTE with an 8.3% vacancy rate, an increase of 0.8% since November 2025.
- Turnover rate is at 9.1%. Which is below our internal target of no more that 10 % turnover.
- Sickness reported at 4.4%
- A total of 4.3 WTE AHP were appointed in December 2025.

Medical

- Vacancy position is at 13.1 with an 8.2% vacancy rate.
- Turnover rate is at 9.2%
- Sickness reported at 2.8%
- 1.0 WTE medical staff were appointed in December 2025.

Temporary workforce

- Temporary worker utilisation rate decreased this month by 0.59% reported at 26.09% overall, of this, Trust wide agency usage very slightly increased this month by 0.30% to 2.17% overall.

Right Skills

- Core and Clinical mandatory training compliance is currently compliant (green) on average across the Trust.
- Across the Trust, on average appraisal rates and clinical supervision remain consistently compliant (green).

Right Place

- The total Trust CHPPD average (including ward based AHPs) is calculated at 11.8 CHPPD (national average 10.8) for December 2025 consistent with November 2025.

December 2025 scorecard is presented in accessible format in **Appendix 1**. 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 mitigation.

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
CHS In-patients	<p>Staffing Key areas to note – Ward 3 St Lukes at 26.9%, East ward at 23.7% and ward 1 St Lukes 22.7% 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, vacancies and maternity leave,</p>	Amber
	<p>Fill rate:</p> <p>Fill rate above 110% of HCA day shifts on ward 1 and ward 3 St Lukes and East ward and HCA night shifts on Rutland, ward 1 and ward 3 St Lukes, East, and North wards.</p>	<p>Fill rate</p> <p>The number of wards using over 110% fill rate of HCSW has increased from four to five this month due to increased patient acuity and dependency and increased enhanced care. The focus on increased fill rate continues with monitoring any additional staffing requirements.</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>Grace Dieu opened 8 beds for 2 days in December 2025 and additional bed opening plan starting in January until end of March 2026, due to LLR wide system request for additional beds responding to winter capacity pressures.</p>	
	<p>Nurse Sensitive Indicators</p> <p>A review of the NSIs has identified a decrease in the number of falls incidents from 36 in November to 33 in December 2025. Ward area to note with the highest number of falls is Ellistown.</p>	<p>Nurse Sensitive Indicators</p> <p>It is noted that staffing levels were not a contributing factor when reviewing the nurse sensitive indicators.</p> <p>Falls</p> <p>Of the 33 falls reported, 17 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.</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>The number of medication incidents has decreased from 14 in November to 12 in December 2025. Ward areas to note with the highest number of medication incidents is Snibston.</p> <p>The number of category 2 pressure ulcers developed or deteriorated in our care has increased from 2 in November to 4 in December 2025.</p> <p>No category 4 pressure ulcer developed or deteriorated in LPT inpatient care in December 2025.</p>	<p><u>Medication incidents.</u> All medication incidents reported as low/no harm. The main theme was medication unavailability and omission and is being discussed at the CHS Medication group. 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> Pressure Ulcers category 2 developed in our care across 4 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. This has included refining the validation process for all pressure ulcers within care, leading to an additional monthly meeting commencing in February 2026. The CHS matron team also review ward mattress usage weekly, ensuring each patient is nursed on an appropriate mattress for their individual needs.</p> <p><u>Staffing Related Incidents</u> The number of safe staffing related incidents has reduced from 6 in November to 2 in December 2025 across 2 wards relating to, a reduction in staffing due to last minute sickness and shifts unfilled. Both incidents reported as no harm and planned staffing levels were maintained.</p>	

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DMH In-patients	<p>Staffing: High percentage of temporary workforce to meet planned staffing for Heather at 46.5%, Watermead at 39.0% and Gwendolen at 35.0% temporary workforce.</p> <p>AHP Staffing: Reduction in Technical Instructor (TI) posts in MHSOP due to 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, hospital escorts and staff sickness.</p> <p>Heather ward temporarily closed on the 31 December 2025 and moved to Thornton ward (until mid-February 2026) due to maintenance/estates work.</p> <p>AHP TI recruited into MHSOP with temporary workforce in place for physiotherapy. Currently sourcing temporary workforce for OT in Rehabilitation.</p>	

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	<p>Fill rate: Fill rate RN on day shifts below 80% on Gwendolen and above 110% on Griffin.</p> <p>Fill rate HCA day shifts and night shifts above 110% on Belvoir, Heather, Watermead, Coleman, Kirby and Langley. HCA day shifts only on Ashby.</p> <p>Fill rate HCA night shifts only above 110% Aston, Gwendolen and Mill Lodge.</p>	<p>Fill rate: On Gwendolen Ward there was a lower-than-normal bed occupancy ranging between 9 and 11 during December 2025. There were 23-day shifts that had 2 RNs on duty, the planned staffing is 3 RNs, on those days the reduced number of RNs was as a result of the reduced number of patients (occupancy) and further mitigated by adjusting the skill mix to include a Medicines Administration Technician's (MAT) or deploying an additional HCSW (also utilised when there are 2 RNs on shift) ensuring safe/planned staffing was maintained. There were 2 shifts with 1 RN which was mitigated by support by the Charge Nurse and move of a registered colleague from another ward.</p> <p>On Griffin ward increased RN fill rate on the day shift due to periods of increased therapeutic observations</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 101 in November to 67 in December 2025.</p>	<p>Nurse Sensitive Indicators:</p> <p>Falls</p> <p>AFPICU 8 reported falls incidents occurred in Acute, Forensic and PICU services (AFPICU) in December 2025. A falls incidents were low/no harm.</p> <p>Rehabilitation 6 falls incidents reported and none of moderate or higher harm.</p> <p>MHSOP 67 falls incidents were reported in December 2025. Highest falls on Kirby (31), Coleman (19) and Langley (8). It is noted an increased</p>	

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	<p>The number of medication incidents increased from 14 in November to 23 in December 2025.</p> <p>The number of category 2 pressure ulcers developed or deteriorated in our care decreased from 4 in November to 2 in December 2025.</p>	<p>number of unwitnessed falls, patient falls whilst mobilising/standing and patients placing themselves on the floor. Staffing levels not identified as a contributing factor.</p> <p>1 fall was reported as severe harm due to the patient falling after standing up from his chair and landing on his hip. Patient assessed by medical staff and transferred to acute services; 3 falls were reported as moderate harm ISMR's requested for all 4 falls incidents. All other falls reported in this period as no or low 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> 21 no harm medication incidents and 2 reported as low harm for AFPICU, Rehab and MHSOP. Themes include staff not following medication procedure, incorrect dose, discrepancy in counted medicine and electronic controlled drug register issue. Staffing levels not identified as a contributing factor.</p> <p><u>Pressure Ulcers</u> There were two category 2 pressure ulcers developed in our care across 2 wards, attributed to high-risk physical and mental health patient factors.</p>	
<p>FYPC.LD A in- patient</p>	<p>Staffing: High Percentage of temporary workforce, key areas to note – Agnes at 46.2%, Beacon at 43.8% and Welford ED at 36.9%.</p>	<p>Staffing: Highest temporary workforce (including over 6% Agency) on the Agnes unit currently operating on 3 pods and within their equivalent commissioned beds. Safe staffing is reviewed daily due to increased patient acuity and complexity staffing levels adjusted accordingly.</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</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating	
		<p>safe planned staffing due to high levels of acuity, increased therapeutic observations and complexity of young people.</p> <p>Mitigation remains in place; potential risks being closely monitored.</p> <p>Welford ED high 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>		
	<p>Fill Rate: Fill rate below 80% for RNs on day shifts and night shifts at the Grange.</p> <p>Fill rate below 80% for HCA on day shifts at the Gillivers and night shifts at the Grange.</p> <p>Fill rate above 110% for RN on days at the Gillivers and for HCA on days at the Beacon, Welford ED and Agnes unit.</p> <p>Fill rate above 110% for HCA on nights at the Agnes unit.</p>	<p>Fill rate: 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>Agnes unit staffing levels were reviewed and adjusted according to patient acuity leading to an increased fill rate for HCSW across day and night shifts.</p> <p>Beacon unit staffing levels were reviewed and HCSW staffing 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 leading to increased HCSW fill rate on the day and night shifts.</p>		
	<p>Nurse Sensitive Indicators: The number of falls incidents decreased from 6 in November to 3 in December 2025.</p>	<p>Nurse Sensitive Indicators: <u>Falls</u> There were 3 falls incidents, 1 reported as no harm and 2 as low harm.</p>		

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	The number of medication related incidents decreased from 6 in November to 5 in December 2025.	<p><u>Medication errors</u> 5 medication incidents were reported as no harm.</p>	
CHS Community	No change to Key areas to note - City West and City East due to high patient acuity. All hubs continue welcoming new staff and have new starters in the pipeline, resulting in backfill whilst staff are inducted and supernumerary. Overall community nursing Service OPEL has been level 2, working to level 2/3 actions.	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 and on-going review of agency usage and reduction. 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. Community nursing teams currently piloting new sitrep process to improve reporting standardisation.	
DMH Community	<p>The next phase of the CMHT transformation continues.</p> <p>Key area to note - City West has significant pressure due to high referral rates requiring longer management time in daily huddles and high sickness in MHSOP community teams.</p> <p>South Leicestershire and City East continue with significant waiting times for Community Psychiatric Nurse (CPN) input. PIER caseloads remain higher than national recommendation.</p> <p>Key areas to note - recruitment challenges within Crisis Resolution Home Team (CRHT), Mental Health Urgent Care Hub (MHUCH) and Central Access Point (CAP) for registered clinicians, nurses and HCSW's. Sickness impacting Crisis team. 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. PIER caseloads are monitored on a weekly basis and the team has additional bank and agency staff to support.</p> <p><u>Urgent Care</u> CRHT staffing model fluctuates in response to case load and clinical risk. OPEL level 3 enacted and team leads stepping into planned staffing to support safe staffing. Criminal Justice Liaison Diversion (CJLD) leavers expected in February 2026 and challenges continue in MHUCH with Mental Health Practitioner (MHP) vacancies being</p>	

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		<p>backfilled with additional temporary workforce. Active on-going recruitment.</p> <p><u>MHSOP Community</u> West Leicestershire CMHT dividing into 2 Neighbourhoods in line with CMHT transformation programme in January 2026. Increased sickness in Charnwood and City West CMHT's.</p>	
FYPC.LD A Community	<p>LDA Dynamic Support pathway and Discharge hub staffing reduced due to sickness and absence and now listed as a fragile service.</p> <p>Mental Health Support Teams (MHST) in schools experiencing significant increase in referrals and a number of City and County Healthy Together and School Nursing teams and LD physiotherapy.</p> <p>In Mental Health school team (MHST) challenge continues 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 with leads and system partners.</p> <p>Audiology is a fragile service within the directorate due to sickness and vacancies.</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>Prioritisation model in place for dynamic pathway and discharge hub and support being provided from other LDA group to minimise the impact.</p> <p>MHST continue to cover across localities and a deep dive review planned due to increased referrals and allocation processes to support reduced capacity due to sickness, special leave and maternity leave. The Triage and Navigation referral route continues and a peer review with Northampton Foundation Trust (NHFT) has been completed and plan developed.</p> <p>Healthy Together utilise a safe staffing model reviewed monthly by service leads and Clinical Team Leaders. The safe staffing model is based on percentages of staff in work. Actions are then taken to mitigate any clinical impact and temporary workforce being utilised.</p> <p>On-boarding of new starters in progress into Audiology service and continued weekend clinic provided by external company.</p>	

Summary

- Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback, and outcomes in December 2025, staffing challenges continue with key areas noted and clear actions in place to mitigate risks.
- Developing Workforce Safeguards trust updated self- assessment to be submitted to NHS England workforce regional team end of January 2026.
- Annual Establishment Inpatient Reviews to be reported to Executive Management Board February 2026.
- CNSSTII Professional judgement for remaining two hubs in the pilot planned for February 2026

Appendix 1- December 2025 Scorecard



Scorecard -
December 2025.xlsx

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.

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

Governance table

For Board and Board Committees:	Quality and Safety Committee
Paper sponsored by:	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:	17 February 2026
Name and date of other committee / forum at which this report / issue was considered:	None
Level of assurance gained if considered elsewhere	<input type="checkbox"/> Assured <input type="checkbox"/> Partially assured. <input type="checkbox"/> Not assured
Date of next report:	Bi-Monthly
THRIVE strategic alignment:	<input type="checkbox"/> Technology <input type="checkbox"/> Healthy communities <input type="checkbox"/> Responsive <input type="checkbox"/> Including everyone <input type="checkbox"/> Valuing our people <input checked="" type="checkbox"/> Efficient and effective
Board Assurance Framework considerations: (list risk number and title of risk)	<ol style="list-style-type: none"> 1. Deliver Harm Free care. 2. Services unable to meet Safe staffing requirements
Is the decision required consistent with LPT's risk appetite:	Yes
False or Misleading Information (FOMI) considerations:	None
Positive confirmation that the content does not risk the safety of patients or the public:	Yes
Equality considerations:	None