



## Quality and Safety Committee: 17 February 2026

### Six-month Safe and Effective Staffing review: July 2025 – December 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

- In December 2025, the Trust wide vacancy rate was 10.2% which has reduced significantly in the last 12 months.
- As of 31 December 2025, the vacancy rate overall for registered nursing (RN) is 11.2% which is an improved position compared to 13.7% at the end of June 2025. The 12-month rolling turnover rate for RNs is 5.8% and is a reducing trend.
- As of 31 December 2025, the vacancy rate overall for health care support workers (HCSW) is 15.6% which is slightly higher compared to 14.3% at the end of June 2024 with a 12-month rolling turnover rate of 8.1%
- The Trust Average Care Hours Per Patient Day (CHPPD) for inpatient areas for July to the end of December 2025 is 11.5 (national average 10.8).
- The overall average of fill rate for RNs and HCSW on all shifts has decreased compared to the previous 6 months demonstrating reduced staffing utilised over planned staffing levels.
- On average 25% of all planned shifts were filled by temporary staff across the 6-month period, a decrease from 28% average for the previous six months. Of the temporary worker utilisation, the average percentage filled by agency staff was 6% which is a decrease from 8% between January and June 2024.
- Compliance of core and clinical mandatory training for the Trust on average overall has been sustained as compliant (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 2025 across all inpatient areas using a triangulated methodology including national evidence-based tools, patient outcomes and professional judgement.

#### 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 19 August 2025 and to Trust Board in September 2025.

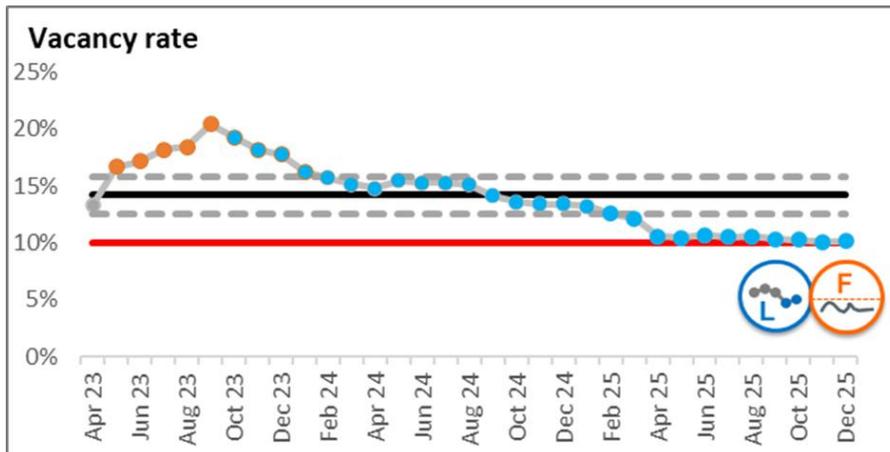
The monthly Trust safe staffing reports provide a triangulated overview of nursing safe staffing for in-patient areas and community teams. The report includes actual staffing against planned staffing (fill rates), Care Hours Per Patient Day (CHPPD) and quality and safety outcomes for patients sensitive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

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

## Right Staff

### Trust overall Vacancy Position

In December 2025, the Trust wide vacancy rate was 10.2%



The trust vacancy rate has reduced significantly in the last 12 months.

For 2025/26 our workforce plan shows a reduction 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 Recruitment Operational Group and Workforce Development Group which report into the Joint People and Culture Committee in Common

### Registered Nurses

As of 31 December 2025, the vacancy rate overall for registered nursing (RN) is 11.2% which is an improved position compared to 13.7% at the end of June 2025. Trust-wide recruitment projects continue to work towards substantive recruitment to our vacancies, as part of the Trust wide agency reduction and recruitment plan. The table below shows the RN vacancy numbers and vacancy rate for this reporting period.

	FTE budgeted	FTE actual staff in post	FTE vacancies	% vacancy rate
Registered Nurses	2062.3	1830.3	231.9	11.2%

At the end of December 2025, the 12-month rolling turnover rate for Registered Nurses is 5.8% 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 31 December 2025, the vacancy rate overall for health care support workers (HCSW) is 15.6% which is slightly higher compared to 14.3% at the end of June 2024. The table below shows the HCSW vacancy numbers and vacancy rate for this reporting period.

	FTE budgeted	FTE actual staff in post	FTE vacancies	% vacancy rate
Healthcare Assistants	1063.1	897.5	165.6	15.6%

At the end of December 2025, the 12-month rolling turnover rate for HCSWs is 8.1%. This is below the Trust's KPI of no more than a 10% turnover rate.

## Allied Health Professionals (AHP)

The table below shows the AHP vacancy numbers and vacancy rate for this reporting period.

	FTE budgeted	FTE actual staff in post	FTE vacancies	% vacancy rate
Dietetics	59.3	53.2	6.1	10.3%
Occupational Therapy	241.2	210.6	30.6	12.7%
Physiotherapy	233.8	216.1	17.8	7.6%
Podiatry	32.2	28.5	3.7	11.6%
SALT	100.9	105.1	-4.2	-4.1%

The Trust's Grow Our Group received a paper in Nov-25 that describes a five-year workforce forecast for each of the AHP professions. This work identified that Podiatry and Occupational Therapy had the biggest gaps in workforce supply. Further work is being undertaken to identify actions to mitigate the risk.

## 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.

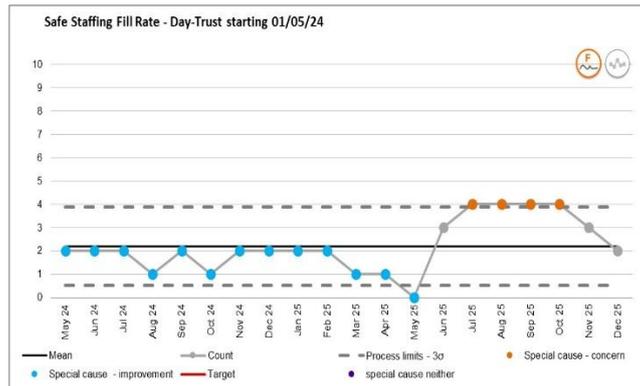
Trust wide	DAY		NIGHT	
	% of actual vs total planned shifts RN	% of actual vs total planned shifts care HCSW	% of actual vs total planned shifts RN	% of actual vs total planned shifts care HCSW
Jul-25	92.3%	109.8%	96.4%	120.1%
Aug-25	90.5%	109.1%	94.7%	116.9%
Sep-25	92.7%	112.8%	98.1%	118.1%
Oct-25	93.2%	109.5%	96.6%	117.3%
Nov-25	95.1%	105.5%	99.2%	115.7%
Dec-25	96.5%	108.7%	99.2%	115.9%
<b>Average</b>	<b>93.4%</b>	<b>109.2%</b>	<b>97.4%</b>	<b>117.3%</b>

The overall average of fill rate for RNs and HCSW on all shifts has decreased compared to the previous 6 months demonstrating reduced staffing utilised over planned staffing levels.

On average RN fill rate on day and nights shifts has been just below 100% across July – December 2025.

HCSW fill rate on both days and nights is above 100% of planned staffing levels, yet there has been a decrease on average of approximately 10% compared to the previous 6 months.

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



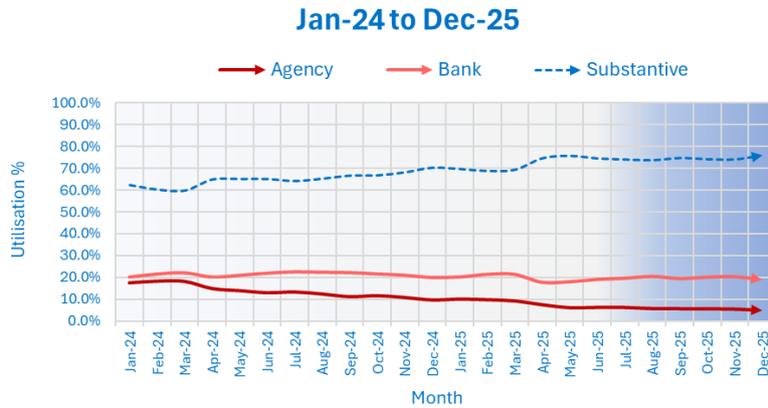
The chart above demonstrates variation in the number of wards reporting less than 80% fill rate for RNs on day shifts. 4 of the 6 months since July 2025 showed special cause variation with a decrease back to the mean in December 2025.

The area that has consistently reported under 80% RN fill rate in the day is the learning disability 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. Other areas to note have been Gwendolen, Agnes Unit, Dalgleish, Aston and Beacon due to reduced bed occupancy and patient need, mitigation included shifts covered by other professionals/managers and back fill of HCSW where needed,

Exception reporting is provided within the Trust monthly safe staffing report per Ward/Unit and by Directorate and through the trust performance board report.

## Temporary Workforce

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

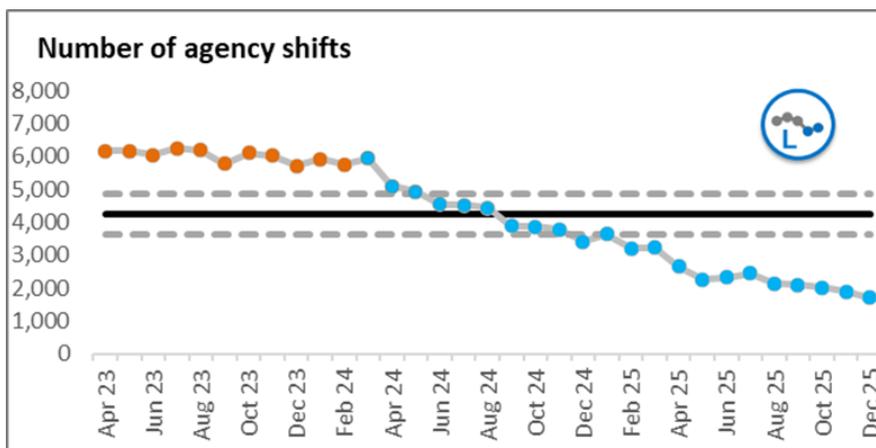


	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
<b>Agency</b>	<b>6.4%</b>	<b>5.9%</b>	<b>5.8%</b>	<b>5.7%</b>	<b>5.6%</b>	<b>5.0%</b>
Bank	19.7%	20.5%	19.6%	20.2%	20.4%	19.0%
Substantive	74.0%	73.6%	74.6%	74.1%	74.0%	75.9%

This shows the lowest use of agency and bank staff in December 2025 compared to the past 12 months.

This shows that on average 25% of all planned shifts were filled by temporary staff across the 6-month period, a decrease from 28% average for the previous six months. Of the temporary worker utilisation, the average percentage filled by agency staff was 6% which is a decrease from 8% between January and June 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, agency use is 6.0 FTE below our reduction trajectory.

## Right Skills

### Supervision and Appraisal

Substantive staff are compliant (green) for appraisal (95.5%) and clinical supervision (92.2%)

### Mandatory Training

All core and clinical mandatory training subjects are compliant for substantive and bank only staff on average overall for the Trust at the end of December 2025

## 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	11.8
Feb 25	11.5
Mar 25	11.2
Apr 25	11.5
May 25	11.6
June 25	11.8



The Trust CHPPD average (including ward based AHPs) for July to the end of December 2025 is 11.5 (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**

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 inpatient wards must undertake a full annual establishment review every 12 months, with a lighter review completed within the following 6 months.

### Inpatient Light Establishment Review

The outcomes and assurance from the light establishment reviews that commenced in April 2025 across all inpatient wards were agreed in July DMT's and final report was presented to Quality and safety Committee in August 2025.

The review used a triangulated methodology using national evidence-based tools, professional judgement, patient outcomes and comparison with the full annual establishment review outcomes from October 2024 with a deep dive into areas of significant variation.

For DMH, it was recommended to pilot the reduction of 1 registered nurse 2 days per week on Phoenix ward. For FYPCLDA and CHS directorates there was no recommended change with key areas to note for the full annual establishment review commencing in October 2025.

In September 2025 4 inpatient areas were reviewed due to consistent MHOIST recommendations below current planned staffing. Phoenix planned staffing reduced by 1 HCSW on the long day. Willows also had a reduction of additional staff for ward round days (1 HCSW 4 days per week) across Maple, Cedar and Sycamore wards. EQIA's and DMT agreement completed in September 2025.

## Inpatient Full Annual Establishment Review

The annual nursing staff establishment reviews commenced across all inpatient areas in October 2025 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 Group Chief Nurse/Executive Director of Nursing, AHPs and Quality in December 2025 and planned for Directorate DMT's in January 2026. The final report will be presented to Executive Management Board in February 2026.

## Community Nursing Safer Staffing Tool II (CNSSTII)

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 (NWL) 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 were presented to CHS Directorate DMT in August 2025.

Considering the recommendations of the CNSST II pilot in the NWL hub and impact of planned timeline across other hubs, this was revised to reduce the roll out plan to implement the CNSST II. All community nursing (CN) hubs were reviewed in line with demographics and caseload size. Four hubs were identified to mobilise the roll out with a view to extrapolate data from one CN hub to another with a similar caseload, demographic and function.

It was agreed to mobilise the CNSST II with two CN hubs running alongside each other with a roll out time frame reduction from 18 months to 6 months. Charnwood and Hinckley and Bosworth CN hubs completed the CNSST II (September to November 2025), and City West and East North commenced their roll out in November 2025 with planned completion in February 2026.

The new roll out plan enables mobilisation of the CNSST II across four hubs (and comparable hubs) to enable CNSST II data to be compared to the demand and capacity data aligned to the Community Nursing Transformation programme reporting to CHS DMT in February/March 2026.

## Workforce Safeguards self-assessment.

The Trust self-assessment was completed in June 2025, overall the Trust is compliant with the safeguard standards, with two standards meeting partial compliance, with no risk. Further work to achieve full compliance has progressed with a 6-month review and submission to NHS England workforce regional team, due at the end of January 2026.

## **Workforce Planning**

Effective workforce planning is vital to ensure appropriate levels of skilled staff are available to deliver safe, high-quality care to patients. 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 'New Role Implementation Pack' process is completed to ensure the correct governance and equality, quality, and impact assessment.

## **Enhanced Therapeutic Observations of Care (ETOC)**

Enhanced Therapeutic Observation and Care (ETOC)—often called enhanced care, 1:1s, specialising or therapeutic observations—is a structured, patient-centred intervention designed to support individuals at risk (e.g., self-harm, confusion, falls) with increased staff presence and therapeutic engagement.

In August 2024, NHS England launched a national ETOC improvement programme and the Trust has been represented on the national and regional groups and has a Trust wide EToC Group. Work is progressing with starting to draft an ETOC Policy, from our own policies and best practice guides, alongside scoping reasons for booking additional shifts to ensure accuracy and consistency of data.

ETOC will become an integral part of staffing establishment reviews and planned staffing requirements. The Trust has been invited to join cohort 4 of NHSE's Enhanced Therapeutic Observation and Care (ETOC) 90-day Collaborative which is a 90-day improvement programme, launching in February 2026.

## **Recruitment and Retention**

### **International Nurse Recruitment**

Attrition has remained low at 3.7% as of December 2025 for our Internationally Educated Nurses (IENs) onboarded.

We continue to support the grow your own component (originally known as 'Strand C') for IENs currently working in the Trust as HCSWs. Five staff have been successful in gaining their NMC registration with two staff awaiting their NMC PIN. A further three HCSW have expressed an interest in becoming a registrant with the NMC and have started the process required.

We are seeing success from our initial cohort of IEN's with seven nurses being promoted into Band 6 roles within 2 years of onboarding. One IEN has been successful securing a Band 7 post with a further IEN being encouraged to apply for a Band 7 post by their line manager.

Five IEN's have completed or completing the Director of Nursing and AHP Fellowship, to support their career progression.

Eight IENs attended the bespoke 5 module 'Living the Language' programme developed in collaboration with Occupational English Test (OET) and was successfully delivered between September and October 2025.

Five IENs attended the New Horizons Talent for Healthcare 'English Language' Master Classes.

A graduation event was held in September 2025 celebrating the success of an additional 76 IENs onboarded during 2023 & 2024. This brings the total number of IENs onboarded since November 2021 to September 2024 to 124.

## 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 Interim Preceptorship Quality Mark for Nursing is no longer valid from 31st Dec 2025 and the Trust is working towards the assessment for a Multidisciplinary Preceptorship Interim Quality Mark. The Policy has been updated and will be progressing through the governance routes as this will provide evidence to support our application. Expecting launch of finalised criteria in March 2026. We have linked in with NHFT's preceptorship lead, sharing best practice and comparing programmes.
- 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 1<sup>st</sup> June 2023 for extraordinary nurses for pride and meaningful recognition Trust-wide continues. From June 2023 to end December 2025, we received 69 nominations that meet the DAISY criteria, had 41 DAISY nominees and awarded 28 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.

		Staff by directorate			
PNA pipeline	No. of staff	CHS	FYPC/LD	DMH	Enabling
Qualified PNAs	23	3	11	9	0
Cohort 9 (Oct 25)	1	0	0	0	1
Cohort 10 (Jan 26)	3	1	0	1	1
Cohort 11 (Feb 26)	1	0	1	0	0
<b>Total</b>	<b>28</b>	<b>3</b>	<b>11</b>	<b>9</b>	<b>0</b>
Waiting list	9	1	5	3	0

We have 9 nurses on the waiting list for upcoming courses.

Meeting has taken place with UHL's designated PNA lead to share best practice, processes and learning.

### Grow Our Own Workforce

Grow our own (GOO) is a trust programme designed to support LPT staffing career progression in line with 'our future our way programme' and LPTs workforce plan.

### 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 37 staff on the RNDA programme, which is a decrease from 41 from the end of June 2025

4 staff have currently been recruited and commenced on programme in September 2025

Directorate/service	Open University Programme	De Montfort University Programme
CHS	12	6
DMH	10	1
FYPC/LD	6	2

### 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 17 individuals in training:

Directorate/service	Number of Candidates
CHS	9
DMH	5
FYPC/LDA	3

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.

### 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 – 14

School nurse – 6

### **Conclusion**

Group Chief Nurse/Executive Director of Nursing (DoN), AHPs and Quality confirms safe staffing aligns with NQB Safe Staffing and NHS Developing Workforce Safeguards guidance.

### **Proposal**

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

### **Decision required – Please indicate:**

<b>Briefing – no decision required</b>	
<b>Discussion – no decision required</b>	<b>x</b>
<b>Decision required – detail below</b>	

### **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 Linda Chibuzor, Group Chief Nurse/Executive Director of Nursing, Allied Health Professionals (AHPs) and Quality.												
Paper authored by:	Jane Martin, Assistant Director of Nursing and Quality												
Date submitted:	23.01.26												
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:	<table border="1"> <tr> <td>T - Technology</td> <td></td> </tr> <tr> <td>H – Healthy Communities</td> <td></td> </tr> <tr> <td>R - Responsive</td> <td>x</td> </tr> <tr> <td>I – Including Everyone</td> <td>x</td> </tr> <tr> <td>V – Valuing our People</td> <td>x</td> </tr> <tr> <td>E – Efficient &amp; Effective</td> <td>x</td> </tr> </table>	T - Technology		H – Healthy Communities		R - Responsive	x	I – Including Everyone	x	V – Valuing our People	x	E – Efficient & Effective	x
T - Technology													
H – Healthy Communities													
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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> ): Is the decision required consistent with LPT's risk appetite: False and misleading information (FOMI) considerations:	Services unable to meet safe staffing requirements Yes  None												
Positive confirmation that the content does not risk the safety of patients or the public	Yes												
Equality considerations:	None												