

Public Trust Board 31 March 2026

Safe Staffing January 2026

Purpose of the Report

This report provides a full overview of nursing safe staffing during the month of January 2026, 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.

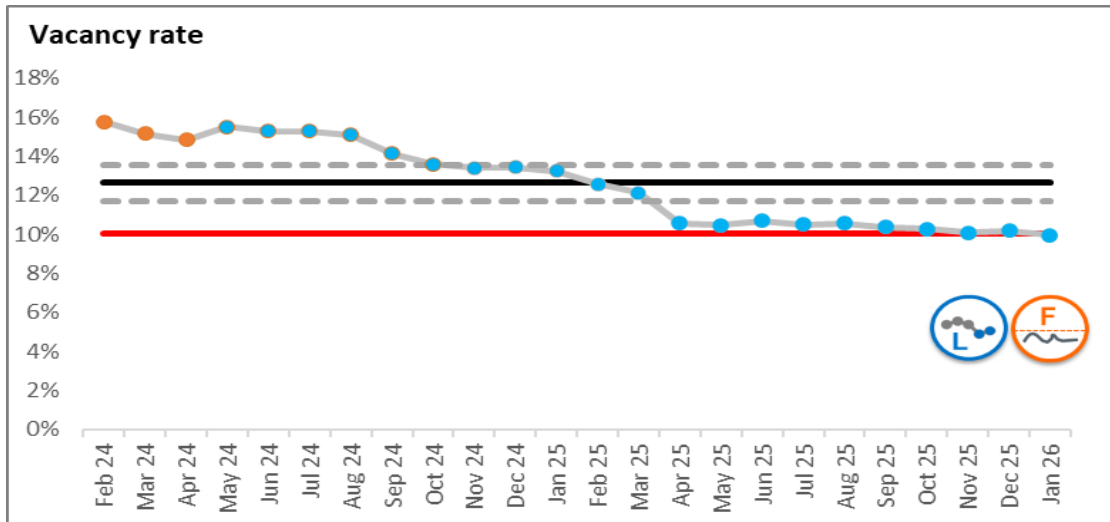
The Trust is required to demonstrate its position regarding mandatory submission of fill rates required by the Department of Health via UNIFY and paying attention to any variance below 80% and above 110%. The upload of these figures to UNIFY occurs on the 15th of each month following review and sign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

Analysis of the issue

Right Staff

Trust overall vacancy rate

In January 2026, the overall Trust vacancy rate was 10.0% which is the trust's overall target.



- **Registered Nurses**

- Vacancy position is at 223.1 Whole Time Equivalent (WTE) with a 11.0% vacancy rate, a decrease of 0.2% since December 2025.
- Turnover for nurses is at 5.8% which is below the trusts target of 10%.
- Sickness reported at 5.6% an increase of 0.3% since December 2025.
- A total of 15.5WTE nursing staff (bands 5 to 8a) were appointed in January 2026.

- **HCSW**

- Vacancy position is at 157.4WTE with an 14.6% vacancy rate, a decrease of 1.2% since December 2025.
- Turnover rate is at 8.0%. which is below our internal target of no more than 10% turnover.
- Sickness reported at 9.0% which is a decrease of 0.2% since December 2025.
- A total of 18.7WTE HCSW were appointed in January 2026.

Allied Health Professionals (AHPs)

- Vacancy position is at 71.8WTE with an 7.8% vacancy rate, a decrease of 0.5% since December 2026.
- Turnover rate is at 9.4%. Which is below our internal target of no more that 10 % turnover.
- Sickness reported at 4.2%
- A total of 9.9 WTE AHP were appointed in January 2026.

Medical

- Vacancy position is at 10.7WTE with an 8.2% vacancy rate remained the same since December 2025.
- Turnover rate is at 8.5%, a decrease of 0.7% since December 2025.
- Sickness reported at 1.4% which is a decrease of 1.4% since December 2025.
- No medical staff were appointed in January 2026.

Temporary workforce

- Temporary worker utilisation rate increased very slightly this month by 0.87% reported at 26.96% overall, of this, Trust wide agency usage decreased this month by 0.26% to 1.91% overall.

Group Sickness Absence Reduction Project

In line with the national medium term workforce planning guidance LPT (as part of their 3-year workforce plan) are working together with its group partners Northampton Healthcare Foundation Trust (NHFT) on achieving a reduction in sickness absence rates over the next 3 years. A detailed project and workplan is being developed reporting to the People and Culture Committee in February 2026.

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 Care Hours Per Patient Per Day (CHPPD average), including ward based AHPs, is calculated at 11.5 CHPPD (national average 10.8) for January 2026 consistent with December 2025.

January 2026 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 – Gracedieu at 78.6%, Ward 3 St Lukes at 27.6% and Swithland 26.3% temporary workforce.</p>	<p>Staffing Daily staffing reviews, staff movement to ensure substantive Registered Nurse (RN) cover in each area, or regular bank and agency staff for continuity, e-rostering reviewed.</p> <p>High temporary workforce usage on Gracedieu Ward is due to an additional 18 beds opened on 5 January 2026 in response to Leicestershire Leicester Rutland (LLR) system request in response to winter capacity pressures. Swithland and ward 3 St Lukes due to sickness and vacancies.</p> <p>Temporary workforce to meet planned staffing has reduced significantly below 25% across 12 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
CHS In-patients	<p>Fill rate:</p> <p>Fill rate below 80% for RN on days shifts on East ward.</p> <p>Fill rate below 80% for HCSW on day and nights shifts on Gracedieu.</p> <p>Fill rate above 110% of HCSW day shifts on ward 3 St Lukes and above 110% of HCSW night shifts on all wards except Beechwood, Dalgleish, ward 1 St Lukes and Ellistown.</p>	<p>Fill rate</p> <p>Reduced RN fill rate on East ward, planned staffing is 4 RNs (day), they had 3 RNs and 1 Registered Nurse Associate (RNA) for 27-day shifts during January 2026, in total four registered staff, skill mixed.</p> <p>Reduced HCSW fill rate on Gracedieu, planned staffing is 4 HCSW (day) and 3 HCSW (night). Gracedieu had 4 HCSWs for 16-day day shifts and 3 HCSWs for 21-night shifts during January 2026. HCSWs moved from neighbouring wards to ensure safe staffing levels maintained, daily staffing reviews in place and closely managed.</p> <p>The number of wards using over 110% fill rate of HCSW has increased from five to nine 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</p>	Amber

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
		increase in the fill rate above 110%. The process is closely managed and monitored ensuring patient safety.	
CHS In-patients	<p>Nurse Sensitive Indicators</p> <p>A review of the NSIs has identified an increase in the number of falls incidents from 33 in December 2025 to 62 in January 2026. Ward areas to note with the highest number of falls is Swithland, Charnwood and Clarendon.</p> <p>The number of medication incidents has increased from 12 in December 2025 to 17 in January 2026. Ward areas to note with the highest number of medication incidents is Beechwood, Snibston, Swithland and ward 4 Coalville.</p> <p>The number of category 2 pressure ulcers developed or deteriorated in our care has increased from 4 in December 2025 to 10 in January 2026. Rutland ward has the highest number of pressure ulcers cat 2.</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 62 falls reported, 38 falls resulted in no harm, 23 falls resulted in low harm and 1 fall resulted in moderate harm. An Incident Service Management Review (ISMR) was completed and reviewed at the CHS ISMR meeting. The weekly falls meeting continues across all areas discussing themes and improvements in care. All falls discussed at monthly Quality Leads meeting. A focused deep dive into the increased number of falls this month is planned.</p> <p>Medication incidents.</p> <p>All medication incidents reported as 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>Pressure Ulcers</p> <p>Pressure Ulcers category 2 developed in our care across 6 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 (TVN). This has included refining the</p>	Amber

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>No category 4 pressure ulcer developed or deteriorated in LPT inpatient care in January 2026.</p>	<p>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. A focused deep dive into the increased number of category 2 pressure ulcers this month is planned.</p> <p><u>Staffing Related Incidents</u> The number of safe staffing related incidents has increased from 2 in December 2025 across 2 wards to 31 in January across 10 wards. the themes of reported incidents are relating to, a reduction in staffing due to last minute sickness and shifts unfilled for additional staff above planned staffing/enhanced care. All staffing related incidents reported as low/no harm and planned staffing levels were maintained.</p>	
<p>DMH In-patients</p>	<p>Staffing: High percentage of temporary workforce to meet planned staffing for Belvoir at 43.9% and Watermead at 41.0% temporary workforce.</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 remains temporarily closed and based on Thornton ward (until mid-February 2026) due to maintenance/estates work.</p>	<p>Amber</p>

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>Allied Health Professional (AHP) Staffing: Reduction in Technical Instructor (TI) posts in Mental Health Services for Older People (MHSOP) due to vacancies. Long term sickness in Occupational Therapy (OT) in Acute, Forensic, Psychiatric Intensive Care Unit (PICU), rehabilitation and MHSOP physiotherapy.</p>	<p>AHP Therapy Instructor (TI) recruited into MHSOP with temporary workforce in place for physiotherapy. Currently sourcing temporary workforce for OT in Rehabilitation.</p>	
<p>DMH In-patients</p>	<p>Fill rate: Fill rate RN on day shifts below 80% on Beaumont and fill rate above 110% on Griffin.</p> <p>Fill rate HCSW day shifts and night shifts above 110% on Ashby, Belvoir, Watermead, Coleman, Kirby and Langley.</p> <p>Fill rate HCSW night shifts only above 110% on Beaumont, Gwendolen and Mill Lodge.</p>	<p>Fill rate: On Beaumont ward planned staffing is 3 RNs (day) they had 2 RNs and 1 RNA on duty for 14-day shifts during January 2026. Three registered staff in total, skill mixed. Safe staffing levels maintained, staffing reviews in place and closely managed. Griffin ward increased RN fill rate on the day shift due to periods of increased therapeutic observations and additional staff required.</p> <p>HCSW 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>Amber</p>
<p>DMH In-patients</p>	<p>Nurse Sensitive Indicators: A review of the NSI's has identified an increase in the number of falls incidents from 67 in December 2025 to 89 in January 2026.</p>	<p>Nurse Sensitive Indicators: Falls Acute Forensic and Psychiatric Intensive Care Unit (AFPICU) 14 reported falls incidents occurred in Acute, Forensic and PICU services (AFPICU) in January 2026. No moderate harm or higher harm reported.</p>	<p>Amber</p>

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>The number of medication incidents decreased from 23 in December 2025 to 20 in January 2026.</p> <p>The number of category 2 pressure ulcers developed or deteriorated in our care remained at 2 in December 2025 and January 2026.</p>	<p>Rehabilitation 4 falls incidents reported and none of moderate or higher harm.</p> <p>MHSOP 71 falls incidents were reported in January 2026. Highest falls on Kirby (36), Coleman (13) and Langley (11). It is noted an increased number of unwitnessed falls found by staff and patients placing themselves on the floor. Staffing levels not identified as a contributing factor. 1 fall was reported as moderate harm. 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>Medication errors 15 no harm medication incidents and 5 reported as low harm for AFPICU, Rehab and MHSOP. Themes include staff not following medication procedure, incorrect prescribing, medication omitted, medication lost and electronic controlled drug register issue. Staffing levels not identified as a contributing factor.</p> <p>Pressure Ulcers There were two category 2 pressure ulcers developed in our care on 1 ward, attributed to high-risk physical and mental health patient factors. Both incidents reported as low harm and patient care being supported by tissue viability nurses.</p>	

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
FYPC.LD A in-patient	<p>Staffing: High Percentage of temporary workforce, key areas to note – Beacon at 41.6%, Agnes at 39.0% and Welford ED at 31.9%.</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 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>	Amber
FYPC.LD A in-patient	<p>Fill Rate: Fill rate below 80% for RNs on day shifts at the Beacon and the Grange.</p> <p>Fill Rate below 80% for RNs on night shifts at the Grange.</p> <p>Fill rate below 80% for HCSWs on day shifts at the Gillivers And the Grange.</p> <p>Fill rate above 110% for RN on days and nights at the Gillivers.</p>	<p>Fill rate: No incidents reported relating to staffing levels.</p> <p>Beacon unit planned staffing is 3 RNs (day) 7 shifts had 3 RN's during January 2026. Safe staffing levels maintained with 2 RNs minimum supported by the unit matron based on the number of patients and levels of acuity/complexity. Daily staffing reviews in place and closely managed.</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 HCSWs on days and nights for the month in both services, that also provide cross cover.</p>	Amber

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	Fill rate above 110% for HCSWs on nights on Welford ED.	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 night shifts.	
FYPC.LD A in-patient	<p>Nurse Sensitive Indicators: The number of falls incidents increased from 3 in December 2025 to 4 in January 2026.</p> <p>The number of medication related incidents remained at 5 in December 2025 and in January 2026.</p>	<p>Nurse Sensitive Indicators: Falls There were 4 falls incidents, 2 reported as no harm and 2 as low harm.</p> <p>Medication errors 5 medication incidents were reported as no harm.</p>	Amber
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 including the review of senior nurse role. Community Nursing Safer Staffing Tool II (CNSST II) implementation continues across the service.	Amber
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 to review patient tracker list, case management and waiting times for Community Psychiatric Nurse (CPN) input. PIER caseloads remain high.</p>	<p>CMHT Planned Care 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 overall are starting to reduce. The team has additional bank and agency staff to support.</p>	Amber

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>Key areas to note - recruitment challenges within Crisis Resolution Home Team (CRHT), Mental Health Urgent Care Hub (MHUCH) for registered clinicians, nurses and HCSW's. Sickness impacting Crisis team. Working to OPEL level 3.</p>	<p><u>Urgent Care</u></p> <p>CRHT staffing model fluctuates in response to case load and clinical risk. OPEL level 3 enacted team leads continue stepping into planned staffing to support safe staffing. Criminal Justice Liaison Diversion (CJLD) leavers expected in February 2026 and challenges continue in MHUCH, Place of Safety Assessment Unit (PSAU) and Mental Health Response Vehicle service with Mental Health Practitioner (MHP) vacancies being backfilled with additional temporary workforce. Active on-going recruitment.</p> <p><u>MHSOP Community</u></p> <p>West Leicestershire CMHT staffing shortages due to long term sickness mitigation includes support within the neighbourhood and by Northwest Leicestershire CMHT. Increased sickness in City West CMHT's being supported by planned care CMHT's.</p>	
<p>FYPC.LD A Community</p>	<p>Learning Disability Autism (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, a number of City and County Healthy Together teams and LD physiotherapy experiencing significant increase in referrals</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</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>Amber</p>

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>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 remains a fragile service within the directorate due to high sickness levels and vacancy.</p> <p>Child Adolescent Mental Health Service Eating Disorder Team (CAMHS EDT) staffing significantly reduced due to sickness/maternity leave now listed as a fragile service.</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>Audiology service has continued weekend clinic provided by external company until June 2026.</p> <p>Prioritisation model currently in place for CAMHS EDT to ensure clinical safety and reviewed at safe staffing and acuity meetings.</p>	

Summary

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

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:	Trust Board
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:	31 March 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