

Quality and Safety Committee 16 June 2026

Safe Staffing April 2026

Purpose of the Report

This report provides a full overview of nursing safe staffing during the month of April 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 as presented 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 report safe staffing to board monthly and 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.

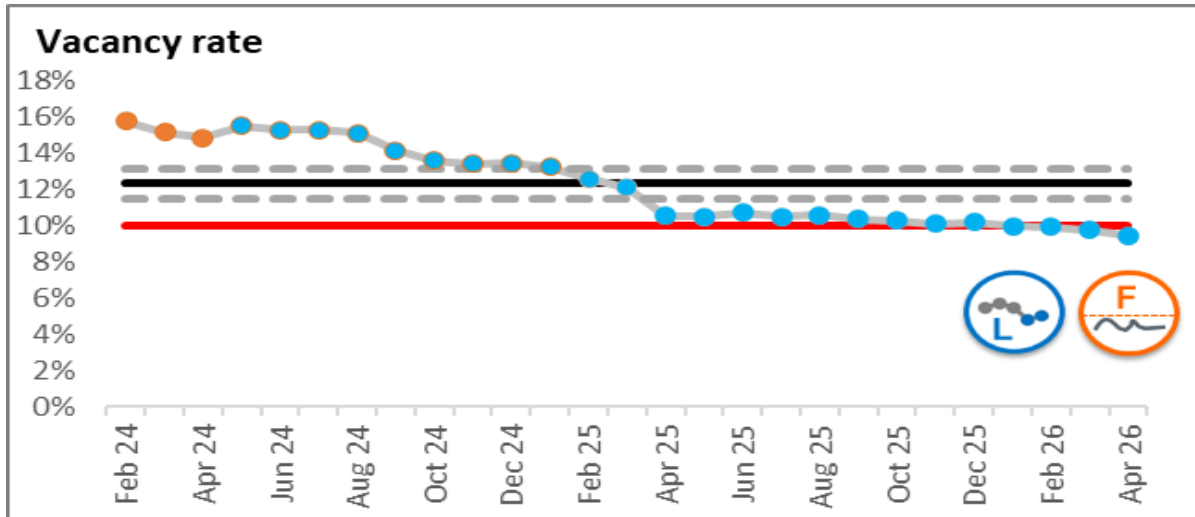
The Trust demonstrates its position regarding mandatory submission of fill rates required by the Department of Health via UNIFY and paying attention to any variance below 80% and above 110%. The upload of these figures to UNIFY occurs on the 15th of each month following review and sign off by the Group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

Analysis of the issue

Right Staff

Trust overall vacancy rate

In April 2026, the overall Trust vacancy rate was 9.4% which is slightly below the Trust target of 10%.



Registered Nurses

- Vacancy position is at 221.1 Whole Time Equivalent (WTE) with a 11.0% vacancy rate, a decrease of 0.2% since March 2026.
- Turnover for nurses is at 5.8% which is below the Trust target of 10%.
- Sickness reported at 6.6 % a decrease of 0.3% since March 2026.
- A total of 8.2 WTE nursing staff (bands 5 to 8a) were appointed in April 2026.

Health Care Support Worker (HCSW)

- Vacancy position is at 168.1 WTE with a 15.6% vacancy rate, an increase of 1.0% since March 2026.
- Turnover rate is at 7.9%. which is below our internal target of no more than 10%.
- Sickness reported at 7.4% which is an increase of 0.8% since March 2026.
- A total of 15.3 WTE HCSW were appointed in April 2026.

Allied Health Professionals (AHPs)

- Vacancy position is at 50.2 WTE with a 5.6% vacancy rate, a decrease of 1.3% since March 2026.
- Turnover rate remains at 8.7%, which is below our internal target of no more than 10 % turnover.
- Sickness reported at 4.4%, which is a slight increase from 4.1% reported in March 2026.
- 1.0WTE AHP was appointed in April 2026.

Medical

- Vacancy position is at 12.8 WTE with a 8.0 % vacancy rate with an increase of 0.3% since March 2026.
- Turnover rate is at 9.7%, an increase of 0.4% since March 2026.
- Sickness reported at 1.5% which is an increase of 0.6% since March 2026.
- No medical staff were appointed in April 2026.

Temporary workforce

- Temporary worker utilisation rate reduced this month by 4.1 % reported at 22.66% overall, of this, Trust wide agency usage decreased this month by 0.96% to 1.44% overall.

Right Skills

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

Right Place

- In April 2026, the total Trust Care Hours Per Patient Per Day (CHPPD average), including ward based AHPs, is calculated at 11.1 CHPPD (national average 10.8) consistent with March 2026.

April 2026 staffing scorecard is presented in accessible format in **Appendix 1**.

Table 1 below identifies key areas to note for April 2026 from a safe staffing, quality, patient safety, and experience review, including high temporary workforce utilisation and fill rate with actions and mitigation. Following this triangulation Table 1 reports exceptions to planned staffing of a low or moderate risk.

The table is presented, and RAG rated using the thresholds and tipping points as described in the Trust Safe staffing policy:

Level of Risk	RAG rating
Low	GREEN
Moderate	AMBER
High	RED
Unmitigated	BLACK

Table 1 – Key Areas to Note

Area	Situation/Potential Risks and Actions/Mitigations	Risk rating
<p>CHS In-patients</p>	<p>Temporary workforce utilisation higher for:</p> <p>Rutland ward at 31.8% of which 6.3% was agency.</p> <p>Ward 3 St Lukes and Swithland over 25% temporary workforce due to vacancies and sickness.</p> <p>Daily staffing reviews, and staff movement to ensure substantive Registered Nurse (RN) cover in each area, or regular bank and agency staff for continuity to mitigate the risks.</p> <p>Following Snibston ward being a key area to note in March 2026, all Nurse Sensitive Indicators within normal parameters in April 2026. No further actions needed.</p>	<p>Green</p>
<p>CHS In-patients</p>	<p>Fill rate</p> <p>Fill rate below 80% for RN Day shifts on East ward was mitigated by having a registered nursing associate as the fourth registered staff member.</p> <p>Fill rate above 110% of HCSW day shifts on ward 3 St Lukes, and Swithland</p> <p>Fill rate above 110% of HCSW night shifts on Beechwood, Rutland, Ward 1 and Ward 3 St Lukes, Ellistown, North and Swithland</p> <p>HCSW fill rate above 110% is due to increase in patient acuity and dependency, increased Enhanced Therapeutic Observations of Care (ETOC) following transfer from acute providers requiring additional staff to meet the patient care needs.</p>	<p>Green</p>

Area	Situation/Potential Risks and Actions/Mitigations	Risk rating
CHS In-patients	<p>Nurse Sensitive Indicators (NSIs)</p> <p><u>Falls</u> Falls reduced to 36 from 39.</p> <p><u>Medication incidents</u> Medication incidents increased from 19 in March to 25 in April 2026. Awaiting feedback on causes.</p> <p><u>Pressure Ulcers</u> The number of category 2 pressure ulcers developed or deteriorated in our care has increased from 6 in March to 8 in April 2026. Pressure ulcer improvement work continues with weekly and additional monthly meetings starting in April to monitor the refined validation process for all pressure ulcers in care. Ward mattress usage is also monitored on a weekly basis.</p> <p><u>Staffing Related Incidents</u> The number of safe staffing related incidents increased from 11 in March to 12 in April 2026 across seven wards. Incidents reported were relating to a reduction in staffing due to sickness, high acuity and patients requiring Enhanced Therapeutic Observations of Care (ETOC), supporting a single site ward, shifts unfilled and temporary staff not attending booked shifts. All staffing related incidents reported as low/no harm.</p>	Green
DMH In-patients	<p>Staffing: High percentage of temporary workforce to meet planned staffing for Belvoir and Watermead over 45.0% temporary workforce. Heather and Bosworth over 30%. 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 backfilling with additional HCSW's so staff can be moved to support Thornton ward.</p> <p>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>	Green

Area	Situation/Potential Risks and Actions/Mitigations	Risk rating
	<p>Allied Health Professional (AHP) Staffing: No change - 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. Therapy Instructor (TI) recruited into MHSOP with temporary workforce and staff movement in place for physiotherapy. Currently sourcing temporary workforce for OT in Rehabilitation.</p>	
<p>DMH In-patients</p>	<p>Fill rate: Fill rate RN Day shift below 80% on Gwendolen. Planned staffing is 3 RN (day), this can include a Medicines Administration Technician (MAT) who are not included in the calculation of the RN fill rate. 12 shifts were mitigated with a MAT. Bed occupancy was reduced during April 2026. Safe staffing levels maintained staffing reviews in place and closely managed.</p> <p>Fill rate HCSW on day shifts above 110% on Ashby, Beaumont, Belvoir, Bosworth, Heather, Watermead, Kirby, Langley and Stewart House</p> <p>Fill rate HCSW night shifts above 110% on Ashby, Beaumont, Belvoir, Bosworth, Heather, Watermead, Coleman, Gwendolen, Kirby, and Mill Lodge.</p> <p>HCSW fill rate above 110% was due to increased patient acuity and dependency requiring increased therapeutic observations to manage increased incidences of violence, physical aggression and behavioural distress, patients requiring up to 4-5 staff for personal care, management of falls and deterioration in mental and physical health needs, patient escorts, and urgent transfers to acute hospital.</p>	<p>Green</p>
<p>DMH In-patients</p>	<p>Nurse Sensitive Indicators:</p> <p>Falls A decrease in the number of falls incidents from 76 in March to 50 in April 2026. 1 moderate harm fall reported, patient transferred to acute services and an Incident Service Management Review (ISMR) requested. All other falls were reported as low, or no harm and staffing was not identified in initial review as a contributory factor. 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>Green</p>

Area	Situation/Potential Risks and Actions/Mitigations	Risk rating
	<p><u>Medication Incidents</u> The number of medication incidents decreased from 25 in March to 20 in April 2026. All incidents were reported as no, or low harm and staffing was not a contributory factor.</p> <p><u>Pressure Ulcers</u> The number of category 2 pressure ulcers developed or deteriorated in our remained at 2 in March and April 2026. The pressure ulcers developed in our care attributed to high-risk physical and mental health patient factors. All incidents reported as low harm and patient care being managed with tissue viability support and guidance.</p> <p>It is noted that all nurse sensitive indicators decreased this month on Heather and Kirby wards.</p>	
FYPC.LDA in- patient	<p>Staffing: 44.9% temporary workforce at Beacon to ensure continuity of care to meet safe planned staffing due to high levels of acuity/complex needs and increased therapeutic observations to maintain patient safety.</p> <p>Agnes Unit at 30.8% of which 9.8% was agency. One patient remains requiring up to six staff to deliver safe and effective care.</p> <p>Safe staffing is reviewed daily due to increased patient acuity and complexity with staffing levels adjusted accordingly.</p> <p>Beacon and Agnes Unit continue with reliance on high temporary workforce usage with advance booking of staff. Mitigation remains in place; potential risks being closely monitored.</p>	Green
FYPC.LDA in- patient	<p>Fill Rate: Below 80% for RNs on day shifts and night shifts at the Grange and below 80% for HCSWs on day shifts at the Grange and Gillivers.</p> <p>Above 110% for RN on days at the Agnes unit and Gillivers and above 110% for HCSWs on day shifts at the Beacon and day and night shifts on Welford ED.</p>	Green

Area	Situation/Potential Risks and Actions/Mitigations	Risk rating
	<p>The Grange & Gillivers offer planned respite care, 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. Mitigation was provided with cross cover for significant reduced RN fill rate on the day and nights shifts at the Grange during April 2026. Work is in progress to align the Gillivers and the Grange fill rate analysis, to potentially enable joint reporting as short breaks going forward recommendation being considered by Directorate Management Team in June 2026.</p> <p>Staffing levels reviewed and adjusted accordingly at the Agnes unit. Increased RN fill rate continues due to high patient acuity and support required on Pod 1. Beacon unit continue with high levels of acuity and patient complexity.</p> <p>Welford ED continues with high patient acuity, a number of patients requiring additional staff to provide increased therapeutic observations, supervision at mealtimes and Naso-Gastric feeding.</p>	
FYPC.LDA in- patient	<p>Nurse Sensitive Indicators:</p> <p><u>Falls</u> The number of falls incidents decreased from 5 in March to 3 in April 2026. All reported as low/no harm and staffing was not a contributory factor. No significant changes in falls since last month.</p> <p><u>Medication Incidents</u> The number of medication related incidents increased from 4 in March to 5 in April 2026 and staffing was not a contributory factor.</p>	Green
CHS Community	<p>Overall community nursing Service OPEL has been level 2, working to level 2/3 actions.</p> <p>Daily review of caseloads and of all non-essential activities including review of auto planner and on-going reprioritisation of patient assessments. Ongoing quality improvement work focusing on pressure ulcer and insulin continues. The community nursing transformation programme has concluded with the implementation of the recommendation of the senior nurse role. Community Nursing Safer Staffing Tool II (CNSST II) implementation continues across the service.</p>	Green

Area	Situation/Potential Risks and Actions/Mitigations	Risk rating
DMH Community	<p>The next phase of the Community Mental Health Team (CMHT) transformation continues.</p> <p>Key areas to note - Mental Health Urgent Care Hub (MHUCH) for registered clinicians, nurses and HCSW's. Sickness impacting the Crisis team. Working to OPEL level 3.</p> <p>Crisis Resolution Home team (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. 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 targeted ongoing recruitment. Challenges in Criminal Justice Liaison and Diversion (CJLD) due to sickness mitigated by leadership team stepping into planned staffing.</p> <p>AHP Community</p> <p>Occupational therapy posts in Adult Mental services in City West, City East, Charnwood, East Leicestershire, Forensics and Mental Health Services for Older People in South Leicestershire, Melton, Rutland and Harborough and Charnwood affected by vacancies, sickness, and maternity leave.</p> <p>New ways of working to support workflow and reduction in waiting times in continue. Registered staff currently being aligned to new neighbourhoods. Attendance at referral huddles by OTs identified increase in referral rates. MHSOP community OT team cross covering across LLR to support waiting list management.</p>	Green
FYPC.LDA Community	<p>Learning Disability (LD) city and county nursing, LD access and LD Crisis Response Intensive Support Team (CRIST) continue as areas to note due to maternity leave and sickness.</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>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 and Dynamic Support team also listed as fragile service.</p>	Green

Area	Situation/Potential Risks and Actions/Mitigations	Risk rating
	<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 and Child Adolescent Mental Health Service Young Persons team (CAMHS YPT) also due to maternity and sickness, alongside significant increase in complex referral and attendance of Looked After Children (LAC) in the emergency department.</p> <p>Mitigation continues in place with potential risks being closely monitored within Directorate. Safer staffing plans/models reviewed including teams operating in a service prioritisation basis.</p>	

Summary

- Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback, and outcomes in April 2026, staffing challenges continue with clear actions in place to mitigate the risks and as such are rated overall as (Green) low risk.
- The key areas to note are identified and discussed at daily safe staffing huddles within directorate and actions put in place to manage any immediate risks.
- Key areas to note and mitigations are escalated monthly to Directorate Management Team meetings.
- Table 1 demonstrates mitigations and actions to safely manage the staffing risks and planned longer term improvements related to workforce and nurse sensitive indicators.

Appendix 1 – April 2026 scorecard



Scorecard - April
2026.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 16.06.2026
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:	16 June 2026
Name and date of other committee / forum at which this report / issue was considered:	Executive Management Board 7.6.2026
Level of assurance gained if considered elsewhere	<input checked="" 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)	BAF 04 Timely Access BAF 05 Patient Safety BAF 07 Culture BAF 08 Workforce resourcing strategies
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