

## Quality & Safety Committee 21 April 2026

### Safe Staffing February 2026

#### Purpose of the Report

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

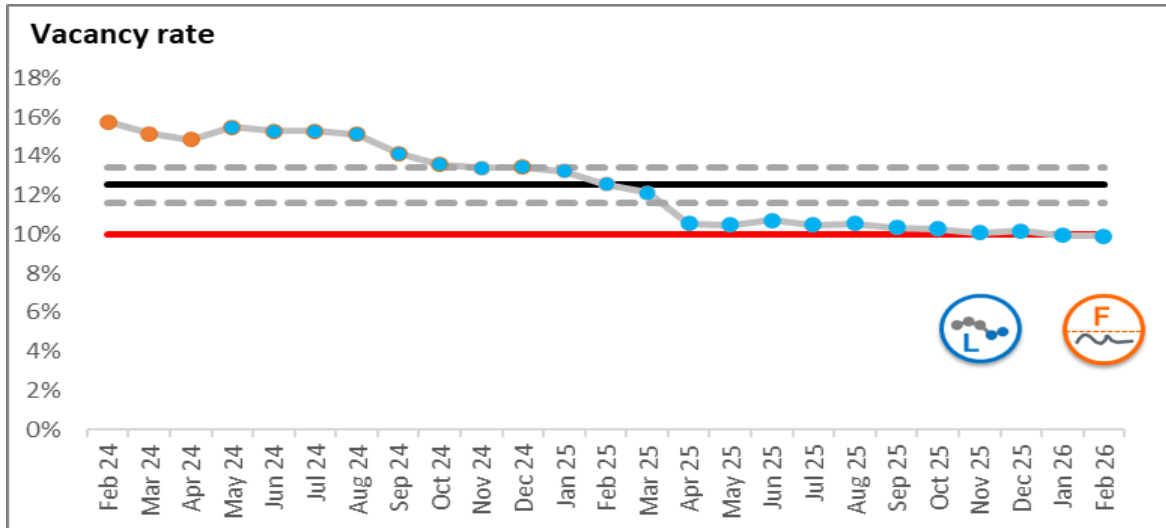
The Trust demonstrates its position regarding mandatory submission of fill rates required by the Department of Health via UNIFY and paying attention to any variance below 80% and above 110%. The upload of these figures to UNIFY occurs on the 15<sup>th</sup> of each month following review and sign off 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 February 2026, the overall Trust vacancy rate was 9.9% which is slightly below trusts target of 10%.



### Registered Nurses

- Vacancy position is at 224.9 Whole Time Equivalent (WTE) with a 11.2% vacancy rate, an increase of 0.2% since January 2026.
- Turnover for nurses is at 6.0% which is below the trusts target of 10%.
- Sickness reported at 5.9% an increase of 0.3% since January 2026.
- A total of 7.1 WTE nursing staff (bands 5 to 8a) were appointed in February 2026.

### HCSW

- Vacancy position is at 160.1WTE with a 15.1% vacancy rate, an increase of 0.5% since January 2026.
- Turnover rate is at 8.1%. which is below our internal target of no more than 10%.
- Sickness reported at 8.0% which is a decrease of 1.0% since January 2026.
- A total of 11.8 WTE HCSW were appointed in February 2026.

### Allied Health Professionals (AHPs)

- Vacancy position is at 67.6 WTE with an 7.4% vacancy rate, a decrease of 0.4% since January 2026.
- Turnover rate is at 8.8%, which is below our internal target of no more that 10 % turnover.
- Sickness reported at 4.0%, which is a slight decrease from 4.2% reported in January 2026.
- A total of 8.8 WTE AHP were appointed in February 2026.

## Medical

- Vacancy position is at 11.3 WTE with an 7.0 % vacancy rate with a decrease of 1.2% since January 2026.
- Turnover rate is at 9.1%, an increase of 0.6% since January 2026.
- Sickness reported at 0.8% which is a decrease of 0.6% since January 2026.
- A total of 1.0 WTE medical staff were appointed in February 2026.

## Temporary workforce

- Temporary worker utilisation rate increased very slightly this month by 0.98% reported at 27.94% overall, of this, Trust wide agency usage increased this month by 0.81% to 2.72% overall.

## Group Sickness Absence Reduction Project

In line with the national medium term workforce planning guidance LPT are working together with its group partners Northampton Healthcare Foundation Trust (NHFT) on achieving a reduction in sickness absence rates. A detailed project and workplan is being reported 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 11.3 CHPPD (national average 10.8) for February 2026 consistent with January 2026.

February 2026 scorecard is presented in accessible format in **Appendix 1**.

Table 1 below identifies key areas to note for February 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 moderate or higher risk.

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

<b>Level of Risk</b>	<b>RAG rating</b>
Low	GREEN
Moderate	AMBER
High	RED
Unmitigated	BLACK

**Table 1 Key Areas to Note**

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
<b>CHS In-patients</b>	<p><b>Staffing</b> Key areas to note – Gracedieu at 72.9%, Ward 3 St Lukes at 30.5%, Swithland and Rutland over 25.0% temporary workforce.</p>	<p><b>Staffing</b> 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 and due to close in March 2026. Ward 3 St Lukes, Swithland and Rutland are due to sickness and maternity leave.</p> <p>Temporary workforce to meet planned staffing has reduced significantly below 20% across 9 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>	<b>Amber</b>
<b>CHS In-patients</b>	<p><b>Fill rate:</b> Fill rate below 80% for RN on days shifts on East ward.</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 Clarendon, Dalgleish, ward 1 St Lukes Gracedieu and ward 4 Coalville</p>	<p><b>Fill rate</b> Reduced RN fill rate on East ward, planned staffing is 4 RNs (day), they had 3 RNs and 1 Registered Nurse Associate (RNA) for 14-day shifts during February 2026, in total four registered staff, skill mixed.</p> <p>The number of wards using over 110% fill rate of HCSW has remained at 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>	<b>Amber</b>
<b>CHS In-patients</b>	<p><b>Nurse Sensitive Indicators</b> A review of the NSIs has identified a decrease in the number of falls incidents from 62 in January to 42 in February 2026. Ward areas to note with the highest number of falls is Swithland and Beechwood.</p>	<p><b>Nurse Sensitive Indicators</b> <b>Falls</b> Of the falls reported, 23 falls resulted in no harm, 18 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</p>	<b>Amber</b>

**Table 1 Key Areas to Note**

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>The number of medication incidents has decreased from 17 in January to 12 in February 2026. Ward area 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 10 in January to 11 in February 2026. Swithland and Gracedieu has the highest number of pressure ulcers cat 2.</p> <p>No category 4 pressure ulcer developed or deteriorated in LPT inpatient care in February 2026.</p>	<p>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 in January 2026 found the number of falls (although within normal variation/parameters) was correlating with a period of high acuity, staff sickness across all wards and supporting additional bed capacity as reported into Directorate Management Team (DMT).</p> <p><b><u>Medication incidents.</u></b> All 12 medication incidents reported as no harm. The main themes were medication unavailability, incorrect dose administered and discrepancy in counting. 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><b><u>Pressure Ulcers</u></b> 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 validation process for all pressure ulcers within care, leading to an additional monthly meeting commenced 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>A focused deep dive into the increased number of category 2 pressure ulcers is consistent with the outcomes of the increased falls review.</p>	

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Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
		<p>The Moisture Associated Skin Damage (MASD) quality commitment continues. The Contenance lead and DHON have visited all ward areas carrying out baseline observations and explaining the project to all staff. The project includes, scoping of further training, a continence education day in April 2026, alongside a joint educational package being developed with the Tissue Viability Nurse (TVN) team.</p> <p><b><u>Staffing Related Incidents</u></b>                      The number of safe staffing related incidents has decreased from 31 in January to 18 in February 2026 across 9 wards. 5 incidents were on East Ward. Incidents reported were relating to a reduction in staffing due to last minute sickness, shifts unfilled, temporary staff not attending booked shifts and staff movement. Two staffing related incidents were due to only 1 RN present on a dual site ward. Mitigation included shared RN support from the other ward. until a second RN was transferred. All staffing related incidents reported as no harm.</p>	
<p><b>DMH In-patients</b></p>	<p><b>Staffing:</b>                      High percentage of temporary workforce to meet planned staffing for Belvoir at 56.2%, Watermead and Langley over 39.0 % temporary workforce.</p>	<p><b>Staffing:</b>                      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 patients requiring 2 to 1 continuous observation</p>	<p><b>Amber</b></p>

**Table 1 Key Areas to Note**

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p><b>Allied Health Professional (AHP) Staffing:</b> 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>Heather ward re-opened on 12 February 2026. Thornton ward reopened 4 beds on the 20 February until 23 March 2026. (supporting patients from Beaumont and Ashby wards whilst maintenance work carried out).</p> <p><b>AHP</b> 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><b>DMH In-patients</b></p>	<p><b>Fill rate:</b> Fill rate RN on day shifts below 80% on Gwendolen.</p> <p>Fill rate RN night shift above 110% on Ashby.</p> <p>Fill rate HCSW on day shifts above 110% on Ashby, Belvoir, Watermead, Coleman, Kirby and Langley.</p> <p>Fill rate HCSW night shifts above 110% on Beaumont, Belvoir, Watermead, Coleman, Gwendolen, Kirby, Langley and Mill Lodge.</p>	<p><b>Fill rate:</b> Gwendolen ward had a reduced bed occupancy (by 4-6 beds) during February 2026. There were 17-day shifts that had 2 RNs on duty, the planned staffing is 3 RNs on those days the reduced number of RN's was mitigated by adjusting the skill mix to include a Medicines Administration Technician (MAT). Safe staffing levels maintained, staffing reviews in place and closely managed. Ashby ward increased RN fill rate on the night 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 high rates of violence and aggression, behavioural distress, management of falls and deterioration in mental and physical health needs, patient escorts and urgent transfers to acute hospital.</p>	<p><b>Amber</b></p>

**Table 1 Key Areas to Note**

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
<p><b>DMH In-patients</b></p>	<p><b>Nurse Sensitive Indicators:</b> A review of the NSI’s has identified a decrease in the number of falls incidents from 89 in January to 72 in February2026.</p> <p>The number of medication incidents decreased from 20 in January to 11 in February 2026.</p>	<p><b>Nurse Sensitive Indicators:</b></p> <p><b>Falls</b> <b>Acute Forensic and Psychiatric Intensive Care Unit (AFPICU)</b> 21 reported falls incidents occurred in AFPICU in February 2026. All incidents were no or low harm.</p> <p><b>Rehabilitation</b> 1 falls incident reported of no /low harm.</p> <p><b>Mental Health Services Older People (MHSOP)</b> 50 falls incidents were reported in February 2026. Highest falls on Kirby (17), Langley (10) and 9 falls on Coleman and Gwendolen. Staffing levels not identified as a contributing factor. 1 fall was reported as moderate harm an Incident Service Management Review (ISMR) is being completed. 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><b>Medication errors</b> 9 no harm medication incidents and 3 reported as low harm for AFPICU, Rehab and MHSOP. Themes include staff not following medication procedure, incorrect administration, discrepancy in counted medication, a prescription error and electronic controlled medication register issue. Staffing levels not identified as a contributing factor.</p> <p><b>Pressure Ulcers</b></p>	<p><b>Amber</b></p>

**Table 1 Key Areas to Note**

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>The number of category 2 pressure ulcers developed or deteriorated in our care increased from 2 in January to 3 in February 2026.</p> <p>2 Complaints were received in February 2026.</p>	<p>There were three category 2 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 guidance.</p>	
<p><b>FYPC.LD A in-patient</b></p>	<p><b>Staffing:</b> High Percentage of temporary workforce, key areas to note – Beacon at 44.6% and Agnes at 41.1%.</p>	<p><b>Staffing:</b> 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 with 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 Eating Disorder (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><b>Amber</b></p>

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Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
<p><b>FYPC.LD A in-patient</b></p>	<p><b>Fill Rate:</b> 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 the day at the Gillivers</p> <p>Fill rate above 110% for RN days and nights at the Gillivers.</p> <p>Fill rate above 110% for HCSWs on day shifts at the Beacon and Welford ED</p>	<p><b>Fill rate:</b> No incidents reported relating to staffing levels.</p> <p>Beacon unit planned staffing is 3 RNs (day) 22 shifts had 2 RN's during February 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>The Grange &amp; 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 nights shifts and work in progress to align. Work is in progress for the Gillivers and the Grange fill rate analysis to potentially enable joint reporting as short breaks going forward.</p> <p>Welford ED has high patient acuity and a number of patients requiring additional staff to provide increased therapeutic observations, supervision at mealtimes and Naso-gastric feeding.</p>	<p><b>Amber</b></p>
<p><b>FYPC.LD A in-patient</b></p>	<p><b>Nurse Sensitive Indicators:</b> The number of falls incidents decreased from 4 in January to 2 in February 2026.</p> <p>The number of medication related incidents increased from 5 in January to 7 in February 2026.</p>	<p><b>Nurse Sensitive Indicators:</b></p> <p><b><u>Falls</u></b> There were 2 falls incidents, reported as no harm.</p> <p><b><u>Medication errors</u></b> 7 medication incidents were reported as no harm.</p>	<p><b>Amber</b></p>

**Table 1 Key Areas to Note**

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
<b>CHS Community</b>	<p>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.</p>	<p>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. Preparing for the introduction of the new staff roles work program starting in April 2026 focused on leadership and caseload size.</p>	<b>Amber</b>
<b>DMH Community</b>	<p>The next phase of the Community Mental Health Team (CMHT) transformation continues.</p> <p>No change to Key areas 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. 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>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 the Crisis team. Working to OPEL level 3.</p>	<p><b><u>CMHT</u></b> <b><u>Planned Care</u></b> 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> <p><b><u>Urgent Care</u></b> 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)</p>	<b>Amber</b>

**Table 1 Key Areas to Note**

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
		<p>vacancies being backfilled with additional temporary workforce. Active on-going recruitment.</p> <p><b><u>MHSOP Community</u></b>                      West Leicestershire CMHT staffing shortages due to long term sickness mitigation includes support within the neighbourhood and by Northwest Leicestershire CMHT. Charnwood has high sickness and new team manager in post. RN temporary workforce planned to start 1 April 2026.</p>	
<p><b>FYPC.LD A Community</b></p>	<p>Key areas to note – Learning Disability (LD) city and county nursing and LD access are rated as amber due to maternity leave and sickness. LD Crisis Response Intensive Support Team (CRIST) also due to long and short-term sickness.</p> <p>No change - 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 Psychotherapies (BABCP) advised they cannot support with the Whole School and College Approach impacting</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. Monitoring for LDA areas caseload and waiting times being prioritised. County nursing have a waiting list review process and city are allocating county cases. Temporary workforce being utilised in CRIST to cover low staffing levels. LD Access is managing waiting lists and using staff from none-patient facing roles to support where needed.</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><b>Amber</b></p>

**Table 1 Key Areas to Note**

Area	Situation /Potential Risks	Actions/Mitigations	Risk rating
	<p>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>Audiology service has continued weekend clinics being provided by additional resource 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 February 2026, all areas to note have been rated as amber as staffing challenges continue with clear actions in place to mitigate the risks.
- 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.
- Annual Establishment Inpatient Reviews reported to Executive Management Board February 2026 and SEB in March 2026.
- CNSSTII Professional judgement for remaining two hubs in the pilot took place in February 2026

## Appendix 1 – February 2026 scorecard



Scorecard -  
February 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	<b>X</b>
Decision required – detail below	

## Governance table

For Board and Board Committees:	Quality & 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:	21 April 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"> <li>1. Deliver Harm Free care.</li> <li>2. Services unable to meet Safe staffing requirements</li> </ol>
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