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Leicestershire Partnership NHS Trust

Trust Board 29 September 2026

Safe Staffing July 2026

Purpose of the Report

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

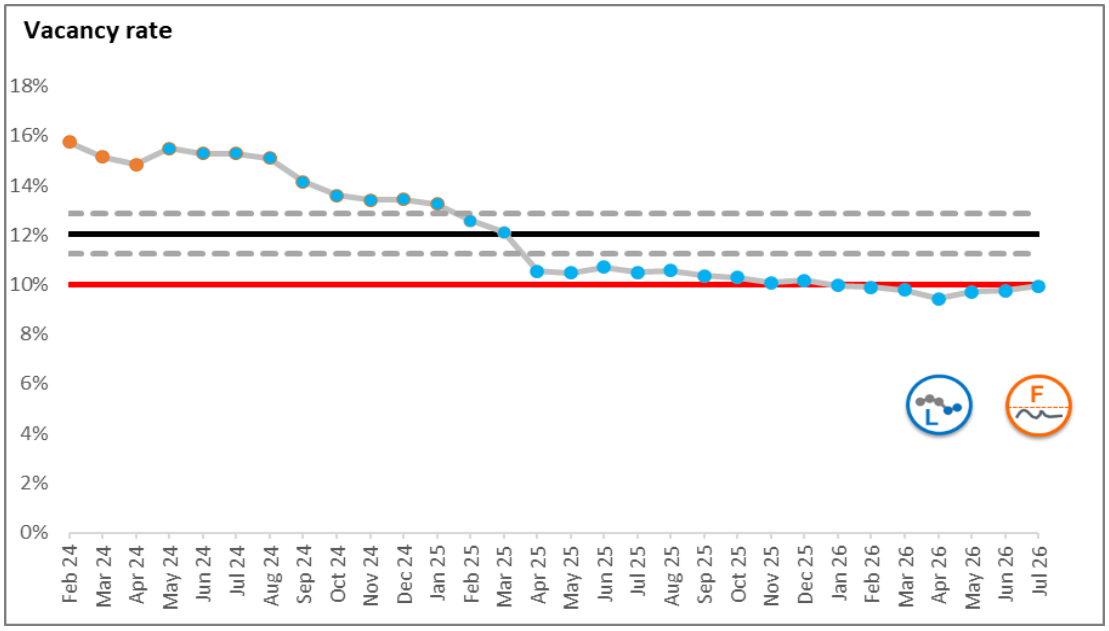
The Trust demonstrates its position regarding mandatory submission of fill rates required by the Department of Health via UNIFY and paying attention to any variance below 80% and above 110%. The upload of these figures to UNIFY occurs on the 15th of each month following review and sign off by the Group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



Registered Nurses

- Vacancy position is at 242.3 Whole Time Equivalent (WTE) with a 12.0% vacancy rate, an increase of 0.3% since June 2026.
- Turnover for nurses is at 5.6% which is below the Trust target of 10%.
- Sickness reported at 6.5% a decrease of 0.2% since June 2026.
- 6.0 WTE nursing staff (bands 5 to 8a) were appointed in July 2026.

Health Care Support Worker (HCSW)

- Vacancy position is at 175.9 WTE with a 16.25% vacancy rate, an increase of 0.45% since July 2026.
- Turnover rate is at 8.22%. which is below our internal target of no more than 10%.
- Sickness reported at 6.9% which is a decrease of 1.4% since July 2026.
- A total of 14.1 WTE HCSW were appointed in July 2026.

Allied Health Professionals (AHPs)

- Vacancy position is at 57.1WTE with a 6.2% vacancy rate, an increase of 0.2% since July 2026.
- Turnover rate remains at 8.44%, which is below our internal target of no more that 10 % turnover.
- Sickness reported at 4.4%, which is a decrease of 0.5% since July 2026.
- 4.0 WTE AHP was appointed in July 2026

Medical

- Vacancy position is at 15.5 WTE with a 9.7% vacancy rate with an increase of 2.6% since June 2026.
- Turnover rate is at 11.3%, which is above our internal target of no more that 10% turnover.
- Sickness reported at 1.1% which is a decrease of 0.8% since July 2026.
- No medical staff appointed in July 2026.

Temporary workforce

- Temporary worker utilisation rate increased this month by 0.33% reported at 20.61% overall, of this, Trust wide agency usage decreased this month by 0.12% to 0.40% overall.

Right Skills

- Across the Trust on average core and clinical mandatory training compliance is currently compliant (green). Paediatric Resuscitation level 3 is amber at 82.8%.

- Across the Trust, on average appraisal rates and clinical supervision remain consistently compliant (green).

Right Place

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

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

Table 1 below identifies key areas to note for July 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
CHS In-patients	**Staffing** Temporary workforce utilisation higher for: Rutland and Ward 1 St Lukes, above 20% temporary workforce due to vacancies and sickness. 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. Ten wards are utilising less than 20% temporary workforce, of which six utilising less than 15% and two wards using less than 10%. **Allied Health Professional (AHP) Staffing -** Moderate Risk Rating Amber Sickness and maternity leave across all community hospital in-patient wards, recruitment in progress and band 7s working closely together to cover each ward daily. Impacting provision of consistent therapy. There is no direct correlation on patient safety incidents. AHP leads strengthening incident reporting and introduction of job planning.	**Green**
CHS In-patients	**Fill rate** HCSWs fill rates above 110% on days and night shifts have improved in July 2026. One ward (Rutland) had a fill rate above 110% for HCSWs on night shifts, due to increased 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. Enhanced Therapeutic Observations of Care (ETOC) improvement work with a daily task and finish group continues, linked to the trust wide NHS England ETOC programme. Education has been increased and improvements to embed ETOC practice.	**Green**
CHS In-patients	**Nurse Sensitive Indicators (NSIs)** **Falls** 25 falls incidents reported, which is consistent with June 2026. All falls' incidents reported as low/no harm. Staffing was not identified in initial review as a contributory factor.	**Green**

Area	Situation/Potential Risks and Actions/Mitigations	Risk rating
	Medication incidents Medication incidents increased from 10 in June to 12 in July 2026. All reported as low/no harm. **Pressure Ulcers** The number of category 2 pressure ulcers developed or deteriorated in our care has decreased from 9 in June to 4 in July 2026. Pressure ulcer improvement work continues with weekly and additional monthly meetings to monitor the refined validation process for all pressure ulcers developed in our care. Ward mattress usage is also monitored on a weekly basis by the CHS Matron team. **Staffing Related Incidents** The number of safe staffing related incidents remained at 7 in July 2026 across 6 sites. Incidents reported were relating to staffing shortages due to sickness, one incident relating to ETOC and another due to a shortage of therapy staff. All staffing related incidents reported as low/no harm.	
DMH In-patients	**Staffing** High percentage of temporary workforce to meet planned staffing on Watermead 47.9%, Ashby, Belvoir, and Heather all above 40%. Additional 5 wards all above 25% temporary workforce. High utilisation of temporary workforce was due to a number of factors including increased acuity for patients with high-risk behaviours, increased therapeutic observations, a patient on long term one to one therapeutic observations, backfilling with additional HCSW's, staff sickness and maternity leave. 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. **Allied Health Professional (AHP) Staffing** Current reduction in Technical Instructor (TI) post in Mental Health Services for Older People due to a vacancy (recruitment in progress) and band 6 Physiotherapist due to sickness. Huntington's disease team providing cross cover.	**Green**
DMH In-patients	**Fill rate** Fill rate below 80% for HCSWs on the day shift at Mill Lodge due to a low bed occupancy and staffing adjusted accordingly.	**Green**

Area	Situation/Potential Risks and Actions/Mitigations	Risk rating
	Fill rate above 110% for HCSWs on day shifts on all other wards apart from Griffin, Coleman, Gwendolen, Kirby, Phoenix, and the Willows. Fill rate above 110% for HCSWs on night shifts on all wards apart from Bosworth, Griffin, Phoenix, Kirby and the Willows HCSW fill rate above 110% was due to high patient acuity and dependency requiring increased therapeutic observations, patients requiring additional staff for personal care, management of falls and deterioration in mental and physical health needs.	
DMH In-patients	**Nurse Sensitive Indicators:** **Falls** An increase in the number of falls incidents from 45 in June to 80 in July 2026. Increase in falls incidents due to patient group in Mental Health Services Older People (MHSOP). One moderate fall reported where a patient fell from their mobility scooter and sustained a leg injury. 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. **Medication Incidents** The number of medication incidents decreased from 31 in June to 20 in July 2026. All incidents were reported as no, or low harm and staffing was not a contributory factor.	**Green**
FYPC.LDA in- patient	**Staffing** 42.8% 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. Safe staffing is reviewed daily due to increased patient acuity and complexity with staffing levels adjusted accordingly.	**Green**

Area	Situation/Potential Risks and Actions/Mitigations	Risk rating
	Beacon Unit continue utilise a high number of temporary workforce with advance booking of staff. Mitigation remains in place; potential risks being closely monitored.	
FYPC.LDA in- patient	**Fill Rate** Below 80% for RNs on day shifts and night shifts at the Agnes unit and night shifts only and The Grange. Below 80% for HCSWs on days shifts and night shifts at the Agnes unit and day shifts only at the Gillivers. 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. Both units worked within the agreed safe staffing model however the fill rate is showing as 'Red' due to the number of shifts available on heath roster and the unit may either cover those with an RN or HCSW. On going review to support staff having an interrupted break during their shift. Mitigation was provided with cross cover for significant reduced RN fill rate on the nights shifts at the Grange during July 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 July 2026. Staffing levels reviewed and adjusted accordingly at the Agnes unit. Reduced RN and HCSW fill rate due to operating on 1 pod (below equivalent commissioned beds). Due to level of acuity and patient numbers, staffing was adjusted accordingly with a minimum of 2 RN per shift. Planned staffing at the Agnes unit is 4 RN per shift. Business Support updated with current planned staffing. Below 80% for HCSWs on nights at the Beacon unit. The unit was staffed with minimum of 2 RNs rather than 3 RNs per shifts as per e-roster allocation on occasions however this was within the safe staffing model and had adjusted staffing for the night shift based on acuity and 1:1 observation. Above 110% for HCSWs on day and night shifts on Welford ED. 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.	**Green**

Area	Situation/Potential Risks and Actions/Mitigations	Risk rating
FYPC.LDA in- patient	**Nurse Sensitive Indicators:** **Falls** 7 falls incidents were reported as in July 2026, five of which were on Beacon and staffing was not a contributory factor. **Medication Incidents** The number of medication related incidents decreased from 6 in June to 4 in July 2026 and staffing was not a contributory factor. **Staffing related Incidents** There was 1 staffing related incident reported in July 2026 on Welford ED relating to RN and HCSW staffing levels. 2 RNs were maintained, and incident reported as low/no harm.	**Green**
CHS Community	Overall community nursing Service OPEL has been level 2/3, working to level 2/3 actions. Daily review of caseloads, review of non-essential activities and ongoing reprioritisation of visits conducted to enable the service to meet essential patient visits. Ongoing review of vacancies, bank, agency usage and reduction. Planned introduction of new Dynamic Risk Assessment (DRA) process from the 1/7/26 to support safe staffing provision. Continuing quality improvement work focusing on pressure ulcer and insulin continues and although the community nursing transformation programme has concluded, ongoing actions from the transformation programme relating to service specification, care planning/ documentation, training/ competency continue and are monitored through the service Operational Development Group. All Community Nursing Hubs have now implemented the Community Nursing Safer Staffing Tool (CNSST) and completed 1 data set collection. Plans to complete the second data collection continue to be worked through. **AHP Community Therapy -** Moderate Risk Rating **Amber** Significant staffing challenges within East Central due to vacancy, sickness and within clinical leadership team impacting waiting lists. Mitigation includes clinical leads and staff providing cross cover, relocated clinics creating clinical capacity, falls service support and induction of new starters supported by other hubs. Community Integrated Neurological and Stroke service (CINNS) due to sickness and maternity leave significant support being provided to mitigate risks and improve waiting times. Delays in responding to urgent care response (UCR) appointments due to reduced capacity. Triage system in place to reduce the risk.	**Green**

Area	Situation/Potential Risks and Actions/Mitigations	Risk rating
DMH Community	Key areas to note – Mental Health Urgent Care Hub (MHUCH) continues to experience challenges with safer staffing due to vacancies in the team. Bank/overtime utilised to ensure safer staffing and cross cover from Mental Health Liaison Service (MHLS) when pressured. Sickness/planned annual leave and vacancies impacting the Crisis Team. Working to OPEL level3/4 with team leaders stepping into planned staffing supporting service delivery. Further leavers expected and agency staff being considered to support service delivery. Challenges continue in Place of Safety Assessment unit (PSAU) and mental Health Response Vehicle service with Mental Health Practitioner (MHP) vacancies being filled with additional temporary workforce and additional hours/overtime. Active targeted on-going recruitment. Challenges in Criminal Justice Liaison and Diversion (CJLD) sue to sickness mitigated by leadership team stepping into planned staffing. Call handling challenges in Mental Health Central Access Point (MHCAP) sue to reduced staffing, being backfilled with temporary workforce. Ongoing recruitment continues. No Change - 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 are now separating into two teams, however staffing reduced due to significant sickness and annual leave. City East continue to review patient tracker list, case management and waiting times for Community Psychiatric Nurse (CPN) input. Psychosis Intervention Early Recovery (PIER) caseloads remain high, overall reducing and some delays continue in transferring patients to Neighbourhood Mental Health Teams (NMHT). Melton and Rutland CMHT staffing challenges due to reduced band 7 senior nursing leadership, sickness, and staff leavers. The Community Mental Health Team (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. **AHP Community Therapy -** Occupational therapy (OT) posts in Adult Mental services in City West, City East, Charnwood, East Leicestershire, Recruitment is progressing and staff returning from maternity leave and long-term sickness in July 2026. Mental Health Services for Older People in South Leicestershire, Melton, Rutland, Harborough and Charnwood affected by vacancies, sickness and maternity leave. Service transformation in	**Green**

Area	Situation/Potential Risks and Actions/Mitigations	Risk rating
	progress focusing on Referral to Treatment, time limited packages of care, meaningful contact and new referral and discharge criteria.	
FYPC.LDA Community	No change to 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. Mental Health Support Teams (MHST) in schools, County Healthy Together teams in Hinckley and Bosworth and 3 city teams remain grouped together to mitigate and maintain service stability. Diana Respiratory Physiotherapy reached maximum caseload capacity; mitigation includes prioritising end of life patients and recruitment in progress to cover maternity leave. LDA Speech and Language Therapy staffing reduced due to extended jury service. Staff returning to work from sick leave. Childrens Occupational Therapy staffing reduced, new starters recruited are starting later in the year and band 6 post recruited to. 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. Audiology and Dynamic Support team listed as fragile services. No change to 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. 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.	**Green**

Summary

- Considering the triangulated review of workforce metrics, nurse sensitive indicators, patient feedback, and outcomes in July 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 – July 2026 scorecard

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:	2 September 2026
Name and date of other committee / forum at which this report / issue was considered:	Executive Management Board 1.9.2026
Level of assurance gained if considered elsewhere	☒Assured ☐ Partially assured. ☐ Not assured
Date of next report:	Bi-Monthly
THRIVE strategic alignment:	☐ **T**echnology ☐ **H**ealthy communities ☐ **R**esponsive ☐ **I**ncluding everyone ☐ **V**aluing our people ☒ **E**fficient 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