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Leicestershire Partnership NHS Trust

Quality and Safety Committee 20 October 2026

Safe Staffing August 2026

Purpose of the Report

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

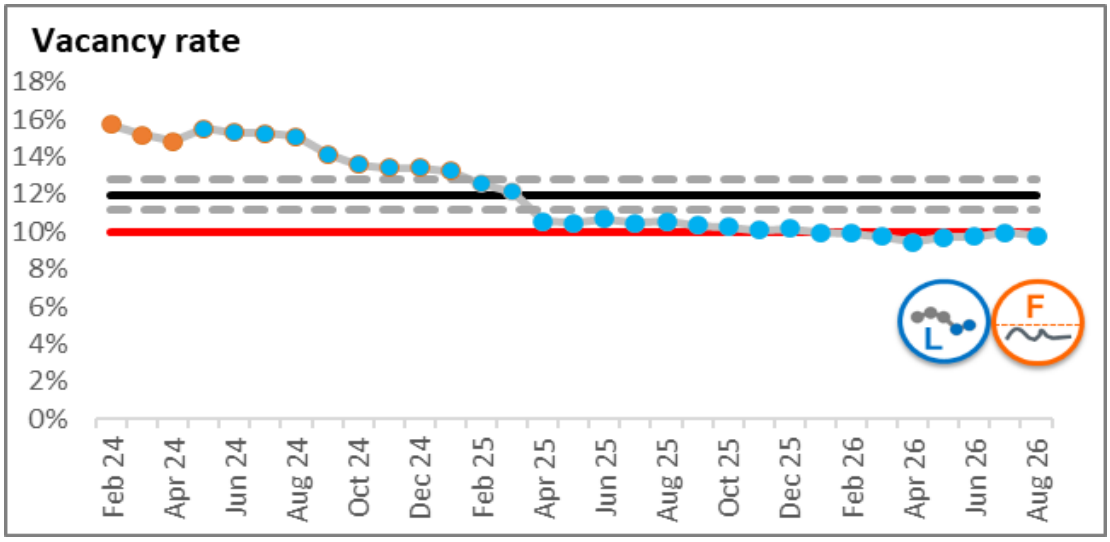
The Trust demonstrates its position regarding mandatory submission of fill rates required by the Department of Health via UNIFY and paying attention to any variance below 80% and above 110%. The upload of these figures to UNIFY occurs on the 15th of each month following review and sign off by the Group 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 August 2026, the overall Trust vacancy rate was 9.8% which is slightly below the Trust target of 10%. A reduction of 0.1% since July 2026.



Registered Nurses

- Vacancy position is at 236.8 Whole Time Equivalent (WTE) with an 11.8% vacancy rate, a decrease of 0.2% since July 2026.
- Substantive registered nurses in post are 51.4 FTE below plan, a review is underway to understand this
- Turnover for nurses is at 5.5% which is below the Trust target of 10%.
- Sickness reported at 6.8% an increase of 0.3% since July 2026.
- 8.7 WTE nursing staff (bands 5 to 8a) were appointed in August 2026.

Health Care Support Worker (HCSW)

- Vacancy position is at 185.1WTE with a 17% vacancy rate, an increase of 0.75% since July 2026.
- Turnover rate is at 8.9%. which is below our internal target of no more than 10%.
- Sickness reported at 7.5% which is an increase of 1.6% since July 2026.
- A total of 9.6WTE HCSW were appointed in August 2026.

Allied Health Professionals (AHPs)

- Vacancy position is at 58.0 WTE with a 6.2% vacancy rate, no change since July 2026.
- Turnover rate remains at 7.9%, which is below our internal target of no more that 10 % turnover.
- Sickness reported at 5.0%, which is an increase of 0.6% since July 2026.
- 5.0 WTE AHP was appointed in July 2026.

Medical

- Vacancy position is at 11.3 WTE with a 7.0% vacancy rate with a decrease of 2.7% since July 2026.
- Turnover rate is at 11.0 %, which is above our internal target of no more that 10% turnover.
- Sickness reported at 4.3% which is an increase of 3.2% since July 2026.
- No medical staff appointed in August 2026.

Temporary workforce

- Temporary worker utilisation rate increased this month by 0.34% reported at 20.95% overall, of this, Trust wide agency usage in increased slightly this month by 0.03% to 0.43% overall.

Enhanced Therapeutic Observations and Care (ETOC)

Enhanced Therapeutic Observation and Care (ETOC), often referred to as enhanced care, enhanced therapeutic observations, 1:1s or specialling, is an intervention which contributes to safe and effective care of patients. Typically, ETOC is undertaken by a Healthcare Support Worker (HCSW), Registered Nurse (RN) or a Registered Mental Health Nurse (RMN).

The Trust is currently participating in cohort 4 of NHS England ETOC quality improvement programme. When additional staffing is required above planned staffing levels to support ETOC, activity is recorded monthly and reported to NHS England as part of the programme. ETOC descriptors available on Health roster have been reviewed as part of the programme and will commence use on 1st September 2026, with the aim of improving accuracy of shifts/hours requested and filled for ETOC

Between April and August 2026, 22,236 ETOC hours were recorded, the majority of which were delivered by unregistered staff. Demand for ETOC reduced from April to August 2026 however, delivery continued to rely on temporary staffing, with no substantive staff hours recorded. Substantive staff hours delivering ETOC are not currently captured within this dataset and are therefore excluded from the reported figures.

Reliance on regular temporary staff who are familiar with ward environments has helped maintain continuity of care and mitigate operational risk.

There is ongoing monitoring of ETOC demand and utilisation, review of observation practices to ensure ETOC is clinically appropriate and proportionate, and continued use of experienced temporary staff to maintain safe patient care. This correlates with increased HCSW fill rates and patient acuity as reported in the key areas to note in table 1 and safe staffing scorecard.

Right Skills

Across the Trust on average core and clinical mandatory training compliance is currently compliant (green). Paediatric Resuscitation level 3 is amber at 81.5%. There are 27 staff outstanding, all with a booked place, monitored through the relevant governance groups.

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

Right Place

- In August 2026, the total Trust Care Hours Per Patient Per Day (CHPPD average), including ward based AHPs, is calculated at 10.5 CHPPD (national average 10.8) consistent with July2026.

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

Table 1 below identifies key areas to note for August 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 at 33.5% and Dalgleish at 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. Eight are utilising less than 20% temporary workforce and two wards using less than 10%. North ward closed temporarily during August 2026 for estates work and re-opened on the 1 September 2026. **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. 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 improvements remain in August 2026. One ward (Rutland) had a fill rate above 110% for HCSWs on day and 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** 33 falls incidents reported, which is a slight increase from 25 in July 2026. 31 falls incidents reported as low/no harm and 2 falls resulting in moderate harm awaiting directorate incident review. 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 12 in July to 13 in August 2026. All reported as low/no harm. **Pressure Ulcers** The number of category 2 pressure ulcers developed or deteriorated in our care has increased from 4 in July to 5 in August 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 has increased form 7 in July to 15 in August 2026 across 6 sites. Incidents reported were relating to staffing shortages due to sickness, one incident relating to lack of system access for a temporary worker, 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 Heather 44.4% and Ashby 43.2%. Additional 5 wards all above 30% 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, and staff sickness. 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.	**Green**
DMH In-patients	**Fill rate** Fill rate below 80% for HCSWs on the day shift continues at Mill Lodge due to a low bed occupancy and staffing adjusted accordingly. Fill rate above 110% for HCSWs on day shifts on Ashby, Aston, Bosworth, Watermead, Langley and Stewart House.	**Green**

Area	Situation/Potential Risks and Actions/Mitigations	Risk rating
	Fill rate above 110% for HCSWs on night shifts on Ashby, Aston, Bosworth, Griffin, Heather, Watermead, Coleman, Mill Lodge and Stweart House. HCSW fill rate above 110% was due to high patient acuity and dependency requiring increased therapeutic observations, patients requiring additional staff for personal care and deterioration in mental and physical health needs.	
DMH In-patients	**Nurse Sensitive Indicators:** **<u>Falls</u>** A decrease in the number of falls incidents from 80 in July to 60 in August 2026. All 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. **<u>Medication Incidents</u>** The number of medication incidents decreased from 20 in July to 12 in August 2026. All incidents were reported as no, or low harm and staffing was not a contributory factor. **<u>Pressure Ulcers</u>** In addition, there were two category 2 pressure ulcers (present on admission), 1 reported on Gwendolen ward and 1 on Langley and not recorded on the August 2026 monthly scorecard due to date of business support reporting and data retrieval. **<u>Staffing Related Incidents</u>** DMH reported 4 incidents relating to lack of suitably trained /skilled staff on Griffin, Gwendolen and at the Willows and 2 further staffing incidents relating to ‘only 1 RN on shift’ on Ashby and Gwendolen wards. Mitigation in place, staff moved to support and backfilled with additional staff. All incidents reported as low/no harm.	**Green**

Area	Situation/Potential Risks and Actions/Mitigations	Risk rating
FYPC.LDA in- patient	**Staffing** 36.7% 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. Welford ED utilised 26.6% temporary workforce. Safe staffing is reviewed daily due to increased patient acuity and complexity with staffing levels adjusted accordingly. Beacon Unit continue to utilise a high number of temporary workforce with advance booking of staff. Mitigation remains in place; potential risks being closely monitored.	**Green**
FYPC.LDA in- patient	**Fill Rate** Below 80% for RN on night shifts at Learning Disability (LD) Short Breaks Above 110% for RNs on days shifts at the Agnes unit. Above 110% for HCSWs on day and night shifts at the Agnes unit and Welford ED. The Grange and Gillivers fill rate analysis is now jointly reported as LD short breaks going forward. 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 on nights during August 2026. 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 reduced RN fill rate on the nights shifts at LD Short breaks during August 2026. Planned staffing levels have been reviewed and adjusted accordingly at the Agnes unit from 4 RN Day and night shift to a minimum of 2 RN per shift. This is due to operating on 1 pod (below commissioned beds). Increased RN and HCSW fill rate due to additional staff being available and redeployed to support other wards/units within directorate. 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** 10 falls incidents were reported as in August 2026, five on Beacon and Welford ED, staffing was not a contributory factor. **Medication Incidents** The number of medication related incidents decreased from 4 in July to 2 in August 2026 and staffing was not a contributory factor. **Staffing related Incidents** 2 staffing related incidents reported There was 1 staffing related incident reported on Welford ED, relating to low staffing levels due to sickness. Mitigation in place, staff training rescheduled, and incident reported as no harm and another incident reported on Gillivers relating to a staff unable to take an uninterrupted break, due to supporting RN and lack of suitable training/skill.	**Green**
CHS Community	Overall community nursing Service OPEL has been level 3, working to level 3/4 actions. Amber/Red moderate risk rating. Increased level of pressure across the service, key areas of challenge are Charnwood, East Central and Hinckley & Bosworth community nursing hubs, daily review of caseloads, review of non-essential activities, ongoing reprioritisation of visits and increased mobilisation of leadership teams conducted to enable the service to meet essential patient visits. Service line response to support challenged hubs with support from the wider community nursing and specialist teams. Ongoing review of vacancies, bank, and agency usage, Dynamic Risk Assessment (DRA) process embedded to monitor agency use to support safe staffing provision. Focus has been to ensure service provision with background quality improvement work focusing on pressure ulcers and insulin continuing. Ongoing actions from the transformation programme relating to service specification, care planning/ documentation, training/ competency have been reviewed for priority and continue to be monitored through the service Governance meeting. 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.	**Amber**

Area	Situation/Potential Risks and Actions/Mitigations	Risk rating
	AHP Community Therapy - Moderate Risk Rating **Amber** Significant staffing challenges and maternity leave across the hubs, 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 within the Occupational Therapy team. 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. First Contact Practitioner Service Musculo-skeletal service (MSK) due to sickness in the team, currently providing cover from the core MSK service to support service delivery until the of the month. MSK unable to provide long term cover sue ot the impact on their waiting times and further mitigations being explored.	
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 level 3/4 with team leaders stepping into planned staffing supporting service delivery and MHUCH supporting with 24 Hour Assessment. Further leavers expected and agency staff being considered to support service delivery. Agency staff interviewed and awaiting competencies. 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) due to sickness mitigated by leadership team stepping into planned staffing. Call handling challenges in Mental Health Central Access Point (MHCAP) due to staff leavers, being backfilled with temporary workforce. Ongoing recruitment continues to support service delivery. 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 continues separating into two teams, expected completion by 5 October 2026, however staffing remains 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. A number of patients are now on a waiting list for patient assessments. Psychosis Intervention Early Recovery (PIER)	**Green**

Area	Situation/Potential Risks and Actions/Mitigations	Risk rating
	caseloads remain high, overall reducing and some delays continue in transferring patients to Neighbourhood Mental Health Teams (NMHT) and reviewed weekly at the Community Assurance Huddle. Melton and Rutland CMHT staffing challenges due to reduced band 7 senior nursing leadership, however a band 7 and psychologist successfully recruited. 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.	
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. No change to 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 successful recruitment in progress to cover maternity leave. LDA Speech and Language Therapy staffing reduced due to extended jury service and staff sickness. Children's Occupational Therapy staffing reduced, newly recruited staff 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. Child Adolescent Mental Health Service Young Persons team (CAMHS YPT) due to maternity and sickness, alongside significant increase in complex referral and attendance of Looked After Children (LAC) in the emergency department. New starters recruited. 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 August 2026, staffing challenges continue with clear actions in place to mitigate the risks and as such are rated overall as (Green) low risk. A small number of services are reporting Amber.
- 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 – August 2026 scorecard



Scorecard - August 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
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:	20 October 2026
Name and date of other committee / forum at which this report / issue was considered:	Executive Management Board 6 October 2026 Joint People and Culture Committee 8 October 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