P

Leicestershire Partnership NHS Trust

Public Trust Board – 31 August 21

Six month Safe and Effective Staffing review – January 2021 – June 2021

Purpose of the report

The purpose of the report is to provide a six month overview of nursing safe staffing including; right staff, right skills, right place; establishment reviews, workforce planning, new and developing roles and recruitment and retention in line with NHS Improvement (NHSI) *Developing Workforce Safeguards policy* [1].

Background

All NHS Trusts are required to deploy sufficient, suitably qualified, competent, skilled and experienced staff to meet care and treatment needs safely and effectively, National Quality Board (NQB)' *Safe sustainable and productive staffing* [2].

The monthly Trust safe staffing reports provide a triangulated overview of nursing safe staffing for our in-patient areas and community teams. The report includes; actual staffing against planned staffing (fill rates), Care Hours Per Patient Day (CHPPD) and quality and safety outcomes for patients sensitive to nurse staffing.

The last six month safe and effective report was presented to Trust Board on 3 March 2020. Subsequent six monthly reviews due in July 2020 and January 2021 were paused from the Quality Assurance Committee (QAC) work plan due to the pandemic; in addition there have been no formal annual establishment reviews during this time period.

In responding to Covid-19 staffing surge and escalation plans, decisions regarding skill mix and nurse ratios were taken in conjunction with a review of patient acuity and dependency, professional judgement and the environment of care. Proposals for redeployment and surge/escalation plans were connected to the wider system, with proposal papers and quality impact assessments submitted to the Trust Clinical Reference Group, then Incident Control Centre for robust governance and assurance.

Trust self- assessments against NHS Key actions; Management and Assurance of Nurse Staffing during current wave of Covid-19 pressures and Mental Health and Learning Disabilities Safe Staffing Board Assurance framework was presented to QAC as part of the Director of Nursing (DoN) report in March 2021. To note; no gaps were identified following self-assessment and review.

Analysis of the issue

National Overview

In December 2020 NHS England & Improvement (NHSE & I) in conjunction with Health Education England (HEE) outlined key priorities for organisations to meet the workforce requirement for the phase 3 Covid-19 response;

- Assess the clinical workforce required for services needed over winter
- Deliver additional workforce supply from the sources identified (including Bringing Back Staff regional hubs and NHS Professionals).
- Embed ongoing risk assessments as part of workforce planning and ongoing discussions with staff.
- Maintain the health and wellbeing of the whole workforce

In addition, Ruth May, Chief Nursing Officer for England asked for a continued focus to increasing the nursing and midwifery workforce, aligned to the Government's commitment to an additional 50,000 nurses using a multi-factorial approach at national, regional and organisational level. The following national actions were outlined to support local implementation;

Temporary registrants

The government introduced emergency legislation that allowed the Nursing and Midwifery Council (NMC) to create a Covid-19 temporary register. Over 13,000 nurses and midwives signed up to the temporary register. Actions to support returners in the short term and how we can retain them in the longer term were outlined with national guidance on routes to enable individuals to re-join the permanent register, supported by national funding from HEE.

The Trust actively engaged with the National NHS "Bring Back Staff" campaign (BBS). This saw 59 people approach the Trust to come back in the first wave, broken down as 19 AHPs, 11 medics, 27 nurses and 2 pharmacists. In general terms, BBS applicants had been out of clinical practice for some time and assessed by clinicians as not safe to deploy back in to practice without robust levels of training, supervision and enhanced support. Additionally some of the applicants only wanted non-patient facing roles due to shielding related reasons and others could only offer very part time hours e.g. 7 hours a month.

Currently there are nine nurses working within the Trust as temporary registrants.

International nurse recruitment

The pandemic has impacted on international recruitment (IR) of nurses in multiple ways however as some international markets reopen there is a real opportunity to accelerate the recruitment and arrival of international nurses. As such the CNO team developed a national offer for organisations to support the pastoral cost elements of IR, including

flights, airport transfers, welcome packages, OSCE training, quarantine periods and accommodation.

On this basis LPT submitted two funding bids to Health Education England to support the IR programme, educational and pastoral support .A Trust plan to internationally recruit thirty registered general nurses by December 2021 and a pathway to 'grow our own' non-registered staff with a non-UK nursing qualification to achieve NMC registration was presented to the Strategic Executive Board on 16 October 2020 and 15 January 2021.

The plan included recruitment to new Trust posts to lead, support and co-ordinate the recruitment, educational and pastoral support programme for international recruitment. The International Recruitment (IR) Matron post was recruited to on 12 April 2021, Education and Practice development Nurse recruited to and commences on 16 August 2021 and HR IR support worker commenced on 5 July 2021. Recruitment was impacted due to the pause nationally in May 2021 and withdrawal of Global Learners recruitment agency. The team are currently working in conjunction with system partners University Hospitals of Leicester to recruit through a UHL procured agency and access the UHL OSCE education and training programme.

A non-registered staff member from Mental Health Services for Older People (MHSOP) service is the first person to attend 'grow our own' non-registered IR pathway and has successfully worked through this and passed their OSCE and is now registered with the NMC. We have six further non-registered staff on the pathway.

Healthcare support workers

Healthcare support workers (HCSWs) play a vital role supporting our clinical teams to deliver the best outcomes for our patients. During the pandemic there was increased interest in healthcare roles and local efforts to recruit to vacancies from other affected sectors. Funding to accelerate recruitment, on-boarding and ongoing support for new HCSWs without prior health or social care experience, in order to significantly reduce established vacancies as close to zero as operationally possible by March 2021 was made available for Trusts.

In response to this ambition, an intense 5 day core Health Care Assistant (HCA) clinical skills training programme has been developed and delivered with sufficient assurance built into the training and on boarding process, that the current essential requirement for all HCA to have previous health/care experience to apply for band 2 posts has been removed for substantive posts.

The aim is also to use the project as a springboard to develop a sustainable and viable initial core training programme which would be offered to all HCAs coming to work within LPT.

Without a team of designated clinical educators to deliver the programme, a Band 7 CHS Clinical Education Lead has acted as the course lead. Teaching is delivered on a sessional basis provided by Clinical Educators from within CHS, Directorate of Mental Health (MH) and from the LPT Integrated Care Home Team.

- Six courses delivered to date with a total of 60 places available.
- 28 delegates have attended: 8 delegates new to health care, 14 joining with some prior care experience, 4 existing LPT HCAs and 2 Bank staff.
- Of those numbers; 24 HCAs have been appointed to community hospital wards, one to FYPC&LD Services and one to Mental Health Services.
- To further support learning in practice, Allied Health Professionals (AHPs) have been delivering a therapy training day for the HCAs within the ward areas.
- Individual session and course evaluations have been extremely positive and rated excellent.
- The programme has been submitted as a Quality Improvement project. The outcome measures will include capturing how training has impacted from participants, colleagues and managers perspective.
- Feedback from ward managers has been that the course has given the HCAs the initial skills they need to start in practice. HCAs have said they feel valued and supported.

Midlands Out of Hospital Nursing Workforce Group

This is a sub-group of the Midlands Nursing & Midwifery Workforce Board. The introduction of the Out of Hospital Nursing (OOHN) Workforce Group aims to support the delivery of workforce related ambitions across primary, community and social care. It will enable focused discussion in support of the development and delivery of a regional OOHN workforce programme. Although it will focus on the nursing agenda, it will also align to other groups to promote multi-disciplinary team working and alignment with other directorate colleagues and across professional boundaries. The Trust interim Deputy Director of Nursing and Quality has been selected to join this regional group.

Trust overview - 'Right staff, Right Skills, Right Place'

Right Staff

The overall trust wide summary of planned versus actual hours by ward for registered nurses (RN) and health care support workers (HCSW) in the last six months is detailed in the table below;

	DAY		NIGHT		
Trust wide	% of actual vs total planned shifts RN	% of actual vs total planned shifts care HCSW	% of actual vs total planned shifts RN	% of actual vs total planned shifts care HCSW	Temp Workers%
Jan 21	117.7%	104.3%	127.1%	117.7%	35.52%
Feb 21	118.7%	108.2%	128.1%	118.7%	37.27%
March 21	113.5%	108.1%	124.8%	113.5%	38.28%
April 21	120.1%	113.3%	126.1%	120.1%	32.60%
May 21	108.8%	117.0%	132.0%	108.8%	35.49%
June 21	106.4%	114.5%	127.5%	106.4%	36.41%
Average	**114.0%**	**110.9%**	**127.6%**	**114.0%**	**35.92%**

Overall the planned staffing levels were achieved across the Trust on a monthly basis. Exception reporting is provided monthly within the Trust safe staffing report per service.

Over the last six months the Mental Health Older People (MHSOP) wards did not consistently meet the planned registered nurse (RN) fill rate on days and Community Hospital wards did not consistently meet the planned Health Care Support Worker (HCSW) fill rate on days.

MHSOP Wards

The staffing establishment on wards consist of a Medication Administration Technician (MAT) and on Kirby Ward a mental health Practitioner (MHP). The ward skill mix also includes a registered nursing associate.

Staffing is risk assessed and managed across all MHSOP wards and staff moved to support safe staffing levels and skill mix and patient care needs/acuity and dependency. Analysis has shown that changes/staff movement is not always consistently updated and reflected on eRoster this impacts the actual fill rate data for RNs on days.

Community Hospitals

The low Health Care Support Workers (HCSWs) fill rate on day shifts across eight of the wards is due to a combination of factors impacted by HCSW sickness, vacancies and occupancy resulting in adjusted skill mix to meet actual staffing needs. The unfilled HCSW shifts have on occasions been substituted with registered nurses this accounts for the increase in the fill rate of registered nurses.

Increased utilisation and fill rates of HCSWs

Increased utilisation of additional HCSWs remains high in Mental Health Services for Older People (MHSOP) wards, Mental Health (MH) wards, CAMHS, Families Young People and Children's (FYPC) and Learning Disabilities (LD) services. Additional HCSWs are deployed to support increased patient acuity and high levels of patients requiring increased levels of observation within these areas to support safe care.

Temporary staffing utilisation

The Trust (six month average) percentage use of temporary workers is 35.92% this is a slight increase (3.82%) from the previous reported six month average. Utilisation of temporary workers is to support vacancies, sickness and increased patient acuity and dependency. In this time period it was also to support additional surge wards across the Trust as part of the system pandemic response. To note the majority of temporary workers utilised are Trust bank only staff, who work regularly across our services, wards and community teams.

The Trust (six month average) percentage of temporary workers who are agency staff is 11.55%; this is a significant increase across services in the last 12 months. Contributory factors linked to increased demand due to high patient acuity and dependency, surge wards, increased staff Covid-19 absence, increased incidences and Covid-19 outbreaks, and staff movement due to individual risk and care pathways.

Right Skills

Changes to Mandatory and Role Essential Training during Covid-19:

- The compliance renewal date for each topic has been extended by 6 months.
- All face to face training is slowly being reintroduced with staff being invited to attend mandatory training on a clinical risk basis, contacted directly by Learning & Development to attend.
- Correct to 1 June 2021 Trust wide substantive staff;
    - Appraisal at 89.5 % compliance GREEN
    - Clinical supervision at 88.1% compliance GREEN
    - PPE donning and Doffing at 89.6% GREEN

Changes to Mandatory and Role Essential Training during Covid-19:

- The compliance renewal date for each topic has been extended by 6 months.
- All face to face training is slowly being reintroduced with staff being invited to attend mandatory training on a clinical risk basis, contacted directly by Learning & Development to attend.
- Correct to 1 June 2021 Trust wide substantive staff;
    - Appraisal at 89.5 % compliance GREEN

- Clinical supervision at 88.1% compliance GREEN
- PPE donning and Doffing at 89.6% GREEN

Area to note;

Resuscitation training is a mandatory training requirement for all clinical (registered and non-registered) staff. The determination of which resuscitation training each staff requires is identified in the national core skills training framework. All training in the Trust is accredited with the UK Resus Council. There are two forms of resus delivered: Basic Life Support; and Immediate Life Support.

Basic Life Support (BLS):
3431 substantive staff and 705 bank staff, require this on an annual basis (Covid-19 refresher 18 monthly)

Compliance substantive staff as 1 June 2021 – 75.2% (AMBER, trending up)
Compliance for bank staff as at 1 June 2021 – 48.9% (RED, trending down)

Immediate Life Support (ILS):
587 substantive staff and 140 bank staff, require this on an annual basis (Covid-19 refresher 18 monthly)

Compliance substantive staff as at 1 June 2021 – 70.8% (RED, trending up)
Compliance for bank staff as at 1 June 2021 – 31.9% (RED, trending down)

The Covid-19 impact:

- Face to face training stopped for 3 month April 2020 to 6th July 2020 (3 months) for substantive and bank staff.
- 6 month refresher extension given to mandatory training topics for all staff
- **I**LS and MAPA compliance rule for bank staff to book shifts removed to enable more support for clinical services
- Training course capacity reduced by 50% to 75% due to 2m rule
- Trainer capacity - Trainer's training full-time; 1 w.t.e reduced due to long term sickness from March 2021 onwards.
- Incidences of delegates attending and their Covid-19 status requiring courses to be stopped or leaving the course.
- Non-attendance on booked places (DNAs) without cancelling increased from a pre-Covid-19 accepted 15% DNA rate to upwards of 25% regularly
- Trainers and delegates in PPE including face masks and visors

A number of actions and steps taken to support improved attendance and compliance, summary below;

- Issue of non-attendance at training (DNA) raised at both Training, Education and Development Group (TED) and Deteriorating Patient and Resus Group (DPARG). Actions were taken from these groups by service lead members to respond within their clinical services and through to Directorate Management Teams.
- BLS is delivered at sites across the county and city to improve attendance of local staff
- Available places at BLS are shared on closed Facebook, through TED and the Education and Training ICC cell.
- Managers are sent emails from the current LMS when staff have not attended or cancelled training
- ILS recertification has been reduced from a full day's training to ½ day training. This has enabled more courses to be delivered.
- Resus trainers are now also supporting the delivery of BLS, in particular BLS Hospital which has released clinical trainer capacity and additional courses to be run (approx. additional 200 places in June 2021)
- Approved recruitment over establishment for an additional two w.t.e clinical trainers. Successful interviews with anticipated start date of September/October 2021.

Managing the risk of potential untrained/out of date staff in practice

- Managers receive reports of staff who are out of date with resus training and also emails from the LMS when they do not attend
- Managers have a local risk assessment to support them in covering practice with appropriately qualified staff are on shift e.g. moving an ILS trained staff member to cover
- Resus training team reintroduced clinical drills on site in April 2021 as a support to those services/staff who have been unable to attend ILS/BLS training.

Bank staff training compliance

The Trust has a large bank only workforce with individuals working across a wide range of professions, roles and services. Compliance with mandatory training for bank staff has historically been lower than that of substantive staff. This raises challenges particularly in areas where bank use is high and assurance is required that bank workers who are actively working in our services have the right skills.

From June 2021, the Trust introduced pay progression for bank staff to recognise their contribution in creating high quality, compassionate care and wellbeing for all. One of the eligibility criteria for pay progression is that all mandatory training is in date (core and clinical mandatory) and clinical supervision is in date (at least one every three months). It is anticipated that this may work as an incentive and as a result will improve attendance and compliance.

Right Place

Care Hours Per Patient Day (CHPPD) is a measure of workforce that is most useful at ward level to compare workforce deployment over time, with similar wards in the trust or at other trusts. This measure should be used alongside clinical quality and safety outcome measures to reduce unwarranted variation and support delivery of high quality, efficient patient care.

CHPPD is calculated by adding the hours of registered nurses to the hours of healthcare support workers and dividing the total by every 24 hours of in-patient admissions (approximating 24 patient hours by counts of patients at midnight).

CHPPD includes total staff time spent on direct patient care but also on activities such as updating patient records and sharing care information with other staff and departments. It covers both temporary and permanent care staff but excludes student nurses and staff working across more than one ward. CHPPD relates only to hospital wards where patients stay overnight.

NHS England and Improvement national nursing CHPPD data is reported from the organisational monthly staffing returns from 195 Trusts including LPT.

The national nursing average is reported at 10.21 CHPPD in April 2021. The Trust nursing average is reported at 12.4 CHPPD in April 2021.Comparative Trust averages; Lincolnshire 10.25 CHPPD, Derbyshire 16.23 CHPPD and Midlands Partnership 11.32 CHPPD.

It should be noted that the Trust monthly CHPPD reporting includes ward based AHPs and nurses. Analysis of the CHPPD has not identified variation at service level, indicating that staff are being deployed productively across services.

Establishment reviews – In-patient Wards

An assessment or re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the board by ward or service area twice a year, in accordance with NQB guidance and NHS Improvement Developing Workforce Safeguards guidance. This must also be linked to professional judgement and outcomes.

Due to the pandemic response, the annual establishment reviews and bi-annual acuity and dependency evidence based data collection was paused.

In responding to Covid-19 staffing surge and escalation plans, decisions regarding skill mix and nurse ratios were taken in conjunction with a review of patient acuity and dependency, professional judgement and the environment of care. Proposals for redeployment and surge/escalation plans were connected to the wider system, with

proposal papers and quality impact assessments submitted to the Trust Clinical Reference Group, then Incident Control Centre for robust governance and assurance.

To support and facilitate a triangulated and evidence based review of all in-patient nursing establishments a new post Workforce and Safe Staffing matron commenced on 7 June 2021. The plan is to commence a staged approach to acuity and dependency data collection form August 2021 using the Shelford Mental Health Optimal Staffing tool, Learning Disabilities Optimal Staffing Tool in DMH and FYPC and Activities of Daily Living tool (Hurst) in CHS.

Community Nursing Service Workload, Staffing and Quality Project

CHS Community Nursing have been selected to join the NHS England and Improvement Community Nursing Service workload, staffing and quality project as part of phase 3 development of the tool.

Workforce Planning

NHSi Developing Workforce Safeguards policy recommends a two-step approach to workforce planning. First, to take account of actual staffing levels and second, understand the gaps and what is required to close them, supported by a workforce planning model.

We are the NHS: People Plan 2020/21

We are the NHS: People Plan 2020/21 – action for us all, along with Our People Promise, sets out what our NHS people can expect from their leaders and from each other. It builds on the creativity and drive shown by our NHS people in their response, to date, to the COVID-19 pandemic and the interim NHS People Plan.

It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as take action to grow our workforce, train our people, and work together differently to deliver patient care

It includes specific commitments around:

- **Looking after our people**
- **Belonging in the NHS**
- **New ways of working and delivering care**
- **Growing for the future**

A summary of the Trust response to the key commitments;

Looking after our people

- Ensuring diversity across recruitment panels

- Continue to support and provide staff with information and resources to support their health and well-being
- Flexible working
- Together against racism

Belonging in the NHS

- Growing the network of staff support groups
- Increase BAME staff representation at bands 8 a and above
- Embedding our leadership behaviours across the organisation
- Continuing the Our Future Our Way culture leadership inclusion programme

New ways of working and delivering care

- Developing new roles to ensure multidisciplinary teams can provide the right capacity at the right time in the right place
- Using digital systems and new ways of working to make best use of skills, experience and capacity

Growing for the future

- Grow our own clinical apprentice to registrant
- Career development and progression with the aim of retaining our workforce
- Enhancing the student placement experience

Recruitment

Across the Trust, we currently have 328 nursing vacancies, according to our vacancy data reports. This is at Band 5 and Band 6 level.

This is broken down as below, to note there are certain caveats with the data:

- The numbers above may not be a true reflective picture as some services may be over-recruited on some wards and under-recruited on others against their financial establishment.
- There may be vacancies that are covered by other staff and this is not reflected in the establishment fully

Directorate	Number of Vacancies	Number of Live Nurse Adverts	Number of Live Band 5 Adverts	Number of Live Band 6 Adverts	Number of candidates with interviews booked	Number of candidates at recruitment check stage
DMH	155	7	4	3	28	20
FYPC/LD	64	8	5	3	19	12
CHS	109	7	6	1	19	17
TOTALS	**328**	**22***	**15**	**7**	**66**	**49**

Breakdown of Recruitment campaigns by Directorate

This is a summary of major campaigns that have been employed in addition to the 'business as usual' approach taken to promote recruitment opportunities.

CHS

CHS Community Recruitment

- 12 month recruitment campaign signed off to fill 30 vacancies in 2 specific locations in Leicester City. Campaign will launch in July 2021.
- A major focus of the campaign is offering flexible working hours to help attract Nurses.

HomeFirst

CHS Community benefited from an LLR system-wide recruitment campaign utilising the HomeFirst brand that was launched in Oct 2020. This targeted all roles including Nursing and AHPs for LPT and system partners. Attraction approaches used included:

- Multiple smaller, local radio stations in particular making sure that stations aligned to different communities were utilised to widen message and support an inclusive recruitment approach
- Social Media campaign including paid Google and Facebook promotion
- Bespoke landing page on the Your Future website deployed to support campaign and act as a cross system destination to promote opportunities
- Setting up a text response service to capture interest of candidates
- The campaign is still running with adverts utilising the #HomeFirst on adverts.

CHS Inpatient Nursing

- Launching a landing page for recruitment on Your Future, in July 2021.
- 30-day RCNi Job advert signed off to go live in July 2021.
- Trying a centralised approach of recruitment with a push on flexibility in terms of working hours to attract further candidates.

FYPC/LD

LD Recruitment Campaign

Launched a recruitment campaign at the end of 2020 due to additional funding to recruit a range of roles including nurses and AHPs for LPT and the wider system.

- Set up a landing page on Your Future and posted content through social media.
- Recruitment team offered a hands-on approach in terms of supporting the recruitment process and prioritising recruitment checks for successful candidates.

DMH

Crisis/CAP MHP Recruitment

- Currently recruiting for 42.5 WTE Mental Health Practitioners (MHPs) and Senior MHPs.
- Recruitment has been happening consistently for the past months for this service. This will be enhanced with different recruitment marketing – currently in the process of agreeing funding and an execution plan.

International Recruitment

As highlighted earlier in the report; a cross directorate initiative with a Trust commitment to recruit 30 nurses across the Trust by December 2021. Plans have been impacted by Covid-19 both in UK and India, but we are now progressing this with staff recruited to support the programme.

Grow Our Own

Grow our own is the programme of support for the development of our existing workforce to meet our future knowledge and skills requirements, particularly focusing on two categories:

- Roles that impact on the establishment
- Roles that need specific (predetermined) education

Roles that impact the establishment	**Roles that need specific education**
Nursing Associates	Health Visitor
Medicine Administration Technicians	School Nurse
Physicians Associate	District Nurse
Advanced Clinical/Nurse Practitioner	Physiotherapy
Medical Assistants	Occupational Therapy
Peer Support Worker	Nursing
Assistant Practitioner	Nursing Associate
	Clinical Apprentice
	Non-Medical Prescriber
	Clinical/Medical Psychology
	Advanced Clinical Practitioner

The table below outlines the current position;

Role	**Currently on programmes**	**Breakdown per directorate / profession**	**Comments**
Trainee Nursing Associates	36	MH- 16 FYPC – 7 CHS – 13	2 Cohorts due to complete March & June 2022 2 Cohorts due to complete March & June 2023
Registered nursing	0		Recruitment recently undertaken

Role	Currently on programmes	Breakdown per directorate / profession	Comments
Degree programme (Top Up)			11 due to commence programme October 2021
Clinical Apprentices	12	Physio x 8 OT x 4	4-year part-time programme with Coventry University 4-year part-time programme with Coventry University
Degree Apprenticeship nurses	4	LD – 2 CHS – 1 MH – 1	Feb 2021 Cohort – 4 year part time programme with OU

Currently there are 22 registered nursing associates working in all three clinical directorates.

eRoster

LPT uses Allocate HealthRoster to manage the deployment of substantive, bank and agency staff for around one third of the Trust. All inpatient wards use HealthRoster as well as some community teams.

Using recommendation from the Carter Review, the focus is supporting services to make the best use of staff time by:

- Improving timeliness of rosters being published (minimum 6 weeks before they are due to be worked)
- Reducing unused hours (hours staff have been paid for but not yet worked)
- Reducing accrued time off in lieu (TOIL) (hours that have been worked but not paid for)
- Effective planning of annual leave to avoid pressure points at certain times of the year

These actions will help services to better plan their workforce and manage staffing levels on a shift by shift basis. Detailed reports on rostering effectiveness are provided to services each month to measure the impact of different initiatives and to help identify areas for improvement.

Safe care

The Trust has procured Allocate Safe Care. Safe Care integrates fully with HealthRoster and offers the ability to monitor actual patient demand at key points during the day and accurately align staffing to match. The objective data identifying actual staffing requirement also helps avoid habitual temporary staff use and allow informed decision making as to when temporary staff are required. The user interface is accessible and easy to use and provides live user-friendly dashboard reporting.

Safe Care also has a positive impact on improving accuracy of rosters through contemporaneous updating of changes which further informs decision making and visibility. The net result of the above is an improved utilisation of substantive staff and reduction in temporary staff requirement.

Data collection/fact finding meetings will commence in July 2021 with a view to commencing as a pilot in four services where Allocate will take us through the pilot implementation using a train the trainer approach. Workforce systems will then continue the implementation across the Trust as per plans (to be developed).

Decision required

The Trust Board is asked to confirm a level of assurance in light of the report.

References

1. NHS Improvement (October 2018) Developing Workforce Safeguards Supporting providers to deliver high quality care through safe and effective staffing.

2. National Quality Board (July 2016): Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time. Safe sustainable and productive staffing.

Governance table

For Board and Board Committees:	Public Trust Board 31.8.21	
Paper sponsored by:	Anne Scott, Executive Director of Nursing, AHPs and Quality	
Paper authored by:	Emma Wallis, Associate Director of Nursing and Professional Practice. Contributions from; Amrik Singh, Dan Norbury, Alison O'Donnell, Julie Cliffe, Elaine Liquorish, Asha Day	
Date submitted:	23.8.21	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	Quality Assurance Committee 27.7.21	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	Amber rated	
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Six monthly	
STEP up to GREAT strategic alignment*:	High **S**tandards	√
	Transformation	
	Environments	
	Patient Involvement	
	Well **G**overned	√
	Single Patient **R**ecord	
	Equality, Leadership, Culture	√
	Access to Services	√
	Trustwide Quality Improvement	
Organisational Risk Register considerations:	List risk number and title of risk	
Is the decision required consistent with LPT's risk appetite:	Yes	
False and misleading information (FOMI) considerations:	None identified	
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:	BAME risk assessment Clinically Extremely Vulnerable staff Workforce prioritisation	