

Public Trust Board: 26 March 2024

Six-month Safe and Effective Staffing review- July 2023 - December 2023

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.

Summary

- As of 31st December 2023, the vacancy rate overall for registered nursing (RN) was 24.8%, which is the same position compared to June 2023. RN turnover for nurses in December 2023 was 7.3% and has been consistently around this percentage in the previous 6 months.
- The vacancy rate for health care support workers (HCSW) has decreased from 26.5% at the end of June to 23.9% at end of December 2023. It is noted that HCSW turnover has gradually increased over the last 6 months, and in December 2023 the turnover rate was 10.04%
- Average Care Hours Per Patient Day (CHPPD) for inpatient areas across July 2023 to December 2023 was 11.7 which is a slight increase compared to the previous 6-month reporting. 11.7 CHPPD remains above average (compared to a peer median of 10.7 and national average of 10.3) due to high acuity areas with a higher-than-average staff to patient ratio such as Agnes, LD Short breaks and Beacon Unit.
- There is an increase in RN and Health Care Support Worker (HCSW) fill rate on days and nights compared to the previous six months. Planned safe staffing levels were maintained, fill rate variation is reflected in response to increased ward activity, occupied beds, and patient complexity.
- On average 40.6% of all planned shifts were filled by temporary staff, an increase of 2.5% from 38.1% average for the previous six months. Of the temporary worker utilisation, the average percentage filled by agency staff was 19.4% which is a slight increase from the previous 6 months average of 19.15%
- Trust Agency Reduction Group continues to meet every 2 weeks with a current focus on eliminating off-framework use and improving rostering performance. This has resulted in Equality Impact Assessments (EQIA's) being approved for ceasing the use of Thornbury RN's (except for CHC community nursing) and HCSW's.
- Triangulation of complaints and nurse sensitive indicators (NSIs) with planned versus actual staffing has not identified any direct correlation between staffing levels and the impact on quality and safety of patient care. However, some correlation has been identified linked to the impact of staffing skill mix and competencies as a contributory factor in some serious incident and incident reviews.

- The key high-level themes from the incidents are linked to the deteriorating patient and NEWS escalation, mental health observations and pressure ulcer risk assessment and prevention, there are specific Trust groups working on Quality Improvement plans and group collaboratives established with NHFT led by our group director for patient safety and deputy directors of nursing and quality specific to these three areas.
- An assessment of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit), must be reported to the Trust Board by ward or service area twice a year and reset annually, in accordance with the National Quality Board (2016) guidance and NHS Improvements Developing Workforce Safeguards (2018).
- The annual nursing staff establishment reviews for safe staffing commenced across all inpatient areas using a triangulated methodology using national evidence-based tools in October 2023.
- Completion of the NHS England Nursing and Midwifery Retention self-assessment identified three priority areas: flexible working, pride and meaningful recognition, and professional development and careers.
- The health and well-being of all our staff remain a key priority. The Trust continues to support staff mental and physical health through referrals, signposting, communications, health and wellbeing champions, and access to available resources.

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.

The previous six month safe and effective staffing report was presented to Quality and Safety Committee on 29 August 2023 and to Trust Board on 26 September 2023. The monthly Trust safe staffing reports provide a triangulated overview of nursing safe staffing for 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.

This six-month safe and effective staffing report was presented to Quality and Safety Committee on 20th February 2024. The Committee were assured of the ongoing work to mitigate the issues around safe staffing but advise the Board that although there had a been a slight reduction in RN & HCSW vacancies, despite this excellent work the Trust is still carrying a vacancy rate of 25% for RN's and 23.8% for HCSW. The Committee were advised that the reporting from the establishment review would be available in March which will assist in agreeing any further work to be done in this area.

Analysis of the issue

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

Right Staff

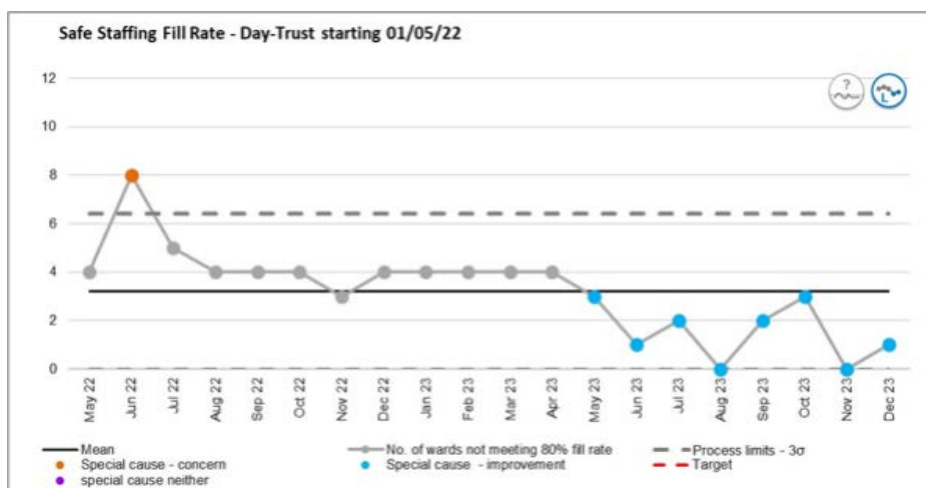
As of 31st December 2023, the vacancy rate overall for registered nursing (RN) was 24.8%, which is the same position compared to June 23. Trust-wide recruitment projects continue to work towards addressing the vacancy deficits as part of the Trust wide agency reduction and recruitment plan. RN turnover for nurses in December 2023 was 7.3% and has been consistently around this percentage in the previous 6 months, this is below the trusts target of 10%

Staff group	Budgeted establishment (fte)	Actual staff in post (fte)	Vacancies (fte)	Vacancy rate (%)
Registered Nursing	2056.9	1546.9	510.0	24.8%

The overall trust-wide summary of % of fill rate actual versus total planned shifts by registered nurses (RN) and health care support workers (HCSW) in the last six months is detailed in the table below.

Trust wide	DAY		NIGHT	
	% 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
Jul-23	103.1%	123.6%	107.1%	142.1%
Aug-23	104.5%	125.6%	106.4%	149.2%
Sep-23	108.5%	133.3%	109.9%	164.3%
Oct-23	103.4%	129.8%	108.0%	157.0%
Nov-23	109.1%	135.0%	106.0%	160.9%
Dec-23	111.8%	131.3%	107.4%	155.0%
Average	106.7%	129.7%	107.4%	154.6%

There is an increase in RN and HCSW fill rate on days and nights compared to January – June 2023. Planned safe staffing levels were maintained, fill rate variation is reflected in response to increased ward activity, occupied beds, and patient complexity.



The chart above demonstrates variation in the number of wards reporting less than 80% fill rate for RN's on day shifts, however in the past 8 months these have remained under the mean of 3 wards. The areas that have consistently reported under 80% of RN fill rate in the day over this reporting period have been the two short break homes due to one home being closed for refurbishment and patient needs being risk assessed in relation for the need of RN cover.

Exception reporting is provided within the Trust monthly safe staffing report per Ward/Unit and by Directorate and the monthly Board Performance report narrative.

The table below demonstrates temporary workforce utilisation (agency and bank) vs substantive utilisation from July – December 2023.

	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Agency	20.6%	19.9%	19.8%	19.0%	18.7%	18.8%
Bank	21.3%	21.4%	20.4%	21.6%	21.5%	20.8%
Substantive	58.0%	58.7%	59.8%	59.4%	59.7%	60.4%

This shows that on average 40.6% of all planned shifts were filled by temporary staff, an increase of 2.5% from 38.1% average for the previous six months. Of the temporary worker utilisation, the average percentage filled by agency staff is 19.4% which is a slight increase from the previous 6 months average of 19.15%. The highest volume of shifts sent to Centralised Staffing Solutions (CSS) is to meet planned staffing due to vacancies, followed by patient acuity and last-minute sickness and cancellations.

Within this six-month reporting period, following completion of EQIA's the use of Thornbury HCSW and RN (except CHS community nursing) shift booking has stopped with break glass criteria to ensure patient safety. Communication, Guidance and Dynamic Risk Assessment (DRA) process have been reviewed and updated including 'break glass' criteria and governance. Work is progressing around THP HCSW stop.

Right Skills

Mandatory and Role-Essential Training:

Core mandatory and clinical compliance scores demonstrate improvement month on month. There is sufficient capacity on all courses to provide face-to-face training.

Safeguarding Adults Level 3 is a new subject, compliance has increased for substantive staff to 81.2% as of 1st January 2024 compared to 52.9% at the end of June 23.

Oliver McGowan Training Tier 1 has 2 parts: Part A is now available via ulearn for all staff as part of the role essential training package. Trust compliance is 86.2% compared to 77% at end of June 2023

- Tier 1 – part B was launched in December 2023 for all non-clinical staff, a piece went in communications in December 2023 and places are bookable on ulearn.
- Tier 2 – Part B has had 150 staff complete so far.
More sessions are available up to July 2024.

Resuscitation training is a mandatory training requirement for all clinical (registered and non-registered) staff. Delivery of Level 1 resuscitation training commenced in November 2022 and reported from March 2023 for all non-clinical staff in line with the standards set in the Core Skills Training Framework (CSTF) and Resuscitation Council UK (RCUK) recommendations to ensure that LPT remains fully aligned with the RCUK training standards. Compliance at end of December 2023 was green 93% for substantive staff and 58.8% for bank only staff (compliance has increased month on month from March 2023).

Basic Life Support (BLS) includes online training and a practical face to face session. Compliance for substantive staff has increased as of end December 23 to green at 87.3% compared to amber of 83.2% at the end of June 2023.

Compliance of BLS for bank staff at the end of December 2023 is 72.3% (amber) which is an improvement compared to 60.1% (Red) at the beginning of July 2023.

Changes to Immediate Life Support (ILS) training commenced on the 1 June 2023 in response to changes made by RCUK and move to a blended learning approach which is completion of e-ILS and a practical session face to face. Determination of the resuscitation training each staff requires is identified in the national core skills training framework. All training in the Trust is accredited by the UK Resuscitation Council.

Compliance of ILS for substantive staff as of end December 2023 was 76.1% (Amber) which is a decrease from 81.9% at end June 2023.

Compliance for bank staff at the end of December 2023 is 59.6% (red), despite the compliance remaining rag rated as red the percentage has improved from 52.5% at the end of June 2023.

To support increase in bank staff compliance, letters were sent out in November 2023 to all active bank only workers regarding the need for core and clinical mandatory training to be completed by end of March 2024. This detailed that restrictions on booking shifts will be in

place from 1st April 2024 if individual's training was not in date to ensure patient and staff safety in relation to staff with the right skills being available.

The monitoring of bank staff training compliance is managed through TED, an update will be presented to EMB in February, March and April 2024 that will include compliance forecasts/trajectories to monitor any safety implications of restricting the booking of shifts for bank staff who are not compliant with training from 1st April 2024.

For all staff and courses, compliance is affected by staff not attending booked training session. In relation to the changes to the resuscitation training as outlined above, there is a theme that compliance is being affected due to staff being unable to complete the practical aspects of the course if they have not completed the on-line session and therefore being unable to take part in the practical session they have booked. The Training Education & Development Group (TED) oversees training compliance and confirmed there is enough capacity for resuscitation training and to meet Trust compliance. Should DNA and unutilised places continue at a higher than expected level this could impact on the future availability of training places.

A deeper dive and plan will be devised in relation to improving compliance for substantive staff. The Trust are working to improve training compliance for all topics. A particular focus are topics that can only be delivered in a classroom environment (as opposed to eLearning) has commenced and presented through TED and Strategic Workforce Committee (SWG).

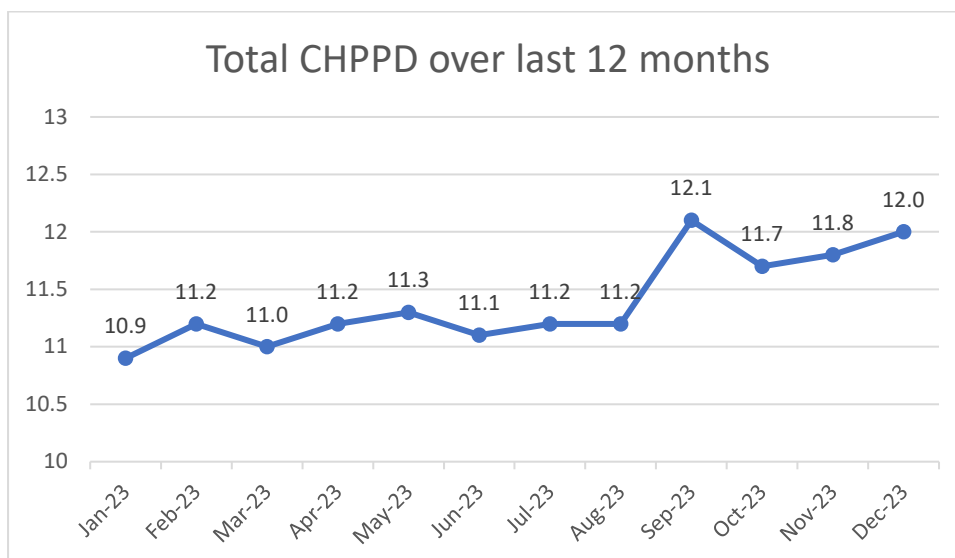
Resuscitation Compliance Trajectories have been presented to Strategic Workforce Committee; analysis of compliance and bookings for Immediate Life Support shows the actions in place are sufficient to achieve compliance with ILS training by end of March 2024.

Right Place

Care Hours Per Patient Per Day

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).



The Trust CHPPD average (including ward based AHPs) for July - December 2023 is reported at 11.7 CHPPD, which is a slight increase from 11.1 of the previous six months. General variation reflects the diversity of services, complex and specialist care provided across the Trust. Analysis shows variation between Directorates but has not identified significant variation at the service level; indicating that staff are being deployed productively across services.

It should be noted that the Trust monthly CHPPD reporting includes ward based AHPs and nurses, this has also included Registered Nursing Associates and Therapy Link Workers/Meaningful Activity Workers from May 2023.

Factors impacting results include the need for health roster to ensure it accurately differentiates supervisory clinical hours and actual hours.

Factors impacting CHPPD are the changes in acuity levels, staff sickness, reconfiguration of wards/ line of sight, experience and skill of the ward team on duty and high utilisation of temporary workforce who may not know the ward environment.

The monthly safe staffing reports include a breakdown of CHPPD by Directorate to analyse the impact of CHPPD with changes to the budgeted establishment and planned staffing levels from annual establishment review.

Measures to monitor the impact of staffing on quality.

NQB guidance suggests drawing on measures of quality alongside care hours per patient day (CHPPD) to understand how staffing may affect the quality of care. Suggested indicators include patient and staff feedback, completion of key clinical processes including NEWS2 observations, VTE risk assessments, medication omissions, patient harms including pressure ulcer prevalence and in-patient falls and learning from patient safety investigations and serious incidents. These measures are best considered as 'balancing measures' where the impact of any workforce changes may become visible, they are not intended to include all aspects of quality, other indicators will be needed to provide a rounded view of the overall quality.

Triangulation of complaints and nurse sensitive indicators with planned versus actual staffing has not identified any direct correlation between staffing levels and the impact on quality and safety of patient care. We are starting to see correlation of impact of staffing skill mix and competencies as a contributory factor in some serious incident and incident reviews. The key high-level themes are linked to deteriorating patient and NEWS escalation, mental health observations and pressure ulcer risk assessment and prevention, there are specific Trust groups working on quality improvement initiatives and new group collaboratives established with NHFT led by our Group Director for Patient Safety and Deputy Directors of Nursing and Quality specific to these three areas. One of these initiatives has been presented in turn within the monthly safe staffing report from September 2023.

Staffing and safety and incident reviews have identified that as workload, acuity and dependency increases with mitigating actions such as re-prioritisation of visits, step down of non-clinical activities, review of training, movement of staff and increased reliance on agency workers there is an impact on role essential training, equipment training such as use of Flat Lift equipment, timeliness of care plan and risk assessment updates and challenges with clinical continuity and oversight of standards. Senior clinicians and leaders are working every day to minimise and mitigate these risks however it is important to note this reality in practice and impact to patient and staff experience.

Establishment reviews

Inpatient Wards

An assessment of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit), must be reported to the Trust Board by ward or service area twice a year and reset annually, in accordance with the National Quality Board (2016) guidance and NHS Improvements Developing Workforce Safeguards (2018).

LPT's safe staffing policy identifies that all in patient wards must undertake a full annual establishment reset review every 12 months, with a lighter review completed within the following 6 months.

LPT's light establishment review commenced on 3rd April 2023 for all inpatient wards across all three Directorates. Analysis demonstrated there was no significant variation in the two data sets and provided two robust triangulated data collection assessments of patient acuity and dependency needs to support the next full annual safe staffing establishment review. The outputs from the light establishment review provided further assurance that the planned staffing levels from the annual establishment review in October 2022 are staffed at a safe level.

A summary of the light review was presented to Directorate DMT's in July 2023. Consideration of the learning will be taken forward within the next annual establishment review. This summary was reported in the last six-monthly safe staffing paper to Quality and safety Committee and Trust Board.

The annual nursing staff establishment reviews commenced across all inpatient areas in October 2023 using a triangulated methodology using national evidence-based tools; Safer

Nursing Care Tool (for adult inpatient wards in community hospitals), Mental Health Optimal Staffing Tool (for adult inpatient Mental Health hospitals), Learning Disability Optimal Staffing Tool (Learning Disability Inpatient Units), professional judgement and patient outcomes. Recommendations are due to the Executive Director of Nursing, AHPs and Quality in January 2024, to be shared for operational and financial planning with a final report to Strategic Executive Board in March 2024.

Community

The Community nursing transformation work continues with its four workstreams reporting into the transformation group and onwards to CHS DMT. Following the pilot of the Community Nursing Safer Staffing Tool (CNSST) with a team in July 2023, CHS DMT and Executive Management Board (EMB) agreed to extend the pilot wider to include the NWL hub. Forty-three staff were trained, and the data collection/census period ran for 7 days between 2-8 October 2023. The CNSST Northwest Leicestershire Hub pilot report has been considered and recommendations agreed at the CHS DMT on 13 November 2023. The recommendations and proposal were presented to the EMB on the 5 Dec 2023. The trust has started to assess the infrastructure required for a 2-year CNSST implementation programme across all community hubs including PMO support. The regional team are exploring a larger census in March 2024. Next steps to be discussed following a meeting in January 2024 with Director of Nursing, AHP's and Quality.

Workforce Planning

Effective workforce planning is vital to ensure appropriate levels of skilled staff are available to deliver safe, high-quality care to patients and service users. It comes as part of the CQC regulations, but fundamentally is at the heart of the trust's commitment to ensuring that we are providing safe care for our patients and service users.

The Head of Workforce Transformation and Planning is working with Directorate operational and professional leads to update the workforce plans. These plans will incorporate the workforce implications of the establishment reviews, profiling and forecasting to fill any new roles. Impact to finance, recruitment, learning and development and where there is a proposal to introduce a new role, the 'Skill Mix Proposal Pack' process will be completed to ensure the correct governance and equality, quality, and impact assessment.

Recruitment and Retention

International Nurse Recruitment

From November 2021 to December 2023, the Trust has welcomed a total of 82 Internationally Educated Nurses (IENs).

For the period of July to December 2023, CHS Directorate have received 12 IEN's and DMH have received 20.

We continue to experience challenges with placing IENs into community nursing teams. This is primarily based on driving, the cost of lessons and purchasing vehicles (loans or leasing).

The IR Steering Group and IR Team have been working with our external recruitment agency to identify candidates suitable for community posts.

We are on target to achieve our plan for Mental Health IENs due to successfully procuring an additional International Recruitment agency earlier this year. This has afforded the Trust to onboard 18 from July to December 2023 in addition to the 2 from the original IR Agency (grand total of 20). There are still Mental Health IEN's in both agencies' pipelines for the Trust.

There has been some success in attracting potential candidates from direct applications, however, professional and employer checks are proving challenging.

We continue to explore and support the grow your own component despite there being no further funding for what was originally known as Strand C for IENs currently working in the Trust as HCSWs. The Nursing and Midwifery Council (UK) introduced an additional process for this cohort of IENs to attain NMC registration by undertaking the Supporting Information from Employers (SIFE). A pilot was completed and we successful gained 4 physical health IENs in October 2024 through this process and will continue to maximise this approach.

Healthcare Support Workers Zero Vacancy ambition

Healthcare support workers (HCSWs) are an integral part of our clinical teams, and the Trust continues to work with NHS England (NHSE) through a programme of direct support and actions to progress recruitment, onboarding, retention and supporting HCSWs new to the role.

Staff group	Budgeted establishment (fte)	Actual staff in post (fte)	Vacancies (fte)	Vacancy rate (%)
Healthcare Assistants	1004.9	764.5	240.4	23.9%

During the 2023-24 financial year the budgeted establishment for HCSWs has increased by 79fte staff. We expect further increases to budgeted establishment within the year (CHS safer staffing posts plus posts related to additional CHS bed capacity). The vacancy rate has decreased from 26.5% at the end of June to 23.9% at end of December 2023. During the same period actual staff in post has increased by 34.9 fte.

Most service lines across the Trust have HCSW vacancies. In inpatient areas the change is the volume of posts (including newly created posts) that require filling. We have adapted our approach to recruitment to enable us to process greater volumes of candidates to keep pace with demand. In other areas the challenges relate to the skills required to work independently (e.g., CHS community Teams) or in a specialist area (e.g., Learning Disabilities).

HCSW vacancies and recruitment are closely monitored each month and reported through various governance groups including the People and Culture Committee. The Trust are also receiving direct support from NHS England to help us improve our HCSW vacancy position.

Turnover is the measure of the rate at which employees leave a workforce. It is calculated by taking the number of leavers in the last 12 months and dividing by the average headcount in the last 12 months. Whilst a certain level of turnover is to be expected, particularly in entry level roles, high turnover is costly and can indicate a problem within the organisation or with its hiring practices.

As part of the monitoring of the Trust Wide Workforce, Recruitment and Agency Plan, turnover rates for our priority staff groups are reviewed every month. It is noted that HCA turnover has gradually increased over the last 6 months, and in December 2023 the turnover rate was 10.04%, which is slightly above our internal target of no more than 10% turnover (Band 2 HCA turnover is 11.2%, Band 3 HCA turnover is 9.9%). A deep dive review is due to be presented to Strategic Workforce Committee in January 2024.

The Trust continues to progress with plans to recruit and grow our own. Headlines and ongoing actions include:

- Directorate onboarding officers have been appointed, whose role is to provide practical support to recruiting managers and reduce onboarding time.
- From July 2023 we have been trialling values-based recruitment and selection, aligning staff who have values but not experience with our new to healthcare course.
- Two induction sessions per month with 96 spaces – Induction capacity has been extended in some months to meet demand.
- Each clinical directorate has a working group to plan and monitor HCSW recruitment.

Career development pathways have been enhanced to enable HCSWs to grow their careers with the expansion of our training to professional roles to external candidates and supporting quality candidates in training programmes. The Talent for Care programme and soft skills course is available to all existing HCSWs supporting the development of nursing careers.

A Clinical Education Lead for HCSW is in post and four HCSW Ambassadors (commenced 1st July 2023) to promote, support, and increase the awareness of the role. 3 have remained in the role and additional HCSW Ambassadors have been advertised for expression of interest.

A summer school experience pilot was undertaken in August 2023 over four consecutive days for ten students aged 15 – 18 years who have identified a future career interest within health and social care setting. LPT and Brookvale Groby Learning Campus worked in close partnership to develop a feeder school approach as part of the NHS long term workforce plan grow our own incentive.

NHS England Nursing and Midwifery High Impact Actions

Completion of the NHS England Nursing and Midwifery Retention self-assessment identified three priority areas: flexible working, pride and meaningful recognition, and professional development and careers. Progress continues to be made against the key actions to achieve self-assessment and high impact actions, which includes:

- The self-assessment for the Interim National Preceptorship Quality Mark has been progressed and submitted resulting in the Trust being awarded the Interim Preceptorship Quality Mark on 30th January 2024.

- The Nursing Career Development Framework from volunteer to Director of Nursing, AHPs and Quality has been approved and forms the basis of the new jobs page for the Trust which is due to launch in January 2024.
- The launch of the DAISY award scheme from 1st June 2023 for extraordinary nurses for pride and meaningful recognition Trust-wide continues with 6 honourees so far.
- We are working with the ICS around legacy mentoring and are a member of the Legacy Mentoring - Focus Group to support development of regional resources.
- Flexible pension options and support around menopause has been widely communicated across the Trust.

Professional Nurse Advocates

The Trust continues to grow the number of Professional Nurse Advocates (PNAs), equipping RNs with skills to listen and support staff through restorative supervision, career conversations and thematic quality improvements.

Health Education England funded additional training places to support all Trusts to reach the trajectory of one trained PNA for every 20 RNs. This offer has become an integral part of the Trust’s health and well-being offer for all staff.

		Staff by directorate			
PNA pipeline	No. of staff	CHS	FYPC/LD	DMH	Enabling
Qualified PNAs	16	4	8	4	0
Cohort 4	8	2	3	3	0
Cohort 5	6 (Jan/Feb 2023)	0	1	5	0
Cohort 6	10 (start dates TBC)	1	3	5	1
Cohort 7	1 (TBC)	0	0	1	0
Total	41	7	15	18	1

PNA Midlands are yet to receive an update from the National PNA Lead with the cohort dates for 2024-25. PNA Midlands advise the Trust PNA Lead when placements are available.

Recruitment for a new role of Professional Nurse Educator for Mental Health has commenced that will further support PNA’s in increasing the availability of restorative supervision and progressing any actions identified in themes from restorative supervision.

Grow Our Own

Grow our own nursing promotion is taking place across January 2024.

Nursing Associates

The registered nursing associate role was created to bridge the gap between unregistered healthcare support workers and registered nurses – creating a further entry point into registered nurse training – and to provide additional support in clinical practice. The role helps provide high quality person-centred care. Training is a two-year programme with a two year top up to become NMC (Nursing & Midwifery Council) registered nurses available.

There are currently 15 in training:

- 3 completed in Oct 2023 - 1 resubmitting Jan and going to board Feb/March, 1 also returned to programme is also resubmitting and hopefully going to board Feb/March
- 3 due to complete in 2024/1 has withdrawn from programme.
- 9 due to complete 2025 – 1 is on a break in learning and awaiting a return date.

Trainee Nursing Associate Recruitment:

Recruitment has been completed with 5 candidates who commenced in Oct 23.

Recruit to train is being explored as a system through the LLR Nursing Associate group to ensure a system approach.

The Registered Nursing Associate Scope of Practice policy has been reviewed, extended and approved for CHS Community registered nursing associates.

Registered Nurse Degree Apprenticeship

Registered Nurse Degree Apprenticeship (RNDA) supports employers to develop their healthcare workforce to become NMC (Nursing & Midwifery Council) Registered Nurses in the fields of Adult, Children and Young People, Learning Disabilities or Mental Health nursing over a four-year programme.

There are currently 30 staff on the RNDA programme.

- 10 Adult
- 14 Mental Health
- 2 Learning Disability
- 4 Child

7 staff are on course to complete in 2024 and we have recruited 7 staff to the Open University RNDA starting Feb 24.

Decision required.

Trust Board are asked to receive this report evidencing a level of assurance.

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

For Board and Board Committees: Paper sponsored by:	Anne Scott, Executive Director of Nursing, AHPs and Quality	
Paper authored by:	Jane Martin, Assistant Director of Nursing and Quality	
Date submitted:	12.03.24	
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): If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured: 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	Quality and Safety Committee 20.02.24	
	Assured	
STEP up to GREAT strategic alignment*:	High Standards	√
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	√
	Single Patient Record	
	Equality, Leadership, Culture	
	Access to Services	
	Trust wide 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	
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:		