

## Quality and safety Committee: 20 August 2024

### Six-month Safe and Effective Staffing review- January 2024 – June 2024

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 30 June 2024, the vacancy rate overall for registered nursing (RN) was 23.1% which is an improved position compared to 24.8% on 31 December 2023. RN turnover for nurses in June 2024 was 7.6% and has been consistently around this percentage in the previous 12 months, this is below the trusts target of 10%.
- The vacancy rate for health care support workers (HCSW) has decreased from 23.9% at the end of December 2023 to 23.1% at end of June 2024. It is noted that HCSW turnover has gradually increased over the last 12 months, and the turnover rate was 11.4% in June 2024 compared to 10.04% in December 2023. The retention plan includes high level aims for 2024/25 in relation to HCSW turnover.
- In May 2024 LPT were formally stepped down from the NHS England (NHSE) direct support programme for reducing HCSW vacancies.
- Average Care Hours Per Patient Day (CHPPD) for inpatient areas was 12.2 across January to end June 2024, which is a slight increase from 11.7 compared to the previous 6-month reporting.
- There is an increase in fill rate for Registered Nurses (RNs) on days and HCSW fill rate on 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.
- On average 37% of all planned shifts were filled by temporary staff, a decrease from 40.6% average for the previous six months. Of the temporary worker utilisation, the average percentage filled by agency staff was 16% which is a decrease from 19.4% between July and December 2023.
- Improved compliance of core and clinical mandatory training for substantive and bank staff noted over this six-month period.
- Trust Agency Reduction Group continues to meet every 2 weeks with a current focus on eliminating off-framework use, reducing hourly rates for agency workers overprice cap, long term agency workers in one role and improving rostering performance.
- 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 deputy directors of nursing and quality specific to these three areas.

- The annual nursing staffing establishment reviews commenced across all inpatient areas using a triangulated methodology including national evidence-based tools. The recommendations were approved by EMB/SEB in May 2024.
- All inpatient wards commenced their light establishment review, acuity and dependency data collection for 30 days in April/May 2024. The reviews are due to be presented to DMT's in August 2024 and summary to Quality and Safety Committee and Trust Board in September 2024.
- There has been a national pause on the Community Nurse Safer staffing Tool whilst it is reviewed, it is anticipated that the revised tool will be ready from September 2024.

## 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 20 February 2024 and to Trust Board on 26 March 2024.

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.

A quarterly safe staffing summary is presented to the Leicester Leicestershire and Rutland Integrated Care Board (public or confidential) System Quality Group.

The Trusts Safe Staffing Policy has been reviewed, updated, approved and published on 29 May 2024.

## Analysis of the issue

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

#### Right Staff

##### Registered Nurses:

As of 30 June 2024, the vacancy rate overall for registered nursing (RN) was 23.1% which is an improved position compared to 24.8% on 31 December 2023. Trust-wide recruitment projects continue to work towards addressing the vacancy deficits as part of the Trust wide agency reduction and recruitment plan. This includes grow our own, international recruitment, recruitment of newly qualified RNs, as well as normal domestic recruitment.

Workforce category	FTE budgeted establishment	FTE actual staff in post	FTE vacancies	% vacancy rate
Registered Nursing	2088.1	1605.8	482.3	23.1%

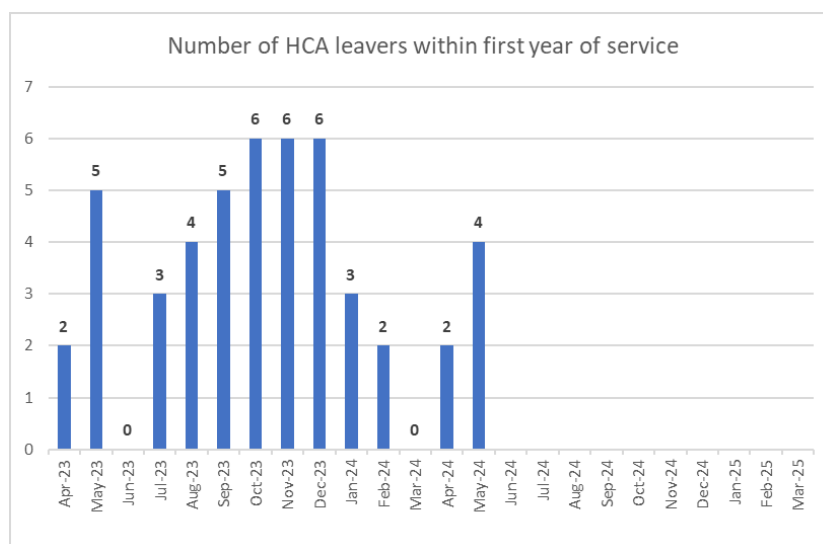
RN turnover for nurses in June 2024 was 7.6% and has been consistently around this percentage in the previous 12 months, this is below the trusts target of 10%.

Healthcare Support Workers:

The vacancy rate for health care support workers (HCSW) has decreased from 23.9% at the end of December 2023 to 23.1% at end of June 2024.

Workforce category	FTE budgeted establishment	FTE actual staff in post	FTE vacancies	% vacancy rate
Healthcare Assistants	1056.9	859.8	197.0	18.6%

HCSW turnover has gradually increased over the last 12 months, and the turnover rate was 11.4% in June 2024 compared to 10.04% in December 2023. A deep dive review was completed which demonstrated that there was a high percentage of HCSW leaving in the first year of service.



A Task and Finish Group has been established with actions against nine themes: Method of recruitment, expectation of role, shortlisting/interview, use of data, buddying, HCA Ambassadors, HCA development opportunities, HCA clinical induction.

The Trust continued to work with NHS England (NHSE) through a programme of direct support towards healthcare support workers zero vacancy ambition with actions to progress recruitment, onboarding, retention and supporting HCSWs new to the role, until May 2024. NHSE were reassured with our progress, trajectory and plans towards 5% HCSW vacancy

rate by end of financial year, which is a significant improvement compared to approx. 30% vacancy rate in September 2023. Due to this LPT were formally stepped down from the NHSE direct support programme.

The HCSW Clinical Education Lead and Trust ambassador oversee our newly recruited 9 local ambassadors. They will have 3 hours protected time each month (which has funded backfill) to have an open door or walk the ward, check that staff are ok, enjoying their work or if they have anything they need to talk through.

We are promoting happy workforce and stay conversations and a seasonal newsletter has also been developed with HCSW information.

We offer 12 candidates per month taster days for job seekers from DWP the chance to come and meet our staff, HCSW and peer support workers, to gain insight into the day in the life of a HCSW. In June 2024 five individuals requested to join the volunteer sector to gain further experience.

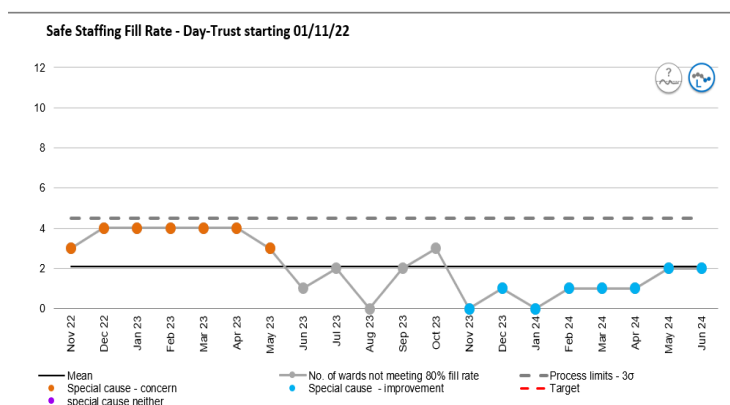
WeLearn modules specifically for HCSW have been reviewed and now include sessions on career pathways and developing talent.

Fill Rate:

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.

2024	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
Jan-24	112.9%	132.7%	108.5%	156.9%
Feb-24	114.7%	136.3%	107.7%	170.2%
Mar-24	119.3%	133.8%	108.4%	168.9%
Apr-24	122.3%	134.3%	109.0%	169.2%
May-24	107.2%	126.9%	104.3%	123.3%
Jun-24	105.0%	122.9%	103.1%	123.5%
<b>Average</b>	<b>113.2%</b>	<b>130.9%</b>	<b>106.8%</b>	<b>148.9%</b>

There is an increase in fill rate for RNs on days and HCSW fill rate on 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. During the six-month period the mean has reduced from 3 to 2 and the number of wards has continued to report under or at the mean. The area that has consistently reported under 80% RN fill rate in the day over this reporting period have been the two short break homes, patient needs are risk assessed prior to admission that determines the skill mix/ level of RN cover required.

Exception reporting is provided within the Trust monthly safe staffing report per Ward/Unit and by Directorate. Exception reporting has been stepped down from the Board Performance report.

Temporary Workforce:

The table below demonstrates temporary workforce utilisation (agency and bank) vs substantive utilisation from January – June 2024.

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
<b>Agency</b>	<b>17.6%</b>	<b>18.3%</b>	<b>18.2%</b>	<b>15.0%</b>	<b>14.0%</b>	<b>13.1%</b>
Bank	20.3%	21.6%	22.1%	20.3%	21.0%	22.0%
Substantive	62.2%	60.1%	59.7%	64.8%	65.0%	65.0%

This shows that on average 37% of all planned shifts were filled by temporary staff, a decrease from 40.6% average for the previous six months. Of the temporary worker utilisation, the average percentage filled by agency staff was 16% which is a decrease from 19.4% between July and December 2023. The highest volume of shifts sent to Centralised Staffing Solutions (CSS) is to meet planned staffing due to vacancies, followed by increased patient acuity and last-minute sickness and cancellations.

Stopping off framework agency use:

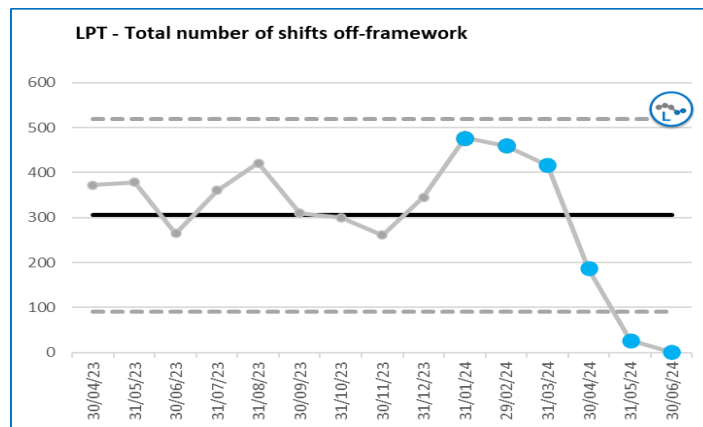
When unable to source substantive, bank or agency staff via an NHS framework provider (on-framework agency), and where patient safety is at risk, managers can request via the Dynamic Risk Assessment process that the shift is filled by an off-framework agency worker. The off-framework agency used by LPT is Thornbury.

As well as not adhering to NHS price cap rates, there is no assurance around off-framework agencies adherence to NHS recruitment checks and training requirements.

Following its inclusion in the Spring budget statement, NHS organisations were instructed to stop all use of off-framework agencies by July 2024. A letter was shared with Thornbury agency staff advising they would be unable to work for us via Thornbury after 30<sup>th</sup> June 2024 and providing alternative options. 16 (just over 50%) transferred to on-framework agencies.

The Executive Team have agreed to pay home to base mileage for a fixed period for those Thornbury workers wishing to continue working with us via on-framework agencies. Additional agency onboarded to HCRG master vend with 51 new on-framework agency nurses supplied to date. Action plan and weekly meeting established within CHS with operational, clinical and enabling representation.

The results of these actions are demonstrated on the SPC chart below.



As of 30 June 2024, there have been zero off-framework agency requests for the whole Trust. The dynamic risk assessment (DRA) process continues that includes requests for off-framework agency if required. this includes break glass criteria to consider in the assessment and authorisation to ensure patient safety. Any off -framework shift authorisation and fill will be reviewed and monitored through the agency reduction meeting.

## Right Skills

### Mandatory and Role-Essential Training:

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

### Safeguarding Adults Level 3:

Compliance has increased for substantive staff to 95.6% as of end of June 2024 compared to 52.9% 12 months ago.

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 96.2% which is an increase compared to 77% 12 months ago.

Part B: 1 hour session training available as a system (LLR) and there are dates on Eventbrite for staff to book, via uLearn. Certificates are taking up to 5 weeks to be released and staff need to upload these to uLearn to be marked as complete, this provides a challenge in reporting an accurate position.

As a trust the compliance is 9% (FYPC/LDA are sitting at 37%, Bank 4%, CHS 8.9%, Enabling 3.7%, MH 2.1%).

Tier 2, part B: sessions are available until March 2025 and are available on uLearn. This has been identified for 2 priority groups in CHS and MH, urgent care. Currently compliance is CHS 10% MH 18.4%.

The ask from the Oliver McGowan regional group is for 30% of eligible workforce to be trained by end of March 2025, this will be all patient facing staff for tier 2, not just the priority groups. There is enough capacity to achieve this recommendation.

Resuscitation training:

Level 1 - Compliance at end of June 2024 was green 92.6% for substantive staff and 80.5% for bank only staff (improvement from 58.8% at end December 2023)

Level 2 - Basic Life Support (BLS). Compliance for substantive staff has increased as of end June 2024 to 90% from 87.3% at end December 2023 and to amber of 83.2% at the end of June 2023.

Compliance of BLS for bank only staff at the end of June 2024 was 90.3% (green) compared to 72.3% (amber) at end of December 2023 and 60.1% (Red) at the beginning of July 2023.

Level 3 - Immediate Life Support (ILS) Compliance of ILS for substantive staff as of end June 2024 was 86% (green) which is an increase from 81.9% 12 months ago.

Compliance for bank only staff at the end June 2024 was 84.6% which is a significant improvement compared to the end of December 2023 59.6% (red) and 52.5% at the end of June 2023.

To support increase in bank staff training 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 1<sup>st</sup> 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. This was extended until 1<sup>st</sup> May to facilitate additional access to training. Monitoring training compliance of bank only staff demonstrated a significantly improved picture with minimal bank staff out of date.

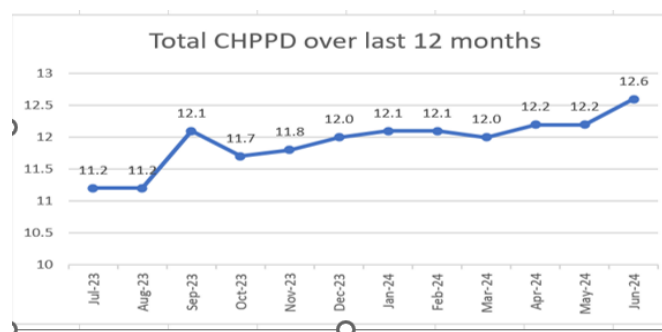
A scoping exercise was undertaken to ensure non-compliant bank staff were not predominantly worked in the same areas so we could be assured around safe staffing. This evidenced an even spread of non-compliant bank staff therefore changes started to be inputted onto Healthroster to prevent staff from self-booking shifts if they were non-compliant, with the mitigation in place that roster managers could book staff based on the skill mix of the staff on duty.

**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 Jan – end June 2024 is reported at 12.2 CHPPD, which is a slight increase from 11.7 of the previous six months. General variation between directorates reflects the diversity of services, complex and specialist care provided across the Trust.

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 Deputy Directors of Nursing and Quality specific to these three areas.

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.

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.

The results and recommendations were presented to the Executive Director of Nursing, AHPs and Quality in January 2024 and a final summary presented to Executive Management Board and Strategic Executive Board in May 2024 where the following was approved.

DMH:

- Uplift HCSW numbers on Beaumont, Belvoir and Griffin at a cost of £308,405.

FYPC/LDA:

- Outcome of the annual establishment review is no change from the budgets set on 1<sup>st</sup> April 2023.

CHS inpatient:

- Outcome of annual establishment review is to uplift 1 WTE HCA on Beechwood for a fixed term of 6 months at a cost of £90,000.

As part of the bi-annual establishment light review process, all inpatient wards commenced their acuity and dependency data collection (utilising evidence-based tools) for 30 days in April/May 2024. Initial analysis of DMH and FYPC/LDA has demonstrated no significant variation to either planned staffing or outputs from the annual review. These are due to be presented to DMT's in August 2024 and summary to Quality and Safety Committee and Trust Board in September 2024.

The community hospital wards completed the light review using the new licensed data collection tool, which required all ward sisters/charge nurses to be trained and assessed. The tool is different compared to the previous version and produces results in a different manner. This is requiring an increased period of sense checking, understanding and analysis. A summary will be presented to DMT in August 2024 to Quality and Safety Committee and Trust Board in September 2024.

## **Community**

The Community nursing transformation work continues with its four workstreams reporting into the transformation group and onwards to CHS DMT. Pilot of the Community Nursing Safer Staffing Tool (CNSST) with a team and a wider pilot of a hub has taken place in 2023. The recommendations and proposal were presented in the annual nursing staff establishment review paper to the EMB/SEB IN May 2024. In May 2024 it was confirmed that there has been a pause of the CNSST nationally until September 2024 whilst the tool is evaluated, the advice regionally was not to progress with current or future CNSST census until we are notified.

## **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

The Trust has successfully recruited 119 Internationally Educated Nurses (IENs) since commencing this programme of work in November 2021. We achieved our KPIs against the NHSE funding target of 99 IENs by May 2024.

For the period of January to end June 2024, CHS Directorate have received 17 IEN's and DMH have received 11.

We have 6 nurses due to be onboarded in September 2024 to community nursing teams in CHS. The challenge with supporting IENs into community teams has been 'driving', associated costs and recognition that many counties do not have 'district nursing' type roles and therefore it is an unfamiliar role.

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

Each Directorate have been asked how many IENs that they would like to onboard for 2024/25, considering skill mix of teams, ability to support other new starters, preceptees and IENs, there is currently no additional funding announced from NHSE.

We continue to 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). Following a successful pilot, we continue to use a consistent process and have successfully passed 2 individuals in this time period (6 in total).

We are seeing success from our initial cohort of IENs and have six who moved into Band 6 roles within 2 years of onboarding.

### 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 Trust was awarded the Interim Preceptorship Quality Mark on 30<sup>th</sup> 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.
- The launch of the DAISY award scheme from 1<sup>st</sup> June 2023 for extraordinary nurses for pride and meaningful recognition Trust-wide continues.

- 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	18	2	8	8	0
Cohort 4	8	1	3	4	0
Cohort 5	5 (Jan/Feb 2023)	0	2	2	1
Cohort 6	7 (Sept / Nov 2023)	0	2	5	0
Cohort 7	2 (TBC)	0	1	1	0
<b>Total</b>	<b>40</b>	<b>3</b>	<b>16</b>	<b>20</b>	<b>1</b>

PNA Midlands have confirmed that there is funding for 2024/2025 and this is likely to be cohorts in September 2024, January and March 2025 for around 150-200 Midlands nurses in total.

Funding will be held and commissioned regionally; the aim is to ensure there is a collaborative approach so that universities have clear expectations set for them.

There are challenges to delivering the role in terms of capacity of the PNA and release of staff to attend. There are minimal referrals received and delays in confirmation of staff successfully passing the PNA course. There is an action plan in place to address these challenges.

LPT received funding from NHSE for 1 year to pilot the Professional Nurse Educator (Mental Health (PNE) role that has been rolled over the 24/25. 1.0WTE PNE for DMH commenced on 22 April 2024 and 0.6TE commenced in FYPC/LDA on 18 March 2024.

The professional nurse educator (PNE) is an innovative clinical mental health nursing role which supports the facilitation of a learning environment, embedding a learning culture and works as an addition and not instead of other roles.

One of their roles is to be a PNA, facilitate restorative supervision and promote the PNA role in addition to shadowing, bespoke training, support of preceptors and internationally educated nurses.

### Grow Our Own Workforce

We have offered three placements to T Level students as from September 2024. T Levels are a two-year qualification for 16-19 year olds designed in collaboration with employers. Each T

Level is equivalent to 3 A Levels, with the aim to support the young person to develop their skills, knowledge and to thrive in the workplace. Successful individuals will start with LPT in their first year with the HCSW workforce, then return to the same placement in the second year and work alongside the registered staff, then stay with the wards and complete their Student Nursing Associate programme.

Grow our own nursing promotion took place across January 2024 where 75 expressions of interest were received. Triage following the promotional event has now concluded, individuals who met the essential criteria have been supported along the HEI/LPT recruitment process, individuals who did not meet criteria or did not have the appropriate visa have been supported and signposted as required.

### **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 18 individuals in training:

<b>Directorate/service</b>	<b>Number of Candidates</b>
CHS	9
DMH	6
FYPC	1
LD	2

Recruit to train pilot in community CHS teams has commenced with 4 individuals recruited to commence February 2025. The individuals will commence into a HCSW post and undertake the care certificate completion and probation.

The Registered Nursing Associate Scope of Practice policy has been reviewed, extended and approved in May 2024.

On 29<sup>th</sup> April 2024 the Trust received TASK54985 letter: Official Title Change - Student Nursing Associate (SNA) to replace Trainee Nursing Associate (TNA).

This change is following conversations with the Nursing and Midwifery Council (NMC), where it has been reiterated the importance of recognising the recommended title for a learner on an NMC approved programme leading to registration as a nursing associate. LPT have considered actions required for this recommendation and these have been sighted at Executive Management Board in June 2024 with an update planned for August 2024.

### **Registered Nurse Degree Apprenticeship**

The Registered Nurse Degree Apprenticeship was developed in response to a growing demand for healthcare employers to 'grow their own' Registered Nurses through the Apprenticeship Levy. The first Registered Nurse Degree Apprentices began training in September 2017, the introduction of this programme has enabled people to train to become a

registered nurse in their chosen field of nursing practice (Adult, Child, Learning Disability, Mental Health) through the apprenticeship route.

There are currently 36 staff on the RNDA programme.

Directorate/service/FOP	Number of Candidates
CHS	14
DMH	16
FYPC	5
LD	1

3 individuals qualified in April 2024 and have posts within LPT. A further 3 Mental Health and 1 in adult due to qualify.

We have recruited 5 DMU RNDA and 7 OU RNDA to commence October 2024.

### **District Nurse Apprenticeship Programme**

The programme is a post registration award and professional qualification designed to meet the professional needs of Registered Nurses who will be working in a Primary Health care setting. The programme is designed to meet the needs of individual practitioners seeking a flexible and adaptable route to a degree level qualification and specialist practitioner recorded qualification with the NMC.

The De Montfort University district nurse apprenticeship programme has now been developed; successful programme validation took place in April 2024.

Eight individuals are currently undertaking a DN programme and seven staff are due to commence the DN apprenticeship programme, commencing in September 2024.

### **Decision required.**

Quality and Safety Committee 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

<b>For Board and Board Committees: Paper sponsored by:</b>	James Mullins, Interim Executive Director of Nursing, AHPs and Quality	
<b>Paper authored by:</b>	Jane Martin, Assistant Director of Nursing and Quality	
<b>Date submitted:</b>	07.08.24	
<b>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</b>	Six Monthly report	
<b>STEP up to GREAT strategic alignment*:</b>	High Standards	√
	Transformation	
	Environments	
	Patient Involvement	
	Well Governed	√
	Single Patient Record	
	Equality, Leadership, Culture	
	Access to Services	
	Trust wide Quality Improvement	
<b>Organisational Risk Register considerations:</b>	List risk number and title of risk	1: Deliver Harm Free Care 4: Services unable to meet safe staffing requirements
<b>Is the decision required consistent with LPT's risk appetite:</b>	Yes	
<b>False and misleading information (FOMI) considerations:</b>	None	
<b>Positive confirmation that the content does not risk the safety of patients or the public</b>	Yes	
<b>Equality considerations:</b>		