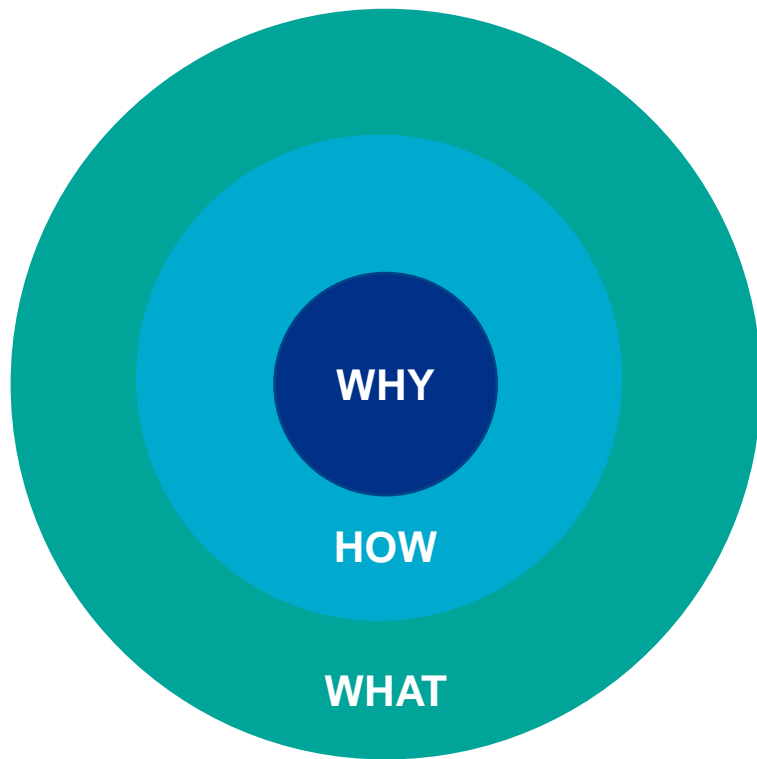


Imperial College Healthcare Trust

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and Enhanced Care

February 2022

Executive summary



NEXT STEPS

Why?

- Trust's involvement in developing paper and digital version of the passports
- Experience from first surge at being unable to identify staff skills, resulting in delayed training, ineffective processes and variation in rota skill mix distribution
- To create a record and recognise staff skill development during deployment

How?

1. Engaged with the members of the corporate team across the different divisions
2. Created a Task and Finish group
3. Setup NWL Implementation group
4. Incorporated feedback from de-deployment interviews
5. Delivered targeted and focused training – planned in conjunction with operations team and with study leave provided

What?

- Set a Trust target 202 RSC, no NRSS target set.
- As of 6th Feb 2022, have achieved 121 NRSS and 356 RSC staff accessing the passports (but not all have completed)

Next steps?

- Continue to provide passport training and plan for incorporation into business as usual
- Get CC3N endorsement for Healthcare Support Worker (HCSW) Competency Framework (as pre-surge the role did not have direct patient care responsibilities)
- Imperial College Health Trust (ICHT) has implemented the HCSW Framework-awaiting CC3N signoff

Key learning?

- Visible on-the-ground senior leadership - Chief nurse as SRO
- Task and Finish groups that operate across clinical divisions
- Provide study leave for staff undertaking passports
- Offer Keep-in-touch days



WHY

1. Supporting the development of the passports was an evolution of progress; incorporating the learning from the first surge to winter 2021 preparedness and transitioning into business as usual
2. Lack of effective processes identifying staff readiness for deployment leading to delayed training and deployment - affecting staff wellbeing
3. Training was inefficient and not targeted to a specific area or recognising the individuals' previous skills
4. Unable to identify which individual clinicians had specific skills
5. Variability in skill mix distribution and capabilities across rotas
6. Lack of recognition of staff skill development during deployment, due to limited recording
7. Identified need for a HCSW Skills Competency Framework as the NRSS role evolved



HOW

1. Engagement with the members of the corporate team across the different divisions (surgery, medicine, cancer, cardiovascular and critical care [CC]), including HR to help with workforce wellbeing
2. Task and Finish group set up, with operational and educational representation from the different divisions, who met weekly initially
3. NWL Implementation group established to share lessons and support NWL ICS working
4. Feedback from de-deployment interviews informed a skills acquisition training approach
5. Delivered targeted and focused training which met the needs of the bespoke staff / area. For example, an area may have required all the skills apart from tracheostomy care
 - Training sessions were planned in advance, in conjunction with operations teams to ensure limited disruption to rotas
 - Study leave given to all staff who were identified for deployment / offered to be deployed.
 - Funding made available to pay for Trust nurses and bank nurses to attend training from a centralised budget



WHAT

Trust set target **202 RSC** and as of the 6th February 2022 the Trust has achieved:

Trust	Non-Registered Support Staff				Registered Support Clinician					
	Started	Completed	Reviewed	Certified	Started	Completed	Reviewed	Certified		
Imperial College Healthcare NHS Trust	63	47	2	9	121	105	142	7	102	356

- After the training, several staff transferred laterally to Critical Care as a result of enjoying their Critical Care experience
- Success of NRSS roles led to the creation of substantive Health Care Support Worker (HCSW) roles in Critical Care
- NRSS staff encouraged to apply for these roles as well as an external recruitment drive for staff new to care

Note: Started = No. of staff started self-assessment, Completed = No. of staff completed self-assessment, Reviewed = No. of staff who have received supervisor sign-off for all skills, Certified = No. of staff who have received final supervisor sign-off and certificate stating they are safe to work in the RSC or NRSS role. Data correct as of 6th February 2022

NEXT STEPS

1. Continue to provide passport training and plan for incorporation into business as usual
2. In progress of getting CC3N endorsement for current draft of Healthcare Support Worker (HCSW) Competency Framework (as pre-surge the role did not have direct patient care responsibilities)
3. Commenced induction and training programme developed for HCSWs new to Critical Care.
4. Setup NWL Multi-disciplinary Skills Sustainability Group to strengthen NWL ICS collaborative working
5. Linking in with the NWL Critical Care Network to review NWL pooling of resources for ongoing training
6. Continuing to report to the NWL ICS Critical Care Board for ongoing governance



Key learning (1/3)

Communication and engagement

- Chief Nurse as senior responsible officer provided visible on-the-ground senior leadership which was important for driving and supporting passport implementation
- Pre-established NWL ICS governance structure, including the NWL ICS Critical Care Board, Director of Nursing, Workforce Boards, Finance and Divisional operations and not only nursing led to success of passport implementation
- Need for senior level cross-department buy-in (not just in critical care)
- Multi-professional Allied Health Professional (AHP) involvement essential to a new way of working
- Ensure managers feel confident and comfortable having those difficult conversations with staff regarding deployment and ensuring passport completion
- The messaging of the 'why' is consistent
- Staff value peer support when completing the passports



Key learning (2/3)

Workforce management

- Value in having a NWL Implementation Group across the NWL ICS
- Development of Task and Finish groups (e.g. Imperial College Healthcare NHS Trust's) across clinical divisions, workforce and finance, that aligns with surge plans and considers competing priorities
- Ensure passports are integrated into future training - plans for it to become business as usual and support a more streamlined approach



Key learning (3/3)

Logistics and funding

- Provide staff with study leave to attend passport training helped them feel valued
- Resources made available for Trust and bank nurses to attend the skills acquisition training and competency sign-off
- Identify mechanisms for longer-term funding as the passport transitions into business as usual
- Ensure keep in touch (KIT) support competency sign off for the passport
- Each division holding a list of people with skills training and those completing the passports so they are able to be recorded onto e-roster
- Multi-professional collaboration and shared learning essential for success
- Portability of passports across sites
- Additional resource to support HCSW training and induction for staff new to care



For any comments or feedback, please email
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