

NMAHP Strategy 2024-28

End of Year 1 Progress Report

Public Board
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Presented for:	Information
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Previous Committees:	None

Our Annual Commitments for 2025/26 are:	
Recognise and act upon moments that matter to our patients	✓
Support our patients to get home a day sooner	✓
Be in the top 25% for patient experience and efficiency in outpatients	✓
Support each other to act with kindness and compassion	✓
Reduce our carbon footprint by creating greener patient pathways	
Support our staff to manage every £ wisely	✓
Make best use of our estate, equipment, and digital assets	✓

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk		Workforce Retention Risk - We will deliver safe and effective patient care, through providing a supportive culture, training, development, and H&WB to our staff to retain the appropriate level to continue to meet the patient demand for our clinical services	Choose an item	Choose an item.
Operational Risk		Choose an item.	Choose an item	Choose an item.
Clinical Risk		Choose an item.	Choose an item	Choose an item.
Financial Risk		Choose an item.	Choose an item	Choose an item.

External Risk		Choose an item.	Choose an item	Choose an item.
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Key points	
<ol style="list-style-type: none"> 1. Over 3,100 staff accessed CPD in 2024–25, with 94 new leaders developed through in-house programmes, including the nationally recognised PNA course. 2. Shared Decision-Making Councils and professional forums have driven staff led improvements in patient care, experience, and workforce engagement across 23 active councils. 3. A 18% reduction in pressure ulcers and the launch of a new Harm-Free Care dashboard reflect strengthened safety governance and frontline ownership of quality improvement. 	Information

1. Summary

This report outlines the progress made during the first year of delivering the Nursing, Midwifery and Allied Health Professions (NMAHP) Strategy 2024–2028. The strategy is structured around three key priorities: supporting and developing our people, strengthening the collective voice and visibility of our teams, and delivering excellence in care for our patients. These priorities are closely aligned to the Trust's values and long-term ambitions. Over the past year, the NMAHP workforce has played a central role in quality improvement, innovation, safety, sustainability, and improved outcomes. This paper also identifies areas of focus for 2025–26.

2. Background

The NMAHP Strategy was launched in May 2024 following a collaborative design process to reflect organisational priorities, raising the profile of patient experience, delivery of harm free care, and the aspirations of our clinical workforce, and empowering their voice. For the first time, bringing together, nursing, midwifery, and allied health professionals under one strategy. It provides a unifying framework for high quality care, inclusive leadership, and workforce development across all nursing, midwifery, and AHP roles. This report is the first formal update to the Trust Board, capturing early impact, learning, and emerging priorities as we continue implementation.

3. Main Update

Our People – Developing strong leadership at all levels, starting from the front line, is essential for achieving high standards of patient care and patient experience. We therefore committed to:

- *Develop and retain our workforce.*
- *Creating strong and accountable frontline leaders by giving our leaders the right skills and support to lead*
- *Strengthen leadership structures through clear governance and assurance.*

processes. Holding ourselves and others to account

- *Develop leaders of the future, identifying and supporting our NMAHP staff through talent management and leadership development programmes*

A key early initiative has been the rollout of the Excellence in Leadership programme, which supports ward and team leaders at the start of their leadership journey. Designed to build confidence, strengthen leadership capability, and enhance team culture, the programme has successfully recruited 58 participants across two cohorts, including 44 current ward leaders. Feedback from participants indicates increased self-efficacy, improved delegation skills, and a greater sense of community among peers. The initiative has also contributed to increased retention rates among newly appointed leaders and a growing interest in further leadership development across clinical teams.

LTHT also became the first NHS Trust nationally to co-develop and co-deliver the Professional Nurse Advocate (PNA) programme in partnership with a university provider. In its first cohort, 36 participants successfully completed the course. Sixteen external candidates generated £12,000 in income for the Trust, while 20 internal participants accessed the course free of charge, avoiding an estimated £20,000 in external training costs. Beyond financial impact, the PNA programme has improved staff wellbeing through restorative supervision and strengthened compassionate leadership across the organisation.

The trust also become the first NHS organisation licensed to deliver the Rosalind Franklin Programme internally. This development represents an important step in strengthening our senior leadership pipeline, with a particular focus for matrons, and provides an opportunity to generate income by offering places to external delegates. The first internal cohort is due to commence in July 2025. The in-house delivery model has allowed us to create content tailored to LTHT's local context, increased focus on accountability, embedding our strategic priorities and Trust values within the curriculum.

Preceptorship remains a cornerstone of our workforce support offer. In March 2025, a Trust wide audit tool was launched to strengthen assurance for all Band 4 and 5 registrant new starters. Since January 2025, 50 new staff have started in post, with 43 completing their preceptorship (86%). Preceptorship data is now reviewed quarterly by the NMAHP Leadership Team. The tool also enables the identification of areas where additional support or adjustments may be required, contributing to a more responsive and equitable onboarding experience.

Our commitment to inclusive leadership is demonstrated through the launch of the Embedding Race Equity programme, which builds on the earlier success of the "Towards Race Equity" masterclass. In Year 1, 40 senior NMAHP leaders completed the programme, with a further 75 already booked to participate in 2025–26. Evaluations highlight improved cultural intelligence, allyship, and inclusive behaviours, supporting the Trust's Workforce Races Equality Standards (WRES) objectives and wider workforce experience measures. The programme has also helped foster safe spaces for reflection and peer learning, leading to enhanced confidence in addressing inequality and bias in clinical practice.

Investment in Continuing Professional Development (CPD) remains a strategic priority. In 2024–25, £2.1 million was allocated, supporting 3,102 staff with an average spend of approximately £700 per person. A similar level of investment has been confirmed for 2025–

26. Core programmes have included top-up degrees, Post graduate certificates in education, and training in advanced communication, complaints handling, and race equity. Collectively, these initiatives have helped develop 94 new leaders in 2024–25, with a forecast of 120 or more in the coming year. CPD funding is also helping to strengthen advanced clinical practice, improve retention, and support succession planning across high demand specialties.

b. Our Teams – Enhance the Voice and Impact of NMAHP

The creation of new professional forums has played a pivotal role in enhancing the collective voice of the NMAHP workforce. These forums spanning Heads of Nursing, Matrons, Ward leaders, Allied Health Professionals, Clinical Nurse Specialists, Clinical Support Workers, and Students—have provided structured spaces for collaboration, reflection, and shared learning. Designed to be co-produced with staff, the forums focus on identifying areas for improvement, driving forward initiatives, and creating peer networks that support professional resilience. They have also contributed to enhanced visibility of NMAHP leaders, allowing focussed time with the chief nurse. Evaluation and feedback of the forums which have been operational for 12 months indicates they have fostered a stronger sense of belonging across professions.

The continued growth of Shared Decision-Making Councils (SDMCs) has further reinforced frontline leadership across the organisation. There are currently 23 active councils in place, enabling staff to influence decisions about care quality, innovation, and service delivery. These councils support interprofessional collaboration and are aligned to the Trust's annual commitments. Staff participation has been strong, with 74% of members self-nominating and 82% reporting that they feel empowered to drive change. Councils have delivered a wide range of quality improvement projects, such as introducing patient activity boxes to improve wellbeing on long-stay wards, portable televisions to enhance engagement for high-observation patients, and initiatives to reduce Did Not Attend (DNA) rates by addressing transport barriers. These projects not only improve patient care but also help to boost staff morale, increase ownership of quality initiatives, empowering staff, increasing collaboration and support the development of local leadership.

c. Our Patients – Deliver excellence in care, reduce harm, reduce health inequalities, and improve patient experience.

- *We will improve our care quality, safety standards, and patient experience through the establishment of an accreditation programme.*
- *We will increase opportunities for patients and families to resolve issues/concerns in real time, refocussing on listening to our patients.*
- *We will deliver safe and harm free care.*
- *We will implement human factors principles across all our NMAHP teams.*
- *Develop a strategy to enable the improvement of care for patients with a mental health condition.*

Significant progress has been made in reducing patient harm across the Trust. Over the past year, the organisation has achieved a 18% reduction in pressure ulcers and maintained a stable rate of inpatient falls. These improvements reflect the impact of focused quality improvement work and strengthened governance. Notably, LTHT has embedded a new standard for pressure ulcer assessment on admission or transfer within one hour, well ahead of the national Purpose T six-hour target. Early findings from a recent Kaizen event point to

further opportunities to improve harm prevention, with a 90-day evaluation report due shortly.

To embed these improvements and provide a stronger platform for learning and accountability, the Trust will launch the Harm-Free Care Improvement Group (HFCIG) in August 2025. This group will bring together senior clinical leaders and subject matter experts across all harm domains, including pressure ulcers, falls, sepsis, catheter-related harm, medication safety, nutrition, hydration, and Venous Thrombosis Embolism (VTE). A newly developed harm free care dashboard will allow CSUs to monitor metrics in real time and take proactive steps to address areas of concern. The dashboard goes beyond traditional metrics and includes additional indicators such as sepsis screening, Friends Family Test (FFT) positive response rates, and incident trends, giving a fuller picture of patient safety performance.

In parallel, local CSU Improvement Councils are being piloted to promote greater ownership and innovation at team level. These councils are modelled on SDMCs and apply the Leeds Improvement Methodology to drive change from the frontline. Weekly drop-in coaching sessions are now in place, with support from subject matter experts and the Kaizen Promotion Office (KPO) team, helping teams to design and deliver improvement plans tailored to their specific context.

Work on Enhanced Therapeutic Observation of Care (ETOC) has also been nationally recognised. LTHT's risk assessment tool is being used to ensure that patients requiring enhanced observation are assessed promptly and supported with appropriate staffing, reducing the likelihood of avoidable harm.

Our Nutrition Mission programme continues to improve the quality of nutrition and hydration care across the Trust. The programme promotes a culture of shared responsibility and cross disciplinary working, with increasing numbers of wards achieving accreditation. Fifteen wards have now achieved bronze status, and one has achieved silver. Quality improvement projects linked to Nutrition Mission have focused on accurate weight monitoring, standardised cups and beakers, improvements in mealtime service, and education on swallowing safety. Over 900 patients and carers have shared feedback on their experiences, which is being used to shape the 2025–26 priorities. The programme has been shortlisted for an HSJ Patient Safety Award, recognising its impact on recovery, harm prevention, and patient experience.

Human Factors principles have increasingly been recognised as a critical component in promoting patient safety and effective teamwork. We committed to establishing this approach within not only the NMAHP workforce but across the organisation and remain on target to deliver this. In 2024–25, the Trust delivered two 'Train the Trainer' Human Factors workshops, enabling 12 senior nursing staff to become accredited facilitators. These workshops, funded through NMAHP CPD resources, focused on behavioural and team-based factors that influence safety, such as communication, situational awareness, and the management of human error.

A total of 168 NMAHP staff from across all CSUs and Corporate Nursing participated in one day awareness sessions, which were well received and positively evaluated. The training helped to embed a shared language around safety, encouraged reflective practice, and aligned with other initiatives such as Situation Background Assessment Recommendation (SBAR), debriefing and safety checklists. The programme has laid the foundation for the launch of a new Human Factors Faculty, chaired by the Chief Nurse and due to commence

in late 2025. This faculty will provide sustained leadership and oversight, ensuring Human Factors education becomes fully embedded in our safety culture and improvement methodology.

Progress in digitalisation has continued at pace, supporting improved clinical documentation, safer care, and more efficient workflows. A formal governance process has been established for nursing documentation, ensuring standardisation and quality across clinical areas. The "paper picnic" initiative has expanded into new departments including Theatres, Anaesthesia, and the Leeds Dental Institute, helping to reduce reliance on paper-based records and increase data accessibility.

The Trust's Visualise, Optimise, digitise (VOD) programme is driving redesign and optimisation of core nursing and AHP documentation, including 19 bedside assessments and care plans. Delivery is planned by the end of 2026, and collaborative work with clinical digital leads is well underway. Over 50% of CSUs have completed their Clinical Digital Health check audits, with the remainder due by October 2025. LTHT has also been selected as one of 12 national pilot sites for the NHSE Clinical Digital Safety Train-the-Trainer programme, reinforcing our position as a leader in digital clinical safety.

To strengthen assurance around safe, high-quality care, we committed to the introduction of an accreditation programme. LTHT is introducing the Recognition of Innovation, Safe Care and Excellence (RISE) accreditation framework, RISE replaces the existing Ward Health Check metrics and integrates multiple quality audits into a single digital framework supported by the Tendable platform.

The framework assesses six core domains, Patient Experience, Leadership, Staff Experience, Harm Free Care, Research and Innovation, and Digital aligned to the Leeds Way values and the CQC's fundamental standards. Each ward or department will be assessed against daily, weekly, and monthly quality audits with four levels of accreditation: Bronze, Silver, Gold, and Platinum. Accreditation is awarded following a peer reviewed visit, incorporating analysis of compliance data, observation of practice, patient and staff feedback, and leadership interviews.

A considerable amount of work has been done in the last 12 months, including the revision of existing audits and the development of the dashboard and process. A full year accreditation schedule has been planned, starting with adult and children's inpatient wards, with the first 6 wards commencing their journey in September 2025, with maternity coming online in January 2026. Over the following two to three years, the programme will expand to critical care, outpatients, and theatres. The RISE framework is designed to embed continuous improvement, improve visibility of data, and provide ward to board assurance of care quality and safety.

The Trust's internal patient experience competition has provided a platform for showcasing innovation and supporting submissions to the national Patient Experience Network National Awards (PENNA). Nineteen project submissions were received, ten of which were shortlisted for internal review. Two projects were selected as joint winners, with several others highly commended. As a result, four teams were supported to apply to the PENNA awards, building visibility and external recognition for staff led innovation in patient experience. This initiative has reinforced the Trust's commitment to celebrating NMAHP led improvement work and has helped build a stronger learning culture across Clinical Service Units (CSUs), ensuring listening to our patients and improving their experience is seen as a priority.

The development of the mental health strategy is in progress with the first draft almost complete.

a) Recommendation

The board are asked to:

- Note the significant progress made during the first year of the NMAHP Strategy 2024–2028, including achievements in leadership development, preceptorship, inclusive practice, and harm reduction.
- Endorse the continued delivery and scaling of priority programmes for 2025–26, such as the RISE Accreditation Framework, the in-house Rosalind Franklin Programme, and the expansion of Harm Free Care Improvement Councils.
- Support the embedding of inclusive leadership behaviours, workforce wellbeing initiatives, and digital transformation across all clinical services.
- Acknowledge the strategic value of Human Factors training, the Nutrition Mission, and digital clinical safety, including LTHT's role as a national pilot site.

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Title/s

10/07/2025