<table>
<thead>
<tr>
<th>DATE OF MEETING</th>
<th>31st October 2017</th>
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<tbody>
<tr>
<td>REPORT FOR</td>
<td>Trust Board of Directors – Public</td>
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<tr>
<td>REPORT FROM</td>
<td>Tara Filby, Chief Nurse</td>
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<td>CONTACT OFFICER</td>
<td>Tara Filby, Chief Nurse</td>
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<tr>
<td>SUBJECT</td>
<td>Update to the Board relating to progress within Nursing Q2 2017-18</td>
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<tr>
<td>BACKGROUND DOCUMENT (IF ANY)</td>
<td>Chief Nurse Pledge</td>
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<td>PURPOSE OF THE PAPER:</td>
<td>Assurance</td>
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<tr>
<td>EXECUTIVE SUMMARY</td>
<td>This is the quarterly report outlining the progress within Nursing in Q2.</td>
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<tr>
<td>HAVE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?</td>
<td>NO</td>
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<td>HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?</td>
<td>NO</td>
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<tr>
<td>ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?</td>
<td>NO</td>
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<td>IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?</td>
<td>NOT APPLICABLE</td>
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<tr>
<td>ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?</td>
<td>NO</td>
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<tr>
<td>WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?</td>
<td>YES</td>
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<tr>
<td>WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY &amp; FINANCIAL) &amp; CLIMATE CHANGE?</td>
<td>YES</td>
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<tr>
<td>THE PROPOSALS OR ARRANGEMENTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S)</td>
<td>YES</td>
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<tr>
<td>THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER ENSURE COMPLIANCE WITH THE REGULATORY OR GOVERNANCE REQUIREMENTS LISTED</td>
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<td>PAPER TAKE ACCOUNT OF REQUIREMENTS IN RESPECT OF EQUALITY &amp; DIVERSITY</td>
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<td>ACTION REQUIRED BY THE BOARD</td>
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<td>The Board is asked to note the report for information.</td>
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This report is intended to provide details of progress made within Nursing in Q2.

The Chief Nurse Directorate provides direction in the Trust’s key priority areas of quality and patient experience. The Chief Nurse leads on discussions relating to the national nursing agenda and works in conjunction with the Associate Chief Nurses/Head of Midwifery and senior nurses in the organisation to impact on nursing and midwifery generally and within the organisation across both acute and community settings.

This report outlines the progress made in driving forward nursing and midwifery in the organisation.

Nursing priorities

Senior Nurses continue to work:
1. To improve patient safety
2. To ensure a positive patient experience
3. To enhance professionalism
4. To improve clinical leadership close to the patient

The Chief Nurse launched her pledge to the organisation based on: our Trust vision and values; the CNO 10 commitments contained within Leading Change: Adding Value; the 6 Cs; and the guiding principles contained within the NMC Code, to support nurses to evidence excellence in nursing practice:

1. Preserve safety
2. Prioritise people
3. Practice effectively
4. Promote professionalism and trust

Chief Nurse Pledge
Nursing & midwifery has a significant role to play in the implementation of the Improving Together programme. This brings together everything we are doing in terms of quality, access and flow, culture and OD and sustainability. The Chief Nurse specifically will focus on the following:

1. The Chief Nurse Pledge
2. CQC feedback
3. Workforce challenges
4. The need for change – delivering the 5 Year Forward View
5. Sustainability of services
6. The Trust strategic objectives

It is important that the nursing voice is strengthened and harnessed to drive innovation that will lead to the delivery of high quality care and services within Northern Lincolnshire and Goole.

Nursing & Midwifery Advisory Forum (NMAF)
NMAF continues to discuss items from the national nursing agenda and considers how they will impact on nursing generally and how the quality of nursing care is provided.

Topics discussed and acted upon within Q2 included:

- Staffing levels concerns
- Improving Together programme
- Infection control issues
- Pressure ulcers, falls and harm-free care
- Dementia and Learning Disability
- Clinical skills/education/care camp
- Development of nurse associates
- Safeguarding concerns
- Recruitment and retention; staffing capacity and capability
- Innovation, e.g. Red2Green Days / SAFER
- Medicines safety
- Accreditation
- Nursing audits and plans
- “Worry wards”
- Mixed sex accommodation
- Development of a non-registered workforce strategy
- Clinical supervision

Leadership

Staffing levels
We continue to publish data on a monthly basis to the Trust Board and on our website showing how many registered nurses/midwives and health care staff we planned over the month versus how many were actually on shift. The information on our website can be found at: http://www.nlg.nhs.uk/about/how-we-are-doing/nurse-staffing-levels. Staffing levels continue to be monitored daily by the operational groups and reviewed monthly, with a capacity and capability paper presented to the Board. The weekly meetings continue as part of the Sustainability Programme. Nurse staffing arrangements are being refreshed with assistance from Ernst Young and NHSI to reduce reliance on agency staff. It has been a challenging quarter in relation to operational pressures with associated slippage in:

- Recruitment against plan (33 experienced nurses in the pipeline)
- Increase in vacancy rate – moved from 8% end of Q4 to 12% at the end of Q2
- Continued reliance on agency usage including off framework shifts
Continued pressure on agency spend

Further work is ongoing around actions to improve retention and reduce turnover. The trust has been invited to take part in cohort 2 of the NHSI retention collaborative support workshop. This work will be led by Diane Hughes and Simon Dunn. The Chief Nurse leads the Nurse Staffing Sustainability programme supported by Diane Hughes, Nurse Staffing Improvement Manager.

In Q2 we have had a particular focus on improving grip and control of nursing expenditure. Actions taken include:

- Development of a roster approval dashboard to identify those areas who don’t lock their planned roster down within the agreed time frame
- Revision of the escalation process to include Associate Chief Nurse of the week with authority to authorize escalated rates and CEO sign off for off framework shifts
- Revision of the time frames for ward staff and Matrons to escalate shifts to bank and agency to facilitate earlier booking to vacant shifts
- Workshops held with Anne Casey (NHSI) to review process for setting establishment and the use of Safer Nursing Care Tool (SNCT)
- Carousel meetings held to establish ward requirements and help develop appropriate workforce plans.

Improving Together
A number of senior nurses have been appointed as operational leads or are members of the project groups within the Improving Together Programme, ensuring Nursing is at the forefront of quality improvement changes including:

- Nurse staffing
- Recognition of the deteriorating patient
- Fit to care safety checklists
- MCA and vulnerability
- Infection control
- Theatres
- Emergency Departments
- Learning Lessons
- Paediatrics

A monthly meeting is held with the Chief Nurse and the work stream lead to discuss progress and offer support. Monthly update reports are then provided from each project to the monthly oversight meeting which in turn reports to the Improving Together Board. This work is now supported by NHSI.

Patient Safety

The following fundamental nursing care areas continue to be addressed by nurses within the Chief Nurse Directorate in conjunction with the Operations Directorate:

Pressure Ulcers
Pressure Ulcer training continues with staff being encouraged to accompany the Tissue Viability Nurse at patients bedsides to view wounds. Focus training has been undertaken with the ward staff on the wards that have been identified as having problems. RCA meetings continue to be held for all Grade 3 & 4 ulcers to determine whether the damage was avoidable and other members of staff are encouraged to attend these with the Ward Sister. The review meetings identify themes, offer challenge and identify actions to be undertaken. A mini-RCA process is undertaken for Grade 2 ulcers, Suspected Deep Tissue Injury wards are asked to complete action plans and share findings amongst the ward team for lessons to be learned. Clinical practice is audited monthly and reviewed by the Pressure
Ulcer Group. One of our TVNs has attended the international wound care conference in Dallas around her innovations, e.g. PUG wheel. The overall feedback from the conference was that they were impressed with the PUG Wheel, the new Pressure Management Document and the way we manage Pressure ulcers within the TVN team with the Wards at NLaG. Mandatory Training compliance is improving with ward and bank staff.

A small team has visited Doncaster Royal Infirmary to consider what solutions had led to significant improvements in pressure ulcer prevalence. The lead Quality Matron is working with Matrons, front line staff and Tissue Viability Nurses to pilot new Pressure ulcer management documentation. The pilot is being run for one month commenced on the 9/10/2017 on 1 surgical and 1 medical ward at each hospital site. The document has been designed to address the issues raised by the ward staff within the current documentation and themes raised at the RCA meetings and Si's.

Falls
Falls Prevention Training continues in order to maintain standards and achieve Mandatory training compliance. Current compliance sits at 89% Trust wide. The falls training workbook is currently under review and has been rewritten and updated. Monthly RCA meetings continue as a joined up meeting with the pressure ulcer RCAs and actions populated on the falls RCA action plan, which both identify themes and actions undertaken and is subject to rigorous challenge from a Non-Executive Director. There have been no avoidable falls during Quarter 2.

A new process has been agreed to run alongside the existing RCA process for falls which result in any harm greater than moderate. This will allow for a more timely review of the incident.

Infection control
The Matrons continue to work with the Infection Prevention & Control Team and support the actions contained within the Trust MRSA and C. Diff action plans as well as overall assistance in reducing all Hospital Acquired Infection. The Infection Prevention Team have utilised a number of innovative approaches over the Quarter to improve training compliance and relay key messages. Significant work has been undertaken by the Infection Prevention Team to ensure policies are up to date, to ensure cases of C Diff are effectively reviewed and applications made to remove lapses in care following DIPC review.

There have been 3 lapses in the cases of C.difficile reviewed so far and main issue is antimicrobial therapy. One of the significant issues remains access to undertake a deep clean of wards on a planned basis to help reduce impact of environmental contamination. Options are being developed with Operational colleagues to get back on track.

There continues to be a higher proportion of C difficile cases at DPOW than at SGH.

The biggest issue around IPC within the CQC report was the dusty environment within A&E at SGH. Additional cleaning resource has been implemented and improvements have been noted on monthly audits. Trolley and cubicle checklists have been developed and data suggests getting embedded into routine practice.

Nutrition
The Trust has been selected to join an NHS Improvement Collaborative, focusing on Nutritional assessment and interventions. A team is currently being selected to take part in the 180 day improvement project. This is due to commence in November 2017.

Work is on-going following the PLACE Report to support ward areas at mealtimes. This includes the recruitment of volunteers and Executives to assist at mealtimes. Training is planned to support those who have expressed an interest.
End of Life Care
Staff continue to be supported to use the ‘5 priorities of care’ to ensure high standards of care are delivered. The end of life care plan continues to be rolled out with supportive education in acute and community settings all ward nursing staff have been trained. Work is on-going to increase completion of the deceased patient audit tool that will assist the multi-agency strategy group to track progress in relation to quality indicators that will then be used to drive further improvements. The EOL team are going to be doing a campaign around relaunching my future care plan in the acute and the community.

The team were really pleased to receive an overall Good rating for EOL care in the CQC ratings.

Professionalism

Research & Development
The research and development department offers a central corporate function within the Trust and takes an organizational level lead in ensuring that research is conducted and managed to high scientific, ethical and financial standards.

The R&D department are currently supporting a range of research projects. These include,
- National Institute of Health Research (NIHR) Portfolio adopted research,
- Non-Portfolio research,
- Commercially Sponsored studies,
- Academic and In-House research studies

The team of nurses and data coordinators helps to deliver research within our Trust in the following ways:
- By identifying patients suitable for research studies – involvement is entirely voluntary and never undertaken without formal written consent from the volunteers
- By supporting the investigators in delivering the research studies on a day by day basis, including seeing patients in clinics and at home where required
- Following-up of the patients involved in the studies once the actual treatment stage has been completed – this can be for a number of years in some studies
- Collecting the data that contributes to the results of studies. This then goes onto changing practices and treatments in the future.

The R&D department is dedicated to supporting and furthering research, development and innovation within the Trust. Risks have been identified in relation to reduced CRN income within this financial year. Mitigating steps have been taken to ensure appropriate resource is available to match the demand in research activity whilst also needing to raise the profile of research across the Trust.

The Trust is pleased that we have been the first Trust to recruit a patient to a national study and also the first patient to recruit to an international study. The largest recruiting study open at present is nurse led and the principal investigator is the Head of CPD & Research. Total patients recruited YTD stands at 650 patients.

Further monies have been allocated by the CRN to support the Stroke InvestiGation Network - Understanding Mechanisms (SIGNUM) study which looks at determinants of prognosis of stroke.

Education & Development
The team of clinical skills tutors offers support to pre-registration students and to qualified nurses in terms of induction, preceptorship and clinical skills. The Team have and will be providing clinical skills training to prepare CNS staff for potential clinical working over the winter period.

Care Camp has been revised following evaluation and feedback from attendees. This has been reduced to a 1 week programme but followed up with regular supervision sessions so
competencies can be revisited and peer support can be facilitated. Currently the Team is supporting 65 newly qualified recruits.

An award has been received from Grimsby Institute for supporting learners in practice. The Team will be launching a campaign: ‘Our Students, Our Future’ to demonstrate the Trust’s commitment to Student Nurses as our future recruits.

A programme called Prep for Practice started in June 2017 to support students that are about to qualify. The programme of clinical skills training available has increased in both scope and frequency. The Team are also providing integral support for non-registered members of staff on the diploma qualification of the SHC Apprenticeship in the form of teaching, assessment and quality assurance in conjunction with North Lindsey College.

Patient Experience

Patient stories
These continue to support how we can celebrate success and learn from poor accounts. There is currently work being undertaken to formalise a new framework, working with patients to ensure that the process is robust and provides clear accountability for outcomes. This is a joint piece of working across local networks.

Friends & Family Test
The tool for collecting local feedback is well embedded within the Trust now and has a reporting tool to support this which all staff can access. The sharing of feedback continues via the Patient Experience Team, raising the profile by including social media shots and hub updates. Further work is needed for staff to fully understand value of feedback in relation to shaping quality improvement. The Quality Matrons are looking to actively share positive feedback cards monthly and then build on this with ward areas. Actionable comments have been relaunched via the Heads of Nursing on a monthly template to encourage them to consider what this means to their services. The ECC/MIU SmS text went live in September and will be reviewed in November 2017 when a full month’s data is available. Delays were due to cyber-attack and subsequent priorities within the development team.

Patient and Public Involvement
The patient panel is working on the layout and content of the Information for patient leaflets. Final amendments are being made to the template and then it will be discussed at a senior level. Joint working with the Lead for Engagement across North and North East Lincolnshire around patient and public involvement and engagement going forward has commenced this will encompass a review of the documentation to support these processes within the Trust.

Dementia/Learning Disability

Dementia

- We are continuing to work through the new dementia delivery plan which has been written to support the objectives of the dementia strategy.
  - The dementia delivery plan is available in the items for information

- The two Dementia Clinical Nurse Specialists have now been in post for 9 months and whilst they continue to work clinically to support patients with dementia and their carers they are also working on the following:
  - Undertaking the teaching sessions for tier 1 dementia awareness and tier 2 dementia skilled
Ensuring each area has a dementia champion and the champions are developed to ensure there is someone with further expertise

- Working on developing clinical pathways and care plans.
- Working on pathways for behavioural and psychological symptoms of dementia and delirium
- Obtaining carer feedback

- Tier 1 (dementia awareness training) and tier 2 (dementia skilled training) are progressing well. 80% of staff who require it, have achieved tier 1 dementia awareness training. To meet Health Education England requirements, 80% of our staff need to have achieved tier 1 by March 2018. 68% of staff who require it have achieved tier 2 dementia skilled training.

### Learning Disability

- We are continuing to work through the new learning disabilities delivery plan which has been written to support the objectives of the Learning disabilities strategy.
  - The learning disabilities delivery plan is available in the items for information

- The two Acute Hospital Learning Disability Liaison Nurses have been in post for 9 months and whilst they continue to work clinically to support patients with learning disabilities to ensure reasonable adjustments are in place, they are also working on the following:
  - Preparing the teaching sessions for tier 1 learning disability awareness and tier 2 learning disability skilled
  - Ensuring each area has a learning disability champion and the champions are developed to ensure there is someone ward based with further expertise
  - Obtaining feedback following admissions or procedures
  - Developing pathways of care

### Recommendation

The Trust Board is asked to note this quarterly report and progress made.