
DATE OF BOARD MEETING	24/09/2013
REPORT FOR	Trust Board of Directors
REPORT FROM	Dr Karen Dunderdale, Chief Nurse
SUBJECT	Nursing Quarterly Report
CONTACT OFFICER	Karen Dunderdale
BACKGROUND DOCUMENT (IF ANY)	N/A
SUMMARY OF THE REPORT	Update on progress within Nursing in Q2 2013/14
HAVE THE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	N/A
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	N/A
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	N/A
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	N/A
ARE THERE ANY LEGAL ISSUES ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	N/A
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	N/A
BOARD ACTION REQUIRED	The Board is asked to note the report.

NURSING QUARTERLY REPORT TO THE TRUST BOARD Sept 2013

Report on period July- Sept 2013

Introduction

This report is intended to provide details of progress made within Nursing in Q2.

Following on from the previous report nursing continues to drive forward change whilst facing significant challenges as a result of the difficult economic climate including the challenged Nursing faced from the Post Keogh review. This report outlines the progress made in driving forward nursing and midwifery in the organisation.

Nursing priorities

Senior Nurses continue to work towards delivery of the Chief Nurse Strategy, approved by the Trust Board in October 2012, promoting the 4 key objectives for 2012-2015:

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

Visions and Values

The Trust has launched their new Trust vision and values which have been created with the input of staff from all levels in the organisation. They reflect the shared values, ideals and principals and strengthen our commitment to putting patients first.

For patients, the vision and values clearly set out what can be expected from the Trust and for the staff they represent a set of standards and ideals for them to work by with a renewed emphasis on teamwork. The Senior Nursing Team have been talking to staff explaining to them what we require from them to form a key part in the way they do things on a daily basis, from how they speak to patients and interact with their colleagues.



Together we care

We care about quality and patient safety
We care about positive experiences for patients, carers and staff
... and we care about doing the right thing, each time, every time.



Together we respect

We respect the dignity and individuality of each person in our care
We respect the professionalism, diversity and skills of each person in our team
... and we respect the dedication and commitment of those delivering healthcare.



Together we deliver

We strive to deliver first-class services through listening, learning, and empowering
We aim to deliver forward thinking healthcare services that set us apart from the rest
... and we will deliver safe, compassionate services to exceed our patients' expectations.

Zero Tolerance

The Trust has in place a significant number of policies and procedures for guidance and support to the staff. The Trust has identified key areas for clinical and non-clinical staff which will be followed up with staff if they do not comply with relevant procedures or policies:-

Health Acquired Infection- Hand hygiene compliance, immediate isolation of suspected cases of infection

Deteriorating patients- completed NEWS score with each set of observations and to respond appropriately

Documentation- to be completed to agreed/Trust/Professional standards.

Wards Recognised for 100 days Clostridium Difficile free

Forty three wards across the Trust were celebrated for being recognised as achieving 100 days free of hospital acquired Clostridium Difficile.

Staff from each of the wards were invited to a special ceremony where they were presented with their certificates by chief executive Karen Jackson.

Staff were urged to display their certificates with pride as this is a real achievement for the staff as it shows the progress that is made in reducing the number of hospital acquired infections.



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:

- HCA giving medications
- Mixed sex accommodation
- MUST roll out across the organisation
- Electronic nursing documentation steering group
- PLACE assessments

- Hourly care rounds
- Quality wall/boards
- EPMA
- Mortality reviews
- Theme of the month boards
- Mandatory training
- Lockable medicine cupboards

The monthly meetings have been used to update senior nurses on changes and challenges facing each area. Some of the topics discussed have included:

- Ward reviews
- Cleanliness reports
- Hand Hygiene Audits
- Nursing Dashboard
- Falls
- Pressure Sores
- Nutrition and Hydration

Senior Nurses continue to support developments with the nursing care indicator and dashboard. The Chief Nurse continues to hold weekly briefing mornings with the Senior Nursing Team to review and address detailed operational nursing issues.

High Impact Actions

The following fundamental nursing care areas continue to be addressed by 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.

RCA meetings continue to be held for all grade 3 & 4 and other members of staff are encouraged to attend these with the Ward Manager. The meetings identify themes and actions are undertaken.

SSKIN bundle audit by link nurses (5 patients per ward) have been completed. This will be an on-going audit each month.

The new RCA tool is in practice and is used for any Serious Untoward Incidents also.

Any completed on line pressure ulcer data forms now trigger an email to Tissue Viability Nurses.

August's Theme of the month was Pressure Ulcers. Staff displayed comprehensive information for staff, patients and visitors to view.

Falls

Falls Prevention Training continues in order to maintain standards and achieve Mandatory training compliance

July was falls prevention month within the theme of the month boards and all wards were given falls prevention packs to display on their notice boards.

Monthly RCA meetings continue along with the falls RCA action plan which both identify themes and actions undertaken. 100% compliance is still achieved with completed falls RCA's in Q2

Infection control

The Matrons continue to work with the existing Infection Prevention 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 re- designed their infection prevention notice boards which contain current practice information.

Nutrition

Implementation of MUST tool and the Nutrition & Hydration care pathway commenced for Surgery and Women's Services for 1st and 2nd weeks in September followed by Medicine 3rd and 4th weeks with on going support from Quality Matrons and Dietetic Teams. This formed part of the Keogh action plan and this has been implemented and delivered within the agreed timeframe

End of Life care

The Liverpool Care Pathway is being phased out over the next 6-12 months and the Trust is currently waiting for new national guidance. Staff continue to be supported to use the principles of the LCP document to ensure high standards of care are delivered.

Deteriorating Patient

Further training was delivered to staff in Medicine at SGH and in Q2 a further audit of NEWs charts and escalation process had been undertaken at SGH in July, which showed evidence of positive progress. A Trust wide audit is to be undertaken in November.

Mortality case note reviews continue to be undertaken using a nursing trigger tool. These are intended to ascertain whether any nursing care issues potentially contributed to mortality. Any cause for concern is escalated to the Chief Nurse to be reviewed at a Morbidity & Mortality review meeting (M&M).

Electronic Documentation

Work continues on electronic documentation with the admission document and risk assessments now complete and on the system.

Documentation training to ward areas is on-going with a focus on completion of documentation workbook by staff attending the training session.

Dementia

Dementia Implementation Groups continue to be held on the DPOW and SGH site. Dementia champions have been identified and have been asked to think of a small quality improvement initiative for their area to improve dementia care.

Key wards have been identified to undertake a 'focused piece of work' on dementia to include training, roll out of 'My Life'- person-centred planning tool, dementia friendly environment, dementia-care mapping. The lead Quality Matron is working closely with the operational team to improve Trust compliance with the dementia screening tool. She is also developing a Trust-wide Education & Training Strategy.

Education

Interviews have been completed for the Practice Learning Facilitator secondment and an offer has been made.

Interviews have been arranged for Clinical Practice Educators and an advert is to be placed for Care Tutors in the near future.

Staffing levels

Staffing levels continue to be monitored daily and reviewed monthly. Senior nurses have undertaken a recruitment drive overseas in Q2. The review of nurse staffing levels are being finalised.

Clinical Supervision

The Clinical Supervision Strategy has been completed and the Trust will begin a roll out programme of training to identified Clinical Supervisors commencing in November.

Leadership

Senior Nurses have been working with Ward Managers to review priorities for their role and subsequently have refreshed the role of the Sister/Charge Nurse and have identified required competencies. A leadership development programme has been developed in association with the Training & Development Department and will be delivered in 4 cohorts Trust-wide commencing October 2013.

Other contributions to the organisation

PLACE

The Matrons and Heads of Nursing have reviewed the results and will develop a Trust-wide action plan during Q2. Results are due to be published on 18th September.

Keogh visit

The Senior Nursing Team continue to address their objectives in relation to the reports. Key progress has been achieved in areas such as mixed sex accommodation, documentation, nutrition and hydration and leadership. This is ensuring we are on target to deliver actions from the report

Recommendation

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