

|  |  |
|--|--|
| DATE OF BOARD MEETING  | <b>26/07/2016</b>                                      |
| REPORT FOR   | <b>Trust Board of Directors</b>                        |
| REPORT FROM  | <b>Tara Filby, Chief Nurse</b>                         |
| SUBJECT  | <b>Nursing Quarterly Report</b>                        |
| CONTACT OFFICER  | <b>Tara Filby</b>                                      |
| BACKGROUND DOCUMENT (IF ANY)   | <b>N/A</b>   |
| SUMMARY OF THE REPORT  | <b>Update on progress within Nursing in Q1 2016/17</b> |
| HAVE THE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?   | <b>N/A</b>   |
| HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?  | <b>N/A</b>   |
| ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?   | <b>N/A</b>   |
| IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED? | <b>N/A</b>   |
| ARE THERE ANY LEGAL ISSUES ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?  | <b>N/A</b>   |
| WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?                  | <b>N/A</b>   |

BOARD ACTION REQUIRED

**The Board is asked to note the report.**

# NURSING QUARTERLY REPORT TO THE TRUST BOARD July 2016

## Report on period April - June 2016

### Introduction

This report is intended to provide details of progress made within Nursing in Q1.

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 towards delivery of the Chief Nurse Strategy:

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

A time out has been held to draft key priorities to be included in the refresh of the Chief Nurse Strategy. The strategy will mirror the guiding principles contained within the NMC Code and will support nurses to evidence excellence in nursing practice:

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

The strategy will also reflect the Trust's Vision & Values, the CQC domains of Quality and the CEO NHS England 10 commitments.

### 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 Q1 included:

- Role development
- Nutrition & Hydration
- Clinical supervision
- Environmental cleanliness
- Infection control
- Ward reviews/accreditation
- Nursing Dashboards
- Pressure Sores
- Dementia and Learning Disability
- Clinical skills/education/care camp
- Revalidation for nurses
- Recruitment and retention; staffing capacity and capability

The Chief Nurse continues to hold weekly briefing mornings with the Senior Nursing Team to review and address detailed operational nursing issues. This also includes a 'safety

huddle' where risk issues from each area are highlighted. Senior nurses have also committed to work clinically 1 day per month to improve visibility and provide increased opportunities for patient and staff engagement.

## **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 with progress being made on:

- Recruitment against plan
- Reduction of vacancy rate
- Reduction of agency usage
- Reduction of agency spend

Success to date has been due to a number of factors including:

- Roster controls
  - Negotiation of agency rates – no off framework agency shifts have been used since 29 Feb 2016 – all contracted agencies are on framework and now meeting the April capped rate
  - Incentives for bank staff, e.g. enhanced rate for specialty areas
  - Daily staffing meetings
  - UK cohort recruitment – assessment centres have been undertaken with successful recruitment of 72 newly qualified nurses due to commence in September
- Further work is ongoing around actions to improve retention and reduce turnover. A series of engagement events are in place to hear directly from staff around the reasons for staff dissatisfaction and possible solutions.

The Chief Nurse is now leading the Nurse Staffing Sustainability programme and from April 2016 has been supported by Diane Hughes, Nurse Staffing Improvement Manager appointed in a substantive post.

### Clinical Supervision

Although this has not yet reached the agreed annual target, significant improvement has been noted. It is envisaged that achievement with this target will be more easily accomplished as members of staff link supervision to revalidation evidence from April 2016.

### New roles

Senior nurses have been using the Calderdale framework principles to develop competencies that underpin all nursing roles. In conjunction with this, a new Band 4 role has been developed and proposed, with 10 funded places being secured and commenced a 2 year pilot scheme in February 2016. Ward nursing establishments are being reviewed, to identify where the Band 4 Assistant Practitioner in Nursing (APiN) role is best suited and to also consider the links to releasing registered nurses to have supervisory status for the shift.

### Establishment reviews

A series of table top reviews of nurse establishments has been undertaken, lead by the Chief Nurse, with papers approved at Resource Committee, some of which have

generated savings and others requiring additional investment. A 6 monthly report will be provided for the Board.

#### Recruitment

Melanie Sharp has been seconded into the Assistant Director of Nursing/Head of Quality post for 6 months. Shaheen Khan has been seconded into the post of Nursing & Midwifery Revalidation Officer. Sue Peckitt commenced as substantive Deputy Chief Nurse in May.

#### **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. RCA meetings continue to be held for all grade 3 & 4 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. Clinical practice is audited monthly and reviewed by the Pressure Ulcer Group. A paper from one of our TVNs has been published in a nursing journal.

#### Falls

Falls Prevention Training continues in order to maintain standards and achieve Mandatory training compliance. High levels of compliance are being achieved. 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. The Matrons work hard to ensure there is sufficient provision of appropriate equipment available within the ward areas to reduce the risk of falls.

#### 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.

#### Nutrition

Improvements have been noted in the initial risk assessment of a patient on admission and in following the nutrition care pathway. Further work to improve the completion of food record charts has led to improvements also. A re-launch of protected meal-times and the "step up to the plate" initiative was undertaken in March 2016 in conjunction with Nutrition & Hydration awareness week to increase support for front-line staff in ensuring the meal-time standard is adhered to. Further work is ongoing to improve the quality of record keeping in relation to fluid management.

#### End of Life Care

Staff continue to be supported to use the '5 priorities of care' to ensure high standards of care are delivered. A new care plan has been successfully piloted in an acute and community setting. The strategy group has been refreshed and a locality wide End of Life Care Strategy drafted. A number of sub-groups are being formed to take forward key aspects of work in relation to good end of life care. A case of need approved by the Charitable Funds committee has resulted in the recruitment of a substantive End of Life

care educator who will be supporting the delivery of education across staff groups and among acute and community settings.

## **Professionalism**

### Research & Development

The research and development department offers a central corporate function within the Trust and takes an organisational-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, data coordinators help 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 projected for this financial year. Mitigating steps will be 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. A meeting has been held with the CRN to work together on progressing the research agenda.

### Education & Development

The team of clinical skills tutors now offers support to pre-registration students and to qualified nurses in terms of induction, preceptorship and clinical skills.

A key focus for the next 12 months is the development of the professional development team to deliver clinical skills training at ward level. This will be essential so that we can be assured that each new member of staff that comes to work within the organisation is equipped and supported to deliver patient care “the NLaG way”. This will build on the clinical skills developed during the 2 week Care Camp induction.

A 12 month post of Quality Matron (CPD/Research) has commenced in post who will also lead on pastoral support for new nurses, readiness for revalidation and development of the clinical skills tutors.

### Revalidation

A Revalidation project officer has been appointed for 6 months to oversee the requirements for recording evidence of revalidation, to prepare a business case for procurement of an electronic system and to make recommendation for ongoing administrative support required. A revalidation information page has been created on the website.

Specification has been drafted for an automated solution for Appraisal/Revalidation and circulated to the necessary stakeholders for review/input. Several Revalidation Sessions are booked in for Care Camp May to October 2016 with separate District Nurses

sessions. Staff report feeling more confident. Staff have been encouraged to register with the NMC online, have an awareness of when they are revalidating and ensure appraisals are up to date. Revalidation promotion banner is to be displayed in Google. The Bank Office is also aware of who will be revalidating prior to December 2016.

Status for staff who have revalidated in April currently stands at **100%**.

#### Electronic Documentation

Work continues on the development of electronic nursing documentation however there has been little progress made in the quarter due to a number of key members leaving the steering group. WebV are now ready to plan the next phase of implementation. Funding has been agreed to recruit an Electronic Nursing Documentation Lead to drive forward the pilot phase and roll out.

### **Patient Experience**

#### Patient stories

The Patient Experience Practitioner has been successfully recruiting patients to have their stories captured through a range of audio-visual and written methods. These stories have been shared at Trust Board and QPEC and have demonstrated the power of the patient voice in helping to celebrate success and drive improvements in care. Further work is to be undertaken to triangulate patient feedback mechanisms with other sources of data including complaints.

#### Friends & Family Test

The nursing team across the Chief Nurse Directorate and the operational groups have been working hard to encourage front-line staff in the inpatient wards, maternity and Emergency Departments to hand out Friends & Family survey cards. The FFT has also been successfully rolled out to day treatment areas, children's wards, outpatients and in the community. A new electronic system has been rolled out to provide easy access to results at department level. This will release time for the Patient Experience Practitioner. An apprentice for FFT has commenced in post to support data input.

#### Dementia

The lead Quality Matron has continued to support the on-going actions: training; roll out of 'My Life'- person-centred planning tool; dementia friendly environments; and dementia-care mapping. She is working closely with the operational teams to improve Trust compliance with the dementia screening tool. We have surpassed the end of year target for Tier 1 training. Capacity for delivering Tier 2 training is under review in conjunction with colleagues in local Mental Health trusts. A new CQUIN for the vulnerable adult has been agreed including the roll out of John's campaign. A business case is under development to secure funding for resource to care for patients with dementia and LD.

### **Recommendation**

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