

**NLG(18)318**

DATE OF MEETING	28th August 2018
REPORT FOR	Trust Board of Directors – Public
REPORT FROM	Tara Filby, Chief Nurse
CONTACT OFFICER	Elaine Coghill, Deputy Chief Nurse
SUBJECT	Nursing Quarterly Report
BACKGROUND DOCUMENT (IF ANY)	Chief Nurse Pledge
PURPOSE OF THE REPORT:	Assurance
EXECUTIVE SUMMARY (PLEASE INCLUDE: A SUMMARY OF THE REPORT, KEY POINTS & / OR ANY RISKS WHICH NEED TO BE BROUGHT TO THE ATTENTION OF THE TRUST BOARD AND ANY MITIGATING ACTIONS, WHERE APPROPRIATE)	This is the quarterly report outlining the progress within Nursing in Q1 2018/19.
TRUST BOARD ACTION REQUIRED	The Board is asked to note the report for information.

# THE NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST

## NURSING QUARTERLY REPORT TO THE TRUST BOARD

August 2018

Report on period April to June 2018 (Quarter 1)

### 1.0 Introduction

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 Heads of Nursing/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 within Nursing in Quarter 1 2018/19.

### 2.0 Background

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

- Preserve safety
- Prioritise people
- Practice effectively
- Promote professionalism and trust

### 3.0 Progress in Q1 2018/19

Nursing & Midwifery has a significant role to play in the implementation of the Improving Together programme. This brings together everything the Trust is doing in terms of quality, access and flow, culture and Organisational Development and sustainability.

The Chief Nurse is specifically focusing on the following:-

- The Chief Nurse Pledge- – this is being further developed through engagement with front-line staff to develop a Nursing & Midwifery Strategy for the next 3 years with a plan to launch in December 2018
- CQC feedback – the current Improving Together programme includes a number of projects for which the Chief Nurse has executive oversight and has seen significant progress, e.g. safety checklist, emergency care, safety in maternity services, safe surgery checklists and paediatrics. The programme will be reviewed to consider any “must do” actions from the latest CQC inspection report
- Workforce challenges – Q1 has seen a particular focus on the development and launch of the New Deal for Nursing. The Chief Nurse has also taken the executive professional lead for AHPs from the Medical Director
- The need for change – delivering the 5 Year Forward View
- Sustainability of services
- The Trust strategic objectives
- Increasing communication and engagement – in particular Q1 has seen the launch of the Friday weekly Nursing briefing

It is essential that the nursing voice is strengthened and harnessed to drive innovation that will lead to the delivery of high quality care and services within the Trust. This is achieved

through the Nursing & Midwifery Forum (NMAF) which has been extended to include matrons.

### **3.1 NMAF Update**

NMAF continues to discuss and action items from both the national and local nursing agenda and Trust priorities and considers how they can implement change if required and improve the quality of care that is delivered. A review of the format and function of this forum is being undertaken to ensure it has the appropriate focus, attendance and work plan.

Topics discussed and acted upon within Q1 included:

- Development of the new Nursing and Midwifery Strategy
- Harm free care and in particular the work to support the reduction in pressure ulcers
- The agreement of Intentional rounds
- Staffing concerns and nursing establishment reviews
- Implementation of a new Nursing Workforce Group “New Deal for Nursing”
- Recruitment and retention strategies
- The development and implementation of new roles including Nursing Associates
- Mortality, and particularly appropriate fluid balance
- Ward estates issues and the introduction of the new Handyman role which is supported by the Health Tree Foundation Trustees
- Elimination of Mixed Sex Accommodation
- Listening to Improve
- The implementation, introduction of the Ward Excellence Programme and Ward Assurance Tool
- The implementation of a new Nursing Digital Group
- The evaluation of a pilot of pharmacy technician and assistant roles
- Progress with the NHS Improvement Enhanced Care Collaborative
- Nursing response to increase peer flu vaccinators
- Medicines management and safety including issues with Abloy keys and agreement to pilot a new system
- Nursing input into the Improving Together programme
- Infection control reviews and nursing responses
- The implementation of new practices for patients with Dementia and Learning Disability
- Safeguarding news including changes to DoLs and MCA
- Nursing audits and plans for the year
- Nursing Leadership development, including the development of a new ward sister leadership programme and the development of a matron leadership programme
- “Worry wards”
- Volunteer Update

### **3.2 Staffing levels**

The Trust 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 with challenge from the Divisional Heads of Nursing and the Executive Team.

It has been a challenging quarter in relation to operational pressures and the current high vacancy rate within nursing which has resulted in associated slippage in:

- Continued reliance on agency usage including off framework shifts

- Continued pressure on agency spend

The current high vacancy rate within nursing (177.77wte June 2018) has required the need to review the current establishments and review how we can safely staff our wards. This has resulted in the 'New Deal for Nursing' which will look at workforce, recruitment, retention and new roles in nursing and develop career pathways to 'grow our own' nurses and ensures we have workforce fit for the future

Recognising the significant challenges to substantive recruitment the Trust is implementing a 'New Deal for Nursing' in a number of phases. To support quality and safety on the wards this will still maintain a minimum 1:8 ratio of registered nurse to patient.

Phase :1

The first phase has been the completion of an interim establishment review on medical and surgical inpatient wards.

This has resulted in a number of changes that will include:

- The uplift of additional band 5 registered nurse posts to become band 6 Clinical Sisters. This will facilitate additional senior nursing cover on the ward to support the newly proposed increase in HCA cover and reduction in band 5 registered nurse cover, as well as aiding our retention strategy
- Increases to HCAs establishment to include increasing the number of band 3 Care Navigator roles (via internal recruitment)
- Exploring ways to further incentivise bank shift uptake across the registered and unregistered workforce and the planned implementation of weekly pay for bank staff
- Prioritisation of the roll out of SafeCare Live alongside a grip and control tool

This first phase also includes an evaluation which will incorporate the monitoring of missed medications incidents, pain relief administration timings, documentation compliance, the number of pressure ulcer incidents and falls incidents as well as staff focus groups and cost savings.

A formal six and 12 month plan has been developed and will be implemented which also includes Safe Care Live being rolled out to support day to day staffing decisions, patient safety and this will also help to inform the establishment reviews.

Phase 2:

The second phase of the New Deal for Nursing will be to:

- Develop a 'grow our own' strategy which will review apprenticeships, including the introduction of the Nursing Associate Apprenticeship and new roles with a clearly defined career pathway with options and development opportunities. Approval has been given to recruit 20 Nursing Associates to commence September 18. Recruitment is complete.
- Continue our drive to improve retention, including reviewing flexible working, including retire and return options
- Implement leadership programmes and other developmental programmes to ensure all staff have the right skills to care for patients safely
- Develop a comprehensive Preceptorship Programme to support our newly registered nurses

### **3.3 Improving Together**

Senior Nurses are identified 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. 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.

Project groups include:

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

### **3.4 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:

#### **3.4.1 Pressure Ulcers**

Pressure Ulcers have been an ongoing area of focus for the nursing team during quarter 2 2018. An internal review of the current trust position has been undertaken and an action plan has been developed to address issues identified with process and procedures, validation and reporting. A further external review of service provision took place on 31/07/2018 support from NHSE wound care colleagues to assess if the TVN provision is appropriately resourced. A report of the review with service and resource recommendations is expected August 2018.

The NHSI newly revised definition and measurement framework was released July 2018, an action plan is in development for implementation. One element of this is no longer reporting of avoidable / unavoidable, all incidents will be taken to RCA and explored.

The TVN team have been actioned with verification of all category 2,3,4,SDTI, U/S pressure ulcers hospital acquired to gain assurance that there is accuracy of data reporting.

RCA meetings are being held for all Category 3 & 4 and unstageable ulcers to identify lessons learned and omissions in care. A new system of harm free care boards for RCA review is to commence with Deputy Chief Nurse, ward managers with operational matrons to be present with TVN Lead and representative.

Pressure Ulcer mandatory and new starter training continues, and focus training was undertaken with wards, during the quarter, with staff on the wards that have been identified as outliers.

A score card of data including Pressure ulcers per ward is now developed and ready to go live so ward staff can see at a glance there current position.

Promotional material is in development for pressure ulcer prevention and PJ paralysis with communications and engagement team ; screen savers React to risk now active; posters in development; certificate created; celebration of 100 days free to be advertised; ward 11 SGH 5 months PU free! Ward 24 had all staff intensive training and has had 2 months free so far.

### **3.4.2 Infection control**

The Infection Prevention & Control Team continue to support the actions contained within the Infection Prevention & Control Strategy and yearly plans as well as providing overall assistance in reducing Healthcare associated Infections such as MRSA bacteraemia, C.difficile, Gram negative blood stream infections and MSSA. There is also ongoing work through active surveillance to ensure the Trusts infection rates with primary hips and knee arthroplasty is within acceptable parameters. Significant work has been undertaken within the last quarter by the team to ensure staff have a greater understanding of the risks associated with urinary catheters and the correct detection of infection. Ward boards have been updated with pertinent information as well as ward reviews, divisional meetings and huddles to help cascade best practice.

There has been five cases of C. difficile toxin positive in the first quarter with one lapse in care which was related to antimicrobial therapy. There continues to be a higher proportion of C difficile cases at DPOW than at SGH. One of the significant IPC issues this quarter remains access to undertake a deep clean of wards on a planned basis to help reduce impact of environmental contamination. This is being addressed for the DPOW site when the refurbishment of C floor commences in the next quarter.

### **3.4.3 Nutrition**

The NHS Improvement Collaborative, focusing on Nutritional assessment and interventions has been completed with the exception of the possibility of national networking sessions arranged by NHSI. The team led by Sara Wood, Quality Matron, and Christine Shepherd, Clinical Expert Dietician attended all the arranged sessions and agreed our focus will be on the accuracy of the MUST scores (a questionnaire was devised for both the Admissions Units with the aim to understanding current practices, potential barriers to completing MUST scores and to allow supportive actions), the timing of the initial assessment, and an automatic referral to dietetics via WebV, redesigning the food record chart and reviewing the referral pathway. The NHSi collaborative outcomes will be discussed at the Nutritional Strategy Group to record progress.

The PLACE 2018 results have been received and we have seen a local improvement in all six domains. A full report will be presented to the Trust Board in September 2018.

### **3.4.4 End of Life Care**

Staff continue to be supported to use the '5 priorities for care of the dying' to ensure high standards of care are delivered. The Care in Last Days of Life document continues to be utilised with supportive education in acute and community settings.

The majority of nursing staff have received the training and any new starters are captured as part of the induction programme. The document is also discussed at the mandatory training sessions so those who had the initial training will be updated on subsequent changes made from the annual audits. The Link Nurses are also tasked with supporting staff in their areas with use of the document

## **3.5 Patient Experience**

### **3.5.1 Friends & Family Test**

The SmS text service has been used in our emergency departments now for 6 months and there is no significant difference in numbers from the automated call service which we ran

previously. The Patient Experience lead is reviewing other organisations processes to identify if there is a better solution, she is looking at the feasibility of having a pure text service, which other high performing Trusts have introduced.

Due to continued low performance in our emergency departments a business case is currently being prepared to evaluate the options regarding methodology, which will include an direct text service. This has shown to increase responses rates at other Trusts and a more representative percentage of responses ensure the data has some reliability when considering themes.

Currently response rates average 7-8% , with around a 75-80% recommendation.

### **3.5.2 Patient and Public Involvement**

We are working closely with our CCG colleagues to establish a clear framework for Patient and Public Involvement. With changes in services we are looking to involve patients in the transformation of these, this will then help us build on the principles of having the patient voice threaded throughout our organization.

Guidelines for Patient and Public Involvement are currently being reviewed with a lead from the patient panel.

The framework has now been through various hands with little alteration, including the Improvement Team. The next step is to finalise the re-numeration part of the framework and add a job role specification , then send out for final comments.

Within the organisation there feels to be a shift towards actively seeking patient involvement, seen in project work, engagement events and transformation boards, this framework should provide some guidance as the co-working with patients develops across the Trust.

Dementia/Learning Disability

### **3.5.3 Dementia**

We are working on completing the National Audit of Dementia, deadline September 2018  
Tier 2 training will now be delivered to all those who work clinically (added to HCA compliance matrix)

We have developed a new dementia friendly finger food menu which is being trialed on Wards B3 and B4

### **3.5.4 Learning Disabilities**

We are working with web v on an electronic version of the My Life person-centred care plan, to be used for all vulnerable people

Tier 1 and tier 2 Learning Disability Education and Training will be added to staff compliance matrix to ensure we meet compliance needed for new LD Improvement standards

We involved service users in a desensitization event during LD awareness week, excellent feedback obtained.

## **3.6 Professionalism**

### **3.6.1 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 is 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 Trust currently have 170 Assigned Organisational Research Projects open, taking place across the sites at Scunthorpe General Hospital and Diana Princess of Wales Hospital, of which 67 projects are closed to recruitment but open to patient follow-ups and 8 projects are in set-up to be open by the sponsor.

Of these 170 studies, 149 are adopted NIHR (National Institute for Health Research) Clinical Research Portfolio studies and 30 of these studies are commercial (sponsored), 25 studies are commercially adopted portfolio studies, and 22 studies account for the other studies which are running, i.e. no local researcher studies, academic studies etc.

The National Institute for Health Research (NIHR) and the Clinical Research Network (CRN) sets yearly recruitment targets which the Research & Development Team has to meet to qualify to receive research funding. The 2018/2019 recruitment target for the Trust (Research & Development department) is 1,253. (Recruitment period 1st April 2018 – 31st March 2019).

The following is a recruitment summary to date (data cut 23/07/2018)

• Recruitment	314
• Percentage of YTD Recruitment Targets	100%
• Percentage of Year End Recruitment Targets	25%
• Trust Share of LCRN Recruitment	1.8%
• Commercial:Non-Commercial Recruitment Ratio	1%:99%

### 3.6.2 Professional Development

The Professional Development Team (PDT) offers support to a diverse range of learners who are at a variety of career points: from Cadets to Health Care Assistants, staff undertaking Apprenticeships, Pre-Registration Student Nurses and Registered Nursing staff.

Current work streams include competency development for HCAs and all nursing staff within the Calderdale Framework and compilation of a register of clinical equipment used clinical areas across the Trust, mapped against staff competency; this is nearing completion with a raft of documents to be approved by APPG within the next 2/12.

Two members of the team recently attended an OSCE train the trainer course. This will enable the team to train Overseas Nurse recruits to the standard required to pass the NMC-approved OSCE in order to obtain an NMC PIN number.

New NMC standards *Future nurse: Standards of Proficiency for registered nurses and Realising professionalism: Standards for education and training* were published in May 2018. There are implications for the way in which pre-registration Student Nurses are supervised and assessed in practice. A new model of Mentorship is being explored to meet these standards.

## 4.0 Recommendation

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