

# Chief Nurse's Nursing Report

## 7 April 2020



Agenda Item No: 6.1

## Trust Board Report

<b>Meeting Date:</b>	7 <sup>th</sup> April 2020
<b>Title:</b>	Chief Nursing Officer Report  Comprising: Right staff, right place, right time, Nurse Education Faculty, excellence in care, patient experience, communication and research.
<b>Action Requested:</b>	<b>Receive for information and assurance</b>
<b>For the attention of the Board</b>	
<b>Assure</b>	<ul style="list-style-type: none"> <li>Reducing nursing, midwifery and health visiting staff vacancies and focusing on improving staff retention remains one of the key priorities.</li> <li>Resolving the concerns raised with System C with regards to sepsis and patient observations incidence reporting has remained one of the key areas of focus. In the meantime, prevalence data continues to be monitored and reported to maintain oversight of patient safety and inform improvement actions.</li> </ul>
<b>Advise</b>	<ul style="list-style-type: none"> <li>Focused efforts have continued to recruit and retain the nursing, midwifery and health visiting workforce at the Trust. Please see more details in the summary section and main body of the report.</li> <li>Ongoing actions, including continuous quality improvement, continue to be expedited to improve late patient observations, sepsis recognition and treatment, pressure ulcer and patient fall incidents.</li> <li>Extensive efforts and activity are in place to respond to the COVID-19 (Coronavirus) pandemic and to implement and adhere to the national and international guidance and requirements.</li> </ul>
<b>Alert</b>	<ul style="list-style-type: none"> <li>In February 2020 there were 17 RN/RM and 6 unregistered nursing staff leavers.</li> </ul>
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<b>Links to Trust Strategic Objectives</b>	<ol style="list-style-type: none"> <li>Create a culture of compassion, safety and quality</li> <li>Proactively seek opportunities to develop our services</li> <li>To have an effective and well integrated local health and care system that operates efficiently</li> <li>Attract, retain and develop our staff, and improve employee engagement</li> <li>Maintain financial health – Appropriate investment to patient services</li> <li>Be in the top 25% of all key performance indicators</li> </ol>
<b>Resource Implications:</b>	None
<b>Report Data Caveats</b>	This is a standard report using the previous month's data. It may be subject to cleansing and revision.

<b>CQC Domains</b>	<p><b>Safe:</b> patients, staff and the public are protected from abuse and avoidable harm.</p> <p><b>Effective:</b> care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p><b>Caring:</b> Staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p><b>Responsive:</b> services are organised so that they meet people's needs.</p> <p><b>Well-led:</b> the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>
<b>Equality and Diversity Impact</b>	No negative impact
<b>Risks: BAF / TRR</b>	Risk 3644
<b>Public or Private</b>	Public
<b>Other formal bodies involved:</b>	Trust Management Committee
<b>References</b>	A variety of references apply to the topics outlined in this report.
<b>NHS Constitution</b>	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> <li>• Equality of treatment and access to services</li> <li>• High standards of excellence and professionalism</li> <li>• Service user preferences</li> <li>• Cross community working</li> <li>• Best Value</li> <li>• Accountability through local influence and scrutiny</li> </ul>

### Brief/Executive Report Details

**Brief/Executive Summary Title:** Chief Nursing Officer Report

<b>1.0</b>	<p>Key points from the report include:</p> <ul style="list-style-type: none"> <li>• The latest position for registered nurse/midwife, unregistered and other staff vacancies is enclosed, which indicates a further decrease on the last month's position from 191.45 to 157.84 wte.</li> <li>• Workforce and other key Allied Health Professional updates are included.</li> <li>• Key headlines from maternity are outlined, including the Continuity of Carer requirement update.</li> <li>• A high level progress update on Vitals actions is provided. The Trust continues to work with System C to fully resolve the concerns identified.</li> <li>• An update on pertinent patient experience work streams is provided and a more detailed (quarterly and annual) report will be shared with the Trust Board in May 2020.</li> <li>• The latest position on key safeguarding matters is outlined.</li> <li>• An update on nurse/midwife and health visitor education agenda is provided, including changes the NMC is introducing with regards to OSCE competency.</li> <li>• Extensive efforts and activity are in place to respond to the COVID-19 (Coronavirus) pandemic and to implement and adhere to the national and international guidance and requirements.</li> </ul>
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**NURSING QUALITY DASHBOARD**

Due to unforeseen circumstances, the latest Nursing Quality Dashboard is not available for this report. However, it will be included in the next report.

**RIGHT STAFF, RIGHT PLACE, RIGHT TIME**

**Nursing, Midwifery and Health Visiting**

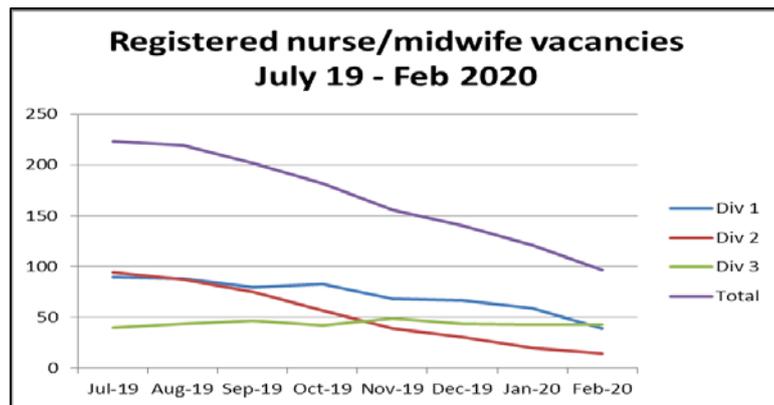
The table below provides a breakdown of vacancies by Division and staff group as at the end of February 2020. This data has been obtained from ESR and finance and it provides a much more complete and accurate report. The data is divided into three sections: registered nurse/midwife, unregistered staff and others which include ward assistants, ward hostess and ward receptionists.

February 2020 data:

	Division 1	Division 2	Division 3	Total
<b>Registered staff wte</b>	38.69	14.7	43.09	<b>96.48</b>
<b>Unregistered staff wte</b>	23.94	23.67	10.06	<b>57.67</b>
<b>Other wte</b>	1.79	1.07	0.83	<b>3.69</b>
<b>Total wte</b>	<b>64.42</b>	<b>39.44</b>	<b>53.98</b>	<b>157.84</b>

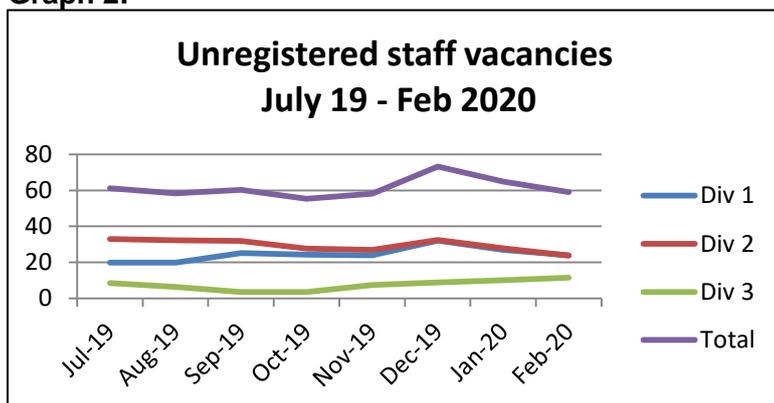
The graphs below illustrate the vacancy trend by month by staff group.

**Graph 1:**



The above graph illustrates a decrease in the total registered nurse/midwife vacancies from 121.26 wte to 96.4 wte in February 2020, with 114.19 wte (111.19 allocated and 3.0 unallocated) registered nurse/midwife planned to commence in March 2020.

**Graph 2:**



The above graph illustrates that the number of unregistered staff vacancies has decreased by 5.72 wte in month. 47.39 wte new starters are planned for March 2020 and recruitment is going.

The hot spot areas for registered nurse vacancies include:

- Division 1 – ICCU, A5 and Neonatal Unit.
- Division 2 – CHU and C16.

#### Ongoing actions include:

- Weekly interviews are being held to recruit to the International Clinical Fellowship Programme and these candidates will join the OSCE boot camp.
- Individual wards are also continuing with local recruitment for registered nurses.
- Generic health care assistant recruitment is ongoing with interviews occurring once/twice monthly.

#### Leavers

- In February 2020 there were 17 RN/RM and 6 unregistered nursing staff leavers.

#### Induction attendance numbers

The following table provides a breakdown of the nursing, midwifery and allied health professional staff who joined the Trust from January 2020:

2020 Month	RN	RN (Int & CF)	Special ist Nurses	Midwives	HCA	AHP	Bank	Total
January	6	15	2	0	13	1	0	37
February	26 (21 + 5NQ)	23 (9 int 14cfp)	4	0 (1mat support)	13	0	5 HCAs	72
March	14 (13 + 1NQ)	17	1	2	13 + 2 TSA's	1	5 HCAs	55
Total	46	55	7	3	41	2	10	164

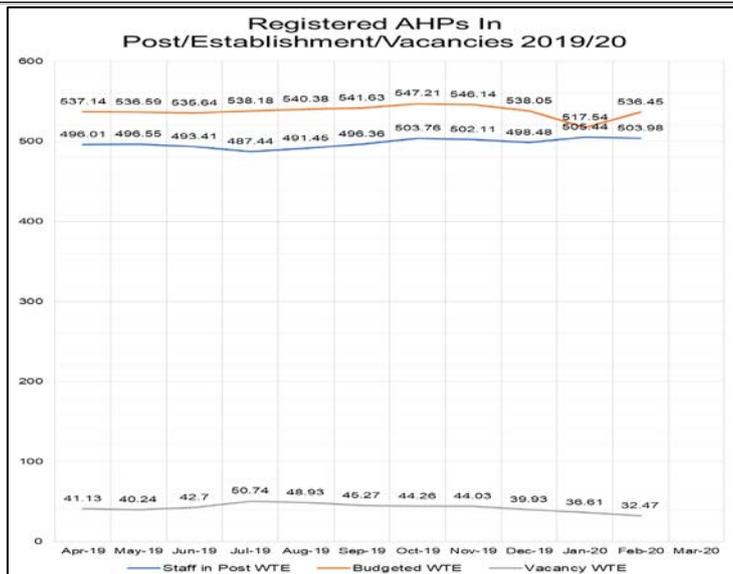
#### Allied Health Professionals (AHPs)

##### Vacancies

The overall AHP vacancy rate has improved slightly, with approximately 6% of vacancies unfilled in month 11 of the financial year (M11), with a range from 2% to 13% across the professions.

- In M10, the AHP vacancies were running at 7%. Dietetics had a vacancy rate of 17.8%; Orthoptics/Optics 11% and Physiotherapy 9%.
- In M11, the AHP vacancies were running at 6%. Dietetics had a vacancy rate of 12.8%; Orthoptics/Optics 11.6% and Physiotherapy 9.9%.

The graph below illustrates the current registered AHP workforce vacancy picture:



The Trust's AHP lead is working with the RePAIR (Reducing Pre-registration Attrition and Improving Retention) Fellow for Health Education England across the Midlands and East of England to address recruitment and retention. In addition, the Sustainability and Transformation Partnership (STP) have recently established an AHP Council and the Trust is working in partnership to deliver a sustainable growth in the AHP workforce.

### Other updates

Dr Wendy Walker has commenced on 10<sup>th</sup> February 2020 in the post of Reader. Wendy is a founder member of the non-medical RLN. She has a specialist interest in end of life care and bereavement and will lead a programme of research in this area, together with providing professional leadership to facilitate and promote nursing and midwifery research in the Trust.

The non-medical RLN have recently carried out a short survey to explore how non-medical Consultants are involved in research as part of their role. Results indicate that research is included in the job description or job plan of all respondents, however only 80% considered research as part of their everyday role. Disappointingly, only 50% of respondents have protected time for research activity. A focus group is being planned to explore further these results.

### Nurse Education Update

#### NMC Test of Competency

The new test of competency (OSCE) will be launched in Summer 2020. Nationally, each year the numbers attending OSCE are doubling. The test centres will be opening for longer hours and at weekends. In addition, Northampton will double its capacity from April 2020 (it is currently closed for building work).

The NMC are strengthening assurance (working with AlphaPlus and Nottingham University) and the new contracts will be signed during March 2020. There will be an independent consistency reviewer and an Assurance Advisory Group is being established, including lay people, clinicians and educationalists, which will have its first meeting in May 2020.

A review of the Computer Based Test (CBT) questions and each OSCE station is being undertaken with Nottingham University. The first new materials will be available in April 2020. The new OSCE will comprise of 10 stations; 4 APIE, 6 skills stations. The approximate completion time for OSCE will be 2 hours 45 minutes. There will be a list of red flag tasks on each station linked to patient safety and if the candidate does not perform the task as per the requirement, they will fail that station.

**International nurses**

- There are 22 people in the current cohort who are sitting their OSCE mid-March 2020 in Ulster due to the closure of the Northampton Test Centre. A second cohort is expecting to attend Ulster in April 2020.
- 24 out of 28 people passed OSCE. 4 are awaiting re-sits in February 2020.

**Student placements**

In agreement with Wolverhampton University, nursing students will remain in their 'hub' placements for the foreseeable future. This will restrict their movement around the Trust.

**Nurse Associate Apprenticeship**

6 candidates have commenced in March 2020.

**QUALITY AND SAFETY****Patient Observations and Sepsis Reporting**

The Trust continues to work with System C with regards to rectifying reporting inaccuracies in the Vitals Operational Report (VOR) for sepsis and patient observations. VOR was updated on Tuesday 10<sup>th</sup> March 2020, with no concerns identified during or after the update period. Prevalence sepsis and observation data will continue to be reported in the Trust's Integrated Quality Performance Report until the concerns with VOR reporting have been fully addressed.

The challenges with Vitals clinical timing out have subsided, although still occurred during the early and late February 2020. In addition, a planned maintenance took place on the 3<sup>rd</sup> February 2020. There is ongoing work in progress with linking 10 years' worth of data in the system to the user accounts and patient notes, which was not accounted for during the November's Vitals upgrade. It is therefore likely that this has been impacting on Vitals timing out and contributed to the decline in the Trust's VTE performance. A communication is being drafted by the Medical Director to be shared with all Clinical Directors reminding them of their responsibilities to ensure that medical staff are completing VTE assessments in line with requirements and driving improvements within their specialist areas.

A roll out of Vitals to West Park Hospital is being planned, with the date of implementation to be confirmed. It is anticipated that this will take place during Q1 2020/21. Vitals User Group is being reinstated to maintain oversight of the operational and educational aspects of the system.

**Maternity update**

Birth rates have been falling nationally by approximately 3%. The Trust has seen a slight decrease in women booking activity and predicted births in 2020 data available up to July 2020. Close monitoring of the situation will continue.

Work remains in progress in collaboration with the Black Country Local Midwifery System (BCLMS) towards delivery of 35% of women on the Continuity of Carer (COfC) pathway by March 2020. The challenge to provide care across the 3 elements of the pathway continues to exist, particularly for the intrapartum element. The Maternity Service Data set V2 (MSDSv2) technical guidance has been released which provides a clear steer in terms of how COfC will be measured. The trajectory for March 2020 is 35% of women being booked onto the pathway including women that fall on to the COfC pathway up to 29/40 gestation. Q3 data submission to LMS was 22%. An improvement plan has been developed to ensure that the Trust is working towards achieving the national trajectories. Midwifery workforce sickness within the community setting has meant that a plan to roll out team midwifery has been delayed until April 2020.

The Saving Babies Lives Care Bundle (SBLCB) version 2 (a care bundle for reducing perinatal mortality) is being implemented and this is on-going work that the LMS is taking forward collaboratively. It is anticipated that full compliance will be declared by end of March 2020.

The Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme Year 3 has commenced and work is in progress to work towards full compliance.

### Patient Experience

The new Friends and Family Test guidance continues to be implemented and will be operational as of 1<sup>st</sup> April 2020.

During February and March 2020, the Trust participated in an NHS England and NHS Improvement (NHSE/I) survey of patients attending our Urgent and Emergency Care. The participation in this survey was voluntary and it was also conducted across a number of other NHS trusts. The aim of the survey was for NHSE/I to better understand why people are attending Accident and Emergency Departments rather than seeking alternative pathways.

Instructions for the 2020 Inpatient Survey have been received, with the survey period being July 2020. Following a successful national pilot of a new approach for this survey, a push-to-web mixed mode methodology will be used. This will involve patients being offered the option of completing the survey on-line in the first instance, with a later offer (reminder) of completing the survey on paper. In addition to postal invitations and reminders, a text message service containing a direct link to the survey will be offered.

The Trust's visiting times have been reviewed and the associated Standard Operating Procedure and Posters updated accordingly. The revised visiting times were launched on 1<sup>st</sup> of March 2020.

Complaints training delivered by the Parliamentary and Health Service Ombudsman has taken place during February and March 2020.

A proposal is being developed collaboratively between the Patient Experience Team and Human Resources department to substantially increase our volunteering base during 2020/21 and going forward.

### Safeguarding

The following provides key updates with regards to the safeguarding agenda:

- **Safeguarding Training** – There has been an increase in compliance across all categories apart from Prevent training, which was 93.4% in January 2020, a reduction from over 95% in December 2019, and Adult Level 3 training, which was 88.1% in January 2020 with the target being 95% by end of March 2020. A revised Training Needs Analysis has been devised (increase in staff groups aligned to Adult Level 3) which is to be agreed by the Chief Nurse and Medical Director.
- **CQC Well-Led Action Plan** – Safeguarding was referenced in regard to reviewing the adult safeguarding policy and the safeguarding training programme. These actions have now been completed.
- **Safeguarding Adult Team** – There have been severe staff shortages in the team from February 2020 onwards, due to long term sickness and maternity leave. This will be resolved by the end of May 2020. Fixed term recruitment is in progress and there are offers of help/support from Division 1. This challenge is noted on the Trust's Risk Register.
- **Children and Young People in Care (CYPiC or Looked after Service LAC)**. Due to staff departures, this service may experience some operational difficulties. Division 3 are leading on the recruitment and oversight.
- **Multi Agency Safeguarding Hub (MASH)** – An audit of referrals that do not meet the criteria for Local Authority/Safeguarding threshold for investigations is planned over the next year.
- **LeDeR (Learning Disability Mortality Reviews)** – The Trust's Learning Disabilities Team is undertaking 3 case reviews, and a further case is pending. The trust continues to be member of the Black Country LeDeR Steering Group.

- **Sustainability and Transformation Partnership (STP) Safeguarding Work streams** – The Trust is contributing to all current sub-groups. A new STP safeguarding dashboard is due to be rolled out from April 2020.
- **Wolverhampton Safeguarding Together (WST - formerly Wolverhampton Safeguarding Board)** – The Trust is continuing to contribute as a full partner to all areas of the newly formed WST arrangements. It remains in the 'early stages' of embedding the new arrangements.
- **Early Help Navigator Post** – The Trust will be hosting this new post, funded via Public Health England and Wolverhampton Local Authority. The focus of the role will be to raise awareness of early help partnership work across Wolverhampton.
- **Deprivation of Liberty Safeguards (DoLS)** - Overall the activity across the Trust remains variable, however there has been a recent increase in the referrals. Ongoing efforts remain in place to ensure that all staff understands the DoLS requirements.

### **Infection Prevention**

Extensive efforts and activity are in place to respond to the COVID-19 (Coronavirus) pandemic and to implement and adhere to the national and international guidance and requirements.