Meeting: Trust Board Public Meeting  
Date: Wednesday 4th November 2015

Title of Paper: Director of Nursing, Quality & Patient Experience Briefing Report

Key Issues:
The purpose of this report is to inform the Trust Board of the position in relation to professional matters across the nursing, psychology and allied health professional workforce. Included this month is an update regarding the Trust position in relation to nurse revalidation which commences in April 2016. The draft Nursing Strategy for Hull & East Riding is also included with board members being requested to make comment.

The report also covers quality and clinical governance improvement programmes in relation to patient & carer experience, patient safety & clinical effectiveness. The Board are informed of the progress being made in the development of the Clinical Effectiveness and Patient & Carer Experience Strategies. The Quality & Clinical Governance Development plan with the Q2 updates is also presented to the Board having previously been presented to the Audit & Integrated Governance Committee.

<table>
<thead>
<tr>
<th>Strategic Aims:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Deliver high quality, safe and effective services</td>
<td></td>
</tr>
<tr>
<td>• Prioritise prevention, early intervention, recovery and rehabilitation</td>
<td></td>
</tr>
<tr>
<td>• Integrate health and social care, mental and physical health and well-being and involve patients and carers in managing their care</td>
<td></td>
</tr>
<tr>
<td>• Listen to and actively engage our patients and service users and their carers and families in the development, delivery and evaluation of the services we provide</td>
<td></td>
</tr>
<tr>
<td>• Maintain a sustainable business to ensure that we can continue to care in the future</td>
<td></td>
</tr>
</tbody>
</table>

Risk Issues:
The main risk in the report is in relation to ensuring all Registered Nurses are aware of the requirements of nurse revalidation. Failure to revalidate would mean the nurse would be unable to work as a registered nurse. If this were to occur in significant numbers this would have a major impact on the Trusts ability to deliver services.

The Trust has a project plan for ensuring all registered nurses are sighted on the requirements and their responsibilities. Weekly information bulletins reminding staff of their responsibilities and sign posting staff to the revalidation site on the intranet have commenced. Staff awareness sessions have been held with a programme of events to be undertaken commencing November. The draft trust policy for revalidation is currently under review to ensure the latest guidance from the NMC is incorporated.

Recommendations:
The Trust Board is requested to
• Note the content of the report
• Review and provide feedback on the Hull & East Riding Nursing Strategy
• Review and provide feedback on the proposed central themes of the Clinical Audit & Effectiveness Strategy
• Review and provide feedback on the proposed pledges in the Patient & Carer Experience Strategy
• Note the achievements identified within the report

Authors of Report:
Hilary Gledhill, Director of Nursing, Quality & Patient Experience  
Kate Gendle, Psychology & Allied Health Professions Director  
Mark Preston, Care Group Clinical Director, Older People and Community  
Tom Phillips, Deputy Director of Nursing and Quality  
Trish Bailey, Care Group Clinical Director, Children’s Services and Learning Disability  
Paul Johnson, Care Group Clinical Director, Adult Mental Health
DIRECTOR OF NURSING, QUALITY & PATIENT EXPERIENCE

TRUSTBOARD REPORT

1. Introduction

The Director of Nursing, Quality & Patient Experience provides a monthly report to the Trust Board which includes an update in relation to:

- Professional matters across the nursing, psychology and allied health professional workforce
- Quality and clinical governance improvement programmes in relation to patient & carer experience, patient safety & clinical effectiveness.

2. Quality & Clinical Governance Internal Assurance Update

2.1 Quality & Clinical Governance Improvement Plan (Appendix 1)

The Quality & Clinical Governance plan for the Trust was developed in Q1 with the aim of capturing key work programmes to drive quality improvement across the Trust underpinned with a robust clinical governance framework. The plan was approved by the Executive Management Team in August 2015 and is monitored quarterly by the Quality and Patient Safety Committee (QPaS) who review progress and advise on appropriateness of the actions.

Key programme areas where good progress has been made to date are in relation to reviewing the Trust approach to significant and serious incidents. New approaches have been established to strengthen staff engagement in the processes with a focus on utilising the methodologies for undertaking investigations as approaches to quality improvement to inform organisational learning.

The refreshed clinical governance and quality improvement internal performance and assurance model is currently being implemented across the Trust. Care groups are currently establishing their clinical governance model as sub groups of the Care Group Clinical Forum to ensure clinical and quality matters are appropriately reported and managed across the Trust.

A new action has been added in Q2 in relation to reviewing the current model for providing support to staff involved in serious incidents and/or who have to attend inquests following a number of staff reporting they felt more support was needed.

Work has also commenced regarding a trust approach to undertaking a programme of quality visits. The approach is to be discussed further at the November QPaS following which the model will be developed.

2.2 Patient Safety

2.2.1 Serious Incidents

There were 5 serious incidents declared in September as follows:

- SI2015- 29528: Self harm incident on Trust premises whilst staff were contacting the crisis service on behalf of the patient.
• SI2015-29198: Forensic patient who did not return from ground leave. Patient found in London during October and returned to the unit.

• SI2015–29569: Death of patient with a long standing history of drug usage who had previously been in receipt of mental health services.

• 2015-29674: A member of staff’s car was stolen overnight. In the boot of the car was a number of patient identifiable documents in a hessian bag. A park keeper contacted the Trust to report that he had found the records in the bag next to the burned out car. A Trust laptop was also stolen.

• 2015-30490: Death of a patient who had been referred to RENEW addictions services but disengaged. They had been discharged from Trust services at time of death.

2.2.1.1 Quality & Timeliness of Investigations

No SI reports were due to be finalised in September. Feedback was received in respect of one action plan which was submitted during August (2014 – 24579). The feedback was that more work was required on the plan. This is currently being undertaken. Commissioners have agreed to a resubmission in November post inquest.

2.2.2 Significant Events

There were 2 significant events registered in September. SEA31 which was the unexpected death of patient seen by the Recovery & Support Team and SEA 32 which was the physical assault of a staff member by a patient in the Psychiatric Intensive Care Unit. Both incidents are under review by the reporting teams to consider what happened, why did it happen and what have we learnt.

2.2.3 Duty of Candour

Of the 5 SIs declared in September Duty of Candour (DoC) has been was carried out for all. In the case of the missing patient the father of the patient was informed of the incident and the investigation. Duty of candour has been undertaken for both of the significant event incidents.

The Trust Risk Management System DATIX captures when DoC has been undertaken for minor and moderate harms. This information is to be captured in the Clinical Risk Management performance report from Q2 onwards to review whether DoC is being appropriately undertaken.

The Nursing and Midwifery Council Duty of Candour Guidance has also been circulated to remind staff of their duties. The guidance can be found via the following link:


2.2.4 Raising Concerns

There have been 0 whistleblowing concerns reported either internally or externally during September.

2.3 Clinical Effectiveness

The Trust Clinical Effectiveness Strategy is currently under development. Led by the Nursing & Quality Directorate the approach is currently under discussion with care group
representatives. Currently four central themes covering the following principles are being proposed:

1. **Practice is based on the best available evidence**
   *Objectives:*
   Contribute to all National Confidential Enquiries (NCE) where these are relevant to the care we provide.
   Assess our performance and compliance against NICE guidance (Consider process for exceptions).
   Meet requirements of NICE quality standards and report on these on a regular basis.
   Ensure the workforce has the skills to access evidence required for their practice and the resources to do so.
   Ensure that trust guidelines are fit for purpose to include collaboration with medicines information and prescribing guidelines.

2. **Clinical audit will be utilised to improve our services**
   *Objectives:*
   Focus on the priorities as informed by our risk register, NICE Quality Standards and CQC Key lines of Enquiry.
   Ensure that gaps in service are addressed systematically and that actions are monitored.
   Support actions that improve cost-effectiveness.
   Follow the requirements of our audit policy.
   Be subject to scrutiny via QPAS and the Integrated Audit & Governance Committee – in particular ensuring that improvements we make are sustained.
   Provide assurance on our performance where we are meeting the standards.

3. **The development and utilisation of patient outcome measures to inform us, our patients, the public and commissioners on our performance**
   *Objectives:*
   Identify key indicators for benchmarking care for each service.
   Develop use of outcome measures for all services.
   Development of the workforce and horizon scanning to innovate to improve outcomes in a safe and sustainable way.

4. **Innovate to improve outcomes in a safe and sustainable way**
   *Objectives:*
   Support innovation across our services.
   Introduce new procedures safely and effectively.
   Ensure R&D and clinical effectiveness work together to ensure we translate research into practice.

A first draft of the strategy is due to be presented to QPaS in January.

**2.4 Patient & Carer Experience**

The Patient and Carer Experience Strategy is currently under development. Led by the Nursing & Quality Directorate, engagement events have been held with staff, patients, carers and other key stakeholders. Following the events the following pledges have been proposed:

- We will listen to our patients & carers and act on their feedback.
- We will provide a safe environment for our patients.
- We will meet the physical and comfort needs of our patients.
- We will support the carers of our patients.
• We will recognise our patient's individuality and involve them in decisions about their care
• We will communicate effectively with our patients throughout their journey
• We will ensure our patients are cared for by skilled and caring staff.

The actions the Trust intends to take against each of these pledges will be developed by the Patient and Carer Experience Group which is a sub group of QPaS.

A first draft of the strategy is due to be presented to QPaS in January.

2.4.1 Football Sponsorship

Sponsorship for the Trust football team is to be reviewed at the November meeting of a sub group of the Patient & Carer Experience whose role it is to look at meaningful activity. The group will be reviewing possible sponsors and as part of this will be undertaking ethical checks to ensure that sponsors are appropriate for the Trust.

3. Nursing Update

3.1 Local Nursing Strategy (Appendix 2)

The Directors of Nursing in the local health economy have been working together for several months to develop a Nursing and Midwifery Strategy for Hull and the East Riding of Yorkshire to support the transformation agenda. It is to our knowledge, the first partnership strategy that has been developed in a truly collaborative manner to achieve a shared vision and strategic framework for nursing and midwifery across a local health economy. It encompasses the views of local nurses, midwives and leaders in health, social care, public health and education.

The strategy outlines the following five overarching action areas supported by strategic objectives that the local nurse leaders commit to delivering through working in partnership with local stakeholders and with each other.

i. Ensuring that we have the right staff, with the right skills and competencies, in the right place.
ii. Developing effective nursing and midwifery leadership
iii. Promoting self-care, independence and optimising health outcomes
iv. Delivering a positive experience of care and involving patients and service users in their care
v. Delivering safe, effective and high quality care

As part of this commitment of partnership working the local directors of nursing have agreed to develop an implementation plan for their organisations to support collective achievement of the strategic objectives.

For Humber FT the Director of Nursing is proposing that the work is taken forward via a Professional Nurse Leadership Forum and will be incorporated into a Humber FT Nursing Strategy implementation plan.

3.2 National Strategy- Refresh

The current national nursing strategy 'Compassion in Practice' was launched in December 2012 as a three year vision and strategy for nursing, midwifery and care staff.
It was built on the values of the 6Cs (Care, Compassion, Communication, Courage, Competence, Commitment) and set out a shared purpose for nurses, midwives and care staff to deliver high quality, compassionate care, and to achieve excellent health and wellbeing outcomes.

Compassion in Practice has delivered six work streams called Action Areas:

1. Helping people to stay independent, maximising well-being and improving health outcomes
2. Working with people to provide a positive experience of care
3. Delivering high quality care and measuring the impact of care
4. Building and strengthening leadership
5. Ensuring we have the right staff, with the right skills, in the right place
6. Supporting positive staff experience

Compassion in Practice concludes in March 2016 and currently views are being sought in relation to the content of a new strategy. In particular views are being sought from mental health nurses on the early emerging themes, in particular, around the role and contribution of mental health in relation to:

1. Population health and prevention – ensuring that staff are able to focus on the mental and physical health needs of both populations and individuals and tailor interventions to support people to promote wellbeing, and live longer and healthier lives.

2. Personalisation agenda for the people who experience and receive care – making sure that those who receive support have choice and control over the support they receive in all care settings. In addition future work will also address positive outcomes for staff.

3. Ensuring productivity, safety and effective staffing – supporting and developing existing staff to deliver safe, high quality care making the best use of resources. For instance:

4. Optimising service transformation, innovation and improvement – transforming care by developing and spreading new work practices, technology and improved leadership.

5. Building and sustaining the future workforce – ensuring the shape and skills of the future workforce evolves to sustain high quality care outcomes and experiences now and in the future.

The first draft will be considered in more detail at the annual Chief Nursing Officer for England’s Summit in December. The Director of Nursing for Humber will be attending this summit and will be taking the views of nurses who work in Humber FT to feed into the consultation. The final strategy is expected to be launched in March 2016.

3.3 Nurse Revalidation
The Nursing and Midwifery Council (NMC) have approved the approach to nurse revalidation. In order to revalidate and maintain registration nurses must provide evidence of the following every three years:

- A minimum of 450 practice hours
- 35 hours of Continuing Professional Development (CPD), of which at least 20 hours must be participatory learning
- Five pieces of practice-related feedback
- Five written reflective accounts on their CPD and/or practice-related feedback and/or
an event or experience in their practice, and how this relates to the NMC Code

- Reflective discussion with another nurse or midwife
- Health and character declaration, and professional indemnity arrangement.

These requirements need to have been met during the three years since the nurse or midwife’s registration was last renewed or they joined the register.

Once they have collected evidence that they have met these requirements, nurses and midwives need to have a confirmation discussion in which they demonstrate to an appropriate confirmer that the requirements have been met. The NMC expects nurses and midwives to obtain confirmation during the final 12 months of their three year registration period. Humber FT is proposing that this is undertaken as part of the nurse’s annual appraisal.

Further details of these requirements, and the evidence that nurses and midwives need to keep, are set out in the how to revalidate with the NMC guidance documents (links below).

How to Revalidate

Who can be a confirmer?

Employers guide to revalidation

The Trust has a project plan for ensuring all registered nurses are sighted on the requirements and their responsibilities. Weekly information bulletins reminding staff of their responsibilities and sign posting staff to the revalidation site on the intranet have commenced. Staff awareness sessions have been held with a programme of events to be undertaken commencing November. The draft trust policy for revalidation is currently under review to ensure the latest guidance from the NMC is incorporated.

3.4 Agency Staff
A four week national consultation on proposals to cap the rates of agency staff and to encourage workers back into substantive and bank roles has commenced. The proposals include principles in relation to an overall rationale to bring agency pay in line with substantive pay by April 2016. The price caps would apply to all doctors, nurses and all other staff in NHS Trusts and Foundation Trusts.

In summary, these rules are intended to give Trusts tools to limit agency expenditure and encourage staff to return to permanent and bank working.

4.1 Psychology & Allied Health Professionals Update

4.1.1 Older People’s Psychology

The team are presenting good practice and audit data at two events at the request of the Strategic Clinical Network, Dementia NHS England. These will further add to showcasing the Trust’s commitment and contribution to high quality dementia care.
4.1.2 Podiatry

Podiatry as a whole has excellent outcomes coming through from patients comments received via the Friends and Family Test. Such as:

“My treatment helped me walk better which I was very grateful for”

“The individual treating me has a professional attitude which I liked”

“Service good from start to finish”

4.2 Care Group Clinical Directors Update

4.2.1 Specialist Services

As a consequence of the trust-wide governance arrangements for clinical governance and quality monitoring and improvements being reviewed the newly formed Clinical Care Forum for Specialist Services is being developed. This Forum has integrated the existing clinical networks which were operated across the service elements. Terms of Reference have been developed by members of this group and the first meeting is to be held in September chaired by Dr Sally Foster, Associate Medical Director for Specialist Services. The first task will be to identify and nominate representation of senior clinicians across the governance structure. Representation will be drawn from all professional groups.

A number of key initiatives supporting improved patient experience continue to be progressed over the last month as follows:

- Ouse Ward, Humber Centre is the recovery ward which has issues regarding the suitability of the patient kitchen, which has inhibited programmes of recovery involving the self-care and self-management programmes of recovery. The kitchen suite has been audited and quotes have been received regarding the development of this work.

- The Work Experience Project for patients within Humber Centre is progressing and involving staff with other service across the Trust to ensure a breath of experience is considered. Additionally, staff are engaged in the Service User Involvement Network which forms part of the CQUIN target for the service.

- The seclusion suites on Swale and Ullswater wards have been subject to refurbishment which has been challenging for the staff and patients. This work has been completed.

- The refurbishment of the en-suite bathrooms at Greentrees has now been completed. This project was due to have been completed in seven weeks but exceeded its deadline by eleven weeks and therefore additional costs were incurred by the Care Group in having to continue to provide escorts for the contractors for this period.

In terms of safer staffing significant changes to the implementation of the E-rostering system are being undertaken to ensure efficient use of nursing staff and safer staffing establishments are being maintained. Agenda for change band 7 and 6 nurses are engaged in this process of change.

Following on from the loss of the Hull Community Alcohol Service in October, 2014 there has been a need to remodel the clinical workforce across the remaining addiction services. This
has been challenging but work is now complete and a full establishment of clinical staff has been reached.

Specialist Services are collaborating on a number of research projects as follows:

- A multi-centre project led by Rampton hospital looking into long term medium secure care. Most of the data has been collected. The team will be under taking patient interviews. The research team are visiting the Humber Centre

- ADAM Programme Trial is a National Portfolio Study led by King’s College London. This study will examine methods to improve adherence to medication to prevent relapse into alcohol dependence and will involve, services across Yorkshire & Humber; including; East Riding, Hull, York, Doncaster, Grimsby. A researcher has been appointed to coordinate research in these areas and will be based at Willerby Hill. For more information: http://public.ukcrn.org.uk/Search/StudyDetail.aspx?StudyID=19571

4.2.2 Community Services & Older people

Community Services and OPMH clinicians have designed and are now implementing an 8 day introduction to clinical skills programme which will run 4 times a year for the next 2 years. Entitled "Patient Centred Consultation", the programme covers clinical assessment in relation to physical conditions and also study days in relation to dementia and depression. It is open to all band 5-7 RGN/RNMH/RNLD and AHP. It is assessed formally and has an accompanying competency framework. We are currently discussing with Hull University the option to award level 6 accreditation.

The aim of the programme is to promote a common set of core clinical skills across the Trust which will enhance quality of patient experience through increased access to skilled clinicians: right person, right place right time. This will enable more robust interrogation of patients symptoms allowing recognition of significant symptom clusters with timely escalation of care; with the referring clinician being able to provide a greater level of information to the receiving clinician than is currently the case.

The initiative will also enhance the trusts workforce skill portfolio.

4.2.3 Adult Mental Health

Work is continuing to set up clear governance structures within the care group to ensure that robust mechanisms are in place to ensure appropriate learning, implementation of action plans and feedback from SI’s, SEA’s and complaints.

It has been agreed that the existing 3 clinical networks within the care group will be reduced to one clinical network in line with the transformation of community mental health services. As a care group it has been identified that priority areas for the clinical network will include the development of standardised clinical care pathways.

Work is continuing on the development of a new personality disorder pathway which will become part of the transformation programme for the adult mental health care group.

The Hull and East Riding Crisis and homebased treatment team have been reaccredited HATS status (Home based treatment accreditation scheme). PICU have also achieved reaccreditation of AIMS standards (Accreditation for Inpatient Mental Health Services). All other inpatient units are working towards re accreditation over the next month.
4.2.4 Children & Learning Disability

The Multi Media care planning project was funded by a grant awarded to Humber NHS Foundation Trust from the Department of Health regional innovation fund. The work will complete in December 2015. The original work was based on work sponsored by the Trust on the development of a prototype plan called ‘Matthew’s Book’. Parents of Matthew have presented the early plan to the Humber NHS Foundation Trust Board.

The project has supported to date 10 people with substantial disabilities, and their families. The project worker working alongside staff and families has facilitated the development of multi-media care guides on each person’s iPad. These care guides provide an ‘easily accessible’ way of sharing information. It was seen as important to have a way in which support staff across services can get to understand the person and their requirements; all the more so when the person is unable to articulate their own needs. As the project has progressed families and staff have discussed how readily people are drawn to the visual accounts of their relative’s needs. This quickly helps them understand the bespoke care that is needed to ensure good health and well-being is maintained and improved.

Some of the families involved in the project have told us how difficult it can be to say what they need to say about the cared-for person and their needs. The written word cannot explain the verbal communication or the physical support and delicate moving handling needed to appropriately support someone with severe disabilities. Using the visual connection has enabled care to be given with increased understanding and dignity.

The Trust are now supporting the development of phase 2 of the Multi Media Care Planning options for people with a Learning Disability. We are supporting the creation of the ‘My Health Guide app’ a direct descendant of the early work we have done on multi-media care guides simplifies the process significantly

5. Recommendations

The Trust Board is requested to:

- Note the content of the report
- Note the achievements identified within the report
- Review and provide feedback on the Hull & East Riding Nursing Strategy
- Review and provide feedback on the proposed central themes of the Clinical Audit & Effectiveness Strategy
- Review and provide feedback on the proposed pledges in the Patient & Carer Experience Strategy