Proud of Nursing & Midwifery in Newcastle

‘Compassion, Quality and Excellence in all we do’

The Trust’s Nursing & Midwifery Strategy

2013-2016
The Nurse Director’s Introduction

In 2010, the Trust’s three year Nursing and Midwifery Strategy, “Proud of Nursing & Midwifery in Newcastle” was launched, to guide practice, and to make clear the ambitions of Nursing and Midwifery within the organisation. This provided an excellent framework to take forward the work of the professions within the Trust.

The current pace of change, and the issues raised by the recent Francis Inquiry into the standards of care at Mid Staffordshire Hospitals, mean that it is timely, and appropriate, to review our strategy, and that we take the opportunity to reflect on our current position and future direction. The past three years have been very busy, and many changes, at local and national level, have impacted on practice.

Nursing professionals face many challenges and changes in the years ahead, which will require the Trust’s own workforce to change too. The emphasis on partnership working, on care closer to home, the requirement for an all graduate workforce, and the need to increase patient choice and involvement, all serve to increase the challenges we face. This makes clear the requirement for the professions to be flexible, and responsive, to the needs of patients. – “Standing still is not an option when the sand is shifting under your feet” (Handy, 1989). With current economic, and workload, pressures, it is important that we have a clear, and collective, vision of our direction of travel, so that we can move forward together, and support each other along the way.

Whilst academic achievement is important, and Nurses do need to be competent and able to think quickly and critically, the values of care and compassion are the attributes most valued by our patients and the public, and these must underpin everything that we do. This won’t happen without the continued efforts of our staff, who we know from experience have ensured that we embark on the next stage of our journey from solid foundations, e.g.

- The best performing local Trust March 2013 in the National Patient Experience Survey.
- Positive Care Quality Commission (CQC) feedback from an unannounced Dignity and Nutrition Visit in 2011.
- Positive CQC feedback from an unannounced visit in May 2012, with the Trust being declared compliant with all assessed standards.

In writing this Strategy, there has been wide consultation, and this document reflects what is important to the people who use our services, and to the staff who deliver them. The Strategy also reflects the Chief Nursing Officer’s Strategy, launched in 2012 (Compassion in Practice: Nursing Midwifery and Care Staff Vision and Strategy (DOH 2012)) which identifies 6 key values;

- Courage
- Compassion
- Communication
- Care
- Competence
- Commitment

These themes are reflected throughout this document, and cut across all of our work each and every day, to ensure that at all times we provide “Healthcare at its very best – with a personal touch”.

Writing this introduction also provides me with an opportunity to express my thanks for your ongoing hard work, and commitment to making us proud to be Nurses, Midwives, and Health Visitors, in Newcastle.

Helen Lamont
Nursing and Patient Services Director

Footnote: For ease of presentation and reading specific terms have been used to represent various professions, service users and support staff. This is not intended, in any way, to imply any preference or priority – it is simply to make the document easier to read. The term nurses, therefore includes: Nurses, Midwives, and Health Visitors. The term support staff includes: Healthcare Assistants, Assistant Practitioners, Housekeepers, Nursery Nurses and Play Specialists. The term patient includes: patients, clients and service users. The term carer includes: families, friends and significant others who support patients in their everyday life.

Healthcare at its very best - with a personal touch
Healthcare at its very best - with a personal touch
Introduction

The Strategy is presented in five sections, reflecting our priorities for the next three years:-

1. To put patients first in all that we do.
2. To deliver safe and effective Harm Free care.
3. To deliver high quality care.
4. To recognise, and maximise, our reputation for Nursing excellence.
5. To have an empowered, and skilled, workforce.

Each section of the strategy refers to a specific priority, what it means, and what we intend to do to show that this has been achieved.

The priorities are linked to National and Local initiatives and policy drivers, these include:

* Proud of Nursing
  * Compassion in Practice
  * Dignity
  * Patient Experience and Involvement Strategy
  * Effective Workforce Planning
  * Enhancing recognition for the achievements of our staff

* National Drivers
  * NHS Operating Framework
  * NPSA Never Events
  * CQUIN Commissioning for Quality and Innovation (CQUIN)
  * Safety Thermometer and Harm Free Care
  * Addressing Health Inequalities

* Local Drivers
  * Trust Vision and Strategic goals
  * Developing Clinical Academic Careers
  * Staff experience
  * Trust Vision and Strategic goals
  * Enhancing recognition for the achievements of our staff

* Staff experience

* A glossary of terms and bibliography of key documents is presented at the end to provide clarification for the reader.

Healthcare at its very best - with a personal touch
“I have been supported to develop my academic skills in areas that really make a difference to patient care. I looked at the patients’ experience living with COPD and found that anxiety and depression were big problems. I realised I did not have the skills to help and was supported to complete a post graduate diploma in cognitive behavioural therapy (CBT). I have supported my staff to learn about CBT and we are now able to help hundreds of patients with COPD. I have been really fortunate to be supported to undertake my PhD part time to research if CBT helps patients with COPD. The best thing about it is that I still work with patients the rest of the time.”

Karen Heslop Nurse Consultant

“It has helped me think about who I am and how I can use the skills I have to ensure the best patient experience and job satisfaction”

Evaluation from Sisters Development Programme participant 2013
1. To put patients first in all that we do.

This means: providing individualised and seamless care, which is of a high quality, and delivered with compassion – reflecting the Trust’s commitment to delivering ‘Healthcare at its very best with a personal touch’. We will actively seek and publish the views of Patients, Family, and Carers, and respond to their feedback, to review and improve our services.

To achieve this we will:

✓ Have in place a systematic approach to seeking and responding to patient, family, and carer, views. This will include:

  • The Trust’s “Take Two Minutes” scheme – which encourages patient feedback.
  • The Family and Friends Test (introduced in April 2013)
  • Real time patient feedback

✓ Have agreed our definition of what compassionate care is, and how this can be delivered.

✓ Increase the number of patients who recommend us to their family and friends.

✓ Ensure clinical areas can provide evidence of practice changes arising from patient feedback.

✓ Demonstrate continuous improvement in patient surveys, on questions relating to compassion and care.

✓ Ensure that every clinical area can provide examples of reasonable adjustments being made to meet needs of individual patients.

✓ Reduce the number of nursing related complaints.

✓ Have visible and effective nursing leadership in place.

✓ Demonstrate increased discussion and engagement with patients and the public.

✓ Work with local community groups to seek feedback on the Trust’s services, and how these are provided.

✓ Demonstrate improvements in care as a consequence of learning from complaints, and incidents, and other sources of patient feedback.

“Nursing care was excellent - communication was good; caring attitude nothing was too much trouble. Well organised ward - excellent leadership from matron”

2012 In-Patient Survey comment
The aim of the ACE Hospital Passport is to assist people with learning disabilities by providing all hospital staff with important information about their health when they are admitted to hospital. If admitted to hospital, the ACE Hospital Passport needs to be at the end of the Patient’s hospital bed.

Family members, carers or other professionals may have also contributed to information within this document. The ACE Hospital Passport belongs to the patient; please return it to them on their discharge from hospital.

There are three sections to the ACE Hospital Passport document. Each section provides essential information which if applicable should be completed by the patient and/or the person(s) who know the patient best. Once completed the relevant highlighted areas are ticked in the shaded boxes below. It is the responsibility of the Hospital staff member providing support or treatment to read the relevant sections that have been completed.

Section 1 – About Me
- Page 2: Medication/ Medical History
- Page 3: Allergies
- Page 4: Pain Management/ Distress
- Page 5: Communication Needs
- Page 6: Capacity Child/ Adult
- Page 7: Acute Needs Assessment
- Page 8: Support to keep me safe
- Page 9: Epilepsy Management
- Page 10: Moving and Handling
- Page 11: Body Shape Protection

Section 2 – Daily Living Needs
- Page 12: Eating and Drinking
- Page 13: Personal Care
- Page 14: Sleep
- Page 15-16: Mood and Behaviour
- Page 17: Likes and Dislikes

Section 3 – Supplementary Information
- Page 18: Discharge planning – Professional involvement
- Page 19: Hospital Recording Signatory Sheet
- Page 20: Emergency Sheet

It is the allocated Hospital Staff Members’ responsibility to ensure that the appropriate care pathway and documentation to support reasonable adjustments is completed. Please ensure that this is documented within the Hospital Recording Signatory Sheet.

“The Trust’s long-term vision and investment in the role of the Advanced Critical Care Practitioner has produced a professional, whose many years of experience, united with two years intensive training has culminated in a nurse who is approachable to all levels of staff; who is able to apply science to well-honed intuitive skills and who is able to deliver a prompt high level of care to the critically ill patient”

Val Burnand Advanced Critical Care Practitioner
2. To deliver safe and effective Harm Free Care.

This means: delivering care which is free from avoidable harm. It also means we will be able to demonstrate nursing care which is underpinned by research and best practice, with measurable outcomes, and which is focused upon improving the health and wellbeing of patients and carers, as part of our commitment to reducing inequalities in health.

To achieve this we will:

- Increase the number of patients experiencing Harm Free Care.
- Have a zero tolerance to adverse events and make a commitment to sharing the learning from any that do occur.
- Ensure that every contact is considered as a “health improving contact”, and patients receive appropriate advice on lifestyle choices.
- Embed systematic approaches to patient reviews, including intentional rounding and use of Early Warning Scores.
- Have a mechanism to review Nursing quality and effectiveness with directorates.
- Develop a system for allocation of a “Key Nurse” to provide continuity of care and support for patients.
- Demonstrate a continued reduction in healthcare-associated infections (HCAIs).
- Develop the Clinical Assurance Tool (CAT) to further increase quality and assurance.
- Have a “How We Are Doing Board” in each clinical area, which will inform staff, and the public, of progress being made to reduce harm and provide safe care in the ward.
- Demonstrate a reduction in nursing related medication incidents.
- Demonstrate we are keeping up to date with evidence-based care.
- Improve communication process, e.g. documentation and handover, including use of available electronic communication systems.
- Consider using advanced technologies, e.g. eRecord, digital media, to enhance or release time to care.
- Continue systematic review of significant untoward events and ensure learning is shared across the organisation.

“My Macmillan nurse has been invaluable with help and support. She speaks to my doctor to discuss medication and treatments. My illness would have been much more difficult to cope with had we not had our Macmillan nurse”

Specialist Palliative Care Team
Patient and Carer satisfaction
"It has been a great comfort to me and the family in the UK and abroad to know my parents received excellent care, which helped them to retain their dignity at a traumatic time in their lives."

Letter of Thanks to District Nursing Team

"With many thanks for being so caring and pleasant even when you trudged through the snow to get here."

The District Nursing Service letter of appreciation

Footnote: The four Trusts who scored higher are all specialised hospitals. Newcastle Hospitals was the highest scoring Acute Trust.
3. To deliver high quality care

**This means:** Ensuring nurse staffing is professionally led and a safe framework is in place, which maximises the effectiveness of nursing and the potential of our staff. It also means an ongoing commitment to reviewing and improving the ‘Patient Journey’.

**To achieve this we will:**

- Have compassionate and competent staff, in the right place, at the right time.
- In line with national guidance, ensure that agreed safe nursing establishments are in place for all care environments.
- Establish a mechanism for the systematic monitoring and reviewing of nurse staffing levels.
- Provide assurance from ‘Ward to Board’, and to the public, that staffing levels have been regularly reviewed and agreed.
- Develop ways to ensure that the public have confidence in the effectiveness of the care we provide.
- Review working practices to release time to care, e.g. developing the role of ward clerk and meal time volunteers.
- Provide opportunities for staff to engage in the sharing of best practice, and contribute to further developments.
- Ensure that we give staff opportunities to express their views regarding the quality of care delivery, and changes which would improve quality and patient experience.
- Review clinical pathways, and provide evidence of the nursing contribution to improving the efficiency and effectiveness of care, e.g. reduced length of stay, reduced readmission rates, and enhanced recovery.
- Pilot “Patient Status at a Glance Boards”, and other tools for effective handover of care, rolling out those that evaluate positively.
- Reduce nurse sickness absence.
- Encourage nurses to continue to challenge traditional professional boundaries and embrace new role developments.
- Ensure a strong nursing contribution to ongoing developments in care, for example, modified early warning scores, re-enablement support, home Intravenous Therapy administration, which support delivery of high quality care.

“Implementation of Enhanced Recovery Programme via a nurse specialist lead demonstrated successful outcomes... In addition to a reduced length of stay and cost saving, it has been a positive experience for staff and patients.”

Evaluation Report Enhanced Recovery Programme
4. To recognise, and maximise, our reputation for Nursing excellence.

This means: sharing and promoting best practice - working to maximise the contribution of Nursing, and increasing the visibility and recognition of achievements. It also means ensuring that we recruit and retain staff with core values of compassion and care consistent with the Trust’s vision and standards.

To achieve this we will:

- Build on the Ward Accreditation Scheme to establish a Charter Mark scheme for the Clinical Assurance Toolkit.
- Recognise both individual and team contributions through the Personal Touch awards scheme.
- Demonstrate ongoing innovation and development of roles, both new and existing, and the impact of these on patient care.
- Use clinical and best practice evidence to support the delivery of Harm Free Care, to underpin nursing practice development.
- Increase the nursing publication rate and achievement.
- Increase rates of submission for nursing awards.
- Share widely across the organisation, and beyond, the successes of our nursing staff in leading practice development, achieving publication and awards.
- Continue to publish the Trust Nursing and Midwifery Newsletter on a regular basis.
- Ensure we are an employer of choice, attracting the best nurses to the Trust.
- Encourage public recognition as the healthcare provider of choice with a reputation of excellence in nursing.
- Continue to hold an Annual Nursing Conference and Achievement Award, to support dissemination of good practice and innovation, with colleagues across the Trust.
- Increase the submissions for the Annual Nursing Achievement Award to ensure there is recognition of the outstanding achievements of Trust nurses.
- Increase the volume and quality of nursing research and nursing research capacity.
- Share patient feedback which demonstrates excellent nursing care.
- Work with Human Resources to develop recruitment practices that support the recruiting of staff with core values, attitudes, and behaviours, aligned with “Compassion in Practice” and Trust values.
- Explore how we can further promote good practice and success, so that it is visible to staff and the public.
- Benchmark with comparable organisations to ensure that we continue to demonstrate excellence in nursing.

“My named nurse is such an inspirational, dedicated and compassionate nurse …she supports me both physically and emotionally-really important when you are undergoing such rigorous treatment…makes you feel as though you are the only patient and gives you undivided attention and care at all times.”

Letter of thanks to Nursing and Patient Services Director
May 2013
“Out of hundreds of applications Prospect Medical Centre Team were shortlisted for finalists in the “General Practice of the Year” category. The District Nursing Team was nominated by one of the practice’s GPs due to the highly professional team’s part in developing a multidisciplinary palliative care service.”
5. To have an empowered, and skilled, workforce, responsive to the needs of patients.

This means: the ongoing development of a compassionate, competent, and knowledgeable, nursing workforce, ensuring well defined nursing roles, with effective and visible nursing leaders. It also means ensuring the recognition of Clinical Academic Careers and that Nurses’ contribution to care is supported and celebrated. We will recognise the emotional cost of caring and ensure clinical supervision and appraisal are in place to support nurses.

To achieve this we will:

- Continue to develop a skilled nursing workforce, which can evidence their competence, and ability to contribute to the education of others.
- Establish a Healthcare Assistant training programme, to teach fundamental skills and practice, to support Staff from the beginning of their careers with the Trust.
- Continue the Assistant Practitioner programme with underpinning Foundation Degree.
- Support ongoing development of those undertaking the role of Link Nurse.
- Maximise opportunities for leadership development at every level in the Nursing and Midwifery workforce.
- Recognise, through appraisal, the effectiveness of nursing leaders, in accordance with the Trust’s defined leadership behaviours.
- Ensure that the ethos of compassion underpins all that we do.
- Ensure nurses feel supported, clinically, academically, and emotionally.
- Explore mechanisms for “talent spotting” and succession planning, and demonstrate the impact of nursing development.
- Continue to support academic development, and close the gap between the current workforce and the aspiration for an all-graduate workforce.
- Map out opportunities for graduate and postgraduate development.
- Increase the workforce who are progressing through, or have completed, a formal Clinical Academic programme.
- Develop options for enabling supervisory time within Ward Sister roles.
- Develop and embed clinical supervision.
- Increase the visibility of the Senior Nursing team in clinical areas.
- Continually take account of the changing needs of our patient population.
- Equip staff with skills to meet care needs as care pathway and care needs change.

“Provides support during a difficult time of transition”

“Reassures you that your feelings are normal as other newly qualified staff feel the same”

Preceptorship Programme evaluations
# Glossary of Terms and Definitions

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<th>Term</th>
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| Charter Mark                   | In 2013 we will introduce a Charter Mark as a way to identify those wards and departments that clearly and consistently meet the standards outlined and measured by the Clinical Assurance Toolkit (CAT). The Charter Mark will identify to staff, patients and visitors that the area in which they are being cared for meets our standards of excellence across a number of measures including:  
  - Environment  
  - Staff Knowledge  
  - Standards of documentation  
  - Harm free care  
  - Patient and Staff experience |
| CQUIN                          | The key aim of the Commissioning for Quality and Innovation (CQUIN) framework is to secure improvements in quality of services and better outcomes for patients. Each year these are negotiated with commissioners and providers and are used to incentivise providers to deliver quality and innovation improvements. |
| Clinical Academics             | A nurse, midwife or allied health professional who engages concurrently in clinical practice and research, providing clinical and research leadership in the pursuit of innovation, scholarship and provision of excellent evidence-based healthcare. A central feature of their research is that it aims to inform and improve the effectiveness, quality and safety of healthcare. They focus on building a research-led care environment including the development of capacity and capability. They challenge existing practice as well as working within, and contributing to, a research-rich environment that leads the way towards achieving excellence in healthcare and health outcomes. |
| Harm Free Care (Safety Thermometer) | Developed for the NHS by the NHS as a point-of-care survey instrument, the NHS Safety Thermometer allows teams to measure harm and the proportion of patients that are ‘harm free’ during their working day, for example at shift handover or during ward rounds. The NHS Safety Thermometer provides a ‘temperature check’ on harm and can be used alongside other measures of harm to measure local and system progress. |
| HCAI                           | Healthcare Associated Infections, which are infections which have developed whilst patients have been receiving care in the Trust.                                                                                   |
| Intentional Rounding           | This is providing systematic and regular patient reviews by ward nursing staff to ensure that patients have everything they need to hand, change position, are pain free and safe. In Newcastle Hospitals this is delivered using the FOCUS tool to ensure consistency of approach and document the care given. |
| NHS Operating Framework        | The operating framework for the NHS in England sets out the yearly business and planning arrangements for the NHS and sets out the financial requirements for NHS organisations and the basis on which they will be held to account. |
| NPSA Never Events              | Never Events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. The list is updated regularly by the National Patient Safety Agency (NPSA) and includes events such as:  
  - Retained foreign object post-operation  
  - Maladministration of potassium-containing solutions  
  - Maladministration of Insulin |
### Patient Status at a Glance Board

A patient board which identifies issues using symbols and therefore communicates key patient information at a glance, such as ‘needs assistance with eating’, or ‘discharge medication needs ordering’ which assists with the effective planning and handing over of care.

### Trust’s Leadership and Professional Behaviours

Healthcare at its very best – with a personal touch, underpins what we do as an organisation in delivering patient care. These Trust core professional and leadership behaviours for all staff are based on four key themes:

- Enabling the Vision
- Commitment to business needs
- Demonstrating the values
- Achieve results for patient care
Bibliography

Department of Health (2010) Equity and excellence: Liberating the NHS. Department of Health


Department of Health (2012) Compassion in Practice: Nursing, Midwifery and Care Staff, Our Vision and Strategy. NHS Commissioning Board


The Kings Fund (2012) Clustering of unhealthy behaviours over time, Implications for policy and practice. Kings Fund


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