

N&M News

The Nursing and Midwifery Newsletter for the Newcastle Upon Tyne Hospitals
NHS Foundation Trust

Volume 1, Issue 2

3rd December 2007

Special Points of Interest:

- Nursing Winners
- Hospital at Night
- Focus on Quality
- Nursing Quality Indicators
- What are the NHSLA Risk Management Standards?
- If you knew about Flu, you'd get the jab!

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Director of Nursing Update

Welcome to the second issue of N&M News and thank you for all the positive feedback about our revised format.

The last two months have been very busy across the Trust.

The visit from the Department of Health MRSA Hospital Support Team, on the 13th November, went very well thanks to the tremendous effort of all staff in all wards and departments. We are awaiting the formal report but preliminary feedback was very positive. We now need to stay focused on infection control to further reduce MRSA bacteraemia and clostridium difficile. It is likely that the Healthcare Commission will make an unannounced inspection of the Trust, before the end of March 2008, so we need to maintain and improve our standards of care, cleanliness and infection control.

While infection control remains our top priority the 18 week target is now a close second!

The target focuses on referral to treatment times for elective cases and 85% of patients need to complete their pathway within this 18 week timescale. This is a huge challenge for all of us and there is much work to do across all specialities by March 2008.

As winter approaches I know that everyone will be working very hard to make sure patients receive the best care and treatment they require.



Newcastle Midwife Sweeps Award!

Mamas & Papas, the designer nursery retailer, announced the winner of the 10th Anniversary Midwife of the Year Awards for 2007. The luncheon event in front of hundreds of attendees was held on Wednesday 3rd October 2007 in Huddersfield, West Yorkshire.

Ten regional finalists, Mums, babies and guests had been invited to attend the award ceremony where the mother who has nominated the Midwife of the Year received £1000 and a further £1000 top up for their child's trust fund generously donated by the Royal Bank of Scotland. The Midwife of the Year also received £1000 for herself and a further £1000 for her Midwifery Unit.

The winner of this year's award demonstrated exception qualities as a midwife not just this year but for many years previous where she has been nominated as a regional finalist. Her nominating mother for whom she helped delivery quadruplets said, "We will tell our children as they grow not only how she made a positive impact on our lives but how she will no doubt have a positive impact on others in the future."

Midwife Sandra Bosman from The Royal Victoria Infirmary in Newcastle is a highly skilled midwife for the region who specialises in multiple births. Lorna Bird, 2006's Midwife of the Year winner from Southampton who was central to the judging process said,

"This midwife is truly inspirational, her devotion and commitment to her multiple birth families is outstanding. Every day she goes the extra mile without a second thought and her charity work is just a further sign of her dedication."

A surprised but delighted winner, Sandra Bosman commented on receiving the award AND what being a midwife means to her,

"As I deal with a lot of women who require IVF treatment, childbirth is a long hard journey and I am blessed to be able to help them. I love the women I care for and birth is a wonderful gift".



(Inset: Sandra Bosman Midwife of the Year 2007 and England Rugby Team Member, Ben Cohen MBE. Read more about other successful nurse winners on page 4)



The Quality of Healthcare

The quality of healthcare is said to have two important aspects: health benefits and patient experience (DH 2007). These aspects focus on the principle that patients are not only interested in the benefit they will achieve from their treatment but also in how they are treated (the process).

There can be a tendency to focus on the process, how care is delivered, rather than the outcome which is often regarded as the success of the treatment or vice versa. Clinical outcomes are frequently the focus of government targets such as those which suggest treatment times, length of hospital stay or reduction in infection rates. However recently we have seen a greater emphasis on process issues around how the care is delivered in addition to the outcome. Process issues can be measured from surveys either through interviews with patients and carers or by questionnaires. The National Patient Survey is an example of a survey which is undertaken to

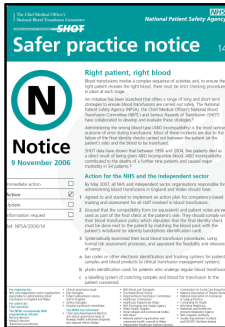
determine estimates of improvements to the patient experience.

To correctly measure the quality of care delivered we need to consider the clinical effectiveness and health benefit of the treatment delivered in addition to the experience of receiving the care. Put very simply quality in healthcare is about ensuring that the treatment delivers health benefits and that the experience whilst receiving the treatment is pleasant.

Reference: DH (2007) Further Developments in Measuring Quality Adjusted Healthcare Output. Department of Health, London.

Diane Palmer – Assistant Director of Quality

To read more about quality visit the Picker website who coordinate the National Patient Survey and have done a lot of work on what patients want. <http://www.pickereurope.org>



Infection Control News

Run for Cover!

It's the diarrhoea and vomiting season again. It is the time of year when we see outbreaks of viral gastroenteritis due to small round structured viruses e.g. Norwalk. It is therefore vital that one of the Infection Control Team is informed immediately if your ward has 2 or more cases of undiagnosed diarrhoea and/or vomiting in staff and /or patients.

Department helpline during working hours and via Patient Services Co-ordinators out of hours. All patients who are found to be Clostridium difficile toxin positive will now have their medical notes marked with the Blue Infection Control Alert Sticker and an alert sheet enclosed. Please note that alcohol hand gel is **not** effective against Clostridium difficile spores, therefore hand washing is vital after contact with symptomatic patients or their environment.

Clostridium difficile

There has been an amendment to the Terminal Cleaning Policy. On discharge or transfer of a patient with Clostridium difficile the cubicle **and the walls** must be terminally cleaned with Chlorclean 1000 ppm. Requests for wall washing can be made via the Estates

Service provision

Six additional Infection Control Nurses have recently been appointed. As a consequence we will be extending our service provision to a 7 day service, 9am-5pm from 1st January 2008.



Professional Development Days

The Directorate of MSU/ENT held their 1st **HealthCare Assistant (HCA) Development Day** on 30th October where 22 healthcare assistants attended. The day was facilitated by Gail Robinson with Ev Marshall, Tracy Mawson, Fiona Heppell, Suzanne Edgar and Carol Stafford helping to deliver sessions. The content of the day was varied and one where practice could be challenged and experiences shared. Topics included: the Role of the Healthcare Assistant in relation to Foundation Status; management of incontinence, catheters and the use of Pads; infection control; tissue viability; essence of care and the vulnerable adult. The whole day was extremely enjoyable and it is anticipated another will be run in the near future. (inset HCA's enjoying the day)

A Nursing and Midwifery Professional Update Day

took place on the 12th November 2007 where 39 staff from around the Trust attended. The day was facilitated by Debbie Carrick-Sen and Elaine Coghill and sessions delivered by Rachel Rider, Susan Whitehead and Jane Skeates. The content of the day centred around the National Patient Safety Agency (NPSA) who are responsible for promoting patient safety. More information can be found at: www.npsa.nhs.uk. The day included sessions on Evidence Based Practice, "Right Patient Right Blood"; Blood checking; "IV injectables" and venepuncture and cannulation. The day is to be repeated on the 8th February, to book a place contact Elaine Coghill at Elaine.Coghill@nuth.nhs.uk.



What are the NHSLA Risk Management Standards?

The NHSLA Acute Risk Management standards (or formerly known as the Clinical Negligence Scheme for Trusts (CNST)) is an external assessment for clinical, organisational and health and safety risks. The standards were established as a means to support NHS Trusts to develop a framework for risk management. Each Acute Trust will be regularly assessed against a set of 5 core standards, with each standard containing 10 criteria, at three different levels, namely:

Level I – Policy: establishing systems
Level II – Practice: implementation of systems
Level III – Performance: closing the loop on monitoring compliance.

The Trust currently holds CNST Level 2 accreditation for Acute Services and Level 3 for Women's Services. The Trust will undergo assessment for Level 2 on the 12th and 13th February, 2008 whilst Women's Services will be assessed in January 2008.

In order that the Trust retain level 2 accreditation under the General Standards, we must be

demonstrate that we are doing what we say we do i.e. we practice our policies, and that our risk management systems are becoming truly embedded within the organisation.

How are the NHSLA Risk Management Standards relevant to you and how you can help?

The NHSLA standards are about improving patient care and staff safety by reducing risks. The standards are relevant to all clinical and non clinical staff

Know where to access the policies and ensure that you are familiar with key policies, your roles and responsibilities.

Ensure you keep knowledge and skills up to date by attending mandatory and local training sessions.

Contribute to your Directorate/Department plan for embedding the standards

Be aware of the process for reporting incidents

Nicolle Croft

Systems Manager - Clinical Governance and Risk NHSLA Standards (CNST) Co-ordinator

Litigation Authority



Nursing Quality Indicators

The development and assessment of nursing quality indicators is a useful way to measure and manage the quality of nursing care.

In 2006/7 data was collated by speciality area, ward and department and where relevant averages calculated to enable the ward areas to make comparisons. The nursing indicator data was circulated to Matrons 4 times/year and continues to be collated and circulated during 2007/8.

The following are the agreed nursing indicators for 2007/8:

Patient Perspective

Complaints Directly Related to Nursing

Productivity

Nursing Sickness Rates

Nursing Turnover Rates

Bank Nurse/Agency spend (against staff in post

and number of vacancies)

Safety

Indwelling catheter infections

Medication Incidents

Prevalence of Pressure Sores

Incidence of Pressure Sores

MRSA & C Diff Infection rates

Patient Assessment

Prevalence of Falls

Prevalence of Nutritional

Prevalence of Pressure Sore Assessment

Prevalence of DVT assessment

Annette Richardson

Nurse Consultant Critical Care

(Trust Nursing Quality Indicator Project Lead)

If you would like to read more about you ward nurse quality indicators please speak to your matron.



Hospital at Night (H@N) – Nurse Practitioners

The Hospital at Night concept rose from the need for the Trust to meet the requirements of the European Working Time Directive (EWTD) 2009. The implications are that junior doctors will no longer be allowed to work in excess of 49 hours per week. Hospital at Night is one of the solutions to meeting the requirements of the EWTD by using role expansion within the nursing workforce. Implementation of H@N will achieve effective clinical care in the 'out of hours' period by having a multi-professional team who between them have a full range of skills and competencies to meet the patients immediate needs.

The Nurse Practitioners in the team come from a variety of clinical backgrounds and are skilled in patient physical assessments, history taking and

nurse prescribing. A full list of their competencies can be seen on the intranet by accessing the Hospital @ Night section in the site index. The H@N team currently covers surgical services at the Freeman Hospital and over time it will encompass the majority of adult services at Newcastle Upon Tyne Hospitals NHS Trust. The Nurse Practitioner – Team Leader of H@N is Brian A Crosbie.

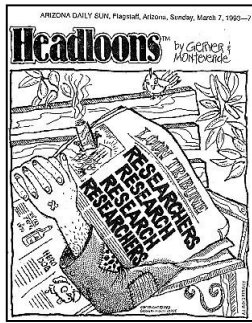
For wards/departments within this pilot the H@N team can be contacted on 48144, ward staff use this number out of hours and calls a triaged and prioritised by the team members appropriately. Also working within the team are Medics, Patient Service Coordinators and Critical Care Outreach.

Hospital @ Night

Please Call ...



"48144"



Research Corner

The translation of research into practice is fundamental. It is concerning to note that only 20% of research results in a change in practice and even when the change occurs, it usually takes 10 years to implement.

Is it worth it? Well, we can continue to practice as we do, with uncertainty as to why we do, what we do, not knowing if there is a better or quicker way. Maybe because "we have always done it that way" is good answer!

Mothers of multiples in Newcastle would have something to say about that! Between 2000 and 2003 The Newcastle Twin Study randomised expectant mothers of twins into one of two groups, 1) standard care i.e. current practice, "as we have always done" or 2) specialist midwifery care, support and advice. The findings showed that mothers receiving the specialist midwifery care, support and advice, did better in terms of psychological outcome and adjusted to motherhood of twins easier than those receiving

standard care. Following the study, the program was rolled out and offered to all mothers of multiples in Newcastle. This was the result of one person questioning what we do and why? On this occasion it has not taken 10 years to implement, in fact the change in practice occurred in 5 years. Two years after rolling the programme out, these mothers clearly told us how they felt, they nominated and voted the specialist midwife for multiples, Sandra Bosman for National midwife of the year (story page 1). The panel agreed and Sandra was awarded this prestigious title in October 2007.

It is clear, making a difference matters, translating research into practice happens, just one person questioning why we do, what we do, is there a better way! Is there one question about your practice, you would like to ask??

For further information and support to develop your question, contact Dr Debbie Carrick-Sen, Senior Nurse-Midwife for Research on Debbie.carrick-sen@ncl.ac.uk



Nursing Winners!

Susan Whitehead and Sarah Avery 'Sharing Good Practice Awards' 'Innovations in Practice' 2007- The Introduction of a Blood Transfusion Verifier 'TransSAFE'.

The TransSAFE verifier is a bedside blood checking device that enables one nurse to check a blood component. The bedside check is vitally important as this is the last chance to pick up any errors that may have occurred during the process. This device will reduce the risk of serious transfusion incidents, release nursing time, and the process of checking blood at the bedside is safer.

This device has been introduced in four areas at the Freeman Hospital: Central Operating, Critical Care, Cardiothoracic Theatre and ITU. It is anticipated this will be rolled out across the Trust.

(insert Susan and Sara with their certificate)

Nursing Times Leadership Challenge

The NT leadership challenge was inspired by the Health service Journal (HSJ) Challenge developed by Dr Neil Goodwin, a director of GoodwinHannah Ltd, a leadership development consultancy for chief executives, their boards and organisations. The Newcastle team consisted of Liz Harris, Chris Eddy, Julie Waite, Sarah Rushbrooke, Sharon More and Elaine Coghill. Each member of the team was designated to a specific role, e.g. Director of Nursing within a specific Organisation in a cluster of key stakeholders. In order to succeed decisions had to be made when to compete and when to collaborate. The team won "best media relation" and was runner up for best "cluster".

Prizes were presented by Christine Beasley CNO England. (insert the winning team)



Department of Health News & Trust News

Our NHS our Future NHS next stage review

Interim report: The interim report sets out a 10 year vision for the NHS, reflecting what they have heard from patients, staff and the public over the last three months. It looks at how the NHS can become fairer, more personalised, effective and safe, acknowledging progress made so far and setting out immediate and longer term priorities in these areas. You can download the report at www.dh.gov.uk.

Annual Health Check: The annual health check is the most comprehensive assessment of performance of Trusts in England. It asks 2 key questions: are NHS Trusts getting the basics right, and are they making and sustaining progress? Our performance is assessed against a range of standards and targets set by

the government. To find out more about our performance ratings visit

www.healthcarecommission.org.uk.

Visitor policy: The Trust is continuously striving to minimise and reduce the risk of health care acquired infections (HCAI) whilst providing visitor access. This policy is supported by a visitor information leaflet which should be available in your ward/department. If not please contact your matron/ senior nurse.

Dress & Appearance Policy: The new Trust Policy is available on the intranet. All staff need to familiarise with the changes from this document which aims to ensure consistent and safe standards. Any queries regarding this contact Liz Harris, Head of Nursing, Freeman.



If you knew about Flu, you'd get the jab!

The annual influenza, or 'flu' jab, campaign was launched on 28 September 2007 by the Department of Health (DH), to encourage people at risk from the complications that can be associated with flu to get immunised. This also meant that NHS employers must offer immunisation to employees directly involved in patient care.

It is however a difficult one to sell to staff, free or not! Anyone who has had actual 'flu' and not a severe cold will normally be first to roll up their sleeve but, there remain sceptics out there to the benefits of flu immunisation. Flu can be a very serious illness and can sometimes cause death, especially in the vulnerable, and particularly the very young or old. Influenza immunisation of staff can reduce the likelihood of transmission of influenza to vulnerable patients.

On the 15th October 2007 staff were encouraged to take up the offer of free flu vaccination. Since the campaign started to date, 1,079 staff have been immunised. Thanks go to the 50 people who volunteered to deliver the immunisations and juggled existing busy workloads to support

the campaign and the Occupational Health Department who provided training. One lucky person even got to inject our Infection Control Nurse Consultant!

Flu Facts (DH 2007):

- thousands of deaths are attributable to the complications of flu.
- Flu is highly infectious: 100,000 flu particles can be projected at 100mph into the air with just one sneeze.
- The flu virus is very small: 3,500 flu viruses can fit onto a pinhead.
- In just 12 hours, the flu virus can invade one million of your nose and throat cells.
- It only takes a minute to get the flu jab, but this will protect you for twelve months. It's your best protection against flu.
- The flu jab contains no live virus, so it cannot give you the flu.
- The vaccine is altered each year to ensure that it gives the best protection against the latest strains.

(inset Sheila Morgan Nurse Consultant Infection Control receiving her flu jab from Nurse Specialist Barbara Smith)



Critical Care Memorial Service

The Critical Care Patient and User Involvement Group held its second successful memorial service on the 3rd November 2007 at The Parish of St George in Jesmond. This offered the opportunity for families, friends and carers to reflect and remember their loved ones. Memorial services can function as a way of saying goodbye and also acknowledge the reality of the loss for both staff and relatives.

Approximately 350 people attended the memorial service travelling from all over the country. Nigel Goodfellow (Head Chaplain) led the service with staff from Critical Care undertaking readings and joining in the act of remembrance. The service consisted of readings, poems, words of comfort, hymns, music from a string duet and an act of remembrance where the names of all the patients who had died was read and

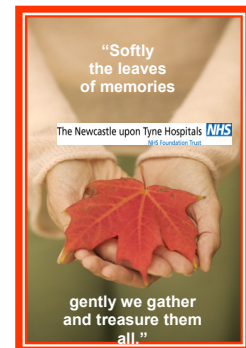
commemorated by the lighting of a candle. After the service there was time for relatives, friends, carers and staff to talk and remember.

An annual memorial service is planned for the again planned for 2008.

A number of letters have been received from people who attended the day expressing their thanks.

One said "What a wonderful uplifting event it was, so well organised and the staff so caring. I particularly liked the autumn leaf theme which was so appropriate for the occasion and for the day and the candles which we could take home to light in the evening was a lovely touch. The choice of reading and hymns was perfect and the string duet added to the atmosphere".

(Insert Critical Care Patient and User Group)



Being with Patients Awareness Days

On October the 25th and 26th two successful "Being with Patients" Awareness days were run. Nearly 80 staff attended the day ranging from ward clerks, health care assistants, staff nurses, sisters, senior Trust personnel and patient governors. The days evaluated extremely well and in 2008 further 32 awareness days are planned. "Being with Patients" is the vision of Brigid Reid a Nurse Consultant at East Lancashire Hospitals NHS Trust. The day utilises a whole range of teaching and learning techniques to change and enhance practice.

The programme is a collaborative venture organised by the Trust and Cragrats who are an action training company who utilise a range of learning techniques including using actors to convey real patients stories in dramatised case studies. By using patient's experiences of care

the 1-day programme provided opportunities to:

To positively influence understanding of what it means to be a patient.

To reflect on practice and feel valued for caring behaviours

To acquire practical strategies to enhance patients' experiences of care.

The concept of 'being with' is used to emphasise that 'how we are' is as important as 'what we do'. Staff Nurse Marieta Delos quotes: "This was the best study day I have attended and would recommend all staff to go".

Dates for next year can be found on page 6. If you would like to attend please speak to your ward sister/charge nurse or book directly with Elaine Coghill at Elaine.Coghill@nuth.nhs.uk or on extension 31407. (inset Marieta Delos)



COMING TO THE NEXT ISSUE: A FOCUS ON NUTRITION

NEXT ISSUE: 4TH FEBRUARY 2008

A DATE FOR YOUR DIARY: NEXT YEARS NURSING AND MIDWIFERY CONFERENCE 14TH MAY 2008

CHRISTMAS DECORATIONS NEWSFLASH!

Only use:

- New decorations and artificial trees

Display:

- Between 16th December 2007 and 3rd January 2008

Limit to:

- Dayrooms
 - Corridors
- Do not use in:
- ICUs
 - HDUs
 - Any areas with immunocompromised patients

Destroy:

- If there is an infection outbreak

Do not use:

- Drawing pins
- Sellotape

WISHING YOU ALL A MERRY CHRISTMAS AND HAPPY NEW YEAR!

Being with Patients Awareness Days 2008

Date	Venue	Date	Venue
03/01/08	Classroom 2, Ed Centre, FH	27/06/07	Funct. 137, Ed Centre, FH
04/01/08	Funct. 138, Ed Centre, FH	04/07/08	Classroom 2, Ed Centre, FH
25/02/08	Classroom 2, Ed Centre, FH	07/07/08	Funct. 138, Ed Centre, FH
18/03/08	Classroom 2, Ed Centre, FH	18/07/08	Funct. 138, Ed Centre, FH
25/03/08	Classroom 2, Ed Centre, FH	24/07/08	Classroom 2, Ed Centre, FH
02/05/08	Funct. 138, Ed Centre, FH	25/07/08	Classroom 2, Ed Centre, FH
12/05/08	Classroom 2, Ed Centre, FH	15/08/08	Funct. 137, Ed Centre FH
21/05/08	Funct. 138, Ed Centre, FH	18/08/08	Funct. 137, Ed Centre FH
23/05/08	Classroom 2, Ed Centre, FH	29/08/08	Funct. 137, Ed Centre FH
28/05/08	Funct. 138, Ed Centre, FH	08/09/08	Funct. 137, Ed Centre FH
02/06/07	Classroom 2, Ed Centre, FH	17/09/08	Funct. 137, Ed Centre FH
05/06/08	Classroom 2, Ed Centre, FH	07/11/08	Funct. 137, Ed Centre FH
06/06/08	Funct. 137, Ed Centre FH	14/11/08	Funct. 137, Ed Centre FH
09/06/08	Funct. 137, Ed centre, FH	05/12/08	Funct. 137, Ed Centre FH
18/06/08	Funct. 138, Ed Centre, FH	12/12/08	Funct. 137, Ed Centre FH
19/06/08	Classroom 2, Ed Centre, FH	19/12/08	Funct. 137, Ed Centre FH

Trust Training and Development 2007/08

Date	Study Event	Facilitator
10th December 2007	Nurse leadership Development Programme	Val Hogg ext 24207
19th/26th November 2007	Nurse leadership Development Programme	Val Hogg ext 24207
3rd/4th December 2007	Clinical Skills	Val Hogg ext 24207
7th December 2007	Witness skills for Healthcare Professionals (Bond Solon Legal Consultants)	Val Hogg ext 24207
February 4th	Nutrition Workshop for HCA's	Val Hogg ext 24207
8th February/14th April	Professional Update Day	Elaine Coghill ext 31407
February 4/5	Clinical Skills	Val Hogg ext 24207
February 8/15/22	Staff Nurse Integration Programme	Val Hogg ext 24207
March 10/11	Clinical Skills	Val Hogg ext 24207
March 7/14/20/28	Nurse Leadership Development Programme	Val Hogg ext 24207
March 26/27/28	LEO	Val Hogg ext 24207
April 9/10/11	LEO	Val Hogg ext 24207
April 21/22	Clinical Skills	Val Hogg ext 24207
April 4/11/18	Experienced Staff Nurse Development Programme	Val Hogg ext 24207