The Trust developed and launched its 2013-16 Nursing Strategy ‘Proud of Nursing and Midwifery in Newcastle - Compassion, Quality and Excellence in all that we do’ in July 2013, following approval by the Board.

The Strategy identified five key priorities:

(i) To put patients first in all that we do
(ii) To deliver safe and effective Harm Free care
(iii) To deliver high quality care
(iv) To recognise, and maximise, our reputation for Nursing excellence
(v) To have an empowered and skilled workforce

Reports have already been presented to the Board outlining progress for each of the first four priorities listed above. This report provides the Board with an update on progress in relation to Priority Five: To have an empowered and skilled workforce responsive to the needs of patients.

The paper highlights the very high level of Nursing and Midwifery engagement across the organisation in relation to new ways of working. It also demonstrates the work undertaken to ensure that the Trust has compassionate, competent staff in the right place, and at the right time.

RECOMMENDATIONS

To (i) receive the briefing and (ii) acknowledge the progress made in line with the Trust Nursing and Midwifery Strategy 2013-16.

Helen Lamont
Nursing & Patient Services Director

Elizabeth Harris
Head of Nursing (RVI)

20th January 2015
1. INTRODUCTION

The Trust developed and launched its 2013-16 Nursing Strategy ‘Proud of Nursing and Midwifery in Newcastle - Compassion, Quality and Excellence in all that we do’ in July 2013.

The Strategy identifies five key priorities:

(i) To put patients first in all that we do
(ii) To deliver safe and Effective Harm Free care
(iii) To deliver high quality care
(iv) To recognise, and maximise, our reputation for Nursing excellence
(v) To have an empowered and skilled workforce

The strategy reflects the Trust’s vision goals and values and also reflects the Chief Nursing Officer’s strategy launched in 2012 - Compassion in Practice: Nursing, Midwifery and Care Staff our Vision and Strategy - DH 2012. This document introduced the Six C’s:

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

The aim of the Trust Strategy is to provide a strategic framework outlining the key priorities for practice for all Nurses, Midwives and their support staff in the Trust, and also their colleagues and patients. Within the Strategy each priority is clearly defined and actions that will support and demonstrate achievement are also outlined.

This paper outlines progress in relation to Priority Five. It is representative and includes examples where relevant, both from the Corporate Nursing Team and within Directorates.
2. TO HAVE AN EMPOWERED AND SKILLED WORKFORCE RESPONSIVE TO THE NEEDS OF PATIENTS

Within the Strategy this is defined as:

“The on-going 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”.

The Strategy outlines a number of actions that will support the achievement of priority five. These actions can be broadly grouped together into three areas, they are:

(i) Developing our skilled and compassionate Nursing and Midwifery Workforce
(ii) Developing Leadership within our Nursing and Midwifery Workforce
(iii) Supporting our Nursing and Midwifery Workforce

2.1 Developing our Skilled and Compassionate Nursing and Midwifery Workforce:

(i) Development of a Skilled Nursing Workforce

Skilled staff are required at every level within the organisation and this is supported in a number of ways.

- Pre Nursing Preparation

The Trust is participating in Health Education England’s Pre-Nursing Experience Programme (“Year of Care”). This offers aspiring Nursing students, with little, or no, health care experience, the opportunity to work for up to a year as a Healthcare Assistant (HCA), to gain caring experience in real jobs, testing their values and behaviours with regard to care and compassion and to see “if they are right for the job, and the job is right for them”. To date, six staff have been recruited to work in the Trust. All applicants will complete Trust’s HCA Academy Training Programme which was introduced in October 2013, prior to commencing clinical work and accessing academic support from Northumbria University (UNN) to facilitate their application onto pre-registration Nursing programmes.

In line with Health Education England requirements, UNN is implementing new values-based recruitment of students from March 2015. This applies to all pre-registration and some post-registration health programmes. The Trust is well represented at student interviews by a range of clinical staff including Ward Sisters and Clinical Educators. The partnership with UNN is strong and successful, with the Trust offering 294 clinical placement areas, for all curricula areas, and currently supports 1,390 pre-registration Nursing and Midwifery students across a three-year programme.
Return to Practice

Again, in partnership with UNN, the Trust is supporting the national Return to Practice campaign entitled ‘Come Back’. The purpose of this is to encourage Nurses whose NMC registration has lapsed to return to NHS employment. The Trust has developed a local campaign, which has:

- Been promoted to staff via the Intranet and internal newsletters.
- Been promoted to staff and visitors via displays and posters in public areas.
- Been supported by the Practice Placement Facilitators to promote, and recruit to, the UNN Return to Practice Programme.
- Provided HCA work through the Staff Bank to provide potential Returnees with healthcare experience, which will support their application to the Return to Practice programme- there has been a very good response to this

The Trust is providing clinical placements for six students on the November 2014 Return to Practice programme at Northumbria University and a second cohort of four students is due to commence in March 2015. Further collaborative initiatives with Northumbria University are also being explored, aimed at increasing recruitment to future programmes and subsequent employment of these experienced Registrants.

Role and Practice Development

Internally, the Clinical Role Development Group is a sub group of the Trust’s Clinical Governance and Quality Committee (a formal Sub Group of the Board). The Group considers and approves role development (non-medical) for which core training has not prepared the practitioner, or the role development/expansion is new to the Trust. The Group has a clear remit to promote patient safety and efficient and effective use of resources.

Recent examples of new role developments include:

(a) Patients with a fractured neck of femur (FNF) are typically elderly and frail with multiple co-morbidities and on numerous medications. FNF often causes significant pain, which can be difficult to manage safely and effectively in this group of patients. The safety and utility of regional nerve blocks of the relief of trauma and postoperative pain is very well established and validated in medical practice in these patients. An appropriate, safe and easily executed nerve block for FNF is a Fascia Iliaca Block (FIB). We are establishing a Nurse-led service in delivering a high standard of care for these patients in receiving more effective analgesia prior to surgery.

(b) Extending role of Infant Feeding Co-ordinator (and other key staff at a future date) to be able to assess for and complete Frenotomy for infants with Ankyloglossia (tongue tie) as part the role of Infant Feeding Co-ordinator.

The Nursing and Midwifery Practice Development Group (NMPDG) is a sub group of the Clinical Role Development Group. This is a group of Clinical Educators, Practice Placement Facilitators and other staff with education related roles. Chaired by the Senior Nurse Practice Development, the group has developed a
new template to be used Trust-wide when competencies are being developed to ensure they are appropriately and safely developed and assessed. In addition, the group acts as a peer review forum for new and updated competencies. Examples from this group include: in Dermatology, a set of competencies has been used to train a Sister to undertake minor surgical procedures; and in Ophthalmology, the Clinical Educator is writing competencies for staff in the Directorate to support their practice, including: Optical Biometry using Zeiss IOL Master 500 and Fundus Fluorescein Angiography.

Working collaboratively across all Directorates, a group of Clinical Educators has updated material used to teach staff across the organisation the skills of cannulation and venepuncture. This collaborative approach is essential in order to ensure all staff receive a consistently high standard of education and assessment.

(ii) **Assistant Practitioner Training**

Within the Trust a new role has been developed, that of Assistant Practitioner (Nursing). This role is part of a strategy to increase skills and education and to develop staff competency in support of Registered Nurses which are nationally in short supply. Assistant Practitioners/Trainees were recruited from the Trust’s HCAs and the first cohort of 14 trainees has successfully completed the Foundation Degree in Health and Social Care with Teesside University and are now working effectively on wards across the Trust.

The course is a two-year modular programme, the academic component is delivered one day a week, with the aim of developing professional and academic skills with various assessment methods including assignments and final examination. Completing the degree has been challenging for all of the staff, as many of them had not undertaken any academic study for a number of years and they were also required to undertake a significant number of clinical competencies and assignments whilst working full-time. They are all very experienced HCAs and have flourished within their new roles, and have responded well to the opportunity provided by the Trust.

The project has become increasingly popular with 19 trainees progressing into their second year in September 2014, and 23 new trainees commencing the first year of their programme in October 2014. It is expected this role will continue to develop and has been invaluable in many hard-to-recruit to areas, for example, Assessment Suite RVI and Theatres Freeman.

(iii) **Healthcare Assistant Academy**

The need to support and train HCAs was highlighted in national publications (Francis Inquiry, 2013; Cavendish Review, 2013). In October 2013, the Trust implemented a Healthcare Assistant Academy for all new HCAs joining the organisation, to provide them with the underpinning knowledge and skills to deliver compassionate and safe care in practice prior to them being allowed to work in clinical areas. HCAs attend the Academy and complete “knowledge packs” in line with the National Minimum Training Standards for Healthcare Support Workers and Adult Social Care Workers in England (2013), during their probationary period. As part of the Academy programme, Healthcare Assistants are taught some of the theories and skills required to safely care for patients. In the clinical skills room,
they have the opportunity to practice care delivery using sophisticated simulation equipment as well as the everyday equipment they will encounter in daily practice. The programme includes the theory and practice around; harm-free care, end-of-life care, nutrition and hydration and how to deliver personal care as well the technical skill of taking and recording observations and the safe calculation of early warning scores (EWS).

A recent publication showcasing the HCA academy is attached as (Appendix A)

(iv) **Succession Planning**

The strategy recognises the importance of succession planning; a very good example from practice is within the Chronic Pain Team. The Chronic Pain Service has a small Nursing team providing a specialist service to patients experiencing long-term pain who have failed to respond to many treatments. The consequence of chronic pain affects every aspect of a patient’s life and presents the Nurses with many challenges when trying to help manage the patient’s pain.

To support succession planning, two Nursing secondment opportunities were developed, giving Staff Nurses from Orthopaedics and Neurosurgery the opportunity to join the team. The seconded Nurses work closely with the existing Specialist Nurses to develop their knowledge, skills and understanding of chronic pain and develop their communication skills in response to patient needs. The strategy for succession planning helps to ensure the continued provision of a skilled Nursing service for patients and our Nurses have the opportunity to develop their knowledge and skills in response to the patients we care for.

Whilst these are good examples of practice and others do exist, there is a bigger agenda around succession planning for key Nursing roles, for example Ward Sisters, Matrons etc, which will need to be addressed, and is being considered by the Senior Nursing Team.

**Developing Individuals and Improving Patient Experience**

A Clinical Academic is a Nurse or Midwife who engages concurrently in clinical practice and research, providing leadership in the pursuit of innovation, scholarship and excellence in health based care. Academic research is a fast-growing career pathway for healthcare professionals, and is supported by funding. The training undertaken leads to qualifications such as Masters Degrees and PhDs.

Within the Trust, there are nine Nurse Consultants (NC), many of whom have leading roles and are at the forefront of developments, improving care for our patients. In this section we have profiled some of their roles and successes to illustrate both the point about Clinical Academic careers and developments in patient care.

Karen Heslop is the Respiratory NC; her work in Cognitive Behavioural Therapy (CBT) is nationally renowned and has been the focus of her PHD. This has benefitted patients in a number of ways, including- A foundation course in CBT skills which has been developed to ensure staff feel confident to assess patients holistically – incorporating their physical, psychological and social well-being. The
three day course is available for all members of the Trust who are involved with patients who may be distressed. The aim of the course is to develop enhanced skills to identify emotional distress, discuss the patients difficulties and collaboratively identify techniques to address the problems. Also, to address the changing needs of the cystic fibrosis population outreach clinics have been increased to provide care nearer to the patient’s home.

Fania Pagnamenta is the NC for Tissue Viability- her work around prevention and treatment of pressure ulcers is well known to the Board, however, she is also currently in the final year of a Professional Doctorate, looking at developing a different methodology for dressing evaluation that draws from the field of ethnography for inspiration This project includes, participant observation, interviews and analysis of available documents at its core. This approach has been applied to a real life evaluation of a dressing used in pin site care after external fixators have been applied. A new protocol will be launched in February 2015.

She is also on the editorial board for Wounds Essentials, a journal that writes for generalist nurses and contributes 3-4 articles per year; is on the review panel for the Journal of Wound Care, a journal that writes for multidisciplinary experts in wound care, with an international readership; and is currently reviewing “dressings and topical agents for arterial leg ulcers” for Cochrane.

Clare Abley is NC for Vulnerable Older Adults. She is part way through an NIHR Clinical Academic Training Clinical Lectureship which runs for 4 years part time from April 2014. It has the aim of improving general hospital care for older people with cognitive impairment. This is a prestigious post-doctoral clinical academic training fellowship which will not only result in a tool kit for Trusts on how to improve care of older patients with cognitive impairment but will also allow further development of research and clinical skills in relation to older people with dementia and delirium.

The research element of the award includes a systematic review of the literature and a qualitative study of patient experiences which will be undertaken in the Newcastle Hospitals. The final part of the project will be to develop a toolkit, pilot its use in three Trusts elsewhere in England and carry out a small scale evaluation. The personal development aspects of the award include: completing a post graduate certificate in Dementia Studies, completing masters level modules in further qualitative methods and systematic reviewing and completing a leadership course at Newcastle University.

Jackie Rees, (NC Continence), is actively involved with Prostate UK and presenting at local and national events for them. She is also involved with Care Agencies and attends other charity events to promote continence care. She has developed a UTI/CAUTI pathway and patient information to support this which transcends organisations and follows the patient. Jackie is actively involved with care agencies and charities representing the Trust & presenting at local and national conferences to promote bladder and bowel care. As a result of this work in 2014 she was recognised for innovation in healthcare and won the British Journal of Nursing Award, Continence Nurse of the Year 2014, was shortlisted as a finalist for the Nursing Times Award and the General Practice Award.
Teresa Green, another of the Trust’s Nurse Consultant, is responsible for Immunology. Her work continues to empower patients with life-long chronic diseases to self-administer specialist and complex treatments at home through the training and education of patients and carers, and providing continuing support to meet the changing needs of the Regional population.

2.2 Developing Leadership: “Ensuring Well Defined Nursing Roles with Effective and Visible Nursing Leaders”

Effective and visible leadership is crucial to the provision of high quality care. Leadership is important at all levels of Nursing and Midwifery, although it is perhaps recognised most easily in Senior Nurses at Band 7 and above. A number of initiatives have been implemented, most led through the Corporate Nursing Team but including a number of initiatives within Directorates.

The Trust is committed to the development of future and existing Ward Sisters and continues to deliver a Sisters’ Leadership Development Programme twice a year. This is delivered by the Trust Education Team and the Senior Nursing Team also participates in the programme, which evaluates very well. Nurses also participate in the Trust Leadership Programmes and value the opportunity to choose from a multidisciplinary programme or one which is focused on the Ward Sister role. Nursing staff have also been encouraged to participate in the national and regional leadership programmes which are available for staff from Band 5 to Band 8a. The Trust has supported attendance, and recognises there is value in its Nurse leaders having opportunities to meet peers from other organisations.

Nursing Leadership is important in a variety of roles and especially so for the Clinical Educators (see section 2.3 ii) whose role is pivotal in the development of others. A programme has recently been developed for the Clinical Educators designed to enhance their leadership skills and give them an opportunity, should they wish, to gain a qualification recognised by the Institute of Leadership and Management (ILM). Based on the Sisters’ Leadership Development Programme, the Clinical Educators’ Development Programme will commence in January 2015.

Some quotes from Sisters are:

“The course has been excellent and very beneficial to me as a manager. Interactive sessions very good and not boring!”

“It was great; I feel enthused, more motivated than I have in years.”

“The course was very useful and content was excellent. It has made me self-aware about my learning styles and I feel this will help me within the management of my department.”

“I would recommend all sisters to take the course, it’s excellent thank you.”

(i) Strengths Based Recruitment

The Newcastle Hospitals, along with other Hospitals in the Shelford Group, recognise that leadership is pivotal in creating an empowered workforce which is caring and compassionate and responsive to patient needs, so a ‘Great Ward Leaders’ Band 7 profile was developed in a Project Lead by the Shelford Chief Nurses in collaboration with a company, Engaging Minds. Strengths Based
Recruitment (SBR) plays a key part in this. The SBR Trainers have trained 81 members of staff in this technique, from all Directorates and Human Resources. Since January 2014, there have been 14 Band 7 leaders appointed using this innovative approach. These posts are within all areas of the Trust including Theatres, Midwifery and the Community.

The profiles identify the innate strengths that all great Ward Sisters possess, for example, liking to be in charge, get a buzz out of developing others, keep going when things are tough etc. By identifying which people have these strengths at interview ensures the placement of the right people in those key leadership roles. The profile has also been used for Band 6 Sister posts, which has helped identify candidates’ strengths, talent spotting those who have the strengths to go on to be ‘Great’ Band 7 Sisters, so that they can be supported and developed for succession planning, and aiding career pathway decisions.

As the process is about the individual, the interviewer is getting to know about the person rather than the tasks they can do, thereby understanding their emotional needs. There are currently profiles being developed for Band 2 and 5 Nurses.

Locally the Trust has been supported by HENE, who have provided funding for a Project Lead within the Trust. This is a significant development and will facilitate this work to be embedded in the Trust as well as leading a piece of work to evaluate current post holders against the profiles and support and develop accordingly.

(ii) Developing Supervisory Time for Ward Sisters

Nationally the focus upon Nurse staffing is high and many of the publications recognise and acknowledge the requirement for supervisory time for Ward Sisters/Charge Nurses. The value of this has been made very clear throughout the Trust’s Nurse Staffing Review (NSR) and a degree of time has been identified in the majority of Directorates. This initiative has huge support across the Trust but has been challenging to consistently implement due to staffing pressures and inconsistent funding.

Within Medicine, the Nurse Consultant for Vulnerable Older Adults facilitated a workshop with the Senior Sisters to explore ideas and options in relation to adopting a supervisory role. This was very successful and the outline of application in practice was agreed, which included:

- Working alongside nursing staff, supporting, coaching & educating.
- ‘Go round’ on every shift – being a visible leader, getting to know patients and relatives.
- Proactively dealing with patient safety issues e.g. Datix, escalation etc.
- Build in overlap time for Bands 6 & 7.
- Providing training on the ward / allowing staff to attend training on the ward.
- Maintaining governance standards and documentation.

This work will continue but the recent months’ staffing pressures have meant that all too often the Ward Sister has been required to provide direct patient care.
In many areas, Ward Sisters have only one “management/supervisory day” per week to meet specific management needs of the ward and to support, train and develop staff in the clinical practice area. This is an absolute and minimum requirement and opportunities to expand this are being explored.

(iii) **Increasing the Visibility of the Senior Nursing Team**

This is done in many ways, at all levels, including Trust Nursing and Midwifery Forums, the development of a Bands 1-4 Forum and introduction of an Open Forum, run by one of the Nurse Consultants on behalf of the Nursing & Patient Services Director. This is called the “Nursing & Midwifery Professional Advisory Group” and demonstrates the desire to give a forum and voice to frontline staff, providing them with the opportunity to contribute and lead work such as developing a definition of “Compassionate Care”.

The sub-group reviewed relevant literature, explored key words and phrases and debated whether both words and images should be included in the definition. Initial ideas were presented back to the full group and were also shared with other clinical colleagues e.g. Health Care Assistant Forum, to gain feedback. The consensus was that the definition should be expressed as a pictogram (Appendix B) with the patient as primary focus within the statement. This first very basic visual representation is therefore being further developed with specialist input to create a corporate product for consideration and adoption.

For the Corporate Nursing Team one specific achievement has been the introduction of “night duty walkabouts”, which has been successful and provided opportunity for feedback and visibility in the hospital at night. The Nursing & Patient Services Director and the appropriate site Deputy visit a number of Wards during night shift on a planned basis throughout the year. This is well received by staff and informal feedback is positive and honest.

This recognition of the importance of increased visibility has also been adopted within a number of Directorates, notably, Musculoskeletal Services and Surgical Services, where the Matron endeavours to be seen on each Ward every day. In these areas, the Ward Sisters have also implemented a “Senior Nurse Ward Round”, where daily rounds ensure patients have opportunity to discuss issues with the Sister, this helps to highlight and resolve potential problems. Senior Nurses, such as Ward Sisters and Matrons are actively encouraged to spend time in the hospital out of hours on a regular (not necessarily frequent) basis. However, in Medicine, the Sisters work on a rotational basis to provide cover across the wards at weekends.

2.3 **Supporting our Nursing and Midwifery Workforce: “Recognising the Emotional Cost of Caring”**

(i) **Support for Registrants**

The Preceptorship Co-ordinators have worked within the Trust since April 2010, and the role continues to develop. The role involves organising, developing and facilitating the Preceptorship Programme, which is delivered over a six-month period. Initially, the focus was on newly qualified Staff Nurses within the organisation, however, other new Registrants (Operating Department
Practitioners, Cardiac Physiologists, Dieticians) have all benefited from the programme. The aim is to enhance and improve the transition period from student to effective Practitioner, whilst ensuring staff are confident, competent and safe by the end of their six-month preceptorship period.

This is an accredited programme for new Registrants, and an excellent recruitment tool, which can contribute to their academic pathway, currently at degree level.

Preceptorship has been shown to:

- Develop the confidence of new Registrants,
- Support them to acknowledge fears and concerns,
- Reinforce the Nursing and Midwifery Council’s Code of Conduct,
- Offer awareness and comprehension of the Trust visions, policies, standards.
- Start the journey of Continuing Professional Development.

All Directorates support their new Registrants to attend the programme, recognising its value in staff support. In addition, many areas have a local Preceptorship package such as the one described below in Critical Care areas.

All new Nurses recruited to Critical Care now follow the “National Competency Framework for Critical Care Nurses” to provide Registered Nurses with essential Critical Care skills. The National Competency Framework details the skills and knowledge needed to deliver safe high quality bedside care to the critically ill. These competencies emphasise the concept of continuous learning and should be viewed by the Registered Nurse as progressive steps that can be used as the building blocks to achieve competence in Critical Care practice.

Critical Care Nurses play a pivotal role in the assessment, care and recovery of those patients who experience critical illness. Their experience, competence and knowledge allow them to work both on their own and in partnership with wider multidisciplinary healthcare teams.

They use a range of skills, including:

- Assessing the complex patient
- Decision making
- Interventional application
- Rehabilitation and recovery planning
- Communicating
- Influencing and negotiating
- Information and knowledge management
- Engagement and facilitation
- Leadership and risk management

Critical Care Nurses are required to provide safe, high-quality services for the public, and support improvements in the Critical Care environment so that the safety and quality of care is continually enhanced. The Critical Care environment is a constantly changing field with emerging technologies and therapies to aid
patient recovery through the onslaught of often life-threatening illness. Nurses need to ensure they develop and maintain competence in practice to meet the challenges presented.

(ii) **Role of Clinical Educator**

Commencing a number of years ago within Critical Care, the role of Clinical Educator has evolved throughout the Trust with posts having been developed in almost all areas. The Nurse Staffing Review was instrumental in helping to identify areas where this type of role would be helpful in supporting new staff and this has proved beneficial. One of the most recent posts was created in Surgical Services where the Matron said:

“The Clinical Educator role has already had a huge impact on the Directorate, especially supporting new recruits, newly qualified Nurses and ward teams”.

As well as their contribution to the Governance and Safety agenda through the work of the Nursing and Midwifery Practice Development Group, Clinical Educators are key personnel in the delivery of mandatory training and other clinical skills education. They also play an important role in the support of new and existing Nursing and Midwifery staff of all grades in clinical areas.

(iii) **Clinical Supervision and Appraisal**

Clinical Supervision is widely recognised as being important in terms of support and ultimately retention of staff. A policy outlining the Trust commitment to Clinical Supervision was published in 2012 and following this, a significant amount of work was led by the Corporate Nursing team and subsequently adopted and rolled out within Directorates.

Corporate work included:

- Production of a Clinical Supervision information leaflet, which has been dispersed widely throughout the Trust.
- Development of a master class in Clinical Supervision in partnership with Northumbria University.
- A localised training approach to Clinical Supervision with sessions delivered in wards and departments providing information for staff.
- Production of a 'Clinical Supervision Toolkit' which is available in a booklet format and also on the Learning Zone.

(iv) **Role of the Link Nurse**

The role of the Link Nurse has long been valued across the Trust. Recently the role of Nutrition Link Nurse has been established, supported with a role profile and a Forum which meets regularly for them, led by the Nutrition Nurse Specialist. The Forum and Link Nurses have been a key mechanism to ensure key nutrition messages such as feedback from an Ombudsman's review of a Patient’s care, or development of new guidance 'Guidance for clinical management of complex feeding problems in adults with cognitive impairment are shared' widely across the organisation
Other formal and clearly defined Link Nurse roles include: Infection Prevention and Control, Tissue Viability, Continence, and Falls. There is more work to do in the year going forward on what the most effective model is, as none of these have associated protected time and demands are growing but they are valued by clinical staff and work well to assure high quality care.

(v) **Valuing Staff**

Schwartz Rounds are a practical tool that health and care providers can use to improve the culture of their organisation and support staff. Schwartz Rounds are meetings which provide an opportunity for staff from all disciplines across the organisation to reflect on the emotional aspects of their work. This initiative is being rolled out across the Trust, with initial scoping work being lead with Nursing, CGARD and HR.

There are many examples of the ways in which staff are valued, a recent example, which is unique to Cancer Services and Specialist Haematology was identified by Peter Towns- Matron NCCC who says, : “One area I think is of great value is the Matrons monthly newsletter, this is emailed to all nursing staff and contains information regarding the previous month’s Directorate activity, new starters/leavers, and special mentions of staff who have stood out during the month for a variety of reasons. Have now been asked that it is sent to all Directorate staff not just nursing as a number of the medics and support departments found it very useful.”

This is to be shared with others as a development suggestion.

4. **CONCLUSION**

The workforce, led and supported by the Corporate Nursing Team, will continue to explore new ways of working and ensure that Nursing and Midwifery continue to have a strong focus and clear strategic direction, supported by the Nursing and Midwifery Strategy.

5. **RECOMMENDATION**

To (i) receive the briefing and (ii) acknowledge the progress made in line with the Trust Nursing and Midwifery Strategy 2013-16.

Helen Lamont
Nursing & Patient Services Director

Elizabeth Harris
Head of Nursing (RVI)

20th January 2015
Appendix A

Nursing Practice

Innovation

Healthcare assistants

An academy for newly appointed HCAs and learning during their first six months in post ensures they have the skills, knowledge and understanding required

Training new HCAs to give compassionate care

In this article...

› The role of healthcare assistants in the nursing workforce
› Content of academy training for HCAs
› How academy training links to ongoing development

Author Andrea Morgan is staff development officer; Sarah Hamilton is staff development manager; Suzanne Medows is senior nurse practice development; all at the Freeman Hospital, Newcastle upon Tyne Hospitals Foundation Trust.


In October 2013, Newcastle upon Tyne Hospitals Foundation Trust set up an academy for all new healthcare assistants, to enable them to develop with the knowledge and skills to deliver compassionate and safe care. HCAs attend the academy before working in clinical practice. They complete knowledge packs in line with national minimum training standards during their probationary period. Evaluation showed that HCAs felt more confident to deliver clinical care after completing academy training.

NHS staff in bands 1-4 make up 40% of the workforce and are responsible for 60% of direct patient contact, but receive only 5% of the education and training budget (Health Education England, 2014). The Cavendish Review (2012) recommended consistent, high-quality training for all healthcare assistants, while Compass in Practice (Department of Health, 2012) and the national minimum training standards for health and social care support workers in England (Skills for Care; Skills for Health, 2013) were developed to raise standards.

Newcastle upon Tyne Hospitals Foundation Trust has set up a HCA academy as part of a drive to recruit and develop HCAs more effectively. Trust staff help HCAs to develop the skills and knowledge to deliver safe, compassionate care. After attending the academy, HCAs continue their development during their probationary period.

The trust’s nursing and midwifery strategy 2013-2016 aimed to “establish a HCA training programme, to teach fundamental skills and practice, to support staff from the beginning of their careers with the trust”. The purpose was to introduce new HCAs to the trust and its values, provide mandatory induction and training, and provide the essential knowledge and skills to enable the delivery of safe and compassionate care. The initiative was the result of collaboration between the staff development and senior nursing teams.

Healthcare assistant academy

The HCA academy is a mandatory training programme for all new HCAs. It also supports staff who have been redeployed to new clinical areas such as adult and paediatric wards, intensive care, outpatients, community services and theatre.

The academy programme is mapped to the national minimum training standards. The two-week programme includes an introduction to the trust and to HCAs’ roles and responsibilities, along with other organisational and clinical topics (Box 1).

Sessions are delivered by a range of staff. After completing the, HCAs complete three knowledge packs during their six-month probationary period. The questions in these packs come directly from the minimum training standards.

Recruitment

HCA recruitment is a centralised process (Corder et al, 2014). Fundamental skills in maths and English are tested. This is


Keywords: Healthcare assistants/ Training/Education/Compassionate care

This article has been double-blind peer reviewed

5 key points

1 Healthcare assistants make up 40% of the workforce and are responsible for 60% of direct patient contact
2 National minimum training standards set out the expectations for HCA training
3 A two-week academy helps HCAs gain the skills and knowledge they need for practice
4 Academy training supports ongoing development during an HCA’s probationary period
5 Staff can support the delivery of the academy training

HCAs learn skills in a clinical suite equipped with manikins and clinical equipment
The Newcastle upon Tyne Hospital's NHS Foundation Trust values its staff and has an expectation that through good professional behaviour and leadership staff will support each other to provide compassionate care for all patients.