

Nursing and Midwifery Strategy

2007-2009



Dedicated to care

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Setting Our Priorities

Nursing and Midwifery staff provide 80% of patient care within the NHS. They account for 40% of the workforce at Portsmouth Hospital NHS Trust and have a vital role in improving the patient experience by ensuring services are accessible, evidence based, cost effective and of a high standard and are based on the needs of patients and their relatives and carers.

This strategy sets out the priorities for nursing and midwifery in Portsmouth Hospitals NHS Trust, which are in the context of moving towards Foundation Trust status. The strategy has been developed in response to a number of key drivers, which are outlined in Appendix A. The strategy reflects National Priorities, Trust priorities, local feedback from patient focus groups, issues raised in surveys, complaints and incident reporting. And, importantly it reflects the issues and priorities identified by nurses and midwives themselves.

The purpose of this strategy is to: -

- Ensure patients and carers are at the heart of our services and care
- Contribute to the overall Portsmouth Hospitals Trust's strategy and objectives
- Guide and support professional nursing and midwifery practice whilst actively encouraging different ways of working to enhance quality patient care
- Develop individual and collective nursing practice in line with evidence and best practice.
- Foster collaborative work with other healthcare professionals
- Develop clinical and professional leadership
- Foster a sense of pride in nursing and midwifery in PHT
- Provide a framework to enable the delivery of high standards of care
- Support compliance with core and developmental Standards for Better Health

Tools such as competency frameworks will be further developed and utilised to support nurses and midwives in the delivery of this strategy. The nursing and midwifery objectives identified in this strategy will form the basis for nurses and midwives appraisals and individual objectives throughout the Trust.

Our overall goal is to strengthen the profile and contribution nurses and midwives make towards improved care and thereby influence patients' choice so that they will consistently choose to be cared for at Portsmouth Hospitals. In order to achieve this goal we need to ensure that all nurses, midwives and support staff have the knowledge, capability and competence to plan and deliver high quality care in response to the needs of our local population.

Overview of Key Priority Areas

Over the next two years the nursing and midwifery workforce will focus on the following six key priority areas. We will periodically reassess these goals and re-prioritise our efforts accordingly.

- **Putting patients and their families at the heart of our services**
Theme Leads: Divisional Senior Nurse for Medical Division & Nurse Consultant for Infection Control
- **Getting the basics right**
Theme Lead: Divisional Senior Nurse for Women and Children's Division
- **Leadership, management and organisation of care**
Theme Lead: Divisional Senior Nurse Surgical Division
- **Translating evidence to practice**
Theme Lead: Lead Nurse for Clinical Developments
- **Workforce planning and design**
Theme Leads: Acting Head of Nursing & Divisional Senior Nurse for Division of Medicine for Older People
- **Innovation, learning and development**
Theme Leads: Head of Nursing and Midwifery Education & Nursing and Midwifery Informatician

A Senior Nurse from the Corporate Nursing and Midwifery Team has designated responsibility to oversee achievements in each of these priority areas. The Director of Nursing, Midwifery and Clinical Services will work closely with the Heads of Nursing and Midwifery and also the Head of Operations, Governance, in the overall delivery of this strategy.

It should be noted that Information Technology, Information Management and best evidence underpins each of these priority areas

A balanced scorecard will be developed to monitor and report our progress in implementing this strategy. This will be linked to an escalation process to ensure that prompt action is taken if any of the key deliverables are not being realised

Key Priority Area 1: Putting patients and their families at the heart of our services

Standards for Better Health Compliance: C13, C14, C16, C20, D8, D9, D10, D17

Success Measures

- All service developments will have evidence of meaningful patient and public involvement and consultation
- Complaints about lack of involvement, staff attitude and customer care issues will reduce by 10% year on year (taken from a baseline measure)
- Local and national patient surveys provide evidence of continuous improvement
- Privacy and dignity audits provide evidence of continuous improvement
- Documentation audits provide evidence of patient involvement in care planning and decision making

Our Local Standards

- Patients and colleagues are treated as individuals, with respect & courtesy and diversity is recognised, valued and actively promoted
- Privacy and dignity is assured
- Patients and carers are provided with timely and appropriate information
- Appropriate consent is obtained and documented in all decisions relating to patient care
- Patients and carers views are actively sought and considered with regard to service and practice development
- The Overview and Scrutiny Committees, Maternity Services Liaison Committee (MSLC), Public and Patient Involvement fora, Patient Experience Council and the Council of Governors (in the case of Foundation Trust Status) are appropriately informed and engaged with service development and provision
- Nurses and midwives will appear and behave in a professional manner at all times to promote public confidence

Key Deliverables

- Active programme of assessment and audit of patient involvement, including patient diaries, feedback from focus groups and statutory bodies such as MSLC/PPIF and observational studies
- Review and improve governance structure to support patient and public involvement
- Agree % of staff per Division to attend customer care programme initially targeting areas with high number of attitudinal complaints
- Review and develop consent training and target all nurses/midwives who have responsibility for obtaining consent
- Involve patients and carers in service redesign in a meaningful way
- Introduce staff reward and recognition scheme for promoting privacy, dignity, courtesy and respect for all
- Contribute to the setting of organisational values and interpret these values into the nursing community
- Promote nursing and midwifery and support staff and achievements with active public relations exercise/marketing strategy.
- Ensure evidence of organisational learning occurs from all patient involvement or interaction (complaints, surveys, focus groups, PEC, PPIF and OSC feedback)

Key Priority Area 2: Getting the basics right

Standards for Better Health Compliance: C14, C15, C20, D12

Success Measures

- PEAT audits demonstrate a minimum 80% compliance with evidence of continuous improvement
- Peripheral cannula phlebitis audit show a reduction of 5% year on year
- Evidence that risk has been effectively mitigated against the top 5 recorded incidents
- 10% reduction in pressure ulcer incidence, year on year or remaining below the national average
- Repeat observation of care / five senses studies provides evidence of improvements
- Patient surveys demonstrate that patients feel safe and supported
- MRSA bacteraemia reduction in line with the Department of Health trajectory
- Compliance with Saving Lives, Going Further Faster, Winning Ways, ICNA Audit (min 80%)
- Reduction in the number of complaints relating to nursing/midwifery care
- Increase in the number of plaudits relating to nursing/midwifery care

Our Local Standards

- Patients individual needs related to privacy & dignity, communication, food & nutrition, safety and comfort, oral hygiene, personal hygiene and pressure relief are met
- Patients are cared for in an environment that is clean, tidy and clutter free
- Patients are discharged in a timely, safe and supported way
- Patient pathways of care are tailored to individual needs promoting independence
- The process of assessment, care planning, implementation and evaluation for patients is appropriately documented
- Infection control and prevention is proactively managed at every level
- Patients with mental health issues and learning disabilities are appropriately cared for in the acute setting

Key Deliverables

- Develop a reporting template for monitoring the quality of nursing/midwifery care
- Review contract specification against NHS cleanliness standards
- Develop generic care pathways for the top 10 elective and emergency care HRG's
- Implement Saving Lives, Winning Ways and Going Further Faster
- PEAT audits and action plans reported to Governance (1/4rly)
- Review and clarify matron's role and processes for ward environment inspection
- Mental Health Champions identified for priority areas / key wards
- Challenging Behaviour project meeting key objectives on time.
- Complete and implement medication project
- Undertake falls project
- Undertake patient diaries / discovery interviews supported by an appropriate process for improvement and an ethical framework
- Utilise essence of care toolkit
- Review and develop link nurse framework and the role of the champion
- Contribute and influence curriculum development to ensure that future workforce is fit for purpose in relation to clinical competence
- Ensure staff are enabled to meet NMC requirements for effective mentorship

Key Priority Area 3: Leadership, Management and Organisation of Care

Standards for Better Health Compliance: C5, C7, C8, C10, C13a, C14

Success Measures

- All wards will have visible, accessible clinical leaders who monitor the standards of nursing and midwifery care providing support and direction to the ward teams.
- Nurse and midwifery managers demonstrate effective leadership and management skills
- Evidence of progress against all key deliverables required as a result of Local Supervising Authority Midwifery Officer (LSAMO) annual report for statutory supervision in Midwifery.
- Nursing work allocation methods are based on patient need and maximise available resources
- Midwifery activity/ staffing levels are audited 2-3 yearly using Birthrate Plus
- All staff, including HCAs, clerical and housekeeping, have annual appraisals and PDPs

Our Local Standards

- Wards and departments are well organised, clinically and managerially effective and appropriately staffed
- Wards and departments provide evidence of a quality focused and continuous learning culture, where practice is developed continually and change embraced.
- Staff are appropriately managed, developed and supported to deliver high quality patient care
- Learners views are sought about their experiences of placements and resulting improvements are demonstrated
- Regular ward meetings held where staff have opportunities to discuss their views and ideas for improvements.

Key Deliverables

- Implement Leadership & Management Development Framework across N&M sector
- Review the nursing and midwifery structure and committee structure to fit with the reconfiguration of services (Foundation Trust Status and PFI)
- Review and clarify all nursing and midwifery roles
- Develop job plans for Specialist and Consultant Nurses
- Review, develop and implement processes around the way care is organised, allocated and delivered at ward level ensuring these are embedded in patient care pathways for cancer and other access standards
- Promote innovation and improvement (e.g. benchmarking, visits to other hospitals with good practice)
- Develop recognition / reward scheme
- Develop Clinical Leaders Forum
- Organise nurses day as annual event to celebrate good nursing practice in line with International Midwives Day
- Develop ideal ward concept to support workforce re-design and innovation
- Undertake training needs analysis for matrons and clinical leaders
- Review rostering practice, and subsequently develop and implement rostering policy
- Enable matrons to undertake regular ward rounds and observations of care
- Review drug rounds and their efficacy
- Review and improve multi and inter professional working practices

Key Priority Area 4: Translating Evidence to Care

Standards for Better Health Compliance: C1a, C5d, C7a, C8d, C11c

Success Measures

- Up to date evidence based clinical practice guidelines are available to support the delivery of care related to the agreed quality improvement projects.
- All job descriptions for nursing and midwifery staff have explicit reference to responsibility related to evidence based practice.
- A clinical audit programme is completed with evidence of dissemination of outcomes and clear action plans for improvement in place.

Our Local Standards

- Nursing and midwifery staff plan, organise and deliver care based on best available research and evidence.
- Nursing and midwifery staff are supported and developed to plan, organise and deliver care based on the best available evidence.
- Nursing and midwifery staff are responsible for being aware of and implementing clinical policies, guidelines and standards related to their area of practice

Key Deliverables

- Agree and disseminate a model for implementation of evidence based nursing and midwifery practice.
- Identify nurse lead for each National Service Framework, agree and implement progress monitoring and reporting system.
- Head of Midwifery provides leadership for NSF Standard 11(Maternity)
- Agree the role and responsibilities of Consultant Nurses and Clinical Nurse Specialists in generation of new evidence, and application of evidence in practice.
- Review the role of nursing and midwifery education facilitators (e.g. Practice Development Nurses/Midwives, Clinical Educators) in implementing evidence based practice and agree core roles and responsibilities.
- Develop a rolling nursing and midwifery audit programme and secure support from Clinical Audit Department.
- Identify evidence based practice education and development content in post-registration programmes, review results with education providers to ensure all staff undertaking post registration programmes are supported to increase knowledge and understanding of evidence based practice.
- Staff undertaking post registration programmes are encouraged to undertake action based research based on their own wards and specialities.

Key Priority Area 5: Workforce Planning and Design

Standards for Better Health Compliance: C7A, C7e, C8b

Success Measures

- Agreed targets for PHT workforce redesign in line with HIOW SHAWDD Workforce Plan
- Reduction in the use of temporary nursing and care staff
- Contribute to the decrease in annual turnover target
- Contribute to the reduction in sickness absence target.
- Evidence of compliance with Appraisal and Personal Development Review
- Sickness and turnover are appropriately captured and then % reduction seen
- There is evidence that nursing and midwifery care is cost effective and delivered within available resources

Our Local Standards

- The Nursing and Midwifery workforce is fit for practice and purpose
- A planned and analytical approach is taken to workforce planning and recruitment and WF targets set in LDP process are met.
- Nursing and Midwifery staff are treated and respected as equals, regardless of gender, age, marital status, sexual orientation, hours of work, profession, grade, ability or disability.
- Nurses and midwives work closely with and to the Human Resources Strategy for Staff to promote excellence in staff management, development and relationships.
- Consistent and realistic staffing establishments are set and maintained.
- Innovative and creative approaches to new ways of working are encouraged and rewarded
- Staff are enabled to develop skills and experience in workforce design which is based on patient pathways and service needs.
- Sickness, absence and resignation rates reasons are closely monitored
- Staff are encouraged to maximise their potential and opportunities exist for fast tracking and succession planning.

Key Deliverables

- Implement the nursing and midwifery implications of the HIOW SHAWDD Workforce Plan
- Develop a nursing workforce plan supporting the Trust's workforce plan and based on Audit Commission report/benchmarking
- Set annual recruitment targets in line with University out turn points
- Develop processes to ensure seconded trainees are offered appropriate employment, in line with annual recruitment targets
- Develop a systematic approach to new ways of working and promote and develop flexible workforce
- Collate and analyse N&M sickness and absence data and implement initiatives to decrease in line with targets set in the Nursing Workforce plan.
- Review of rostering and rotas and implementation of flexible, but standardised approaches
- Collate exit interview data for all exiting nurses and midwives and ensure learning from these is disseminated and acted upon.
- Review feasibility of rotational and float pool models of staffing in order to meet fluctuating service demands
- Implement a system to ensure N&M talent maximisation via fast tracking and succession planning
- Develop approach to predicting workload via the use of IT, MEWS data
- Link N&M Workforce Plan to locality based education commissioning

Key Priority Area 6: Innovation, Learning and Development

Standards for Better Health Compliance: C2, C8, C10, C11

Success Measures

- All RN & RM's receive RN/RM Induction /All HCSW's receive HCSW Induction.
- All staff keep up to date with statutory and mandatory training
- All staff have a current job description and receive an annual ADPR & KSF Review
- 80% utilisation of PQ contract & 75% pass rate for PQ & Post Grad Courses
- Year on year increase in registered staff with degree in relevant field
- Adequate placement capacity for inter-professional learning units

Our Local Standards

- All Registered Nurses & Midwives meet NMC Standards
- All Registered Nurses & Midwives hold current NMC Registration
- 50% HCSW hold a minimum of NVQ 2 in a related subject
- Learners are supported by mentors who meet NMC Mentorship Standards
- Learning environments meet QQME standards for placements

Key Deliverables

- L&D provide specific induction for registered nursing, midwifery and care workforce
- RN & HCSW Competency Frameworks are developed and implemented across the organisation for all Band 5-7 staff and Bands 2&3 respectively
- Nurse Rotation Programme is delivered by L&D to provide support and development for newly registered practitioners
- Divisional training resources organised to ensure that all nursing & midwifery staff complete Statutory and Mandatory training
- Up to date database is held of all N&M mentors in the organisation
- Action plans are implemented from all evaluations and complaints regarding learning environments
- Participation and influence education providers curriculum reviews' from pre-registration to post-graduate to ensure a workforce fit for practice and purpose
- Increase the capability of all sections of the nursing and midwifery workforce by participation on post qualification programmes
- PQ contract is shared equitably to meet Trust priorities and uptake is maximised through effective processes and monitoring
- Study skills sessions are developed and delivered targeting N&M not currently accessing CPD
- Assessment Board outcome results from PQ contract are fed back in a timely manner
- Culture of work based learning is fostered and developed using PQ contract monies
- Set up and pilot joint HEI and Trust programme to effect utilisation of PQ contract
- Nursing & Midwifery CPD Funding is shared equitably and tailored to meet organisational and divisional priorities
- Utilise NML&DC (previously NMEC) to co-ordinate N&M L&D across the Trust
- Development and deployment of new learning technologies to support education (nursing and interdisciplinary) both at the point of care and remotely.
- Create a simulated ward environment to assist with skills acquisition and rehearsal
- Devise differing educational approaches to support the patient and their carers through their pathway of care
- Collaborate with partners from industry in developing new technologies to assist with clinical decision making at the bedside
- Work in partnership with national and international academic institutions to devise new ways of delivering education to all healthcare professionals

Appendix A

Nursing Strategy Drivers

Health and Care Drivers

- Patient Choice/Commissioning a Patient-Led NHS
- Health Improvement
- Dignity in Care including environment, nutrition and end of life care
- Reduction and prevention of HCAI
- Extended scope of nursing (nurse prescribing, practising)
- Patient Safety Initiatives

Workforce Drivers

- H10W Workforce Plan and Targets, incorporating workforce redesign with introduction of new roles
- Modernising Medical Careers/WTD for doctors in training and impact on the role of the nurse
- Finance (and workforce reductions)
- Knowledge and skills framework
- Recruitment and Retention targets

Organisational Drivers

- Foundation Trusts
- User Involvement
- Payment by results
- PFI One-Site Working for 2009 and Clinical Redesign

Quality and Service Delivery Drivers

- Customer Care Programme
- 18 week pathway
- Cancer Targets and access
- NHS Targets
- Finance
- Improved Access
- Role of social care in health
- NSFs / NICE
- Increasing older population with complex needs/Demography
- Standards for Better Health/ Annual Health Check getting the basics right and continuous improvements
- NHS Litigation Authority Risk Management Standards

Abbreviations

OSC	Overview and Scrutiny Committee
MSLC	Maternity Service Liaison Committee
PPI	Public and Patient Involvement
PEC	Patient Experience Council
ICNA	Infection Control Nurses Association
NMC	Nursing Midwifery Council
HCAAs	Health Care Assistants
PDPs	Personal Development Plan
N & M	Nursing and Midwifery
NSF	National Service Framework
HIOW SHA	Hampshire and Isle of Wight Strategic Health Authority
WDD	Workforce Development Directorate
CAPLNHS	Commissioning & Patient Led NHS
MEWS	Modified Early Warning Scoring
NIHCE	National Institute for Health and Clinical Excellence
RN	Registered Nurse
RM	Registered Midwife
ADPR	Annual Development and Performance Review
KSF	Knowledge Skills and Framework
HCSW	Health Care Support Worker
NVQ	National Vocational Qualification
OQME	Ongoing Quality Monitoring & Enhancement
L & D	Learning and Development
CPD	Continual Professional Development
PQ	Post qualifying
HEI	Higher Education Institute
HCAI	Healthcare Acquired Infection
WTD	Working Time Directive