



## Nursing & Midwifery Strategy 2014 - 2018

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# FOREWORD

Welcome to St Helens and Knowsley Teaching Hospitals NHS Trust, Nursing and Midwifery Strategy (2014-2018). The strategy outlines an ambitious plan for developing and sustaining a flexible, well-educated, confident, competent, caring and compassionate nursing and midwifery workforce to enable the Trust to deliver its corporate objectives.

The strategy sets out the shared purpose and key objectives for nursing to augment the substantial progress to date and to provide assurance that nursing & midwifery at the Trust is in an excellent position to respond to key national enquiries & recommendations in relation to standards of care such as the Francis Report and to further embed the Chief Nursing Officer's (CNO) '6Cs'.

The Trust has implemented a Trust wide action plan in response to the Public Inquiry into Mid Staffordshire NHS Foundation Trust (Francis Report). Recommendations in this plan include key objectives for nursing and midwifery to ensure that there is focus on the areas that require improvements and these goals are also included in this strategy.

Nurses and midwives at the Trust are committed and passionate about the care they deliver to patients, the aim of this strategy is to harness this and focus our attention on what matters most to patients, their families and staff, and the ways in which we can work together to deliver high quality, safe, effective care with compassion and kindness in a complicated and changing world.

The nursing & midwifery workforce has seen a number of successes over the past few years, and I am very proud of what we have achieved, but as always, there is more to do. I am seeking your continued support and commitment to making a difference to the patients we care for and the colleagues we work with.

This strategy has been developed following consultation with all grades of nursing staff, patient user group representatives and nursing students from all 3 local universities.



It is important all staff that have a pivotal role in the delivery of frontline care have had the opportunity to contribute to the strategy and are involved in delivering the goals we have identified. It is expected that nurses and midwives from all areas will work closely with healthcare professionals and patients to take a lead and embed the changes within their clinical areas.

The NHS is undergoing significant change particularly in relation to the regulation of NHS trusts by key bodies such as the CQC. It is essential that the nursing strategy reflects what is needed to secure these changes, and maintain safe, effective high quality services. We must be clear about how we will work with partners across organisational boundaries, and as nurse and midwifery leaders we must ensure that patients and carers are involved in choices not only about their care but about how services are developed. To enable this, we must emphasise our role, leadership and support to multidisciplinary teams. To ensure ongoing communication and collaboration with staff regarding the strategy, there will be an annual event with nursing staff and stakeholders to review the previous year's progress and establish priority objectives for the future years.

I look forward to working with all staff to achieve the goals we have laid out.

**Sue Redfern,**  
*Director of Nursing Midwifery & Governance*

# INTRODUCTION

In December 2012, 'Compassion in Practice' the CNO's three-year national vision and strategy for nursing was published, aimed at building a culture of compassionate care for nursing and midwifery staff. The vision is based around 6Cs – care, compassion, courage, communication, competence and commitment. The vision aims to embed these values, in all nursing, midwifery and care-giving settings throughout the NHS and social care to improve care for patients.

**Jane Cummings, Chief Nursing Officer, England**

**'As Chief Nursing Officer for England, I want to make sure we give our patients the very best care with compassion and clinical skill, ensure pride in our professions and build respect. The actions set out in this vision and strategy, which have been developed with you, will change the way we work, transform the care of our patients and ensure we deliver a culture of compassionate care.'**

The 6Cs have been widely acknowledged and accepted as markers of the core values that define nursing and it is essential that the Trust embraces the national nursing strategy and ensures the six values and behaviours underpin nursing and midwifery services and practices. Therefore, it is essential that the 6Cs are integral to our strategy to ensure nursing and midwifery practice is underpinned by a culture of caring and compassion.

It is important that the goals and anticipated outcomes from the strategy are pertinent to the Trust and local population, and it is appropriate to make our own professional and organisational intentions explicit.

This strategy has been compiled by reviewing the national strategy, the Francis Report and following wider consultation across the nursing and midwifery workforce.

In addition, where appropriate it incorporates goals from the Trust's Clinical and Quality Strategy, Corporate Objectives and relevant Workforce and Education strategies.

The process of developing this vision has enabled us to evaluate our current position by re-affirming our professional values, by reviewing our strengths and future opportunities and by identifying areas for improvement.

The document has been structured using the 6Cs as a framework, consequently there are 6 sections. Under each section we have included the national definition of the value/behaviour and identified 6 high level goals and listed some key actions to enable us to achieve each goal.

## Yearly Action Plan

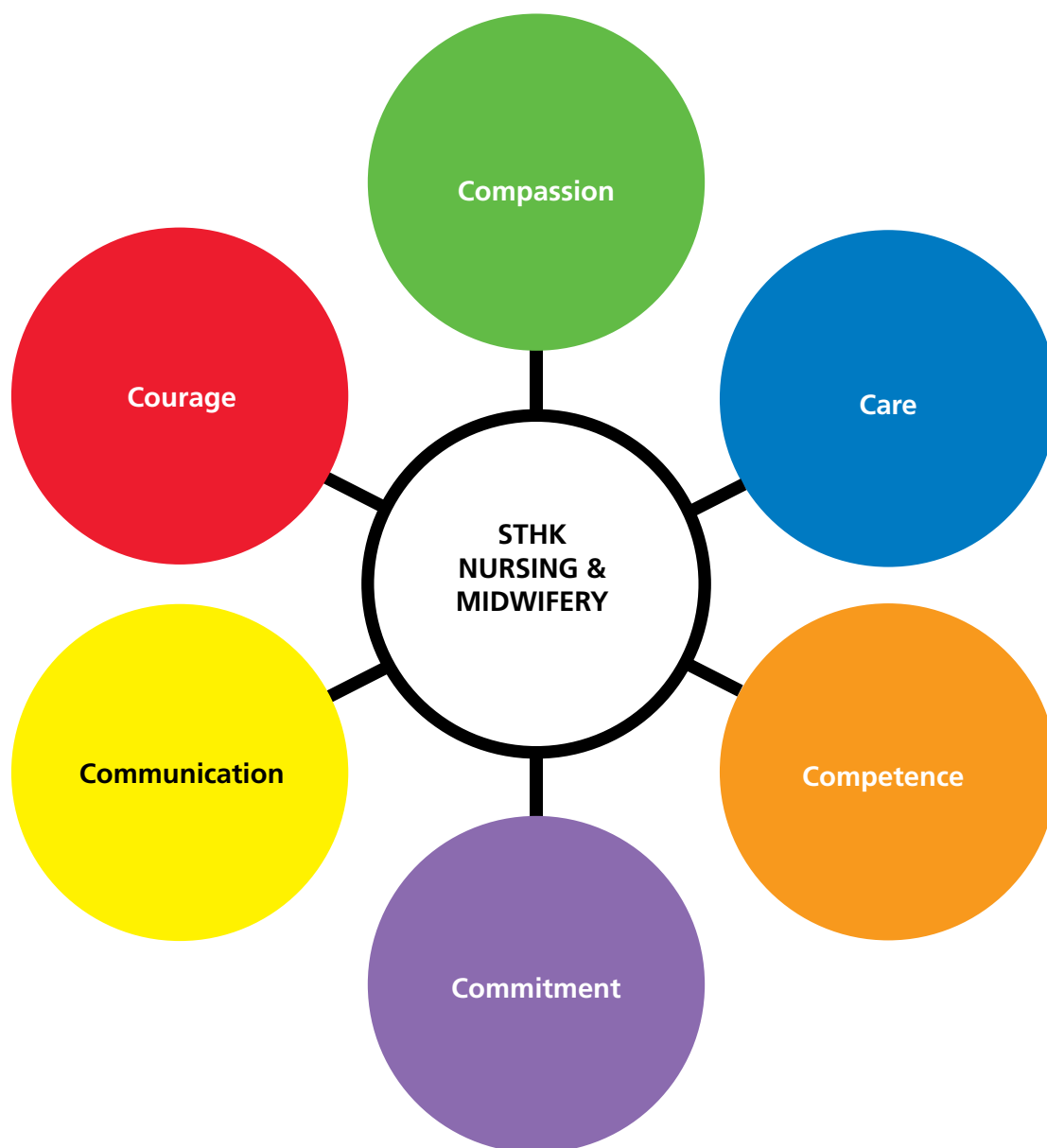
This five year strategy (2014-2018) outlines the overarching goals, and identifies the key priorities for 2013-2014. Each year as part of the annual review the Trust will evaluate the achievement of the goals and identify the priorities for the following year. This will lead to the development of an action plan identifying the specific actions and measurable objectives, with clearly defined timescales and named lead officers. Additionally, it is recognised that specialist areas such as paediatrics, midwifery and the emergency department may need an action plan specific to their area.

In a recent interview the CNO (Chief Nursing Officer) talked about implementation of change and suggested that the key in driving change was a combined momentum from 'those who run the organisation and those on the frontline.' To ensure this strategy has maximum impact it will first be approved by Trust Board, subsequently, the Deputy Director of Nursing (DDN) supported by the Director of Nursing, Midwifery and Governance will oversee delivery, however frontline staff will be asked to lead on the implementation of each section. To ensure the alignment of the vision, a Strategy Implementation Group (SIG) will be established, consisting of the Director of Nursing, Deputy Director of Nursing, nurses and midwives who have volunteered to lead on delivery of each section. They will drive the implementation of the strategy to ensure achievement of the goals, the overall objective is to enhance and sustain excellence in nursing and midwifery through embracing an open and transparent culture of care and compassion.

The action plan will be discussed, widely communicated and shared with all nurses (registered and non-registered) on an annual basis, with the aim to ensure that the goals become embedded in the daily delivery of care. There will be an annual event to revise the strategy and set the yearly goals. Throughout the year there will be a number of 'listening events' to listen to the views of the staff and to communicate progress.



# ACHIEVING 5 STAR NURSING & MIDWIFERY CARE AT STHK OVER THE NEXT 5 YEARS



# DRIVERS

The national strategy identified 'common themes' for the successful delivery of the 6Cs, we have reviewed and adapted these to identify key drivers for the successful delivery of this 5 year strategy and these are outlined below:

## 1. Strong Clinical Leadership

Effective leadership at all levels of nursing and midwifery is essential to support the delivery of this strategy. Strong clinical leaders will drive change and encourage staff to have the courage to be open, to challenge and to speak out.

## 2. Communicating The Vision & The 6Cs

It is essential that this strategy and vision for nursing and midwifery practice is shared extensively across the organisation and that staff are 'on board' with the goals. The 6Cs have to be universally adopted and underpin all nursing and midwifery care, collaboration with all stakeholders including staff, patients and families and external partners will be essential.

## 3. Creating the Right Culture

We need to create a culture of openness, where staff are supported to challenge the norm and to constantly work to improve quality and patient experience. The table at the end of the strategy (p42) summarises what our staff and patients said about the 6Cs during the consultation for this strategy, our vision is to establish a culture that delivers this.

## 4. Engagement of Frontline Staff

It is essential that frontline staff feel empowered to drive and support change, staff at all levels have been engaged in developing this strategy and they must also play a key role in the implementation. We must ensure we release time to care and reduce bureaucracy.

## 5. Support Staff health & wellbeing

There are clear links between the way managers, peers and employers treat and value staff and the way they in turn treat their patients and others. It is vital that staff feel valued, cared for and that communication is effective.

## 6. Robust Action Plans & Sharing of Lessons

It is essential that action plans following complaints, incidents and claims are robust, implemented and that lessons learned and examples of good practice are shared, disseminated and embedded across the Trust. Revised governance arrangements and new nursing forums will drive the sharing of lessons (using a standardised format and reflective practice as a tool for learning) and embedding of high quality compassionate nursing care.

# SECTION 1: CARE

## Definition:

Care is our core business for the Trust, the care we deliver helps the individual person and improves the health of the whole community. Caring defines us and our work. People receiving care expect it to be right for them, consistently, throughout every stage of their life.



## 1.1 Strong Clinical Leadership

### Goal

We will produce a 'written vision' and set of standards to define strong, effective clinical leadership and demonstrate yearly increases in the number of nurses and midwives signing up to this vision and demonstrating effective leadership.

### Key Actions

- Establish a Strategy Implementation Group (SIG) of lead nurses and midwives to take responsibility for and to oversee implementation and monitoring of this strategy.
- Through consultation and collaboration across the nursing and midwifery workforce agree on a set of definitions and standards (ensure they encompass the NHS Leadership Framework (NHSLF) that represent effective, clinical leadership. Develop a 'vision' based on these standards and communicate, disseminate and embed this vision across the organisation. Work will be undertaken to agree how best to evidence these standards in clinical roles.
- Ensure job plans for senior nurses (including Director and Deputy Director of Nursing, Matrons and other senior roles) have 'clinical' sessions identified to allow time for visible, senior clinical leadership across all areas.
- Work is in progress to review the appraisal documentation for leaders so that they incorporate the NHSLF, this will be embraced and embedded for nursing and midwifery roles and working with Learning and Development work will be undertaken to agree how to evidence compliance.
- Use the NHSLF to devise a tool to measure 'effective leadership'.
- Work with the Trust Leadership and Organisational Development Team to support the Talent Management and Leadership Development Strategy (2013-2015) to ensure there is 'leadership' training for all levels of nursing and midwifery staff with yearly increases in the number of staff completing leadership training including both internal and external programmes.
- There will be 6 monthly reviews of nursing establishment; this will include the Nurse Specialists, Nurse Consultants and Nurse Clinicians working to support general staff through teaching clinical supervision and reviews of patient care.

## 1.2 Hospital Acquired Infections

### Goal

There will be a year on year reduction in Hospital Acquired Infection (HAI) rates, our goal for MRSA bacteraemia is zero. Reduction of HAI will remain a top nursing and midwifery priority over the 5 years of this strategy.

### Key Actions

- The Trust will provide ward by ward reduction targets in relation to HAI. On-going assessments of all clinical areas will identify any areas that require 'targeted training and education in relation to compliance with the infection control practices and procedures. An action plan will be developed based on these results, implemented and monitored through the hospital Infection prevention and control group (HIPC).
- Research indicates that there is direct correlation between staffing levels and patient outcomes. The Trust, on a six monthly basis undertakes a formal review of the nurse staffing establishment and skill mix. In addition, as from 1st April 2014 staffing per shift will be displayed on the entrance to wards to demonstrate and give assurance that safe staffing levels are in place. This information is reported to the Trust board on a monthly basis.
- Care Groups will implement systems to ensure there is an effective daily report to the Director of Nursing regarding staffing levels and to ensure escalation of any areas for concern.
- Trust Infection Prevention & Control Team will monitor the implementation of the Trust wide infection control action plan to improve that infection control remains "everyone's business" and that it is a priority on the care group's agenda. They will continue to inspire staff to achieve exemplary infection control practices.
- The Infection Prevention & Control Team will support the care groups to identify and hold to account areas and individuals who continuously fail to meet the expected infection prevention and control standards.
- Infection Prevention and Control Team will review current education sessions for staff and ensure they are robust, where 'key trainers' are used to disseminate training they will implement a system of regular Quality Assurance (QA) checks and peer review to ensure expected standards of training and practice are maintained.
- Improve the sharing of lessons learned regarding infection control, through the root cause analysis (RCA) process, nurse forums and the governance structure.

## 1.3 Pressure Ulcers

### Goal

There will be a year on year reduction in the number of hospital acquired pressure ulcers. The goal is to achieve no hospital acquired grade 3 or grade 4 pressure ulcers.

### Key Actions

- Undertake a baseline assessment of all clinical areas to identify those areas that require 'targeting' regarding their pressure ulcer prevention and management practices.
- We will implement yearly, robust reviews of nurse staffing levels (general and specialist areas) and will report the levels to the Trust Board to ensure appropriate staffing to deliver safe patient care.
- The Tissue Viability Team will lead the production, implementation and monitoring of a robust action plan to improve tissue viability practices across the organisation. The team will inspire staff to achieve exemplary, research based tissue viability practices.
- The Trust will introduce a system of QA to ensure link nurses, midwives and key trainers remain competent in their training and practice.
- Continue to share lessons learned about pressure ulcer care through nurse forums and the governance structure.

## 1.4 Medication Errors

### Goal

We will reduce the number of medication errors linked to nursing and midwifery practice.

### Key Actions

- Nursing, midwifery and pharmacy staff will work collaboratively to undertake a baseline assessment of current nursing & midwifery practice in the areas of:
  - Non-medical prescribing
  - Administration of medicines
  - Medicine security
- An action plan based on the baseline assessment will be developed, implemented and monitored by the Patient Safety Council.
- Undertake work to ensure that all medication errors are being reported and recorded.
- Training and education of staff regarding medications will be included in preceptorship, clinical and specialist training programmes outlined in the competency section.
- Improve nurse mathematical and drug calculation abilities to ensure safe IV administration of medicines.
- Improve sharing of lessons learned about drug errors through nurse forums and the governance structure and ensure reflection is used more rigorously as a learning tool.
- Support staff involved in a drug error (and all incidents).
- Undertake a review of the Trust Incident Scoring Matrix when a drug error occurs to ensure that staff have remained compliant with the Trust's Administration of Medication Policy.

## 1.5 Falls

### Goal

Year on year we will reduce the number of patient falls and aim for no falls resulting in moderate or severe harm to patients.

### Key Actions

- Undertake a baseline assessment of all clinical areas to identify those areas that require 'targeting' regarding their current falls practice. An action plan will be developed based on these results and implemented through the Patient Safety Council. This will include continuation of current initiatives such as falling leaves, falls alarms, and risk assessments.
- Falls nurses will lead production, implementation and monitoring of a robust action plan to improve falls practices across the organisation. They will inspire staff to achieve exemplary falls management.
- Falls Team will identify and hold to account areas and individuals who continuously fail to meet the standard.
- Improve sharing of lessons learned regarding patient falls through nurse forums and the governance structure.



## 1.6 Effective Discharge

### Goal

Patients will be discharged in a timely, co-ordinated manner with appropriate follow up and information.

### Key Actions

- Nurses and midwives will support key goals in the Clinical & Quality Strategy and Medical Redesign Project to ensure patients have an estimated date of discharge, discharge is planned and co-ordinated and that emergency re-admissions are reduced.
- Evaluate role and impact of Discharge Co-ordinators.
- Continue to support and evaluate Trust Board Rounds.
- Educate and support nurses to understand the importance of effective discharge planning and robust communication on discharge.
- Patients and carers have identified the need to improve discharge processes as a main priority for them. We will work closely with patients to further improve their experience when being discharged.
- Develop and implement discharge information leaflets (including a medication leaflet) to be given to patients.
- Evaluate and disseminate the "Homeward Bound initiative currently being developed providing patients with relevant information on discharge.
- As part of the specialist nurse, job planning review, we will identify those areas and staff that could work more closely with discharge planning staff developing initiatives aimed at preventing re-admission.

# SECTION 2: COMPASSION

## Definition:

Compassion is how care is given through relationships based on empathy, respect and dignity – it can also be described as intelligent kindness, and is central to how people perceive their care.

## 2.1 Leadership: Compassionate Leaders

### Goal

All nurses and nurse leaders (from Ward Sister to Director of Nursing) will demonstrate values and behaviours indicating compassion and they will embed the vision of a caring and compassionate culture across the Trust and be responsive to the views of patients, carers and relatives.

## 2.2 Culture of Caring & Compassion

### Goal

We will establish a culture of caring and compassion throughout our nursing and midwifery services and measure this with a validated tool.

### Key Actions

- Undertake a baseline assessment of the 'culture' of the organisation using a validated tool.
- Undertake yearly re-assessments of the culture and identify actions for improvement, include initiatives such as 'secret shopper'.



## 2.3 Excellence in Basic Nursing Care & Dignity Goal

### Goal

We will aim to achieve excellence in the standard of 'basic nursing' care that people receive and ensure that dignity is maintained at all times.

### Key Actions

- Undertake a baseline assessment of basic nursing care and dignity amongst trained and untrained staff and an action plan will be devised, implemented and monitored through SIG.
- Preceptorship and ongoing training programmes developed as part of this strategy will include basic nursing care training.
- Collaborate working with universities to ensure nursing and midwifery pre-registration training is setting high standards and includes basic nursing care skills, respect and dignity.
- Implement and evaluate the impact of the Intentional Rounding Tool.
- Basic nursing care (including nutrition and hydration) respect and dignity will be assessed as part of a new ward performance framework (see section 3).
- Work with volunteers supporting nurses and midwives to ensure they demonstrate caring and compassionate values.
- All staff will be encouraged and supported to challenge examples of sub-optimal nursing care and failures to maintain patient dignity.
- Work closely with patient user groups, staff, stakeholders and Healthwatch to improve standards of basic care and dignity.

## 2.4 Excellence in Dementia Care

### Goal

We will aim to achieve excellence in the standard of 'basic nursing' care that people receive and ensure that dignity is maintained at all times.

### Key Actions

- Undertake a baseline assessment of basic nursing care and dignity amongst trained and untrained staff and an action plan will be devised, implemented and monitored through SIG.
- Preceptorship and ongoing training programmes developed as part of this strategy will include basic nursing care training.
- Collaborate working with universities to ensure nursing and midwifery pre-registration training is setting high standards and includes basic nursing care skills, respect and dignity.
- Implement and evaluate the impact of the Intentional Rounding Tool.
- Basic nursing care (including nutrition and hydration) respect and dignity will be assessed as part of a new ward performance framework (see section 3).
- Work with volunteers supporting nurses and midwives to ensure they demonstrate caring and compassionate values.
- All staff will be encouraged and supported to challenge examples of sub-optimal nursing care and failures to maintain patient dignity.
- Work closely with patient user groups and Healthwatch to improve standards of basic care and dignity.



## 2.5 Excellence in End of Life Care

### Goal

We will deliver care to patients at the end of their life that is of a high standard and that meets all national guidance to ensure we further improve the quality of End of Life Care (EoLC) for patients. Care will be well coordinated and planned so that people die respecting their choices.

### Key Actions

- Review current systems with a view to having an EoLC lead working closely with the EoLC Steering Group. Together they will undertake a baseline assessment to the Patient Safety Council highlighting current strengths and weaknesses with existing end of life services. An action plan and targets will be agreed.
- The Specialist Palliative Care Team will be the expert resource responsible for educating and driving up standards of EoLC and the vision is to change the culture so that EoLC is 'owned' by all clinicians.
- The action plan will ensure that national programmes are translated into practice and that the Trust is at the forefront of first class EoLC services underpinned by the 6Cs.
- The Spiritual Care Team will work collaboratively with staff ensuring all aspects of a patients needs are met at the end of their life (holistic care).
- Implement the 'Transform Programmes' five key enablers by strengthening the use of current EoLC tools, by developing and implementing additional tools eg Advance Care Planning, AMBER Care Bundle and EPaCCS.
- Ensure all staff who deliver EoLC are supported to do so on a robust foundation of knowledge and skills.

## 2.6 Value Based Assessment at Recruitment & Annual Appraisal

### Goal

To only employ those nurses and midwives demonstrating values and behaviours indicating compassion and care.

### Key Actions

- Develop and implement a system to assess the 'values' of staff at recruitment, reassess them at annual appraisal and during covert checks.
- Nurse leaders at all levels to demonstrate values of compassion and care and to instil this in all staff.

# SECTION 3:

# COURAGE

## Definition:

Courage enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and to embrace new ways of working.

## 3.1 Leadership: courageous nursing & midwifery leaders

### Goal

Develop nurse & midwifery leaders to be courageous and to challenge unacceptable practice and behaviours.

## 3.2 Ward Nursing Assessment & Accreditation Scheme

### Goal

Implement a Performance Assessment Framework across all ward areas to enable us to rigorously assess the quality (safety, effectiveness and experience) of nursing care. This will enable nurses and midwives to understand how they deliver care, what works well and identify areas for improvement.

### Key Actions

- Review the Nursing Assessment and Accreditation System (NAAS) used at Salford Royal NHS Foundation Trust, adapt it for local use where necessary and implement across all inpatient areas (adapt for midwifery). The framework incorporates key nursing initiatives such as Safety Thermometer, Productive Wards, and Nursing Metrics. As part of this, develop nurse sensitive outcome indicators and publish comparative data to promote improvement.
- Once the NAAS framework is embedded it will become the vehicle for continuous quality assessment and performance management of ward areas.
- Develop an assessment framework for 'specialist nursing teams', implement and embed to allow continuous quality assessment of specialist / advanced nursing care.
- Review current format of Quality Ward Rounds to ensure appropriate information is being shared in the right way, with a summary report for Trust Board identifying key lessons and actions taken.

## 3.3 Reduce 'Poor' Nursing Practice

### Goal

Implement new systems for identifying and supporting nurses and midwives in 'Difficulty' and reducing poor nursing practice.

### Key Actions

- Review current systems for identifying and supporting 'nurses / midwives in difficulty' and work with the Human Resources Department to ensure the systems and processes in place are rigorous.
- In line with the Francis Report, explore the appointment of a 'Responsible Officer' for nursing and midwifery and learn from medical colleagues how best to utilise this role.
- Develop robust systems for clinical supervision and ensure that nurses who require extra support / supervision receive it. Introduce a 'Buddy' system to facilitate this.
- Offer staff the opportunity to rotate across clinical areas and ensure we have the 'right staff in the right place' to maximise the use of individual's skills, competencies and potential.
- Encourage all staff to be open and transparent and to have the courage to challenge suboptimal practice. Encourage staff to have the courage to 'raise concerns' if they witness practice that appears to be of a low standard.
- Build on the current system of Statutory Midwifery Supervision and assess if aspects of this could be transferred to nursing.
- Explore the possibility of a system of ongoing random covert assessments of nursing and midwifery practice.
- Establish collaborative working with staff side representatives to ensure nurses in difficulty receive appropriate professional advice & support.

## 3.4 Safeguarding Goal

### Goal

In accordance with Trust generic appraisal objectives, all nursing & midwifery staff will be appropriately trained in safeguarding. Safeguarding practices will be exemplary to ensure the safety of our patients.

### Key Actions

- Ensure all staff receive an appropriate level of adult and paediatric safeguarding training.
- Safeguarding leads to ensure rigorous communication and education regarding safeguarding procedures and policies.
- Lessons learned from safeguarding incidents / cases to be shared across all governance, nursing & midwifery forums.
- All nursing and midwifery staff with line management responsibility must ensure compliance with safeguarding training in their areas.

## 3.5 Transparency of Key Performance Information with patients, visitors & external partners

### Goal

Display key nursing and midwifery indicators and ward performance at the entrance to all wards.

### Key Actions

- Review notice boards on all wards and agree key information to be displayed to the public in lay terms. This will include data on key nursing outcomes including pressure ulcers, infection rates, falls, complaints and patient experience.
- Review ward dashboards and ensure data collated is appropriate, timely and accurate
- Ensure patient representation on key councils (e.g. governance councils) and on other forums within the Trust, aiming to increase the number of patient and carer representatives working collaboratively with the Trust.



## 3.6 Research & Audit

### Goal

Yearly increases in nursing & midwifery led research and audit activity. Also, increases in the number of nurses writing for publication and presenting work internally and externally. Develop a reputation as a centre of excellence for nursing & midwifery research and practice.

### Key Actions

- In line with the Trust Research & Development (R&D) strategy, increase the capability and capacity of the nursing & midwifery workforce to undertake audit and research.
- Increase the number of nurses completing degree, masters and PhD programmes.
- Increase the number of nurses receiving National Institute for Health Research (NIHR) funding for research.
- Nurse publications including posters and oral abstracts at conferences should be included in the Trust's annual R&D / audit report. Undertake a baseline assessment to ensure this activity is being captured and to increase reporting of such activity.
- Establish a yearly Trust Nursing Conference where nurses can share publications, posters and examples of research and excellence in practice.
- Develop a research proposal in partnership with patients aimed at receiving a NIHR grant that will fully evaluate the impact of this nursing strategy.
- Develop 'mentoring' schemes to support nurses and midwives who wish to write for publications.
- Increase the number of awards received for excellence in nursing & midwifery practice.
- Strengthen collaboration with local universities, particularly Liverpool John Moores University (LJMU) and work collaboratively on research projects.
- Establish a culture where nurses & midwives constantly question and strive to innovate, change and challenge practice.



# SECTION 4:

# COMMITMENT

## Definition:

A commitment to our patients and populations is a cornerstone of what we do. We need to build on our commitment to improve the care and experience of our patients, to take action to make this vision and strategy a reality for all and meet the health, care and support challenges ahead.

## 4.1 Leadership: visible, passionate & committed senior leaders

### Goal

Senior nurse and midwifery leaders will be visible, passionate about nursing and midwifery and committed to driving forward improvements in patient care and innovations in nursing and midwifery practice.

## 4.2 Supervisory Ward Managers

### Goal

100% supervisory ward managers.

### Key Actions

- Work towards 100% supervisory ward managers to allow time for clinical supervision, teaching and standard setting.
- All nurse and midwifery leaders will be assessed for values of care and compassion at annual appraisal.
- Nurse leaders will be expected to be visible in clinical areas.
- A system for clinical supervision by lead nurses will be introduced.
- Matrons will spend 60-80% time (evidenced by job plans) in 'clinical' activities (including supervision, teaching, mentoring and coaching) and continuous quality improvement.
- Increase the number of nurses in 'lead' roles who retain direct patient care activities
- Ensure nurse and midwifery leaders feel valued and supported through regular engagement with their peers and monthly meetings with the Deputy Director of Nursing and Quality. Use tools such as Action Learning in these forums to support and develop leaders and collaborate with the Leadership & Organisational Development Team to support this.
- Encourage nurse leaders to challenge each other and their teams, but through peer support and forums, establish an environment of constructive challenge.
- Work with Leadership & Organisational Development to ensure the leadership programmes currently implemented as part of the Talent Management & Leadership Development Strategy, reflect the 6Cs.
- Explore how to undertake an assessment of leaders 'courage' and ability to challenge and, if possible, this will become part of appraisal and performance management.

## 4.3 Non-Registered Nursing Staff

### Goal

Clearly define roles & responsibilities of those staff working in non-registered nursing roles and ensure they feel supported, valued and engaged with the vision for nursing and midwifery.

### Key Actions

- A competency framework for non-registered nursing and midwifery staff has been developed. This will be used as part of a review of health care assistant, assistant practitioner, housekeeper and other roles supporting nursing, to identify discrepancies across the Trust.
- Work towards a Trust wide agreement of expectations of staff in these roles and define their roles and responsibilities.
- Adopt nationally transferable roles where available that are relevant, with structured competency frameworks.
- Implement systems of ongoing supervision and support for staff in non-registered nursing roles.

## 4.4 Student Nurses & Midwives

### Goal

Teaching and learning experience of students on placement at the Trust will be the best in the North West.

### Key Actions

- Work closely with Practice Education Facilitators (PEFs) and university links to ensure student learning is in line with curriculum. Share ideas and good practice and learn lessons where appropriate. PEFs will guide this section of the strategy to ensure it is congruent with their work and expected outcomes.
- Develop local induction packs for all placements.
- Use patient stories and 'life journeys' as part of training.
- Develop local programmes of education, support and supervision for students with clear learning outcomes to ensure students maximise the learning potential of each placement.
- Establish a system of quality assurance for mentors to ensure all mentors are working to the expected standard. Promote a progressive approach to student learning.
- Increase the number of staff with honorary teaching contracts at local universities to further increase teaching standards and collaborative working between the Trust and universities, to help promote positive relations with students.

## 4.5 Staffing Levels

### Goal

Nurse and midwifery staffing levels will be in line with national guidance to ensure patient safety, effective care and an excellent experience for every patient.

### Key Actions

- Continue to undertake bi-annual review of staffing levels in both general and specialist areas and identify Trust leads to undertake this.
- Ensure staffing levels meet national guidance for Registered Nurse (RN) to Health Care Assistant (HCA) ratio, RN to patient ratio and total nurse to patient ratio and ensure acuity and dependency is accounted for.
- Director of Nursing to report to the Trust Board twice a year.
- Implement a system to identify daily gaps in staffing and to escalate these to the Director of Nursing.
- Develop local systems for daily review and planning of acuity and dependency of patients and systems for ward staff to be able to respond to varying needs.
- Explore opportunities for establishing a 'pool' of staff to assist during times of increased non-elective activity.
- Implement a review of nursing rotas to ensure efficient use of staffing resources including assessment of 'long days' and other alternative shift patterns.
- Explore development of 'generic support workers' to work alongside ward staff.



## 4.6 Recruitment & Retention

### Goal

The Trust will be the employer of choice for nurses & midwives working in Merseyside. We will reduce turnover and retain highly skilled, compassionate staff.

### Key Actions

- Work with Human Resources to develop a nursing & midwifery specific recruitment and retention action plan.
- Gain a reputation for providing extensive personal and professional development opportunities for staff and for providing high quality care in a culture of caring and compassion and this will further help the Trust to recruit and retain staff.
- Publish and promote all initiatives and successes, communicate extensively through local forums and universities the innovative changes being made. Ensure nurses and midwives across the region understand the high quality of care provided and that staff are valued and developed at the Trust.



# SECTION 5: COMPETENCE

## Definition:

Competence means all those in caring roles must have the ability to understand an individual's health and social needs and the expertise, clinical and technical knowledge to deliver effective care and treatments based on research and evidence.

## 5.1 Leadership – competent & visible senior nurses & midwives

### Goal

We expect nurses & midwives in 'lead' roles to be able to demonstrate a high level of competence in their chosen area of nursing / midwifery and to set an example to junior staff and we will support and encourage senior nurses at all levels to retain clinical competency.

## 5.2 Preceptorship

### Goal

Develop and implement an effective preceptorship programme.

### Key Actions

- Develop an intensive 'induction' programme for the first week of employment for newly qualified nurses and midwives to include key training required on commencement.
- Establish a period of 'supernumerary' status at the start of employment.
- Explore the development of a 12 month preceptorship programme including cross speciality rotation and core study days over the 12 months.
- Produce information outlining the preceptorship programme and opportunities to university and student nurses.



## 5.3 Non-Registered Nurses / Midwives Competency Assessment

### Goal

Develop and implement a competency assessment framework and training package for Health Care Assistants and Assistant Practitioners.

### Key Actions

- Develop and implement a competency assessment framework for non-registered staff.
- Assess all non-registered staff using the framework and identify learning needs.
- Implement a training programme for new staff to ensure they have had basic training.
- Develop a training programme for all non-registered staff, with assessment of learning outcomes and introduce a certificate / accreditation scheme.
- Teaching regarding care and compassion will be included in any training programmes as will a values based assessment.
- Ongoing assessment through ward based clinical supervision and appraisal.

## 5.4 Clinical Training Programme for Registered Nurses

### Goal

Establish a 'Clinical Mandatory Training Programme' for staff nurses to complete.

### Key Actions

- Undertake a baseline assessment and consultation exercise to ascertain learning needs of ward based staff nurses. The findings will inform the development of a clinical mandatory training programme for registered nurses to complete to ensure ongoing professional development and to provide assurance that they have knowledge and skills to care for patients in their area of work. The programme curriculum and delivery will be in house led by nurse specialist teams.
- Explore accreditation of this programme with local universities and possibility of 'degree' credits being awarded.
- Ensure staff are able to promote health and wellbeing of patients and assist them to stay independent for as long as possible.
- Ongoing evaluation of the impact of this programme on knowledge and competency acquisition and on outcomes of patient care.
- Undertake a specialty specific training needs analysis and the establishment of training programmes will be developed and accredited with LJMU.
- Improve access to study days and Personal Development Plan (PDP) opportunities for nursing staff.
- Review current nursing policies, guidelines and procedures that underpin practice and update / revise them where necessary.
- Increase the number of nurses with teaching competencies and qualifications.

## 5.5 Advanced Nursing Roles

### Goal

We will develop the roles of nurses and midwives working in advanced clinical roles such as nurse specialist, nurse clinician and consultant nurse / midwife.

### Key Actions

- Complete a robust review of advanced nursing / midwifery roles and ensure all have job plans in line with national guidance and in line with Trust priorities.
- Promote and publish the impact of advanced nursing / midwifery roles on patient flows, outcomes and experience and support and value this highly competent group of nurses.
- Utilise the skills of advanced nurses to support ward staff clinically and through teaching. Ensure these nurses are engaged in Trust wide nursing activities and are 'visible' to the general nurse workforce.
- Establish clear succession and progression plans and opportunities for nurses and midwives wishing to develop their clinical skills and undertake advanced roles.
- Increase the number of non-medical prescribers and develop and implement methods for evaluating the impact.
- Establish a register of these staff and implement a system of peer review and quality assessment and performance assessment.
- Increase publications, audit and research activity amongst this group of staff.

## 5.6 Appraisal & Personal Development Plan Goal

### Goal

All nurses and midwives will have an annual appraisal and agreed personal development plan.

### Key Actions

- Undertake a baseline review of nurse and midwife appraisal activity and identify staff who are not receiving appraisal. Develop action plan to improve this performance yearly.
- Review appraisal form with Leadership & Organisational Development and ensure it fits the needs of nursing & midwifery staff.
- Ensure all staff in nursing and midwifery roles have the opportunity to receive PDP review with a nurse / midwife colleague (midwifery already has robust systems for statutory clinical supervision).
- Establish standardised objectives for all bands of staff and align them to department and corporate objectives.
- Mentoring & clinical supervision will be embedded across nursing (midwifery already has robust system for clinical supervision).
- Develop and implement competency based job descriptions and link them to PDP and appraisal targets.
- Liaise with clinical psychology and Leadership & Organisational Development to assess other forms of support and development for nursing and midwifery staff.
- Ensure staff are fully aware of all opportunities and support and of key documents relating to this such as the Talent Management & Leadership Development Strategy
- Embed a culture whereby appraisal is valued and staff recognise it as a key vehicle to support them in their role and PDP.

# **SECTION 6:**

# **COMMUNICATION**

## **Definition:**

**Communication is central to successful caring relationships and to effective team working.**

**Listening is as important as what we say and do and essential for 'no decision about me without me'. Communication is the key to a good workplace with benefits for those in our care and staff alike.**

## 6.1 Leadership – Senior Nurses & Midwives with exemplary communication skills

### Goal

We expect nurses & midwives in 'lead' roles to be able to demonstrate a high level of emotional intelligence and to be able to communicate effectively with a wide range of people including patients, carers and the multi-professional team. They will set the example for junior staff of high standards of kind effective communication.

## 6.2 Complaints

### Goal

Reduce the number of complaints relating to nursing & midwifery practice.

### Key Actions

- Improve action plans resulting from complaints through training programmes and ensure more robust sharing of lessons across care groups.
- Improve communication and staff attitude through implementation of this strategy and development of visible nurse leaders.
- Improve the competency of nursing and midwifery staff through the implementation of this strategy and monitor the number of complaints as the strategy is rolled out.
- Analyse trends in complaints and identify areas for improvement.

## 6.3 Patient Experience

### Goal

Patients will experience kind, caring and compassionate care. Satisfaction with nursing & midwifery care will be high and will increase each year.

### Key Actions

- Response rates for the Friends & Family Test (F&FT) will be at least 15% (year 1). We will continue to encourage patients to complete a F&FT card over the next 5 years.
- People will recommend the Trust in the F&FT and the results will improve each year.
- Increase use of HOSPEDIA and work closely with the Patient Experience Manager & the PALS Service.
- Develop local surveys to capture patient experience in relation to nursing and midwifery care.
- As part of the consultation process for this strategy a group of patients keen to work with us has been identified. We will work this group and other patient focus groups to ensure we deliver improvements in basic care, communication, discharge planning and overall experience.
- Conduct in depth interviews to ascertain patient experiences and areas for improvement.
- Ensure robust action plans and learning of lessons.
- Use patient stories to aid learning regarding excellent communication.
- We will develop, implement and monitor action plans following national patient surveys. These will be reported through the governance structure.
- Work with Healthwatch to ensure continuous improvement of nursing care and sharing of lessons and experiences.

## 6.4 Patient Information

### Goal

Establish standardised key sources of written information for patients to receive on admission and discharge. All specialist areas will have relevant written information leaflets for patients.

### Key Actions

- Develop standardised admission and discharge leaflets.
- Develop a speciality specific information leaflet.
- Review other sources of information in clinical areas to ensure some standardisation written in clear and concise language, suitable for all persons.
- Develop a patient newsletter to highlight good practice to our patients and external partners.
- Work with the Patient Experience Manager and user groups in developing relevant information.

## 6.5 Documentation

### Goal

Nursing & midwifery documentation will be standardised, clear, robust and facilitate effective recording and communication of patient care.

### Key Actions

- Establish task and finish group of relevant stakeholders to undertake assessment of current documentation and identify strengths and weaknesses and identify action plan. Ensure patients are involved in this work.
- Implement a new system of documentation, Trust wide that facilitates and records effective care.
- Explore introduction of bedside handovers to improve communication.
- Implement bedside recording of documentation.



## 6.6 Communication & Customer Service

### Training

#### Goal

Implement a communication and customer service training programme for nurses and midwives to ensure communication is effective and underpinned by the values of compassion and caring.

#### Key Actions

- In 2012 new customer services training package was launched, we will aim to ensure all nursing and midwifery staff are aware of this training and achieve yearly increases in the number attending.
- Establish standards for communication implemented through nurse leaders.
- Embed a 'zero' tolerance culture for any examples of communication to patients that are unkind and not 'caring'.
- Task all nurse leaders with setting high standards for communication.
- Ensure ward assessment scheme includes a measure of communication.
- Implement a 'listening campaign' to ensure we engage and listen to staff and embed a culture where they feel valued so that this translates to patient care.

# What the 6Cs Mean to Our Staff & Patients

We consulted extensively with staff, patients, carers & key stakeholders when developing this strategy. The table below summarises the feedback we received.

## Care

- Effective & improved discharge is really important for patients.
- Staff need to have time to care (reduce paperwork).
- Need to have the right number of staff, providing the right care at the right time.
- Patients with chronic conditions want to remain empowered to manage their condition in hospital.
- Staff need to take time to listen to patients and explain what is happening.
- Politeness, empathy, understanding and sincerity are key.

## Commitment

- Staff need to feel supported and valued.
- Ensuring standards are high consistently.
- Openness and transparency with patients and visitors.
- Putting patients first.
- Accountability of staff and setting the right example – strong leadership.
- 'Going the extra mile'.

## Compassion

- Treat patients as you would your relatives.
- Empathy, kindness and understanding.
- Spending time talking to and listening to patients.
- Continuity of care is important.
- Nurses should be advocates for patients.
- Non-judgemental and view issues from the patient's perspective.

## Competence

- Protected education & development time for staff.
- Preceptorship and mentorship are important.
- Patients should feel confident and safe with staff.
- Staff should not undertake anything they don't feel competent to do.
- Staff will listen to patients and understand individual needs.
- More support from specialist nursing staff to ward nurses.

## Courage

- Staff should know how to raise concerns and feel empowered to do this.
- Challenge poor practice.
- Strong leadership and set high standards.
- Patients should trust staff & feel safe.
- Patients should feel able to raise concerns and feel supported.
- Embrace change & push boundaries.

## Communication

- Good customer care is essential, 'bedside manners' are key for patients.
- Communication between teams and departments should be improved.
- 'I want patients to feel able to stop me and ask a question rather than thinking oh the nurses are too busy.'
- Nurses want improved documentation.
- Confidentiality and sensitivity.
- Involve patients and carers in planning care.

# PRIORITIES

During the consultation and development of this strategy key early goals became apparent and these are shown below.

As outlined in the introductory sections, once approved by the Trust Board we will develop an action plan for the delivery of the 2013-2014 priorities and identify lead officers and timescales. We will review progress at the end of the year to identify next years priorities and ensure we are delivering and embedding the strategy.

<b>Care</b>	<ul style="list-style-type: none"><li>• Strong clinical leadership</li><li>• Effective Discharge</li><li>• Reducing medication errors</li></ul>
<b>Compassion</b>	<ul style="list-style-type: none"><li>• Establish a culture of caring &amp; compassion</li><li>• Excellence in basic nursing care &amp; dignity</li></ul>
<b>Courage</b>	<ul style="list-style-type: none"><li>• Develop and establish ward accreditation Scheme</li><li>• Reduce 'poor' nursing practice</li></ul>
<b>Commitment</b>	<ul style="list-style-type: none"><li>• Staffing levels in line with national guidance</li><li>• Work towards ward manager supervisory status</li></ul>
<b>Competence</b>	<ul style="list-style-type: none"><li>• Implement an effective preceptorship programme</li><li>• Establish 'clinical' mandatory training for staff nurses</li></ul>
<b>Communication</b>	<ul style="list-style-type: none"><li>• Standardise and improve documentation</li><li>• Reduce complaints relating to nursing &amp; midwifery</li><li>• Improve patient experience</li></ul>



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