

**Report From:** Director of Nursing, Midwifery, Quality & Risk

**To:** Trust Board, 2<sup>nd</sup> December 2004

**Subject:** Progress Report ~ Nursing & Midwifery Strategy - Progressing Practice, Transforming Care

**Action:** To Note Contents

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### **Executive Summary**

The Trust Board is asked to consider the progress of the implementation of the Trust's Nursing & Midwifery Strategy, noting the following specific points:

- ◆ The increased numbers of nursing and midwifery staff recruited and retained by the Trust on a quarterly basis since April 1999 (582 staff, an increase of 40%)
- ◆ Turnover off all nursing and midwifery staff in quarter 2 (July-Sept 2004) was 15.4% (the lowest ever recorded) compared to 25.5% in 1998. Turnover of D Grade staff has reduced from 33% in 1998 to 17.1%. Turnover of E, F, G, H, I grade staff is now 11%.
- ◆ Ongoing implementation of our local strategy, with specific initiatives highlighted related to Leadership, Clinical Practice, Recruitment & Retention and Education & Workforce Development.

This paper aims to summarize ongoing progress and developments arising from the Trust's Nursing and Midwifery Strategy.

**Gary Etheridge**  
**Director of Nursing, Midwifery, Quality & Risk**

**ESSENCE OF CARE ~ LOCAL APPROACH**

**1. INTRODUCTION**

*The Essence of Care Framework*, launched by the Department of Health in February 2001, provides a tool to help practitioners take a patient-focused and structured approach to sharing and comparing good practice. It has enabled health care personnel to work with patients to identify best practice and to develop action plans to improve care.

Patients, carers and professionals worked together to agree and describe good quality care and best practice. This resulted in the development of benchmarks covering nine areas of care:

- ◆ Continence and bladder and bowel care
- ◆ Personal and oral hygiene
- ◆ Food and nutrition
- ◆ Pressure Ulcers
- ◆ Privacy and dignity
- ◆ Record keeping
- ◆ Safety of clients with mental health needs in acute mental health and general hospital settings
- ◆ Principles of self care
- ◆ Communication

Each element has been broken down into components of practice (or factors) that support an overall patient focused outcome that expresses what patients and or carers want from care in a particular area of practice. A scoring continuum between poor and best practice is provided for each factor with E as poor practice up to A as best practice. Staff have to scrutinize the practice they provide as a team, highlighting good practice, that can then be available for others to learn from, and practice that could be improved.

**2. THE LOCAL APPROACH**

A number of developments within the Trust have been made since the Essence of Care document was launched. Work has been progressed through multi professional Steering Groups that include patient representatives.

**2.1 Food & Nutrition**

Audits of food & nutrition took place in October 2001 and February 2003, resulting in a number of key developments, namely:

- ◆ Establishment of a Trust Nutritional Focus Group
- ◆ Introduction of snack boxes Trust wide
- ◆ Trust-wide implementation of a 'Red Tray System' following a successful pilot project in Elderly Care at HHGH

- ◆ Preliminary work towards a Protected Mealtimes Initiative involving six clinical areas in a 4 week pilot project commencing mid October 2004

A further Trust wide audit is planned for December 2004.

## **2.2 Record Keeping**

Significant progress has been made with record keeping since the baseline nursing and midwifery documentation audit in January 2002, resulting in the launch of standardised patient information sheets, discharge planning sheets, patient assessment forms and charts in June 2003. A re-audit of documentation in November 2003 identified the priorities for training and development that included patient assessment, referral to other health professionals; discharge planning, accountability and ensuring authors of entries are easily identifiable.

This feedback has led to a commitment from Ward Sisters/Charge Nurses to undertake quarterly audits, facilitated by a Practice Development Nurse, to address issues of incomplete documentation. The first audit was undertaken in September 2004 with results expected in December 2004.

In addition, the Nursing Documentation Group now has clear links with the Trust Health Records Committee and is working collaboratively towards a multi professional audit of documentation in December 2004.

## **2.3 Privacy & Dignity**

The benchmark was launched in the autumn of 2003 with a "Brainstorming" of some of the issues around meeting patient's privacy & dignity needs undertaken.

As a result of this initial work a Trust approved tool was developed to assist teams appraise their practice. The exercise was led by nurses but many areas involved patients and members of the care team e.g. Physiotherapists, Occupational Therapists, Doctors, Chaplain and Ward Clerks, in their discussions.

Issues common to more than one area are being identified and a corporate action plan has been developed to tackle these; expected launch December 2004.

## **2.4 Communication**

The benchmark was launched in November 2003 through the Communication Steering Group "Thinking of People, Patients and Staff" that includes representatives from the Divisions, Allied Health Professionals, PALS and Patient and Public Involvement.

A benchmarking tool was developed to assist clinical teams appraise their practice, share the good and plan to improve the not so good. Audits were undertaken during March & April 2004, and as a result, work has commenced on projects to improve communication within the Trust such as guidance on answering the telephone, message taking and on the use of secrecy buttons on telephones.

A repeat audit is planned for spring 2005.

### 3. **FORWARD PLANNING**

In order to ensure that Essence of Care remains a high priority within the Trust and that further benchmarks are progressed, the following plan for progressing outstanding benchmarks has been agreed by the professional Nursing & Midwifery Strategy Group:

<b>Benchmark</b>	<b>Timeframe</b>	<b>Lead</b>
Pressure ulcers	Nov 2004	Clinical Nurse Specialist Tissue Viability
Personal and oral hygiene	Feb 2005	Clinical Practice Forum
Continence, bladder and bowel care	Spring 2005	Heads of Nursing, Medicine & Surgery & Clinical Nurse Specialists
Principles of self care	Summer 2005	Clinical Practice Forum
Safety of clients with mental health needs in acute mental health and general hospital settings	Summer 2005	Deputy Director of Nursing

**Gary Etheridge**  
**Director of Nursing & Midwifery**

**Tracy Moran**  
**Acting Assistant Director of Nursing**

**November 2004**

**NURSING AND MIDWIFERY STRATEGY**

**PROGRESS UPDATE ~ DECEMBER 2004**

**1. INTRODUCTION**

The Nursing and Midwifery Strategy (2003-2006) 'Progressing Practice Transforming Care' was launched in July 2003.

The Strategy targets focus on 4 key areas, which include: Leadership, Clinical Practice, Recruitment & Retention and Education & Workforce Development.

This paper aims to summarize ongoing progress and developments arising from the Trust's Nursing and Midwifery Strategy.

**2. LOCAL STRATEGY DEVELOPMENT**

Attached is a detailed schedule outlining the progress that has been made against each specific target set within our local strategy. A few developments worthy of note include:

**2.1 Leadership**

A number of Nursing and Midwifery development programmes have been progressed in the Trust over the last two years, these include:

- ◆ A Staff Nurse Development course which has been a very successful framework for supporting junior nurses and improving their clinical competence.
- ◆ D to E grade transition course.
- ◆ F grade Development programme which was originally created to help reduce the turnover of F grade nurses. This has been successful with the turnover of F grades reaching a plateau of 10% over the past year, compared to 16% in September 2003.
- ◆ Two cohorts of eleven Clinical Leaders have been facilitated through the 18-month RCN Leadership programme since July 2001.
- ◆ G grade Clinical Leaders continue to meet for a whole day on a quarterly basis with the Director of Nursing & Midwifery.

**2.2 Clinical Practice**

Following the launch of the Observation of Care Strategy in June 2003 and the successful pilot project in June 2004, observations of care have now been undertaken Trust wide and will continue on a four-monthly cycle. This process has proved to be an extremely powerful way of changing established practices for the benefit of patients.

Progress in developing the Chief Nursing Officer's Ten Key Roles (NHS Plan, 2000) continues.

Nurses can now make direct referrals, and order pathology investigations and request x-rays within agreed protocols.

In addition progress is being made with Nurse Led Discharge. A working group to support an extended pilot project to include Lancaster, Simpson and St. Peters wards at Hemel Hempstead Hospital was established in May 2004. To date a total of eleven Sisters have been peer assessed as competent to discharge patients under the Nurse Led Discharge Policy and to assess the competencies of their staff to do the same.

Since the launch of the Department of Health, Essence of Care framework in 2001 considerable work has been progressed in four (Food & Nutrition, Record Keeping, Privacy & Dignity and Communication) of the nine aspects of care, with a number of outcomes impacting positively on the care of our patients.

Essence of Care remains a high priority within the Trust and now features as one of the Trust's Strategic Objectives. Developments of these fundamental aspects of care are now actively discussed at Trust Board, Clinical Governance, Nursing and Midwifery Strategy and Divisional meetings. The remaining five Benchmarks will be progressed during 2004/05.

Following the national launch of extension of nurse prescribing and supplementary prescribing, the organisation now has seven qualified Non-Medical Prescribers working within the Trust. The Trust remains committed to supporting its practitioners to attend future courses.

### **2.3 Recruitment and Retention**

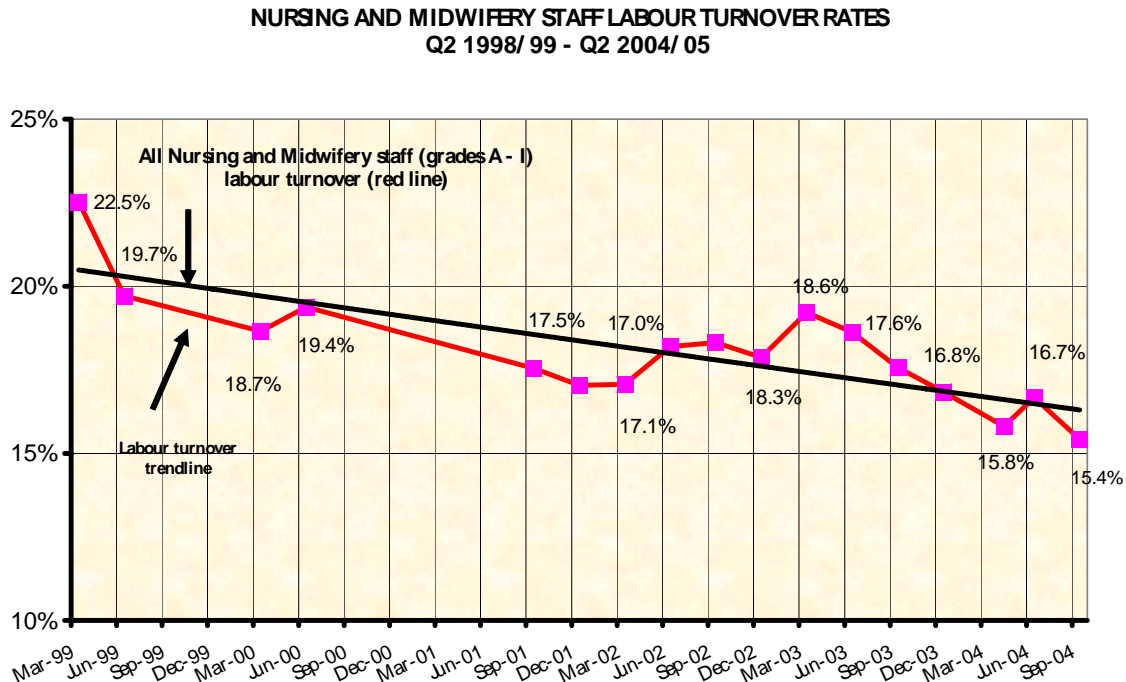
Whilst optimising staffing levels will always remain a high priority for the Trust, the Trust's Nursing and Midwifery Recruitment and Retention Plan is clearly continuing to build on the progress made over the last four years.

The overall number of nurses, midwives and health care assistant in post (A to I grade) has respectively increased from 1423 (June 2000) to the current level of 2050 (headcount) (Sept 2004) a 40% increase.

The gap between establishment and staff in post, i.e. vacancy levels has remained fairly consistent, due to the opening of additional clinical areas, with the consequence that the demand for agency and bank staff through NHS Professionals to cover the vacancies has remained unchanged.

During quarter 2 (July-Sept 2004) the turnover rate for qualified/unqualified nursing and midwifery staff was 15.4% (the lowest ever recorded) compared to 25.4% in 1998 (Figure 1). Turnover of D Grade staff has reduced from 33% in 1998 to 17.1%. Turnover of E, F, G, H, I grade staff is now at it's lowest since 1998 at 11%.

**Figure 1**



Between December 2000 and Sept 2004, over 300 overseas nurses were recruited. These nurses were distributed between Medicine, Surgery (including Theatres and, Burns & Plastics), Care of the Elderly, SCBU and Gynae, with the average time of 3-4 months being taken to attain their PIN numbers. The next Adaptation course will commence in January 2005 and negotiations are also on going with the University of Hertfordshire regarding an additional Anglo Chinese recruitment initiative. A potential start date for these nurses is September 2005.

During December 2000 ~ Sept 2004, approximately 40 overseas nurses left the Trust and 15 nurses have moved to other clinical areas within the Trust. However, retention remains high at over 90%.

## **2.4 Education**

Following the development of a Trust Nursing and Midwifery Research and Development Strategy a detailed Action Plan has been developed and agreed, ensuring the collaborative working between members of the corporate team and professional leaders within the Divisions, effectively focuses on practical improvements in supporting the dissemination and implementation of evidence based practice and the capacity for nurses and midwives to contribute to and undertake Health Services Research.

A multi-professional Cadet programme was established in 2003. 2004 saw this group increase to 40 in number. Two cadets have been accepted to undertake their nurses training at the University of Hertfordshire.

Work has continued on improving the process for the allocation of Post Registration funding in order to ensure that it is properly planned and linked to both individual appraisal and departmental workforce requirements.

A Life-Long Learning Plan has recently been approved which is intended to provide a structured framework to assist in the equitable allocation of study leave and service led prioritisation of training needs.

### **3      SUMMARY**

The breadth of work achieved/currently in progress and the commitment in driving forward the Strategy targets is testament to the energy and drive of our nurses and midwives working in the Trust.

The Nursing and Midwifery Strategy has certainly not stifled local developments in fact it has been viewed as a platform from which the Nursing and Midwifery workforce are working towards best practice Trust wide.

**Gary Etheridge**  
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**December 2004**