

APPENDIX 1

SEVENTH PROGRESS REPORT

NURSING & MIDWIFERY STRATEGY 2003 - 2006

“PROGRESSING PRACTICE: TRANSFORMING CARE”

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INTRODUCTION

The Nursing and Midwifery Strategy (2003 - 2006) 'Progressing Practice Transforming Care' was launched in July 2003, following six months work undertaken by the Trust's Nurses and Midwives.

The strategy details a number of targets focusing on Leadership, Clinical Practice, Recruitment & Retention and Education and Workforce Development and can be summarised as aiming to:

- ◆ Develop strong nursing and midwifery leadership
- ◆ Optimise staffing levels
- ◆ Develop staff to their full potential and ensure they are competent to do their job
- ◆ Prioritise and focus on the fundamentals of practice
- ◆ Ensure that nursing and midwifery roles are developed to meet the changing needs of patients
- ◆ Enable innovative evidenced based practice
- ◆ Generate and co-ordinate views of practitioners

In light of the Department of Health clearly identifying that lowering rates of Healthcare Acquired Infections, such as MRSA bloodstream infection rates are halved year on year and beyond March 2008, a target and progress in achieving this challenging goal, has been included in this progress report.

Progression of the targets outlined within this plan do not represent an exhaustive list of all nursing and midwifery initiatives taking place within the Trust, and the Nursing and Midwifery Strategy should not stifle local developments within wards, clinical settings and Divisions. In fact, it should be viewed as a platform from which the nursing and midwifery staff are working towards best practice Trust wide.

Achievement of the targets outlined within this strategy and the development of other nursing & midwifery initiatives are published in quarterly Nursing & Midwifery Newsletters which are circulated Trust wide, and are also available to view and download from the Trust's Nursing & Midwifery Intranet site.

LEADERSHIP

Clinical engagement and leadership remains the key to achieving excellence in nursing and midwifery practice. The Trust has and will continue to identify, nurture and develop nursing and midwifery leaders as role models who will make a vital contribution to the modernisation of health service in the 21st century.

	TARGET (S)	PROGRESS
1	Heads of Nursing/Midwifery will undergo a structured personal development programme that will be crucial to the development of conceptual, analytical and strategic skills.	<ul style="list-style-type: none"> ◆ Heads of Nursing/Midwifery Development programme completed; programme consisted of Action Learning Sets (3months) and 1-1 coaching (3 months). ◆ One-to-one meetings with Heads of Nursing/Midwifery and Chief Nurse continue every 4 weeks. ◆ The Chief Nurse undertakes a joint appraisal of the Heads of Nursing/Midwifery with their Divisional Manager. ◆ Currently considering the future facilitation of Action Learning/Coaching by an external facilitator.
2	Modern Matrons will actively participate in Action Learning Sets, in order to develop and enhance effective clinical and operational leadership skills, thereby developing their ability to meet challenging risk management and Clinical Governance objectives and service plans.	<ul style="list-style-type: none"> ◆ The Matrons completed a formal development programme, which incorporated Action Learning in 2003 & 2005. Matrons continue to meet in their Action Learning Set, which is self-facilitated. ◆ The Matrons are fully engaged in the Clinical Governance agenda and actively address Governance issues at the grass roots of practice. Monthly risk reports are sent to all wards/units and any key Governance issues are discussed and addressed with the Matrons at their monthly 1-1 meetings with their Heads of Nursing/Midwifery. ◆ The Matrons have regular one-to-one meetings with their Heads of Nursing/Midwifery and meet as a group with the Chief Nurse on a monthly basis. ◆ A formal evaluation of the Matron role is in train with the University of Hertfordshire. ◆ All Matrons are actively encouraged to engage in clinical supervision.
3	The Clinical Leaders Development Programme for Band 7 Nurses and Midwives will continue quarterly, with a key focus on ensuring facilitation of the role from practitioner to visionary clinical leader against agreed competencies and performance objectives.	<ul style="list-style-type: none"> ◆ The Clinical Leaders programme chaired by the Chief Nurse continues quarterly. ◆ All Clinical Leaders have yearly Individual Performance Reviews.

LEADERSHIP cont/d-

	TARGET (S)	PROGRESS
4	Explore the need to establish a forum/structured buddying system for Clinical Leaders to share best practice/practical solutions in order to overcome operational constraints.	<ul style="list-style-type: none"> ◆ A brainstorming session will be undertaken at a Clinical Leaders Day in 2006 to determine if they would like a buddy system to be established, proposed to take place. ◆ A buddy system has been established in the Acute Medical Care Division for newly appointed Senior Sisters.
5	Review leadership development programmes/modules so that aspiring Nurse/Midwife leaders are encouraged and nurtured and their development needs are systematically identified through the appraisal process.	<ul style="list-style-type: none"> ◆ The 12-month Staff Nurse (Band 5) development programme was launched in October 2005 to reflect the change in pay banding and Knowledge & Skills Framework (KSF). ◆ The annual Band 6 development programme continues. The seventh course completed in February 2006. The next course has been aligned to the KSF and is planned for September 2006. In conjunction with the University of Hertfordshire, the course has been accredited and forms a module of the BSc in Clinical Nursing Practice. ◆ Midwives continue to work within a structured competency framework. ◆ A programme of Action Learning and individual development programmes are currently being established for Core Delivery Suite Midwives. ◆ An ongoing evaluation of the success of all nursing & midwifery development programmes is completed on a regular basis and reported to the Professional Nursing & Midwifery Strategy Group. ◆ The Clinical Leaders programme and Specialist Nurse Development days, chaired by Chief Nurse, continue quarterly and bi-annually respectively. From early 2006 the Assistant Chief Nurse has facilitated the Specialist Nurse Development days. ◆ Development of KSF Generic Profiles for Bands 2, 3, 5, 6 & 7 were completed in November 2005. Work is currently in progress to develop a profile for Specialist Nurses and other staff groups, e.g. Education Support Nurses, Matrons and Lead/Senior Nurses. ◆ A Trust Leadership & Management Strategy 2006-2008 has been developed and launched Trust wide.

LEADERSHIP cont/d-

	TARGET (S)	PROGRESS
6	Continue the RCN Clinical Leadership programme and explore widening access to include other professional groups, ensuring programme objectives reflect the changing service requirements.	<ul style="list-style-type: none"> ◆ In total 24 Clinical Leaders have been facilitated through the 18-month programme since July 2001. A further cohort of 10 Clinical Leaders completed the programme in January 2006. ◆ Funding for the continuation license has been agreed and a further 12 participants commenced the programme in April 2006. ◆ Discussions have been renewed with AHP Leads to incorporate other health care professionals within the programme.
7	All Clinical Nurse Specialists/Nurse Practitioners will have clearly defined roles and competencies in line with a higher level of practice. These roles will be reviewed in terms of their contribution to patient care and the education and support provided to ward/departmental based Nurses and Midwives.	<ul style="list-style-type: none"> ◆ An extensive and detailed review of the role of the Specialist Nurse has taken place and a detailed evaluation report was made available at the end of Feb 2006. ◆ Work is in progress to develop a KSF profile for Specialist Nurses. ◆ A Specialist Nurse Directory has been developed, circulated Trust wide and is updated yearly. ◆ Specialist Nurse development days, chaired by Chief Nurse, continue quarterly and bi-annually respectively. From 2006 the Assistant Chief Nurse has facilitated these development days. ◆ All Specialist Practitioners now produce Job Plans and Annual Reports. ◆ Annual appraisal with Heads of Nursing/Midwifery undertaken.
8	The Trust will encourage the development of Nurse/Midwife Consultant posts in relation to national guidance and recommendations, linked to clearly defined service requirements.	<ul style="list-style-type: none"> ◆ The Trust has appointed a Consultant Midwife and a Pre-Operative Consultant Nurse. ◆ The Chief Nurse continues to explore the appointment of future Consultant Nurse Posts in conjunction with the Heads of Nursing/Midwifery and Divisional Managers.

LEADERSHIP cont/d-

	TARGET (S)	PROGRESS
9	All nursing and midwifery leaders will be encouraged to reflect on and change existing patterns of behaviour and clinical practice in light of evidence based research and approaches/targets to modernize services in accordance with the NHS Plan and Improving Working Lives standards.	<ul style="list-style-type: none">◆ All Midwives have an annual review with their Named Supervisor of Midwives and have access to a Supervisor of Midwives at all times. Four Midwives have completed the Supervisor of Midwives course at the University of Hertfordshire to date with a further 2 currently studying.◆ The Trust's Clinical Supervision Strategy has been reviewed to reflect the broader range of supervisory activity available; Action Learning, Coaching, Mentoring and Supervision. There is now a cohort of 22 trained and active supervisors.◆ Information about Clinical Supervision is included in all recruitment packs for nursing applicants.

CLINICAL PRACTICE

The challenge for nursing and midwifery is to continue to meet patient and carer needs through new ways of working and effective utilisation of all nursing and midwifery resources with the Trust. Clinical practice will be based on the best evidence available. The specific targets outlined below represent not only discrete and fundamental areas of practice prioritised for development, but also a mechanism for challenging existing practice and exploring new practices to meet ever-changing demand.

	TARGET (S)	PROGRESS
1	Promote the Trust's commitment for enhancing the quality of patient care by using the 'Essence of Care' Framework.	<ul style="list-style-type: none"> ◆ Work to progress the Food & Nutrition benchmark commenced in June 2001 with Trust wide audits undertaken in September 2001, February 2003 & September 2005. Initial results imply improved patient satisfaction with food quality. Compliance with the 'Red Tray' and Protected Mealtimes initiatives evident. A Protected Meal Times audit has been undertaken and the results disseminated Trust wide. ◆ Work to progress the Record Keeping benchmark commenced in September 2001 with further audits conducted in December 2001 & December 2003. Audits are now undertaken at ward level every four months with results fed back to the Practice Development Team for collation and Trust wide reporting. Core care plans and standardised documentation continue to be developed. An ongoing Recording Keeping training programme for Ward Leaders is planned throughout 2006. ◆ The Trust wide ToPPS (Thinking of Patients People & Staff) Communication group continue to meet 6 weekly to discuss communication issues. The 2004 benchmarking work has been reviewed and a new audit tool developed based on the findings. An audit is currently in progress Trust wide. ◆ The results of the Privacy & Dignity benchmarking were published in December 2005. The findings were extremely positive, with 95% of patients stating that they were always treated with respect by staff; 86% stated that their modesty and privacy was always maintained, and 93% stated they were always addressed by the name or title they prefer. ◆ Progression of the Pressure Ulcer benchmark began in April 2005 with a pilot project across 6 clinical areas. Results of the audit have been circulated Trust wide. ◆ The Bladder & Bowel Care benchmark was launched in autumn of 2005 and quarterly progress reports are available which outline progress made to date.

CLINICAL PRACTICE cont/d-

	TARGET (S)	PROGRESS
1 cont/d	Promote the Trust's commitment for enhancing the quality of patient care by using the 'Essence of Care' Framework.	<ul style="list-style-type: none"> ◆ A significant amount of work has been achieved during the past year with Hertfordshire Partnership NHS Trust, focusing on improving the experience of patients with learning disability; most notably the development of the video 'Through Barry's Eyes'. The staff involved are now expanding on this work to encompass the progression of the Mental Health benchmark. ◆ The Personal & Oral Hygiene and Self Care benchmarks were launched in Summer 2005 led by a Matron and Practice Development Nurse respectively. Pilot audits are in progress. ◆ A full and detailed Essence of Care progress report is produced six monthly and discussed at Trust Board & Clinical Governance Committee meetings. ◆ Essence of Care is included as one of the Trust's strategic objectives. ◆ A Health Promotion benchmark was launched nationally March 2006 and a local steering group established between primary and secondary care in June 2006. ◆ A whole day Essence of Care benchmarking exercise, combining observation of care took place in July 2006. Audit results have been circulated Trust wide. Future audits will take place every 6 months.
2	Support evidence-based practice by ensuring that all nursing and midwifery development programmes are designed to integrate theory with practice.	<ul style="list-style-type: none"> ◆ All nursing & midwifery programmes run in the Trust incorporate evidence-based practice within their overall content. <i>See Leadership ~ Target 5.</i>
3	Reflect new ways of working in order to maximize the potential of the nursing and midwifery workforce and promote and progress multi-professional working by integrating the Chief Nursing Officer's 'Ten Key Roles for Nurses and Midwives' into service delivery.	<ul style="list-style-type: none"> ◆ Many Trust Nurse Practitioners/Specialists are managing their own caseloads, and run Nurse-Led clinics. ◆ Development in progress for Midwife Led-Discharge for women who have had uncomplicated caesareans sections.

CLINICAL PRACTICE cont/d-

	TARGET (S)	PROGRESS
3 cont/d	Reflect new ways of working in order to maximize the potential of the Nursing and Midwifery workforce and promote and progress multi-professional working by integrating the Chief Nursing Officer's 'Ten Key Roles for Nurses and Midwives' into service delivery.	<ul style="list-style-type: none"> ◆ Policies are now in place for all Nurses to request specific microbiology investigation following assessment of competence, and a large number of Nurses approved to request pathology and x-ray investigations. A review of compliance with the x-ray policy was undertaken in Spring 2005. ◆ A detailed report on the progress of implementing the Ten Key Roles Trust wide is produced 6 monthly. This work is now incorporated within an <i>Innovation & Excellence Directory</i> which is produced 6 monthly. ◆ A Nurse-Led Discharge Strategy has been launched Trust wide. To date the Acute Medical Care Division have initiated over 100 Nurse-Led discharges. Initiative has now been rolled out in the Surgical Division.
4	Develop a framework whereby complaints and untoward incidents are used positively to influence the developments of practice.	<ul style="list-style-type: none"> ◆ A Complaints Advisory Group (CAG) has been established and meets quarterly. ◆ PALS record all relevant informal complaints against the 10 Benchmark Standards. Themes and trends of all informal/formal complaints are explored at CAG and at the Professional Nursing & Midwifery Strategy Group. Practice issues are progressed accordingly by the Heads of Nursing/Midwifery, Modern Matrons & Practice Development Team. ◆ All Serious Untoward Incidents are investigated and a Root Cause Analysis undertaken where applicable. The lessons learned are then used to implement practice changes. These changes are featured in the quarterly report to the Risk Management Committee. A copy of the report is also sent to all Divisional Risk Leads, to ensure Trust wide awareness and learning takes place. ◆ All nursing related complaints are analysed on a six monthly basis and the findings presented at the appropriate forum to ensure actions are identified and implemented.
5	To regularly review and agree staffing establishments for all clinical areas, which take account of evidence-based guidelines, budgets and safe levels of patient care.	<ul style="list-style-type: none"> ◆ The Heads of Nursing/Midwifery & Chief Nurse reviewed all nursing establishments in February 2004, with ongoing reviews of the establishments undertaken by the Heads of Nursing/Midwifery as and when staff leave. ◆ A Review of the Maternity establishment was undertaken in winter 2004 following the receipt of the Birth Rate Plus report. The report was presented to the Trust Board in December '05.

CLINICAL PRACTICE cont/d-

	TARGET (S)	PROGRESS
5 cont/d	To regularly review and agree staffing establishments for all clinical areas, which take account of evidence-based guidelines, budgets and safe levels of patient care.	<ul style="list-style-type: none"> ◆ Maternity has now become part of the Midwifery Assistant Rapid Role out Government Scheme, which will see Midwifery Assistant's development into wider roles. The first cohort of 8 commenced on 9th January '06. ◆ Active analysis currently being undertaken on the feasibility on reducing the Trust's reliance on agency staff. ◆ A pilot of electronic rostering has taken place in three clinical areas. Rostering Guidelines have been produced and are audited quarterly.
6	Review and standardise all nursing and midwifery patient documentation and support work towards the establishment of the electronic patient record.	<ul style="list-style-type: none"> ◆ Standardised nursing documentation was introduced Trust wide in June 2003.
7	Develop ways of facilitating a greater understanding of risk management, clinical effectiveness and audit in order to change and improve practice. Thereby, ensuring learning and development as a result of adverse events.	<ul style="list-style-type: none"> ◆ A Trust wide Risk Action Plan has been developed and is reviewed on a quarterly basis. ◆ Divisional analysis of historic risk/incident data is being carried out by Divisional Risk Leads. Divisional data is fed to the Clinical Governance Manager for inclusion in Clinical Governance reports. ◆ The Maternity Unit produces a bi-monthly 'Risk Matters' newsletter for all staff. ◆ A Risk Management supplement is now included within the Nursing and Midwifery Newsletter. ◆ Risk Scoring workshops are being delivered on a quarterly basis as part of the Risk Management and Health and Safety training for Managers. ◆ Divisional Annual Risk Reports & Strategies have now been written. ◆ Quarterly wristband audits are undertaken Trust wide to ensure compliance is maintained. Results are fed back at the N&MS Group and appropriate intervention taken by the Heads of Nursing/Midwifery & Matrons.

CLINICAL PRACTICE cont/d-

	TARGET (S)	PROGRESS
7 Cont/d	Develop ways of facilitating a greater understanding of risk management, clinical effectiveness and audit in order to change and improve practice. Thereby, ensuring learning and development as a result of adverse events.	<ul style="list-style-type: none"> ◆ Quarterly Medication Incident & Pressure Ulcer reports are considered at the N&MS Group. ◆ The Trust has benchmarked itself against the Healthcare Commission Framework for Risk Management and is currently implementing the resulting action plan. ◆ Nursing & midwifery staff are involved in numerous clinical audit initiatives. ◆ All Divisions are working to meet Standards for Better Health compliance. ◆ Ongoing review of the Trust's Assurance Framework is in train. ◆ There is a bi-monthly Divisional Risk Leads meeting, which is also attended by the Clinical Governance Manager and the Health and Safety Adviser. Divisional risk issues are discussed here to seek solutions and ensure Trust wide awareness.
8	Ensure all Nurses have access to clinical supervision on a regular basis and for Midwives statutory supervision to develop and value their skills and competence and enhance team working.	<ul style="list-style-type: none"> ◆ The Trust's Clinical Supervision Strategy has been reviewed to reflect the broader range of supervisory activity available: Action Learning, Coaching, Mentoring and Supervision. There is now a cohort of 22 trained and active supervisors. ◆ Information about Clinical Supervision is included in all recruitment packs for nursing applicants. ◆ All Midwives have an annual review with their Named Supervisor of Midwives & have access to a Supervisor of Midwives at all times.
9	Focus on closer collaboration across professional roles and functions, through the development of shared care pathways.	<ul style="list-style-type: none"> ◆ ICP for Pre-Operative Assessment, Day Surgery, Breast Care and Care of Dying have been developed. ◆ Single Assessment Process introduced within the Acute Medical Care Division. ◆ Deputy Named Nurse for Safeguarding Children is working collaboratively with Primary Care colleagues to develop a Safeguarding Children Care Pathway. ◆ Joint working on protocols for effectively managing vulnerable adults in acute hospital setting.

CLINICAL PRACTICE cont/d-

	TARGET (S)	PROGRESS
10	To work with colleagues to devise a mechanism to support the supply and administration of medicines under 'Patient Group Directions' Trust wide.	<ul style="list-style-type: none"> ◆ An index of Patient Group Directions is currently available from Pharmacy. ◆ There are 21 Non-Medical Prescribers (NMP) in the Trust. Further staff have enrolled on the 2006 programmes. ◆ The Chief Nurse meets with NMPs on a quarterly basis. ◆ The Policy for the Prescribing & Administration of Medicines by Non-Medical Prescribers was revised & ratified by the Clinical Governance Committee in July 2005.
11	Strengthen the public health roles of Nurses and Midwives by focusing on the needs of patients and their families in areas of soci-economic deprivation.	<ul style="list-style-type: none"> ◆ Community Midwives promote smoking cessation programmes and service through contact with women. ◆ Joint Antenatal Guidelines were introduced in January '04 to provide Trust wide protocols for antenatal care, thereby, improving equalities of the service. ◆ MSLC relaunched in May 2005 to obtain better focus and representation of users. ◆ Focus Groups with maternity users currently being planned to identify needs for service development.
12	Partnership working with patients and service users will be embraced to ensure that their involvement and contribution shapes the future of nursing and midwifery practice.	<ul style="list-style-type: none"> ◆ Patient representatives are actively involved in Essence of Care benchmarking and results from audits are fed back to the Patient Panel. It is expected that further audits will involve patient representatives and again be fed back to the Patient Panel. ◆ Patient representatives are included in the ToPPS (Thinking of Patients, People & Staff) Communication Group and the current Privacy & Dignity benchmark work. ◆ Patient Panel members are members of the Patient Experience, CAG, Risk Committee, Bereavement Steering Group & MSLC. ◆ Patients with learning disabilities and their carers have been pro-active in shaping Trust policies & services. ◆ A maternity questionnaire was devised & implemented to capture antenatal, screening, midwifery, patient information and community services feedback to gain patient views about the quality of their care.

CLINICAL PRACTICE cont/d-

	TARGET (S)	PROGRESS
12 cont/d	Partnership working with patients and service users will be embraced to ensure that their involvement and contribution shapes the future of Nursing and Midwifery practice.	<ul style="list-style-type: none"> ◆ A new Patient Services Directorate (PALS, Chaplaincy, Patient Affairs & Volunteers), was created in July '06. ◆ A Patient Survey Group, chaired by the Chief Nurse has been established. The group will be responsible for driving forward National/Local Survey's, analysing results and recommending appropriate action. ◆ Work has commenced on developing a Patient Strategy.
13	To improve the quality of care delivered locally through the implementation of an 'Observation of Care' Strategy Trust wide.	<ul style="list-style-type: none"> ◆ An Observation of Care Strategy was developed and ratified by the Professional Nursing and Midwifery Strategy Group and launched in June 2004. ◆ A whole day Essence of Care benchmarking exercise, combining observation of care took place in July 2006. Audit results have been circulated Trust wide. Future audits will take place every 6 months.
14	<p>In partnership with the Area Child Protection Committee* and Designated/Named Professionals agree a local action plan in response to the recommendations as stipulated in the Victoria Climbié Inquiry Report, 2003.</p> <p><i>*ACPC now reformed as LSCB in April 2006 with representation from WHHT at strategic and sub board level to continue to develop plans, and policies and procedures.</i></p>	<ul style="list-style-type: none"> ◆ An Action Plan & Safeguarding Children Training Strategy has been developed addressing all relevant Health, Social & General Recommendations. The plan is reviewed six monthly by the Interim & Deputy Named Nurse & Chief Nurse. Reports are presented regularly to the Trust Board and the Hospital Safeguarding Steering Group. ◆ Quarterly Safeguarding Children audits are undertaken in areas where children either attend or are admitted. ◆ Other areas now commencing audits in line with recommendations and action plans made as result of audits. ◆ An annual Safeguarding Children report is produced and presented to Trust Board Members for consideration.

CLINICAL PRACTICE cont/d-

	TARGET (S)	PROGRESS
15	<p>MRSA bloodstream infection rate to be reduced by 60% by 2008, and a broader-based approach to reducing Health Care Associated Infections is required.</p>	<ul style="list-style-type: none"> ◆ Infection Control progress reports are presented at Trust Board, Professional Nursing, Midwifery Strategy Group, Infection Control, Modern Matrons & Clinical Governance meetings. ◆ A Matrons' Charter action plan has been developed, and is reviewed regularly at Modern Matrons' meetings Chaired by the Chief Nurse. ◆ The Chief Nurse, joined by the Matrons and Domestic Supervisors, undertakes regular scheduled and ad-hoc walkabouts. ◆ Surveillance figures (MRSA, Clostridium difficile & GRE) are now being reported to the Divisions on a monthly basis. ◆ Divisional incident reporting and investigation of all laboratory reported MRSA bacteraemia isolates in place. ◆ A Divisional Performance Monitoring Tool has been developed and taken forward for implementation. ◆ Preparation and Trust wide implementation of the NPSA 'Cleanyourhands campaign' began in April 2005. ◆ Infection Control Training/Education Programme: <ul style="list-style-type: none"> ❖ Mandatory Infection Control yearly update for all clinical staff has been introduced ❖ Over 2000 staff have attended other infection control study days/sessions undertaken by the Trust ICT per annum ◆ Training on the management and care of IV and other devices in place ◆ Infection Control Link Person Scheme is in place with training/education supported by the Trusts 6 day Infection Control Awareness Course. ◆ Implementation of the High Impact Interventions is underway in higher risk areas, and preparation is being made to extend the programme across the Trust.

CLINICAL PRACTICE cont/d-

	TARGET (S)	PROGRESS
<p>15 cont/d</p>	<p>MRSA bloodstream infection rate to be reduced by 60% by 2008, and a broader-based approach to reducing Health Care Associated Infections is required.</p>	<ul style="list-style-type: none"> ◆ Measures undertaken to raise awareness of staff, patient and public include: <ul style="list-style-type: none"> ❖ 'Think Clean Day' undertaken in February 2005 & 'Think Clean Week' in June 2006 ❖ Infection Control/Hand Hygiene Awareness days undertaken Trust wide, which included competitions. ❖ Quarterly 'Think Clean' Days will be held from late 2006 onwards. ◆ 'Winning Ways' action plan developed and updated quarterly. ◆ Infection Control Policies produced/reviewed included SARS, SICP's, Hand decontamination, CJD, MRSA, TB and Sharps policy. All policies are available on the intranet and in paper copy in the clinical areas. ◆ Audits being undertaken include: hand decontamination facilities, isolation, decontamination, management and care of IV devices. An Infection Control audit programme has also been developed. ◆ Aragon Ward (Orthopaedics) at HHGH is developing best practice around minimising risk infection to patients undergoing joint replacement in collaboration with the Infection Control Team. ◆ The DoH 'Saving Lives' initiative has been actively progressed. The Divisions have completed their initial action plans and self-assessment tool. The Infection Control Team has completed an action plan & self-assessment, which provides an overview of the organisation, highlighting areas where improvements are essential. Regular review of Saving Lives Action Plans undertaken by Divisional Infection Control Leads. A 'Saving Lives' monitoring group has now been established. ◆ Following a visit by the MRSA Improvement Team in Summer 2006, a detailed action plan has been produced and will be monitored by the Medical Director & Chief Nurse.

RECRUITMENT AND RETENTION

To ensure success at personal, professional and organisational level the Trust must work to ensure the numbers, skills and competencies of Nurses and Midwives reflects activity across the organisation and can meet future development and demand. Stabilising the workforce will ensure the Trust supports, develops and retains its staff. This approach will be incorporated into the Trust's Human Resource Strategy, 2002-2004 and supported by the following targets, which interlink with the Improving Working Lives initiative.

	TARGET (S)	PROGRESS
1	To improve recruitment and retention rates for Nurses and Midwives, in accordance with the Trust's Nursing and Midwifery Recruitment and Retention Strategy.	<ul style="list-style-type: none"> ◆ The Trust's Nursing & Midwifery Recruitment & Retention Plan is updated and circulated Trust wide on a six monthly basis. Recent figures indicate that qualified and unqualified turnover has again reduced. ◆ Recruitment & retention rates in Midwifery have dramatically improved following the recent recruitment of more than 24 Midwives. This reflects the recent appointment of a dedicated Midwifery Recruitment Facilitator. ◆ Retention & Recruitment Nurse appointed in April 2006. ◆ A revised Retention & Recruitment Strategy has been developed and will be circulated Trust wide in Winter 2006.
2	Identify the implications of moving into the national programme of NHS Professionals, and make the necessary preparations to ensure a smooth transfer.	<ul style="list-style-type: none"> ◆ Review of current WHHT NHSP service provision underway with national NHSP.
3	In partnership with the HR Department, local job centres, career forums and Higher Education Institutes, promote educational opportunities for careers in the NHS and particularly for Nurses and Midwives. Thereby meeting the Confederation's local commissioning targets and promoting the NHS as a model employer.	<ul style="list-style-type: none"> ◆ A multi-professional Cadet Scheme was established in September 2003 and continues into 2006. Recruits now number in excess of 50, with applications in progress for the September 2006 intake. ◆ 25 Cadets commenced the scheme in September 2005 and it is expected that approximately 50% of these will be able to be fast tracked to University in September 2006. ◆ Trust representatives will attend recruitment events during 2006/07. ◆ Recruitment of Maternity Support Workers in train.

RECRUITMENT AND RETENTION cont/d-

	TARGET (S)	PROGRESS
4	Review the professional development needs of the Trust's temporary workforce, i.e. Nurse/Midwife bank, in line with service objectives and in conjunction with NHS professionals.	<ul style="list-style-type: none"> ◆ Any decision re appraisal of NHSP staff is on hold until decisions are made regarding where future contracts will be held. NHSP Special Health Authority has secured a call centre locally, but the decision to join the project is still under discussion.
5	To develop core competency based job descriptions and competencies for staff, which allow flexibility to meet the needs of individual specialities.	<ul style="list-style-type: none"> ◆ Competency frameworks are in place in many specialist areas such as ITU & A&E. The KSF will assist with the dissemination of competency-based frameworks for all staff. ◆ KSF Facilitators programme completed in May 2005 for Heads of Nursing, Matrons and Clinical Leads. ◆ Working Group of senior nursing staff, facilitated by the Training Department, convened to develop KSF job profiles ongoing.
6	Enhance adaptation/supervised practice for overseas Nurses and Midwives, ensuring competency is maintained through structured personal development plan, local supportive infrastructure and in accordance with agreed standards.	<ul style="list-style-type: none"> ◆ Adaptation programmes remain on hold due to reduced vacancies Trust wide and changes within NMC legislation. The Trust continues to liaise with the local Universities and WDD for future course provision if required. ◆ Careers advice/professional development opportunities offered to all Nursing & Midwifery staff on an informal basis.
7	To ensure that Nurses and Midwives are enabled to work in flexible ways according to their needs as well as those of the service.	<ul style="list-style-type: none"> ◆ IWL criteria achieved in 2003. ◆ Focus groups held during the summer of 2004, giving all staff the opportunity to debate how they perceive working in the Trust. ◆ The Trust has achieved Practice Plus status.
8	To support the development of an action plan to address concerns raised in staff attitude surveys.	<ul style="list-style-type: none"> ◆ Staff Attitude Survey information from the 2005 survey analysed and appropriate actions taken forward by the HR department.

RECRUITMENT AND RETENTION cont/d-

	TARGET (S)	PROGRESS
9	Every Nurse and Midwife who leaves a position in the Trust will undergo an exit interview, which will inform the Trust's Nursing and Midwifery Recruitment and Retention Strategy.	<ul style="list-style-type: none"> ◆ Exit Interviews are conducted Trust wide but low response rate evident. ◆ Results of exit interviews are tabled as a regular agenda item at the Recruitment & Retention Steering Group meetings and exploration of improving compliance with completion of the forms discussed. ◆ Matrons conduct exit interviews with staff that leave their area of responsibility and in future will be undertaken in collaboration with the R&R Nurse.
10	Continue to develop and enhance the Trust's Return to Practice initiative in collaboration with the Confederation to reach the desired target levels with specific support to returnees post employment. Thereby maximising potential capacity in recruitment and workforce development.	<ul style="list-style-type: none"> ◆ The Nursing Times (NT) identified an example of good practice as the Trust's Return to Practice course. Presentation at NT National Conference in Manchester, took place in March 2004. ◆ Future cohorts planned will be recruited into areas with high vacancy levels, e.g. Critical Care, A&E, ITU and Theatres.

EDUCATION AND WORKFORCE DEVELOPMENT

Equipping clinical staff with skills for inter-professional working is crucial to securing continuous quality improvement for patients and the development of a dynamic workforce. There is now clear evidence that inter-professional education is an approach, which cuts through traditional barriers leading to more efficient and effective practice. Many national reports have elevated inter-professional education very close to the top of the agenda for the Modernisation of the NHS. This approach will be embraced and integrated into the Trust's Education and Development Strategy, 2002-2004 and supported by the following targets.

	TARGET (S)	PROGRESS
1	An annual appraisal will be provided to all Nurses and midwives. The outcome of the appraisal process will inform the Education and Training programme for the Trust, which will meet the needs of the organisation as well as the individual practitioner.	<ul style="list-style-type: none"> ◆ Review of Trust wide appraisal system commissioned. The new process will reflect the requirements of the Mandatory Training Plan and NHS Knowledge and Skills Framework and underpin progress towards IWL standards. Interim documentation in use and training department delivering open briefing sessions and team meetings. ◆ A New Skills Training programme commenced in April 2004. Re-design of programme encompassing KSF, Personal Development Review and revised documentation under development and scheduled for October 2005. Reviewing process of disseminating information and knowledge to manager and appraisees to ensure requirements of service at local level not compromised by attendance on formal programmes. ◆ The Lifelong Learning Plan has been ratified and is in use within the Trust.
2	Ensure appropriate clinical placements and assessors of a sufficient number are available across the Trust for NVQ/Cadet training scheme and pre-registration nursing and midwifery programmes which incorporate widened access.	<ul style="list-style-type: none"> ◆ 2 wte Education Support Nurses in post from January 2004 & 2 wte Education Support Midwives appointed February 2004. ◆ The Cadet programme is being evaluated over a 2-year pilot period in accordance with WDD requirements. Measures will include retention of cadets, progression into higher education and subsequent retention. The Cadet Scheme will also be progressively extended to ensure this is multi-professional. Cadet Scheme evaluation to date is extremely positive and we will continue to recruit to the scheme for the foreseeable future. ◆ A new HCA/NVQ strategy is under development and will be issued for consultation in 2006. This addresses the complete HCA/NVQ pathway from workforce planning, recruitment, support, mentorship and pastoral care through to assessment as part of a systematic approach to the skills escalator. The strategy is part of the wider initiative to progressively introduce NVQ training across a range of staff groups.

EDUCATION AND WORKFORCE DEVELOPMENT cont/d-

	TARGET (S)	PROGRESS
2 cont/d	Ensure appropriate clinical placements and assessors of a sufficient number are available across the Trust for NVQ / Cadet training scheme and pre-registration Nursing and Midwifery programmes which incorporate widened access.	<ul style="list-style-type: none"> ◆ Work ongoing to consider NVQ avenue for OPD staff as level 3 no longer accessible; tender in train across local colleges. ◆ 70 HCAs have accessed Nurse training through the Widening Access Scheme since February 2003. Further intakes planned for September 2006. ◆ Widening Access Scheme posters and information booklets designed. Work towards a standardised Beds & Herts wide information booklet through collaboration with WDC and HEI's are currently being developed. ◆ Education Support Nurse role disestablished in April 2006 due to lack of WDD funding and replaced with Trust funded 1.0 WTE Clinical Skills Facilitator.
3	Draw upon local expertise in education, training and research to enable greater empowerment of students as learners, recognizing the value of work based learning in maximizing individual potential.	<ul style="list-style-type: none"> ◆ The 'Skills Facilitation' programme aims to train a cohort of staff to support the transfer of learning into practice and learners at practice level. ◆ All in house nursing/midwifery development courses include a work-based element and participants have a practice supervisor to support learning in the workplace. Accreditation achieved with the University of Hertfordshire for the Band 6 (F Grade) Development Course, work ongoing to achieve accreditation for the 12 month Band 5 (Staff Nurse) Development course.
4	In collaboration with Hertfordshire Partnership Trust, enhance knowledge and development of skills in managing care for clients with learning disabilities/mental health in the acute hospital reflecting 'Valuing People' ~ A New Strategy For Learning Disability for the 21 st Century (2001).	<ul style="list-style-type: none"> ◆ Hertfordshire Partnership NHS Trust's Acute Learning Disabilities Liaison Nurse continues to work in close collaboration with the Trust to progress the Learning Disabilities agenda. ◆ Two guidelines ~ Support for People with Learning Disabilities and their Carers attending the Accident and Emergency Department (A&E) and the Outpatient Department have been developed in partnership with the Learning Disabilities Team from Hertfordshire Partnership Trust, users and other key stakeholders. ◆ Development of a CD Rom that encompasses a Day Surgery pathway developed to improve the experience of clients with a learning disability when accessing our services. Ongoing development of a discharge policy & Trust wide training for care of vulnerable groups (e.g. Elderly) is progressing with key stakeholders.

EDUCATION AND WORKFORCE DEVELOPMENT cont/d-

	TARGET (S)	PROGRESS
4 Cont/d	In collaboration with Hertfordshire Partnership Trust, enhance knowledge and development of skills in managing care for clients with learning disabilities/mental health in the acute hospital reflecting 'Valuing People' ~ A New Strategy For Learning Disability for the 21 st Century (2001).	<ul style="list-style-type: none"> ◆ Working Party on managing patients with history of alcohol and substance misuse in train, led by Head of Nursing for Acute Medicine and work to establish safe service level agreement for patients with learning disability in progress; reflecting principles of the Mental Health Essence of Care Benchmark.
5	Enhance knowledge and skills of the nursing and midwifery workforce in contributing to the Trust's service and financial framework in line with local and national targets.	<ul style="list-style-type: none"> ◆ Senior Sisters/Charge Nurses received training on budgeting skills as part of the Clinical Leaders Development programme in 2003. All Senior Sisters meet with their respective Finance Manager to review their budgets on a monthly basis. ◆ Ongoing support is provided via regular one-to-one meetings with their Matrons or Heads of Nursing/Midwifery.
6	In accordance with the Nursing and Midwifery Research and Development Strategy and Action Plan ensure that all Nurses and Midwives actively contribute to the research and development agenda, thereby striving to improve clinical care.	<ul style="list-style-type: none"> ◆ A new R&D Strategy and Action Plan (2006-2008) was developed and launched in early 2006. Regular progress reports are presented at the Nursing & Midwifery Strategy Group meeting. ◆ All Clinical Practice Guidelines for Nurses and Midwives are evidenced based and are available on the Trust's N&M Intranet site. ◆ Introduction to evidence based practice is included in all nursing/midwifery development programmes. ◆ The first meeting of the Trust's Research Interest Group for Nurses and Midwives was held in March 2006.

EDUCATION AND WORKFORCE DEVELOPMENT cont/d-

	TARGET (S)	PROGRESS
7	Target priority areas in enhancing knowledge of Child Protection issues enabling informed decisions on managing multi-professional/multi-agency care for vulnerable neonates, children and young persons.	<ul style="list-style-type: none"> ◆ A Trust Safeguarding Children Action Plan and Gantt chart have been developed addressing all relevant Climbié Health, Social Care & General Recommendations. ◆ The Trust's Safeguarding Children Training Strategy is updated annually; to date 500 plus staff has received training. This now includes training on mandatory updates and corporate induction. LSCB and West Herts Child Protection Training by named nurses/Doctors available. Training needs analysis of all HPT staff transferring to WHHT in Oct 2006 in progress. ◆ The Trust has successfully recruited a part-time Named Doctor and Deputy Named Nurse for Safeguarding Children to work alongside the full-time Named Midwife. ◆ Safeguarding Children audits were initiated late 2004 and continue quarterly.
8	Assist the Education and Training Department in developing a standardised Trust Study Leave Policy and establish effective monitoring mechanisms that will record continuing professional development activity.	<ul style="list-style-type: none"> ◆ A 'Life Long Learning Plan' (LLP) has been approved and ratified and is now in use within the Trust.
9	To undertake a Trust-wide Training Needs Analysis (TNA) in order to encourage proactive commissioning of Pre and Post-registration education.	<ul style="list-style-type: none"> ◆ Following implementation of the LLP in September 2004, the Assistant Chief Nurse has developed a TNA form for use by nursing & midwifery staff. Launch of the form took place September 2005 in preparation for 2006/07 commissioning round.
10	Ensure that all clinical staff has appropriate training to develop information and technology skills and data analysis skills.	<ul style="list-style-type: none"> ◆ The IT training needs of clinical staff are identified during the appraisal process. ◆ European computer driving licence training has commenced in the Trust. All clinical staff is being given information on how they can access this training.
11	Explore the potential for a development programme for administrative and clerical staff to enhance their role in supporting Clinical Leaders by undertaking additional duties.	<ul style="list-style-type: none"> ◆ The Senior Sisters Personal Assistant role was piloted on Lancaster Ward at HHGH. An evaluation of the role has indicated that a comparative piece of work needs to be undertaken re the Ward PA and Ward Clerk role. Exploration at the N&MS Group in early 2006 concluded funding issues will delay further development. ◆ Housekeeper competencies were developed and piloted in October 2004. An evaluation of the role was undertaken in March 2005 with a second evaluation undertaken January 2006.

EDUCATION AND WORKFORCE DEVELOPMENT cont/d-

	TARGET (S)	PROGRESS
12	Review and ensure the ongoing support to the continuous professional development of Nurses and Midwives, thereby maximising their potential within the multi-professional team.	<ul style="list-style-type: none">◆ The appraisal of nursing/midwifery staff is ongoing.◆ The Trust has trained 20 Clinical Supervisors who provide supervision on a regular basis.◆ Clinical Supervision training is provided twice a year.◆ A framework for coaching & mentoring has been included in the Trust's Leadership Strategy 2006-2008.

CONCLUSION

Commitment to achieving the Strategy targets relating to Leadership, Clinical Practice, Recruitment & Retention and Education & Workforce Development is evident and has resulted in tremendous progress being made in all key areas.

Work has now began on developing a new Nursing & Midwifery Strategy (2007 - 2010), therefore this will be the last progress report based on the existing strategy.

Finally, we would like to thank everyone who has actively engaged in ensuring that this strategy became a reality, thereby noticeably making a difference to the care provided to our patients.

Gary Etheridge
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Tracy Moran
Assistant Chief Nurse

September 2006