

Nursing & Midwifery Strategy 2011-2016

A report of progress on the implementation of the Nursing & Midwifery Strategy 2011- 2016.

Background

The Trust Board endorsed a new West Hertfordshire Hospitals Trust Nursing and Midwifery strategy for 2011-2016 in May this year. The strategy was launched across the Trust on Nurse Day. Our strategy sets out our ambition for nursing and midwifery to ensure that we continue to develop our workforce and improve the care and experience of patients over the next five years.

Introduction

This paper will update the Board on the implementation of this new strategy, progress to date and the feedback from staff.

To achieve our vision for staff to be competent and confident to deliver efficient quality care to patients requires completion of all the commitments made above. We believe that to do this piecemeal simply will not achieve the outcome for staff and patients that we want. We therefore propose to roll out the strategy ward by ward, department by department rather than the traditional way of implementing each action across the whole organisation and set a demanding gold standard of care.

This brings a disadvantage in that some wards will have to wait to be directly involved in the developments, but we feel that these areas will, by the nature of some of the initiatives such as documentation, standard operating procedures and training programmes, demonstrate smaller improvements. The significant advantage of this mode of implementation is that by using this process we can focus our attention and resources on a team of staff and support them through the learning and the changes they need to make to achieve our Gold Standard.

Phases of Implementation

1. Diagnostic with Ward/ department staff, Matron and any associated specialist nurses
2. Agree programme of work and resources required
3. Implement the strategy
4. Set Key Performance Indicators to targets to achieve Gold standard, with Bronze Silver and Gold stages.
5. Showcase the ward/department and the initial changes that have been made.
6. Have a Board member become their champion
7. Monitor "Going for Gold" through the KPIs monthly
8. Celebrate achievement of Gold Standard

Stroke Unit

As part of the launch of the Strategy the senior nurses visited all the clinical areas to consult staff on the proposed implementation process. The Strategy was very well received and staff were willing to engage with the process. The Stroke Unit particularly requested to be “first”!

This request was reviewed by the corporate nursing team and the Matrons and supported and work began with the team on the Stroke unit in July.

During July the corporate nursing team spent many hours on the ward, working alongside the staff, observing practice, interviewing staff and getting feedback from patients and visitor. During the time that the corporate nursing team were on the wards the staff felt supported and enjoyed the intervention. The senior sister must be commended on how open she was and encouraging of her staff to participate.

At the end of two weeks a draft report providing feedback on the ward in relation to the four key aims of the strategy which is that everyone will be “a competent confident nurse who is committed and caring” was provided. This was reviewed with the Senior Sister for accuracy and then finalized.

Core Key Performance Indicators

Once the report had been agreed the corporate nursing team were able to agree a set of six core KPIs that will be used to review every clinical area throughout the implementation of the strategy. Appendix 1.

Stroke Unit Key Performance Indicators

The diagnosis process for the Stroke Unit identified the key requirements that were specific to that department and make up five KPIs that the Stroke unit staff own and believe will genuinely give an indication of the quality of care they are providing in addition to the Nursing Quality indicators.

Appendix 2.

Going for Gold

Part of the implementation process was to rate the ward, gold, silver, bronze based on how they scored against the core and bespoke KPIs that were agreed following the initial diagnostic. The Stroke Unit were very pleased to be rated “Silver”. Everyone involved in the rating felt that this was a true reflection of the excellent standards already in place on the Stoke Unit.

Ward Adoption

Part of the strategy recognized the need to engage with the Board in a way that facilitates the flow of information from ward to Board and vice versa, that can enhance the assurance of the Board that good quality care is being delivered and that the patients experience is paramount.

On the 30th September the Stroke Unit spent the afternoon with the team on the Stroke Unit listening to what the experience had been like, the small changes that they had already made and

the bigger changes that they now had in mind. Sarah was able to award the team with their Silver rating.



Next steps for Stroke Unit

Within the Stroke Unit strategy report is an action plan to address all the issues identified through the review. The actions vary from improved mouth care skills for the staff to the replacement of chairs at the nurses' station. Completion of this action plan will enable the unit to go for gold rating. The delivery of the action in the plan are owed and supported by the corporate nursing team. Progress will be measured quarterly against the units KPIs.

Feedback from Staff and Patients

The feedback from the corporate nursing team on the implementation process was very positive, the plan came together and they felt able to identify and support changes that were needed to improve the working lives of the staff and the experience of patients.

The staff are proud to have been recognized for providing a high standard of care, they are also grateful for the time invested into the process and the opportunity to be listened to.

The patients gave very positive feedback about the care they received and the areas to address are included in the action plan.

Next steps for the strategy

The corporate nursing team have now established a good diagnostic process and a report template that works well. The core KPIs are set for each ward and department , so the process of implementing the strategy will hopefully now be quicker.

The diagnostic process has now commenced on Elizabeth ward.

Action for the Board

The Board is asked to receive this report as an update and suggest a Non Executive Director to adopt Elizabeth ward.