Nursing & Midwifery
Report 2012

We are here for you
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An introduction from Jenny Leggott, NUH Director of Nursing & Midwifery

Over 4,000 registered nurses and midwives and 1,000 non-registered support workers and healthcare assistants are part of our NUH team. When I ask staff why they joined the NHS, most tell me that they joined to ‘make a difference’. It is this passion and desire to do the very best we can for our patients, that unites each of us and gives us a common goal.

At NUH, I have the privilege of working with some of the most talented nurses and midwives. The dedication, compassion, commitment and thoughtfulness they demonstrate day in and day out is admirable. Our staff are exceptional people doing extraordinary things to ensure the very best care for our patients.

Our role and obligation is to make a difference to our patients, their families and carers to ensure the care we provide to patients is consistently the best it can be.

The Principles of Nursing (RCN, 2011) set out clearly what patients, carers and families can expect from nursing and are a foundation for nursing practice at NUH.

Nurses and midwives have a privileged role providing care for patients often when they are at their most vulnerable, sometimes in their final days of life frequently for older people who may have no family or friends to support them during their hospital stay.
The role of nurses and midwives as patient’s advocate is essential to ensure the very best care for our vulnerable patients.

Our vision for nursing at NUH is to be the very best, providing compassionate, safe, thoughtful care and recognised both nationally and internationally for excellence in practice, education and research. The national nursing and midwifery quality framework ‘Energising for Excellence’ (E4E) provides a clear focus for development and innovation with key national initiatives including the high impact actions for Nursing and Midwifery, Productive Ward and Essence of Care, driving improvements in quality and safety in patient care at NUH.

It is NUH’s vision to be the best acute teaching hospital by 2016 and as an integral part of that journey we aspire to become a Magnet hospital. The Magnet Recognition Program® recognises health care organisations for quality patient care, nursing excellence, research and innovations in professional practice. Developed by the American Nurses Credentialing Center (ANCC), Magnet is now establishing itself as the leading source of successful nursing practices and strategies worldwide. This is an international accreditation that recognises excellence in nursing and patient experience.

This report aims to:

- Provide an overview of Nursing & Midwifery at NUH
- Share our vision for the future of Nursing & Midwifery at NUH
- Describe the key programmes of work underway at NUH to improve quality, safety and patient experience
- Celebrate success and recognise achievements & excellence

Jenny Leggott
Deputy Chief Executive and Director of Nursing & Midwifery
Nursing & Midwifery Strategy 2011-2016

Nursing & Midwifery Vision

Principles of Nursing/Values & Behaviours

Models of Nursing

Patient Safety & Essentials of Nursing

Advanced Clinical Practice

Education & Workforce

Research

OBJECTIVES 2012/13

Energising for Excellence:
- Nursing Dashboard – impact & improvement
- Productive Ward
- Essence of Care
- Caring around the Clock
- Ward Sister Admin. Support
- HIA

OBJECTIVES 2012/13

Defining 2012/13
- Define
- Establish roles & responsibilities
- Education packages
- Evidence-based decision making
- Sharing best practice

OBJECTIVES 2012/13

- Mentor development
- Graduate curriculum development
- Preceptorship programme (skills)
- Talent management
- Non-registered staff skills development
- RCN Leadership Programme
- Competent workforce
- Recruitment & Retention

OBJECTIVES 2012/13

- Profile expertise/mentorship/coaching
- Establish priority areas
- Increase applications to academic programmes
- Increase research activity & funding
- Celebrate success

Aim: To achieve excellence by 2016, with safety, compassion and professionalism at the heart of care
Nursing & Midwifery@NUH

Caring around the CLOCK

High Impact Actions

PROGRAMMES OF WORK: Safety and Quality

- Reducing Infections
- Pressure Ulcers
- Falls
- Nutrition
- VTE
- Medicines Safety
- Productive Ward 15 Step Challenge
- Think Glucose
- End of Life Care
- Engagement & Staff Involvement
- Normal Birth

PATIENT SAFETY THERMOMETER

- Clinical Leadership
- Education Programmes
- Research & Scholarships
- Preceptorship & Clinical Supervision

Caring • Safe • Thoughtful • Caring • Safe • Thoughtful
Values and behaviours
Our values & behaviours...caring, safe & thoughtful care

At NUH, we have a set of values and behavioural standards, called ‘We are here for you’. Created in 2009 following extensive engagement with patients, staff and other stakeholders, this new organisational philosophy comprised six core values underpinned by twelve behavioural standards.

A supporting behavioural change programme was developed to raise awareness of the values and standards, and to encourage staff to embrace and embed them within their everyday working lives. This ongoing programme ensures that all existing and new staff become familiar with the values, and are able to apply them.

The Principles of Nursing (2011) are also reflected in our values and behaviours and these are now being utilised in conjunction with our own values and behaviours. These enable nurses and midwives to be aware of how we expect them to interact with patients and colleagues. Nursing and Midwifery time out development days provide opportunity for discussion and reinforcement of these core principles and values.

Key improvements:

- Mandatory attendance for all staff at values and behaviours workshop which enables participants to reflect on how the values may be applied and used to drive the desired behavioural change in the local work place
- We aim for all staff to have completed the training by July 2012. Nearly 3,000 of our registered nurses have attended the workshop since its launch in 2009
- From October 2011, we started phase two of our values programme, working with ward-based teams to really embed our standards into nursing and midwifery practice
- We are also working with Matrons and Ward Sisters to agree what the next steps are to ensure that in an ever-changing landscape we can continue to value what is important and consistently deliver caring, safe and thoughtful care to our patients, their families and carers
**Values: thoughtful patient care**

- **Caring**
- **Safe**
- **Helpful**
- **Clinically Excellent**

**Values: continuous improvement**

- **Accountable**
- **Best use of time and resources**
- **Innovation for patients**

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<table>
<thead>
<tr>
<th>“I feel cared for”</th>
<th>“I feel safe”</th>
<th>“I feel confident”</th>
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<tbody>
<tr>
<td>2. Communicate &amp; listen</td>
<td>5. On stage <em>(feel safe)</em></td>
<td>8. Timely</td>
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</table>

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**Improving is everyone’s job**

- **10. Accountable**
- **11. Best use of time & resources**
- **12. Improve: our best gets better**
Improving care
Improving care through staff engagement & involvement

Time out development days for registered nurses, midwives and ODPs 2011/12

Time out days for Nursing and Midwives are led by the Director of Nursing and Midwifery. A total of 35 time out days for registered nurses, midwives and Operating Department Practitioners (ODPs) were delivered April 2011-March 2012. Each day has circa 100 nurses/midwives attending to date.

The aim of the days is to improve patient care and clinical outcomes through:

- setting clear standards and expectations for Nursing and Midwifery at NUH
- reinforcing positive achievements, recognising and thanking staff for their hard work and commitment to patient care
- actively listening to staff concerns
- delivery of focused training sessions based on patient feedback and quality and safety priorities
- sharing of best practice examples
- effective engagement and involvement of front line staff

The programme for 2011/12 has focused on the Trust’s top quality and safety priorities in patient care. This included: reinforcement of the Trust’s values and behaviours, venous thrombo-embolism (VTE) prevention, nutritional care, pressure ulcer prevention and end of life care. We have raised staff awareness of the importance of VTE risk assessments (within 24 hours of admission) and timely drug administration. We exceeded the 90% risk assessment standard by summer 2011 following a significant improvement in compliance.

It is even more important in these challenging times to effectively engage and involve staff in influencing the future of Nursing and Midwifery, to improve patient care and experience. The importance of building effective clinical leadership at all levels from ward to board in the delivery of patient-centred care is paramount.

Key improvements:

- The time out days have been highly effective in enabling Trust-wide implementation of the new Nursing dashboard (see page 15). There is increased staff understanding of this new approach to monitoring nursing care, with real-time data on evidence-based clinical metrics

- Time out days have provided an opportunity to feedback to registered and non registered nurses to discuss findings and action plans for improvement. This timely feedback and education is responsive to our patient and carer feedback and provides clear vision and direction for achieving national and international excellence in Nursing and Midwifery practice at NUH, providing the very best care for our patients

A new programme of nursing and midwifery time out days is under development for 2012/13.
Staff feedback:

Good day – meeting other people from different areas sharing ideas and also informative.

Excellent, fabulous, very informative and increased my knowledge.

Excellent day, best time out I’ve attended. Relevant, interesting and well-delivered sessions.

Thank you for the opportunity to come to this day. This should be made mandatory and draw out other specialist nurses. It is so easy to become isolated from other hospital activities and progress.
Patient experience 
(High Impact Actions)

Patient involvement and feedback on their experiences of care and treatment highlights areas where we need to give focus and make improvements to ensure delivery of a patient-focused service.

Patient feedback and safety information is gathered in a wide range of ways including both numerical and narrative data. Nurses and Midwives work closely with our Trust Patient Partnership Group, use feedback from national patient experience surveys and Patient Opinion and NHS Choices websites. In addition, key quality and safety feedback for Nursing and Midwifery includes:

1. The monthly 4Cs reports (complaints, concerns, compliments and comments) meet essential standards of quality and safety that respect their dignity and protect patients’ rights
2. Net Promoter Score (‘friend and family’ test)
3. Clinical risks and reported incidents
4. The Nursing dashboard
5. Essence of Care Benchmarking programme
6. Observation of care and patient stories

All these measures based on feedback from our patients provide Nursing and Midwifery at NUH with a rich source of information on which to develop their improvement programmes and to monitor how we are doing in improving our services. This underpins our commitment to providing caring, safe and thoughtful care and enables us to demonstrate to our patients and to our local communities assurance of our compliance with the Care Quality Commission’s essential standards.

Essence of Care Benchmarking & the Nursing & Midwifery dashboard

Work has been undertaken to align the 8 High Impact Actions* for Nurse and Midwives within the Essence of Care Benchmarks to develop comprehensive tools for quality improvement at a local level. This has resulted in increased patient feedback and enhanced staff ownership and involvement in quality improvement processes, raising standards in fundamental aspects of care.

A Trust Essence of Care Steering Group is chaired by one of the Non-Executive Directors of the Trust Board and oversees the annual scoring programme for all 12 benchmarks, with action planning and comparison of best practice across the Trust. Scoring of benchmarks is mandatory in all clinical areas. In support of the HIAs and to improve care for patients and their families, the Trust has also developed a new ‘End of Life’ benchmark which has been scored across all inpatient areas in December (2010). The Essence of Care rolling programme

*NHS Institute (2009)
has resulted in successful implementation of a more consistent and objective benchmarking and comparison process.

In addition to the annual rolling benchmarking programme, the Nursing dashboard was introduced at NUH in March 2011 to provide a real-time display of measurements relevant to nursing and midwifery, including key quality and safety indicators such as falls, infections, nutrition, pain, patient observations, pressure ulcers and dignity. Data is collected from all wards, including adult, paediatric, critical care and neonatal wards.

Results are collated and can be viewed at a trust level or at an individual ward/area level. They are displayed as a RAG rating with <80% being red and >90% being light green, 100% bright green.

Dashboard results are being used alongside other existing measurement of nursing care, patient outcomes, and other real time patient experience data we are capturing and acting upon. This includes the hand held devices used on each of our wards, leading to instant patient feedback and faster improvements where performance is off track or concerns are raised about patient experience. The information from the Nursing dashboard and Essence of Care Benchmarks are displayed on the newly-launched Productive Ward ‘performance board’.

### Nursing & Midwifery Metrics for NUH

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<tr>
<th>NUH Overall Score (%)</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
<th>March</th>
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<td>NUH Scores by Directorate (%)</td>
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<td>Respect and Dignity</td>
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**Patients Metric status:**
- Occupied beds at time of visit: 1325 1303 1307 1296 1303 1306 1397 258
- Metric sets completed: 637 647 596 639 624 663 685 89
- Metric sets in progress: 2 4 4 1 1 14 4 2

### Key improvements:

1. The implementation of the Nursing & Midwifery dashboard has resulted in the development of a ‘Nursing Risk Assessment Booklet’ and is helping with the standardisation of documentation used across NUH
2. Supported the streamlining of data collection/audit for National Health Service Litigation Authority (NHSLA) and Commissioning for Quality and Innovation (CQUIN) results, enabling clinical staff to focus on improvement and not additional data collection
3. The process of non-ward based clinical staff collecting the data on the wards has increased visibility of senior nursing staff within the clinical areas
4. Increased patient feedback and enhanced staff ownership and involvement in quality improvement processes, raising standards in fundamental aspects of care
6 High impact actions
Programmes of work
Our programmes of work: quality and safety

Caring around the

Clock

What is ‘Caring around the Clock?’

• It’s the NUH interpretation of ‘hourly rounding’ – which will enable us to ensure the basic care needs of our patients are met consistently, every day

• 3 months scholarship research has been undertaken in the USA by one of our experienced nurses, Marie Hutchings. Marie visited 14 US hospitals and attended 5 nursing conferences in 11 weeks at the end of 2011

• This learning is now being applied at NUH and is guiding our roll-out of Caring around the Clock on our wards

• A values-based video has been made to call staff to action, and gain commitment for the project

We are rolling out Caring around the Clock (CATC) on 10 pilot wards between February and May 2012 and ensuring staff receive the appropriate teaching and learning to equip them with the skills and tools needed. CATC will be rolled out to all of our wards (over 80 wards across NUH by October 2012).

Between 8am and 11pm, nurses will check on the basis care needs of patients every hour (every two hours between 12 midnight and 8am). This includes checking what we call the ‘Ps and Qs’ – pain, position, personal care, prevention, plan of care, questions and supplies.
### Education & Engagement

**Purpose**
Develop the skills necessary and understand WHY

**Values & emotion-based teaching**
Who
Train the trainers & champions

Skills labs & competency assessments

### Leadership Rounding on Patients

**Purpose**
To consistently validate behaviours of ‘hourly rounding’

Who
Matrons & Ward Sisters

Immediate feedback
Reward/recognition & coaching

### Senior Leader Rounding

**Purpose**
Staff engagement, appreciation & remove the we/they culture

Who
Clinical Leads

### ‘Hourly Rounding’ on Patients

**Purpose**
Better patients care & more control over workload

Who
Registered & non-registered nurses

---

**What we aim to achieve:**

- **Patient care**
  - Less anxiety and fear in our processes
  - More consistent structured care
- **Staffing**
  - “Take control of the room before the room takes control of you……..”
  - The good feeling of doing worthwhile work and knowing we are making a difference
- **Leadership**
  - More confidence in standards of care
- **Improved clinical outcomes**
  - Fewer falls, pressure ulcers and call lights
  - Improved patient satisfaction
  - More engaged staff
Reducing preventable pressure ulcers

The aim of the national High Impact Action – ‘Your skin matters’ is no avoidable pressure ulcers in NHS provided care. At NUH our ‘Take the Pressure Off’ campaign has led to significant improvements for patients.

Local CQUIN standards – Reduction by 5% of all hospital-acquired pressure ulcers stage 3&4 at NUH – 15% reduction

Key improvements:

- **Performance measures**: Development of a Pressure Ulcer Strategy Group that meets weekly. All wards that report a hospital-acquired Stage 3 or 4 pressure ulcer now complete a root cause analysis which is presented to this group with an appropriate action plan. Common themes are identified and escalated to the Pressure Ulcer Performance meeting. These meetings take place fortnightly and members include Clinical Leads and the Director of Nursing & Midwifery. The group is chaired by the Chief Executive.

- **Equipment**: Process mapping of the ‘high risk’ areas and the equipment library to identify issues around delivery and collection of specialist equipment specifically mattresses and cushions. A future mapping event is planned to forecast capital spend over the next 3 years and ensure response to equipment requests can be met within 2 hours which has been achieved.

- **Improved reporting**: Development of an electronic reporting system

- **Nursing Care**: Development of a SsKIN Bundle (Surface, Skin assessment, Keep moving, Incontinence, Nutrition), which is a package of care for ‘at risk’ patients

Take the Pressure Off campaign

Our high profile Trust-wide campaign to reduce preventable pressure ulcers.
Results to date:
25% reduction in grade 3-4 pressure ulcers (2011/12 compared to 2010/11)

Future focus:
- Improved discharge information to GPs linking with the new electronic discharge system
- Alerts on the new electronic bed management system
- All admission areas to perform risk assessments including theatres, Emergency Department and outpatient areas
- High-risk groups to be fast-tracked through the Emergency Department
Mealtimes Matter

As a High Impact Action for Nursing and Midwifery, improving nutritional care for patients is a key objective at NUH.

Our Trust-wide Essence of Care Benchmarking programme identified the inconsistent implementation of protected mealtimes as a challenge facing nursing teams. The food and drink benchmark is scored annually and the Nursing dashboard also measures nutritional quality measures each month. A Trust-wide approach to protecting mealtimes through engaging all staff was identified as essential, to ensure consistent implementation across all wards.

Mealtimes Matter is our nutrition campaign, launched early 2012 across NUH, and is a period of time over mealtimes when all non-essential activities on the wards stops. This prevents unnecessary interruptions to mealtimes. Our nurses, catering staff and volunteers are available on wards to help serve the food and give encouragement and assistance to patients who need extra support.

This applies:
- 8-9am
- 12-1pm
- 5-6pm

Key improvements:
- People on the wards are kept to a minimum at these times and Nursing staff, and volunteers monitor the patients’ food intake during their mealtimes and aim to make it an enjoyable experience
- Relatives supporting their loved ones are encouraged and very welcome on our wards during mealtimes
- Continued improvement in practices will be monitored through the scoring of the food and drink benchmark
The Productive Ward & Better for You programme

NUH was one of just two pilot trusts in the country to roll out the Productive Ward programme across a whole hospital (starting Summer of 2009). By the summer of 2011, all wards at NUH were part of the Productive Ward programme.

Our next challenge was ensuring all wards were working at the same level. The Productive Ward team met with staff, patients and visitors to plan the next phase of work, which focused on all wards working on one module at the same time to allow a greater degree of standardisation. We have called this phase of work ‘Advancing quality and safety – the next steps’.

During roll-out of the Productive Ward it also became clear that it was not possible to fully realise benefits unless all areas of the hospital were involved in change initiatives. Something more was needed to enable change to happen in all services and departments, and at all levels. The Trust therefore asked the question, “How do we move from being a collection of Productive Wards to becoming a Productive Hospital?” In 2009, Better for You was formed, NUH’s whole hospital change programme which was developed following the success of Productive Ward, Releasing Time to Care. Two years on, over 2,500 staff and 230 projects are part of Better for You.

Between October and November 2011, all wards have attended workshops to re-launch the ‘Knowing How We Are Doing’ (KHWAD) module. This has ensured that all wards are able to use existing data to measure and improve their performance. Following this, all wards have worked on reviewing the meals module – coinciding with the launch of our trust-wide Mealtimes Matter campaign aiming to improve and standardise the nutritional care of patients at NUH.

Key improvements:

- The Productive Ward has enabled a culture of continuous improvement and improved staff engagement on the wards. Staff now feel they are listened to, have their feedback acted upon and feel more empowered to implement change to how they work benefiting patient and staff experience
- Development of the standardised ‘Patient Status At A Glance’ board which became the foundation for the reducing Internal Waits project and the concept of daily board rounds. Further development has resulted in the introduction of electronic white boards with touch screen technology across all wards at NUH
- Modules are being implemented trust-wide to now focus on standardisation; with every ward being represented on each module
- Development and implementation of a standardised performance board as well as encouraging the staff to work with data to make local improvements
Case Study at Team Level:

Productive Ward

The Productive Ward programme, developed by the NHS Institute for Innovation and Improvement, has not just resulted in improved patient outcomes and patient experience, it has also made significant improvements in the way that clinical teams work together and communicate with each other.

The work has involved and engaged ward staff in a way that has not been achieved before, with clinicians taking ownership of issues and leading change across their work place.

Working in teams, staff have been involved in reviewing processes and systems, resulting in new, standardised operating procedures and processes, and regular audits. Universal information boards provide a patient’s status ‘at a glance’ and, together with daily board rounds, communication between multi-disciplinary teams has improved significantly and there is less disruption for ward staff. Furthermore, electronic handover sheets have been developed to improve the quality of information discussed at handover and to improve communication throughout the team.

“...The safety briefing has worked really well and we adapted the original paperwork to make it work for our team. After focusing on completing our nutrition care plans, our performance has increased from 38% to 91%.

Sue Mazengarb, Ward Sister, C25

We have been using our daily team briefing to focus on pain care plans as we had scored 0% on the dashboard for two consecutive months. We have now achieved 100% for 2 months.

Selina Spencer, Ward Sister, Gervis Pearson
Identifying areas for improvement from the patient’s perspective – The 15 Steps Challenge

Our nurses are leading this new initiative by taking part in a peer review learning process with the NHS Institute. The 15 Steps Challenge is a tool to help staff, patients and others to work together to identify improvements that can be made to enhance the patient experience. The Challenge takes place in the ward environment. A Challenge team, consisting of a patient, a staff member and a Board member, walk onto the ward and take note of their first impressions. The idea is to see the ward through a patient’s eyes. Does it build confidence and trust? After the ward walk around, the Challenge team feeds back to senior leaders in the team. Feedback focuses on good practice to share, and areas for improvement. The Challenge is repeated on a regular basis, to cover all ward areas and to ensure that improvements are being progressed. This tool is being piloted in practice prior to national roll-out in April 2012.

How the 15 Step Challenge will be used at NUH

- It will help us to hear how patients view our wards and care, bringing a stronger patient voice into the care that we provide
- Identify areas for improvement from a patient perspective and support better patient experience
- Used as part of the Trust’s existing peer review process to support continuous improvement
Reducing inpatient falls

Nationally falls have been identified as a key risk for patient safety. The Nursing and Midwifery High Impact Actions highlighted how each fall has a cost in terms of lost confidence, fear of further falls and physical injuries. All of these factors add to the length of time people spend in hospital and reduce the chances of these patients retaining their independence. Falls are not inevitable and can be prevented.

Datix reporting identifies 3,500 falls are recorded every year at NUH. On average one of our patients suffers a hip fracture every week. We reduced the number of falls in 2011/12, but did not achieve our 50% target. One of our quality and safety priorities in 2012/13 is a 5% falls reduction. We have changed our approach to reduce the harm from inpatient falls by raising the profile of our preventative work.

Key improvements:

- The implementation of a standardised Falls Prevention Tool Kit and associated risk assessments and interventions for all adult inpatient wards
- Bi-weekly Falls Prevention Operational Group (chaired by Peter Homa, Chief Executive)
- Trust-wide training programme MDT Falls Committee, root cause analysis reviews and enhanced incident reporting mechanisms
- New falls prevention leaflets for patients and carers
- High profile Trust-wide falls prevention campaign – which is focussing on the main causes of falls: footwear, medication, vision, continence and low beds
**Case study: Ward Sister, Diane Grant, Gastroenterology**

We looked at which bed spaces on the ward we placed our high risk fallers. We started to use 2 central bays that were more visible for these patients, enabling cohort nursing of our high risk patients in the same area. A nurse is in the bay at all times to observe these patients so we can prevent falls. Although a challenge, this can be done with forward planning and staff involvement.

All falls scores are highlighted on our daily ward handover and risks discussed during the ward handover.

In the same way as we provide information about infection risks, we provide information about the patients’ falls score prior to transfer. This means we can look at which bed space is the most suitable for patients, maximising patient safety.

Numbers of falls on this ward reduced from 249 in 2008/09 to 132 in 2011/12.

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**Palliative & End of Life Care**

*Important choices - where to die when the time comes’ is one of the 8 High Impact Actions.*

NUH is the first acute NHS Trust to develop and score an Essence of Care Benchmark for End of Life Care (EOLC) s. In 2010, the standard of care across all inpatient wards was measured to capture our baseline. This followed in 2011 with the development of a benchmark to further raise the standard of care for patients across the Trust. Results from inpatient areas at the end of 2011 found all patients expected to die had commenced on the last days of life pathway. In 79% of clinical areas the dedicated Liverpool Care Pathway information leaflet was available (Vs 57% in 2010). All dying patients had a pathway drug card (100%) with prompt access to anticipatory drugs (93%).

**Key improvements:**

- To facilitate staff in discharging patients to their preferred place of care and/or death, an end of life discharge planner has been implemented, providing structured guidance to meet needs of patients, their families
- Through collaborative working between our palliative care team, SPIRAL bereavement (a local organisation who support children and young people affected by bereavement) and the Nottingham Children's Hospital bereavement service, a new information leaflet has been launched, providing friends supporting a child who have a family member dying or who has died
- Daily week day visits to the Trust's 4 acute admission wards by the palliative care team have resulted in prompt symptom management, open communication in the face of uncertain prognosis and the transfer (if possible), of patients to their preferred place of care or death
Improving dementia care

People with dementia who are admitted to hospital can become frightened and confused by the experience, causing distress to them and their carers. At least one in three older people in hospital has dementia.

All staff at NUH have training to increase their knowledge and skills to care for people with dementia. Every new member of the nursing team that joins us has specific training in dementia care as part of their induction.

NUH developed a dementia strategy which was approved by the Trust Board in 2011.

“Our Trust-wide dementia strategy is helping to improve training, education and raise awareness among all staff at NUH. We believe we have made significant progress in raising the profile of dementia care for the benefit of our patients.”

Caron Swinscoe, Clinical Lead for Dementia at NUH

NUH has continued to forge strong partnerships with the Alzheimer’s Society, Nottinghamshire Local Involvement Networks and voluntary organisations which support the Trust in its work on dementia. We have also established links with Sherwood Forest NHS Foundation Trust to share good practice, learning and developments.
Key improvements:

- Implementation of the ‘About Me’ document, which gives vital information to staff about a patient's eating habits, sleeping patterns and what makes them stressed/relaxed
- Implementation of an environmental checklist to ensure wards are aware of what factors can help or hinder a patient with dementia
- Development of a document offering top ten tips for dementia care
- Training of 59 dementia champions who have completed the ‘Caring for people with dementia in acute hospital settings’ course, who can share ideas to improve the experience of people with dementia in our care
- Completion of work-based projects following training, e.g., improved signage, introduction of coloured crockery and use of specific pain assessment tool in Emergency Department
- Pilot of Abbey pain scale to assess pain in patients with Dementia to commence in February with a view to wider roll-out following audit
- Dementia champion’s website set up as a resource base for all staff
- 6 registered staff have completed level 3 degree module in dementia care
- Established carer’s group to promote involvement in service development
- A specialist ward at the Queen’s Medical Centre (QMC) for older people with both medical and mental health needs. The ward is part of a pioneering research study into dementia care by NUH and the University of Nottingham

Jacky Stevenson and Robert Micallef recently visited their mother Maria Micallef who has been on Ward B47 at QMC for six weeks since mid-January 2012. Mrs Micallef has dementia and was in a care home, but is now in the last stages of her life.

“My mother has had amazing care on Ward B47. The decision for mum to stay here rather than return to her care home was based on the quality of care she was receiving here. Everyone is wonderful: from the consultant right down to the man who brings us water – nothing is too much trouble.

Jacky Stevenson, relative

We couldn’t ask for better care. There are so many people involved in mum’s care and they’ve all been brilliant, especially as they have such knowledge of dementia. We’ve brought pictures in from home and play music to her. We hear so many negative stories about the NHS, that we need a positive one – and this one of them.

Robert Micallef, relative
Successful Health Innovation and Education Cluster Project 2011/12

Nursing and Midwifery High Impact Action – Reducing urinary catheter-associated infections at NUH

In partnership with the University of Nottingham, nurses at NUH have secured funding from the East Midlands Health and Innovation Education Cluster (EM HIEC) to develop and deliver online learning and face-to-face training for staff to reduce catheter-associated urinary tract infections. Urinary catheterisation is a common clinical procedure in hospitals, but any device entering the body leaves a route for infection. Urinary tract infections (UTIs) make up a large proportion of healthcare associated infections in the UK – and four out of every five can be linked to indwelling catheters. It is estimated that the cost of an inpatient acquiring a UTI is £1,968 and that they will have to stay in hospital for up to six extra days.

A baseline audit has been undertaken in 28 wards across NUH and priorities for improvement identified. Our Essence of Care Bladder and Bowel Benchmark also provides an overview of areas of best practice and those for improvement.

The e-learning package is in the creation stage and staff training has commenced. The training programme is led by a nurse specialist who is working in targeted clinical areas alongside clinical staff to review patients and their need for a urinary catheter.

The project aims to increase staff awareness of the alternatives to urinary catheterisation. Where it is identified that a catheter is required, best practice in care and patient assessment is applied to prevent infection and promote privacy and dignity.

Winston Churchill Memorial Trust fellowship – awarded to Amy Cartwright (pictured above), Infection Prevention and Control Nurse, who will be travelling to America for up to five weeks to visit a variety of healthcare organisations to understand how they prevent and managed catheter-associated urinary tract infections, and visiting Magnet-accredited hospitals.
Improving patient safety through reducing drug errors has been a key priority over 2011/12. Thematic review of incident trends identified that calculations were factors in only a small percentage of drug errors. Administration processes and practice issues were also key risk factors.

A number of educational and assessment initiatives for Registered Nurses, Midwives and ODPs have been developed and implemented to improve medicines safety. The Productive Ward medicines module also continues to provide increased opportunities for partnership working between pharmacists, nursing staff and the Trust’s Medicines Safety Group.

Key improvements:

- The drug calculation test has been replaced by ‘Medicines Management assessment’ in 2011 as part of the NUH recruitment and selection process. This assesses competencies in both calculations and general medicines management issues, including actions required if a drug is not available, checking procedures, the risks of non-administration
- A robust education pack is provided for those applicants who achieve the minimum standard of 80% but not 100%. Drug administration is not undertaken without supervision if development needs are identified
- Increased education for registered Nurses/Midwives/ODPs in relation to medicines safety at induction, time out days and band 6 leadership development programme, focus on both national and local trends relating to medicines safety
- Increased education relating to VTE as non-administration of anticoagulants is both a national and local issue
ThinkGlucose: improving care for people with diabetes

*ThinkGlucose is a major programme from the NHS Institute, designed to improve the care of people with diabetes when they are admitted to hospital.*

With around 28,000 people in Nottinghamshire with diabetes this means that typically around 15% of all patients being treated here are people with diabetes. That is about 200 in patients a day. ThinkGlucose has brought a number of benefits to staff and patients including:

- improving the quality of care
- reducing the length of stay (which is on average 2.6 days longer nationally than those without a diagnosis of diabetes receiving the same care)
- contributing to medicines safety/reducing treatment and drug errors
- enabling effective self management/self administration
- improving the patient’s experience of inpatient care

ThinkGlucose at NUH has been developed as part of Better for You, the Trust’s continuous improvement programme. ThinkGlucose was rolled out to over 90 wards during 2011, with a series of modules that work alongside the Productive Ward modules. A standard operating procedure has been developed for patient assessment, for safe use of insulin and for self-administration of insulin for patients so that all wards are using the same procedures.

Key improvements:

- Improved the safety of patient care particularly around the safe use of insulin: A programme of diabetes education was developed which included a session on Insulin and Insulin safety. During each roll-out module the NHS Diabetes Safe Administration of Insulin e-learning course was promoted and also on each registered nurse time out day

- Raised awareness of the management of patients with diabetes via a Trust-wide campaign: The campaign started with a launch event which was supported by the Institute for Improvement and Innovation. Subsequently ThinkGlucose was rolled out via directorate-targeted launch modules. Promotion was achieved via workshops
at the registered Nursing and Midwifery time out days and invitations to speak at various events and meetings

- **Improved patient experience particularly focussing on the promotion of the self administration of insulin:** The launch of ThinkGlucose was timely in relation to the implementation of the revised Trust’s self-administration of medication policy. ThinkGlucose was also the catalyst to a review of patients’ own drug (POD) lockers with a proposed trust wide procurement plan. This should ensure safe storage of medication and enable easy access to medications by patients. Wards demonstrate pockets of good practice in relation to insulin self-administration.

- **Raised knowledge and confidence of healthcare professionals relating to the care of patients with diabetes:** Before the launch of ThinkGlucose a sample audit demonstrated poor knowledge and confidence in relation to management of patients with diabetes. This is being addressed through bi-monthly ThinkGlucose education days and awareness-raising at the registered Nursing and Midwifery time out days.

- **Ensured the early identification and appropriate referral of patients to the diabetes specialist team thus ensuring appropriate team utilisation and enhancing patient care:** Identification of patients with Diabetes was initially through the use of magnetic ThinkGlucose ‘buttons’ used on ward’s magnetic ‘white boards’. These have subsequently been replaced by the new electronic bed management boards, which gave us the opportunity to work with the ICT team, to automatically generate identify patients with diabetes using the ThinkGlucose logo as a diabetes identifier. The NHS Institute’s ThinkGlucose assessment criteria were slightly adjusted to meet the needs of NUH’s patients; the revised patient assessment tool has been a major component of the success of the ThinkGlucose campaign.

In addition to the above objectives, ‘The Nottingham Approach’ has been widely publicised nationally with invitations to talk about our approach to The Welsh Health Board, NHS Scotland and a number of London hospitals. A DVD and case study have been published by the Institute for Improvement and Innovation which are being used nationally as promotional materials.

**What staff said:**

ThinkGlucose is nurse-led and nurse-driven. It was first trialled on four wards at NUH, supported by daily education sessions on the wards. The education programme has now evolved into a bi-monthly event for which invitations are sent out allowing staff to plan their study time in advance.

ThinkGlucose champions — including diabetes nurses, a consultant, a dietician and a patient representative — contribute to the education days which involve workshops, presentations and practical activities.
I receive really positive feedback from education days. This has been a really positive experience for the nurses, and for us as well, because we feel like we’re making a change and what’s what we wanted.

Katia Georgieva, Diabetic Nurse Specialist

The key things we focused on were patient identification and early assessment. We wrote a standard operating procedure (SOP) so that all the ward staff knew how to quickly identify patients with diabetes and refer them appropriately; we wrote an SOP around the safe use of insulin and used the magnets and flash cards from the ThinkGlucose toolkit. We also wrote an SOP for measuring improvement using boards to track and display the measures that we’d chosen.

Alison Cargill, Lead Nurse for ThinkGlucose
Midwifery – promoting normal birth & excellence in breast feeding practices

The key High Impact Action for midwifery aims to increase the normal birth rate and eliminate unnecessary caesarean sections through midwives taking the lead role in the care of normal pregnancy and labour, focusing on informing, educating and providing skilled support to first-time mothers and women who have had one previous caesarean section. NUH is also committed to becoming Baby Friendly by 2014. This is a UNICEF award that celebrates excellent evidence-based breastfeeding practices.

At NUH midwives have worked proactively to lead improvement through the Productive Ward, enhancing the labour suite birth environment and also through focused teaching and education both for women, their partners and midwives.

Key improvements:

- **Improving the birth environment** – Investments in ambient lighting, CD/ipod stations, pinards and sonicaidts have been made, together with active birth equipment such as birthing mats, beanbags and combitracs. With these being available in all rooms and not just the midwifery led unit it encourages and benefits all women regardless of their care pathway. Work to improve the birth environment is ongoing and the number of birthing pools has recently been increased.

- **Sharing best practice: Normal Birth Focus Group** – This group meets bi-monthly and has members from all different backgrounds including hospital, community and independent midwives; students; midwifery teachers; obstetricians and maternity support workers. The group has helped develop working relationships between all health professionals, providing a forum in which practice can be discussed and disseminated to help promote normality in childbearing. Ideas of ways to help women achieve their maximum birth potential are developed & actioned, eg, development of a virtual tour of the maternity units. It also gives an opportunity to share up to date related research and support one another in offering choice to women and their families.

- **Active birth workshops for women** – The emphasis during these sessions is on coping during the latent phase of labour, good positions to adopt during labour and birth, and practically illustrating how birth equipment can be used to help women facilitate an active labour. As recommended by the NHS Institute for Innovation and Improvement (2006-2010) the workshops are done in a labour suite room to give the women and
partner the opportunity to learn and practice in the environment which they may give birth in. They are short sessions lasting about 1 hour and involving small groups of 4 or 5 women and their birth partners. Sessions for Women opting for vaginal birth after caesarean section (VBAC) have also commenced, one of many ways to increase the VBAC rates at NUH. Like the above sessions these are run in small groups and are facilitated by a midwife; however they are adapted to ensure women are empowered to believe in themselves despite having had a caesarean section previously.

**Additional ‘Normal Birth’ Study Days for Midwives**

‘Skills for Normal Birth’ study days have been provided for midwives. These study days review the birth philosophy and illustrate to staff the importance of working with women, the environment and normalising the birth experience, even when labour becomes medicalised. It demonstrates to staff that NUH is committed to empowering them through knowledge and support, to enable all women and the birthing partner to have a positive birth experience. Drop-in sessions on skills for waterbirth have also begun and will be further developed to include other aspects of care in the near future.

With rates of 20.5%, NUH is in the upper quantile (compared to other tertiary units) for low caesarian rates. The Trust also has comparatively good, normal birth rates – at 65%.

**UNICEF Baby Friendly by 2014**

Implementation of ‘The 10 Steps To Successful Breastfeeding’ is underway. This unites all frontline NUH staff who care for mothers and breastfeeding babies and involves intensive mandatory breastfeeding training, clinical assessment and frequent auditing of staff and women. At NUH we have our certificate of commitment and received our level one accreditation in March 2012. We aim for full accreditation by January 2014. Staff training is the major focus at present and is on target to over achieve our UNICEF standard of 80% completion.
Professional development
Developing Nursing & Midwifery Clinical Leadership

The Royal College of Nursing Clinical Leadership programme

In Nottingham, we celebrated our 10th successful year running the RCN Clinical Leadership Programme (CLP) in 2011. Fourteen ward sisters-charge nurses completed the year-long programme and a new cohort of sixteen from across the Trust has begun in February 2012. Since 2001, over 200 ward sisters, charge nurses, matrons and practice development matrons from Nottingham City Hospital and QMC have completed the programme. The CLP recognises the pivotal role of the ward sister-charge nurse in setting and monitoring standards of care and delivering a high quality compassionate service to our patients and their carers. It provides a patient-focused approach to leadership development. Participants are taught to use the tools of ‘observations of care’ and ‘patient stories’, to gain greater insight into the experiences of patients and carers.

All participants take forward a work-based improvement project as part of their development.

Key improvements:

• A project to successfully reduce patients falls in one medical ward through staff education, effective risk assessment and direct intervention in care planning
• Development of a patient dining room within one of our older person wards to create a welcoming and pleasant environment for patients to meet and dine together in a more social setting
• Introducing a new rotational training programme for staff new to cardiac services as a speciality, introducing staff more effectively to the patient

One of the most positive aspects of the programme has been networking with other ward sisters, learning about different ideas and roles within the Trust.

“I am now more able to talk to patients and see their ‘inpatient’ stay through their eyes.

It has made me more aware of the bigger picture and how this effects what we at grass route level are expected to achieve.

The course has helped me to be aware of how to use my skills to get staff on board with the process of change.

Networking with other sisters-charge nurses I have found we have similar concerns and have been able to use the action learning groups to work on things as a group.

Ward sister-charge nurse feedback (2011)
pathway and develop wider clinical skills and competencies

- Reviewing the role of a support worker in maternity services to develop a more consistent and focused approach for providing effective support to women

**Deputy Sister Charge Nurse leadership development programme**

At NUH, approximately 390 Band 6 Deputy Sister-Charge Nurses work across 9 clinical directorates, providing an essential clinical leadership role. Trust-wide scoping identified inconsistency in preparation for role and varying leadership development opportunities. Ensuring the effective development of leadership talent within nursing requires a focus on the Ward Sister and Deputy Sister role. Cohorts of twenty five deputy sisters-charges nurses attend a six day clinical leadership programme incorporating action learning and a clinically focused work based learning project which is delivered over 6 months. Themed days include the leadership role of the deputy sister, change management, political awareness, patient safety, managing poor performance and team building.

Examples of successful projects led and implemented by participants over 2011 include the introduction of action learning for non registered staff, using the Essence of Care Benchmark for food and hydration to implement an increase in the number of hot drinks patients received in a 24 hour period, improvements to end of life care within theatres as previously there was no procedure in place for unexpected death. Positive evaluations from managers and participants have increased my awareness and confidence in my role.

These sessions have increased my awareness and confidence in my role.

Useful to learn about clinical supervision and action learning.

Good to learn about changes that are coming in the future.

Gained insight into CQUIN which I didn’t understand before and to learn what is happening at NUH to meet targets.

I found this day very useful and empowering. I have picked out some useful tips to improve and further develop my leadership skills.

Feedback from staff

has led to a more extensive review of band 6 leadership across the Trust and provided a focus for further development of this crucial leadership role.
**Nursing & Midwifery Research @ NUH**

Nurses and midwives at NUH have the privilege of working within a successful, research intensive organisation and have key collaborations with the University of Nottingham School of Nursing, Midwifery & Physiotherapy, East Midlands Collaborative Leadership for Applied Health Research in Care (CLAHRC) and East Midlands Health Innovation Education Cluster (EM HIEC). In order to maximise the capacity and capability of nurses and midwives undertaking and leading research, the NUH Nursing & Midwifery Research Strategy Group (NMRSG) and associated strategy were established in 2009, facilitated by Dr Jacqueline Randle (Associate Professor, School of Nursing, University of Nottingham) and Anne Scott (Clinical Lead, NUH). This laid the effective foundations on which Dr Joanne Cooper (Head of Nursing & Midwifery Research) and the strategy group continue to build capacity and capability in evidence based practice. The NMRSG includes a variety of clinical, academic and research representatives, including a broad cross-section of nursing and midwifery staff, and more recently Allied Health Professionals. Figure 1 summarises the 2011-2016 Nursing & Midwifery Research Strategy, which aims to establish and support robust processes by which we continue to measure and prioritise research activity, in addition to developing research confidence and expertise, career infrastructures and knowledge transfer activities.

![Figure 1: NUH Nursing & Midwifery Research Strategy 2011-2016](image-url)
Key improvements:

- Establishing the Trust’s first Nursing & Midwifery Research Strategy Group and associated strategy document
- Successful business case for the appointment of the Trust’s first Head of Nursing & Midwifery Research
- The successful provision of ‘Engage, Enthuse, Empower’, April 2011. A celebration event of Nursing & Midwifery research and practice development within NUH. This is now to be extended to a 4 day event, June 11 - June 14 2012, including support from the Nursing Times (and journal publication), Midirs, the British Journal of Nursing and East Midlands CLAHRC
- Increased partnership working with East Midlands CLAHRC, resulting in the offer of fully-funded ‘Research Opportunity Scholarships’ and the NUH/CLAHRC £1000 Research into Practice Awards 2012
- Research & Development now record separately where nurses and midwives are either principal or co-investigators of research projects. In collaboration with the University of Nottingham we are able to determine to directorate level the number of staff undertaking dissertations/thesis
- A quarterly Masters/PhD peer support group has been established, which is cross-disciplinary and aimed at building research networks, coaching opportunities and key skills such as publishing, grant writing and building a clinical-academic career
- We are expanding the excellent collaborations developed by the Nottingham Children’s Hospital between clinical and pre-registration Masters Level students in helping guide and support primary research dissertations
- Dr Joanne Cooper and members of the EM CLAHRC are working with Practice Development Matrons to build confidence in Evidence-Based Practice skills. Initial work has included an introduction to quantitative research, followed by appraisal quantitative studies in pressure ulcer prevention
- Dr Joanne Cooper now represents Nursing & Midwifery research at key decision-making meetings, including NUH Research and Innovation Strategy Meeting, NUH Flexibility & Sustainability Funding, NUH Charity Pump-priming Committee, NUH Education Steering Committee, University of Nottingham Research and Knowledge Transfer Committee (School of Nursing, Midwifery & Physiotherapy), East Midlands HIEC Board, East Midlands RCN Research Society (co-chair), Research Academy for Nurses, Midwives and Health Visitors
Scholarships/Studentships

- NIHR Masters in Research Methods. Elaine Bellamy (Infection Control Matron) successfully completed the prestigious NIHR MARM in 2010. Isabelle Allwood, Louise Bramley and Andrew Dainty were successful in gaining funding in 2011 and respectively are developing research relating to triage within the Emergency Department, compassion and caring in nursing and the psychological impact of living with Irritable Bowel Syndrome.

- NUH/Roosevelt Travel Scholarship. After securing this highly competitive funding Marie Hutchings has undertaken a 3 month investigation of best practice in ‘hourly rounding’ within the USA and is leading on its implementation across NUH. In collaboration with Joanne Cooper and Dr Wendy Walker (University of Nottingham), Marie is preparing a peer-reviewed publication to the Journal of Nursing Management.

- Florence Nightingale Travel Scholarship. NUH nursing staff have been awarded two scholarships in 2011/12: Emma Fitzsimons, staff nurse in the Nottingham Children’s Hospital, is looking at how nurses in USA hospitals approach evidence based practice and the translation of research in to practice. Catherine Russell, deputy sister, Healthcare of Older People, is looking at care of older people and specifically is undertaking an internship with a national organisation called NICHE (Nurses Improving Care for Healthsystem Elders) that accredits best practice in care for older people. She will be undertaking a NICHE training programme that is recognised at a marker of excellence in the USA. NICHE is a leading organisation designed to help hospitals improve the care of older adults. A program of the Hartford Institute for Geriatric Nursing at New York University College of Nursing, the goal of NICHE is to provide principles and tools to stimulate and support a systemic change in the culture of healthcare facilities to achieve patient-centered care.

Research/practice development funding applications

- NUH Charity pump-priming: In 2011, we have secured a total £16,992 in pump-priming money. Anne Crompton (Clinical Lead) for Family Health, Co-applicant (£7,992), Dr Joanne Cooper (Head of Nursing & Midwifery Research), Lead-applicant (£9,000)

- FoNS: Practice Development and Research Award. Submitted 17 January 2012 entitled, ‘Knowing why we do what we do’: establishing a Practice Unit Council to improve Evidence Based Nursing Practice in acute medicine using Appreciative Inquiry. Lead-applicant Mrs Alison Dinning, Co-applicants Kathryn Draper, Dr Joanne Cooper, Dr Wendy Walker (£4,985.20)

- NIHR Service Delivery & Organisation Improving clinical productivity (outline bid): Joanne Cooper co-applicant. Identifying highly productive clinical teams by developing an understanding of clinician-defined measures of productivity.

- NIHR Research for Patient Benefit (RfPB): Two applications submitted September 2011
  1. Mrs Ann Brown, epilepsy nurse specialist, ADAPT (Adolescent and Parent Toolkits: Self management for Emotions and Epilepsies – a feasibility study)
  2. Dr Joanne Cooper (Co-applicant, led by Dr Neil Guha, GI BRU). A feasibility study for a patient centred liver cirrhosis service.

- The Health Foundation Shared Purpose Award. Inspiring improvement at the point of care: a project aimed at embedding and evaluating the benefits of a shared governance approach. Outline bid. Significant contributions by Jenny Leggott (Director of Nursing and Midwifery), Dr Joanne Cooper, Sarah Moppett (Clinical Lead) and Sue Haines (Assistant Director of Nursing).
**Preceptorship & clinical supervision**

There has been focused work on improving preceptorship across Nursing and Midwifery at NUH to improve the experiences of newly-qualified nurses. Over 2011 this has expanded to include developing the skills of newly qualified practitioners when caring for acutely ill patients in non-critical care areas. This has been made possible by investment received from the Strategic Health Authority (SHA) to second a Critical Skills Nurse Educator for a year with the Trust’s Nursing Development Team.

### NUH Preceptorship Development Programme 2009-12

**2009-2010**
Focus on developing preceptorship – midwives & children’s nurses

**2010-2011**
Focus on developing preceptorship across NUH, including IV skills training & scoping wider skills needs

**2011-2012**
Focus on developing preceptor’s skills, action learning and:
Increasing clinical skills for newly registered staff to deliver safer care

#### Key improvements:

- Standardisation of a consistent preceptorship programme and development of resources
- A preceptorship website – Gives advice and guidance on a range of issues including documentation, reflection, communication, delegation, coping mechanisms, professional development and assertiveness
- A discussion board is also available
- Links to key trust initiatives and trust training resources
- All dates for the preceptorship events and all relevant documentation can be accessed
- Links to the ‘Flying Start’ website are provided
- A clear preceptorship flowchart – This is a resource for all staff to refer to as a guide to support preceptees in their first six months. It outlines what the expectations are to support the preceptee during their initial six months and key milestones
- Trust-wide preceptorship development days

- The aim of these days is to give support to newly qualified professionals in time management, delegation, stress management and assertiveness, as well as a session on their future development
- The day also includes the experiences of previous preceptees, patient stories and an introduction to ‘NUH Active’, the staff health & wellbeing programme. Preceptees are introduced to group clinical supervision/action learning and participate in their first group. This day involves professionals from adult and children nurses, midwifery, occupational therapy and physiotherapists
• Intravenous drug administration drop-in sessions. These run regularly twice a month and provide staff with assistance with the theory part of the IV education package. One to one support with drug calculations is also available. Each session lasts up to four hours and enables access to resources and direct face to face support. These sessions evaluate very positively as a support for newly qualified nurses as they develop their clinical skills in practice.

• Critical Skills Educator – the critical skills educator has been in post since October 2011. Baseline observations carried out in ward areas and a survey of newly qualified nurses identified key areas of concern for practitioners within the first 6-9 months of qualifying which have enabled focused development of training resources and actions require. The educator has been able to work alongside newly qualified nurses building confidence and skills in practice when caring for acutely unwell patients in non critical care areas.

• 14 newly-qualified nurses on an acute admissions areas identified that working individually with the critical skills educator reinforced aspects of practice when looking after a sick ward patient.

Clinical supervision is an essential component of professional practice and helps provide an effective support mechanism for nurses who work in busy healthcare environments. As part of our nursing and midwifery professional induction programme all participants are introduced to the opportunities for support and supervision available to them at NUH.

Over the past year we have further developed clinical supervision web resources on the intranet, increased publicity and staff awareness. We have provided increased training opportunities both for supervisors and senior nursing teams to develop supervision skills in practice and increase our numbers of trained clinical supervisors by 50%. There have been wide spread directorate-led awareness sessions and promotion of clinical supervision through a Trust-wide poster campaign. Clinical supervision has been integrated as part of action learning within existing leadership development programmes for Deputy Sisters and newly-qualified nurses with very positive results. A Trust-wide multi-professional training programme continues over 2012/13.

I have recently been doubting my own practice… so to gain positive feedback is very encouraging.

Working with the educator means I feel more knowledgeable and increases my confidence.

I have gained an understanding of why to be more assertive about escalating care with doctors eg fluids and antibiotics.