Celebrating the dedication of our nurses and midwives

Caring and helpful

Safe and vigilant

Accountable and reliable

Nursing & Midwifery Annual Report
Celebrating our nursing & midwifery heroes
# Contents

1 Introduction from our Director of Nursing & Midwifery ...........................................................04

2 Our values and behaviours – caring, safe & confident...................................................................06

3 A review of 12/13..........................................................................................................................10
   Areas of improvement at a glance
   1 Patient safety & essentials of nursing care
   2 Advanced Clinical Practice
   3 Education and workforce
   4 Research

4 Midwifery care..............................................................................................................................28

5 Ensuring care quality in the Nottingham Children’s Hospital ...................................................32

6 Celebrating our successes – recognising our award-winners and achievements in 12/13 ..........34

7 Patient experience and involvement ..........................................................................................42

8 Our priorities for 13/14 .................................................................................................................48
1

Introduction from our Director of Nursing & Midwifery

Welcome to the Nursing and Midwifery Annual Report.

Firstly, I would like to thank you all for your hard work and dedication during 12/13. I have the privilege of working with some of the most talented nurses and midwives, whose work is showcased in this annual report.

The context in which we work is changing. Most significantly we have a greater number of frail older patients with multiple complex needs. The Francis Report into Mid Staffordshire NHS Foundation Trust Hospital has been published and describes care that falls short of what patients, their families and carers had a right to expect and this has damaged our reputation as a profession.

Here at NUH, we have spent 12/13 reconnecting and building on the fundamentals of care. Caring around the Clock enables us to meet our promises to our patients that they will feel safe and cared for. It also provides the opportunity for patients through the ward sister to praise our nurses and midwives who deliver excellent care.

Accountability around the Clock ensures we respect each other and provides a mechanism for us to hold each other to account for the care we have delivered.

The values and behaviours endorsed by the Trust Board enable us to behave in the way that we would wish and to challenge those who do not.

The reconnection with the fundamentals of care has improved our care to patients by reducing pressure ulcers, infections and falls. We have protected mealtimes and improved the nutritional status of our patients.

During 13/14 we will embed and sustain this work so that we can consistently deliver high quality care. We will continue to measure what we do, and will promote the learning opportunities that are open to all nurses and midwives. We have started to look at how we can develop the evidence based for our care delivery and will build on this with our research agenda in 13/14.

We will also be looking to celebrate the great work we do and intend to promote a positive image of nursing and midwives.

We have looked to advance practice with the development of nurse practitioners and advanced nurse practitioner roles. We have begun to develop assistant practitioners and during 13/14 we will continue to enhance and expand these roles across the Trust.

I hope you will enjoy reading this report and I look forward to working with you in 13/14.

Jenny Leggott,
Director of Nursing and Midwifery
NUH has a long-standing programme 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 to 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 are these are now being utilised in conjunction with our own values and behaviours to ensure clear expectations of nurses and midwives. Nursing and midwifery time out development days provide opportunity for discussion and reinforcement of these core principles and values.

A new compassionate caring vision and strategy for nursing, midwifery and care staff (and the 6Cs) were launched in December 2012. The 6Cs are: care, communication, compassion, competence, courage, commitment.

Lilian Greenwood, MP for Nottingham South (right)
Our values and behaviours are intrinsically linked to the 6Cs – (see table below).

<table>
<thead>
<tr>
<th>“I feel cared for”</th>
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<td>KSF CD1 Communication</td>
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<td>6 C’s - Compassion</td>
<td>6 C’s - Courage</td>
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**Improving is everyone’s job**

KSF CD4 Service improvement & KSF CD2 Personal development

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<th>11. Best use of time &amp; resources</th>
<th>12. Improve: our best gets better</th>
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<tr>
<td>6 C’s - Commitment</td>
<td>6 C’s - Courage</td>
<td>6 C’s – Competence and Courage</td>
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Key improvements and developments in 12/13 include:

- Over 3,550 of our registered nurses attended the all staff values and behaviours workshop since 2010 (including 890 in 12/13). A further 1,230 nursing and midwifery non-registered nurses attended the workshop since 2010 (353 in 12/13).

- Our Learning and Organisational Development Team have worked with 18 teams, including ward-based nursing teams, wider ward teams and multi-disciplinary teams that work across different wards, to really embed our standards into nursing practice all of the time with all of our patients, their family members and carers and of course with each other.

- We are also working with matrons and ward sisters to ensure our values and behaviours are aligned with the 6Cs and NHS values to ensure in an ever-changing landscape we can continue to value what is important and consistently deliver caring, safe and thoughtful care to our patients and that we can evidence this through our behaviours.

- We assess which values and behaviours have not been met with complaints.

Our Care Quality Commission and complaints process has been invaluable in allowing us to prioritise which individuals and teams we need to work with to strengthen the understanding of our values and behaviours in practice. Individuals and teams have found these sessions invaluable.
Celebrating our nursing & midwifery heroes
A review of 12/13

Our improvement areas at a glance – 12/13

Priority 1 – Patient safety and essentials of nursing

Developing practice

Caring around the Clock (CATC)

In January 2012, the Prime Minister announced his desire to see ‘hourly rounding’ introduced at all NHS trusts. CATC is NUH’s unique take of hourly rounding which was rolled out across all inpatient wards at QMC and Nottingham City Hospital during 12/13. It is one of the programmes of work underway which is helping us to meet the essential care needs of our patients.

Between 8am and 11pm, nurses check on the essential care needs of patients every hour and two hourly 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. Clocks by the patients’ bedside are our visual promise to indicate to patients when a nurse is due back to check on them, helping to increase confidence in our care, the visibility of nurses and ensure that patients feel involved in their care.

CATC is made up of three types of rounding:

1 Hourly rounding

Involves the nurses using a physical clock at each individual patient’s bedside to let patients, families and carers know when a nurse will be back to see them. The visit includes a conversation incorporating our values and behaviours around the appropriate and selected Ps and Qs for each patient based on their individual needs.

Adult Ps and Qs (pain, position, personal care, prevention, plan of care, questions, supplies).

The Nottingham Children’s Hospital Ps and Qs (play, protect, position, pressure, pain, personal care, plan of care, prescriptions, questions, support).

2 Leadership rounding

It is the responsibility of the ward sister/charge nurse to validate that the hourly rounding process is happening on their ward, by discussing standards of nursing care with patients, families or carers. Ward leaders provide important feedback to their staff, recognise good practice recognition and coach staff to bring improvements.

3 Senior nurse rounding

Matrons and clinical leads (directorate nursing leads) visit their clinical areas to engage in discussions with staff, particularly focusing on recognition.

Ward staff receive training from ward link coaches. The latter is a newly-created role to support the education and change in practice on each ward.

In 12/13 we trained 485 senior nurses on the leadership elements of CATC.
What our nurses and patients say:

“CATC has been a catalyst for so many positive changes on the ward. Quality and safety has improved. It has helped us to go back to basics. The single biggest difference for me as a ward manager is that I now have more contact with patients and their families, I’m more visible on the ward and can get and act on feedback from patients immediately.”

Louise Challans, ward sister, Loxley Ward, City Hospital

“CATC is about changing the way we work. It is setting out how we do nursing at NUH and what patients can expect when in our care. All nurses are involved, including student nurses, helping us to train the future generation. Staff morale has improved.”

Rhonda Christian, ward sister, Ward E14 at QMC

“I visited my friend at City Hospital earlier today. She told me how having the clock next to her bed made her feel safe and reassured her the nurses would be back to see her. What a wonderful idea to ensure patients feel they are in safe hands.”

“The chief nursing officer’s reference to nurses focussing on care and compassion has also triggered many thoughts. I have spent 27 years in nursing and believe the greatest gift we give our patients is time and to demonstrate care and compassion nurses need time! The nurses on Ward C51 showed care and compassion that should make them proud.”

Patient comments

Accountability around the Clock

Piloted over 2012, this project links with the nurse handover at shift change. It aims to increase the accountability of registered nurses for the care of their patients. It promotes this through peer accountability – encouraging staff to challenge each other and hold each other to account for the care they deliver and completeness of documentation and communication of care.

Linking well with CATC, it provides an opportunity to check the patient’s bedside records and promotes compliance with record keeping standards – an area in which we know we need to make improvements.

It clearly identifies the nurse that has looked after a patient at any specified time during their stay on a ward. This may be useful when following up on complaints, concerns, compliments and comments.

Results from early pilots in 12/13 show improvements in completed documentation. We will roll-out Accountability around the Clock across all wards in 13/14.
Reducing preventable pressure ulcers

We had far fewer preventable pressure ulcers in 12/13 than previous years. We are measured externally using the Safety Thermometer data (data collected on a single day of the month across all Trusts showing a ‘moment in time’ picture). Our prevalence rate has improved in the last year – reducing from 2.8% to 1.1% (16 patients had a pressure ulcer on the day of the survey in February 2013 compared to 45 patients in March 2012).

In 12/13, we:

- Improved the documentation used to record our prevention of pressure ulcers. This is called the SsKIN Bundle (surface, skin assessment, keep moving, incontinence, nutrition) and now covers all patients within the trust. Previously we had a ‘no risk’ and ‘high risk’ category. This missed out a lot of patients who had no care plan to deal with pressure ulcers. We now have ‘high’, ‘medium’ and ‘low’ risk. Medium risk patients now have daily skin assessments.
- Ensured high risk patients changed position two hourly – this is crucial to the prevention of pressure ulcers.
- Appointed two pressure ulcer champions in January 2013. The champions visit all patients with Stage 2 pressure ulcers, investigate the causes and identify common themes.
- Brought the tissue viability service in-house. Ward visits have since increased by 100%, with many more patients being seen by the team. As a result, more ward staff are educated and trained about pressure ulcers.
- Introduced tissue viability link nurses on every inpatient ward.

Validated total numbers (stage 2 & 3) ‘avoidable’ pressure ulcers reported on the Safety Thermometer

Improving nutrition & hydration

Launched in 2012, our ‘Mealtimes Matter’ campaign is about minimising interruptions at mealtimes (8-9am, 12-1pm and 5-6pm).

In 2012 we introduced a standard operating procedure - a set of expected standards - detailing the activities that need to be performed at mealtimes to provide excellent nutrition care.

Continued improvements in practices will be monitored through the food and drink benchmark and mealt ime observations by the nutrition link professionals. Each ward has a nutrition link professional, who are allocated six hours of protected time to focus on the nutritional aspects of care.

Other achievements included:

- Recruitment of 94 volunteer mealt ime assistants at QMC and City Hospital (we now have volunteers on over 20 wards across NUH)
- Development of patient and staff information leaflets about why mealtimes matter

“I’m pleased with the support I’ve had. Changing positions is always on my mind, but I know that the nurses are checking on this too. I get to spend some weekends at home with my husband, and so in the back of my mind I’m always thinking about not sitting down for too long.”

Patient
Reducing inpatient falls

Our aim in 12/13 was to reduce patient falls by 10% to fewer than 3,297 falls. Although we did not meet this target, we are pleased to report that we had 8% less falls than the previous year and reduced falls causing serious harm (such as hip fractures) by 35%.

In 2012 we launched our Stop Falls campaign to highlight the main reasons that patients fall: poor footwear, poor vision, confusion, multiple drugs and continence. More falls champions have been recruited this year (we now have 60), who have worked within each ward and clinical area to highlight best practice and ensure that staff carry out a Falls Risk Assessment. A revised version of the Falls Prevention Toolkit was launched in January 2013 for every ward, with clear examples of best practice to reduce falls in our hospitals, such as better footwear, reducing multiple medication and making sure patients are helped to and from the toilet.

Over 2012 significant improvement was achieved on Ward B47 at QMC. Staff reduced falls by 18% through increased vigilance and cohort nursing (which identifies patients at risk of falls who must be under constant supervision by nursing staff). Posters to clearly show ‘cohort nursing’ bays have also been rolled out across the Trust.

Another of our success stories was Ward F21 at QMC. Falls on this gastro-medical ward used to be common and the culture among the staff was that the patients were ‘natural fallers’. There was an acceptance that patient falls were part of everyday life. Led by Ward Sister Diane Brittle, the ward decided to tackle the issue and set a target of no more than 16 falls a month.

The ward has now become completely falls aware. Every patient’s fall risk is printed on their handover sheet used when nurses change shift. High-risk fallers are cared for in two central bays where they can be observed at all times. Up to 12 patients at any one time can be under the care of this form of ‘cohort nursing’. One-to-one observation can also be provided. Patients at risk of falling are not put into side rooms.

Diane said: “The main thing is having 100% of ward staff on board and being focused on the fact that a patient falls can be prevented – and that they should never fall more than once while in hospital.”

In 08/09 the ward recorded 249 falls; or 21 per month. This compares to 16 in 09/10, 12 in 11/12 and 9 in 12/13.

Palliative & end of life care

NUH continues to lead the way nationally with Essence of Care Benchmarking in End of Life Care. Results in 2012 shows continued improvement in high standards of palliative care and commencement of the Last Days of Life Pathway for over 80% of the inpatients expecting to die.

All dying patients had a pathway drug chart available allowing access to anticipatory symptom control drugs.

Critical Care also commenced specialist benchmarking in their areas.

The Hospital Palliative Care Team (HPCT) continues to support staff in identifying preferred place of care with patients and their carers.

The HPCT work with community colleagues offers support and ensures clear communication with community colleagues through use of Amber Care Bundle. This enables the development of comprehensive care packages before patients’ discharge which in turn means fewer inappropriate hospital admissions.

Daily weekday visits to key admission wards by the Hospital Palliative Care Team encourages prompt symptom management, clear communication and clarification of expectation of carers.

Education delivery is ward-based and often informal to enhance clear bedside communication.

Medicines safety

We have strengthened governance arrangements for medicines as a result of nursing representation on all the NUH medicines and directorate committees. A Nurse Consultant chairs the non-medical prescribing group (NMPAS).

During the last year the NMPAS group have worked very hard to update non-medical prescribing agreements in line with changes in legislation and ways of working. This has made medicine delivery much more patient-focused. We have introduced nurse prescribing via the e-TTO system which has improved patient flow and the timeliness of discharges. Patients have helped us to develop better processes local agreements to reduce delays in medication administration and improve patient experience. More staff qualified as non-medical prescribers in 12/13.

The Care Quality Commission’s annual report on the safer management of controlled drugs made a number of recommendations for safer management. In response, NUH conducted a security and storage audit covering all medications. Resulting actions included re-education of staff regarding the storage and security of drugs and the Trust investing in additional drug locks for all fridges and locks on outer pharmacy room doors.

Adult critical care has introduced a new Omnicell cabinet for automating ordering and dispensing of medicines. This improves patient safety and reduces the time nurses spend dispensing medicines, which frees up more time for nurses to care for patients. It also eliminates paper drug registers, reduces stock discrepancies and gives a full audit trail for each medicine administered. It has enabled us to discontinue the use of our CD recording books, saving time and reducing the risk of human error.

We have introduced new bedside lockers that are gold standard for infection control and provide a safe and secure place for patients to store their belonging and access
their own medication. This has enabled us to improve on patients self administration. In 13/14 we plan to make this more widely available.

We have worked with nurse specialists and clinics to improve the way they manage their medication, tailor-making medication charts to suit their needs. A number of medication charts have been completely revised.

We carried out an omitted medicines audit to try to understand why patients do not always receive their drugs. This highlighted areas for improvement relating to documentation, the need for an escalation procedure if patients repeatedly refuse medication and a different approach to how wards monitor stock levels of drugs. The audit will be repeated in 13/14.

Patients have worked with us to improve our processes for discharge from hospital, how medications are managed and patient information.

Medication incidents are closely monitored and managed with input from ward managers and ward pharmacists. Learning from incidents and not apportioning blame is the essence of a robust system. The current system need improvement to ensure a standardised approach trust-wide and therefore the reporting system has been reviewed to ensure if there is an incident a comprehensive investigation takes place and there is a consistent approach to this throughout NUH.

Teaching and further education on medicine-related topics are included in induction and ongoing education for nurses. The Medicines Education Group is working to produce online learning and assessment modules to enable a more flexible approach to learning and competency assessment.

Dementia care

Our trust-wide dementia education strategy ensures that all of our staff have training in dementia as part of their induction and ongoing mandatory training. In 12/13 a total of 2,780 staff had this special training.

We recruited 86 dementia champions in 12/13 to give a total of 86 who work across our wards – mostly those looking after our more elderly patients. A further 200 frontline clinical staff (including nurses and support workers) received detailed (level 2) dementia training and awareness in 12/13 supported by the Alzheimer’s Society - again focused on our wards which have the most contact with elderly patients.

We produced an ‘About Me’ document which collects vital information from carers and families to tell us about the patients’ likes and needs to help us to develop care plans centred around individual patients needs.

One of our nurses attended a Nightingale Scholarship to explore how the New York University NICHE programme (Nurses Improving Care for Health system Elders) is equipping nurses to deliver high quality geriatric care and has brought back to NUH new ideas, such as the role of the HCOP nurse consultant which have since been implemented at NUH.

Working first-hand with researchers from the University of Nottingham on the award-winning Medical and Mental Health Unit has given us a unique insight into the way we care for this growing group of patients in our hospitals. NUH featured in the Daily Mail in early 2013, praised for providing excellent dementia and nursing care (include visual of coverage). The Trust similarly appeared on ITV Tonight to showcase our work in this important area. The unit employs staff with mental health expertise and offers training to general nurses and therapists in caring for people with dementia.
Standards and measurement of nursing & midwifery care

Nursing Dashboard

We further developed the nursing and midwifery dashboard in 12/13. Metrics (scores against indicators) are collected monthly from 81 inpatient clinical areas. To enable ward sisters/charge nurses and ward staff to get a better understanding of patient experience in their areas of responsibility, the nursing dashboard results are increasingly being viewed alongside other important measures of patient experience, including the ‘friends and family test’ results (see page 45), 4Cs, patient surveys, online feedback, incidents, Essence of Care and patient outcomes.

Following feedback from ward sisters, a new intranet site was developed last year to give nurses and midwives easier access to enter ward assurance measures and view results via a ‘one stop shop’.

Essence of Care

The Essence of Care benchmarks are a national tool which supports quality improvement at a local level.

We continue to score against the 12 national benchmarks identified as aspects of fundamental care that are of most importance to patients and carers. These include care environment, communication, bladder, bowel and continence care, prevention and management of pressure ulcers and pain, food, respect and dignity, record keeping, health and wellbeing and safety.

Our scores for all Essence of Care benchmarks improved in 12/13.

Essence of Care involves gathering patient feedback as an integral process of scoring and the development of the benchmark indicators. We aim to increase patient feedback through further development of benchmark indicators over 2013 with even greater patient and carer involvement.

As the benchmarking process continues we have described amber as the ‘new red’ and areas which score amber on three consecutive occasions attend the Essence of Care steering committee to update on their plans for improvement.
When the Care Quality Commission (CQC) carried out an unannounced inspection at NUH in 2011, they reported moderate concerns about the consistency in some domains of our care, notably record keeping and security, assessment and documentation of mental capacity and consent, as well as aspects of privacy, dignity and nutrition. Over the last year, teams across NUH have given great focus to improving the consistency of patient care. Practice development matrons in every directorate led this work superbly, with impressive results. Vast improvements were reported following the CQC’s unannounced re-inspection in September 2012 with many examples of excellent patient care described in our report. The CQC also visited four wards at City Hospital in August 2012 to complete their annual Dignity and Nutrition inspection. They declared NUH compliant against all essential standards of care for nutrition and dignity.

Comments from patients to the inspectors included: “The staff are all very kind... I’ve always been happy being treated with dignity and respect.” Patients also described that they felt safe when under our care, with one saying: “I feel safe. I’d speak with the nurses if I was worried about anything” and another adding “I’ve been given literature about my condition and treatment each step of the way to help me take it all in and help me reflect; I know I’m in the driving seat.” A final patient said: “My views have been taken into account all the way.”

This inspection led to compliance being confirmed against all but one of the standards - record keeping.

Patient Safety Thermometer

We calculate the rate of harm free care at our hospitals by counting the number of hospital inpatients in whom all of the following harms are absent:

- A pressure ulcer of any category 2, 3 or 4 acquired anywhere
- A fall which resulted in any degree of harm within the previous 72 hours in a care setting
- A new venous thrombo-embolism (VTE) of any type developed after admission VTE in this instance includes DVT, pulmonary embolism and other types of venous thrombo-embolism

The NHS Safety Thermometer is a tool designed to be used by frontline healthcare professionals to measure a snapshot of these harms once a month. We introduced the Safety Thermometer at NUH in 2012. It aims to support trusts to deliver harm free care to at least 95% of all NHS patients by the end of 2013.

100 staff from across all clinical areas, governance, nursing development and other corporate departments collect the data on a pre-determined date each month from around 1,400 patients across every ward.

We now have 12 months of data from this tool. Through our operational groups for falls, pressure ulcers and VTE we use this information to support and inform our delivery of harm free care to patients.

We remain committed to working with our wider health community to reduce all unavoidable harm across all settings for patients. The introduction of a matron for harm free care in 13/14 will strengthen our leadership and engagement capabilities in this vital area. This will enable us to drive and monitor successful reduction in harm through targeted activities. We will continue to learn from our staff how best we can help them to deliver harm free care.
Practitioner roles in healthcare of older people

A senior nurse and occupational therapist were appointed on a six month secondment to practitioner roles on Ward B50, a new rehabilitation ward for older people which opened at QMC in January 2013.

The purpose of the secondments was to determine how an advanced nurse practitioner role might work on future in healthcare of the elderly.

In summer 2013, we will advertise for trainee advanced nurse practitioners to work in healthcare of the elderly.

Four nursing colleagues are due to commence non-medical prescribing courses in 13/14.

Preparing for the introduction of advanced nurse practitioners in Acute Oncology

In 12/13, the senior nursing team in Cancer and Associated Specialties scoped the introduction of advanced nurse practitioners in the Acute Oncology Service. This development will provide expertise and skills at the point of access to the service so care and treatment is timely and efficient for the patients and undertaken by highly trained and skilled workforce. The service will encompass best practice for peer review and the meet national guidance in providing an oncology and haematology acute care service. This work will continue into the coming year.

Assistant practitioner roles

In 12/13, we piloted a new assistant nursing role across a number of areas at NUH – the band 4 assistant practitioner role. Pilots have taken place in renal, theatres and acute medicine. Six colleagues have completed the Open University Foundation Degree Course and been trained to degree level. This development is changing the skill-mix of our nursing establishment. In 13/14 we will review the results of the pilot to determine workforce planning for the coming years.

Clinical academic careers

The Trust is committed to embedding and facilitating clinical academic careers for nurses and midwives. In December 2012, the Nursing and Midwifery Research Strategy Group (NMRSG) set up a separate workstream to establish what infrastructure is required within the organisation for nurses and midwives to concurrently engage in research and clinical practice with a focus on improving safety, quality and standards of care for patients and their families.

The workstream has since devised a clear vision statement and five strategic objectives that aims to:

- Establish and uphold a culture that values research and innovation, which encourages and expects all registered nurses and midwives to actively translate best evidence into their clinical practice in order to ensure the highest quality care, experience, and outcomes to patients, carers and their families.
- Provide a clear and supportive infrastructure to empower registered nurses and midwives (at all levels within the organisation), that aspire to pursue a clinical academic career and undertake high quality research that contributes and develops a robust evidence base for nursing and healthcare practice.

The workstream is using benefit realisation management methodology to operationalise each objective during 13/14. It is proposed that this will involve strengthening existing, and building new, partnerships with key stakeholders such as, higher education institutions, local education and training boards (LETB), Health Innovation and Education Clusters (HIEC), and Academic Health Science Networks (AHSNs).

Evidence-based practice strategy

A travel scholarship to the USA was undertaken by nurse Emma Fitzsimons, funded by the Florence Nightingale Foundation, in 2012 to investigate how hospitals and universities ensure that evidence-based practice (EBP) is embedded within the nursing culture.

EBP has been shown to improve clinical outcomes, patient satisfaction, cost-effectiveness and staff satisfaction. Emma’s study tour highlighted four critical success factors for establishing a culture of EBP within nursing and midwifery:

- Shared Governance
- EBP Mentors and EBP education
- Visible support from leadership
- Feedback of audit and nursing outcomes

The study tour and the results were presented to the Trust’s senior nurses at the Band 7 time out day and numerous other groups of staff. This has helped to raise the awareness of the principles and importance of EBP to NUH nurses and midwives.

During 12/13 collaborations have been established with staff at the University of Nottingham. An EBP in nursing course has been developed aimed at training staff in the process of EBP in addition to implementing a project or developing a plan for implementation.

The course starts in May 2013. It includes three taught days based at the university, with interactive workshops in searching for and appraising the literature and measuring change. Staff are given time to attend lunchtime drop-in sessions for ongoing project-related support and time in which to implement and evaluate the change in their clinical areas.

An intranet site providing resources and contact details for nurses and midwives to support them in the EBP process has also been developed.
In 13/14, the course will be evaluated to identify the benefits to the participants and resulting clinical changes their projects have produced. This will help with the design and provision of future courses to ensure that staff receive the support they need to practice and promote EBP. The aim for the coming year is to ensure more people are trained in the process of EBP and are supported in implementing evidence-based changes to improve patient outcomes and experience and staff confidence and engagement with EBP.

**Foundation of nursing studies practice based Development and research programme – ‘Knowing why we do what we do’: establishing a Unit Practice Council (UPC) to improve evidence based nursing practice in acute medicine using appreciative inquiry**

Alison Dinning, Dr Jo Cooper and Kathryn Draper gained funding from the Foundation of Nursing Studies to pilot the development of a Unit Practice Council on Ward B3, our short stay emergency admissions unit, at QMC. The UPC held a 3 day launch event, which was attended by members of the NUH Trust Board, including Chief Executive Peter Homa.

The outstanding achievement of this work over the last year sits solely with the members of the UPC, who continue to establish the group and the remit of its work to bring shared-decision making to the frontline and with staff who know the needs of their patient group best.
PRIORiTY 3 – Education and workforce

Healthcare Assistant (HCA) Skills Academy

315 HCAs (non-registered and support staff) attended our Skills Academy in 12/13.

The Academy was developed to ensure HCAs who provide direct patient care receive a consistent and high quality practical clinical skills induction and training before starting work in clinical practice at NUH. HCAs are essential members of our nursing team. Registered nurses and midwives always remain accountable for patient safety and quality of care and oversee the delegation of appropriate care tasks and duties to non registered nursing support staff in practice. This skills programme increases HCA’s theoretical knowledge, understanding and practical skills and competency to underpin their daily work caring for patients, their carers and families.

The focus of the academy is on essential nursing care. The programme was developed based on the essence of care benchmarks, a national framework developed by the Department of Health in partnership with patients, carers and other key stakeholders. It identifies key areas of care that are important to patients, including privacy and dignity, food and drink, hygiene care, communication, values and behaviours, accountability and record keeping and end of life care. The programme also includes training in care of patients with dementia in the acute hospital setting delivered by the Alzheimer’s Society.

Investment in advanced nurse practitioners

In 12/13 the Trust’s continued investment in nursing development was rewarded with the arrival of five advanced nurse practitioners (ANPs). This took to seven the total number of ANPs now working in the Trust’s Emergency Department.

ANPs complement their nursing care with newly-acquired medical skills such as assessing patients as they arrive to determine diagnosis and initial treatment, prescribing medication, requesting x-rays, blood tests and specialist scans, referring for specialist opinion and determining whether a patient needs to be admitted to hospital.

All seven qualified ANPs have graduated from the University of Nottingham’s Masters in Advanced Clinical Practice postgraduate course taught by doctors and nurses.

ANPs are already working in NUH’s acute medicine team. They assess patients admitted via GPs as emergency medical admissions and make clinical decisions leading to treatment, investigations, discharge home or admission to hospital.

Nine more ANPs are currently in training, including one specialising in Paediatric Emergency Medicine. There are plans to recruit more nurses to the September 2013 intake of the Masters course this year.

Anna Soubry, MP for Broxtowe and Minister for Public Health (pictured above), met the new ANPs during a visit to QMC in March 2013. She said the nurses were helping to set a high standard of care for patients.

“The ANPs are a great idea. They’re good for the hospital and very good for the patients. All of the nurses here are very skilled and full of compassion. This new role is a good way for nurses to advance their skills and learning but keep their skills in the same place - in the Emergency Department (ED) where they are needed. They can build on their nursing skills and become ‘super nurses’. It’s great for them and great for patients to keep the most skilled people in ED.”
ANP Amber Bristow said: “The last two and a half year years have been hard work. We are fortunate to have had the support of both nursing and medicine colleagues at both the university and NUH. The university course-work combined with our shop-floor supervision has allowed us to take our senior nursing experience to another level. At the heart of it all are our patients.

“We now have the skills and knowledge to see, treat, investigate and diagnose patients who attend our ED. As our ED service continues to grow, we will work together with the doctors and nurses to provide efficient and timely care to all patients.”

Support and development for newly-qualified practitioners

In 12/13, the Critical Skills Educator and preceptorship team have continued to provide a range of study days and clinical support for newly qualified professionals. This includes a multi-professional preceptorship welcome day, an acute care skills study day, IV skills training days and IV drop-in workshops. Since April 2012, over 260 newly-qualified professionals have attended the welcome day and 230 the IV skills days or drop-in support sessions.

The critical skills educator is an innovative new post at NUH, leading the development and provision of targeted critical acute care clinical skills education for student nurses and newly-qualified professionals, specifically nurses, midwives and AHPs. A focused acute care skills programme has been developed including teaching and clinical mentoring for newly qualified (within 3-6 months of commencing employment). This includes a one day acute care skills training course to meet newly qualified needs and build confidence in the delivery of safer patient care and includes human factors skills training to improve communication and assertiveness when caring for potentially unstable patients in acute care wards.

Specialist clinical support in practice has been provided by the Critical Skills Educator and Preceptorship Leads in adult, child, maternity and allied health. They work clinically with newly-qualified practitioners to improve their confidence and knowledge when taking on their new role as registered professionals.

It has been extremely successful, increasing newly qualified staffs’ confidence, reducing stress and developing assertiveness skills in practice to improve patient safety.

Newly-qualified staff feedback from 2012 included:

“I was able to apply the knowledge gained from the day to escalate the care in the appropriate way ensuring the best possible care was delivered.”

“This course increased my prior knowledge but most importantly improved my confidence when caring for acutely ill patients.”

“I am now able to recognise sepsis and what to put in place etc. I was aware of how to look after a tracheostomy before the study day but I did not feel confident doing so. Since having the training I am now able to teach others and I have confidence doing so.”

Clinical Supervision

Supporting staff through providing access to clinical supervision remains a key development priority for nursing and midwifery. Since April 2012, seven clinical supervisor training days have run delivered by experienced clinical supervisors at NUH, and an additional 34 clinical supervisors are now available in the Trust. There are now 128 clinical supervisors available on the Trust supervisor database and training continues over 13/14. These supervisors are available to any nurse, midwife or allied health professional at NUH who would like to access support and continuing professional development.
Providing a quality practice learning environment

Nurses and midwives at NUH continue to work to improve and enhance the practice learning environment. Over the past year student placements and learning experiences in clinical areas have been reviewed and increased to ensure placements are provided for student numbers commissioned in the East Midlands. NUH nurses and midwives are actively involved in the recruitment and selection of students to undergraduate nurse training programmes in the university and the new graduate nurse curriculum commenced in September 2012. Close partnership working continues with the University of Nottingham and new for 2013 with De Montfort University. During October workshops were provided for over 500 mentors to discuss and plan for the new graduate student commencing in practice January 2013. These mentor workshops evaluated extremely positively.

A Band 6 deputy charge nurse is currently leading an innovative 6 month project, to study the experiences of the graduate students and their mentors in their first clinical placements. A new NUH welcome day for first year students embarking on their training was held in January 2013. This was attended by around 150 Student nurses from adult and child branch programmes at the University of Nottingham. Welcomed by Jenny Leggott, NUH Director of Nursing and Midwifery, this day then included practical skills training sessions to compliment the theoretical input students have had as part of their new programme. This included clinical observations, infection control, patient assessment and hygiene and care of dementia patients. Due to the success of this day these welcome days will be a regular feature for new first year students as they start at NUH and the next day runs for De Montfort University students starting at NUH in May 2013.

New NUH student task group

To continue to increase and develop student involvement and gain their views on how to improve practice learning experiences across the Trust, a new NUH Student Task Group has been formed. This group involves students from both masters and degree courses, identifying areas for action and aims to improve student learning experiences.

Ward sister leadership development events

Thanks to the generosity of the Nottingham Hospitals Charity we have been able to demonstrate a continued commitment to our ward sisters/charge nurses, matrons and allied health professional managers, delivering four leadership development days in 12/13. These days enable enhanced opportunities for multi professional working and ongoing leadership skills development for this key group of staff. Each event continues to be attended by over 200 participants and are led by the Director of Nursing and Midwifery. They provide opportunity for leadership updates, sharing of best practice, problem solving, networking and communication between senior clinical leaders from the multi professional team across NUH.

The annual programme has provided a variety of development opportunities including both Trust Directors and other staff and nationally-recognised external speakers including: Professor Rachel Munton (Director of Collaboration for Leadership in Applied Health Research and Care (CLAHRC), Nottingham, Derby and Leicester), Dr Nicola Wright, Research Fellow, Andrew Fearn, NUH Director of ICT Services, international nursing visitors from China, Director Lee Director of Nursing, China and Stacey Johnson The University of Nottingham, John Simpson, Director of Estate & Facilities and Tim Guyler, Better for You Programme Director. Presentations from staff nurses who have undertaken travel scholarships over 2012 including; the Florence Nightingale Travel Scholarship, Winston Churchill Scholarship and the Roosevelt Travel Scholarship and presentations from deputy sister – charge nurses who have undertaken improvement projects as part of the Trust’s deputy sister – charge nurse leadership programme. Travel Scholarship Feedback – Amy Cartwright, Specialist Project Lead (Winston Churchill Travel Scholar, Better for You update and staff involvement and engagement.

Feedback from delegates includes:

“An informative platform for sharing best practice and update information.”
Always very useful day to catch up on relevant hot topics & network.”
“I’ll be more vigilant on how to improve standards of care.”
“I will relook at patient pathways to find cost savings/effectiveness without reducing quality.”

Working with the Nottingham Hospitals Charity

To support the hospital charity through these leadership development events in 2012 ward sisters/charge nurses and AHP managers were set a new fundraising challenge ‘Challenge 500’. Each individual ward and department has been challenged to raise £500 for NUH Charity, with an overall target of £40,000. A range of events are underway with over £27,000 raised so far and results being revealed in April 2013.

RCN Clinical Leadership Programme

In 2012 we celebrated our 11th successful year running the nationally-recognised RCN Clinical Leadership Programme (CLP) in Nottingham. In 2012 a new cohort of sixteen participants from across the Trust commenced the year-long programme. The programme recognises the pivotal role of the ward sister in setting and monitoring standards of care and delivering a high quality compassionate service to our patients and their carers. This has been reinforced within the recently published Francis Report. The CLP 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. The benefits of networking with peers from across NUH, gaining a support network through participating in action learning sets, building clinical leadership knowledge and skills and undertaking patient stories and observations of care, are reported by participants as some of the most beneficial aspects of the programme. All participants take forward a work based improvement project as part of their development, areas of impact over 12/13 include:

- Project to improve patient safety, through more effective ward round communication and patient handover. (Rhonda Christian, ward sister – Charge Nurse E14)
- Implementing Improvements in the provision of activities provided for patients within a healthcare of the older persons ward (Beth Carling, health care of The older person, ANP on Ward B50)
- Promoting Hayward House to increase public and staff understanding of the role the unit plays in end of life care (Sue Hollingsworth, ward sister Hayward House)

Feedback from participants included:

“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 affects what we at grass-roots level are expected to achieve.”

On 28 February 2013 a new cohort of 16 ward sisters commenced the RCN Leadership programme. For the first time the programme involves ward sisters from both NUH and Sherwood Forest NHS Foundation Trust working together to improve care for patients and families from our local communities.

Band 6 Deputy Sister Charge Nurse Leadership Programme

This clinical leadership programme was developed at NUH in recognition of the critical leadership role deputy sister/charge nurses have within the ward or departmental team. Over the past year, 50 deputy sisters/charge nurses from across the Trust completed the band 6, with another 25 due to complete in June. All participants attend taught workshops, action learning sets and undertake a work based project. Work based projects focus on measurable improvement to fundamental care. These have included:

- Deputy Sister Deborah Hughes – improving falls prevention through increased staff training, effective completion of risk assessments and nursing handover. Dashboard scores increased from between 56 and 70 to 84 and 96.
- Deputy Charge Nurse Gary Wilds D57 – improving nursing dashboard scores and pressure ulcer prevention with increased staff education, improving risk assessment compliance, repositioning care and influenced changes to the pressure ulcer risk assessment tool which is used trust-wide.
- Deputy Sister Sam Ward Winifred 2 – improving MUST risk assessment and improving nutritional care for patients through creative ways of education and awareness raising through implementing staff quizzes, staff education.

Nurses and midwives at NUH are actively supported and encouraged to apply for the East Midlands Leadership Academy development programmes and other national leadership development opportunities.

Caring for Patients with Dementia – Education Programmes

We have continued to have excellent partnership working with the Alzheimer’s Society delivering practical skills training for registered and non-registered nursing and AHP staff. There have been additional training and networking events for dementia champions.

Developing the clinical skills of nurses to provide consistently high quality care for patients with dementia and their families is a nursing priority. We have a practice development matron (PDM) for dementia care who leads the development and delivery of the
Case study: BME Leadership Course, October 2012

Carolin Tomlinson, Maternity Governance Lead

At the end of October 2012, I was privileged enough to be selected to attend the first BME leadership course hosted by the East Midlands Leadership Academy. At the time that the course was advertised, I was at a stage in my career when I felt unsure about my ability to progress to a more challenging leadership position. I had considered doing the RCN leadership course but the BME element to this course intrigued me. I wanted to understand whether my ethnicity impacted on my leadership style and therefore was subconsciously impacting on my ability to progress. If this was not the case, I wanted to identify whether there were ways in which my ethnicity could be seen as a valuable advantage to my individual profile and therefore support my career progression.

Being in an environment surrounded by colleagues from a wide range of ethnic backgrounds immediately created a supportive environment and provided the opportunity to park negative experiences. Once this was achieved, I began on an amazing journey of self discovery. This course has enabled me to understand the theory behind successful leadership and offer me practical support and advice which has allowed me to re-evaluate my existing leadership style. I have been encouraged to challenge myself to improve my visibility, develop wider networks and have the confidence to become more forward facing and clearer about my future goals. Most importantly, I have grown in confidence and have the self belief that I have the skills to progress and continue to contribute to the development of my organisation.

I would strongly recommend this course to any eligible BME colleague with the desire for career progression. My message is ‘this course will support you to recognise that your Ethnicity is an asset and enables you to bring diversity and an enhanced viewpoint to any health environment.’

Trust dementia education strategy and educational programmes for registered and non-registered staff. Partnership working with the Alzheimer Society has resulted in bespoke practical skills training programmes for our acute care staff and training for our dementia champions. These programmes have evaluated exceptionally well and include completion of work based improvement projects to improve care for patients with dementia.

In addition, dementia awareness education is integrated into many Trust training opportunities including clinical induction, falls training, pressure ulcer prevention training and nutrition training.

Our PDM lead for dementia care continues to lead and develop the NUH ‘Dementia Champions Network’, ensuring effective staff engagement, implementing and embedding best practice in dementia care.

Patient Safety Education – Catheter-associated urinary tract infection prevention

Amy Cartwright undertook a Winston Churchill travel scholarship in the Summer of 2012 studying how catheter-related urinary tract infections are reduced and prevented in American hospitals. She was appointed as nurse specialist for continence care in November 2012. She has led on the development of improved education for non-registered and registered nurses in promoting continence and reducing catheter-related infections. This successful Health Innovation Education Cluster project involved the development of an e-learning package entitled Safer Urinary Catheter Care.

The content of the package was put together with topic experts from NUH, our community colleagues and other neighbouring trusts to ensure the most relevant and appropriate information was included and that it would suit a wide variety of staff. The package has been publicised through training sessions, through a national conference to other organisations and across a network of colleagues.

The Safety Thermometer has provided base line data of the use of urinary catheters and those patients who also have an infection and allows us to compare progress with other hospital Trusts. This will provide with a good baseline to measure our improvement against. We will continue to use the Essence of Care Benchmark and the Nursing Dashboard to monitor continence and urinary catheter care.

Other education has been carried out monthly on the HCA skills academy course and the e-learning resource is promoted at Infection Prevention and Control study sessions for NUH and at Sherwood Forest NHS Foundation Trust. A poster about the educational project was presented at the Infection Prevention Society national conference in October 2012 and won first prize at the Energi for Excellence event for the Midlands and East in November 2012.
PRIORITY 4 – Research

Enthuse, Empower, Engage Research Festival 2012

NUH held its second festival to celebrate nursing & midwifery research in Summer 2012. Over 150 people were involved in the second NUH Research Festival, which included 4 days of research and education activity, culminating in “Engage, Enthuse, Empower” – a one day, interactive conference at the City Hospital. Here we celebrated research studies led by and involving nurses, midwives and AHPs at the Trust, including a showcase of poster presentations and afternoon workshop sessions. Evaluation of the day was overwhelmingly positive. The event is to be expanded to 5 days in 2013, and rebranded as the NUH Non-Medical Research and Education Festival.

1 Gastro-intestinal/Liver

Working with medical and nursing colleagues in NUH and the University of Nottingham, nurse researchers are investigating a variety of topics including experiences of living with severe Crohn’s disease, nurse-led cognitive behavioural therapy in Irritable Bowel Syndrome, perceptions of care by patients with Alcohol Liver Disease, pre-operative preparation in liver surgery for cancer metastases and improving care in palliative oesophago-gastric cancer. Linked to existing studies with the Nottingham Digestive Diseases Centre Biomedical Research Unit, nurses are conducting complementary qualitative strands exploring perceptions of a novel ultrathin nasal endoscope in imaging the upper GI tract.

2 Children and Young People

Joseph Manning (Research fellow/PhD student – NIHR/NUH Translational Research Fellowship. Honorary Paediatric Intensive Care (PIC) Nurse, Nottingham Children’s Hospital, QMC.

The SCETCH Project – surviving critical illness in childhood:
exploring the long-term psychological wellbeing and needs.

The primary research objective is to understand how psychosocial wellbeing is perceived, described, and experienced by child and adolescent survivors at 6 to 18 months following an acute life threatening critical illness.

Secondary research objectives are to:

1. Determine how psychosocial well-being manifests in PIC survivors over time
2. Explore what meanings PIC survivors ascribe to any changes in psychosocial well-being
3. Describe how children and adolescents respond to the psychosocial impact/adversity of surviving acute life threatening critical illness
4. Determine the long-term psychosocial needs of PIC survivors.

A ‘tool-box’ of data collection methods are being utilised to capture the surviving child’s/young person’s narrative. These include art-based techniques, such as draw and tell, photo-elicitation, play, as well as interviews.

It is proposed that research findings will identify the longitudinal nature and construct of psychosocial wellbeing in children and adolescents following critical illness. Outstanding health, social care and educational needs will be identified which could inform national policy on rehabilitation after critical illness.

3 Dermatology (1)

Sandra Lawton – nurse consultant, Dermatology, NUH

The Eczema Priority Setting Partnership: A collaboration between patients, carers, clinicians and researchers to identify and prioritise important research questions for the treatment of eczema.

We aimed to identify the uncertainties in eczema treatment that are important to patients who have eczema, their carers and the healthcare professionals who treat them.

The top 14 treatment uncertainties around the treatment of eczema provide guidance for researchers and funding bodies to ensure that future research answers questions that are important to both clinicians and patients.

Dermatology (2)

Are accelerometers a useful tool for measuring scratch in children with eczema?

Actigraphy, which uses accelerometers to record movement, has been proposed as an objective method of itch assessment in eczema. Previous studies have found strong correlations with actigraphy and video surveillance, disease severity and biological markers in patients with eczema.

The aim of this study is to assess the validity of accelerometer data, its responsiveness to change and the practicality and acceptability of accelerometers when used as an outcome measure in a clinical trial.

It was concluded that Actigraphy did not correlate well with disease severity or quality of life when used as an objective outcome measure in a multicentre clinical trial, and was not responsive to change over time. Further work is needed to establish why this might be, and to establish improved methods of distinguishing between eczema-related and eczema-nonrelated movements.

4 Health Care of the Older Person

Dr Sarah Goldberg – registered nurse, adult

A multi-disciplinary group of clinicians and academics at our hospitals are researching the general hospital care of older people with confusion (dementia or delirium). Research in this area is a Department of Health priority area.

The main research is a mixed methods evaluation of a medical and mental health unit (MMHU) developed as a demonstration model of best practice dementia care for confused older people (mostly dementia and/or delirium) admitted to the hospital as a medical emergency. The evaluation was by randomised controlled trial, compared to standard care wards in the hospital. This research is funded by a NIHR PGfAR ‘Medical Crises in Older People’ PI Gladman and an NIHR RfPB ‘In a general hospital are older people with cognitive impairment managed better in a specialist unit?’

The research data was collected during 2011, and during 2012 we have analysed the results and submitted the main outcomes paper to the British Medical Journal. The main finding was that there was no difference in 90 day outcomes (days spent at home, mortality, length of stay, care home admissions, or a range of health status outcomes).
The MMHU did offer a higher quality of care in terms of patient experience (measured using the dementia care mapping tool) and carer satisfaction with care.

Our research has identified a number of problems with the hospital care of older people with dementia which we are currently developing new research proposals to address the needs of this group. We applied in January 2013 for RfPB funding for a feasibility study of a care planning tool to support the clinician to systematic assess and care plan for patients with dementia who call out repetitively. We are developing a research proposal to study patients with dementia who have been admitted to the general hospital and who have recently become incontinent.

In July, we set up a Patient and Public Involvement (PPI) group of carers and interested lay people to support us in our research. The PPI manager supported us with initial development of the group. The group meets monthly.

**Inspiring and supporting the next generation.**

**The Nottinghamshire Non-Medical Clinical Academic Career Mentorship Programme**

With our partners at Nottingham Citycare Partnership and the Medical and Health Science Faculty, University of Nottingham, NUH led a successful bid for clinical academic career mentorship funding from the East Midlands HIEC. This aims to provide clinical and academic support for nurses, midwives and AHPs aspiring to develop a career with advanced clinical and research skills. It is a tailored programme aiming to help mentees develop the strongest possible application for prestigious National Institute of Health Research (NIHR) Masters and PhD awards. The programme starts in March 2013 and 8 nurses from NUH have secured a place including Andrea Bennett, Rachel Bower, Sarah Brand, Emma Fitzsimons, Kathryn Jack, Pete Johnson, Chricy Kainga and Victoria Noonan. Mentees received £1,000 towards backfill costs and mentors £650 towards their time in supporting the development of the application. We anticipate that this will evaluate well and that a second programme will run in 2014.

**International collaborations**

Members of the NMRSG have presented to visitors from China, Brazil and USA. A key highlight included the videoconference with colleagues from San Francisco General Hospital, as part of the Children’s Hospital Nursing Research Innovation Forum (NRIF). Presentations from NUH were by Emma Fitzsimons (NRIF chair) outlining her learning from her Florence Nightingale Travel Scholarship investigating Evidence Based Practice, in addition to Sandra Lawton (Consultant Nurse, Dermatology) who presented her paper on skin and ageing. Future videoconferences are planned for 2013, and Dr Sasha Cottler is visiting NUH during the N&M Research and Education Festival 2013.
4 Midwifery care
Promoting normal birth and excellence in breastfeeding 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 for 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.

Promoting normal birth in Nottingham

At NUH midwives continue to work proactively to lead improvement within the service and the involvement of women and their families is an integral part of our service evaluation and development. The use of the Net Promoter scoring system to establish the opinions of the effectiveness of our service from the women provides us with valuable feedback, but in addition to this we also recognise that fathers have a significant role to play in the birth experience and their feedback too is essential. With this in mind we have recently undertaken a scoping exercise to engage with fathers to ascertain their perception of our service and to gain opinion on how we could improve.

It is recognised that fear and anxiety can inhibit the natural birth process, so by focussing on the role of the birth partner and addressing their needs we hope to reduce anxiety and therefore encourage the woman’s maximum birth potential. Our successful bid for Department of Health monies to support this idea will also be a catalyst for further improvement of our birth environment.

12/13 achievements include:

- We have continued our proactive work to promote positive birth by putting on various study days for staff; increasing staffs knowledge of hypnobirthing in order to care for women more effectively who are using hypnosis in labour, and the ways in which the midwife can use the principles of hypnobirthing for any labour and birth. We have introduced the alternative therapy EFT (Emotional Freedom Technique) to the journey of pregnancy and childbirth so midwives are able to aid women’s psychological needs and anxieties, from phobias, to coping with any discomfort of labour, through to breastfeeding and beyond. We are hoping to be able to offer more of these sessions to not only staff but also to women and their families
All NUH midwifery staff have been given a ‘Promoting Normal Birth in Nottingham’ booklet. This booklet is designed to give midwives a concise guide to current evidence and refresh them on all aspects of promoting normality during labour, both in hospital and at home. This acts as a useful tool when mentoring or preceptoring students and newly qualified staff.

The ‘Stork Talk’ newsletter was launched late last year and acts as a way of communicating current issues, research and interesting topics relating to labour and birth at NUH. It is sent out to all midwives, students, doctors and all staff working in maternity, and staff are actively encouraged to write in the newsletter, with promoting normality is the key focus.

The use of colourful screening on the labour suite windows will enhance the birth environment providing a pleasant and relaxing feel. We have purchased stained glass effect window screens which will be applied to each labour room window.

In response to demands and excellent feedback our active birth active vision classes have been increased in frequency, and have been extended to address the specific needs of teenagers.

In 13/14 we will:

- Continue to increase normal birth and involving partners
- Ensure that partners can remain with the woman, such as during an induction of labour will reduce anxiety and therefore less likely to inhibit the natural birth process. The Department of Health bid has enabled us to purchase a number of reclining chairs for use on both maternity units
- Design a website especially for fathers and expectant fathers to make sure they feel fully involved with the pregnancy and giving them advice and tips on a multitude of topics, all of which have been identified by dads
- Launch our father’s booklet ‘adapting to fatherhood’ which aims to tackle some of the issues relevant to men about fatherhood. An Royal College of Midwives award was received by the midwife for the initiative

Improving infant feeding practices in Nottingham maternity Service – achieving UNICEF baby friendly stage two accreditation in summer 2013

The Trust continues to support all pregnant women to recognise the importance of breastfeeding and early relationships for the health and well-being of their baby. This involves supporting all mothers and babies to initiate a close relationship and feeding soon after birth. The new Baby Friendly Standards launched in December 2012 focuses on best practice and more specifically on supporting parents to have a close and loving relationship with their babies.

We have:

- Educated all staff to implement the standards according to their role and the service provided.
- Begun embedding our processes for implementing, auditing and evaluating the standards.
- Started preparing for a level 2 assessment in Summer 2013.
- Been working in partnership with community providers to ensure improved communication and peer support networks are established.
Ensuring quality care in the Nottingham Children’s Hospital

QMC’s Nottingham Children’s Hospital has a team of dedicated, motivated and professional staff. They represent an effective team, particularly at times of increased pressure within the service. Together they rise to the challenge and work in a way that is supportive to each other whilst protecting our patients.

It is evident from the number of registered nurse and clinical support worker applications received in 12/13, that candidates are attracted to the Nottingham Children’s Hospital. Many are motivated to join the team because of the excellent rotation programme that NUH offers. It is very important that interest in and commitment to staff development continues beyond the initial preceptorship period. We aim to offer staff meaningful appraisals, opportunity for the development of knowledge and competency and support in the form of clinical supervision. The nursing teams are a critical component of our success and aim to recruit and retain the best whilst preparing all for future opportunities within Nottingham and beyond.

Success stories in 12/13 include:

- The Nottingham Children’s Hospital’s Better for You Hub held a three-week engagement event – ‘Octoberfest’ – for staff to learn more about the programme’s achievements and share ideas. Better for You is the Trust’s transformational change programme improving quality, safety and value for money across the organisation. At the heart of it is empowering staff to make change happen in their own areas of work.

Julie Beard, ward manager who is on secondment as Better for You project manager in the Children’s Hospital said it was to take stock, review progress, celebrate successes and think about where the project would go next.

Some of the project’s key successes include:

- Improvements in patient flow for children’s medical emergency admissions have increased patient safety
- An improved environment and preparation for children coming in for planned surgery
- Patient stories have helped understand the experiences of children, young people and families using services, helping shape improvement projects

Julie said: “The Children’s Better for You Hub is here to let people know what’s going on and to hear ideas, problems or issues and ask why things aren’t working or how they could be done better. We managed to get more than 200 staff involved. What’s been really important is that we have the full support of our directorate management team, who have even been holding open team meetings for anyone and everyone to attend. Their presence in the hub means people’s ideas are definitely heard, and some have already been acted upon.”

- Children’s Respiratory Nursing book published by Janice Mighten, Respiratory Nurse Specialist, with a forward from Angela Horsley, Clinical Lead
- Working in partnership with First Story, the NUH Youth Service published ‘One Door Closes Another Door Opens’, in partnership the first ever published anthology of short stories and poems by young NUH patients
- A two-day conference organised by Play and Development Team and Youth Service focusing on the non medical model attracted international delegates, including visitors from Japan

Our focus on the community for 13/14

- The children’s community nursing team will continue to grow with the introduction of two new services within the team and the expansion of existing services. These services will improve efficiency and outcomes for children and young people with additional health needs and reduce hospital admissions
- The End of Life service will further develop to support those children, young people and their families who choose to die at home. The community nurses will operate a 24 hour on-call system throughout the year. Nurses will continue to undertake the Children’s Palliative Care module and undertake the advanced communications course
- The Children’s Continuing Care Assessment Service will initiate processes which will assist in:
  - Identifying children who may benefit from a continuing care package
  - Provide a process to bring together agencies around the child
  - Provide a responsive service that ensures a continuing care package is provided and delivered in a timely manner
  - Providing respite care to any child with an assessed nursing care need
Celebrating our successes – recognising our award winners & achievements in 12/13

NUHonours Awards 2012 – NUH’s annual staff awards scheme

Winners:

**Diabetes, Infectious Diseases, Renal & Cardiovascular Directorate Award** – Ilkeston Dialysis Unit nursing team won for their excellent nursing care to improve patient experience.

**Musculo-skeletal and Neurosciences Directorate Award** – Laurian Cotes, Neurosurgical Nurse Practitioner was praised by patients and colleagues for being an excellent leader, overcoming obstacles and delivering the highest standards of care. She led the development of a post-operative telephone advice service for all of her patients and prospective patients.

**Public Member of the Year Award** – Acute Medicine Patient and Public Involvement Group won for their work and commitment to improve patient experience.

Shortlisted:

**Acute Medicine Directorate Award** – Ina Sobaleva, deputy ward manager and Ward D57 nursing team for consistently going beyond the call of duty to provide excellent patient care.

**Cancer & Associated Specialties Directorate Award** – Eleanor Robinson, uro-oncology nurse specialist for her hard work and passion for nursing. She has led various campaigns, including one which looked at giving patients information at appropriate times in their pathway.

**Corporate Directorates Award** – Nicky Lindley, tissue viability matron for her work to reduce the number of avoidable pressure sores, therefore improving patient safety.

**Digestive Diseases & Thoracics** – Ward F22 nursing team were nominated by patients for working well together as a team and consistently supporting and putting patients first.

**Diabetes, Infectious Diseases, Renal & Cardiovascular Directorate Award** – Joan Evans, clinical support worker, Bramley Ward was nominated for being a credit to NUH and delivering excellent care to patients.

**Family Health Directorate Award** – Carol Arme, safeguarding specialist nurse & Sarah Mann, ward manager, Lawrence Ward. Carol was recognised for the work she does for patients and their families and Sarah for being a role model as a ward manager and constantly striving to improve morale and staff experience on her ward.

**Head & Neck Directorate Award** – Sue Hall, sister, Maxillo-Facial Outpatients for the way in which she works with patients, her caring nature and leadership.

**Musculo-skeletal and Neurosciences Directorate Award** – Neuro-Spinal Post-Operative Unit nursing team for the way they have pulled together over the last year often in difficult circumstances and delivering outstanding care to seriously-ill patients on the unit.

**Specialist Support Directorate Award** – Edward Unit nursing team and Pauline Corton, theatre practitioner nurse, for constantly seeking improvements on her area of work for the benefit of patients and staff.
Other nursing & midwifery awards 12/13

Tracey Warren, practice development matron – March 2013

Won the British Journal of Nursing Award for her work to improve patient nutrition and hydration. Tracey has led our Mealtimes Matter campaign to ensure patients have protected time to eat their food, supported by nurses, healthcare assistants and volunteers.

Lorraine Bowen, midwife Winner of the Pampers Award for Excellence in Postnatal and Neonatal Care at the Royal College of Midwives Annual Awards – January 2013

Lorraine created an information booklet for fathers to help in their transition to parenthood. The booklet provides practical information to men about fatherhood. It answers many of the common questions and worries that arise, particularly within the first few weeks of a baby’s life.

Sandra Lawton, nurse consultant in dermatology Fellowship of the Queen’s Nursing Institute (QNI) – November 2012

Sandra Lawton has been offered Fellowship of the Queen’s Nursing Institute (QNI). The honorary appointment is in recognition of Sandra’s extensive contribution and influence in the delivery of primary health care and community nursing.

Anita John, matron
Mary Seacole Award – October 2012

Anita John was given the award for her research project into understanding the barriers and incentives to diabetic screening among the South Asian population in Nottinghamshire.

Phillippa Johnson, emergency department nurse
Awarded the Queen’s Diamond Jubilee Medal for her volunteer work – July 2012

Phillippa was given the award for her volunteering with the Edale Mountain Rescue Team for the past seven years.

Gill Godsell, nurse
Highly commended in the oncology nursing category at the British Nursing Journal Awards – April 2012

Gill undertook research looking into the reasons why people delay going to their doctor after discovering a suspicious mole. One of the results from the research was that men delay more than women, often because they were not aware of the signs of melanoma.

Scholarships

Nottinghamshire Roosevelt Travelling Scholarship

Case study: Bringing best practice from USA

Laura Hailes, staff nurse

Laura visited the USA in 2012 as part of the Nottinghamshire Roosevelt Travelling Scholarship. Funded by the QMC League of Friends and Nottingham Hospitals Charity, the Scholarship gives 21-30 year olds who live or work in Nottinghamshire the opportunity to travel to the USA as British ambassadors, to develop their profession, trade or area of expertise.

Laura, 26, is a staff nurse at City Hospital. She visited 13 hospitals in 12 states over three months to learn more about shared governance and how to empower frontline staff.

Laura said: “What I love most about the Roosevelt Scholarship is that its emphasis is as much on personal development as it is professional. I thoroughly enjoyed my time away and would recommend it to anyone.

“I met great people, experienced different cultures and took part in activities which I’d never have the opportunity or courage to do at home.

“The focus of my trip was to investigate nursing Shared Governance. Shared Governance is a type of nursing management which allows frontline staff to join their managers in making decisions about their practice. I travelled all over the US and saw some great examples of this working in a variety of hospitals.”

A further two scholarships will be available in 13/14. We are really excited to see what projects our staff will be undertaking next and how, through this valuable experience, we can continue to improve patients and staff experience.
Tracey Palmer, advanced stroke nurse practitioner – won a NICE Award for introducing a nurse-led TIA Clinic at City Hospital.

Winston Churchill Travelling Scholarship
Amy Cartwright
Upon being awarded a Winston Churchill Memorial Trust fellowship, Amy travelled to America to see what work is being carried out to prevent catheter associated urinary tract infections (CAUTIs). Amy travelled to Denver, Kansas City, Omaha, Columbus, Baltimore and Boston over a 4 week period.

Amy said: “This was an amazing opportunity for me and I found it very interesting. I came back with a number of ideas on how to help prevent CAUTIs and now have a good understanding of the American healthcare system, which is very different to ours. I met some wonderful people along the way most of which I am still in contact with; it is really useful to have connections in other countries with healthcare professionals.”

NIHR MA Research Methods
Donghong Langley
To explore barriers and facilitators of non-nutritive sucking (NNS) practice in relation to tube feeding in premature infants. With this study it is hoped that NNS could be more frequently utilised by nursing staff in the clinical area to achieve its beneficial outcomes according to research evidence.

Donghong said: “This award has given me confidence to work towards a clinical academic career. I hope that managers could allocate me time for research in the clinical area once the course finishes in September 2013. I would like to use the research skills learned from the MARM and continue to be active in research group/forum to promote nursing research.”

Jess Lower, HPB nurse specialist
Jess said: “My role at the Trust is a Hepatobiliary Clinical Nurse Practitioner (HPB CNP) working within the DD&T directorate. I am currently undertaking an NIHR funded Masters in Research Methods (Health) one year programme.

My research project is entitled: Can increased pre-operative Hepatobiliary (HPB) Clinical Nurse Specialist (CNS) input decrease anxiety levels and improve satisfaction for patients undergoing curative surgery for Colorectal Liver Metastases (CRLM)” or the short title “Information effect on patient anxiety levels and satisfaction.”

The aim of the study is to evaluate patients’ information needs, and whether enhanced, nurse-led preparation prior to surgery could have a positive impact on reducing anxiety and improving overall patient experience. A small empirical research project will
be undertaken for the Masters, including patient satisfaction questionnaires, Hospital Anxiety and Depression Scores and patient interviews. It is hoped that information gained from this project will lead to the development of an intervention that will enhance the care given to this group of patients in the future.

The skills I have learned so far on this course have so far enabled me to design my own research project, and has equipped me with the skills and knowledge for the future to pursue a clinical academic career, impacting positively on the care that patients receive."

Lisa Common, midwife

Lisa said: “I am currently undertaking the Masters in Research Methods with the University of Nottingham with an NIHR/CNO Studentship. My motivation for undertaking this course was to develop skills in understanding, interpreting and ultimately leading research within the NHS. Personally, I wish to contribute to developing maternity services in Nottingham that meet the clinical needs and choices of all the women and families we serve, and in creating a working environment and culture in which midwives can thrive and deliver the best possible care. Undertaking this course has been a life-changing opportunity and I aspire to develop a clinical academic career in the future.

During 2011, 1.8% of women in Nottingham gave birth to their children at home; the national average was 2.36%. For the past 14 years, the number of home births in Nottingham has consistently fallen below the national average. The evidence from the Birthplace in England Research Study published in 2011 suggests that giving birth at home, particularly for women who have given birth previously, is at least as safe as giving birth in hospital. In addition, the economic evaluation found that home birth represented cost savings for the NHS when compared with hospital birth. Given that NHS Commissioners expect NUH to increase the home birth rate in Nottingham, it therefore seemed appropriate to undertake a small qualitative pilot project as part of my dissertation using semi-structured interviews with community midwives working in Nottingham, to explore the factors which they feel influence where women choose to give birth to their children locally. In the future, I would like to develop this study further and explore the views of women and their families to inform a re-design of the home birth or even out-of-hospital maternity services available in Nottingham.”

Ellie Dring, PDM

Ellie said: “I’m currently undertaking the MA Research Methods, funded by the National Institute of Health Research. This is a prestigious studentship to encourage experienced clinical staff to develop their research skills and pursue a clinical academic career.

This is an exciting and challenging experience. The course is a year full-time and there is an assignment with each module, as well as a 15,000 word dissertation which is a PhD proposal. Part of this involves undertaking small piece of empirical data collection, which is then reported on.

My particular interest is ward culture and pressure ulcer prevention and I will be undertaking a mixed methods study within two wards at NUH. This will involve observing and interviewing a small number of staff with regard to the challenges and enablers to delivering pressure ulcer prevention care to patients. There will also be some triangulation of the results with trust data such as pressure ulcer incidence, the nursing dashboard and the safety thermometer.

The aim is to gain an insight into the positive and negative factors which influence how this care is given and to translate this information into clinical practice, in order to support staff and improve the care given to patients.

I feel immensely proud to be doing this course - both personally and professionally. Having completed an undergraduate degree in sociology, followed by my nurse training, the insight I now have makes me feel passionately about encouraging nurses to become more involved in research at ward level. This is in terms of helping them to question practice and think of innovative research projects within their areas.”

Sarah Cavanagh, research nurse

Foundation of Nursing Studies Practice Development Award
Ali Dinning & Dr Jo Cooper


Wellbeing of Women RCM Early Career Award
Kerry Evans

Foundation of Nursing Studies Award
Ali Dinning, Kathryn Draper, Dr Jo Cooper, Shirley Wallis & Darren Beaman

Living with IBD Award
Dr Jo Cooper & Professor Hawkey

NUH Charity Pump-Priming Award
Alison Freemantle, Sarah Freer & Team

Dr Jo Cooper & team
University of Nottingham PhD Studentship
Andrew Dainty
Louise Bramley
Judith Stephenson and Heather Bailey, members of the neonatal practice development team – were awarded charitable funds from the Nottingham Hospitals Charity to visit the Uppsala Neonatal Unit to look at Kangaroo and Developmental Care.

CLAHRC Research into Practice Award
Donghong Langley, neonatal nurse

CLAHRC RIPple (Research into Practice People) Programme
Katherine Behenna, SALT

Katherine Behenna from the Adult SLT service (County Health Partnerships) is undertaking a service evaluation project with the CLAHRC Research into Practice Programme, looking at the service provided by the SLT ENT team to patients with eating and drinking problems following chemo-radiotherapy treatment for Head and Neck Cancer. This study is looking in more detail at the type and timing of information and SLT interventions provided to patients in this pathway, working with existing Patient Focus Groups to gather opinion re suggested change.

Zoe Smith, renal nurse

Zoe said: “Whilst working on my renal ward, I noticed a few areas that could be improved but wasn’t sure how. I was fortunate enough to be successful in applying for funding via the Research into practice placements (RIPple) 2013 programme, which funds short-term projects for staff still in practice to undertake a piece of research that can help their clinical area. I wanted to look into improving the ways we treat patients who have both a renal diagnosis and a mental health issue. So far I have been looking at other ward areas to try and learn from them, and undertaking research into what staff feel are the barriers to ensuring patients not only get the appropriate physical treatment they need but also the appropriate psychological support. Research is still ongoing, to be completed by June. It has been really great to experience research whilst still being in the optimum position of being on the ward to be able to clearly assess what needs looking into.”

Anita John, PDM

Anita said: “I was part of the first cohort of Research into practice placements (RIPple) awards in 2012, through CLAHRC - DL (Collaboration for Leadership in Applied Health Research and Care – Nottinghamshire, Derbyshire and Lincolnshire). This gave me an opportunity to have some protected time to look into an area of practice which was always of interest to me. During my six months of placement, I looked into the risks of diabetic retinopathy among South Asian population and the current practices of Diabetic Screening within Nottinghamshire. This review of literature and communication with experts working in this area of practice identified gaps in the evidence base and the need for further research in the area of diabetic screening. This led me to a successful Mary Seacole Development Award. And as part of this, I am currently looking into the Barriers and Incentives to Diabetic Retinopathy screening among South Asian population in Nottinghamshire.”

Rowena Padamsey, OT

Penny Cole, midwife

Monique Burgin, renal nurse

Dept of Health HIEC Clinical Academic Career Internship
Sarah Brand, renal research nurse

“The internship provided funding of £10,000 per intern to allow for an individual to spend time over a 3 month period undertaking a project which looked the complexities of clinical practice. The aim was for interns to ‘dip their toe’ into research and develop the beginnings of enquiry skills which they could use in clinical practice. Sarah’s project looked at continuity of care in relation to the NICE guidance on ‘Patient experience in adult NHS services: improving the experience of care for people using adult NHS services’. Its title was “Continuity of Care - Is it essential or just NICE?” Sarah said: “The internship gave me the opportunity to refresh my research skills and also to begin to make networks within the academic community. Most importantly, it gave me an opportunity to consider my career aspirations in the context of the Clinical Academic Career agenda and has given me the impetus to apply for a Masters in Research Methods. I certainly feel that I have benefited from the internship in many ways and that these benefits will continue to show in my clinical practice and career development.”
Elaine Berry, infection control midwife

Elaine said: “Completing this has resulted in a piece of work which will make real changes to the maternity care patients receive. The work I did on staff knowledge and perceptions of management of caesarean section wound infections will be used as the basis of a training package which can be used nationally to improve care. The internship was an interesting, though-provoking and rewarding experience which I feel proud to have participated in.”

Kathryn Jack, nurse

Kathryn said: “The HIEC Academic Internship secondment allowed me to fully investigate our local prison’s performance in testing and treating hepatitis C and hepatitis B vaccination against new NICE public health guidance, plus undertake a systematic literature review of UK hepatitis in prison management. The results will help to inform local service development and shape a further research protocol which will form part of the application for a research masters degree.”

Chricy Kainga, nurse

Paula Banbury clinical lead nurse for Nottingham back and pain team based at mobility Centre, City Hospital – won the University of Nottingham School of nursing Nottingham mentor award in 2012

Staff Nurse Gay Jenkinson from Edward 2 Ward at City Hospital – was shortlisted for the Student Nursing Times Award Mentor of the Year in March 2013.
Patient experience & involvement

Listening to patients and carers

Changes and improvements at our hospitals are strongly driven by patient and staff input. We are doing this through Better for You, our well-established whole hospital quality improvement programme which is improving safety, quality and value for money. Staff and patients contribute ideas that will make services and care better for patients.

We have an active programme to encourage our patients and staff to raise concerns. In this section we share some of this work with you so you can read about the improvements we are making by directly involving our patients in all we do.

From the Trust Board to each ward and department, we are committed to ensuring the fundamentals of patient care are consistently delivered to patients. At our regular patient safety walkabouts involving Trust Board members, we talk with patients and front line staff and provide a forum in which staff can share concerns directly with senior colleagues.

The Trust Board takes part in ‘In Your Shoes’ sessions, where patients tell their stories on a 1-2-1 with Board members who listen to their account. We hear patient stories in the public session monthly and have done so since mid-2012. Each are examples of hearing how patients and their relatives felt in our care. Only by putting ourselves in patients’ shoes can we learn how we can do things better for the benefit of our patients and their carers/relatives.

In addition to sharing with you how we understand what our patients think and feel in our care, in this section we describe how we measure the experience of our patients and how we truly understand, from Board to ward, our patients’ experience.

Experience based-design (EBD)

EBD is an exciting and well-established method of service improvement which places great emphasis on working with patients and carers to develop together, or ‘co-design’ improvements, recognising that how we ‘feel’ about our experience is as important as the overall outcome.

Running from May 2012 to January 2013, 6 teams of staff, including administrative and clinical members, undertook local training from Helen Baxter (NHS Institute for Innovation and Improvement), learning about the principles of EBD and developing a project plan for their area.

All teams made positive improvements in care, gaining feedback and working with patients to identify important issues.
Highlights from 12/13

“Peritoneal improvement project” – Sarah Brand, Renal Service, Diabetes, Infectious Diseases, Renal and Cardiovascular

Objectives:

- Utilise patient experience (via in-depth one-to-one interviews) to improve the peritoneal dialysis pathway for patients (from decision that dialysis is needed through to establishment of home peritoneal dialysis)

- Pilot co-design as a service improvement approach

Key areas of action:

- Quality and timing of Information
- Need for an out of hours service
- Continuous ambulatory peritoneal dialysis unit environment
- Training for home dialysis

“Waiting is such a bore” – Helen White and Dawn Betts, GU Medicine, Diabetes, Infectious Diseases, Renal and Cardiovascular

Objectives:

- To improve patient experience of clinic attendance, particularly relating to drop-in appointments

- To improve the general ‘ambience’ of the clinic so that necessary waiting is as comfortable as possible

Key areas of action:

- Survey and discussions with patients to scope key issues
- Staff brought in magazines
- Student nurse display board
- Notice boards now display staff who are on duty
- Discussions underway to identify more effective organisation of appointments
- Scoping work for audio-visual entertainment in clinic area

Gynaecology Pre-Admissions Unit – Gillian Yates, Caroline Eyres, Joyce Cousins

Objectives:

- To improve the quality of information within pre-admission documentation for patients, particularly relating to inconsistencies within multiple versions of documents, and patients frequently attending the wrong site

Key areas of action:

- Discussions with patients confirmed letters were confusing, misleading and unclear
- Pilot questionnaire conducted with 20 patients
- Patients reported simple spelling mistakes, e.g. park your ‘care’ instead of car, layout was confusing (admission location given before pre-admission location).
- Findings showed different versions depending on the consultant
- Held meeting with business manager and secretaries developing a universal letter template for further piloting and evaluation

“Delayed discharge, what the patient saw” – Jane Brookes, Michelle Kirkland, Family Health

Objectives:

- To improve the discharge experience for patients and staff with a particular focus on identifying and reducing delays. Captured experience of families parents and staff on Wards D33 and E17

Key areas of action:

- Discussions showed feelings of frustration and need for improved communication
- Identified importance of effective e-TTOs and responsive pharmacy service
- Future plans – to establish co-design group, increase family and staff involvement, feedback to pharmacy service

Using EBD to design a new relatives’ waiting room - Paula Hunt, Barbara Williams, Caroline Yeardley, Critical Care, Specialist Support

Objectives:

- To work with relatives to make them more comfortable when in the waiting room (a blank canvas due to the new build)

Key areas of action:

- Poster was displayed inviting thoughts and suggestions from relatives
- Feedback included recommendations for comfortable chairs, television, vending/water machine, box of tissues, privacy screens, ‘don’t leave us out here and forget us’.
- Most items purchased, staff asked to bring in magazines, privacy and vending machine under discussion.
- Positive way of using EBD found to be engaging with relatives and patients as appropriate during their stay as was difficult to engage post-discharge
15 steps challenge – walking in patients’ shoes

NUH became the first trust in the country in 2012 to introduce the 15 Steps Challenge across all of its hospital wards at City Hospital and QMC.

The 15 Steps Challenge takes its name from a comment that a mother made in an NHS patients’ consultation workshop. She said: “I can tell what kind of care my daughter is going to get within 15 steps of walking on to a ward.”

Developed by the NHS Institute for Innovation and Improvement the challenge asks staff to visit wards and clinical areas and see them through the eyes of a patient or visitor.

NUH decided to roll out the challenge to all wards on the same day at QMC and City Hospital across three shifts.

The NHS Institute said: “NUH holds the unique and trailblazing position of being the only Trust in the country to have done the 15 steps Challenge across every ward, on two campuses and across three shifts, in 12 hours.”

The Challenge walkabout teams included a Board member or senior trust leader, a matron, a ward sister and a patient or public volunteer. On the day, 14 Foundation Trust volunteer members took part. Although the wards were made aware of the challenge they were not told when they would be visited so that the team had a true picture of care on the wards.

The walkabouts highlighted areas of best practice such as developing “who’s who” boards so that patients can identify ward staff more easily and clearer information for patients and relatives about what to expect during their stay. Some wards already do these things well and the challenge gave them the opportunity to share their ideas.

The Challenge also helps staff to gain an understanding how patients feel about the care they receive and how high levels of confidence can be built. It can also help trusts to understand and identify the key components of high quality care that are important to patients and carers from their first contact with a ward and the impression it can make.

Suzanne Hawkins, ward manager Berman ward, explained how she welcomed the walkabout on her ward and the opportunity to visit other clinical areas in the Trust.

Suzanne said: “It was good to see how others perceive the ward. When you work somewhere every day you don’t see it as others see it. The feedback was very positive and we welcomed suggestions such as perhaps providing a who’s who board of the team on the ward.

“What I found particularly useful was the chance to visit other areas of the Trust. I’ve worked at City Hospital for the past 12 years and never at the QMC, so it gave me an opportunity to see other wards that I’d only heard about.”
“Being somewhere unfamiliar meant I was able to look at a ward with fresh eyes and really learn how others see us. I also visited the wards in the evening during busy times such as handover, so it really gave me an opportunity to experience the ward as a visitor, not a nurse."

Caring For carers

Much work has been completed in 12/13 to better involve carers, where appropriate, in the patient pathway by using and respecting their knowledge and information

‘About Me’ – improving involvement of carers of patients with dementia

Within nursing, a key priority has been to improve involvement of families and carers for those patients with dementia, recognising that admission to hospitals can be a very stressful and difficult time, particularly for patients with dementia. The ‘about me’ document enables patients and carers to share with healthcare professionals their specific likes, fears and dislikes to enable the delivery of more personalised care. Over 2012 our practice development matron for dementia care, with the support of our trust network of dementia champions, led the implementation of the ‘about me’ document across NUH.

Friends and family test

We exceeded the standard in 12/13, measuring a 10 percentage point increase in the proportion of patients who would recommend our services to their friends and family. In April 2012 we started asking our patients: “how likely is it that you would recommend this service to a friend or family?” using a scale from “extremely likely” to “not at all likely”. We ask approximately 1,000 patients (10%) a month.

The question, known as the ‘friends and family’ question, will be asked in all NHS acute hospitals from April 2013. We will be able to benchmark ourselves against other hospitals, and to learn from those who better meet or exceed their patient’s expectations. In January 2013, we piloted the ‘friends and family’ test in our Emergency Department. We will roll-out from April 2013 following a successful pilot. The friends and family test scores, when used in conjunction with our wider sources of patient feedback, provide a comprehensive picture of patient experience at NUH. In 13/14 we will offer all patients the opportunity to respond to the question and increase the way in which they can give us their replies. We will also provide ward specific additional data that will allow each ward to focus on improvement in their areas.

Sue Mazengarb – Ward C25 manager, QMC (pictured right)

After a difficult start, Ward C25 has fully embraced the ‘friends and family test’ and have some impressive results to show through the work that has been done in 12/13. Initially, with just one receptionist and one auxiliary nurse available to help with the surveys, there was inconsistency with regard to when the surveys were completed. However, just a few months on, the ward team took it upon themselves to actively sought to promote the survey with all colleagues, through both their own ward newsletter, and their team meetings.
They raised awareness of not only the ‘friends and family test’, but also the importance of wider patient feedback, and patient experience as a whole. Soon more members of the team got involved (six receptionists and six auxiliary nurses) in collecting the feedback.

Sue said: “I talk to patients on a regular basis throughout their entire stay to ask whether there is anything we can do to improve care and experience and any issues we can resolve with immediacy. I monitor the ‘friends and family test/ dashboard every day, so that we closely monitor our score and ensure we maintain a consistently high level of patient satisfaction. We have incorporated this (engaging with patients) into both their hourly and leadership rounding.”
Our Nursing & Midwifery priorities for 13/14

During 13/14 we will build on and embed the work we started in 12/13. We will run the nursing and midwifery timeout days during 2013 enabling that our registered nurses to influence our priorities for 14/15. The timeout days will explore what our modes of care should be, what compassion will mean at NUH, what talent spotting and career opportunities are available and how staff involvement and engagement in decision-making can be enhanced.

13/14 will be an exciting year. Our healthcare assistants will experience a different learning environment when they attend their dementia training at the Lakeside Theatre. We will also look to celebrate the image of nursing and build on the excellent work we have started 12/13. The diagram below sets out the headlines of the work programme.

Nursing & Midwifery@NUH 13/14
Aim: To achieve excellence by 2016, with safety, compassion and professionalism at the heart of care
Appendix 1

Research: a summary of our honours, awards and publications 12/13

Gastro-intestinal/Liver

Honours and awards:

• Dr Joanne Cooper, Professor Chris Hawkey: The DECIDES study - Living with Crohn’s Disease: ExpeClations, experiences and DEcision-making in relation to best conventional and autologous Stem cell treatment. £55K: Crohn’s & Colitis UK, Living with IBD Award

• Dr Joanne Cooper, Mr Simon Parsons, Professor Karen Cox, Mrs Cathy Van-Baalen, Dr Fiona Bath-Hextall Care, Dr Vincent Crosby: NUH pump-priming: Improving the care of patients with palliative oesophago-gastric cancer: systematic review, qualitative investigation and regional survey

• Mr Andrew Dainty: UoN Doctoral Training Centre PhD Studentship: Mr Andrew Dainty: secured placed on European Academy of Nursing Science Summer School for Doctoral Studies 2013-2015

• Mrs Sarah Cavanagh: NIHR Masters in Research Methods

• Ms Jessica Lower: NIHR Masters in Research Methods

• Mrs Kathryn Jack: DH East Midlands HIEC Clinical Academic Career Internship Award

Publications:


• Cooper J, Collier J, James V, Hawkey CJ (2011) Living with Inflammatory Bowel Disease: Diagnosis during pregnancy Journal of Gastrointestinal Nursing. 9 (5) 16 June, pp 28-34


Children & Young People

Honours and awards:

2012 – Appointed as a reviewer for Nursing in Critical Care, John Wiley & Sons, UK.

Funded by the NIHR/NUH translational Research Fellowship – £112,284.

Publications:


Dermatology

Publications:


Celebrating our nursing & midwifery heroes