

Trust Board Meeting

ITEM: 11
PAPER: G

DATE: 26th September 2012

TITLE: 'Delivering High Quality Compassionate Care 2012-16' - progress report

SPONSOR: Bronagh Scott Director of Nursing and Patient Experience

REPORT FROM: Jennie Williams assistant Director of Nursing and Patient experience

PURPOSE OF REPORT: The nursing midwifery and AHP strategy is the culmination of the work led by senior clinical leaders in the nursing midwifery and AHP communities. Approved by Trust Board in February 2012 and formally launched in may 2012 this paper provides an update on progress made with the 2012/13 strategic objectives.

EXECUTIVE SUMMARY:

'Delivering High Quality Compassionate Care 2012-16' is relevant to every nurse midwife and AHP, irrespective of whether they are working with children or adults, in a preventative or supportive role, or delivering highly technical care understands how the strategy contributes to the Trust's vision and 5 strategic goals. This paper provides an update on progress made with the 2012/13 annual work programme associated with the Nursing, Midwifery and AHP Strategy 2012-16 'Delivering High Quality Compassionate Care'

PROPOSED ACTION: For Noting

APPENDICES:

DECLARATION

In completing this report, I confirm that the implications associated with the proposed action shown above have been considered – any exceptions are reported in the Supporting Information:

This report relates to the Following Trust Strategic Objectives –

- Deliver effective services that improve outcomes
- Improve the health of the local people
- Change the way we work by building a culture of innovation and continuous improvement

And complies with the Trusts requirement for CQC registration in relation to assuring the Board of the Trust's ability to provide safe and effective care and to question and challenge where there are concerns. As the committee that approves all clinical related policies it provides evidence and assurance as required by NHSLA

Delivering High Quality Compassionate Care 2012-16 - a strategy for Nursing, Midwifery and Allied Health Professionals.

Six month update to the Trust Board

Introduction

“Delivering High Quality Compassionate Care 2012-16” is the culmination of the work led by senior clinical leaders in the nursing midwifery and AHP communities following consultation and engagement with a broad representation of nurses, midwives and allied health professionals (AHPs). The strategy places the nursing midwifery and AHP community in a strong position to inform and influence the transformation of Whittington Health services during a significant period of transformation.

Building upon previous achievements in hospital and community settings, the strategy identifies high level strategic priorities for the professions which support the Trust’s vision and goals.

Implementation of the strategy

Following approval at Trust Board on 22 February 2012, the strategy was formally launched to the nursing midwifery and AHP workforce at the first Whittington Health Nursing Midwifery and AHP conference on 9 May 2012. Co-chaired by Joe Liddane Chairman and Sue Rubinstein Non-Executive Director and Chair of the Quality Committee, the conference was used to celebrate progress, recognise achievements and provide an opportunity to share examples of excellence and innovation. Trish Morris Thompson, Chief Nurse NHS London and Karen Middleton, Chief Health Professional Officer at the Department of Health were key note speakers.

Six months progress

During the summer months a series of road shows in hospital and community settings have been facilitated by Bronagh Scott Director of Nursing and Patient Experience, Sue Tokley Deputy Director of Nursing and Patient Experience and Jennie Williams Assistant Director of Nursing and Patient Experience. These events have been well attended by each of the three key staff groups and have provided staff with the opportunity to discuss their personal contribution to providing high quality and compassionate care. The final road show is scheduled to take place at the end of September 2012.

A summary ‘easy read’ version of the strategy has been produced which will be made available to all Trust staff, patients and other stakeholders on a day-to-day basis via the Trust’s intranet and internet. The full version of the strategy is available on the intra and internet sites, and a high-level action plan has been developed which provides a working document to guide clinical leaders in implementing the strategy during 2012/13. Progress against this action plan is provided in **appendix 1**.

Monitoring of progress during 2012/13

The Deputy Director of Nursing and Patient Experience as Chair of the Nursing, Midwifery and AHP Executive group is responsible for leading the workstreams aligned to each of the objectives. The action plan will be reviewed at each meeting of the Nursing,

Midwifery and AHP group to ensure delivery of outcomes within the agreed timescales. Every member of the group is responsible for ensuring that nurses and AHPs in clinical leadership positions play an active role in the implementation and delivery of the strategy.

Formal reporting

The Director of Nursing and Patient Experience will provide the Quality Committee with a regular report of progress against the annual objectives and an annual report to the Trust Board which will acknowledge the progress and achievements of the strategy and provide details of the priorities for the next 12 month period.

The 2013 Nursing Midwifery and AHP conference will be used to celebrate progress, recognise achievements, provide an opportunity to share examples of delivering high quality compassionate care and communicate the 2013/14 priorities for every nurse midwife and AHP.

'Delivering High Quality Compassionate Care 2012-16'				
2012-13 action plan for the nursing, midwifery and AHP strategy				
Domain	Objective	Timescale	Leads	Progress/Feedback
Launch of strategy Communicate the nursing, midwifery and AHP strategy	Ensure strategy document is publicised and widely available to nurses, AHPs and midwives.	May- August 2012	Susan Tokley (ST) /Jennie Williams(JW)	Conference took place on 9 May 2012 at the Furnival building Highgate Hill. Strategy available on intranet and public website Easy read version produced. ¹ A series of road shows have taken place in community and hospital locations. Road shows will be completed by the end of September 2012.
Integrate models of care	<ol style="list-style-type: none"> 1. Develop a visible leadership programme embracing community and acute based care 2. Introduce a rotational programme across acute and community 3. Review the roles of clinical nurse specialists 	<p>March 2013</p> <p>June 2012</p> <p>December 2012</p>	<p>ST/ Senga Steel (SS) AD Research Innovation and Quality</p> <p>Kara Blackwell (KB) HoN ICAM</p> <p>KB</p>	<p>Review completed and model agreed. Launched in June 2012. Shadowing element of the programme extended to both acute and community.</p> <p>Rotational programme initiated for band 6 staff and will be reviewed by interim HoN for ICAM.</p> <p>In progress</p>

¹ <http://www.whittington.nhs.uk/document.ashx?id=2591>

Appendix 1

	4. Implement dementia initiative funded by the Burdett Trust	April 2012- 2014	ST	Dementia UK have completed an environment audit of a number of areas in the hospital. Report awaited from Dementia Uk (due September 2012). Project manager to be appointed shortly.
Ensure no decision about me, without me	1. Production of a Patient Experience and Involvement strategy	December 2012	JW	PE strategy in development. Patient Experience Committee will receive draft on 31 October 2012
	2. Every nurse midwife and AHP to sign up to our pledge	October 2012	ST&JW	Staff attending road shows have pledged personal commitment to values and vision. This work is ongoing.
	3. Implement the 'Dignity in Care' initiative across the trust	March 2013	Heads of Nursing (HoN)	The Dignity in Care Project is currently in place on Mercers, Victoria and Cavell Rehabilitation Wards
	4. Support nurses midwives and AHPs to bring patient stories to their Boards	Started February 2012- ongoing	JW	The Six patient stories have been presented to TB since February 2012. Views on the value and format have been sought from staff, patients and TB members. A paper is being presented to Quality Committee on 21 September 2012. JW provides support to staff many of whom are presenting to an executive committee for the first time.
	5. Introduce 'Safe and Productive Care of Older People'.	May – October 2012	Maggie Pratt Practice development Nurse ICAM	Piloting the module on Cloudsley ward. Overall aim of the project is to reduce patient safety incidents by 25% and improve handover. The 15 Steps tool is being used as part of this initiative.

Appendix 1

	6. A patient / service user to be include on every interview panel for clinical leadership posts	May 2012 – ongoing		Learning disabilities and children’s services using this model. To be rolled out in other areas in due course.
Deliver efficient, effective services that improve outcomes	1. Re launch the Productive Series across the organisation	October 2012 – ongoing	ST	Lead nurse appointed September 2012.
	2. Implement safety Thermometer ² (CQUIN)	July 2012	Angie Kileen (AK)	Pilot run in hospital and community. Implemented on all wards and District Nursing service on July 18th 2012. The I drive utilised to create a shared folder for data upload (data is merged by our information analyst team
	3. Identify and implement a sustainable model of clinical supervision	December 2012	Claire Topping (CT)	A revised clinical supervision policy for all non medical clinical staff including support staff is currently being developed. This will replace the relevant legacy documents in use prior to the creation of Whittington Health. Within the hospital a new approach to clinical supervision is being developed using 10 minute solution focused conversations. 36 staff, the majority of whom were from a nursing or HCA background, participated in fours days of “taster sessions” that took place in June 2012. Feedback was extremely positive overall and this approach is

² It is a monthly point prevalence of the 'FOUR HARMS': Pressure Ulcers, Falls, UTI & Catheters, and treatment for Thromboembolism.

Appendix 1

				<p>now being taken forward with a view to developing a training programme.</p> <p>A training session on solution focused conversations will take place at the NM& AHP professional forum on 20 September 2012</p>
<p>Improve the health of local people</p>	<ol style="list-style-type: none"> 1. Support staff to develop skills to discuss healthy lifestyle plans with patients/ service users (e.g. level 1 smoking cessation) 2. Support staff to use e- learning to develop health promotion skills 3. Ensure all staff have access to IT training to gain core skills 	<p>Ongoing (Definitive timescales to be agreed)</p>	<p>HoN</p>	<p>Level 1 smoking cessation being considered as mandatory e- learning module.</p>
<p>Change the way we work, by building a culture of innovation and continuous improvement.</p>	<ol style="list-style-type: none"> 1. Implement the innovations course in ED 	<p>June 2012</p>	<p>KB</p>	<p>Held over 3 days in June 2012. Attended by members of the MDT in ED. Based on appreciative inquiry. Outcomes have included a review of the ED Board to enhance opportunities for learning and greater understanding of the staff roles. Further sessions are being negotiated</p>

Appendix 1

	<p>2. Implement UCLP ward sister/ team leader programme</p>	<p>Commences 1 October 2012 for four years</p>	<p>Director of Nursing and Caroline McGraw PDN Nurse District Nursing Service.</p>	<p>This is an innovative programme to support a high functioning newly qualified nurse through a 4 year programme of mentoring, coaching, supervision and support to meet a set of stretching competencies which will prepare the individual to meet the requirements of a ward sister/team leader .First candidate starts 1 October 2012. WH is offering community placements.</p>
	<p>3. Ensure nurses midwives and AHPs reach 90% mandatory training by December 2012</p>	<p>December 2012</p>	<p>HoN</p>	<p>Progress being monitored at divisional level and quality committee via divisional dashboards. As at August 2012 Nurses and midwives 72% and AHP 78%.</p>