The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Annual Report
Nursing and Midwifery 2015-16

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Introduction from our Director of Nursing and Midwifery: Catherine Morgan

West Norfolk is a wonderful place to live and work, but like the rest of the country and world, it continues to change. We now care for many more people who are frail or who are experiencing mental health needs, many of our patients have complex illnesses, and for that we need to respond in ways that are innovative and compassionate.

Last year, Nursing and Midwifery were central to the Trust improvement plan that enabled The Queen Elizabeth Hospital to be assessed by the Care Quality Commission as "Requires Improvement", freeing the Trust from its "special measures" categorisation. We did this by striving to continue a journey of reconnection with the fundamentals of care for our patients and to become better leaders of our profession and teams.

This reconnection has resulted in a reduction in pressure ulcers and falls, with better processes and outcomes for medicines management and sepsis. Our friends and family tests tell us there is an improvement in our performance. This year has been a year to create a sense of sustainability in all we do and we have made good progress on that journey.

We have improved the ways in which we measure our performance and have discussed more transparently how we intend to improve. This can be demonstrated in a year of high patient activity where we have found it difficult to maintain the standards we would wish in relation to Healthcare associated Infection: something that we will continue tirelessly to improve and tackle.

This report is a proud testament to our hard work, leadership and passion for caring for the people we serve. I hope you will join me in celebrating our success and reading of our plans for next year when we will remain committed to improve every year, in the service of our people.

Catherine Morgan
Director of Nursing and Midwifery

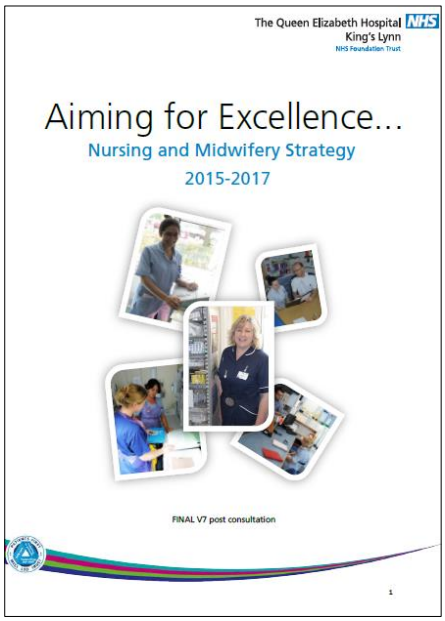
Values

We continue to work with The Queen Elizabeth Hospital King's Lynn's values; we encourage our staff to embrace and embed them in every part of their working lives at the hospital, ensuring our behaviours are value driven.

taking **responsibility**	...we will ensure excellent patient experience every time and have a responsibility to...
take **pride** in doing a good job	...we are all part of a team and delivering well gives us professional pride.
be constantly **curious**	...actively look for better ways to do things, innovating and improving.
have **courage** to do the right thing	...being bold particularly when things go wrong.
provide **compassionate** care	...dignity and respect at all times.

Our Strategy for Nursing 2015-2018, "Aiming for Excellence" remains our backdrop for our vision for Nursing and Midwifery, and we note any new national strategy for Nursing will be incorporated into our thoughts as an iterative process.

We believe our "Pyramid of Excellence" continues to be a relevant tool to communicate the key messages of what we do and how we do things at The Queen Elizabeth Hospital King's Lynn: it is a clear and easy read: our "plan on a page".


The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

Aiming for Excellence…

Nursing and Midwifery Strategy

2015-2017

FINAL V7 post consultation

Key improvements 2015-16… at a glance

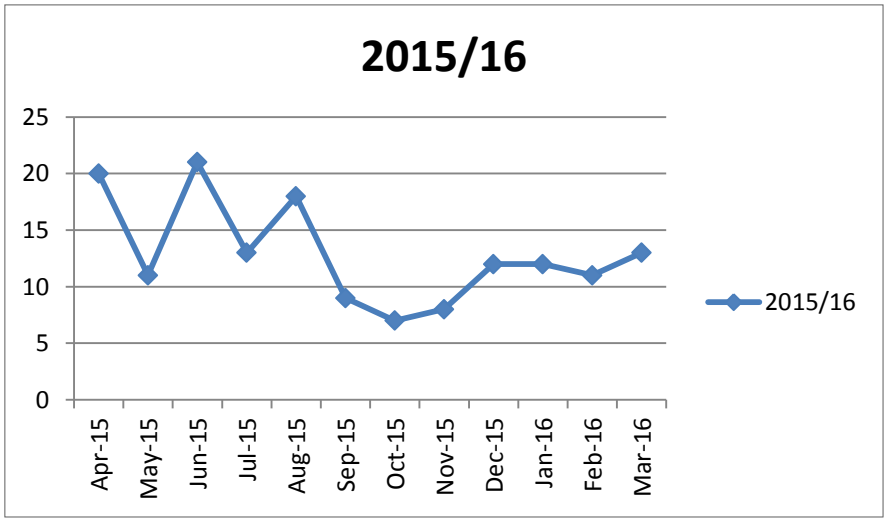
<u>Priority one</u>: Fundamentals of care: consistency and improvement

Lifting the Trust out of special measures demanded great effort from all staff and leadership in the Trust. However, we are aware that the drive for continuous improvement must be maintained. We have had to work tirelessly to continue that journey of improvement. We are proud to report that we have achieved:

- 30% reduction in the incidence of pressure ulcers: improved documentation and its completion has been invaluable in this achievement;

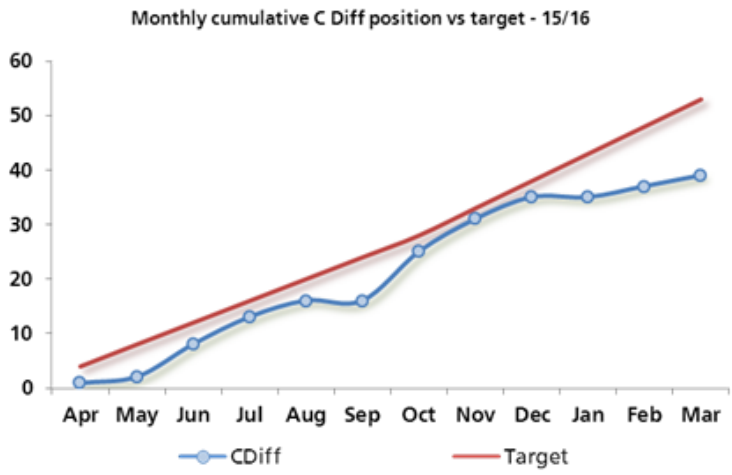
The figures below represent the Total No. of beddays, & the Total No. of pressure ulcers (Grades 2-4) per Quarter, during financial year 2015-16, and the variance against 2014-15 (columns F and G)

2015-16	Qtr	Pressure Ulcers - All Grades	Rate per 1000 beddays	Variance to 14/15	Variance to 14/15 as a %
36037	Qtr 1	51	1.42	-0.21	-13%
35404	Qtr 2	38	1.07	-0.78	-42%
38376	Qtr 3	27	0.70	-0.39	-36%
38493	Qtr 4	36	0.94	-0.33	-26%



- 25% reduction in medication administration errors: this has been a multi professional result, demonstrating a renewed team approach to care in the hospital;
- 9.5% reduction in inpatient falls: a refreshed falls prevention programme and support from specialist nurses, together with the introduction of new aids to support patients has had a direct impact on care for the frail and elderly;
- Improved care to patients whose condition rapidly deteriorates as a result of the revised sepsis bundle and the new provision of the nursing 24/7 critical care outreach team;

- An improved response rate to the friends and family test, including significant improvement measured from in patients comments from maternity services: this included a national nomination for a Friends and Family Test award;
- Significant corporate investment in developing more therapeutic environments for our patients: Windsor and West Newton Wards are worthy of particular note, which have resulted in improved patient experience results;
- Increase in MRSA screening compliance and no periods of increased incidence (PII) for MRSA colonisation since November 2015;
- 30% of staff now trained in Aseptic Non-Touch Technique (ANTT);
- Improved cleaning of commodes;
- All clinical staff were reassessed in hand hygiene competencies in October 2016;
- A focus on the correct use of Personal Protective Equipment (PPE) with new posters and awareness raised with ward managers and matrons;
- Remained within agreed trajectory for the number of C. difficile cases.



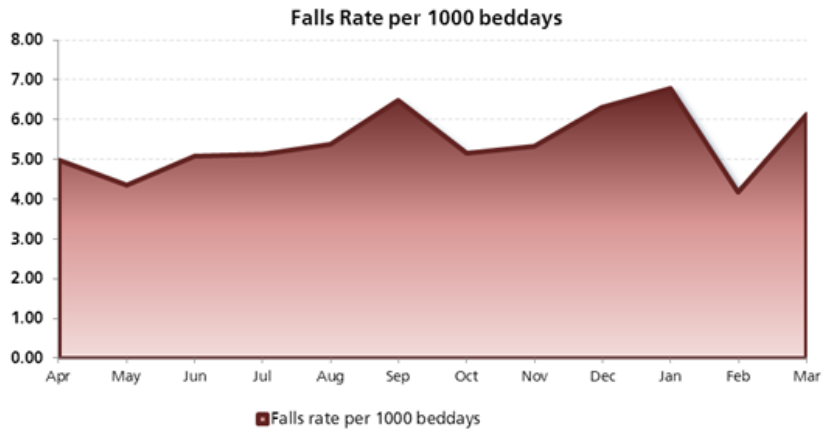
These results have not happened by chance, but by design. A performance management and improvement cycle and culture has been established among the QEH staff. A weekly review of performance and timely actions have been planned for nursing and midwifery team, so ensuring the accountability of senior nurse leadership in all areas. This has resulted in the matrons using up to date data to review and challenge practice and support the ward managers to strive for excellence.

Priority two: High quality care for older people

We remain committed as a Trust to constantly improving care standards for older people. This year has seen some transformational changes for our patients of which we are very proud:

- The refurbishment of Windsor and West Newton wards and the improvement of outpatient areas so they are more friendly and appealing for our older people;
- We now have nurses who want to work on wards specialising in the care of older people: it is now a speciality of choice;
- We have incorporated a specialist mental health nursing role on West Newton ward, so reflecting the changing skills required to care for our elderly patients in an appropriate therapeutic way;
- The development of a frailty pathway with nurse leadership of the assessment process – working with the West Norfolk Frailty Forum;
- The delivery of the Frailty and Dementia CQUINS (£300,000) that has resulted in a reduction in the length of stay and positive feedback from telephone surveys
- The development of dementia focus on West Newton ward has included cognitive stimulation therapy and improved staff training and skills development;
- Feedback from families that we have improved our facilitation of the preferred place of death for our patients; a sanguine achievement for us;
- The nomination of one of our top Ward Managers for a Regional Leadership Award who was shortlisted for a finalist place.

These achievements are not just for nursing, but for the part we play in the multidisciplinary team, with our community colleagues and our allied health professional networks. This is a transformation in terms of not what we do as nurses, but how we are becoming outwards looking, seeing the bigger picture for our patients and reaching out to others to make sure we provide the best care possible to this vulnerable group.



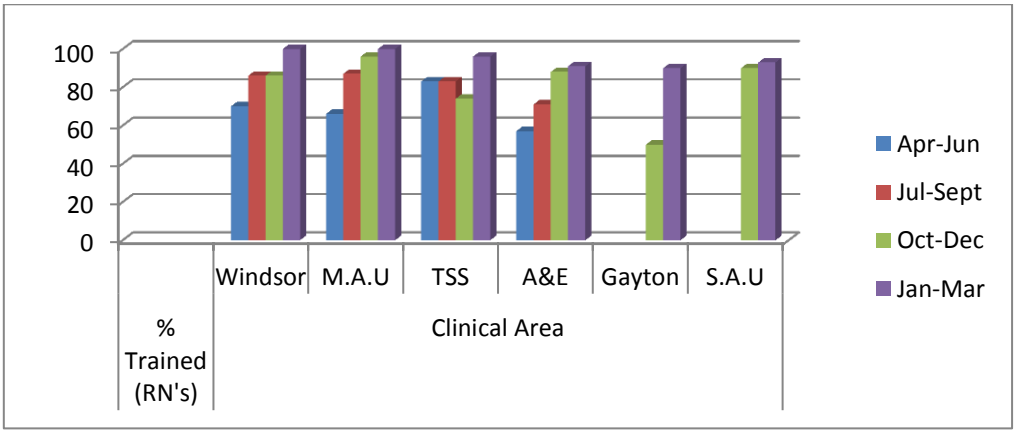
<u>Priority three</u>: Caring for patients with mental health needs in an acute setting

The boundaries for physical and mental health do not exist for our patients: as nurses and midwives we must see the needs of all our patients holistically. It is vital that we are now aware of the wider impact of mental health on our patients' physical needs and are better placed to be able to care for our patients as therapeutically as possible.

We are proud this year to have:

- Raised awareness and increased our knowledge and skills base for caring for patients who are suffering with mental health needs through training nurses so they understand the needs of people with dementia, safe restraint practice and the importance of individual care for all vulnerable people;
  - Dementia Awareness Training – nursing and midwifery staff compliance 97% at 31/03/2016 (377 N&M staff received training 15/16)
  - Mental Health Training - nursing and midwifery staff compliance 95.6% at 31/03/2016 (380 staff received training 15/16)
- The development of a QEH nurse led Memory Clinic service;
- The establishment of a nurse led mental health audit, reviewing all patients detained under the Mental Health Act, so ensuring safe and appropriate care and interventions are being made for patients.

This is a time for developing our practice, and again reaching out to specialist support and knowledge so we are well placed to continue this journey of compassionate care for this vulnerable group of patients we serve.



Frailty Training April 2015 to March 2016

<u>Priority four</u>: Staff to care: Maintaining a sustainable supply of nurses and midwives

We have continued to look critically at our staffing levels and the skills of our staff so they may meet the ever-changing world of care giving and nursing. Every six months the Trust Board of Directors has received a skill mix staffing report from Nursing and Midwifery, and the Board has supported the continued investment in our professions. The NHS has been challenged by the government to reduce spend on agency staff, and we responded swiftly to this challenge. We have continued to recruit steadily to registered and non-registered positions, spending time and energy in attracting our student nurses to enjoy their placements and consider The Queen Elizabeth Hospital as their favoured place to work. As a result we have achieved the following:

- Continued investment in nursing and midwifery staff
- £1.4 million has been saved from the agency budget
- Since April 2015 we have recruited 142 (WTE) registered nurses
- Since April 2015 we have recruited 57 (WTE) non registered nurses
- We have invested into new roles to enable our workforce to meet the needs of the service. These are the 7 Assistant Practitioners, Consultant Nurse roles for AEC and Frailty, the Assistant Nurse role (Band 4) and nurse apprentices. In addition, the new foundation degree helps us to remodel the shape and skills of our workforce to adapt to the ever-changing world in a sustainable way.
- Since April 2015 we have recruited 16 (WTE) midwives
- Increased number of new graduates have been employed onto our flexible rotational programme;
- The Trust has developed a Staff Experience Committee that is reviewing what can be done to recruit and retain staff and to make The Queen Elizabeth Hospital the preferred place of choice for nursing and midwifery staff.

We now know that our staffing establishments are the best they have ever been at The Queen Elizabeth Hospital. The challenge now is to recruit in a sustainable way for the Trust, retain the staff we have working with us, and make sure those staff who wish to be developed to stay, have the right opportunities to grow and progress.

At The Queen Elizabeth Hospital
we are proud to have nurses and
midwives from all over the world...

<u>Priority five</u>: Leadership, learning and developing and preparation for transformation

Leadership is cited as fundamental in building great teams who deliver exceptional results. The Trust Board of Directors has been supportive of this throughout the past year, and for that nurses and midwives have felt supported and encouraged in their leadership roles. Now individuals are finding their leadership voices and have achieved the following results:

- 54 individuals (Matrons and Ward Managers) successfully completed stage one of The Queen Elizabeth Hospital Leadership Programme: 33 quality projects were completed by individuals and teams of leaders;

- Supported by the Trust Board, stage two of the leadership programme will progress into 2016-17, with a wider group of leaders joining, so demonstrating the commitment to nursing and midwifery leadership in the hospital;
- A research project aimed to understand how better we could retain staff at The Queen Elizabeth Hospital was commenced to ascertain the views of nurses throughout the hospital: results have been shared and now plans are being formulated to use this information to enable staff retention rates to improve;
- Leadership programme for band 6 non medical staff established and well evaluated
- Band 5 ward management programme to support nurse in charge responsibility in place

- Nursing research continues to flourish, with papers being published; this is a part of our agenda to be celebrated and become more mainstream to our work at The Queen Elizabeth Hospital;
- Now placed within the Nursing Directorate, the NVQ teams have achieved significant results with the introduction of the Care Certificate: enabling non registered nurses to develop and, if desired, become registrants of the future;
- Established an easy to understand approach to the revalidation for all registered nurses at the Trust, making sure staff feel supported to meet this changing professional requirement;
- Cited in the RCN national report for the Collaborative Learning in Practice (CLiP) student support model, and excellent student nurse experience feedback received;
- The development of a skills and attribute tool for piloting across the hospital.

It is astounding when we look back over the year, and see the growth in leadership confidence, innovation and teamwork that has developed across the hospital and with our community colleagues. It is this growing strength in leadership capacity and capability that has resulted in the improvements for our older patients and vulnerable patients who have dementia and mental health needs with changed practice and started that journey for sustainability of excellent care standards.

Priority six: Midwifery modernisation

In a year when Baroness Cumberlege reported on events following the Morecambe Bay NHS Foundation Trust maternity services review, The Queen Elizabeth Hospital saw some major changes for women and their babies. We are pleased to report the following achievements:

- The opening of the Waterlily Suite, the midwife led birthing unit: a modern, innovative environment has been created to provide a midwifery led service that reflects the needs of mothers in West Norfolk: feedback from families has been supportive and welcoming of the new facility;
- Maternity services were successful in obtaining the NHSLA financial award in 2015 to support improvements in safety for mothers to be, including monitoring and IT equipment, training aids and facilities and aids to support mothers who are large (bariatric);
- In order to meet the changing world of midwifery, a new leadership structure has been supported by the Board to recognise the transformation to services required in response to the Cumberlege Report.

Waterlily Birth Centre

Annual Nursing and Midwifery objectives 2016-17

Priority one: Care and Quality: consistency and improvement

- Harm free care
- Pressure ulcers
- Falls prevention
- Health care associated infections
- Deteriorating patients
- Medicines Management
- Patient experience
- Ward to Board dashboard refinement
- CQC additional recommendations
- Implementation of a staffing and risk matrix
- Nutrition and hydration strategy implementation
- Increase nursing and midwifery contribution to health and well being
- Promotion of partnership with patients and families to make informed choices and manage their own health

Priority two: High quality care for older people: specific attention to areas of high risk to older people

- Performance measured (proxy measures and process measures): % turnover, vacancies, hydration, nutrition, reduced outlier patterns, safe discharge, reduced readmission, carer/family/patient satisfaction score improvement at Quality Committee
- Hot spots: Windsor, West Newton, Gayton, **BUT everyone's business in every area.**
- Implementation of comprehensive geriatric assessment tool as part of frailty CQUIN

Priority three: Care of patients with mental health needs in an acute setting (including Maternity Services) and people with learning disabilities

- To include compliance with the Mental Health Act and Mental Capacity

Act/Deprivation of Liberties, substance and alcohol misuse
- Performance measured by CQC registration compliance metrics at Quality Committee
- Seek to obtain accreditation with the Psychiatric Liaison Accreditation Network (PLAN) by meeting the quality standards for Liaison Psychiatry services.

<u>Priority four</u>: Building a sustainable and capable nursing and midwifery team

- Performance measured by workforce data at Workforce Committee and Nursing and Midwifery Board
- Performance measured via the Nursing and Midwifery Board and the Trust Board (to include nurses ability to harness technology to support decision making)

Leadership and development
- Scoping capacity and capability of skills and knowledge required from the nursing and midwifery workforce to be best placed for transformation of services and care
- Deputy Director of Nursing/ Associate Chief Nurses Action Learning Sets
- Matrons Leadership Development programme Stage 2 and Action Learning Sets
- Band 7/ PDNs Leadership Development Programme Stage 1 and Action Learning Sets
- Revalidation of nurses – support and development
- Talent management – support and development
- Promotion of research and audit to evidence the impact of what we do

Development of new roles
- In support of the medical Director the development of the Physician's Assistant role to support transformation in the workforce
- Development of the Consultant Nurse role in frail elderly and AEC to support our ageing population
- Development of the Assistant Nurse role to sustain our capability and capacity
- Development of the Apprentice nurse to inspire the next generation for nursing
- Developmental roles and new ways of working that will support the integration agenda with social and community care.
- Maintaining a sustainable supply of nurses and midwives

Retention of nursing and midwifery workforce
- The potential to build our Nursing and Midwifery Academy to support continuous professional development
- Build on outputs of workforce survey
- Celebrating success and valuing our staff

<u>Priority five</u>: Funding and efficiency

- Effective use of all resources (Carter review)
- Develop understanding of productivity and efficiency through use of ward level dashboard (model hospital)

<u>Priority six</u>: Midwifery modernisation

- Response to the Cumberlege Report
- Implementation of home birth service
- Implementation of technology solutions to support decision making, productivity and efficiency.