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*Deborah Mathews, Occupational Health Senior Nurse, leading the UCLH 2011 influenza vaccine programme, pictured here administering a flu vaccine to Emily Ellis, Clinical Practice Facilitator*
Section 1: INTRODUCTION

I am delighted to present this, my first Nursing and Midwifery annual report as UCLH Chief Nurse. Having joined the Trust in January 2011 I was immediately struck by the enthusiasm and eagerness of nurses and midwives to improve the patient experience. I have seen a significant number of excellent examples of Nursing and Midwifery practice, care, leadership and commitment, a great many of which are reflected in this report.

In 2011/12 there have been a number of successes such as the significant work in reducing hospital acquired pressure ulcers, the continuing development of the Centre for Nursing and Midwifery Research (CNMR) and the commencement of the “Making a Difference Together” patient experience campaign. New links within the Shelford Hospitals (Appendix A) and UCL Partners (UCLP) have enabled a more sophisticated degree of best practice benchmarking and joint working. This is set to continue with the development of new academic career paths and ward sister competencies within UCLP.

Although I am pleased to offer this positive report into the work of nurses & midwives at UCLH, I am not yet able to say that for every single patient, carer and visitor we always get it right every time. Nurses and Midwives will therefore be central to the “Making a Difference Together” campaign as we have to do better. In addition, the Nursing and Midwifery objectives for the next year will focus heavily on developing sisters and matrons to maximise time spent undertaking clinical leadership and improving the experience of patients.

The development of future nurses and midwives is just as important as the sisters and matrons. UCLH responded fully to NHS London proposals to change the way in which pre-registration education is provided throughout London. UCLH will continue to train sufficient high calibre student nurses and midwives reflective of the aspiration to be a centre of excellence for nursing & midwifery education and research. I am also extremely pleased that the work undertaken in UCLP throughout 2011/12 will result in the first fast track post registration academic career pathway for newly qualified staff nurses and midwives commencing in the coming year. This is an exciting development which offers potential to create a generation of nurses & midwives with an ethos of research linked to clinical practice.

Both the NHS and the Nursing and Midwifery professions face some of the greatest challenges they have ever faced. By leading the way in standards of care, clinical research and education, it is my absolute belief that the care provided by UCLH nurses and midwives will be the best in the United Kingdom.

Katherine Fenton (pictured above)
Chief Nurse
Section 2: Nursing & Midwifery Expectations

During 2011/12 the expectations of Nurses and Midwives were defined.

As nurses, midwives and support workers we stand for:

• the highest quality care – delivered by our nurses, midwives and support staff through knowledge, caring, empathy, skill, expertise and going "the extra mile"
• development of Nursing and Midwifery professions through support, education and innovation
• working collaboratively to be the best, leading the field, nationally and internationally with ambition and idealism
• being central to delivering the organisation’s goals
• stewards of the NHS purse – part of our new professionalism

Titles have been rationalised and each role has had expectations defined; these will be used as part of the induction process, development programmes and appraisals. The role expectations are provided in Appendix B.

Nursing and Midwifery has focussed on the following priority areas in 2011/12

• Implementation of the High Impact Actions (HIA)
• Reduction in pressure ulcers & falls
• Implementation of the Nursing and Midwifery staffing review

• Implementation of the UCLH quality framework
• Review of pre and post registration education
• Further development of the Centre for N&M Research (CNMR)
• Development of a patient experience strategy
• Development of an overarching Nursing and Midwifery strategy 2012/15 with additional focus on Cancer and Midwifery

Pictured above: back row left to right are Claire Nicholls, Continence Advisor, and Cathy Beaton, Matron, front row left to right are Georgina Turnbull, Ward Sister and Rebecca Maud, Ward Sister,
Section 3: NURSING & MIDWIFERY
GOVERNANCE & COMMUNICATION

Nursing and Midwifery Board (NMB)
The structure and terms of reference of the NMB were revised in 2011. This resulted in a revised membership, which includes representatives of groups of Nursing and Midwifery staff and is shown in the table below.

Table 1- NMB Membership

<table>
<thead>
<tr>
<th>Membership</th>
<th>Consultant Nurse or Midwife</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Nurse - Chair</td>
<td></td>
</tr>
<tr>
<td>Deputy Chief Nurses (3)</td>
<td>Matron</td>
</tr>
<tr>
<td>Head of Midwifery</td>
<td>Ward Sister (2)</td>
</tr>
<tr>
<td>Head of Quality Improvement</td>
<td>Nurse/Midwife Specialist</td>
</tr>
<tr>
<td>Assistant Chief Nurse</td>
<td>Divisional Manager</td>
</tr>
<tr>
<td>Patient Governor</td>
<td></td>
</tr>
</tbody>
</table>

Reporting:
The NMB reports to the Executive Board monthly.

Purpose:
- The provision of high quality nursing and midwifery is a critical factor in the delivery of safe, reliable patient care and achieving an excellent patient experience.
- The overarching purpose of the Nursing and Midwifery Board (NMB) is therefore to ensure that the highest possible standards of nursing and midwifery care are maintained across all areas of the trust at all times.
- The NMB will model high standards of professional leadership and provide a strong voice for nursing and midwifery both in the trust and outside the organisations.

Additionally NMB have:
- Developed the Nursing and Midwifery expectations and made them explicit.
- Revised the senior nurse rounds.
- Promoted and maintained quality, harm free care, by the consistent presence of senior nurses in the clinical areas.
- Given approval and endorsed policies, procedures and guidelines and practice development initiatives.
- Monitored and contributed to the development of the Care thermometer as a clinical assurance measure.

Getting the Nursing and Midwifery message out:
A monthly message from the Chief Nurse and Nursing and Midwifery leadership team to enhance direct communication links is delivered via ward sisters / charge nurses and matrons to all nursing and midwifery staff. The messages have covered a wide range of topics which have included medication audit results, reducing falls rates, positive Care Quality Commission report on patient dignity and nutrition and correctly wearing the uniform to promote patient safety, infection control and professional standards.
Section 4: CLINICAL ASSURANCE

The Nursing and Midwifery ‘Care Thermometer’ has been developed to provide assurance from ward to board on the quality of nursing & midwifery care. Through consultation processes involving matrons & ward sisters, key measures outlined below draw together clinical outcomes, patient experience and staffing measures. Furthermore development of the ‘Care Thermometer’ has drawn upon the principles of the Energise for Excellence (E4E) programme.

The E4E programme presents a national vision is for at least 200,000 nurses, midwives and health visitors to sign up to E4E, take action to improve care and tell others their quality and cost saving stories.

Under the E4E ‘umbrella’ (pictured below) a number of tools, approaches and measures are provided for nurses and midwives to utilise to drive both quality improvement and cost reduction.

The UCLH ‘Care Thermometer’ is aimed at providing different levels of the organisation with assurance on the quality of care and highlighting areas for focus of improvement. Clinical assurance measures for Nursing and Midwifery are as follows:

**Nursing and Midwifery**

- Sickness
- Infection
- Staff satisfaction
- Complaints
- All clinical incidents
- Medication Incidents
- Pressure ulcers – all grades / all sites
- Falls – with and without harm
- Nutrition & hydration
- Patient satisfaction
- Staff numbers – based on acuity / dependency

**Midwifery**

- Mother / Father satisfaction
- Staff numbers – midwife to birth ratio
- 1:1 care in labour increase %
- Unexpected admissions to Neonatal Unit of term babies
- Birth centre activity

Throughout 2012/13 the ‘Care Thermometer’ will be further developed and embedded.

http://www.institute.nhs.uk/qipp/calls_to_action/energise_for_excellence.html
**Implement the UCLH Quality Improvement Framework**

At UCLH we have a Quality Improvement Framework (QIF) that aims to drive up quality of care in wards and departments.

The QIF uses tried and tested quality improvement techniques, primarily the use of small rapid tests of change using PDSA (Plan, Do, Study, Act) cycles. The overriding tenet of the QIF is that change is identified, designed and driven by the staff who are working in the wards and departments. As a result, they own the changes and the levels of engagement and sustainability are greater than when change is imposed in a top down way.

**Examples of changes introduced as part of the QIF this year include:**

- Intentional rounding in a number of wards which will be rolled out across UCLH
- The development and introduction of a falls care bundle
- The use of patient status/safety boards on the post-natal wards and critical care to enhance discharge planning and prevention of patient harm incidents
- Moving supplies nearer the bedside to increase the time that nurses spend in contact with patients
- Using the lean technique 5S (Sort, Set, Shine, Standardise, Sustain) to improve the work areas to support rather than hinder the ward processes
- The use of ‘teach back’ to enhance patients understanding of and compliance with taking their post discharge medication
- The widespread use of safety crosses throughout the trust
- The introduction of ‘rummage bags’ to help patients with dementia to be less restless
- The development of a ‘turning clock’ to remind staff and engage patients in their turning regimens

There are many small local initiatives that are being developed under the QIF in addition to the above highlights as the initiative continues to spread. At a marketplace event in December 2011, teams were able to demonstrate what they were doing. This was shared with other nurses and a wide range of senior managers and executives within UCLH.

**Examples of local achievements**

- Intentional rounding on ward T13S, Womens Health at University College Hospital (UCH).

**Quality rounds which focus on:**

- Review of nursing documentation
- Interviewing patients
- Environmental audit
- Interviewing staff
**Section 5:**
**IMPLEMENT HIGH IMPACT ACTIONS, AND AMBITIONS – JOIN THE E4E CALL TO ACTION**

In 2009, the High Impact Actions (part of E4E) for Nursing and Midwifery were launched nationally. The High Impact actions provided nurses and midwives with eight areas of focus that could deliver both significant improvements in patient care and experience and reduce costs.

The High Impact Actions are:
1. Your Skin Matters
2. Staying Safe – preventing falls
3. Keeping nourished – getting better
4. Promoting normal birth
5. Important choices – where to die when the time comes
6. Fit and well to care
7. Ready to go – no delays
8. Protection from infection

This section provides an overview of how Nursing & Midwifery at UCLH has taken action on each of the eight High Impact Actions.

**Your Skin Matters - Eliminate Hospital Acquired Pressure Ulcers**
Pressure ulcers have a devastating effect on a patient’s experience, increase their morbidity and mortality and represent a significant proportion of NHS expenditure. Led by the Chief Nurse the ‘Keep the Pressure Off’ campaign was launched at a conference for nursing staff in May 2011. The ambition was to eliminate all pressure ulcers. Pilot sites were targeted to achieve 100 days without a pressure ulcer.

A key part of the strategy is the SSKIN care bundle which was designed to assist clinical staff to deliver high quality pressure area care through assessment, monitoring and aiding communication between professionals. Roll out of the SSKIN bundle has been completed Trust wide. Pictured below is the winning poster for a competition to promote the ‘Keep the Pressure Off’ campaign, designed by Emily Kaleera, Team Leader, Cardiac ICU.

*Pictured: from right to left Katherine Fenton, Chief Nurse, Duncan Burton, Deputy Chief Nurse, Rob Hawkins, Senior Clinical Practice Facilitator and Ellie Knights, Matron presented how UCLH is responding to E4E at its launch at the NHS Confederation Conference.*
Achievements:
The nine pilot wards/departments have reduced the overall number of pressure ulcers and have had no category 4 pressure ulcers since the campaign started. The most significant areas of improvement have been the Intensive Care Units at the Heart Hospital, The National Hospital for Neurology and Neurosurgery (NHNN) and UCH; all units having almost completely eliminated pressure ulcers. A final study day was held in February 2012. Each ward/department presented their achievements, both as a poster presentation and a video.

Examples of key successes celebrated are shown in Table 2

<table>
<thead>
<tr>
<th>Ward</th>
<th>Number of days without a pressure ulcer</th>
</tr>
</thead>
<tbody>
<tr>
<td>T14S Head &amp; Neck Ward</td>
<td>307-all categories</td>
</tr>
<tr>
<td>Heart Hospital ICU</td>
<td>563-category 4 &amp; 227 category 3</td>
</tr>
<tr>
<td>T8 Medicine &amp; Infectious diseases</td>
<td>277 days-all categories</td>
</tr>
</tbody>
</table>

A comparison of category 3 and 4 pressure ulcer prevalence 2010-2012 is demonstrated in the graph below and top of page 8 (graphs 1 & 2). The dotted line on each graph signifies when the SSKIN bundle was introduced as part of the “Keep the Pressure off” campaign in July 2011. This highlights the significant progress made towards achieving our ambition of zero pressure ulcers in UCLH.
**Staying safe – preventing falls**

*Reduce Falls with harm and Falls Overall*

Reducing the number of patient falls and the harm resulting from them has been a key objective this year. UCLH’s starting point of a falls rate in the region of 3/1000 bed days was not high compared with the national average of 5.6/1000 bed days however as this represented in the region of 700 falls per year there was scope to improve and a challenging reduction to 1.5/1000 bed days was set at the beginning of the year. In addition for the first time a CQUIN was set around reducing the number of falls resulting in harm by 25%.

To support these reductions a number of actions were put in place:

- New risk assessment and care planning tools
- The development of a falls champion role in every ward
- A multidisciplinary falls steering group
- Enhanced incident reporting and analysis
- Use of falls crosses, to demonstrate the number of fall free days

Overall the falls rate has remained at around 3/1000 bed days. This may reflect greater awareness and increased reporting (the quality of falls incident reports has certainly shown improvement) but it also suggests that further interventions are required. From reviewing falls research, high performing organisations and our own data drawn from falls incident reporting,
there are two interventions that are required:

- Intentional rounding
- Falls care bundle

At the time of this report these interventions are being embedded in those areas recording the highest number of falls and the impact is being monitored closely.

Across the year we achieved our falls CQUIN. Graph 3 below shows the UCLH patient falls 2011-2012.

**Graph 3 UCLH patient falls 2011-2012**

Keeping nourished-getting better
A Trust wide Nutrition & Hydration Policy has been produced, which is being launched in 2012/13. This will strengthen the commitment to ensuring all patients are provided with adequate nutrition & hydration when they need it. The Red Tray initiative has been rolled out to all clinical areas and is being supplemented by Red Jugs. Oscar Fernandez-Saborit (Matron) is the nursing lead for nutrition.

**Pictured: A red meal tray**

Promoting normal birth
A birth pool was opened on the labour ward in December 2011 which increased the choice of immersion in water for pain relief in labour to women.
Previously only the lowest risk women who were eligible to go to the birth centre were able to access birth pools in labour. This new development alongside the use of waterproof fetal monitoring means that midwives have been able to promote normality and offer the use of immersion in water to women who need the extra support for complications of pregnancy and labour such as continuous fetal monitoring including women who have had a previous caesarean section.

A care bundle to promote normality in birth has been developed to assist midwives in the early assessment of women to try and increase the numbers of women attending the birth centre. A pilot of the care bundle is planned for May 2012.

**Important choices where to die when the time comes**

Actions to address this high impact action have taken place. For example a Clinical Nurse Specialist focus group was held to identify key points in the patient’s pathway to support discussions around end of life choices and we are working on next steps to support education of staff in managing these conversations. In addition, the SAGE and THYME foundation level training programme which teaches the skills to provide psychological support to people who are concerned and distressed will be rolled out across the Trust from October 2012.

Following collaboration with the Palliative care service a system has been set up to monitor the current performance within the hospital as a whole as compared with the specialist palliative care service.

Performance data shows that of those patients with a palliative nursing care plan:

- 46% had a documented discussion regarding preferred place of death,
- 22% of these patients then died in their documented preferred place of death (i.e. hospital)

The next step will be to support the roll out of an initiative which provides a structure for identifying and managing patients whose recovery is uncertain e.g. the AMBER (Assessment, Management, Best practice, Engagement of patients and carers for a patient whose Recovery is uncertain).

**Fit and well to care**

Nursing and Midwifery initially started a program of work associated with sickness absence. However to ensure a standardised approach across UCLH and various staff groups it was decided that Nursing and Midwifery would combine with the Trust wide approach. A specific focus group was held with the head of employee relations and senior nursing staff to capture specific views on the ongoing program of work led through the workforce team.

Sickness absence has been added as core measure within the Nursing and Midwifery Care Thermometer. The decision to procure an e-rostering system will strengthen transparent focus on sickness absence within 2013/14 and beyond.
Ready to go - no delays
Nurse-led discharge.
There are 3 models of Nurse or protocol-led discharge operating in UCLH. They are Guideline-based, Integrated care pathways and Specialist Nurses discharges which support a range of discharge from day surgery to Chronic Obstructive Pulmonary Disease (COPD) and Spinal patients. A guideline template has been developed and improved patient information about nurse led discharge has been included in the UCH inpatient guide. Nurse (or protocol)-led discharge now has over 30 patient procedures or pathways which can be discharged by nurses or therapists. The three top areas for Nurse-led Discharge are T2 (day surgery), T6 short stay surgery, and T14S head and neck surgery. Numbers of patients discharged by Nurses have improved on these wards over the last year.

Table 3 - Nurse Led Discharge rate (three top wards)

<table>
<thead>
<tr>
<th>Ward</th>
<th>% Number of patients Discharged by Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>T2</td>
<td>48.2% in 2010/11 66.1% in 2011/12</td>
</tr>
<tr>
<td>T6</td>
<td>4.65% in 2010/11 12.4% in 2011/12</td>
</tr>
<tr>
<td>T14S</td>
<td>6.3% in 2010/11 10.7% in 2011/12</td>
</tr>
</tbody>
</table>

Protection from infection
The Infection control team have continued to support clinical areas across the organisation to reduce rates of Clostridium difficile and MRSA. We succeeded in achieving the MRSA bacteraemia and Clostridium difficile objectives for 2011. Further work is required in the year ahead if we are to meet the stringent thresholds set in 2012 for Clostridium difficile (44 cases) and MRSA (5 cases).

Hand hygiene compliance remains high throughout UCLH (95%) and targeted work within unique departments e.g. A+E and Theatres has seen an improvement with compliance. This work was designed to better meet the requirements of departments who work differently to an average ward area and allows clinical staff to measure against critical moments for hand hygiene.

A framework for improving blood culture-taking and cannula insertion has been developed in an effort to reduce infections. This has been piloted with success and will be rolled out across UCLH in the coming year.

UCLH has introduced the Synbiotix saving lives audit tool. This allows all clinical areas to audit key areas of infection control practice in line with the saving lives agenda and promotes awareness of the required standards of care within the organisation.

The system is being used to gain baseline data on rates of catheter associated Urinary Tract Infections (CAUTI). The focus on this specific high impact action will be further enhanced through the introduction of the NHS
Safety Thermometer. This is a national programme which measures patient safety by collecting information on four high volume harms (pressure ulcers, falls, catheters & urine infection and VTE) on one day per month on every patient. UCLH commenced roll out of the safety thermometer in late 2011, and its introduction forms a CQUIN indicator and part of the nursing & midwifery objectives in 2012/13.

Pictured left to right Althea Turner, staff nurse and Ellie Knights, Matron; from the Heart Hospital
Section 6: Nursing & Midwifery Workforce Review

In July 2011 a Nursing and Midwifery Workforce review commenced as part of the Workforce Efficiency Programme (WEP), a work stream of the UCLH Quality Efficiency Productivity programme (QEP). The purpose of the nursing and midwifery workforce review is to:

- Deliver improvements in the quality of Nursing and Midwifery staff at UCLH
- Deliver efficiencies that support the QEP challenge for UCLH.
- Provide a flexible & future proof Nursing and Midwifery workforce
- Establish sustainable mechanisms for ongoing review of the nursing and midwifery workforce linked to Nursing and Midwifery quality indicators

The Nursing and Midwifery workforce responded to the QEP challenge in many positive ways and recognised the need to contribute to its delivery in a safe and systematic way. UCLH has developed an approach to workforce QEP which unlike many organisations has been low turmoil and based in the main on making changes as and when natural turnover allows. A commitment to reduce the Nursing and Midwifery pay bill by £1.5m each year for 4 years was set out (c.6% total Nursing and Midwifery pay bill), allowing a controlled and focused programme of work. In 2011/12 this was achieved through the hard work and commitment of nurses, midwives and divisional management teams.

The approach has resulted in changes to skill mix rather than fundamental reductions in posts. Any changes made have been based on benchmarking with like high performing organisations, mostly within the Shelford Group; assessment of acuity/dependency; professional judgment and consideration of future workforce trends. For some areas this has meant a significant change as new roles such as the clinical assistant practitioner have been adopted. The development of the ‘Care Thermometer’ alongside this programme of workforce change has been deliberate to monitor any deviations in the quality of nursing & midwifery care.

Responses to the UCLH 2011 inpatient survey buck the deterioration in national trend for the question ‘Were there enough nurses on duty to care for you?’ UCLH improved on its position from 2010 which can be taken as an indication that changes being made to staffing numbers are not impacting on patient experience. This does not mean complacency and as such a review of the way in which Nursing and Midwifery establishments are set in the future was
completed and approved by UCLH’s Executive Board in March 2012. This will ensure that Nursing and Midwifery establishments and skill mixes are based on a combination of patient acuity / dependency, professional scrutiny and benchmarking. This cyclical review process along with the investment in an e-rostering solution is a significant step in developing the way in which skill mixes are set and staff rostered at UCLH. The time ward sisters spend undertaking the construction and management of rota’s is set to reduce as a result of this system – time which will be released back to leadership within the clinical area. The programme of roll out to all areas is expected to take 18 months.

During 2011/12 two reviews of specific N&M staff groups were completed – namely Clinical Nurse/Midwife Specialists and Consultants Nurse/Midwives. Within 2012/13 the recommendations of these reviews will be implemented with the aim of ensuring maximum time undertaking clinical work and developing improvements to patient pathways of care.

A significant achievement has been the near elimination of use of agency nurses and midwives, saving a further 3.6m. Only four clinical areas are now using agency nurses and these areas aim to eliminate usage within 2012/13. This collaborative project between N&M and the workforce team has dramatically reduced the expenditure on nursing & midwifery agency as demonstrated in the graph below.

Table 4 – Nursing & Midwifery Agency Expenditure 2009-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009-10</td>
<td>£8,000,000</td>
</tr>
<tr>
<td>2010-11</td>
<td>£6,000,000</td>
</tr>
<tr>
<td>2011-12</td>
<td>£2,000,000</td>
</tr>
</tbody>
</table>
Section 7: THE PATIENT EXPERIENCE STRATEGY

The ‘Making a Difference Together’ logo

Achievements so far and ongoing work, link in strongly with the Trust-wide campaign “Making a difference together” which will develop Trust values, values-based recruitment, and communication skills. This campaign started with staff in the new cancer centre and the “In your shoes” workshops where staff worked with patients to develop values.

Examples of Nursing and Midwifery activity to improve the patient experience are as follows:

Improving the experience for cancer patients
The 2010 cancer inpatient experience survey performance published in 2011 was disappointing for UCLH, although results were comparable with many of the larger Trusts in London. In response to the feedback a number of actions have been taken to improve the experience for cancer patients. These included improving the consistency and content of information, adjusting Clinical Nurse Specialist’s working patterns and teams so that patients can always contact a Clinical Nurse Specialist, developing an information leaflet on the role of the Clinical Nurse Specialist including contact details and alternative numbers for 24/7 enquiries.

Maternity CARE rounds
In August 2011 all 41 beds on the maternity care unit, were divided up amongst the senior management team and the women were asked about their experiences of care using a mnemonic CARE which stands for:

<table>
<thead>
<tr>
<th>C = Care</th>
<th>How are we caring for you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A = Attitude</td>
<td>attitude and behavior of staff are we offering you help?</td>
</tr>
<tr>
<td>R = Respect</td>
<td>have we been treating caring for you with respect, dignity, kindness and understanding?</td>
</tr>
<tr>
<td>E = have things been explained in an appropriate and timely way?</td>
<td></td>
</tr>
</tbody>
</table>

Additionally, women were asked:

Would you recommend a friend to have a baby here?

How would you rate your care between 0 to 10.

This allowed us to evolve our scoring system and incorporate the net promoter score model. The net promoter score is more of a measure of the quality of the relationship with the service providers. There is strength in the simplicity of the model in that the random nature of bed occupation, with beds being allocated as they become available has enabled us to be reasonably assured that our data sample is representative of our population with regards to women’s ethnicity, age, education and social deprivation.

The following table shows performance since the CARE rounds started in August 2011
### Table 5 – CARE round performance

<table>
<thead>
<tr>
<th></th>
<th>Aug-11</th>
<th>Sep-11</th>
<th>Oct-11</th>
<th>Nov-11</th>
<th>Dec-11</th>
<th>Jan-12</th>
<th>Feb-12</th>
<th>Mar-12</th>
<th>Apr-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of women who scored their care</td>
<td>126</td>
<td>100</td>
<td>173</td>
<td>95</td>
<td>142</td>
<td>157</td>
<td>126</td>
<td>75</td>
<td>139</td>
</tr>
<tr>
<td>% Detractors (Dissatisfied) scored 6 and less</td>
<td>10</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>% Passives (Happy overall) scored 7/8</td>
<td>18</td>
<td>26</td>
<td>26</td>
<td>30</td>
<td>44</td>
<td>33</td>
<td>24</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>% Promoters (Delighted) scored 9/10</td>
<td>72</td>
<td>73</td>
<td>72</td>
<td>60</td>
<td>94</td>
<td>65</td>
<td>72</td>
<td>78</td>
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<td>Net promoter score</td>
<td>62%</td>
<td>72%</td>
<td>70%</td>
<td>57%</td>
<td>63%</td>
<td>63%</td>
<td>68%</td>
<td>76%</td>
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### Grown up Congenital Heart Service

Improving the experience for patients attending the Grown Up Congenital Heart Clinical Nurse Specialist Service

When asked how Ruth Brooks, GUCH CNS, responded to their needs patients rated their experience as follows:

- 91% of respondents answered Great or Good for overall experience
- 88% respondents answered Great or Good when asked if they were offered information and support.
- 86% of responder’s answered Great or Good when asked about the quality of theoretical knowledge and expertise.

However, only 24% answered Great or Good when asked about the level of attention they received during the post delivery period. Efforts are now being made to increase the number of post delivery telephone consultations given to patients once they have been discharged.

### Dementia

Dementia is a significant challenge for the NHS 25% of beds are occupied by people with dementia. As a result Dementia has been selected as a CQUIN for 2012/13.

At UCLH several initiatives have been developed to improve the assessment process and experience for patients with dementia in our care.

Examples of these initiatives are as follows:

The Dementia Care “Forget me not” scheme (symbol shown below), developed in partnership with carers and families. This is a visual method of identifying patients with dementia in our care for all members of staff interacting with the patients.
A UCLH dementia charity has been established, money raised has paid for a large selection of activities for people with dementia. Occupation and activity of this kind are shown to reduce boredom and low self esteem and promote dignity and purpose.

Training in dementia care
A tiered approach to dementia training has been agreed. All nurses will receive a minimum of 1 hour’s training. Nurses and nursing assistants working in key areas for people with dementia, will receive a 1 or 3 day training program. This training is delivered by the Nurse Consultant for older people and two Ward Sisters from the care of the elderly ward.

In addition, Dementia training is an established part of student and Nursing Assistant induction and the preceptorship program.

During 2012 ten members of nursing staff will be undertaking training in Dementia Care Mapping (DCM). DCM is designed to help nurses see life through the eyes of patients with dementia. It involves watching four to five patients unobtrusively over an extended period of time to see if they respond positively or negatively to events that happen to them and around them. All interactions are recorded including the patient’s behaviour, mood and engagement. On completion of the mapping exercise the ward staff receive feedback on how person-centred their care practices are, where change may be needed and where training should be focused.

Pictured left: Consultant Nurses & Midwives visit Number 10 Downing Street to shape and influence issues surrounding healthcare policy and patient experience
Section 8: Nursing and Midwifery Strategy

The Trust's three year strategy for Nursing and Midwifery has been developed by staff at grass roots level following a series of creative, brainstorming sessions.

Pictured: Robert Naylor, Chief Executive introducing an engagement session.

For the first time at UCLH, both nurses, midwives, allied health professionals, non-clinical staff and patient governors have played a direct role in shaping the direction of Nursing and Midwifery at UCLH until 2015.

The strategy links in to UCLH’s mission statement to provide top quality patient care, excellent education and world class research.

Chief nurse Katherine Fenton, said: "We want to get a range of perspectives from a range of staff – where we are at the moment and where we are going… We are conscious we do not want to make a plan in isolation”.

Staff reflected on the wider context and the challenges UCLH is likely to face in the next few years: The national and international economic crisis, an ageing population, shifting patterns of health care commissioning and provision, a move towards more integrated care and tackling a growing – and most would argue – false public perception of how nursing has become less ‘caring’ over the decades.

Nursing and Midwifery Strategic Aims 2012-15

1. We really know that care and outcomes for all patients are of a high quality
2. Patients and their families feel confident in their care and have the best experience possible throughout their whole pathway of care
3. Matrons are influential and exemplify inspirational leadership at all levels
4. Nurses and Midwives are always caring, thoughtful and intelligent
5. Nurses and Midwives have a structured coherent clinical and academic development pathway
6. The sister and charge nurse is a high profile, valued and effective role
7. Nurses and Midwives are stewards of the NHS purse
8. Research is alive in practice
Section 9: 
EDUCATION

Under graduate Nursing and Midwifery students
UCLH takes pride in enabling all under graduate students to reach their potential. Students experience varied learning environments giving them the opportunity to link theory to practice, supported by mentors and practice educators. UCLH ensures through robust assessment, that student nurses have the ability to provide holistic care to a high standard: This provides the assurance that nursing and midwifery students meet the required Nursing and Midwifery Council (NMC) Standards for fitness for practice at the point of registration. In 2011/12 141 students from London South Bank University and 40 students from City University were placed in UCLH.

The NMC introduced a new pre-registration nursing programme (all graduate nursing programmes) in 2010. Strategies have been implemented to ensure that practice staff (mentors) are educated on the changes and prepared for implementation in September 2011.

Early in 2011, NHS London proposed a requirement to reduce Adult nursing student commissioning numbers for 2012 based on workforce planning information from Trusts in previous years which projected an oversupply of Adult nurses. A tendering exercise was carried out which reduced the number of Universities providing undergraduate adult nursing courses based on a quality assessment. Although the overall reduction in numbers proposed across London was 21%, (1998 in 2011-12 to 1580 students in 2012-13). The reduction in student numbers proposed for UCLH was 41%. This would have resulted in a major impact on the number of newly qualified nurses available to the Trust from 2015 and following further discussions this work is being repeated led by the Local education and training board (LETB).

In 2011, a total of 76 adult nursing students successfully completed their training. 50% of whom were employed as newly qualified nurses across the Trust.

Due to increases in the number of paediatric nursing students placed at the Trust (from 5 to 16 students/year), a new practice educator for the paediatric pre-registration students at UCLH was employed. This role will ensure that students and mentors are supported across the Trust.

Sign-Off Mentors
2011 has also seen the roll-out of UCLH sign-off mentor and mentor portfolio (this is a major focus for the practice education team in 2012).
100% of final placement students are allocated a sign off mentor as per NMC requirements.

Support for final year students
Final placement student have attended a series of workshops developed by the practice education team with support from Ward Sisters/Charge Nurses to prepare them for their role as a newly qualified nurse.

Multi-professional learning
As part of a pilot scheme, a group of nursing students were involved in a multi professional learning week with medical and Allied Health Professional students. It
was well evaluated, with students stating they had a greater understanding of the importance of multi professional working to improve the quality of patient care.

**Post Graduate Nursing and Midwifery education**

The focus of post-graduate education has been to support specialist skills and knowledge required to deliver expert nursing care. Courses are commissioned from a range of universities. For the first time in 2012, in line with the ambition to increase the research capability and capacity, the commissioning priorities moved to Masters programmes (specifically MRes) taking priority over degree level programmes. Modules commissioned:

- London South Bank University - 420 modules, 47 of which were at Masters level
- City University - 151 modules, 45 of which were at Masters Level
- Kings College - 91 modules, 33 of which were at Masters Level

Throughout 2011/12 Nurses and Midwives were supported by the Special Education Fund to enable them to access educational opportunities outside of the commissioned programs. These included non medical prescribing, attending national and international conferences and delivery of bespoke study programmes for specific topics such as dementia.

At the National Hospital for Neurology and Neurosurgery a bespoke Education Study Day to enhance study skills was delivered for all levels of nursing staff in partnership with London South Bank University.

In a year that has had considerable challenge and change for Nursing and Midwifery education, there are significant achievements. Initiatives are in line with the Trust vision, for delivering top-quality patient care, excellent education and world class research.

**Nursing support workforce**

Following the rationalisation of Nursing and Midwifery titles by NMB in 2012, the nursing support workforce will be called nursing assistants or maternity assistants. This is to assist patients in identifying the different roles.

The Trust has extended the training offered to our Nursing support workforce with a third year of clinical health apprenticeship schemes and a further 20 places on Foundation degrees. This has been with the support of the dedicated Nursing Assistant Development Nurse.

**Clinical Health Apprenticeship**

This scheme is run on behalf of UCLH by UH Ventures (an education provider). The course is designed to develop technical skills and healthcare related knowledge. A 3rd Cohort of 10 apprentices commenced their training in January 2012. On successful completion of the programme, apprentices have a greater knowledge base to enable them to fulfil their nursing assistant role. In addition apprentices have the opportunity to access higher education including the Foundation degree and registered nurse training.

One of the apprentices from the first cohort was named London (adult) apprentice of the year.

**Foundation degree**

Places on London South Bank University degrees are open to nursing assistants who wish to develop to become clinical assistant practitioners (band 4). In 2011, 19 nursing assistants commenced their training and a
further 16 trainees progressed into year 2 they should graduate in July 2012.

Registered Nurse training
Some nursing assistants have been supported to complete theirRegistered Nurse training at London South Bank University. 5 have graduated and 13 are continuing with their studies

Projects completed in 2011
- Re-tender of apprenticeship provider for 2012
- Production of a tool kit for the development and recruitment of Clinical Assistant Practitioners
- Development of a Research assistants programme
- Development of a non-clinical study day for house keepers and administration staff

Education & Innovation
Innovations in Nursing and Midwifery over the last year include:

- An expert research facilitation programme to support neophyte and developing researchers

Work with UCL Partners
UCLH is working with UCL Partner organisations to develop innovative Nursing and Midwifery education programmes which will allow us to develop the Nurse leaders of the future.

These include:

- A UCLP wide programme to fast track newly qualified staff nurses to develop into future Ward Sisters/Team leaders who will have the right values as well as academic ability
- Development of a common set of competencies for ward sisters/team leaders which are accredited across UCLP.
- Creation of a structured clinical academic career pathway

Action Learning in Maternity: – aligned to develop and enable staff to maximise their potential and improve the patient experience:
This was an initiative aimed at improving leadership at the bedside and to encourage shared learning across band 7 nurses and midwives. The first cycle included 118 nurses and midwives from maternity, neonatal unit, NHNN, and Royal London Hospital for Integrated Medicine.

Following the action learning sets, the participants completed an evaluation where they reported feeling more part of a team and were more likely to recommend the Trust as a place to work.
Section 10: FURTHER DEVELOP THE CENTRE FOR NURSE & MIDWIFE LED RESEARCH (CNMR)

Although, UCLH is part of a successful Biomedical research centre, Nursing and Midwifery has struggled to develop its research profile and output that it should have. The future picture for developing a successful research culture in Nursing and Midwifery at UCLH will include:

- pride in and ownership of nursing care domains
- evidence-based nursing interventions as the norm
- practitioner leadership and engagement in education activity
- an increased focus on quality metrics and intervention outcomes
- a system of honorary/joint practice and education or research posts and clinical academic career pathways
- a research strategy linked to UCLH’s themes for all Masters programmes to ensure that any research undertaken is relevant and needed
- focused development which is aligned to research programmes

At the end of its first year the Centre for Nurse and Midwife led Research has gone from strength to strength. Key successes include:

- Recruiting one of the UK's foremost nurse academics to be the Centre’s Patron. Professor Dame Jill Macleod Clark has played a major role in enhancing the quality of nursing and midwifery education in the UK and has an international research profile.
- Holding the inaugural Research in Clinical Practice conference and second annual poster competition to promote local research and development projects.
- Launching the Chief Nurse’s ‘Leading Lights’ lecture series, inviting key national and international names in nursing and midwifery research to speak at UCL.
- Developing the ‘Why Not Workshop’ series in collaboration with City University to develop research and writing skills for nurses and midwives.
- Holding over 100 one to one appointments to give support to nurses and midwives to develop their research and development aspirations.
- Development of a website providing information and support, available to all.

The Centre continues to work on a key aspiration to develop a formal Clinical Academic Pathway across UCLP.

The CNMR celebrates 1 year
Section 11: CELEBRATING SUCCESS WITHIN THE NURSING and MIDWIFERY WORKFORCE

This section highlights a selection of Nurses and Midwives who have received accolades for their work and contribution to patient care and the Nursing and Midwifery Profession.

Astrid Osbourne, Consultant Midwife, who was awarded the British Journal of Midwifery Life Time Achievement award in May 2011.

Further success within midwifery was shown when Yana Richens (below), Consultant Midwife, was awarded an OBE.

Cara Jivra, Nursing Assistant pictured above was awarded London (adult) apprentice of the year 2011.

The Christine Harcourt-Smith awards supported by the Nurses League (whose emblem is shown below) and the Chief Nurse were presented this year to Razia Begum, nursing assistant, for her contribution to patient care; Claire Silvers and Samantha Wadey who received the registered nurse mentor award; and Christopher Clark who won an award in recognition of his achievements while training to be a registered nurse.

Pictured above, is Bernie Porter, Consultant Nurse at the NHNN receiving an award for clinical excellence and innovation in nursing.
David Leverett, Clinical Nurse specialist for Apheresis won the Nursing Standard award in Child Health. He is shown below receiving his award from Angela Rippon, TV celebrity and Dame Christine Beasley, Chief Nurse of England.

Rebecca Thompson, Consultant Nurse for paediatric and adolescent diabetes, (shown below second from right), was part of the team which won the Health Service Journal (HSJ) Award for Enhancing Quality and Efficiency in Services for Children and Young People.

Julie Jenks, Nurse Practitioner won the British Journal of Nursing urology award and is shown receiving this in the picture below.
Section 12: CHALLENGES & OBJECTIVES FOR 2012/2013

2011/12 ended well – our patients were more than satisfied with the care we gave them and we did what we set out to achieve. 2012/13 is set to be even more challenging year and this is something I am encouraging all nurses and midwives to embrace. New additions to UCLH such as the RNTNEH and the opening of the UCLH Macmillan Cancer Centre offer greater potential to truly make pathways of care world class and improve the experience of patients. The scale of the QEP financial challenge continues to be an area of focus and the nursing & midwifery workforce must continue in its contribution to this, embracing the opportunity to work more efficiently, effectively and safely. The UCLH corporate objectives for a second year in a row contain specific objectives such as falls, medication safety and pressure ulcers which naturally fit with the nursing & midwifery profession to lead.

The development of new academic career pathways, the ongoing opportunities of the CNMR and the development of an accredited UCLP ward sister/charge nurse, firmly place UCLH as a place to attract the best nurses & midwives, and deliver the best care. Externally against a backdrop of scandals and failures of care nationally, the nursing and midwifery profession faces a crisis in reputation. UCLH must be at the forefront of rebuilding the confidence of the public in the profession and set the standards of care others should achieve. The 2012/13 objectives set out a programme of work to encapsulate all parts of the UCLH N&M profession, ensuring integration with other professions and the overarching Trust objectives.

Following a rigorous process of consultation and engagement as outlined in section 8 of this report, the UCLH nursing and midwifery objectives for 2012/13 have been agreed and are outlined in appendix B. This year we will seek to work much more collaboratively with all our clinical and managerial colleagues ensuring that Nursing and Midwifery is embedded at all levels across the organisation.

I look forward to reporting back in next year’s annual report on the success in achieving each of these objectives.

Katherine Fenton
Chief Nurse
Appendix A
Shelford Group

The Shelford Group of Hospitals consist of the following NHS Trusts:

- University Hospitals Birmingham NHS Foundation Trust
- Cambridge University Hospitals
- Central Manchester University Hospitals NHS Foundation Trust
- Guys & St Thomas's NHS Foundation Trust
- Imperial College Healthcare NHS Trust
- Newcastle-Upon-Tyne Hospitals NHS Foundation Trust
- Oxford Radcliffe Hospitals NHS Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- University College London Hospitals NHS Foundation Trust

These Trusts are amongst the largest and most influential of all Trusts in England. They hold a combined turnover of more than £7bn (around 6 per cent of the total NHS budget). The Chief Executives have formed a working alliance to leverage collective influence and share best practice to deliver improvements of care. During 2011 the Chief Nurses of these organisations have come together to benchmark information, and share best practice.
Appendix B
Expectations of Nurses, Midwives and Support workers

Chief Nurse & Deputies (Heads of Nursing / Midwifery)
‘Standard setter’
- Role model
- Leadership
- Strategic view and direction
- Sets and ensures high standards of nursing & midwifery practice
- Builds research capacity and capability
- Determines skill mix profile and role development
- Negotiates educational requirements
- Spots new talent and future leaders, nurtures their development
- Seeks out best practice and innovations in care
- Operates nationally and internationally
- Educated to masters level
- Corporate/managerial responsibilities

Consultant Nurse / Midwife
‘Innovate, challenge, research active’
- Clinical and knowledge expert
- Research active and generating evidence
- Challenge policy and practice of peers and other professional colleagues and work collaboratively to reach a solution
- Leading in service development, education, research and practice
- Innovators in clinical practice
- Part of the senior nursing team
- Strategically challenge traditional ways of working to ensure services meet needs of patients.
- Role model – in uniform
- Supervise and support experts in practice
- Lead expert MDT members
  - Works outside boundaries
  - Influence the International arena
  - On PhD pathway

Matron
‘Custodian of the Standards’
- Held to account for clinical standards including patient experience
- Introduce themselves as Matron
- Role model in uniform
- To ensure a daily clinical round takes place with nurse in charge (wards & departments)
- Lead and manage Clinical Nurse Specialists
- Track patient feedback and follow through action
- Introduce innovation and evidence based practice
- Included in Divisional decisions about patient care
- Ensures safe and high standard environment for care is maintained
- Accountable for budget
- Educated to Masters level

Site Managers
‘Custodian of Patient Pathway’
- Ensure safe, effective and efficient operational running of a site
- Provide an expert level of leadership and operational management, ensuring nursing and medical staff at all levels feel supported.
- Act as a senior clinical resource to ward and department staff.
- Ensure operational systems are in place to provide safe, high quality patient care.
- Efficiently deploy staff and resources as appropriate
- Utilise expert clinical judgement to ensure patients are cared for in the most appropriate clinical setting.
- Ensure all elective and emergency patient streams are managed safely and effectively.
- Provide on-going and accountable leadership to nursing and midwifery staff to ensure high standards are maintained 24/7
- Ensure the effective management of emergency situations such as
cardiac arrest, fire or security incidents.
• Be responsible for the first line management of Major Incident.
• Responsible for own professional development
• 1st degree / equivalent - working towards masters level at appointment

Ward Sisters / Charge Nurses / Senior Midwives / Senior Nurses
‘Clinical role model’
• IN CHARGE of the ward – everyone knows it
• Lead and manage a team
• Really “knows” all the patients and patients know them
• Works clinically alongside the team
• Bridges the gap between MDT’s to ensure the smooth running of the service
• Be held to account and hold team to account for high quality care
• Ensure Senior Nurse presence on all Consultant ward rounds
• Clinically expert, skilled and credible
• “Knows” and supports their staff’s strengths and development needs
• Systems in place to ensure high standards maintained 24 hours / 7 days
• Applying and generating best evidence in care
• Responsible for own professional development
• 1st degree / equivalent - working towards masters level at appointment

Deputy Ward Sister (CN)
‘Maintain Standards, Teacher’
• Works clinically and is expert in field of care
• Direct support to the ward sister
• In charge when sister not on duty
• Ensure their standards are maintained at all times
• Applying best evidence in care
• Takes on specific management roles as delegated
• “Knows” all the patients
• Role model for all junior staff – teaches and educates them
• Responsible for own professional development
• Educated to 1st degree level
• Aspiring to be a ward / department sister

Advanced Nurse Practitioners
‘Leaders in Inter-professional Practice’
• Lead and practice at an advanced level.
• Ability to work autonomously within a variety of clinical settings
• Work across organisational and professional boundaries.
• Exercise independent clinical judgment within framework of agreed protocols.
• Identify and utilise teaching & learning opportunities in everyday practice
• Ability to critically analyse and lead research & innovation in practice
• Work collaboratively with the MDT to enhance individual performance
• Assist staff to recognise, develop and act upon their own potential as preceptors, facilitators and mentors in the workplace.
• Promote awareness of contemporary professional and healthcare developments; dissemination of relevant issues
• Educated to Masters level in appropriate pathway

Nurse Practitioners ‘Clinical Experts’
• Ability to work collaboratively / autonomously
• Able to critically analyse and apply research to practice
• Able to negotiate effectively with different disciplines
• Highly developed decision making skills and able to resolve complex problems
• Clinical expert in specialist area of practice – specialist qualification
• Identify and utilise teaching & learning opportunities in everyday practice
• Role model for the delivery of high quality care in the clinical area
• Support the development of nursing/midwifery practice across all areas, particularly in their given speciality
• Educated to degree level / working towards Masters

Clinical Nurse / Midwife Specialist ‘Key worker / subject experts’
• Clinical expert in specialist area of practice – specialist qualification
• Support the development of nursing/midwifery practice across all areas, particularly in their given speciality
• Model the delivery of high quality care in the clinical area
• Work within an MDT
• Expert in education of patients & staff
• Role model – in uniform
• Seeks opportunities to streamline and improve patient care pathways
• Identified ‘key worker’ for the patient and provides continuity and direct support to client group
• Able to articulate their vision for the service
• Influence local and national arena
• Educated to masters level – on pathway at appointment

Nurse/Midwife Educator ‘Education and skills’
• Visible role model and catalyst for change
• Identify and utilise teaching & learning opportunities in everyday practice
• Work collaboratively to enhance individual performance
• Assist staff to recognise, develop and act upon their own potential as preceptors, facilitators and mentors in the workplace.
• Support research & innovation in practice
• Ongoing development, implementation and review of evidence-based policies, procedures and guidelines
• Promote awareness of contemporary professional and healthcare developments; dissemination of relevant issues
• Promote & facilitate provision of a high standard of holistic patient-centred care
• Facilitate acquisition of necessary skills, knowledge and competency by staff and mentors
• Educated to 1st degree
Staff Nurse / Midwife
‘Direct care, supervisor’
• Works clinically as a registered nurse/midwife
• Works within a team
• In charge of ward/department/team when required and competent
• Responsible for own professional development
• “Knows” the patients and families for whom responsible
• Actively contributes to the development and improvement of clinical service
• Subject champions
• Provides mentoring, facilitating and preceptorship
• Directs and supervises the work of the support worker
• Applying best evidence in care
• Educated to 1st degree level

Assistant Practitioners (AP)
‘Clinical care deliverers’
• Works under the supervision of the registered nurse
• Demonstrates professional behaviour
• Able to care for a group of patients with minimal supervision
• “Knows” the patients and families for whom responsible
• Recognises and acts when escalation for further expertise is required
• Supports development of HCA’s
• Seen as a distinct and valued role within the ward/departmental team
• Able to undertake ‘advanced skills’, underpinned by the theory, and necessary to the patient group cared for
• Educated to Foundation degree level

Nursing / Midwifery Care Assistant (NA /MCA)
‘Care giver- supervised’
• Works under the direction of a registered nurse/midwife for assigned group of patients
• “Knows” the patients and families for whom responsible
• Recognises and acts when escalation to a registered nurse/midwife or AP is required
• Concentrates on fundamentals of care and goes ‘the extra mile’ to meet them
• Safeguards dignity, privacy and nutritional needs of patients
• Responsible for own professional development
Nursing
1. Reduce medication dosage omissions by 50% and improve safety of medication storage
2. Develop a Ward Accreditation Framework for full implementation in 2013/14
3. Implement the Safety Thermometer in all ward areas (CQUIN)
4. Ensure every patient receives the help they need with eating and drinking
5. Refine and embed the Care Thermometer as the primary method for ward clinical assurance
6. Undertake a review of all Nursing and Midwifery care documentation and make recommendations for action – immediate and long term.
7. Implement values based recruitment, induction and appraisal for Staff Nurses and Nursing Assistants
8. Develop a strategy for Nursing Assistants
9. Develop a plan to ensure that student nurses and midwives feel owned by UCLH
10. Implement dementia training for all relevant Nursing Assistants (CQUIN)
11. Fully implement Intentional Rounding in all ward areas
12. Review and amend current Visiting Policy to ensure it supports a good patient experience
13. Ensure that nurses are fully engaged in any integrated care programmes
14. Agree Ward Efficiency measures, set improvement trajectories and make progress towards them, for all wards (consider incorporating a modified ward safety checklist).
15. Implement phase one of E-Rostering programme and begin benefits realisation
16. Embed the agreed N&M Safe Staffing Framework
17. Implement the recommendations from the CNS and CN/CM Reviews and undertake a review of the CPF’s
18. Design and implement 4 post graduate clinical and/or academic career development pathways
19. Implement the newly qualified staff nurse programme within UCLP
20. Establish a process for registering N&M research activity ensuring its linked to the Trust themes
21. Develop the work of the CNMR
22. Conduct a review of the research nurses role and governance arrangements
23. Establish, understand and embed an effective matron role.
24. Increase the proportion of time that Sisters/Charge Nurses undertake their clinical leadership role to 50% (75% by 2013/14)
25. Agree and implement the new UCLP Competency Framework and begin accreditation of UCLH Sisters and Charge Nurses (link to objective 4)
26. Ensure all Sisters / CN undertake Productive Leader training

Midwifery
1 Embed the ‘CARE’ rounds concept further to enhance the experience of the woman, her wider family and our team. And achieve a consistent net promoter score of 72%
2 Develop a structured shadowing programme to facilitate succession planning
3 Develop feedback portfolios which is linked to appraisal (numbers tbc)
4 fully implement the enhanced recovery programme.
5 Evaluate and further develop team midwifery.
6 Embed neonatal examination of the newborn, midwife led discharge pathways for operative births
7 Develop the role of midwife in MFAU to include prescribing and management of moderate risk cases
8 Expand the amount of women receiving midwifery led care throughout the pregnancy pathway to include increased activity of 20% birth centre activity/home birth
9 Embed the normality bundle and audit progress against promoting normality
10 Work with UCL research partners, UCLP, IFWH, CNMR and others to gain the research bidding power necessary to fund midwifery specific projects and appoint a Chair of midwifery
11 Ensure midwives have a role equivalent to ‘ward sister’ and that they are assigned a nursing ward sister as mentor.

Appendix C – Objectives 2012/13