



Chief Nurse's bulletin

May 2017 – Issue 17

Useful links

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Welcome to my newly formatted bulletin. My team have been working hard to align our updates to our nursing, midwifery, AHP and pharmacy Strategy – I hope it makes sense.

So it has been another great month! I would say that May is one of my favourite and like you; I have been keeping myself busy.

I still managed to take time out to celebrate our International Day of the Midwife and International Nurses Day. I believe it is imperative to take time, in our busy work and life schedules, to celebrate what we do and who we are.

There were plenty of opportunities to do that and share updates, best practice, innovation and experience and most of all our laughter and joy.

Thank you for sharing your stories and thank you to those who helped keep our safe whilst we stopped to reflect during these excellent events.



Flo Panel-Coates

We are committed to
delivering top-quality patient
care, excellent education
and world class research

Safety
Kindness
Teamwork
Improving

News and updates



Midwifery – We’re Delivering! Natilla Henry Head of Midwifery

We are continuously seeking ways to improve the facilities, choice and experience for women who use our maternity service. In keeping with this, our Consultant Midwife Belinda Green secured charitable funds that will be used to equip four rooms with sensory lighting to help create a calmer, more peaceful ambience in which women labour and give birth. Bright lights can be an inhibitor to the progress of labour; therefore creating this ambience will help support the normal progress of labour and give women a better chance of achieving a vaginal birth. Here is the link to the maternity webpage

<https://www.uclh.nhs.uk/OurServices/ServiceA-Z/WH/MAT2/Pages/Maternity.aspx>



Exemplar Ward Accreditation Natasha Philips Exemplar Ward Programme Lead

1. NMAHPPs will provide the highest **quality** care within our resources



In 2016 the Exemplar ward programme was launched with the following aims:

- **To reduce unwarranted variation in standards across all in-patient areas to improve the quality of patient care and staff experience**
- **To provide a framework and support for continuous quality improvement across UCLH wards**

A key element of the programme is annual ward accreditation and this year the accreditation team worked with ward teams across the Trust achieving the following:



37 Wards Assessed



Improvement planning surgeries held with 37 Wards



27 improvement plans developed. 10 Action Plans outstanding



A standardised and streamlined approach to audits of care processes. Improved audit submissions



One stop shop for information through an Exemplar Ward Dashboard

Wards were assessed against five fundamental objectives and three wards are to be congratulated for achieving accreditation in this first year, Nuffield, Jules Thorne and T7. Well done to the multi-disciplinary teams on these three wards for this outstanding achievement.

The methodology for accrediting wards has been evaluated and in year two all wards will be re-assessed. Dates will be published in May. Feedback from many ward sisters is that this is helpful for focusing improvement efforts and most have developed a local improvement plan that they are working on with the multi-disciplinary team.

This year a bespoke exemplar quality improvement training programme will be delivered in partnership with the UCLH Institute. This will provide ward leaders with the core skills and ongoing support needed to lead local quality improvement efforts. Dates for this programme will be announced in May and the first cohort will commence in July.

Visit [Exemplar Ward Insight](#) page to find out more and get involved.

Visit the [dashboard](#) here to see how your ward is doing



Patient Experience

Lisa Anderton
Patient Experience Lead

2. NMAHPPs will listen and respond to our **patients** and improve their pathways



March Patient Feedback- How are we doing?

Inpatient



Outpatient



Daycase



ED



There were particularly low FFT return numbers across all areas in March. We would encourage all areas to check the data available on Envoy and to let us know if there are any concerns with collecting surveys.

As a reminder, if you are collecting paper FFT feedback in your areas then this needs to be sent back to Healthcare Communications weekly via the site collection points and needs to be labelled clearly with your area's name.

If you are experiencing any problems with this or other aspects of data collection then please contact patientexperience@uclh.nhs.uk. We went live with SMS/IVM at the beginning of May and have starting to send out text messages to patients in ED asking for their feedback. The next step will be to start preparing Outpatient and Day-case areas for 'go live' on 1st June



Education

Lorraine Szeremeta, Deputy Chief Nurse
Education & Training Lead for Nursing

3. NMAHPPs will be valued and developed to their potential



We are pleased to announce the launch of the Adult Band 6 passport. The passport creates a different 'route' to a Band 6 interview as an alternative to the current Recruitment Assessment Centre process. The passport is a voluntary process that asks a staff member to evidence their readiness for a Band 6 interview through demonstrating locally decided nursing practices set by the Sister / Charge Nurse. The passport's emphasis is on demonstrating existing skills whilst creating the opportunity for reflective practice and undertaking supported Nurse in Charge shifts.

Following the original pilot version the passport has gone through successive changes to meet the needs of our Band 5 staff. The staff involved in the pilot and the CPF community provided invaluable feedback on what worked well and what needed to change. The final version of the passport addresses all the constructive criticism received. As such this has been a real trust wide effort to get the passport to this stage.

The key changes are that the passport is smaller (60 pages less).

- **Reduced number of practices**
- **Removed set questions**
- **Reduced number of reflections**
- **Reduced number of Nurse in Charge shifts**

Increased passport flexibility

- **Now a framework that can be used in ward and departmental settings**
- **Now accepts historical observed performances as evidence of practice**
- **Empowers Sisters / Charge Nurses to be able to create own practices (focussed on local service and staff need) or use examples set in appendix**
- **Increases flexibility in Nurse in Charge shifts by removing linear approach to reduce time taken to complete**

The passport outlines and details the entire process to follow. If you believe you are ready to start and complete a passport please contact your line manager who will

assist you. To see a copy of the passport please go to the practice development insight page. Hyperlink:

[http://insight/departments/other/NursingandMidwifery/PracticeDevelopment/Pages/OpenLearningTools\(OLT\).aspx](http://insight/departments/other/NursingandMidwifery/PracticeDevelopment/Pages/OpenLearningTools(OLT).aspx)



Nursing & Midwifery workforce
Julie Hogg, Deputy Chief Nurse
Workforce Lead and Research Lead for Nursing

4. NMAHPPs will practice in ways that manage **resources** and achieve financial sustainability



The Carter Report

The Carter report was published in 2016 in response to the financial challenges faced nationally by the NHS. The report is clear that there is no magic solution to these challenges but identified opportunities to improve efficiency whilst maintaining high standards of patient care. Workforce is one of the four key areas identified within the report as an area where significant improvements can be made without compromising patient care.

UCLH Nursing and Midwifery have been publishing their planned and actual staffing numbers since the *Francis enquiry*. The *Carter report* has seen the introduction of a new metric called **care hours per patient day** (CHPPD). The CHPPD is calculated by adding the hours of registered nurses / midwives to the hours of healthcare support workers and dividing the total by every 24 hours of inpatient admissions. The data remains in its infancy however reassuringly the CHPPD reported at UCLH over the last 6 months is stable. This demonstrates that we are flexing our workforce in line with activity to ensure our nursing and midwifery workforce is used efficiently to meet the needs of patients.

The vacancy rate in March remains stable at 7.1%; although there are some hotspots within surgery and cancer board and increased staff sickness has caused additional pressure. Despite this *Bank Partners* fill rates remain stable at 89% (compared to 89% in February); with 76% of these shifts filled by bank workers. **March saw an increase in temporary staffing use overall**; whilst disappointing this is consistent with the seasonal trend and increased dependency. We remain under the agency cap set by *NHS Improvement* for nursing and midwifery and have not exceeded these for nursing since the caps were implemented in March 2015. **The number of staff leaving returned to baseline in March to 39.4wte**; reducing cumulative turnover to 14.2%. The strong pipeline of international candidates will help to maintain stability.



Research – improving care, doing things differently



5. NMAHPPs will inspire, innovate and generate world class research



We've had a great start to the year from a research perspective; we have awarded two midwifery fellowships to Yana Richens and Rebecca Daley. Our current fellows on the AHP and nursing programmes are supporting an evaluation of their programme so

that we can bid for funding for a further programme next year. Watch this space for further news.

In May our first issue of the UCLH / CMNR research journal will be published – this will be available in ward areas and via the intranet. If you would like to contribute to the next issue please contact j.rickett@ucl.ac.uk. The new research strategy will also be launched in May – a sneak preview is below:

UCLHJournal – Connecting Research and Practice.

Articles may be submitted in the following form:

- Short articles (up to 1000 words, ex references) about current research, audit, service evaluation, quality improvement, evidence-based practice developments, evidence reviews
- Case reports
- Summaries (up to 300 words) of new evidence-based guidelines (e.g. Trust, NICE)

Email the CNMR administrator, Gita Tailor: gita.tailor@ucl.ac.uk for inclusion in the spring and summer editions

Upcoming Events

Staff Governor Nominations

This year the search is for an enthusiastic Nurse or Midwife for our Staff Governor vacancy. Governors play an important role ranging from being involved in improving the patient experience to appointing members of the Board of Directors.

Nominations are now open and close at **5pm on Monday 5 June** - it's a simple self-nomination process. You do not need any particular skills or experience for the role, the most important requirement is an interest in helping deliver UCLH's vision and the desire to make a difference for patients. For more information, please contact Liz Rose, Membership Manager liz.rose@uclh.nhs.uk / 020 3447 9974 (ext. 79974) or visit www.ersvotes.com/uclh2017



Corporate Nursing Team

Vanessa Sweeney
Assistant Chief Nurse



Enabling
professionalism
in nursing and
midwifery practice

Enabling Professionalism in nursing and midwifery practice

The NMC launched Enabling Professionalism in nursing and midwifery practice on 12 May 2017. It was commissioned by the four Chief Nursing Officers (England, Scotland, Wales and Northern Ireland) and supported by the NMC. The framework was developed with representatives from all areas of nursing and across the four countries.

It defines what professionalism means for nursing and midwifery and outlines the attributes of professionalism by relating it to the Code.

The launch of Enabling Professionalism provides an exciting opportunity for nursing and midwifery at UCLH. We will be setting up a working group to explore how to bring this to life. The NMC will be keen to hear and it will be great to lead the way! If interested please contact vanessa.sweeney@uclh.nhs.uk

<https://www.nmc.org.uk/news/news-and-updates/nmc-cnos-professionalism-guide/>

Introducing - Rabina Tindale

Welcome to Rabina Tindale who joined us on 27 March 2017, took up position as Deputy Chief Nurse Medicine Board at the end of March. Qualifying from the Harrogate School of Nursing in 1990 she is an A/E nurse by background with experience in acute orthopaedics and medicine. Majority of her career has been worked in Yorkshire and the North East, holding a number of clinical and managerial roles. She moved to Essex 3 years ago where her most recent position was in corporate nursing as Associate Chief Nurse for Quality and Safety at Mid Essex Hospitals NHS Trust working with both internal and external stakeholders to improve quality of care across the local health economy. Rabina has a keen interest in Human Factors, End of Life Care, Quality Improvement and People Development. Rabina is really excited to be working at UCLH and is looking forward to working with the teams within the medicine board and her corporate portfolio to help build on their existing successes



Day in the life.....

Olivia Knight, pre assessment clinic sister

A change in nursing specialty saw Olivia Knight move from a Trauma & Orthopaedics ward to the pre-assessment clinic. Ten years later, she's sister of the pre-assessment clinic at University College Hospital in a job she absolutely loves. Here she tells us about her role and why it's the best move she ever made.

I started out in orthopaedics, training to degree level and becoming a deputy sister at The Middlesex Hospital. The transfer to the new University College Hospital meant reconfiguration of staff roles and I joined the pre-assessment clinic, progressing to sister in this fantastic nurse-led team.

In a nutshell, my job is to ensure that patients are optimised for surgery, by our 12 strong pre-assessment team. This means that they are clinically safe to undergo their procedure. Patient safety is our number one priority and so there are strict local, Trust-wide and national guidelines to adhere to – these change as things develop. For example, how we test for MRSA has changed as has how far in advance of their admission we see patients- it's gone from 6-12 weeks. It's so exciting to be part of such a committed team that's continually innovating and improving.

At pre-assessment you have a limited period of time in which to gather as much quality information as possible from the patient. We take time to talk to patients about their procedure, their overall health and any areas of concern. Patients really talk to us about their concerns and we can help put them at ease. We undertake a wide range of tests and refer onwards if necessary – we often need to work with other departments to make sure the patient is optimised for surgery, for example Cardiology, Haematology, Anaesthetics, Pain Team, Transfusion Team, PACU and many more. If there is doubt over the patient's ability to give full informed consent, we liaise with the Safeguarding Adult Team. It's great to work alongside other colleagues to provide holistic patient care – the patient is very much the focus of what we do. Every patient is different, so every pre-assessment process is different! Pre-assessment can uncover all sorts of underlying issues – we are currently working on a pathway for patients with anaemia. By identifying this early on in the pathway, the patient can be treated and their admission can go ahead as planned. Our ultimate aim is to reduce the number of last minute cancellations, which leads to a better patient and staff experience.

There are of course challenges – UCLH is a tertiary specialist centre so we regularly see complex patients who live far away, at very short notice. Where it is safe to do so we can conduct telephone assessments but often have to work with patients' GPs and local healthcare systems – sometimes it's hard to navigate the 'red tape' involved and frustratingly, it doesn't always provide the best patient experience. Sometimes patients have to travel a long distance to attend clinic, which is regrettable for everyone.

Our clinic stats speak for themselves. We have less than 1% cancellation rate on the day of surgery due to Pre-assessment. A recent patient experience survey showed that patients were extremely satisfied with their pre-assessment. Key skills? Being super-organised, tenacious, confident to work in a clinically



autonomous role and of course, great people skills. Embracing change is another pre-requisite – we've been involved in developing new services and new technology which will make pre assessment even better.

One of the most rewarding aspects of the Pre-assessment role is knowing that we have optimised the patient safely for their procedure. I love my job, and would recommend a role in pre-assessment to anyone.

Thank you!

To everyone who supported the international nursing and midwifery day celebrations. The events started with International Day of the Midwife on Thursday 4 May (below) and continued though to International Nurses Day (Florence Nightingale's birthday) on 12 May 2017. Our photo frames (right) were very popular and we got fantastic photos from teams across the Trust! The 'Nominate Your Nursing Hero' initiative was fantastic and all the nominations are being shared with individuals. A special thank you to everyone who nominated a nursing hero!



Previous editions

<http://insight/departments/other/NursingandMidwifery/Chief%20nurse%20newsletter/Forms/AllItems.aspx>