



The Rotherham NHS Foundation Trust

Nurses and Midwives Care Strategy 2014-2016

Safe, caring and reliable: Patients at the heart of what we do

Ms Tracey L McErlain-Burns
 Chief Nurse
 April 2014



April 2014.

Foreword by the Chief Nurse

It is my pleasure to present our nurses and midwives care strategy for the period April 2014 to 31 March 2016.

In March 2014, the Board of Directors submitted a 2-year operational plan to Monitor, one of our regulators anchoring that plan to a single corporate vision: *To ensure that patients are at the heart of what we do, providing excellent clinical outcomes and a safe, first class experience.*

My aim over the course of the next two (2) years is to lead us to realise our corporate vision such that as nurses, midwives and healthcare support workers we always:

- Put the patient first in all we do
- Deliver safe and effective harm free care
- Provide a first class patient, family and carer experience
- Achieve a highly skilled and empowered workforce
- Strengthen our position in the multi-disciplinary team, and
- Maximise the reputation of the Rotherham NHS Foundation Trust through nursing and midwifery care.



Ms Tracey L McErlain-Burns, Chief Nurse.

Endorsement of the Strategy by Louise Barnett, Chief Executive.

I am pleased to endorse this Nurses and Midwives Care Strategy because first class nursing and midwifery care matter enormously to our patients and we must ensure that they remain at the heart of what we do today, and every other day.



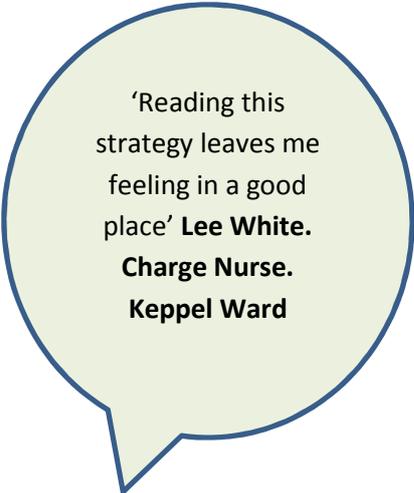
Introduction

The Rotherham NHS Foundation Trust (TRFT) Nurses and Midwives Care Strategy has been written after consultation with nurses, midwives and other colleagues involved in delivering care at the point of contact with patients, their families and carers¹.

The strategy draws on The Robert Francis QC Report (February 2013) into failings in care at The Mid Staffordshire NHS Foundation Trust; the Professor Don Berwick Report (August 2013) commissioned by the Government and the NHS to re-examine what the NHS does and determine how it could improve further; Compassion in Practice (November 2012), the national nursing, midwifery and care givers strategy aimed at giving 'compassion' primacy in terms of our professional values and behaviours; the Cavendish Report (July 2013) commissioned by the Secretary of State for Health to describe what could be done to ensure that unregistered staff in the NHS and Social Care treat all patients and clients with care and compassion, and of course the Keogh Report also published in July 2013 following a review of quality of care in 14 Hospital Trusts in England. Essentially the strategy distils the key messages from these and several other reports about recent care giving in the NHS to provide clarity of vision and purpose to nurses and midwives working as part of The Rotherham NHS Foundation Trust over the course of the next 2 years.

The strategy is presented in two (2) sections; the first describes our strategic aims, i.e. our ambition for nursing and midwifery care in Rotherham, and the second describes a series of transactions in relation to the five (5) themes arising from consultation which underpin achievement of those aims and realisation of the corporate vision for TRFT. The relationship between the two sections is represented in figure 1 and appendix 1 which also cross references each element of the strategy to our corporate objectives, the reports referenced above and the regulatory frameworks which govern us and other healthcare providers.

¹ Consultation on the strategy pre-dated the 2-year operational plan and Board agreement of the strategic objectives.



'Reading this strategy leaves me feeling in a good place' **Lee White. Charge Nurse. Keppel Ward**



'I completely support the objectives of this strategy and like the clear link with regulatory standards and 'Francis.' **Hilary Fawcett. Quality Governance Lead**

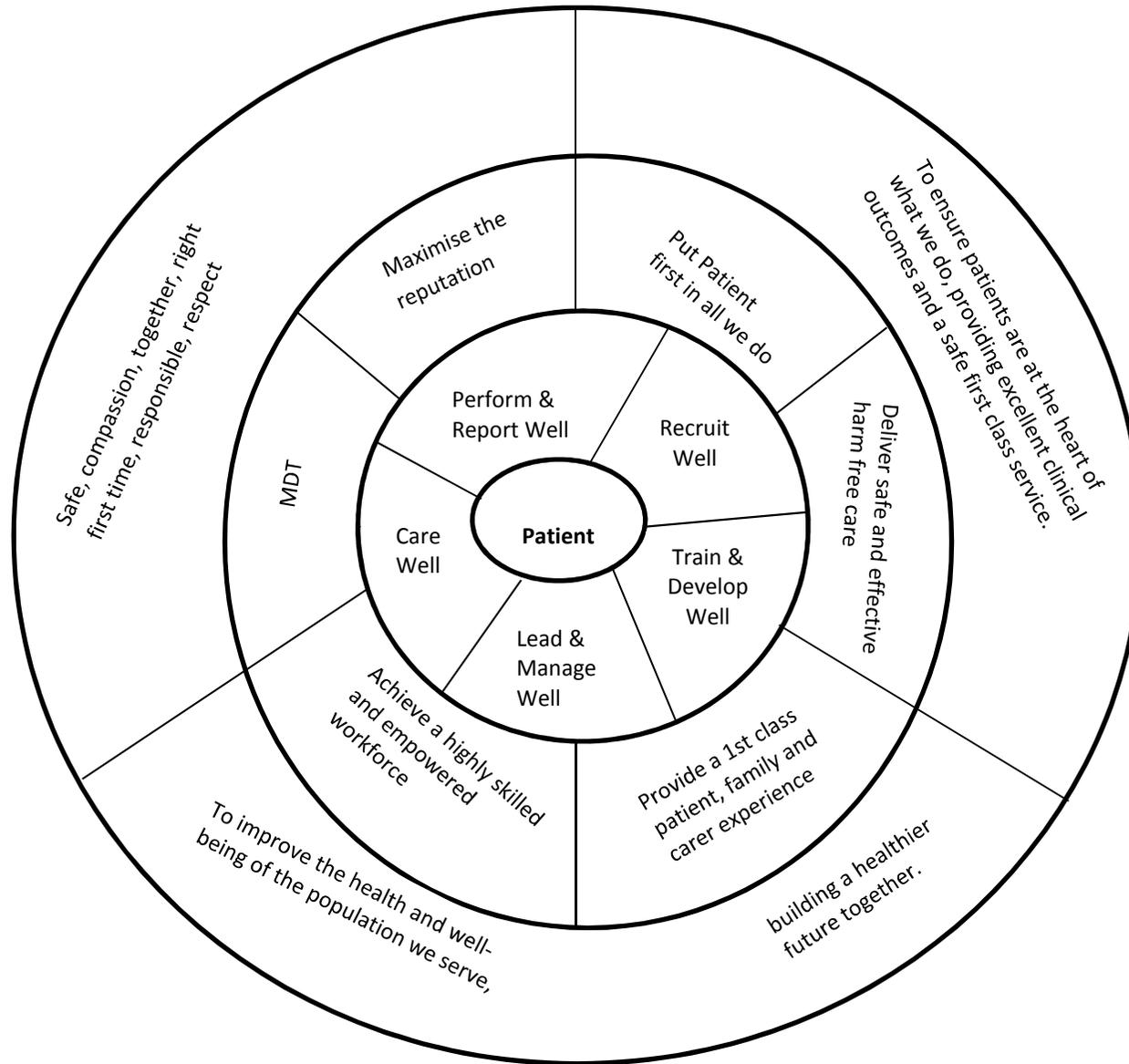


'I support this strategy which I find an inspirations.' **Andrew Lyons, Interim Matron**



'This is an excellent document and strategy for the organisation' **Sarah Cooper. Head of Professions**

Figure 1 – Schematic representation of the relationship between the TRFT vision and the Nurses and Midwives Care Strategy



SECTION 1 – STRATEGIC AIMS

To put the patient first in all we do. This means providing high quality, personalised care delivered with respect and compassion. It means that we will seek and publish the views of our patients, their families and carers and respond to their feedback without any defensiveness, in pursuit of improvement and transparency.

We will achieve this by:

- ✓ Defining compassionate care and how this can be delivered through the 5 themes in section 2
- ✓ Engaging with Healthwatch, the Youth Cabinet, community groups and our Governors to seek feedback on our care
- ✓ Reporting on improvements in care as a consequence of our learning from complaints and clinical incidents
- ✓ Providing good quality nursing at home for everyone when they need it²; working with partners to support independence and reducing social isolation
- ✓ Having visible and effective nursing and midwifery leadership at all levels.

As a result we will:

- ✓ Reduce the number of complaints about nursing and midwifery care
- ✓ Increase the number of patients and families recommending TRFT as a place to receive care
- ✓ Increase the number of nurses and midwives feeling satisfied with the quality of work and patient care they are able to deliver.
- ✓ Increase the number of nurses and midwives agreeing that their role makes a difference to patients.

Deliver safe and effective harm free care. This means delivering care free of avoidable harm. It means delivering care underpinned by research, adopting and diffusing best practice, removing unjustified variation in standards and responding to our most vulnerable patients and those at risk of isolation by protecting them from avoidable harm.

We will achieve this by:

- ✓ Addressing the root cause of avoidable harms such as pressure ulcers, falls, medication errors and infections through the 5 themes in section 2
- ✓ Providing shift accountability for care through a named nurse / midwife
- ✓ Implementing 'intentional rounds'
- ✓ Increasing the amount of care delivered outside of hospital utilising digital and tablet technology

² 2020 Vision (2009) Focus on the Future of District Nursing. Queen's Nursing Institute.

- ✓ Implementing Health Action Plans and Vulnerable Person Cards for all patients with a learning disability.

As a result we will:

- ✓ Reduce the incidence of avoidable pressure ulcers
- ✓ Reduce the incidence of avoidable falls with harm
- ✓ Reduce the number of safeguarding referrals arising from concern about care delivered by TRFT nurses and midwives
- ✓ Reduce the physical and mental health impacts associated with being isolated and vulnerable.

Provide a first class patient, family and carer experience. This means making every contact count. It means treating everyone we come into contact with as we would wish to be treated; or in other words applying the 'my mum rule'...'it has to be good enough for my mum'

We will achieve this by:

- ✓ Appointing the best people to our sister / charge nurse and matron leadership positions
- ✓ Complying with the Duty of Candour and avoiding the use of jargon in our communications
- ✓ Providing women with one-to-one care in labour
- ✓ Listening to the voice of all patients, including children and young people

As a result we will:

- ✓ Improve the reputation of TRFT in Rotherham, with stakeholders and the wider NHS community.
- ✓ Improve the patient reported experience.
- ✓ Reduce the number of complaints and concerns about nursing and midwifery care.
- ✓ Increase the friends and family net promoter scores.

Achieve a highly skilled and empowered workforce. This means investing in the development of our nurses and midwives. It means talent spotting, succession planning, understanding our risk appetite and nurses and midwives making a commitment to TRFT as an employer.

We will achieve this by:

- ✓ Defining and developing the skills required of nurses and midwives along the patient pathways
- ✓ Defining responsibility and having clear lines of accountability as described in section 2
- ✓ Changing the way we recruit and train healthcare support workers

- ✓ Utilising workforce planning and risk management strategies as enablers to achieving succession planning and new patient –facing roles
- ✓ Providing access to multi-disciplinary training and leadership development
- ✓ Working with Universities and other sectors to release latent talent.

As a result we will:

- ✓ Harness and retain our skilled nurses and midwives
- ✓ Evidence decision making at the point of contact
- ✓ Position TRFT in the top quartile as a provider of safe services.

Strengthen our position in the multi-disciplinary team. This means having a golden thread connecting the patient and the nurses / midwives delivering patient care to the operational business and decision making today and every other day. It means realising the potential of having heads of nursing, midwifery and professions in the operational directorates.

We will achieve this by:

- ✓ Having nursing, midwifery and clinical professionals attend all decision making meetings
- ✓ Having nurses and midwives presenting patient stories in Team-Brief
- ✓ Establishing a Professional Advisory Forum
- ✓ Being the custodian of standards

As a result we will:

- ✓ Increase the number of decisions that are patient-centric and clinically led
- ✓ Connect the ward-to-board and community-to-board
- ✓ Connect the corporate departments to our patients.

Maximise the reputation of the Rotherham NHS Foundation Trust through nursing and midwifery care. This means acknowledging that reputation stands and falls on the quality of nursing / midwifery care. It means that everything we do, or omit to do makes a difference.

We will achieve this by:

- ✓ Giving care primacy
- ✓ Showing compassion and respect for each other
- ✓ Reporting and acting on our concerns, always putting the patient first
- ✓ Publishing our learning and our achievements in the professional journals
- ✓ Using technologies to improve handover and make patient pathways seamless.

As a result we will:

- ✓ Improve the position of TRFT in all mandatory, national surveys

- ✓ Reduce the number of complaints about care at TRFT.

Section 1 describes our strategic aims. In the following section a series of actions are described. These actions have been themed under the headings;

- Recruit well
- Train and develop well
- Lead and manage well
- Care well, and
- Perform and report well.

These actions enable us to achieve our strategic aims which in turn underpin the Trust vision;

To ensure that patients are at the heart of what we do, providing excellent clinical outcomes and a safe, first class service.

Our Mission; to improve the health and wellbeing of the population we serve, building a healthier future together and

Our values; Safe, compassion, together, right first time, responsible and respect.

SECTION 2 - THEME 1 – RECRUIT WELL

The first theme in our nurses and midwives care strategy is 'recruit well'. The nursing and midwifery leaders at the Rotherham NHS Foundation Trust know that patient-centred organisations pay attention to their staff. Therefore, whilst we will recruit based on values and behaviours, testing out whether applicants have the qualities and talents we consider a match for our strategic aims, we will also pay attention to applicants (our future colleagues) from their first contact with us. To quote Dr Jocelyn Cornwell – Chair of the advisory group and Director, The Point of Care Foundation³ *'it is the experiences of healthcare staff that shape patient's experiences of care, for good or ill, not the other way round'*.⁴

Following the restructure of the office of the chief nurse, one of the assistant chief nurses has responsibility for values based recruitment linked to the 6Cs and workforce assurance. This post holder will play a key role in driving achievement of this first strategic theme.

In order to 'recruit well' we must understand our patient dependency / acuity levels and regularly review staffing establishments in light of the acuity levels, and any service changes such as a change in patient pathways that enable more people to be cared for in their own homes avoiding admission to hospital or shortening the length of stay; or transforming a service from a medical model to a nurse-led and managed model. Both are examples that would require a review of staffing establishments which will inform the recruitment priorities.

As a result of many Trusts increasing their nursing and midwifery establishments recruitment is difficult, making it all the more important to note the comments made by Dr Cornwell in order to make our Trust attractive to new recruits. A generic recruitment campaign, likely to involve overseas recruitment will continue throughout 2014/15 whence thereafter in 2015/16 campaigns are more likely to be targeted and aligned to the service strategy. All of our recruitment efforts will be promoted on the public website with new recruitment videos every 4 months, refreshing the message and building on the commitment being made by this Trust.

Just as it is important to 'recruit well' using values based methods of recruiting nurses, midwives and healthcare support workers recruitment performance needs to be measured against a set of key performance indicators that will be agreed with the Workforce Assurance Committee of the Board. These will include the length of time between a person giving notice and the first shift and an expectation that healthcare support workers are recruited in cohorts three times a year from September 2014 and receive a minimum 10 days preparatory induction before their first shift.

Finally, in the context of 'recruiting well' we will conduct a review of the nurse bank during 2014/15 and explore a range of options for provision of flexible nurse and midwife staffing and ensure that all new recruits are encouraged to apply to / join the nurse bank, with an expectation that they do not work a shift until they have completed their local induction and

³ Staff Care. The Point of Care Foundation 2014

⁴ National Compassion in Practice Strategy. Chief Nursing Officer 2012

the corporate Trust Induction. For new registrants (newly qualified nurses and midwives) we would not expect them to accept bank shifts in their own clinical area for the first three months and in any other clinical area outside of their base speciality until they have completed 12 months preceptorship.

RECRUIT WELL – theme 1			
Key Actions	Role of the Chief Nurse Office	Role of the Head of Nursing⁴/Directorate⁵	Role of the Individual Registered Nurse/HCSW
1. The unitary Board of TRFT will formally review and publish staffing establishments twice per annum in February and September, taking account of patient acuity and informed by service strategies.	<p>To establish staffing establishment review as a 'process'</p> <p>Provide strategic leadership to the use and interpretation of acuity tools, informed by professional judgement and present the establishments to the Board of Directors; and thereafter to the LETB, commissioners and regulators.</p> <p>The Assistant Chief Nurse (workforce) will assist the Deputy Chief Nurse who will work with the Heads of Nursing to manage the reviews, and recommend the establishments to the Chief Nurse.</p>	<p>Continuously review and monitor nursing and midwifery capacity to deliver care.</p> <p>Manage the nursing establishment reviews (supported by the office of the chief nurse) which will be conducted by the Matrons in conjunction with ward / community sister, charge nurses.</p> <p>Build establishment reviews in to the directorate business plans and report progress at the performance management meetings.</p> <p>Record staffing against plan and deploy effective escalation.</p>	<p>Actively participate in the accurate and timely collection of acuity data.</p> <p>Report concerns for patient safety arising from staffing levels using datix reporting systems and the Trust escalation frameworks.</p> <p>When applying for posts within the Trust, complete all processes without unnecessary delay.</p> <p>When leaving the Trust, take the opportunity to engage in an exit interview, providing meaningful feedback.</p> <p>Understand why it is sometimes necessary to move wards/teams to optimise safe staffing levels.</p>
2. TRFT will develop an aptitude and values based healthcare support worker recruitment	To clearly describe the outcome measures and work with the office of the Director of People	To work with the Professional Advisory Forum to design processes based on the	<p>Participate in delivering the programme.</p> <p>Participate in the assessment of</p>

⁴ At all points please read Head of Nursing, and / or Head of Midwifery unless the Head of Midwifery is specifically stated.

⁵ Read directorate to include Matron unless specifically mentioned.

<p>process and a competency based induction and training programme for implementation from September 2014.</p>	<p>and Organisational Development to gain approval of the framework via the Workforce Committee of the Board.</p>	<p>prescribed outcomes and participate in programme delivery at Head of Nursing, Matron, Clinical Nurse Specialist, Ward /Community Sister, staff nurse and HCSW level.</p>	<p>competency in practice. Engage in training and competency assessment before commencing clinical practice. Role model Trust values and behaviours.</p>
<p>3. TRFT will have a dedicated and inspirational recruitment page on the public website advertising all employment opportunities and making use of staff stories, patient feedback and videos by September 2014.</p>	<p>Produce the business case for a dedicated recruitment section on the public website. Manage an editorial board responsible for the content of the nursing and midwifery recruitment section including recommending hyperlinks with universities etc. Organise recruitment fairs and secondary school visits etc.</p>	<p>Manage compliance with the recruitment processes (at directorate level). Bring forward 'safe – caring and reliable' stories for publishing via directorate governance meetings by way of bringing the Trust alive.</p>	<p>Promote the website to potential recruits. Participate in the employee /staff engagement forum and bring forward vignettes for inclusion on the website.</p>
<p>4. Key measures of recruitment performance will be agreed in conjunction with the office of the Director of People and Organisational Development (P&OD) and the Workforce Assurance Committee of the Board by September 2014, thereafter reported quarterly.</p>	<p>Be externally facing, exploring best in class both within the public and the private sector and drawing on the experiences of the Non-Executive Directors and Governors. Advise and support the Director of P&OD Provide high support and high</p>	<p>Participate in the workforce sub group and be responsible for redesigning processes in order to transform practice and achieve performance goals at service level. Manage process within the directorates and account for performance at the performance</p>	<p>Engage in each step of the recruit process in a prompt and time efficient way. Demonstrate the values and expected behaviours of all TRFT staff by providing timely notification if not intending to attend for interview.</p>

	challenge	management meetings.	
5. TRFT will undertake a thorough review of the nurse bank and explore a range of options for accessing flexible nurse and midwife staffing during 2014/15.	<p>Advise & support the Director of P&OD; specifically to agree the specification for the review, and the outputs required.</p> <p>Participate in tender evaluation panels, if competitive tendering is carried out.</p> <p>Lead contract review meetings with the flexible staffing provider.</p>	<p>Work with the Assistant Chief Nurse (workforce) to predict likely flexible staffing demands.</p> <p>Matrons to share weekly staffing forecasts with the bank provider.</p> <p>Heads of Nursing to advise the 08:30 patient flow meeting on nurse /midwife staffing areas of risk, priority and plans.</p>	<p>Register with the flexible staffing provider to be available for bank shifts (within parameters including completion of induction, preceptorship, European Working Time Directives and personal health and wellbeing).</p>

THEME 2 – TRAIN AND DEVELOP WELL

In describing the NHS, the NHS Constitution states *'it works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most'*⁶.

Theme 2 – 'train and develop well' focusses on induction, retention, and advanced practitioner development. Induction needs to be more than ticking a box to achieve regulatory and statutory compliance, it needs to be the start of a meaningful socialisation process to hardwire the expected values and behaviours of all TRFT staff into each and every practitioner as part of the Safe – Caring and Reliable: patients at the heart of what we do strategy. This hardwiring means that we will induct nurses and midwives into each change of process, each time we change that process, providing access to data, recognising innovators, diffusing practice, and providing consistent leadership.

The retention arm of this theme is largely about development and making a commitment to band specific development programmes which unlock potential, mature competence and retain skilled care givers here in Rotherham. We recognise that some of our nurses and midwives want to become specialists, for example experts in community nursing or emergency department nursing, but some wish to develop a generalist portfolio before determining their career pathways and to support these nurses and midwives we will develop a 2 year rotation scheme across a number of pathways.

In theme 1, 'Recruit well' reference is made to values based recruitment and healthcare support worker induction and training. Following national agreement of the Care Certificate which will provide evidence to employers that healthcare support workers (and social care workers) have been trained to specific standards we will review how we meet the needs of our existing HCSWs in achieving the same standards of evidence⁷.

Finally for theme 2, we will develop our workforce planning capability and ensure that we include the training and development of advanced nurse / midwife practitioners in time for changes to patient pathways, and by working with the Director of P&OD and the Medical Director we will predict changes in the non-nursing and midwifery workforce that provide Safe – Caring and Reliable opportunities to benefit patients and TRFT by developing new nursing / midwifery roles.

⁶ March 2013. NHS Constitution (updated)

⁷ This will include a review of how we support NVQ etc

TRAIN and DEVELOP WELL – theme 2			
Key Actions	Role of the Chief Nurse Office	Role of the Head of Nursing/Directorate	Role of the Individual Registered Nurse/HCSW
<p>1. TRFT will create a relationship between the recruitment process and the start of induction and make sure that every intervention with new colleagues is aligned to our Trust values and behaviours by August 2014.</p>	<p>Attend the welcome session at the start of every corporate induction event to welcome new nurses and midwives as part of their socialisation and induction.</p> <p>Ensure that all initiatives and change projects supported by the professional advisory forum describe how nurses and midwives will be inducted into the change and a single page induction reference guide.</p>	<p>Ensure that every new recruit to nursing, midwifery and HCSW posts receive a welcome letter with details of key points of contact and the date of their local and corporate induction events.</p> <p>Deliver compliance with the personal development and review (PDR) process across the directorate, ensuring that all nurses, midwives and HCSWs receive appraisal at least once a year which includes feedback on their portrayal of our values and behaviours .</p> <p>Deploy change consistently across the directorates and smooth out variation which jeopardises the 'reliability' goal.</p>	<p>Attendance at the induction events arranged.</p> <p>Participation in PDR</p> <p>Uphold the Trust values and behaviours</p> <p>Be prepared to talk to someone if there are concerns about a colleague consistently failing to uphold the Trust values and behaviours</p> <p>Engage with change process induction</p>
<p>2. By September 2014, TRFT will develop leadership programmes specific to the role of the ward / community sister / charge nurse (band</p>	<p>Agree the content and format of the leadership programmes.</p> <p>Deliver aspects of the programmes</p>	<p>Agree the cohorts (groups of colleagues on the programmes) and manage release to enable full engagement with the programmes.</p>	<p>Offer full personal commitment to the programmes</p>

<p>7), and band 8 managers recognising that they are key to achieving safe, caring and reliable standards of care</p>	<p>Use professional networks to explore key speakers as part of the programme and external visits / reference points.</p>	<p>Provide the opportunity for participants on the programmes to deliver projects aligned to directorate business plans.</p> <p>Measure true outcomes in terms of improved staff and patient experience, error rate reduction, reduced mortality through directorate governance meetings.</p>	
<p>3. By December 2014, TRFT will develop a staff nurse (band 5) rotation programme for those who wish to develop skills and competencies across a range of pathways and have at least 6 months experience at the Trust.</p>	<p>Design and oversee the programme.</p> <p>Agree a partner (most likely a University, to evaluate the impact of the programme in 2016)</p>	<p>Approve participants to join the programme.</p> <p>Agree pathway inclusion.</p> <p>Utilise the programme (not as the single source) for succession planning to band 6 and 7 posts.</p>	<p>Sustain participation throughout the tenure of the programme</p> <p>Welcome programme participants into the clinical environment as they rotate and celebrate their departure as they move on.</p>
<p>4. In 2015/16 TRFT will design and deliver a package of refresher training and portfolio based competency assessment for all existing HCSWs such that they too can provide any future employers with a Care Certificate.</p>	<p>Work with Learning and Development to design the package</p>	<p>Work with Learning and Development to deliver the package.</p>	<p>Support HCSW to complete the package.</p> <p>Offer full personal commitment to complete the package.</p>

<p>5. During 2014/15 we will review the directorate business plans and the 5-year plan and develop a workforce plan which recognises the role of the CNS, advanced nurse practitioners, assistant practitioners and nurse / midwife consultants.</p>	<p>Work with the Heads of Nursing and Midwifery, and P&OD throughout quarter 3 and 4 to build a 3-5 year workforce plan.</p> <p>Work with local and regional Universities and the LETB.</p>	<p>Produce business plans that describe service and pathway changes.</p> <p>Manage the release of staff to undertake training.</p> <p>Actively participate in the development of the workforce plan and embed it into the directorate.</p>	<p>Make a personal commitment to TRFT if being trained / developed to undertake a new role.</p> <p>Be clear about role boundaries when fulfilling new roles.</p> <p>Discuss retirement plans during PDR when planning retirement within 2 yrs.</p>
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THEME 3 – LEAD AND MANAGE WELL

Caroline Alexander, Regional Chief Nurse (London) is leading action area 4 of the Compassion in Practice Strategy in which she states; *‘There is a clear relationship between strong leadership, a caring and compassionate culture, and high quality care’*⁸.

Theme 3 – Lead and manage well will focus on the role of the Ward and Community Sister / Charge Nurse, the role of the Matron; and using ‘Listening into Action’ as an improvement methodology.

The role of the Sister / Charge Nurse is fundamentally about leading teams, managing complexity, monitoring and measuring outcomes and accepting accountability. It takes exceptional courage to be a Sister / Charge Nurse and each and every one in those roles will receive high support and high challenge as they take on the status of being the accountable individual for their ward/community team.⁹

The role of the Matron in leading and managing is to be a perpetual diagnostician, able to empower different people at different times, and let emergent talent flourish. They will lead and follow, be central and marginal, be hierarchical above and below and they will ensure that responsibilities aren’t blurred, that accountability is clear and that teams are empowered and supported to deliver Safe, Caring and Reliable outcomes.

Listening into Action is about acknowledging that NHS staff know what to do to deliver great care for patients. It is about unlocking potential and giving nurses, midwives, healthcare support workers and all who support the multidisciplinary team, permission to act. It is important to have an improvement methodology, but it is equally as important to stay with it for 3 – 5 years to help our nurses and midwives to see through the thicket of initiatives.

Whilst theme 3 concentrates on these three areas there should also be an expectation that the office of the Chief Nurse shows courage, conviction, care and competence throughout the period of this strategy, managing ward-to-board, community-to-board and department-team-to board with clarity of vision, clarity of goals and clarity of communication.

⁸ Compassion in Practice – One Year on (November 2013).

⁹ Just as the Chief Executive is the accountable officer for the Trust; the Sister/Charge Nurse is the single accountable leader of their team/ward. Accountable for quality, activity and finance.

LEAD AND MANAGE WELL – theme 3			
Key Actions	Role of the Chief Nurse Office	Role of the Head of Nursing/Directorate	Role of the Individual Registered Nurse/HCSW
1. By July 2014, recruitment to band 7 ward sister / charge nurse, or community team leader positions will be given priority over all other nursing recruitment and they will be recruited based on leadership competencies.	<p>Explain the role of the ward / community sister / charge nurse to the organisation.</p> <p>Define the leadership competencies.</p> <p>Spot talent, and develop the future nurse directors / chief nurses.</p>	<p>Ensure that the directorate management team listen to what the sister / charge nurse is saying about the culture of the directorate, and the impact, both positive and negative that it is having on their ability to provide compassion in practice.</p> <p>Recruit based on leadership competencies.</p>	<p>Respect the role of the sister / charge nurse.</p> <p>Aspire to succeed.</p>
2. All ward sisters / charge nurses and community team leader (sisters), band 7 will be assigned clear accountability for their directly managed area empowered to fully manage all activity in their ward /community team. (By July 2014)	<p>Produce a single page statement on the role of the chief nurse, deputy chief nurse, assistant chief nurses, heads of nursing, matrons, sisters / charge nurses, staff nurses and healthcare support workers.</p> <p>Establish the professional regulatory framework.</p>	<p>Manage implementation of the new emphasis.</p> <p>Ensure (through Matrons) that all sister / charge nurse appraisals include review of leadership competencies set in the context of the new emphasis of role.</p> <p>Manage (through Matrons), sister / charge nurse performance in the context of the Trust performance framework.</p>	<p>Engage in the ward / community team performance framework.</p>
3. All ward and community sister / charge nurses will hold	<p>Intervene at the right time; allow the directorates to manage but</p>	<p>Ensure (through Matrons) that the</p>	<p>Attend and participate in the</p>

<p>monthly leadership meetings with an agenda that covers quality, performance, finance, staff satisfaction and regulation. (By July 2014).</p>	<p>intervene to prevent deterioration in quality and safety when necessary.</p> <p>Triangulate hard and soft intelligence.</p> <p>Periodically attend ward / team meetings to link ward / community-to-board.</p>	<p>monthly meetings happen.</p> <p>Ensure the sisters / charge nurses are provided with activity and other related performance data.</p> <p>Ensure that directorate business and governance meetings receive information from ward / team performance meetings and feedback.</p> <p>Hold sisters / charge nurses to account for performance.</p>	<p>monthly meetings.</p> <p>Understand the performance framework; how it works, the objectives of the sister / charge nurse and how they relate to the strategic priorities of the Trust.</p> <p>Actively enquire about performance and understand how individuals can engage in improvement and transformation.</p> <p>Commit to achievement.</p>
<p>4. Matrons will play an important role in the nursing and midwifery strategy group thereafter translating clear goals to ward and community sisters / charge nurses fulfilling a chief operating officer type of role, coordinating achievement reporting into the divisional business and governance meetings. (By May 2014)</p>	<p>Establish the nursing and midwifery strategy group (N&M strategy group) as a 'quasi board', with a focus on delivering the strategic objectives.</p> <p>Establish an expectation that all members of the nursing and midwifery strategy group attend each meeting.</p>	<p>Manage delivery of the strategic objectives.</p> <p>Embed the strategic objectives for nursing and midwifery into the directorate as core business.</p> <p>Provide assurance to the chief nurse office.</p>	<p>Respect and value the role of the Matron.</p>
<p>5. In May 2014, TRFT will join a cohort of 5 or 6 other Trusts making a commitment to turn</p>	<p>Lead by example.</p> <p>Role model Listening into Action.</p>	<p>Lead by example.</p> <p>Role model Listening into Action.</p>	<p>Embrace Listening into Action.</p> <p>Leave cynicism in the past.</p>

<p>Listening into Action (LiA) and aim for a minimum 60% improvement in the score nurses, midwives and healthcare support workers give to recommending TRFT as a place to work and receive care by March 2016</p>	<p>Become ambassadors for Listening into Action.</p> <p>Complete the annual staff survey and the staff friends and family test to provide a meaningful staff satisfaction and welfare barometer</p>	<p>Become ambassadors for Listening into Action.</p> <p>Leave cynicism in the past</p> <p>Complete the annual staff survey and the staff friends and family test to provide a meaningful staff satisfaction and welfare barometer.</p>	<p>Complete the annual staff survey and the staff friends and family test to provide a meaningful staff satisfaction and welfare barometer.</p> <p>Turn loyalty to TRFT into real pride in the quality of care we provide.</p>
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THEME 4 – CARE WELL

‘Caring defines us and our work’¹⁰

Theme 4 is about caring well. At its most basic it is about every one of us respecting the rights of patients and demonstrating the courage to heed the stark messages of Robert Francis QC¹¹. In short, as nurses and midwives; we must be relentless in putting the patient first in everything we do, we must not be defensive and we must not tolerate poor standards. As individual practitioners attention to these three messages will define us and our work.

Caring well is about compassion in practice. It about nurses and midwives working in partnership with other members of the multidisciplinary team, drawing on the expertise of clinical nurse / midwife specialists and nurse / midwife consultants.

The 6C’s include ‘courage’ which translates into having the personal strength to speak up, or go and take a look, when we have concerns, but it also means being prepared to take a risk in order to innovate or adopt best practice thereby reducing variability in standards within and across wards / teams. Throughout 2014/15 we will systematically introduce intentional rounds and the STOP Pressure Campaign as part of the Safe – Caring and Reliable strategy.

Caring well requires visibility and individual accountability which we will commit to by ensuring that every in-patient has a named nurse / midwife each shift, with the name of that nurse / midwife clearly written alongside the name of the consultant at each bedside.

At the start of each shift the shift coordinator will lead a short safety huddle¹² with a focus on the SAFER care bundle, patients at risk of deterioration and the priorities of the shift as a vehicle for galvanising all members into a team with clear goals for caring well and preventing patient harm.

In the real world things will making caring well hard on many days and therefore we will make our escalation frameworks simple to understand and use, put in place supervision policies to enable personal, professional reflection and try out Schwartz Rounds¹³ as a means of providing space each month to talk about what makes caring well harder than we want it to be.

¹⁰ Jane Cummings, Chief Nursing Officer (England) Compassion in Practice 2012

¹¹ Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Robert Francis QC. 2013

¹² In the community this may be by teleconference.

¹³ Schwartz Centre Rounds improve team work, decreasing stress and isolation. We will need to consider whether there is overlap with LiA.

CARE WELL – theme 4			
Key Actions	Role of the Chief Nurse Office	Role of the Head of Nursing/Directorate	Role of the Individual Registered Nurse/HCSW
1. In order to support the sister / charge nurse in achieving safe – caring and reliable objectives, clinical nurse / midwife specialists, nurse consultants and corporate directors will adopt a ward or community team and regularly attend the ward / team meetings as ‘advisor’. (By June 2014)	To engage the executive and corporate director team. To ensure that the ‘advisors’ understand their role. To make it happen.	To engage the nurse / midwife specialists and nurse consultants. To ensure the ‘advisors’ understand their role. To make it happen. To ensure the role of ‘advisor’ does not get in the way of assurance.	To engage with the ‘advisors’. To provide feedback on the benefits (or otherwise) of the engagement. Engage with all members of the multidisciplinary team.
2. We will act on concern (April 2014).	Lead by example. If we have concern, we will go and look at what is happening. Evidence ‘Francis’ in action. Share information with the accountable directorate.	Lead by example. If we have concern, we will go and look at what is happening. Evidence ‘Francis’ in action. Act on feedback and monitor through governance arrangements.	Understand how to raise concern. Accept zero tolerance of poor standards.
3. Every in-patient will have a named nurse / midwife per shift, clearly recorded above the bed. (By June 2014)	Lead the implementation via the Professional Advisory Forum. Secure the funds to enable implementation.	Manage the implementation and explain the rationale to ward sisters / charge nurses.	Ensure that the information is updated at the bedside each shift. Translate the concept into tangible patient experience benefit.

<p>4. By July 2014, all ward and community nursing teams will hold a safety huddle at the start of each shift.</p>	<p>Lead the implementation via the Professional Advisory Forum.</p> <p>Triangulate soft and hard intelligence.</p> <p>Measure outcome in the Harm Free Care (safety thermometer) improvements.</p>	<p>Manage the implementation and explain the rationale to ward sisters / charge nurses.</p> <p>Audit compliance.</p> <p>Engage the multidisciplinary leadership team.</p> <p>Provide leadership to include the SAFER care bundle.¹⁴</p>	<p>Engage in the safety huddles and understand the rationale.</p> <p>Ensure a huddle is carried out at the start of every shift.</p> <p>Include the multidisciplinary team.</p>
<p>5. Safe care escalation frameworks will be revised by June 2014 and audited every 3 months.</p>	<p>Prescribe the escalation frameworks.</p> <p>Achieve sign off by the document ratification group.</p>	<p>Implement the framework.</p> <p>Audit every 3 months, reporting to directorate governance & the N&M strategy group.</p>	<p>Use the framework.</p> <p>Put safe care first.</p>
<p>6. The TRFT supervision policy for nurses will be reviewed by September 2014 in line with reviewing staffing establishments and embedded into practice during 2015/16</p>	<p>Lead the revision of the policy.</p> <p>Research whether other Trusts build supervision into the establishment uplift.</p> <p>Advise the chief nurse on the impact of supervision on the establishment.</p>	<p>Identify supervisor training requirements.</p> <p>Implement the policy.</p>	<p>Engage in individual and / or group supervision as a means of professional reflection and learning.</p> <p>Ensure that records of supervision are made.</p> <p>Use supervision to inform personal development plans.</p>
<p>7. During 2014/15 we will try out Schwartz Rounds in 2 or 3 areas</p>	<p>Research Schwartz Rounds.</p> <p>Have the courage to advise</p>	<p>Agree the 2 or 3 areas with the operational workforce group.</p>	<p>Use the Schwartz Rounds to describe the things that get in</p>

¹⁴ Part of the Emergency Care intensive support team evidence; includes white board reviews of all patients by 11.00 am etc.

of high sickness absence where absence is related to stress.	stopping the rounds if there is overlap with Listening into Action.	Implement the Rounds. Monitor the impact on sickness absence.	the way of being able to 'care well'. Report whether the rounds have a material effect of feelings of stress.
8. By July 2014 we will implement intentional rounds in all adult in-patient wards.	Prescribe the framework. Triangulate outcome with other safety data.	Implement a single model. Review impact on staffing establishments.	Record the intentional round Put safe care first.
9. By July 2014 we will implement the STOP Pressure Campaign across the Trust.	Actively lead the campaign.	Include pressure ulcer avoidance in the objectives of every sister / charge nurse.	Lead this major safety campaign in practice.
10. By September 2014 we will use BirthRate Plus to inform the midwifery establishment and achievement of best practice standards for one-to-one care in labour.	Validate the results and present the establishment to the Board of Directors	Project manage the use of Birthrate Plus Respond to the findings	Enter data accurately Explain the tool to women
11. By March 2015 all patients admitted to hospital ¹⁵ with a learning disability will have a Health Action Plan (HAP) or a Vulnerable Persons Card	Engage with the Learning Disability Partnership Forum Give our most vulnerable patients a voice.	Implement the HAP / VIP Identify learning disability champions Redesign pathways to meet the needs of patients with a learning disability.	Use the HAP / VIP to improve care for all persons with a learning disability Reduce the impact of isolation and vulnerability

¹⁵ The Chief Nurse has established this as a CQUIN for 2014/15 . In 2015/16 the CQUIN will include all contacts with patients with a learning disability irrespective of age or where that contact takes place.

THEME 5 – PERFORM AND REPORT WELL

Theme 5 is about measurement and transparency. We made great progress in 2013/14 by regularly publishing our quality and safety data in the monthly Chief Nurse reports to the Board of Directors and being one of the first trusts to join the North of England Open and Honest Care Initiative¹⁶.

The NHS Leadership Academy describes clinicians as '*showing leadership by managing performance; holding themselves and others accountable for service outcomes*¹⁷'.

In 2014/15 we will strengthen the nursing and midwifery commitment to being Safe – Caring and Reliable; putting patients at the heart of what we do, by including a requirement to live the values of the Rotherham NHS Foundation Trust and demonstrate compassion in practice in the personal objectives of every member of the nursing and midwifery team.

We will research the best when designing implementation methods for all the commitments made in this nurses and midwives care strategy, setting the bar high, and eliminating variability in standards unless variation can be justified.

We will evaluate the range of measures we currently use to measure ward and community performance such as the quality walk-rounds, the ward and department nursing accreditation system and the ward dashboards during 2014/15 and design one single measurement framework consistent with the Trust performance management framework, simplifying the system of internal performance regulation and accrediting achievement. We will implement the single system in April 2015.

As nurses and midwives we will embrace the statutory Duty of Candour and manage difficult conversations with patients (and their families) when things have gone wrong.

Finally, we will celebrate our achievements with a nursing and midwifery conference in April 2015 inviting patients and their carers to tell their experience of care¹⁸, and tell the story of our journey for publication in the professional media.

We understand that the reputation of an organisation is strongly influenced by the patient reported experience of care. Our mission is to build a reputation of nurses and midwives caring in Rotherham.

¹⁶ Compassion in Practice – action area 3 – delivering high quality care and measuring impact.

¹⁷ www.leadershipacademy.nhs.uk

¹⁸ Evidence of commitment to deliver the Patient involvement and engagement strategy (pending - April 2014)

PERFORM AND REPORT WELL – theme 5			
Key Actions	Role of the Chief Nurse Office	Role of the Head of Nursing/Directorate	Role of the Individual Registered Nurse/HCSW
1. By June 2014, all nurses and midwives will have a personal objective to portray compassion in practice.	To include compassion in our own personal objectives. To ensure that compassion is included in the personal objectives of the heads of nursing and midwifery.	To cascade inclusion of compassion in the objectives of all nurses and midwives.	To practice compassion in care.
2. Throughout the next two years we will commit to researching best practice to inform implementation plans and eliminate unjustified variation in standards.	Use professional networks to explore best practice. Invite peer review of our practice. Have oversight of standards and question the justification for variability.	Visit other Trusts, or private organisations to explore the best. Know where there is variability and manage that through the directorate business and governance meetings.	Engage in peer review. Become members of the CQC inspection teams and bring knowledge back to TRFT. Do not accept unjustified variation.
3. During 2014/15 we will evaluate our many ward and community performance measures and implement a single system, with accreditation from April 2015.	Evaluate the current systems of measure. Design a single system Design an accreditation / reward system. Spot performance in decline.	Inform the design of the single system. Ensure the single system aligns to directorate performance frameworks. Manage performance in decline.	Contribute to the design of the single system. Understand how ward / community performance is being measured. Engage in peer review. Have ambition.
4. We will embrace the statutory	Translate the Duty into a single	Support staff having difficult	Report all clinical incidents or

duty of candour ensuring that all patients suffering harm as a consequence of nursing or midwifery care / omissions in care, are informed by us.	<p>page.</p> <p>Ensure datix can capture compliance with the Duty.</p> <p>Build managing difficult conversations into the leadership competencies.</p>	<p>conversations.</p> <p>Ensure improvement plans are informed by root cause</p> <p>Evidence learning from harm.</p> <p>Manage individuals who breach the Code of Conduct.</p>	<p>cause of concern.</p> <p>Engage in learning.</p> <p>Comply with the Code of Conduct.</p>
5. We will hold a conference of celebration in April 2015.	Organise the event through the N&M strategy group.	Present achievements at the conference.	Present achievements at the conference
6. We will publish our 2014/15 journey in the spring of 2015.	Support the Heads of Nursing in producing a joint article for the professional press.	Produce an article for the professional press.	Volunteer to peer review the article before submission.

Appendix 1 – Cross referencing our nurses and midwives care strategy.

No.	Descriptor	TRFT strategic objective	Nurses & Midwives Care strategic aims	CQC standard	Monitor QGF	6Cs	Francis	Keogh	Berwick	Cavendish	NHS Constitution. (principles)
1.1	Staffing reviews	7	2	13	1b,4b	√	√	√		√	3
1.2	HCSW recruitment	7	4	13	1b	√	√			√	3
1.3	Inspirational webpage		6	13							
1.4	Measures of recruitment	7	2	13	4c		√	√		√	3
1.5	Review flexible staffing	7	2	13	1b		√	√			3
2.1	Induction	5	1	14	2b,3c		√	√		√	3
2.2	Leadership programmes	4	4	14	2a 3a	√			√		3
2.3	Staff nurse rotation	1	4	13	3c		√		√		3
2.4	Existing HCSW training	7	4	14	2b					√	3
2.5	Workforce planning	7	4	14	4a,4c	√					3
3.1	B7 recruitment	4	2	4	3a				√		3
3.2	B7 CEO status	4	2	4	2a,3a				√		3
3.3	Matrons COO status	4	2	4	3a				√		3
3.4	Listening into Action	1	1	4	3c	√	√	√	√		3
4.1	Ward / team	4	1	4	3c						3

	'advisors'										
4.2	Act on concern	8	1	4	3b	√	√	√	√		3
4.3	Named nurse / midwife per shift	1	2	4	1b						3
4.4	Safety huddle	1	2	4	1b			√			3
4.5	Escalation frameworks	5	2	4	3b		√	√			3
4.6	Supervision policy	5	2	14	4a						3
4.7	Schwartz Rounds	1	3	16	1b						3
4.8	Intentional rounds	1	2	4	1a, 1b	√					3
4.9	Stop Pressure campaign	1	2	7a	1b						3
4.10	BirthRate Plus	7	2	13	1b	√	√	√		√	3
4.11	Learning Disabilities	1	2	7a	1b	√					4
5.1	Compassion objectives	8	1	4	1b, 3a	√					3
5.2	Research best practice	1	2	16	4a, 4b				√		3
5.3	Single accreditation systems	5	2	16	4c						3
5.4	Duty of Candour	8	1	1, 4	1a	√	√				7
5.5	Conference		6								
5.6	Publication		6								

TRFT Strategic Objectives			TRFT Nursing and Midwifery Care Strategic aims	
1	Develop high quality and safe services that meet the (changing) needs of the population		1	Put the patient first in all we do
2	Achieve clinical and financial Sustainability		2	Deliver safe and effective harm free care

3	Work with partners across the health economy		3	Provide a first class patient, family and carer experience
4	Ensure that we have leadership capacity and capability		4	Achieve a highly skilled and empowered workforce
5	Ensure that our governance arrangements are fit for purpose		5	Strengthen our position in the multi-disciplinary team
6	Meet our regulatory requirements		6	Maximise the reputation of TRFT through nursing and midwifery care.
7	Develop and maintain an appropriately skilled and engaged workforce			
8	Develop a culture based on our values and behaviours			

NHS Constitution - principles	4. Patients at the heart of everything
1. Available to all	6. Work across organisational boundaries
2. Access based on need	7. Value for tax payers money
3. Highest standards of excellence and professionalism	8. Accountable to the public