

Gloucestershire Hospitals



NHS Foundation Trust

Nursing and Midwifery Strategy

2013 – 2015

V2: UPDATED 2014



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What is the purpose of this strategy?

The purpose of this Strategy is to define the objectives, which are unique to each Trust nurse and each Trust Midwife which are to be implemented and achieved by us all over the next three years.

This Strategy's focus is to deliver compassionate care in practice and to further strengthen the essential contribution we make every day to the health and well being of those in our care. It defines the expectations I hold, as Trust Nursing and Midwifery Director.

I give my commitment to the Department of Health's National Strategy for Nursing and Midwifery (December 2012) and fully endorse its core principles; these are the foundation for our Trust Nursing and Midwifery Strategy.

As a profession the role of a nurse and of a midwife continues to evolve to meet the changing needs of health service provision and the changing needs of our patients, their families and Carers. Our role is to play our part in leading, developing, shaping the changes, to respond and to take action to meet both the challenges and the opportunities that these bring our profession and our role.

This Strategy has been developed following 'staff listening events', Trust Nursing and Midwifery Strategy planning events held in 2012, and in 2013 'Positive Deviance' Sessions, 'Improving Communication Events' and incorporates the feedback

and themes generated by those who attended each of the events.

It builds on the twelve Department of Health 'Essence of Care Clinical Standards' (October 2010), it is underpinned by the fundamental statements of the NHS Constitution (2010) and by our Nursing and Midwifery Code of Conduct (2008).

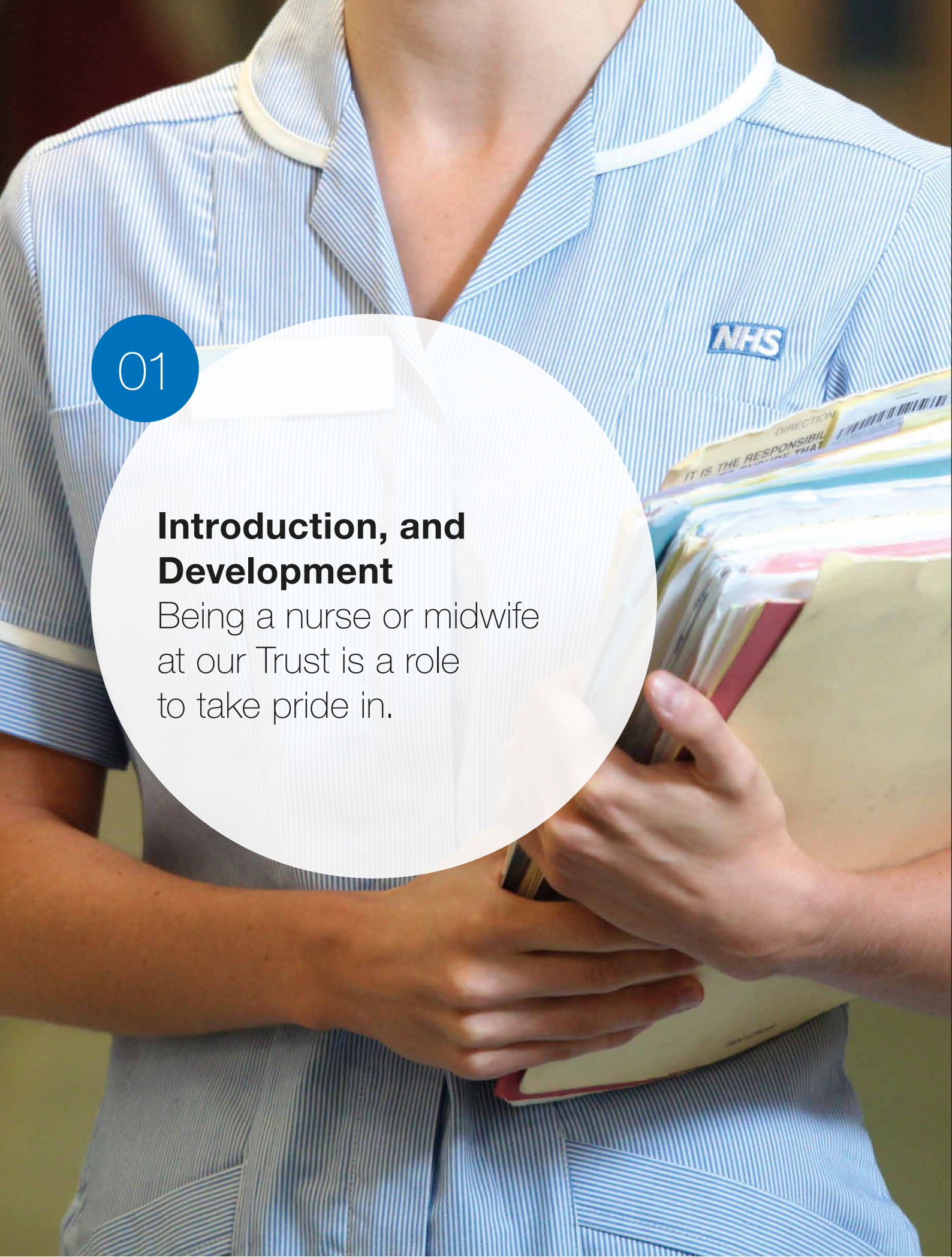
This strategy reflects the themes of national feedback from patients, their families, Carers and from the public on their expectations for our profession.

It has been shaped by the recommendations of the 'Francis Report – the final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry' (February 2013) and the Government's Response to this published in March 2013 and updated in April 2013 'Putting Patients First'.

Maggie Arnold, Nursing and Midwifery Director

It takes a remarkable
person to be a nurse.
This is challenging.
This is rewarding.
This is nursing.

This is Nursing
campaign 2012



01

Introduction, and Development

Being a nurse or midwife at our Trust is a role to take pride in.

Introduction

Being a Nurse or a Midwife within Gloucestershire Hospitals NHS Foundation Trust is a role to take pride in and to be proud of.

As a Nurse or a Midwife we have additional roles and responsibilities, as defined by our Professional Body, the Nursing and Midwifery Council.

“Make the care of people our first concern” to promote dignity, to be non judgemental, to uphold the trust that our patients place in us and to... uphold the reputation of our profession.

“To empower, to act as an advocate, to always safeguard those in our care and where appropriate to take the necessary actions where indicated.”

***Nursing and Midwifery Council
– Code of Conduct (2008)***

To achieve this we must work together with those in our care, their families and Carers as partners, adopting the philosophy of “partnerships” not a “them and us”, approach.

Partnerships between patients, Family/ Carers and care team is the underpinning philosophy of the NHS Constitution, for patients the standard is “no decision about me, without me”.

All Trust staff have a duty to work together to achieve the four Trust Strategic Objectives, to meet the expectations of Trust core values, of professional and Service standards and

to deliver Trust Standards for Kindness and Respect. The core principles of safe, quality, harm free care are applicable to us all.

Our Vision

Safe, effective and personalised care - every patient, every time, all the time

Our Mission

Improving health by putting patients at the centre of excellent specialist care

Our Objectives for 2013 / 14

Our Business

To ensure our organisation is stable and viable with the resources to deliver its vision

- To deliver the financial plan to generate £3m for investment in the capital programme
- Maintain a financial risk rating of 3
- Embed Service Line Management
- To make progress towards our carbon utilisation target
- To improve capacity and capability to identify new markets and technologies and promote commercialisation
- To further improve the reputation of our organisation with our key stakeholders

Our Services

To improve year on year the safety of our organisation for patients, visitors and staff and the outcomes for our patients

- To deliver our in year safety objectives (VTE, Safety Thermometer, sepsis 6, medicines management, acute kidney injury, COPD, C Diff target)
- To progress the Clinical Information Strategy (PACS implementation and SMARTCARE procurement, opportunities for Digital First or Telehealth) (EDS*)
- To improve the emergency care pathway (to include engagement and implementation of changes to pathway through ED)
- To reduce our average length of stay
- To reduce the rate of readmissions following an emergency admission
- To improve care for patients with dementia
- To implement the vascular reconfiguration
- To create a paediatric day surgery facility at GRH
- To ensure clinical participation in the commissioning group's Clinical Programme Groups
- To implement satellite radiotherapy at Hereford

Our Staff

To further develop a highly skilled, motivated and engaged workforce which continually strives to improve patient care and Trust performance

- To ensure all staff take part in an appraisal
- To ensure all staff complete mandatory training
- To improve staff communication and engagement
- To improve the health and wellbeing of all staff to enable sickness levels to reduce to below 3% and identify any barriers to achieving this within specific staff groups. (EDS*)

Our Patients

To improve year on year the experience of our patients

- To implement the Friends and Family Test and secure above average performance across patient groups (EDS*)
- To improve our discharge processes
- To improve our information for carers of people with dementia
- To improve aspects of personal care, in particular privacy and dignity and the extent to which patients are involved in decisions about their care
- To deliver national access targets

* Equality Delivery System

Our objectives for 2014/2015

Our framework for the future

Our goals (or Strategic Objectives) for the future are part of a framework made up of our Mission, Vision and our Values.

Our mission:

Improving health by putting patients at the centre of excellent specialist care

Our vision:

Safe, effective and personalised care: every patient, every time, all the time.

Our Services

To improve year on year the safety of our organisation for patients, visitors and staff and the outcomes for our patients

- To deliver our in year safety and effectiveness objectives: AKI, COPD, pressure ulcers, dementia and delirium, missed doses, never events, sepsis
- To prepare for and implement Smartcare
- To improve the flow of patients through the emergency pathway
- To improve the care for people with dementia and delirium
- To implement satellite radiotherapy at Hereford
- To move towards achieving the standards for seven day working
- To reduce variations in clinical care

Our Patients

To improve year on year the experience of our patients

- To ensure all our patients are treated with care and compassion
- To extend the implementation of the Friends and Family Test to outpatients, day cases and staff
- To put in place processes that enable our patients, carers and staff to tell us about their experiences and for us to learn from them
- To involve service users in education, training and service redesign
- To deliver national access targets, with a particular emphasis on cancer waits
- To safeguard all who are in our care

Our Staff

To further develop a highly skilled, motivated and engaged workforce which continually strives to improve patient care and Trust performance

- To ensure all staff to take part in an appraisal
- To ensure all staff complete mandatory training
- To improve staff communication
- To improve staff engagement
- To improve the health and well being of staff to enable sickness levels to reduce below 3%

Our Business

To ensure our organisation is stable and viable with the resources to deliver its vision

- To deliver the financial plan to generate a surplus of £4m
- To maintain a financial risk rating of 3
- To develop capacity and capability to identify new markets and technologies and promote commercialisation
- To develop our use of Service Line Management to support sustainable services
- To make progress towards our carbon utilisation target
- To improve the reputation of our organisation

Definitions

The Royal College of Nursing in 2003 defined nursing as:

"The use of clinical judgement in the provision of care, to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death... It is important to recognise that nursing is the totality: while some parts of the definition are shared with other health care professions, the uniqueness of nursing lies in their combination. The definition takes account of the great diversity of nursing, which includes the care of people who are healthy as well as those who are sick, and of groups of people as well as individuals. The definition expresses the common core of nursing which remains constant."

"Nursing is an intellectual, physical, emotional and moral process which includes the identification of nursing needs; therapeutic interventions and personal care; information, education, advice and advocacy; and physical, emotional and spiritual support. In addition to direct patient care, nursing practice includes management, teaching, and policy and knowledge development...A commitment to partnership: nurses work in partnership with patients, their relatives and other carers and in collaboration with others as members of a multi-disciplinary team. Where appropriate they will lead the team, prescribing, delegating and supervising the work of others; at other times they will participate under the leadership of others. At all times, however, they remain personally and professionally accountable for their own decisions and actions."

"To be a nurse, a midwife or member of care staff is an extraordinary role. What we do every day has a deep importance. We are key to

the drive to enable people to stay healthy and well for longer through promoting health and well-being, and supporting independence. We help people to recover from illness, sometimes when they are at their most vulnerable. We support hundreds of thousands of people in living with illness. We provide care and comfort when people's lives are coming to an end. We care for everyone, from the joy at the beginning of new life to the sadness at its end.

We support the people in our care and their families when they are at their most vulnerable. We have the clinical expertise, compassion and humanity with which to shape the culture of our health service and our care and support system. We are proud to be part of a remarkable health and care service, making a difference to people's lives each and every day."

Department of Health - Compassion in Practice - Nursing, Midwifery and Care Staff Our Vision and Strategy (December 2012)

"Midwives and the care they provide to women, babies and families are of the utmost importance to society. Across the United Kingdom midwives are key professionals in ensuring that women have a safe and emotionally satisfying experience during their pregnancy, childbirth and postnatal period."

Midwifery 2020: Delivering expectations (September 2010)

"Midwives bring people-centred care closer to the communities where they are needed most, thereby helping improve health outcomes and the overall cost effectiveness of services. They contribute to disease prevention and control

through surveillance, early detection and the promotion of health and healthy lifestyles."

World Health Organisation Strategic Directions for Strengthening Nursing and Midwifery Services (2010)

"Children's nurses care for children and young people, from birth to mid-to-late teens, who are sick or injured and work with them to promote healthy behaviours and prevent ill health.

They champion the rights of children and young people, seek to protect them from abuse and neglect and encourage them to be treated as equal members of society, to achieve their full potential and, wherever possible, to have their views and preferences taken into account."

Nursing and Midwifery Council (2010)

"Children's nurses - The main philosophy of children's nursing is family centred care, recognising that, in most cases, children and young people are best cared for by their parents, or by other people they know well.

They work in partnership with children and young people, and their families, to plan their care, negotiate who will give that care, and where it will be received.

Children's nurses have a comprehensive knowledge and understanding of the biological, psychological and social variations that affect children and young people of different ages, cultures, abilities and stages of development.

They also recognise the many changes and transitions that take place as children move from infancy to young adulthood and support families when transition to adult services is required."

Nursing and Midwifery Council (2010)

"Neonatal care adopts a family-centred philosophy of care that helps families whose baby is in hospital to cope with the stress, anxiety and altered parenting roles that accompany their baby's condition. It puts the physical, psychological and social needs of both the baby and their family at the heart of all care given. Ultimately, family-centred care may enhance attachment between a baby and the family and result in improved long-term outcomes for both'.

The crucial difference between neonatal nursing and adult nursing is that the neonatal patient is mostly unable to communicate its wishes and feelings. The staff caring for the baby need to be skilled in detecting subtle changes in their complex needs and implement the care required within sometimes very short time-scales, whilst supporting the family through a very stressful and emotional experience which may impact on their ability to maintain family lifestyles and routines. The majority of communication will be with the family: parents, siblings and grandparents who will be trying to engage in the care of their baby/babies in order to be competent and confident in their care on discharge."

National Neonatal Toolkit, 2009

Objectives

Our Nursing and Midwifery Strategy has four key objectives that we should all strive to help to deliver

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Objectives:Trust Nursing and
Midwifery team**Strategy Objectives – an overview****Objective 1:**

To meet the statements of the Nursing and Midwifery Council - Code of Conduct (2008)

**Objective 2:**

Deliver the principles and the values of the NHS Constitution. (March 2013)

**Objective 3:**

To meet the six core statements of the Department of Health's National Nursing and Midwifery Strategy (2012)



"The 6 C's"

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

Objective 4:

That each Trust Nurse, Midwife, Health Care Assistant, and Lead Health Care Assistant understand and adopt the National Nursing and Midwifery Strategy.

In addition to deliver the Trust Specific Nursing and Midwifery objectives as defined on the grid on page 20.

Our Culture of Compassionate Care – Creating a Vision for Nurses, Midwives and Care Staff

Our shared purpose is to maximise our contribution to high quality, compassionate care and to achieve excellent health and well-being outcomes

Our values and behaviours are at the heart of the vision and all we do ...



Care	Compassion	Competence	Communication	Courage	Commitment
Care is our core business and that of our organisations and the care we deliver helps the individual person and improves the health of the whole community. Caring defines us and our work. People receiving care expect it to be right for them consistently throughout every stage of their life.	Compassion is how care is given through relationships based on empathy, respect and dignity; it can also be described as intelligent kindness and is central to how people perceive their care.	Competence means all those in caring roles must have the ability to understand an individual's health and social needs and the expertise, clinical and technical knowledge to deliver effective care and treatments based on research and evidence.	Communication is central to successful caring relationships and to effective team working. Listening is as important as what we say and do and essential for "no decision about me without me". Communication is the key to a good workplace with benefits for staff and patients alike.	Courage enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and to embrace new ways of working.	A commitment to our patients and populations is a cornerstone of what we do. We need to build on our commitment to improve the care and experience of our patients to take action to make this vision and strategy a reality for all and meet the health and social care challenges ahead.

Collaboration underpins these values and behaviours in the NHS, in public health and in social care .

Making this happen needs us all to commit to action and nurses and midwives to take the lead in these six areas ...

Helping people to stay independent, maximising well-being and improving health outcomes	Working with people to provide a positive experience of care	Delivering high quality care and measuring impact	Building and strengthening leadership	Ensuring we have the right staff, with the right skills in the right place	Supporting positive staff experience
<p>National Actions:</p> <ul style="list-style-type: none"> • Policy and programmes for: <ul style="list-style-type: none"> - Making every contact count - Maximising the leadership role of SCPHN - The public health role of midwives - Health visitor and school nursing plans - Dementia challenge - 'No health without Mental Health' • Developing accessible evidence based on NICE guidance • Actively engaging across sectors, leading work effectively, integrating health, care and support <p>Local Actions:</p> <ul style="list-style-type: none"> • Make 'every contact count' • Support nurses and midwives to maximise their contribution to the 'Dementia Challenge' • Ensure practice is supported by appropriate technology <p>Call to Action:</p> <ul style="list-style-type: none"> • Develop skills as 'health promoting practitioners making every contact count' 	<p>National Actions:</p> <ul style="list-style-type: none"> • Provide rapid feedback from patients to build a rich picture of the 6Cs in action • Support local services to seek the views of the most vulnerable • Use feedback to improve the reported experiences of patients • Identify strong patient experience measures that can be used between settings and sectors <p>Local Actions:</p> <ul style="list-style-type: none"> • Support the roll out of the Family and Friends test • Rollout of the public reporting of pressure ulcers, falls, patient and staff experience and Safety Thermometer <p>Call to Action:</p> <ul style="list-style-type: none"> • Actively listen to, seek out and act on patient and carer feedback, identifying any themes or issues and ensuring the patient and carer voice is heard 	<p>National Actions:</p> <ul style="list-style-type: none"> • Publish 'High Quality Care Metrics for Nursing' by the National Nursing Research Unit • Identification of metrics and indicators, which reflect compassion and effective care • Development of the Safety Thermometer in mental health, learning disability, children and young people • Publish information that identifies the quality of care and informs patients and the public <p>Local Action:</p> <ul style="list-style-type: none"> • Publish & discuss quality metrics and outcomes at each Board meeting • Enable staff to gain knowledge and skills to interpret data. <p>Ensure measurement and data collection is effective and simple.</p> <p>Call to Action:</p> <ul style="list-style-type: none"> • Support the measurement of care to learn, improve and highlight the positive impact on the people cared for 	<p>National Actions:</p> <ul style="list-style-type: none"> • Develop a set of tools that enable organisations to measure their culture • New leadership programme for ward managers, team leaders and nursing directors based on values and behaviours of the 6Cs • DH will lead work to implement and embed the Leadership Qualities Framework for Adult Social Care and roll this out <p>Local Actions:</p> <ul style="list-style-type: none"> • Providers undertake a review of their organisational culture and publish the results • Providers review options for introducing ward managers and team leaders supervisory status into their staffing structure <p>Call to Action:</p> <ul style="list-style-type: none"> • See ourselves as leaders in the care setting and role model the 6Cs in our everyday care of patients 	<p>National Actions:</p> <ul style="list-style-type: none"> • Develop evidence based staffing levels for mental health, community, learning disability services and care and support • Providers to review Supervisory status for Ward Managers and Team Leaders • Value based recruitment and appraisal • Effective training, recruitment and induction of support workers <p>Local Actions:</p> <ul style="list-style-type: none"> • Boards sign off and publish evidence based staffing levels at least every 6 months, linked to quality of care and patient experience • Providers review options to deliver supervisory status <p>Call to Action:</p> <ul style="list-style-type: none"> • Deploy staff effectively and efficiently; identify the impact this has on the quality of care and the experience of the people in our care 	<p>National Actions:</p> <ul style="list-style-type: none"> • National scheme to recognise excellent implementation of 6Cs • Plan to support care staff within the workplace • Review implementation of the Cultural Barometer once pilots have taken place • Evidence based good practice for clinical placements of students, preceptorship and supervision <p>• Review the 'Image of Nursing' work and develop actions</p> <p>Local Actions:</p> <ul style="list-style-type: none"> • Strategies to secure meaningful staff engagement • Implement the Friends and Family Test for staff • Commissioners to ensure locally agreed targets to deliver high quality appraisals for their staff <p>Call to Action:</p> <ul style="list-style-type: none"> • Commit to working with local employers to improve experience in the work place

...we will focus on the areas that will have the biggest impact for all and particularly older people

Gloucestershire Hospitals NHS Foundation Trust Nursing and Midwifery, building on the National Strategy

Developing the Culture of Compassionate Care – Creating a Vision for Nurses, Midwives and Care Staff

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Collaboration underpins these values and behaviours in the NHS, in public health and in social care .

Making this happen needs us all to commit to action and nurses and midwives to take the lead in these six areas ...

Helping people to stay independent, maximising well-being and improving health outcomes	Working with people to provide a positive experience of care	Delivering high quality care and measuring impact	Building and strengthening leadership	Ensuring we have the right staff, with the right skills in the right place	Supporting positive staff experience
<ul style="list-style-type: none"> → Assess, plan , implement and evaluate care → Communication with those in our care their / Family/Carer at every step → Discharge planning and timely discharge → Uphold principles of safeguarding adults and children → Promote person centred care → Respect the individual and the things that matter to them → Make every contact count 	<ul style="list-style-type: none"> → Deliver compassionate care → Deliver Trust Kindness and Respect Standards → Safeguard all who are in our care → Listen to feedback from those in our care and take action to continuously improve experience → Work in partnership with those in our care families and carers → Implement Trust wide the Improving Communication Programme 	<ul style="list-style-type: none"> → Deliver the 12 Essence of Care Clinical Standards → Support achievement of Trust strategic objectives CQUIN objectives and Quality Standards → Effectively monitor standards in practice minimising duplication → Nursing and Midwifery metrics and Dashboard reporting → Application of policy within practice → Maintain the expected standards of record keeping 	<ul style="list-style-type: none"> → Role model care and compassion → Increase visibility of senior Nursing and Midwifery team → Timely feedback from Senior Nursing and Midwifery Team, which is accessible to all → The role of the matron in optimising care experience → Ward Band 7 Supervisory role → Midwifery Supervision → Clinical Supervision → Safeguarding Supervision 	<ul style="list-style-type: none"> → Role model the RSVP standard of clinical communication → Workforce development to promote a positive care experience → Investment in the NHS Nursing and Midwifery team → Deliver the Nursing and Midwifery Education strategy → Staff development programmes → Staff Appraisal → Meet objectives and outcomes of National and Internal Professional Standards 	<ul style="list-style-type: none"> → Valuing the contribution made by all staff → Listening to staff → Being transparent and open → Positive, effective communication promoting face to face engagement → Celebrating success, sharing innovations and good practice → Proactive recruitment and recruiting for care and compassion → Team working → Role model the 6C's

...All underpinned by collaborative working and team work

Our Trust's commitment

Action area one

- Helping people to stay independent, maximise well-being and improving health outcomes:
- Assess, plan, implement and evaluate care
 - Communication with those in our care and their Family / Carer at every step
 - Discharge planning and timely discharge
 - Uphold principles of safeguarding adults and children
 - Promote person centred care
 - Respect the individual and the things that matter to them
 - Make every contact count

- Working with people to provide a positive experience of care:
- Deliver compassionate care
 - Deliver Trust Kindness and Respect Standards
 - Safeguard all who are in our care
 - Listen to feedback from those in our care and take action to continuously improve experience
 - Work in partnership with those in our care, their families and carers
 - Implement Trust wide the Improving Communication Programme

Action area two

- Delivering high quality care and measuring the impact:
- Deliver the 12 Essence of Care Clinical Standards
 - Support achievement of Trust strategic objectives, CQUIN objectives and Quality Standards
 - Effectively monitor standards in practice minimising duplication
 - Nursing and Midwifery metrics and Dashboard reporting
 - Application of policy within practice
 - Maintain the expected standards of record keeping

Action area three

- Building and strengthening leadership:
- Role model care and compassion
 - Increase visibility of senior Nursing and Midwifery team
 - Timely feedback from Senior Nursing and Midwifery Team, which is accessible to all
 - The role of the matron in optimising care experience
 - Ward Band 7 Supervisory role – Trust's Implementation Programme 2013
 - Midwifery Supervision
 - Clinical Supervision
 - Safeguarding Supervision

Action area four

Action area six

- Supporting positive staff experience:
- Valuing the contribution made by all staff
 - Listening to staff
 - Being transparent and open
 - Positive, effective communication promoting face to face engagement
 - Celebrating success, sharing innovations and good practice
 - Proactive recruitment and recruiting for care and compassion
 - Team working
 - Role model the 6C's
- All underpinned by collaborative working and team work

Action area five

- Ensuring we have the right staff, with the right skills, in the right place:
- Role model the RSVP standard of clinical communication
 - Workforce development to promote a positive care experience
 - Investment in the NHS nursing and Midwifery team
 - Deliver the Nursing and Midwifery Education strategy
 - Staff development programmes
 - Appraisal
 - Meet objectives and outcomes of National and Internal Professional Standards

Vision and Strategy: An Approach for Dementia Care



Care

- Respect people with dementia, recognising the patients views and preferences
- Develop an environment that is adapted for dementia care and that maximises wellbeing
- Recognise dementia is not a mental health problem exclusively and support the right to dignity in care
- Connect families to resources and connect communities to support health and wellbeing
- Work in partnership with the patient/carer to take time to listen, use the carer as a resource
- Know the person not the condition, focus on unmet need
- Value the individual and their story, do not judge

Compassion

- Support people with dementia to live well and stay independent
- Show empathy and kindness during times of distress
- Respond to the uniqueness of the patient
- Act for the dementia patient with integrity
- Help and supports carers to cope
- Ensure person based approach that respect the person and the things that still matter

Competence

- Recognise your role in dementia care no matter what speciality or field of nursing
- Promote and lead dementia awareness
- Understand the complexities of dementia care, the wider pathway and supporting services
- Understand the complex physical, mental health, emotional and spiritual needs
- Support advanced care planning, choices and wishes as illness develops
- Promote public health messaging "health heart / health head"

Communication

- Recognise every contact can contribute to early identification, diagnosis, support and treatment
- Communicate sensitively to support meaningful interaction
- Provide information and use skills to provide a seamless interface and care between patient, community and other agencies
- Use all available resources including technology and social media to improve care and access to services
- Create partnerships with the family

Courage

- Make dementia everyone's business, and champion excellent dementia care
- Stand up for patients and against 'dementiaism' and 'carerism'
- Is proud to care for people with dementia
- Lead and champion the importance of dementia nursing
- Challenge the system to ensure patients' best interests are at the centre of service delivery
- Empower and supports choice

Commitment

- Make dementia care valued
- Commit to action such as the delivery of a dementia friendly environment
- Deliver and designs innovative and quality dementia services
- Commit to improving health and wellbeing for those with dementia
- Uses specialist knowledge to influence and direct commissioning
- Reduce stigma around dementia, raise awareness and inspire others
- Sign up to 1 Million Friends

Demonstrating 6Cs in Dementia Practice

Maximising the unique Nursing contribution to high quality, compassionate and excellent care and support for all people with Dementia and their Carers, caring for loved ones with dementia.

Service Offer – Our offer is to all nurses and to every person with dementia and their carers

Key Facts

- Dementia is a term that is used to describe a collection of symptoms including memory loss, problems with reasoning, perception and communication skills. It also leads to a reduction in a person's abilities and skills in carrying out routine activities such as washing, dressing and cooking.
- The most common types are: Alzheimer's disease, Vascular dementia, Frontotemporal dementia and Dementia with Lewy bodies- all progressive conditions, which means symptoms are likely to get worse over time. The progression will vary from person to person and each will experience dementia in a different way.
- The number of people with dementia is increasing and presents a significant and urgent challenge to health and social care, both in terms of the number of people affected and the associated cost.

Dementia Vision

This vision was developed in recognition of the needs for a much greater common understanding and awareness across all fields of nursing on what the nursing contribution to the dementia challenge is and what constitutes good quality in dementia nursing care, public health prevention, treatment and support.

- Dementia nursing is complex, exciting and challenging. This nursing vision describes how every nurse needs to involve themselves in dementia care across the whole pathway.
- The nursing vision requires all nurses to know about dementia, know the early signs, as early diagnosis of dementia helps people receive information, support and treatment at the earliest possible stage.
- The nursing vision requires all nurses to increase basic awareness, reducing social stigma, lack of knowledge, to ensuring the best care for people with dementia at the end of their lives and enabling, if not providing, on-going support to families.
- It describes and defines what is expected of nurses in order to meet the level and quality of care we all expect, every time, right now and in the future within all care settings.
- The inter-connectivity between all fields of nursing, environments of care and a collaborative approach to deliver co-ordinated services is central to the success of Dementia care and the Dementia Challenge.
- It is essential to understand the range and breadth of partner agencies and their role in supporting people with dementia and providing care nearer to home, both within the NHS, social care and wider community.
- The Vision and Service Model is set in the context of the broader national nursing strategy - Developing a Culture of Compassionate Care, which includes the six Cs - for dementia nursing values and behaviours together with the six priority actions for maintaining health and wellbeing outcomes relating to Dementia Care.

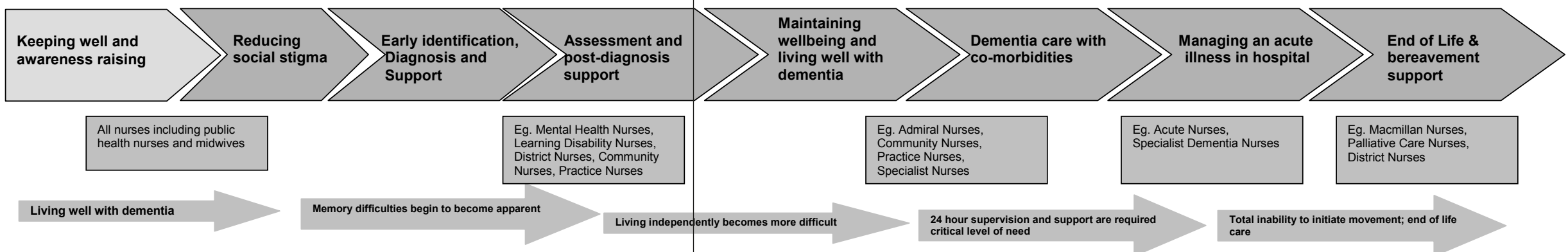
All nurses and midwives contribute to the early part of the pathway. Nurses with specific and or specialist skills and roles will support at different points in the Dementia Journey

Contributing to all stages of the dementia pathway to:

- achieve
- improve
- and sustain better outcomes

so that all people with dementia, at all ages are able to lead good quality lives for longer.

Specialist support and advice may be required at any stage as a result of complex needs. This will be specific to some nurses and additional to the work that all nurses do.



Making this happen within dementia care (all settings including nursing homes) nurses need to take the lead in these 6 areas and embedded throughout is Leadership, Ownership, Partnerships.

Maximising health and wellbeing. Helping people to stay independent

- Create dementia friendly communities that understand how to help.
- Lead, deliver and evaluate care nearer home.

Working with people to provide a positive experience

- Know the characteristics of dementia, understand the experience, recognise the signs of distress resulting from confusion and respond to the individuals' anxiety to support their understanding of the events they are experiencing.

Delivering care and measuring impact

- Ensure nurses are research / evidence based aware to report outcomes and measure effectiveness of dementia care.

Building and strengthening leadership

- Act as a professional role model for all nurses providing leadership and support to the team in improving and reshaping dementia care.

Ensuring we have the right staff, with the right skills and attributes in the right place

- Ensure Dementia awareness training for all nurses and develop expertise through competencies.

Supporting positive staff experience

- Enable time to care and support staff to provide a dementia friendly environment.
- Develop future nurse leaders by providing excellent practice placements.

Vision and Strategy: the Nursing Contribution to the health and well-being of people with Learning Disabilities



Department
of Health

Overview and rationale

The learning disability nursing workforce has decreased in recent years, whilst there has been an increase in the amount of people with learning disabilities (PWLD), and the complexity of their health and social care needs. Learning disability (LD) nurses have always been central to the care of PWLD and valued highly by them and their families and carers. The values underpinning LD nursing has led to co-produced care, tailored to the individual, with family, carer and multi agency input. It is important to invest in this specialised area of care, to ensure these skills are valued and nurtured in the future. Strategic workforce planning and modernisation of the role was highlighted as key in the *Strengthening the Commitment* UK modernising learning disability nurse review (2012). Implementing the recommendations will ensure a strong vibrant learning disability nursing profession. Developing strong leadership throughout the learning disability workforce, by creating a national network across private and public services. This includes a new academic group to highlight best practice guidelines specifically for PWLD. Our shared objective is to see the health and care system get to grips with past failings, by listening to this very vulnerable group of people and their families. Working collaboratively meeting their needs and working together to commission the range of support, which will enable them to lead fulfilling and safe lives in their communities as highlighted in the *Transforming care the national response to Winterbourne View Hospital: final report* (2012). This model includes the 6Cs and the six action areas that learning disability nurses need to address to deliver high quality, compassionate care and improve health care outcomes.

Making this happen for all, learning disability nurses need to take the lead in the developing the culture of compassionate care especially within these 6 Action areas:



Key themes of high quality care delivery

- Person centred care. Directly involving the person with learning disabilities in their care planning and delivery, inclusive of any reasonable adjustments and assessments, which they may require to access the healthcare and treatment they need at any given time.
- Leadership embedded across all aspects of health and in all care sectors and services.
- Education of support workers, student nurse and post registration nurses across all branches of the nursing community to improve assessment planning and delivery of care and awareness of health needs of PWLD, by LD nurses.

**Please send your feedback to
Ben.Thomas@dh.gsi.gov.uk**

Maximising health and wellbeing. Helping people to stay independent

- Equity and equality in access to primary and secondary care, alongside specialist services, by ensuring an LD liaison service in general hospitals
- Continue collaborative care with wider health and social care teams, PWLD themselves and their families/carers
- Ensure care is always person centred and accessible to the individual tailored to their culture
- Reduce health inequalities faced by PWLD
- Promote access and improved presence of PWLD in the community through links with voluntary sector

Working with people to provide a positive experience

- Use total communication to empower the patient, as well as families/carers, as experts in their own health care
- Develop and promote 'listening organisation' with acknowledgements and actions on patient feedback, ensuring there is a clear feedback process.
- Reasonable adjustments made to ensure access to appropriate services to meet holistic health requirements
- Ensure safeguarding of individuals within all settings, measured via CQC reports.

Delivering care and measuring impact

- Use of Learning Disabilities specific outcome measures such as Health Equalities Framework, as well as feedback from PWLD, family and carers
- Inclusion of Learning Disabilities in Public Health measures
- Ensure all nurses have access to evidence based practice guidelines to meet health needs
- Improve education of mainstream staff to support PWLD needs, delivered by LD nurses, impact measured by attendance records and feedback
- Measurement tools: self assessment framework, primary and secondary care data sets linked to QoF outcomes, and audits

Building and strengthening leadership

- Develop the public profile of LD Nurses, demonstrating the unique contributions in achieving positive holistic health outcomes
- Identify and develop leadership skills and frameworks
- Promote holistic health and wellbeing of PWLD to all AHPs and the general public
- Develop and strengthen professional networks, including the academic network.
- Highlight and disseminate innovative practice and roles with LD nursing, using health technology

Ensuring we have the right staff, with the right skills in the right place

- Identify variety of roles undertaken by LD nurses creating a career framework
- Basic nurse competence should enable LD nurse to enter a range of settings post qualification, using competency frameworks
- Use 6C's in staff recruitment, to ensure staff have values underpinning good care
- Wider MDT and multi agency collaboration aims to reduce stays in inappropriate care settings
- Transparency in cases of poor/sub standard care

Supporting positive staff experience

- Develop and promote 'Listening Organisations' with acknowledgement and actions on staff feedback
- Regular structured clinical supervision with access to trained supervisors
- Effective mentoring and preceptorship for students and newly qualified nurses
- Create and support Continuing Professional Development, to ensure further training once in post.
- Share and learn from instances of good practice via professional networks

Role of LD nurses in promoting positive and holistic health

- Maximise health access and outcomes for PWLD through timely evidence based interventions
- Encourage and promote community presence of PWLD
- Support skills teaching and development to maximise independence and good health maintenance
- Accurate assessment and implementation of treatment and support to maximise health outcomes
- Use education and health promotion to support carers/families/PWLD to maintain good health
- Support non LD specific trained staff in meeting needs of PWLD
- Coordinate care within MDT to ensure holistic healthcare needs are met
- Challenge and reduce incidence of inequality and discriminatory practice, which affects healthcare outcomes

Why are the 6Cs important to learning disability nurses?

LD nurses **care** in all environments, as PWLD live in their own homes, tenancies, supported living residential and nursing homes. A vital part of their role is the development of therapeutic relationships with PWLD and their family or carers. LD nurses training allows them to deliver **compassionate** person centred care, promoting dignity and respect based on values of kindness trust and collaboration. LD nurses are a key part of the feedback loop between PWLD and service development, acting as advocates. LD nurses are a highly skilled workforce, **competent** in assessment care planning implementation skills, founded on an up to date evidence base. Specialised **communication** techniques are utilised to ensure greatest level of patient choice. LD nurses use their communication skills in liaising with multi agency teams to ensure effective and timely care delivery. LD nurses must use **courage** to lead and champion LD care and services, inspiring confidence in the families, carers that health inequalities will be minimised. LD nurses are **committed** to delivering high quality person centred care, and committed to ensuring all health practitioners have a higher awareness of PWLD specific needs.

02b

Objectives:

Paediatric, Neonatal and
Midwifery Objectives

Team specific objectives**Paediatric Nurses**

- To meet objectives 1, 2, 3 and 4 of our Trust Nursing and Midwifery Strategy
- To establish the countywide day unit at GRH in 2014
- To continue to evaluate the urgent care pathway for children within Gloucestershire
- To review and match capacity and demand for paediatric critical care. This includes the ability to provide - additional nursing support at peak times, a suitable physical space, additional equipment and the risk of providing more complex care for increasing numbers of children within a District General Hospital.
- To extend the Trust transition policy beyond children with a Learning Disability to encompass all specialities caring for children
- To review the care of children with emotional/ mental health needs who access the acute service during times of crisis.
- To involve patients, families and carers in determining patient services and the development of these services

- To develop the paediatric palliative care pathway and identify the nursing roles and responsibilities.
- To improve the service offered to children with complex needs including learning disability within the acute unit

Neonatal Nursing

- To meet objectives 1, 2, 3 and 4 of our Trust Nursing and Midwifery Strategy
- Promote the delivery of safe, high quality neonatal care
- Assessment of the service against the objectives of the National Neonatal Toolkit 2011/2012.

Midwifery Team

- To meet objectives 1, 2, 3 and 4 of our Trust Nursing and Midwifery Strategy
- Meeting the objectives of the National Nursing and Midwifery Strategy - The National Midwifery Strategy is shown on pages 26–33

Maximising well being and improving health outcomes

- Promote normality during pregnancy and birth for all women, ensure the same standard of environment, choice and midwifery care
- Use of safeguarding systems/alerts to improve information sharing about vulnerability factors with relevant professionals including GP's, public health nurses and paediatricians
- Ensure the development and access to clear individual plans of care for all women including those with complex social and or clinical complications.
- Where indicated ensure access to and promote uptake of, care from medical staff and a range of health professionals from the multidisciplinary team
- Engage in a range of health promotion opportunities to include breast feeding and smoking cessation, influence early years through parenting support and promotion

of children's centres, contribute to public health initiatives such as vaccination programmes and support sexual health

Working with people to provide a positive experience

- Provide an improved range of choices for all women including those with some level of complexity such as those planning a vaginal birth following a caesarean section
- For those with a level of complexity who choose not to accept professional advice, negotiate plans of care which reduce risk and encourage women to make the safest decisions and plans for birth
- Ensure all women feel in control and involved in decisions about their care
- Encourage all staff to respond positively to user feedback
- Work in partnership with women, their families and the wider health care team to ensure a seamless transition to parenthood

Delivering care and measuring impact

- Identify, record and accurately enter data relating to co-morbidities to ensure payment for what we do
- Monitor the quality of care provided; through dashboards, audit and user feedback

- Monitor outcomes and satisfaction for those women with the most complex care plans that have been formulated by Supervisors of Midwives
- Contribute pro-actively to the South West Clinical Network, Senate Assembly and Clinical Program Groups in order to; influence commissioners, improve services, reduce variation and facilitate bench marking

Building and strengthening leadership

- Maintain Midwifery supervision ratios through succession planning
- Deliver an Annual Supervisors of Midwives Action plan in response to the recommendations of the Annual Local Supervising Authority Audit
- Develop safeguarding supervision ensuring managerial oversight of case loads and offer opportunities for practice reflection
- Focus on succession planning and preparation for leadership roles
- Create opportunities to build the reputation of the services and make a positive contribution to the development of the profession; through positive engagement with the media, involvement in research, education and innovation in practice.

Ensuring we have the right staff with the right skills

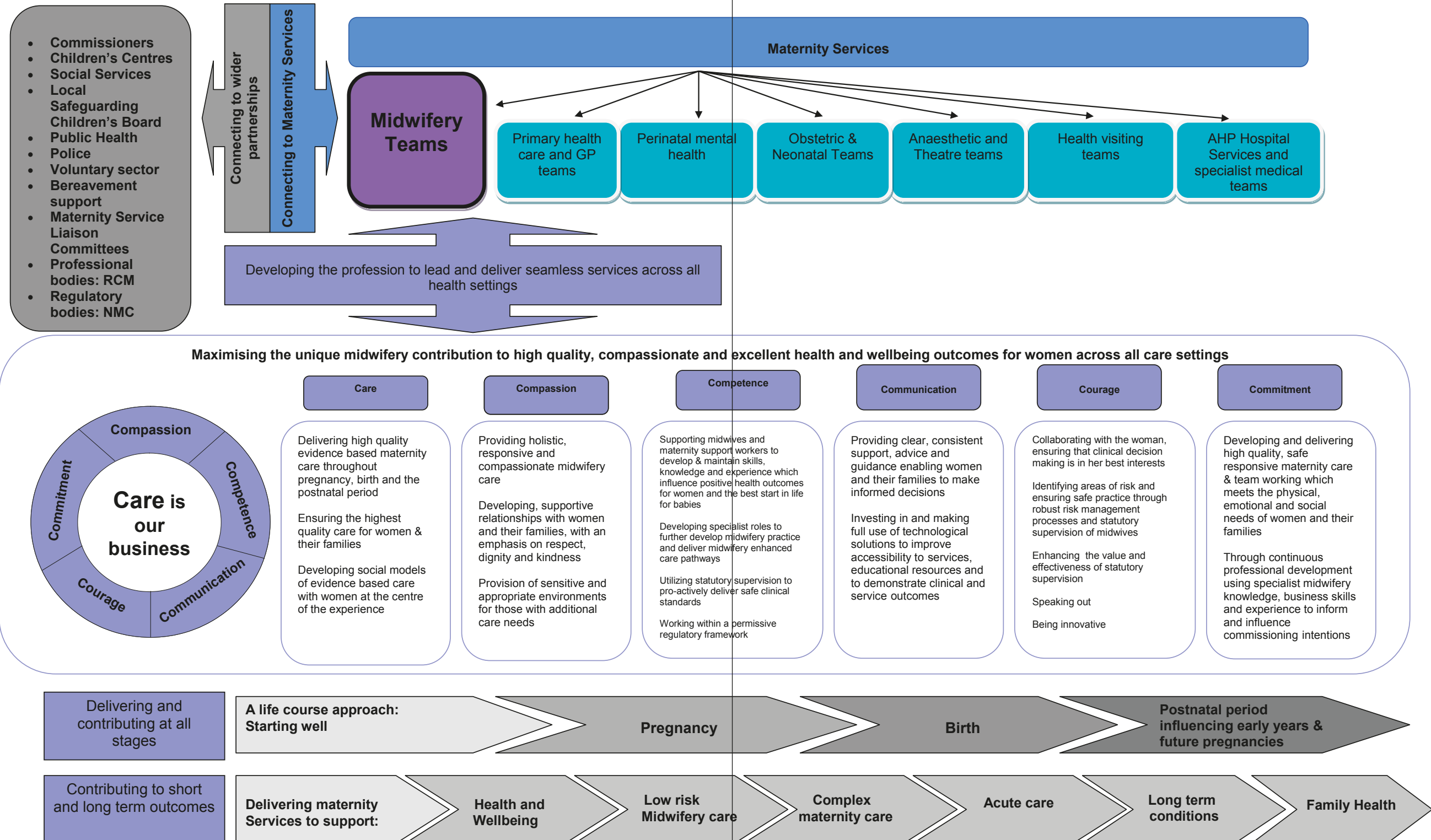
- Develop an appropriately skilled workforce
- Create opportunities for development and learning by facilitating staff to gain experience in a variety of settings e.g. birth centres and the community or by taking up opportunities for secondments
- Improve knowledge, training and compliance with Guidelines and policies
- Provide a range of opportunities for professional development which are service led

Supporting a positive Staff experience

- Create a culture of mutual respect where the voice of all staff can be heard and which values the contribution of all members of the team
- All teams to develop effective communications systems and maximise opportunities for staff engagement and feedback
- Ensure effective preceptor ship, mentorship, midwifery supervision and support of all staff
- Share and celebrate positive user feedback

MIDWIFERY SERVICES FOR IMPROVED HEALTH AND WELLBEING

Below outlines the inter-connectivity between the experience of women and their families and maternity service provision. This Vision and Service Model for midwifery is set in the context of the broader national nursing, midwifery and care giving strategy - Compassion in Practice, which includes the six Cs – values and behaviours together with the six priority actions for maintaining health and wellbeing outcomes.



Midwifery service offer – ‘To improve health and wellbeing’

The Midwifery Service Offer

Midwives will be the first point of contact within accessible maternity services for women. Midwives will deliver innovative, evidence based, cost effective, quality care across integrated health and social care settings.

Midwives will offer support as the lead professional for maternity care to all healthy women with uncomplicated pregnancies.

For women with complex pregnancies midwives will be the key co-ordinators of care within the multi disciplinary team. They will work closely with obstetricians, GPs, health visitors, maternity support workers, breast-feeding support workers and social workers to enable women and families to access the care and support they need.

Enhancing the maternity care experience through supporting transition to parenthood

- Recognising what is important to the woman and her family.
- Individualised plans of care
- Meeting the needs of women and families
- Offering choice throughout care pathway including place of birth
- Accessible and informative pregnancy, parenting and birth education programmes



Measuring Impact: Outcomes and indicators

Midwives contributing to population health needs

- Improving the wider determinants of health
- Health improvement
- Health protection

(Public Health Outcomes Framework, DH 2012)

Midwives contributing to healthy communities

- Ensuring that women have a positive experience of care
- Treating and caring for women and babies in a safe environment and protecting them from avoidable harm

(NHS Outcomes Framework, DH 2011)

- Use of evidence based effective practice, valued by women

(Midwifery 2020, DH 2010)

Generic indicators

- Direct access to maternity service with booking by 12 completed weeks
- Uptake of antenatal and newborn screening programmes
- Measurement of women's experiences using patient reported outcome measures (PROMS)
- Continuity of midwifery care; 1:1 Midwifery care in established labour
- Birth: Midwife Ratios
- Normal Birth rate / caesarean section rate

Making this happen within maternity services midwives need to take the lead in these six areas

Helping people to stay independent, maximising well-being and improving health outcomes

- Providing personalised continuity of care led by a midwife
- Promoting normality in childbirth, including choice of place of birth and the provision of one to one care in labour
- Additional support through enhanced care pathways for vulnerable and disadvantaged women
- Supporting women with long term health conditions
- Supporting sexual health, antenatal and newborn screening programmes
- Signposting to smoking cessation programmes
- Influencing early years health through promotion of breastfeeding, help with initiating and sustaining breastfeeding, safe sleeping messages and child vaccination programmes
- Robust safeguarding procedures

Working with people to provide a positive experience

- Working in partnership with women and their families to achieve a positive transition to parenthood
- Working in partnership with the voluntary sector and service user forums to develop safe and responsive maternity services
- Actively engage with service users using feedback to inform future maternity care provision.
- Ensuring seamless care for women and their families through effective multi agency partnership working

Delivering care and measuring impact

- Applying outcome indicators focused on woman centred care, safety, clinical effectiveness, efficiency, equity and timeliness with a particular focus on quality.
- Ensuring that commissioning intentions are reflective of maternity service case mix in order to provide appropriate funding streams under Maternity PBR tariffs
- Audit and Benchmarking service performance through maternity dashboards developed across maternity networks with a focus on clinical excellence

Building and strengthening leadership

- Empowering and supporting professional development through proactive statutory supervision of midwives.
- Identifying & facilitating midwifery leaders to develop a midwifery workforce with appropriate and enhanced skills and knowledge
- Investing in educational leadership programmes to support the development of future midwifery leaders
- Strong focus on professional responsibility & upholding professional standards

Ensuring we have the right staff, with the right skills in the right place

- Utilising recognised workforce planning benchmarking tools to inform establishment levels and skill mix appropriate to case mix and models of maternity care
- Providing continuous professional development opportunities which are academically proven and linked to quality outcomes
- Making use of technological solutions to develop bespoke, flexible, educational programmes tailored to local needs

Supporting positive staff experience

- Ensuring supportive mentorship and preceptorship programmes to consolidate midwifery knowledge and training and set the foundations for continuous professional development
- Supporting vocational training and apprenticeship programmes for maternity support workers
- Focusing on succession planning by seeking educational and developmental opportunities to support future midwifery leaders
- Developing flexible career frameworks to support midwives in practice, research and education

Developing services for efficient, effective maternity care and support for women and their families: managing the complex and dynamic nature of maternity care

Graduate midwifery workforce and maternity support workers with specific training in the unique context of maternity care

Midwives as the first point of contact for pregnant women within accessible maternity services

The provision of high quality evidence based care meeting the needs of women and their families

Communication and negotiation as lead professionals for women with uncomplicated pregnancies and co-ordinators of care for those with complex needs

Coaching, mentoring and statutory supervision; supporting the current and future workforce

Partnership and collaborative working; networking, sign posting and actively engaging with multi agency teams

Challenges

Increasing complexity and intensity of physical, psychological or social needs of women eg obesity, perinatal mental health, safeguarding, domestic abuse
Obstetrically led midwifery taking precedence over midwifery care provision within non acute settings
Associated increasing acuity and activity levels, reduced capacity issues
Achieving success in promoting normality
Age profile of midwifery workforce & succession planning increased use of technology with associated training and support requirements
Challenging professional attitudes & behaviours
Managing expectations of women, their families and health care partners whilst providing equitable choice
Drive for efficiency savings
Rising birthrate
Making every contact count as a public health intervention opportunity
Wider health professional role eg responding to the Dementia Challenge through appropriate signposting

Midwives working collaboratively with multi agency teams across all health care settings

- Women's homes
- Midwifery led units (alongside and stand alone)
- Obstetric units
- Neonatal units
- GP surgeries
- Community clinics
- Children's Centres

Key delivery partners:

- Commissioners
- Medical colleagues
- GP services
- Health Visiting services
- Education providers
- Voluntary sectors organisations
- Children's Centre staff
- Social care
- Prison service

Midwifery Public Health contribution to Compassion in Practice through maximising wellbeing and improving health in women, babies and families

Midwives contribution to maximising wellbeing and improving health outcomes

Every contact will count to influence and maximise the health and wellbeing of all women, babies, families and communities throughout pregnancy, birth, the postnatal period and beyond.

Midwives will contribute fully to the public health agenda in conjunction with multi agency partners, service users, volunteers and user groups.

Through partnership working midwives will seek to meet the challenges of reducing health inequalities through improving maternal and population health, ensuring the best start in life, thus contributing to a healthy life expectancy.

Midwives will deliver innovative, evidence based, cost effective, high quality care within multi agency teams across hospital and community based health and social care settings.

Midwives will facilitate a positive and life enhancing transition to parenthood for women and their families in collaboration with women and partners, which will be achieved through the provision of trusted support and personalised care, taking into account individual needs, risk and circumstances. Sensitive, responsive bereavement services will be provided for those who experience poor outcomes to meet the needs of the grieving process and promote long-term health and well-being.

Midwifery Public Health Actions throughout the maternity pathway

Pre-pregnancy: Contraception cessation, nutrition and exercise advice, optimum BMI, smoking cessation, folic acid supplementation, pre-existing disease management, advice and guidance

Pregnancy: Direct access to a midwife, which promotes early booking with: Comprehensive information giving and assessment of medical, obstetric and social risk, taking into account the wider determinants of health.

Identification, signposting and appropriate specialist referral of those with

- long term health conditions including diabetes, epilepsy, asthma, cardio vascular disease, essential hypertension, obesity
- previous breast feeding problems, potential breast feeding complications
- mental health issues
- safeguarding issues
- domestic abuse disclosure & safeguarding issues.
- smoking in pregnancy
- drug and alcohol misuse
- learning difficulties
- physical disability
- teenage pregnancy
- sexual health issues

Translation services for non-English speaking women and families

Advice and guidance on healthy nutrition, activity and exercise for all women regardless of BMI

Promotion of active birth techniques

Supportive and evidence based guidance on antenatal screening programmes, ensuring informed consent and responsive, efficient care

Education programmes which prepare women and their families for pregnancy, birth and parenthood, and convey clear and informative public health messages

Birth

Promoting normality throughout labour and birth within a sensitive and safe birth environment
Psychological and physical care and support throughout labour
Skin to skin contact to promote early feeding and bonding
Provision of de briefing opportunities

Postnatal period

Proactive breastfeeding support and infant nutrition guidance
Safe formula feeding advice and guidance
Maternal nutrition and postnatal pelvic floor and general exercise advice and guidance
Sexual health and contraceptive advice
Provision of newborn screening and supporting vaccination programmes
Unbiased, evidence based, safe sleeping and bed-sharing information

“Midwives will embrace a greater public health role. Individual midwives and the midwifery workforce will expect support from those who plan and commission maternity services to enable them to meet the challenges of reducing inequalities and improving maternal and family health.” (Midwifery 2020, DH 2010)

Midwives contribution to outcomes & indicators as specified in the Public Health Outcomes Framework under the four public health domains (DH 2012)

Improving wider determinants of health

Domestic Abuse
Social connectedness

Health Improvement

Low birth weight of term infants
Breastfeeding
Smoking status at time of delivery
Under 18 conceptions
Diet
Excess weight in adults
Proportion of physically active and inactive adults
Smoking prevalence
Access to non- cancer screening programmes
Self reported wellbeing

Health Protection

Chlamydia diagnoses (15 – 24 years)
Population vaccination coverage

Healthcare public health preventing premature mortality

Infant mortality
Mortality from causes considered preventable
Suicide

Midwives contribution to maternity specific outcomes and indicators

Measurement of women's experiences using patient reported outcomes measures (PROMs)

Midwife as first point of contact and booking by 12 completed weeks of pregnancy

Choice of place of birth

1:1 midwifery care in established labour
Normal birth rate / caesarean section rate

Public Health Research, Education and Career Pathways supporting the Midwifery contribution to Compassion in Practice - maximising wellbeing and improving health at the 3 levels of public health practice -Individual, Community and Population

Core Public Health Competencies
public health skills and careers framework (Public Health Resource Unit/ Skills for Health 2009)

Surveillance and assessment

Assessing the evidence

Policy and Strategy

Leadership and collaborative working

Midwives with strategic responsibility in the field of public health working with local authority public health departments and nationally with Public Health England

3 levels of public health practice

Population / Community/ Individual

Midwifery leaders: Heads of Midwifery and Local Supervisory Authority Midwifery Officers
Lead midwives for education
Public health consultant midwives
Research midwives,
Named safeguarding midwives
Lactation consultant midwives
Regional screening coordinators

- Contribute to the development and lead on the implementation and review of health improvement programmes across agencies, partnerships and communities
- Needs assessment and population profiling
- Understanding of the commissioning process and its role in improving population health and wellbeing and reducing inequalities Public Health service and policy development
- Research into support for the most vulnerable groups
- Research into wellbeing as a specific outcome of maternity care

Midwives with added responsibility in the field of public health

Community / individual

Midwifery clinical leaders
Supervisors of midwives
Specialist midwives with primary and secondary health promotion and ill health prevention roles in:
Safeguarding, substance misuse, domestic abuse, teenage pregnancy, ethnic minority issues, smoking cessation, obesity, diabetes
Frenulotomy practitioners
Ante and postnatal screening co-ordinators

- Plan, implement & evaluate health improvement projects and approaches in partnership with women and their families
- Support women and groups to make and maintain informed choices about improving their health and wellbeing
- Communicate to relevant people the health concerns and interests of women & communities.
- Identify and build on community capacity - Tailored interventions specific to public health needs of local maternity populations – impacting on health outcomes

All Midwives and maternity support workers

Individual

All midwives and maternity support workers: –
Maximising their role and contributing to improving health and wellbeing through “every contact counts”

- Actively encourage women to think about their own health needs, the health of their babies and families and how this could be improved
- Signpost women and their families to people and agencies that can help them improve their health and wellbeing

Public health skills and career framework levels of knowledge and competence

Public health education embedded within and throughout pre and post- registration midwifery training
NICE public health guidance and public health research embedded within public health midwifery practice

Defined Public Health Competencies - public health skills and career framework (Public Health Resource Unit/ Skills for Health 2009)

Health improvement

Health protection

Public health intelligence

Academic health intelligence

Health and social care quality



03

Launch and Monitoring of our Strategy

Each and every time,
for each contact, did we
meet the expectations of
those within our care?

Delivering the Strategy, the role each nurse and each Midwife plays

Your role as a nurse or a midwife is to support meeting objectives 1, 2, 3 and 4 of our Trust Nursing and Midwifery Strategy.

We must always think each and every time, for each contact, did we meet the expectations of those within our care. Apply the 'Friends & Family test', ask yourself – “would you recommend the care you give within the Trust to others?”

Think what standard of care would we want for ourselves or our loved ones? Aim to achieve this every time. As an individual nurse or midwife we are all a part of our Trust. As individuals and as part of a team we make a positive difference for those in our care, their families and Carers.

Be proud of the role you play, of the difference you make and continue to make a difference for those in our care.

The Strategy Launch

- A Trust wide Nursing and Midwifery Strategy Communication Short Life Working Group established following the Band 7 and Band 6 Nursing and Midwifery Strategy days held in June 2013
- The Strategy will be live from September 2013

- A Trust wide Band 7 Clinical Priorities Event is planned to be held in September 2013 to further emphasise the Strategy
- The Strategy Document will be live on our Trust Intranet Nursing Webpage (from September 2013)
- The Strategy Document will be available to the public from September 2013 on our Trust Internet Home page
- A series of communications are planned to further raise awareness

Launch Communications

- At Trust Senior Nurse and Midwifery Committee
- At Lead Nurse/Matron Meetings
- At Senior Sister/Charge Nurse Meetings
- At Ward and Department meetings and Team events
- At Trust Wide Essence of Care Champions events, Dementia Champion and learning Disability Champion events
- Disseminated to Trust Doctors, Allied Health Care Professional Teams and all Trust Teams
- A series of Outline articles are planned

Monitoring our progress

- Trust Ward Band 7 Supervisor Role Implementation Programme 2013
- Feedback on themes and action plans as part of the Trust wide Improving Communication Programme 2013
- Band 7 events
- Band 6 events
- Staff engagement events led by Nursing and Midwifery Director
- Trust Appraisal process
- Trust wide 'Involve' sessions
- Feedback on themes and action plans following the annual Staff Survey
- Trust wide 'Team Brief' Sessions
- Trust Observational audit results and action plans
- Feedback on themes and action plans following Carer Surveys results
- Feedback on themes and action plans following Real Time Survey results
- Feedback on themes and action plans following Trust Nutrition and Hydration Observational and Health Records Audit Programme
- Midwifery Supervisor feedback
- Feedback to and from Senior Nurse and Midwifery Committee
- Feedback to and from Lead Nurse/Matron Meetings
- Feedback to and from Senior Sister/Charge Nurse Meetings
- Feedback to and from Ward and Department meetings and Team events
- Feedback to and from Trust wide Champion Events

References

- [Nursing and Midwifery Council Code of Conduct – The Code \(2008\)](#)
- [Department of Health - Essence of Care Clinical Benchmark Standards \(2010\)](#)
- Nursing and Midwifery Council Professional Values (2008)
- Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) Strategic Objectives (2013/2014)
- GHNHSFT Values (2013)
- GHNHSFT Kindness and Respect standards (2011)
- Trust Internal professional Standards (2012-2013)
- [Department of Health NHS Constitution \(2008 and March 2013\)](#)
- Parliamentary Health Service Ombudsman - Care and Compassion (February 2011)
- [Department of Health and NHS Commissioning Board - Compassion in Practice - Nursing, Midwifery and Care Staff Our Vision and Strategy \(December 2012\)](#)
- Department of Health and NHS Commissioning Board National Strategy for Midwifery 2012
- [Department of Health the Francis Report- Mid Staffordshire NHS Foundation Trust Public Inquiry Final Report \(February 2013\)](#)
- [Department of Health – Patients First and Foremost – The Initial Government Response to the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry \(March 2013\)](#)
- [Neonatal Toolkit](#)

"All staff take great care of patients and nursing care is excellent. All work very hard and everybody moves quickly and purposefully. The excellent team work is indicative of good management. I was very impressed."

Patient at Cheltenham General Hospital,
January 2013, *NHS Choices*

"To do what nobody else will do, a way that nobody else can do, in spite of all we go through; is to be a nurse"

Nurse



Our Nursing and Midwifery Strategy forms part
of a larger range of Trust documents for 2012/13.

To read any of these documents visit www.gloshospitals.nhs.uk

