Nursing & Midwifery Ambitions 2012-15
Nursing & Midwifery Ambitions

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Foreword

Representing around half of the Trust’s workforce, and having such a highly influential role in the quality of care patients receive, our nursing and midwifery teams are key to helping us meet our goal of becoming amongst the best NHS trusts in the country.

This document sets out the strategy to which our nurses and midwives will be working over the next three years. Critically it describes key ambitions that are founded in the Trust’s values, which in turn are all about making sure that every member of our staff feels that they belong to a high performing organisation that provides high-quality, effective care for patients.

A key element of delivering the Trust’s nursing and midwifery strategy is compassion, treating every patient as an individual and taking the time to ensure that they feel their needs are being addressed with both dignity and respect. Such compassionate nursing, of course, must always be accompanied by professionalism at all times. Indeed it is this combination of professional, yet compassionate nursing that patients value most.

In setting out ambitious and challenging standards to be reached over the next three years, the Trust’s new nursing and midwifery strategy is based on solid foundations. Much of the focus within the Trust during recent times has been on investment in new facilities evidence is mounting that this has allowed our nursing and midwifery teams to improve the quality of care they provide to patients.

Increasingly improving patient experience is the driving force behind the service changes underway, both currently and over the next few years, as the Trust delivers its Our Changing Hospitals programme. This demonstrates clearly that it is not just about investment in new buildings and equipment, but also taking the opportunity to focus on the nature of the services provided to patients as a result.

In essence, delivering the nursing and midwifery strategy is all about people – our staff, the patients and their relatives and carers. Improving engagement with our staff, which is being supported in part through the Trust’s ARC programme, will ensure that people remain at the heart of everything that we do.

Ian Morfett
Chairman
The Trust aspires to be amongst the best performing NHS trusts in the country, with high quality nursing care and excellent patient experience very much at the heart of that ambition. This is why, as Director of Nursing, I am delighted to present the Trust’s new Nursing and Midwifery Ambitions covering Hertford County, Lister and QEII hospitals, as well as the Mount Vernon Cancer Centre.

This strategy, which has been developed by our nursing and midwifery teams, identifies five key ambitions, which will continuously drive the delivery of high-quality, safe nursing and midwifery care to all of our patients and their carers. These ambitions, in turn, are representative of the Trust’s key values:

- Putting our Patients first
- Striving for continuous Improvement
- Valuing everybody
- Being Open and honest
- Working as a Team

The Trust’s new strategy sets out our ambitions and priorities for the next three years through to the end of 2014/15. By this time all of the service reconfiguration plans currently underway are due to be completed.

In mapping how we are going to achieve our plans, the strategy also sets out how they will be measured to monitor progress as we move towards achieving the overall goal of being amongst the best in all that we do.

Our five ambitions represent very stretching challenges for the Trust’s nursing and midwifery staff, but as they were at the heart of their development I am confident that that they will be achieved.

I do not underestimate, however, the scale of the challenge facing our nurses and midwives, as well as their colleagues across the Trust, during this period of unprecedented change within the NHS.

This is also the same time period when the Trust completes its Our Changing Hospitals programme, which will see the Lister transformed – through £150 million investment in new facilities – into our main hospital for emergency and inpatient care. At the same time, NHS Hertfordshire will be creating the new QEII hospital in Welwyn Garden City, which will provide outpatient, diagnostic, ante/post natal and local A&E services.

Through the combination of dedicated and committed nurses and midwives working together, responding to strong leadership, I am confident that we will realise our ambitions and ensure an excellent standard of patient care across the Trust.

Angela Thompson
Director of Nursing and Patient Experience
Ambition 1 – To Improve Patient Safety

Our Aim: To minimise avoidable harm

Our nurses and midwives identified patient safety as a key theme for both improvement and current good practice. Patient safety is a key priority for the Trust and, as nurses and midwives, we have a significant role to play in helping keep patients free from harm. There are work streams in place to improve patient safety but further improvements can be made to ensure that the Trust’s core value, putting patients first, is everyone’s primary focus.

‘We put our patients first’
one of the Trust’s core values

“The maternity BAT system – Birth Afterthought – has really helped many women after they’ve given birth. They can call if they have any questions and it helps make them feel supported.”
Midwife, Lister

“The productive ward project has been fantastic, it has really reduced the amount of time that staff spend running around looking for things. That time can then be spent caring for patients’ safety.”
Staff Member, Lister
Our Strategies

We will:

- Reduce falls, and associated harm, using a robust falls care bundle and intentional rounding
- Eliminate all avoidable hospital-acquired pressure ulcers using intentional rounding and safety walkabouts
- Reduce healthcare-acquired infections through application of strict infection control policies and guidelines
- Reduce the incidence of hospital-acquired venous thrombo-embolism (VTE) by ensuring every patient has a VTE assessment on admission and is given appropriate prophylaxis if required
- Improve the nutrition and hydration status of our patients through thorough screening and providing interventions where necessary
- Use the knowledge and expertise of specialist nurses to train nurses on the ward
- Protect our vulnerable patients, whether they are adults or children, and, in a timely manner, raise any concerns to the relevant authorities and/or investigate as appropriate
- Always discuss side effects of medications with patients and provide advice about what to do if they are worried when they leave hospital

- Promote and support women to have a normal birth and deliver safe, evidence based care in the antenatal, intrapartum and postnatal period
- Ensure that, where children are not treated in a dedicated paediatric area, our non-RSCN (Registered Sick Children's Nurse) nurses have the appropriate knowledge to care for them
- Develop safe and efficient care pathways with other members of the multidisciplinary team and colleagues across the health economy
- Use the most recent guidance so that we can be proactive in driving up standards
- Implement the Nursing Quality Indicators that capture key metrics and use these to drive improvements in practice. These ward to board reports will be interrogated and discussed at every level with associated monitoring of improvement measures
- Review and revise all nursing documentation to ensure it is standardised across the Trust
- Drive down length of stay through improved discharge planning

To measure improvement we will:

- Use the monthly Safety Thermometer reports to show a decline in the number of hospital-acquired falls, pressure ulcers, catheter associated urinary tract infections and VTEs
- Use the Nursing Quality Indicators and maternity dashboard to demonstrate continuous improvement
- Use incident reporting to demonstrate an overall reduction of incidents and any associated harm
- Monitor the number of complaints, concerns and PALS queries, identifying the themes and trends
- Monitor compliance with the children’s dashboards and care pathways and analyse any variations from care

“The lady bringing the meals was very helpful and because of my condition I can’t eat certain foods, so she went out of her way to make sure I got something I could eat.”

Patient
Our nurses and midwives identified patient experience as a key theme for both current good practice and areas for improvement. The care that we provide our patients is a key priority, and we pledge to ensure this continues. At every step of the patient journey we will provide the best possible care and experience to everyone. This includes providing a safe and enjoyable place for our paediatric patients, and their families, to play while receiving treatment. Our aim is to ensure that all our patients feel they have received the care and experience they deserve.

Ambition 2 – To Improve Patient Experience

Our Aim: is to ensure a positive experience to all patients under our care

“I was treated as a person and not as an illness. Everyone who looked after me was very caring and my individual needs were met at all times.”

Patient

“The patient experience trackers have been helpful in identifying what we are doing well and where to focus improvement.”

Staff Member, Lister
To measure improvement we will:

- Monitor the number of complaints, compliments and PALS queries to demonstrate improvements and identify themes and trends
- Use the results from national and local patient experience surveys to show improvements in specific areas
- Use Board to Ward reporting of patient experience survey results to identify themes and trends

Our Strategies

We will:

- Greet patients and visitors promptly and with a smile when they enter our department and apologise if we keep them waiting
- Address patients in the way that they choose
- Involve our patients in decisions about their care and treatment and always keep them informed
- Make sure that there is always someone available to talk to should a patient have any worries or fears
- Consider a patient’s privacy and dignity at all times and in particular when we are discussing a condition or treatment
- Discuss end of life care with patients as necessary, ensuring that we avoid inappropriate admission to hospital, allowing patients to die in a place of their choice
- Improve end of life care by ensuring appropriate assessment tools are fully utilised to ensure patients’ needs are fully met. With other members of the multidisciplinary team implement the Patient and Carer Experience Strategy
- Use the real-time patient experience trackers to capture patient and carer experiences and act on the findings immediately
- Aim to deal with all potential complaints ‘in the moment’ and utilise PALS (Patient Advice and Liaison Service) to create a process by which patients can feedback ideas for improvement
- Prioritise patient experience at every level of the organisation and communicate feedback from ward to Board
- Focus and act on all patient feedback
- Use ‘You Said We Did’ posters to communicate to patients and visitors what actions have been taken
- Utilise social media to monitor and respond to comments placed on our NHS Choices website and Twitter

“You can tell when people are paid for doing a job – this felt like a whole lot more. There was a great deal of genuine love around, as well as professionalism. I think it’s just as important to have the care as well as the medication – they were all such genuine caring people.”

Patient
Central Venous Access Devices (CVAD)

A CVAD is a catheter which is placed into the patient’s upper arm or under the skin of their chest and passes through into the large vein just above the heart (central circulation). It can be used to administer chemotherapy and antibiotics. It can be left in for as long as treatment is needed to be given, so the patient doesn’t need another needle put into their arm every time they come in. However, as these devices are passing through the skin there is the risk of infection so it was important to reduce this risk.

So, we set up a cross-organisational vascular access group (COVAG) involving different healthcare professionals to provide standardised, evidence based training and assessments for all staff working in any area across The Mount Vernon Cancer Network.

We have also set up an expert forum, to co-ordinate the delivery of our education and training programme, to provide peer support and to review and inform our practice against national and international standards.

Our future plans include: auditing the effectiveness of the training programme; expanding and developing links with other associated organisations; and developing a poster detailing the management of complications.

Karen Harrold
Chemotherapy and IV Access Advanced Nurse Practitioner

Case studies

Pre-Treatment Consultations

Before a patient starts chemotherapy treatment they receive a pre-chemotherapy consultation with a nurse to discuss it, its potential side effects and answer any questions. Historically, this was given as a 1:1 session, but about two years ago we had more patients than nurses available, so as a temporary measure we began doing the sessions in groups. What we found, however, was that patients really liked having them as a group and so we have kept them that way. Now, we have 5 patients per session and they come to our information centre with family members. They are taken to a non-clinical area and have the session with a nurse, whom they can speak to privately afterwards if necessary. After the consultation a volunteer takes them on a tour of the Cancer Centre so that they know things like where to check in for their treatment and where to get car parking tokens. As you can see from the patient quotes, it’s been a great success.

Theresa Sullivan
Macmillan Patient Information Lead

“The other patients asked questions I did not think to ask.”

“Myself, my daughter and grand daughter were very impressed, it was very upbeat- just what you need when you are so worried.”

“It makes you realise you are not alone, we discussed our illness with each other, sort of compared notes! And now we see each other at most treatment sessions and catch up on how we are doing/coping, etc.”
Consolidation of Stroke Services

Following reorganisation in summer 2011, the stroke services centralised on the Lister site. This brought the whole team together to ensure consistent care. We have also implemented other changes to improve the care of our patients:

We have:

• Ensured all patients are seen and assessed daily by the multidisciplinary team (MDT)
• Implemented a signposting white board, at which we have a daily MDT meeting to ensure clear communication between teams
• Begun nurse-facilitated TIA clinics on the ward
• Increased training of our nursing staff, and there’s a weekly web-seminar, which means the staff don’t have to leave the Trust to take part
• Developed close links with the Stroke Network who are providing innovative, up to date and relevant training so our staff achieve the Stroke Network competency
• Made sure we always have a Sister on the ward, 24/7
• Introduced a new patient information leaflet which is consistent across the whole of Hertfordshire
• Introduced joint care plans to improve the transition from hospital to community care

These changes have made a big difference. We have significantly reduce length of stay, meaning patients go home sooner, and have improved patient outcomes: reducing the levels of long term disability and improving quality of life.

Ken West & Anne Bruton
Practice Standards Matron & Senior Sister

Case studies

We focussed on the end goal – getting the patient better and home as soon as possible – to make changes to the QEII’s Prince’s Wing, the two wards that care for some of our most complex surgical patients. We have put in place a number of key changes to achieve this:

• We have a dedicated Sister for patients with a broken hip. She co-ordinates a weekly multidisciplinary team meeting, so that the whole team work together to focus on the patient. She also reviews patient outcomes and documentation to monitor the quality of care that is provided.
• We have implemented a daily multidisciplinary ‘board round’ process, which gives everyone the opportunity to contribute to the next steps in the patient’s recovery.
• We now have daily dedicated trauma meetings to prevent unnecessary delays in theatre to make sure we treat the patients as quickly as possible.

We’ve made all of these changes as a team, and everyone has been involved. We’ve had some great outcomes. We have significantly reduced the average length of stay, meaning patients can go home sooner and, in addition, the unexpected negative outcomes for patients have halved. This is a really fantastic improvement and is a testament to everyone’s hard work and dedication.

Helen Beaton
Deputy Nursing Services Manager, Surgical Division

Working Better, Together

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• We now have daily dedicated trauma meetings to prevent unnecessary delays in theatre to make sure we treat the patients as quickly as possible.

Finally, our Senior Sisters lead a daily ‘Reflection’ team meeting where we ensure all information is handed over, ideas are shared and information is cascaded. It’s made a real difference: everyone knows what’s going on, both with the patients and within the Trust.

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Helen Beaton
Deputy Nursing Services Manager, Surgical Division
“The nurses were great, the Ward Sister was exceptional and really kind to all. The feel on the ward was welcoming and the nursing team worked well together.”

Patient

“More regular short sharp team meetings would make a real difference to the staff, so that we know what’s going on throughout the Trust and on the ward.”

Staff Member, QEII

“Rationale for change could be better communicated.”

Staff Member, QEII
Effective communication between and within teams is vital for improving both patients’ experiences and staff satisfaction, and was identified as a key area for further improvement by our nurses and midwives. Communication, both verbal and non-verbal, should be effective in all directions; from the top down, the bottom up, within and between our teams. We must escalate as appropriate; we must inform our colleagues of relevant changes and we must work closely in our multidisciplinary teams.

Good communication is multi-faceted. We must speak and listen. We must think about what we say, as well as how we say it. We must choose the right method of communication at the right time.

Only by employing effective communication can we work well as a team.

‘We are open and honest’

*one of the Trust’s core values*

**Ambition 3 – To Improve Communication**

**Our Aim:** To communicate more efficiently, effectively and courteously to everyone

**Our Strategies**

**We will:**

- Implement SBAR (situation, background, assessment, recommendation), a structured method for communicating information that requires immediate attention and action
- Support each team to hold regular rostered team meetings which include feedback and learning from incidents, complaints and compliments
- Ensure we are aware of how to raise concerns
- Commit to being more open when things go wrong
- Make sure that all voices are heard and that we feel empowered to challenge others as appropriate
- Hold daily multidisciplinary rounds on every ward to improve communication between clinicians
- Ensure multidisciplinary attendance at rolling half day audit meetings to build team relationships and share joint learning
- Ensure nurses and midwives are included in the development of new information technologies
- Review the appraisal documentation to ensure adequate priority is given to communication

**To measure improvement we will:**

- Review the number and outcome of complaints and incidents in relation to poor communication to identify themes and trends to be acted upon and to monitor improvements
- Use the staff satisfaction surveys to monitor our perceptions of improvements
- Use the patient and carer experience survey to monitor improvements

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Promoting Normal Birth

We want every woman, where possible, to have a normal birth, without intervention. To help us achieve this, we have put in place a number of actions which have significantly increased the normal birth rate. Since we consolidated our service onto the Lister site in October 2011, the normal birth rate has risen every month, from 61% in November to 65% in February 2012.

Our caesarean section rate is now in line with the national average, at 24%, and our induction rate is now lower than the national average, at just 19%.

This is, in part, because of the Midwifery Led Unit which has been really successful (and busy!). It’s also because we hold a weekly caesarean section meeting where each caesarean from the previous week is discussed in detail to see whether it could have been avoided and what we could do differently next time. Our midwives have also written a leaflet, which is being published nationally, for expectant mothers on how to achieve a normal birth. We have also empowered all of our midwives to challenge decision making, for example when women are booked in for caesareans and inductions. Finally, we have changed our ethos to normalise birth and reduce its medicalisation - the women who use our service are not “patients”, but women who are having a baby.

Kathy Gladwell
Consultant Midwife

Case studies

Patient Involvement

So that we can be continuously improving out service, we wanted to find out from women who had had babies with us recently their true opinions of the service they received. We held a focus group to which we invited every woman (and their partner) who had had a healthy baby in December and asked them about the whole process, from their antenatal to postnatal care and community services.

The feedback was varied, some of it was really positive but there were also areas for improvement. We have themed the topics that were discussed, and created an action plan so that we can ensure every woman gets the care that they deserve.

The themes and suggestions that came out of the meeting included:

- Patient education and breast feeding classes were helpful
- Women were grateful for Midwives acting as their advocate when doctors were suggesting medicalisation of their birth
- It would be helpful if dad and partners could stay the night on the wards
- Asking for greater help with baby care, especially bathing and infant feeding
- Staff didn’t introduce themselves at the beginning of shifts

A comprehensive action plan has been created and will be implemented to ensure that we’re doing everything in our power to give our women the best birthing experience possible.
As a specialist nurse team, we work tirelessly to reduce risks and management incidents and to increase the knowledge of other clinicians and patients with diabetes. We aim to ensure patients with diabetes are managed safely and effectively in all of our clinical areas.

**We have:**

- Adopted two national e-learning modules which are now part of the nursing induction programme and are being rolled out for existing RNs
- Been delivering an intensive dose adjustment course for people with Type 1 diabetes, teaching them to accurately and effectively calculate their insulin doses according to their carbohydrate intake.
- As part of the new drug chart, had input in the development of a dedicated diabetes chart which incorporates medications and monitoring to improve patient safety and reduce potential errors
- Been working with the Joint British Diabetes Societies which has resulted in the Trust hypoglycaemia guidelines being used as a template nationally.
- Published an article demonstrating admission avoidance; in The Journal of Diabetes Nursing thus raising the profile of the Trust.

Debbie Stanisstreet
Diabetes Inpatient Specialist Nurse

“It’s been a huge learning curve to be part of national initiatives. And it all started by simply joining the national diabetes inpatient specialist nurse group. It just snowballed from there really!”

Debbie Stanisstreet
Diabetes Inpatient Specialist Nurse
Ambition 4 - To Enhance Professionalism and Leadership

Our Aim: To strengthen nursing and midwifery professionalism and leadership

Our nurses and midwives identified that taking pride in their profession and displaying and developing leadership qualities at all levels was an area that required renewed focus. We will set out clear expectations of roles and behaviours so that staff can work with clear standards of expectation in behaviour at all levels. We will ensure our nurses and midwives are proud of being part of East & North Hertfordshire NHS Trust nursing and midwifery workforce and the trust of choice for pre-registration students.

During this period of immense change we will work closely with all our colleagues to develop innovative services in addition to improved and seamless patient pathways. In order to ensure we are ‘amongst the best’ we need to make use of available technologies, benchmark our performance against others and identify areas of outstanding clinical practice and innovation.

‘We strive for excellence and continuous improvement’

one of the Trust’s core values

Our Strategies
We will:

- Set out clear expectations of roles and behaviours so that we can work with a clear and explicit focus
- Reduce sickness absence by ensuring every staff member feels valued, has a return to work interview, an annual appraisal and by recognising those who have impeccable sickness records
- Encourage everyone to challenge others if their behaviour or attitude falls short of that expected and as set out in the Trust values
- Provide developmental feedback where performance management is required
- Make sure that we all take professional responsibility and are ‘fit to practise’
- Ensure we have the required competencies for practice
- Ensure full compliance with mandatory and professional training
- Ensure that mentorship and individual development plans are in place for all nurses and midwives
- Talent map and identify leaders of the future and encourage their development
- Further develop links with the University of Hertfordshire to promote practice-based research
- Encourage publication and presentation of work and service improvements at conferences
- Benchmark with centres of excellence to identify areas of outstanding clinical practice and innovation and bring those ideas back to the Trust
- Utilise every clinical learning opportunity and promote excellent clinical role modelling for pre-registration nurses

To measure improvement we will:

- Measure compliance with appraisal targets through the Nursing Quality Indicators.
- Use the results of the staff and patient satisfaction surveys to measure improvements
- Measure participation in research studies, presentations at conferences and articles presented in peer reviewed journals
- Measure compliance with the uptake of mandatory and professional training
- Monitor the uptake of post graduate professional training through the continuing professional development contract
- Monitor and act on feedback from education audits completed by pre-registration students
“All staff were kind, courteous, caring, cheerful, efficient and professional in their dealings with me. Nothing was too much trouble to keep me as happy and comfortable as possible. I will be forever grateful.”

Patient

“I felt that I had first class care from dedicated professionals.”

Patient

“We need to remember why we are nurses and put patients at the centre of everything we do.”

Staff nurse, QEII

“Please don’t use the words, “I’m just a nurse”. Our nurses should be taking professional pride in themselves.”

Staff Member
Ambition 5 – To Enhance Staffing and Satisfaction

Our Aim: To employ excellent staff who feel valued and empowered and, through living the Trust values, perform to the best of their abilities

“We are really willing to make changes and have a ‘can do’ attitude.”
Staff Member

“Our staff give more of themselves, and go above and beyond the call of duty.”
Staff Member
Our nurses and midwives concur that staff are our most valuable asset and the lynchpin of excellent patient care, safety and experience. In order to provide this for every patient, we need optimum performance from all. We want all of our staff to feel valued, confident, empowered and motivated to continue to provide the best possible service. We aim to recruit the most talented individuals, who share our vision, values and ambitions. We believe that the delivery of high quality care is dependent upon having the right number of skilled nurses and midwives at the bedside.

We need to ensure that we recruit and retain excellent nurses and midwives, and that we prioritise their development. We pledge that everyone will receive the correct training, clinical supervision, an annual appraisal and an opportunity to reflect on the care that they provide.

We want our hospitals to be the place of choice for people to work.

‘We value each other’

one of the Trust’s core values

**Our Strategies**

**We will:**

- Celebrate successes and acknowledge achievements
- Implement “Employee of the Month” to recognise good work
- Recruit the most talented individuals who are a good fit for the organisation by testing the application and understanding of the Trust’s core values at interview
- Develop and establish a stable workforce to deliver a professional, high quality service
- Review our wards and departments to assess the skill mix of the nursing and midwifery workforce by qualification, band and role, including the use of innovative roles which reflect patient needs
- Publish rosters at least four weeks before they begin so that staff have time to plan their lives around their work
- Improve the use of E-Roster to reduce the number of agency staff required
- Provide training and guidance to enable managers to use the tools available to make sure rosters are safe, fair and effective and reduce the impact of lost hours

**To measure improvement we will:**

- Use the staff satisfaction survey to monitor improvements in staff satisfaction
- Monitor agreed KPIs to ensure compliance with rostering best practices
- Monitor agreed workforce KPIs through monthly Nursing Quality Indicators report by ward, division and Trust level

_Patient_

“During my stay at the Lister all the staff were wonderful, I cannot fault them. They were all friendly and kind beyond the call of duty. I could not do their job and I cannot praise them enough”
The target reductions and parameters for each measure will be agreed on an annual basis and incorporated into the Floodlight Scorecard and Nursing Quality Indicators, where applicable.

### Ambition 1: To Improve Patient Safety

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<tr>
<th>2012/13</th>
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<tr>
<td>Embed safety walkabouts on all wards</td>
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<td>Implement intentional rounding on all wards</td>
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<td>Reduce the number of falls</td>
<td>Further reduce the number of falls</td>
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<td>Reduce the instances of serious harm resulting from falls</td>
<td>Further reduce the instances of serious harm resulting from falls</td>
<td>Continue good practice to ensure sustained improvements</td>
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<td>To eliminate all avoidable hospital acquired pressure ulcers by December 2012</td>
<td>To maintain zero hospital acquired avoidable pressure ulcers</td>
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<td>Patients to have a malnutrition universal screening tool (MUST) assessment</td>
<td>Continue good practice to ensure sustained improvements</td>
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<td>Relevant patients to have their hydration needs assessed and met</td>
<td>Relevant patients to have their hydration needs assessed and met</td>
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<td>Increase the percentage of normal births</td>
<td>Further increase the percentage of normal births</td>
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<td>Nursing Quality Indicators to be included in Ward to Board reports</td>
<td>Excellent performance to be maintained and action plans in place to address any areas of underachievement.</td>
<td>Excellent performance to be maintained and action plans in place to address any areas of underachievement</td>
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### Ambition 2: To Improve Patient Experience

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<th>2012/13</th>
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<tbody>
<tr>
<td>Meet the CQUIN requirements for the net promoter score</td>
<td>Maintain performance for the net promoter score</td>
<td>Maintain performance for the net promoter score</td>
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<tr>
<td>Wards and departments to be delivering at least the minimum number of patient feedback responses using the Meridian trackers</td>
<td>Wards and departments to continue to deliver at least the minimum number of patient feedback responses using the Meridian trackers</td>
<td>Wards and departments to continue to deliver at least the minimum number of patient feedback responses using the Meridian trackers</td>
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<tr>
<td>Implement a comment card system and act on the results, using ‘You Said We Did’ to communicate actions</td>
<td>Continue to act on comment card results and communicate changes to visitors and patients</td>
<td>Continue to act on comment card results and communicate changes to visitors and patients</td>
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<td>Deal with complaints ‘in the moment’ and aim to reduce complaints</td>
<td>Continue to deal with complaints ‘in the moment’ and aim to further reduce complaints</td>
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<td><strong>Ambition 3: To Improve Communication</strong></td>
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<td>Implement the SBAR method of communication</td>
<td>Teams to continue to hold regular team meetings</td>
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<td>To act on feedback in relation to communication as identified in the quarterly staff survey</td>
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<td>Opportunities to participate in local and national research studies to be sought</td>
<td>Evidence of nursing and midwifery staff participating in local and national research studies</td>
<td>Evidence of publication and presentation from research studies and/or service design</td>
</tr>
<tr>
<td>Networking and shadowing opportunities provided for Senior Sisters</td>
<td>Networking and shadowing opportunities provided for Junior Sisters</td>
<td>Networking and shadowing opportunities provided for staff nurses</td>
</tr>
<tr>
<td>Interviews and appraisals to test the understanding and application of the Trust’s core values</td>
<td>Interviews and appraisals to continue to test the understanding and application of the Trust’s core values</td>
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</tr>
<tr>
<td>Expectations of professional behaviour to be reminded and challenged where appropriate</td>
<td></td>
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<tr>
<td><strong>Ambition 5: Staffing &amp; Satisfaction</strong></td>
<td></td>
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<tr>
<td>Good news stories to be shared and celebrated on a regular basis</td>
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<tr>
<td>Nursing and midwifery rosters to be managed and published four weeks before they begin</td>
<td>Nursing and midwifery rosters to continue to be managed and published four weeks before they begin</td>
<td>Nursing and midwifery rosters to continue to be managed and published four weeks before they begin</td>
</tr>
<tr>
<td>Programme of talent mapping and succession planning in place</td>
<td></td>
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</tr>
<tr>
<td>Nursing and midwifery staff participating in the internal staff survey and actions to be put in place to improve satisfaction</td>
<td>An increase of satisfaction demonstrated through the internal staff survey</td>
<td>A further increase of satisfaction demonstrated through the internal staff survey</td>
</tr>
</tbody>
</table>
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