The Chief Nurse Excellence in Care Fellowship Programme

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#teamNUH
## Context

### Challenges

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<th>Internationally recognised shortage of registered nurses</th>
<th>Staff Shortages have the potential to lead to:</th>
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<td>1. Poorer patient outcomes</td>
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<td>2. Decreased staff satisfaction</td>
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### Drivers for change

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<th>Flexible and innovative workforce solutions needed to retain workforce</th>
<th>Measures to address these workforce challenges have been identified as a national and local priority</th>
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Bramley et al (2019)
Responding to our staff

- Over 5000 nurses at NUH (53% Band 5)
- Staff **consistently** reported a desire to remain in clinical practice but wanted an in-house, locally driven ‘foundational level’ development opportunity that offered:
  - Early career opportunities for insight, exposure and skill development in evidence-based practice,
  - the opportunity to experience the challenges and opportunities of innovation in today’s NHS

Bramley et al (2019)
Fellowship programme established and commenced in 2016

**Trust Board level support essential**

### Component One
- Bespoke individual development programme.
- One to one coaching to effectively develop strengths and talents
- Clinical and transformational leadership and mentorship
- Knowledge exchange
- Patient and public engagement
- Evidence based practice
- Clinical academic/practice development
- Quality improvement methodology training.

### Component two
- A quality/practice improvement activity
- Designed and undertaken by the Chief Nurse fellow
- Focused on an area pertinent to their practice
- Aligned to organisational and nursing-specific strategic objectives.

Bramley et al (2019)
Developing the fellowship (2)

- Partnership approach between corporate nursing and divisional nursing leads
- Recruited via competitive process
- 1 day per week out of direct patient care
- Personal development and project plans
- Academic and Clinical mentorship
Fellowship in action (1)

Case study 1: Improving the care of mental health patients within the Emergency Department

Jodi Shaw (Staff Nurse)
Case study 2: Enhancing the care of patients with neutropenic sepsis

Sharon Leighton (Staff Nurse)

• Patients with suspected neutropenic sepsis are admitted to hospital and given intravenous antibiotics as a first line treatment.
• Audits focusing on diagnosis, length of stay and treatment, suggested that a substantial number of patients could avoid admission and antibiotic treatment.
• A trial of routine analysis of full blood count using a ward based machine reduced the inappropriate use of antibiotics by 77%.
• Redesign of the patient pathway reduced admissions by 44%.
Transition from childhood to adulthood is a time of physical, emotional, social and psychological change for young people. CYP with complex health needs transition = additional challenges. A literature review informed implications for practice. Foundation for organisational strategy to improve patient experience and outcomes. Wells F, Manning J (2017) Transition of care from children’s to adult services. Nursing Children and Young People. 29, 8, 30-34. doi: 10.7748/ncyp.2017.e897
Results and impact (1)

Engaging and developing frontline clinical nurses to drive care excellence: Evaluating the Chief Nurse Excellence in Care Junior Fellowship initiative

Link to paper: https://doi.org/10.1177/1744987118808843
• Pilot cohort of 6 fellows in 2016, with further 22 fellows to date
  – The entire original cohort has been retained in the organisation
  – Many moving into junior leadership positions

“These roles allow individuals to explore opportunities, evoke change, work with the wider team and uncover their own unique approach to nursing”

“The Chief Nurse Excellence in Care Junior Fellows has given me opportunities I would never have had to meet Directors/Matrons of Nursing within NUH and receive their mentorship, support and advice. These opportunities have helped me to develop my work network within [trust] and my own leadership skills . . . and I feel the past 6 months to be the highlight of my career so far”
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<th>Results and impact (3)</th>
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<td><strong>Individual exposure, insight and growth:</strong></td>
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<td>• Understanding of the broader context of leadership within the NHS</td>
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<td>• networking with other departments/organisations</td>
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<td>• Abilities to support and mentor newly appointed fellows to sustain and grow the programme</td>
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<td><strong>Initiatives and projects have been disseminated:</strong></td>
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<td>• Published articles about their projects in peer-reviewed academic journals.</td>
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<td>• Shortlisted for national nursing awards</td>
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<td>• The Academy of Fabulous NHS Stuff, a National NHS website for healthcare innovation and improvement.</td>
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<td><strong>Success in developing talented individuals has resulted in:</strong></td>
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<td>• Wider adoption of these posts by other senior divisional leaders</td>
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<td>• National interest in the programme in other professional groups and NHS Trusts</td>
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