This is nursing –
Delivering high quality care across the North East & Cumbria

A report in celebration of
International Nurses’ Day:
Saturday 12 May 2012
As part of its celebrations for International Nurses’ Day 2012, the RCN Northern Region is shining the spotlight on the vital contribution that nurses and health care assistants are making to deliver high-quality, innovative and efficient care across the North East and Cumbria.

International Nurses’ Day is celebrated around the world every year, on 12 May – Florence Nightingale’s birthday. It is an opportunity to remember the hard work, commitment and dedication of nurses. There are more than 400,000 Royal College of Nursing members in the UK, including around 18,000 RCN members in the Northern region.

With all of the challenges currently facing both the NHS and independent health care providers, it is sometimes possible to overlook the fantastic contribution that nurses make - day in, day out - in delivering high-quality care to patients, often in very difficult circumstances. The NHS in particular is facing unprecedented cuts to its budget, and at the same time, huge structural upheaval as a result of the Coalition Government’s Health and Social Care Act. But despite these pressures, frontline nurses continue to deliver high-quality care, and that is what this report is all about.

This report does not paper over the cracks. Over the past year, we know that there have been examples of both good and bad practice in health care across the region. Where we have had particular concerns, the RCN has been vocal in its criticisms. But what is particularly encouraging is that in those instances where there have been concerns about the quality of patient care, it is nurses who are taking the lead. It is nurses who are championing new initiatives to ensure that the quality of patient care across the region is consistently excellent going forward.

We are particularly fortunate to have some of the best nurses in the country based in our region. Our nurses manage to deliver high-quality care despite the particular health challenges that our region faces, in terms of health inequalities that are a product of both our industrial past, and the poverty of the present.

This report seeks to highlight a few of the practical ways in which nurses and nursing are contributing to making our region’s health services some of the best around.

These are difficult times for the NHS. The current Government is pressing ahead with a £20 billion national cost-cutting programme for the NHS, £800 million of which is coming out of our region’s local NHS budgets. Despite this, our nurses are striving for excellence, and that is what this report is about.

The RCN Northern Region is extremely grateful for the contributions of patients, and the nursing teams for their help in compiling this report, as well as the contributions of both independent sector and NHS trusts from across the region.

Glenn Turp, Regional Director, RCN Northern Region
Patient voices

As part of our celebrations for International Nurses’ Day, the RCN invited patients from across the country to tell us their stories and to highlight what nurses and nursing mean to them. Here is a selection of comments that we received:

“I was well looked after through both of my pregnancies from both the midwife and the epilepsy specialist nurse at our local hospital. The nurse was very helpful, especially on my first born, giving me all the information I needed for the pregnancy and looking after my baby.”

“They were there for me each day when I awoke. Always with words of compassion, encouragement and so much more. From chemo to surgery to recovery they were there for me. From deepest depression and despair they were there for me.”

“Our little boy is four with Cystic Fibrosis and our CF specialist nurse, Caroline is a star. She is always at the end of the phone with her calm manner, and is always such a star; a great support to our family and a huge credit to the team. We think the world of her!”
Having radiotherapy and chemo treatment for cancer of the tonsil made me terribly ill... My Macmillan nurse came to visit me in hospital and I found myself crying and telling her how afraid I was that I was going to blow up like a Michelin man and die. She was marvellous... Even though I was still very ill and had a long way to go to before I started to recover, I think my Macmillan nurse saved my life.

"...She never complains and is always smiling and happy in her job. She has made a difference to a lot of lives."

I am Molly’s mum. She is five years old and I have Cystic Fibrosis. My nurses... have helped me through so much. They are there if I ever need them no matter what time of day or night. I just want them both to know, without them I don’t think I could have got through this.

"...All the nurses we come in contact with are great.

...She has been a star in dealing with Jack and helping him overcome his fears of hospitals, as well as helping his mum and dad, and the rest of our family, deal with his illness. He now looks forward to his regular visits and is no longer afraid of needles or blood tests. All the nurses are brilliant... Jack’s getting healthier and is an angel to be around. Thanks guys. You’re amazing!"
The voice of nursing

"I have been a nurse for 37 years and am proud to be still practicing this caring job. I really enjoy my job. Each day I go to work is a plus for me."

"The most impressive tools we have are simple – a touch, a smile! Thank God for nurses and for giving me the opportunity to nurse in my community."

"I nurse because I care. I care about making people feel better even if they’re not going to get better. I nurse our elderly because my grandparents gave me love, comfort and respect and I owe that to them."

"The best feeling and achievement of being a nurse is being aware that you make a difference to somebody’s life. Leaving that mark with patients and relatives/friends is important as they will always remember their experience within the health care setting, them leaving with a smile on their face is always a satisfying and fulfilling moment."

"I am 22 years old and have only been qualified for six months but I would never dream of doing anything else. I believe nursing is a job of heart. The profession itself enables me to grow as a person, to experience and learn new things all the time."
South Tyneside NHS Foundation Trust

Sunderland Urgent Care Team: initiation of capillary blood gas sampling in the community

Lead nurse: Catherine Sinclair

Sunderland Urgent Care Team (SUCT) was part of a national lung improvement project which aimed to reduce emergency admissions and readmissions for patients with chronic obstructive pulmonary disease (COPD), by introducing capillary blood gas sampling in the community.

Purpose of the project

To manage patients with acute exacerbations of COPD with near patient testing of capillary blood gasses and short-term oxygen provision in the community, along with titration of oxygen and close patient monitoring. Further work streams were developed alongside this:

- streamline admission pathway into secondary care for NIV
- improve the patient experience
- increase the number of patients with COPD exacerbation that can be managed in the community by improving the existing care pathway, ensuring integration with other services and include advanced diagnostics that can be delivered in the community eg capillary blood gases and chest x-rays
- evaluate post exacerbation ‘specialist’ review to include for example:
  - optimisation of treatment to reduce further exacerbations
  - LTOT assessment
  - issue of oxygen alert cards to inform ambulance staff
  - self management/pulmonary rehabilitation
  - smoking cessation if appropriate.

Benefits of the initiative

SUCT operates a 24/7 service, and provides acute care in the patient’s own home. The nurse practitioners have advanced clinical skills which are underpinned by a competency framework, which includes advanced decision-making (differential diagnosis).

This project has reformed existing pathways and provides the evidence base to assure patient safety and clinical effectiveness is not compromised as a result of pathway changes. Patients were previously admitted with oxygen saturations of less than 90% or less than 3% of their normal range in concordance with local and National NICE policy guidelines, therefore due to the development of this pathway and the provision of oxygen titration in the community, COPD admissions have been reduced.

Making high-quality care a reality
### Outcome

- **85% of patients recruited to the pilot were safely managed at home and were considered a definite saved admission**

- **significant patient satisfaction - patient feedback has been very positive and patients and families appreciate being able to be managed at home**

- **increases levels of staff satisfaction.**

The new pathway supports the national and local commissioning intentions.

This new service model, which had not previously been tested anywhere in the UK, has been recognised as national best practice, and won the Best Impact on Patient Experience category at the Fourth Annual Lean Healthcare Academy Awards 2012.

The hard work and commitment the team and wider organisation have shown has ensured the success of this project which is reflected in the awards the team has won.

### South Tyneside NHS Foundation Trust:

**Improving safety when transferring care between hospitals and care homes in Gateshead**

**Lead nurses: Claire Robson and Lynne Shaw**

Recognising the specific risks involved in transferring older people and their care plans between hospitals and care homes, the trust’s nurses developed, piloted and audited a transfer of care document that provided an improved quality assurance system and an action plan for continued improvement.

An increasingly frail population in care homes is coupled with an increasing number of acute hospital admissions. Although attempts have been made to improve community care for our aging population, there was clearly scope for improved collaborative working, to reduce fragmentation of services, and to improve co-ordination and communication between discreet services. In relation to this, nurses led in the development of a well-structured and easy-to-use transfer document that was meaningful to both care home staff and the hospital teams. The nursing team had already established a forum between community health staff, colleagues in the secondary care discharge team, GPs and most importantly care home staff, to share knowledge and skills in order to improve both the quality and safety of transferred care. It was natural that the nursing team took the initiative there in order to develop it further.

The aim was simply to improve the safety and quality of care provided to older people when transferring their care between hospitals and care homes. Due to the work undertaken the trust has been able to raise the profile of the care required to meet the needs of frail older people which can be the most complex and challenging to address. Nurses also have an improved relationship between hospital and care home staff and they have a greater understanding of each other’s role. The trust also has assurance that length of stay for patients has been reduced and that documentation stays with the patient despite sometimes requiring several different moves between services and departments.

The trust’s work was built on the success of the Gateshead Care Home Pilot, which has received national recognition for its work in improving the quality, safety and experience of our patients and their families. Nurses have laid the foundation for improving transfer of care between care homes and hospitals.
Newcastle Hospitals NHS Foundation Trust

Introducing an integrated wound management formulary

Since the merger of acute and community services in April 2011, the tissue viability team has led a team of clinicians including nurses and other specialties, supported by pharmacy and supplies departments, to develop a fully integrated wound management formulary. The wound formulary was launched in January 2012 and has offered patients a more streamlined experience when transferred from one setting to another.

Clinicians are guided towards using evidence-based products and education has been targeted to these products. The result is that clinicians are more knowledgeable about the products they use on patients’ wounds, which has had a direct effect on the quality of the advice they are able to offer patients. The new process is also improving patient satisfaction levels.

From a financial point of view, streamlining products to the best quality, used for a reduced length of time, rather than using cheaper dressings for longer, will offer effectiveness and an expected reduction in costs. Preliminary work has already taken place which confirms these expectations. The tissue viability team is driven to improve the patient journey, improve wound outcomes and make pennies go further in today’s financial world where wasting resources is simply unacceptable. Working together on this has also helped teams to integrate and feel part of a single organisation responsible for the whole patient journey.

North East Ambulance Service NHS Foundation Trust

Falls initiative

A project developed in the North East to help cope with the growing number of people who are injured through falling has won national praise, as well as an NHS award for patient care.

The initiative involves a multidisciplinary team, with nurses and paramedics working in partnership, and enjoys the support of the Safer Care North East Falls Task Group, implemented and maintained by the North East SHA.

With people living for longer, falls are a serious problem. To a younger person who is fit and healthy, the consequences may not be that serious. To someone in their seventies or eighties, the impact can be far more severe.

The North East Ambulance Service (NEAS) needs to focus its resources on attending patients with life-threatening injuries or illnesses. Yet many of the 999 calls received by NEAS were connected to elderly people who had fallen over.

The aim of the initiative was to ensure that, if patients likely to be at risk of falling could be identified early and measures put in place to prevent accidents, the volume of fall-related 999 calls should be reduced. This would then increase the number of ambulances available to tackle life-threatening emergency calls.

NEAS worked with clinical teams including nurses from Newcastle Hospitals Foundation Trust (NUTH) for advice. Numbers were in the hundreds per month at the time, with crews spending on average 40-50 minutes on scene per 999 call out.
Today this is no longer the case. NEAS and partners across the North East SHA area addressed the problem by forming a falls community that can identify, refer and support people who might be a potential fall patient. NEAS have been instrumental in bringing services with the same common goal together.

The initiative means that front line crews now send details of the event directly into all 12 falls services across the region to ensure that the patient receives fast-track support. This information is shared with virtually all health and social care agencies that come into contact with patients at risk of falling. These changes have seen a huge decline in ambulance call outs to fallers. Similar models are now being adopted by other ambulance trusts around the country.

**North Tees and Hartlepool NHS Foundation Trust**

**A new nursing strategy**

Former Chief Nurse for NHS North of England, Jane Cummings, recently travelled to the University Hospital of North Tees to officially launch the trust’s nursing and midwifery strategy. The strategy, developed by nurses and midwives, for nurses and midwives, sets out the trust’s vision for nursing care and details an ambitious programme for the next five years.

There are seven themes outlined in the strategy described by the acronym RESPECT:

- Responsive
- Equipped
- Safe and secure
- Person centred
- Evidence based
- Care and compassion
- Timely

*Sue Smith: “I am incredibly proud of the nurses and midwives right across the trust who work hard to provide excellent services to patients every day, whether in hospital or in the community.”*
Jayne Graham is ward matron on ward 42 at the University Hospital of North Tees and under her leadership and guidance the ward runs like a well-oiled machine.

Jayne said: “I think the secret is delegation, if you can trust your staff to do some of the managerial tasks, not only does it give them a sense of responsibility but it frees you up to be more hands on.

“That way you get to spend more time with the patients, listen to their comments and get a feel for the way the ward is working.”

Jayne has introduced several initiatives that have brought the ward to the attention of Director of Nursing, Patient Safety and Quality, Sue Smith. Sue took a walk round the ward with Jayne while she explained some of the measures that she has brought in such as keeping the doors to side rooms closed at all times and placing notices on them to advise visitors about the risks of infection.
Jayne explained: “Keeping the doors closed creates a quieter more settled environment for the patients and the notices let visitors know the reason behind it. It also encourages them to wash their hands as they enter and leave, no-one wants to take an infection home, or bring one in.”

Other measures include:

- using storage cupboards near beds to store cleaning and sanitary items so that staff can close the curtains around the bed and don’t have to go out to get things that could prove embarrassing for the patient.
- encouraging patients to wash their hands before meals.
- using different coloured cups for hot and cold drinks for patients with dementia.
- having regular meetings with staff.
- reintroducing back round nursing.

Jayne said: “These are all measures that not only help to keep the ward running smoothly but help preserve patient dignity.

“Back round nursing is an old method in which the staff circulate the ward with a trolley, tending to the patient, cleaning the tables and decluttering as they go.

“It means that staff are always visible and every patient gets the care they deserve.

“Since we have reintroduced these measures we have had no cases of pressure sores, no falls, greatly reduced cases of *Colstridium Difficile* and staff sickness rates have reduced to 3%.

“I am extremely proud of my staff, they are a highly motivated team and I know I can go off on holiday when I return the ward will be exactly as I left it.”

Sue said: “What Jayne has achieved here is outstanding and I am incredibly proud of her and her staff. It is the attention to detail that makes the difference between good nursing and great nursing, to be always looking to improve on what you do and the way you do it, after all, success breeds success.”

**South Tees Hospitals NHS Foundation Trust**

**Time to Care (TtC)**

**Lead nurse: Gill Husband**

The nursing team at South Tees Hospitals NHS Foundation Trust is at the forefront of delivering excellent and innovative work that guarantees high-quality care for patients.

TtC is a programme of work which aims to support NHS teams to redesign and streamline the way they manage and work. The aim is to achieve significant and lasting improvements with regard to quality of care, increased time with patients (through reduction of time wasted elsewhere), safety of patients and reducing NHS costs.

The programme in South Tees Hospitals NHS Foundation Trust has been running for four years, Phase 1 commenced in April 2008. It aims to take on a maximum of five wards or departments at any one time, in total 44 wards/departments are currently on the programme.

The programme covers quality improvements which include; reduction of inventory, increasing direct care time with patients, improving patient experience and patient safety, educating staff in service improvement tools and techniques and improving staff satisfaction.

Examples of improvement:

- the savings from wards currently stand at £52,873, a further saving of £32,000 is projected
- a mean increase of 19% of registered nurse time has now been reinvested in direct patient care
- quality of patient care and experience has improved, different tools are used to understand patient experience
- safety crosses and CARs strips are now used effectively throughout the trust, the innovation has spread beyond the TtC areas
- a major piece of work on ward rounds and handover means nurses are always available for patients during busy handover periods. Visual controls are used to stop interruptions during administration of medicines, this is being rolled out and standardised trust wide.
• a patient status at-a-glance board has been standardised across all ward areas, the board uses visual controls to improve communication and aid patient flow

• training for TtC is held at ward/department level and in excess of 2,750 sessions have been delivered

• staff experience has improved, this has been evidenced using the Productive Module Impact tool

• through the wards being more effectively organised there is less motion and an improved flow, resulting in calmer quieter areas

• length of stay has reduced, Ways of Working (WoW) and Patient Safety Action Group (PSAG) are two modules which have impacted on this

• the TtC programme has started to alter the way our staff think about service improvement (SI). Key differences are; it is a programme not a project, education and training is done at ward level at a time that suits them and the focus is on addressing the issues that are important to them. This has resulted in enthusiastic, skilled SI practitioners who are able to lead and manage change within their own areas

• many innovations have been sustained and have spread, from the improvement in the environment to the ways teams communicate. South Tees TtC share and spread practice, using ‘Go, Look, See’ trust magazine, internal presentations and formal directives. Teams have adopted new ways of working like the digital key box, saving numerous nursing hours every week.

The above is a brief overview of the work which has been undertaken. There are numerous examples of improvement work which are being addressed through TtC, some for particular wards/departments and others standardised across the trust. In February 2012 the TtC Team won the Virtual College, Lean Healthcare Academy Award for the category Best Productive Series – England.

Strong leadership:

Deputy Chief Executive/ Director of Nursing and Patient Safety, Tricia Hart, has been made visiting professor at the University of Teesside. She has worked tirelessly to improve the care delivered to patients. Her leadership of senior nurses

in the trust has helped to achieve significant improvements in reducing health care associated infections and other patient safety indicators, as well as increasing the status and profile of nursing at both local and national level.

Professor Hart said: “I feel privileged to have been a member of the nursing profession for 38 years and am absolutely delighted by what this title means for nursing in South Tees. The caring component of nursing includes much more than a combination of the scientific and technical – it is a balance of the head, the heart, the hands, or the science, the skill and the spirit. I believe nurses have before them a unique opportunity today – and for the future – if nursing does not waver from what it has always known to be true – compassionate humane care born out of deep reflection and the desire to make a difference when a person is at their most vulnerable.”

Professor Paul Keane, OBE, Dean of the School of Health and Social Care at Teesside University, said: “I am personally pleased for Professor Hart who has given so much to nursing, but more importantly for her commitment to raising the standards and quality of care through her outstanding national leadership. She is an excellent role model for all and we are fortunate in having her working with Teesside University in preparing the workforce for the future.”
Gateshead Health NHS Foundation Trust

Rehabilitation after critical illness

Lead nurse: Aileen Rooney

Gateshead Health NHS Foundation Trust has developed a team who are responsible for the delivery of high-quality care and rehabilitation after critical illness. The team is led by a nurse practitioner to co-ordinate the pathway.

Purpose:

NICE Clinical Guidelines (2009) highlighted the longer-term consequences of critical illness and for many; discharge from critical care is the start of an uncertain journey to recovery. This initiative implemented these by developing a best practice rehabilitation model for the local service users in Gateshead.

The aim was to develop and implement a rehabilitation strategy for patients who have been critically ill, in order to identify, assess and treat any continuing physical and psychological health problems. This included the effects on family as informal caregivers.

What did the trust do?

- interviewed patients and relatives to gain an understanding of their experiences and problems, to inform the new service/pathway
- developed rehabilitation pathway to ensure that patients who are discharged from critical care are assessed and given the appropriate support and treatment
- implemented photo patient diaries for patients in critical care
- provided patients with information, support and an individualised exercise programme to support their recovery.

Outcomes

Providing structured information and support to patients and relatives has assisted with providing a seamless transition from critical care to the ward and from the ward to home, improving longer-term outcomes.

- patients have continuing health problems identified, assessed and treated appropriately
- patients are able to return to normal life more quickly.
- Reduction in length of hospital stay from 26 days to six days
- 75% reduction in readmission rates to critical care in a 12 month period.
- 54% increase in patients with improved mobility and patient experience.
Newcastle Hospitals NHS Foundation Trust/NHS North of Tyne

The patient catheter record booklet

Lead nurse: Jackie Rees

Background
A sub-group consisting of senior health care staff across primary and secondary care was developed as part of the NHS North of Tyne Health Care Associated Infection Reduction Partnership. The focus of the sub-group was to look at ways of reducing urinary tract infections in patients who are catheterised and to promote safe and effective transfer of care for patients with a urinary catheter.

Rationale
A mind mapping session identified a number of important themes that were relevant to the group, including inconsistent documentation and variable catheter advice given to the patient/carer. In addition, it was highlighted that the transfer of information relating to the patients urinary catheter across their health care journey was disjointed, resulting in fragmented care.

Process
A patient catheter record card was developed; this is a comprehensive document which incorporates relevant information about the urinary catheter for the patient/carer and the health care staff. The card follows the patient through their journey of care between health care settings, enabling the patient to take ownership of their catheter care.

The pilot of the card commenced in February 2011. Feedback from staff and patients regarding the card was completed in May 2011 and the final launch of the card was in October 2011.

Implications and conclusion
The interface between primary and secondary care has improved through the sharing of best practice, knowledge and skills. Information received to date from patients/carers has shown that developing the card has ensured that
healthcare staff are more aware of the patient’s catheter needs, for example, whether the patient has experienced infections or whether the catheterisation procedure is difficult due to medical problems. In addition the patient has ownership, knowing when their catheter requires changing and what type of catheter needs to be used.

Collaboration with patients has had a desirable impact on improving catheter care by minimising catheter related problems and raising awareness.

Joint acute and community catheter product formulary

**Background**

Pre-transformation the acute trust had a robust catheter product formulary which was evidence based. The formulary provided staff with information relating to continence products that were available to provide quality of care, but promoted cost effectiveness. Within the community there was a draft formulary in the process of being developed.

Post integration the continence service has embraced the opportunity to promote best practice across the whole of the trust for all prescribers, thus preventing different products being given to patients, which inadvertently prevented seamless care.

**Rationale and purpose**

Prior to the joint formulary there was inconsistency in prescribing decisions, and patients were discharged from secondary to primary care with diverse products. Therefore there was a need for a consistent tool to enhance clinical decision-making which was evidence based, incorporating quality and cost effectiveness across the Newcastle trust.

**Process**

An active working group was established consisting of acute and community nurses who appraised the existing formularies. Wider consultation was sought and a new joint formulary was agreed and ratified.
Outcome
The joint formulary ensures that there is standardisation of prescribing across Newcastle. Practitioners have the correct information which is safe and effective to support their practice when prescribing catheter appliances. One formulary provides cost effective prescribing while offering quality and safeguarding the interest of the patient.

As a direct result of integration, the continence service has been able to achieve a standardised product formulary for patients requiring catheter products. Patients within Newcastle have access to the same products within acute and community, providing seamless transfer of care. Within the community there is now a diary sized formulary summary providing quick and easy access to products.

This formulary in principle has been accepted for adoption for use North of Tyne, evidencing that other organisations are adopting a best practice initiative.

County Durham and Darlington NHS Foundation Trust
Helping patients to eat and drink
County Durham and Darlington NHS Foundation Trust’s vision is to achieve the best health outcomes for patients and an excellent patient experience. Significant work has been done to date in introducing protected mealtimes and enhancing nutrition and hydration for patients, however the trust was extremely concerned to discover patients’ nutritional needs were not being met on every occasion.

Background
A visit by the Care Quality Commission in 2011 identified patients nutritional needs were not always being met.

Actions taken
• at clinical standards sister and six nutritional assistants recruited
• mealtime standard implemented
• previous standards reinforced, ie protected mealtimes
• partnership wards established
• jugs with red lids and red tumblers introduced for safety
• mealtime co-ordinator role commenced in all areas
• nutritional file developed for ward areas
• all meals served on a tray
• procedure simplified for out of hours access to food
• signage implemented on all patient bed lockers
• 24 access to snacks implemented
• development of agents for nutrition and tissue viability
• training programme introduced
• nutritional sub-group focus reviewed and refreshed.

Results
Actions taken ensure a consistent approach to implementation of evidence based practice and known effective systems and processes, including:
• staff are better educated
• improved ways of working
• more effective documentation
• increased resources
• improved assistance for patients
• information available to enable appropriate and efficient service
• mealtimes a more social and dignified experience for patients
• more choice for patients ie snacks, hot and cold meals readily available 24 hours each day
• improved outcomes for patients.

Evidence
• positive feedback received from the Care Quality Commission on a further inspection
• positive comments from patients, relatives and staff
• evaluation forms completed by ward managers

County Durham and Darlington NHS Foundation Trust

Reducing cardiac arrest

The purpose of the project is to reduce the number of patients having a cardiac arrest whilst being an in-patient in CDDFT. The trust has achieved this in a number of ways:
• It is taking an innovative approach to education of clinical staff as part of a project to reduce cardiac arrest in in-patients
• all health care assistants (HCAs) undertake the Acute Illness Management (AIM) course which covers recognising critically unwell patients and how to escalate concerns to registered nurses. A version of this course is also delivered to RNs and junior doctors
• all cardiac arrests are followed up in real time, in-hours, by the cardiac arrest prevention team and out-of-hours by the advanced nurse practitioners. This allows close monitoring of the number of arrests and facilitates feedback to clinical areas.

The project’s key message is that cardiac arrest is not a normal event. To support this, the resuscitation service has been replaced with the cardiac arrest prevention team, which is staffed by sisters/charge nurses and assistant practitioners.

The trust committed to reducing cardiac arrests by 10% over two years via the project but in actual fact reduced arrests by 20% over the same time period. Fewer patients are having cardiac arrests in CDDFT as a result of this work, and the trust’s ambition is to support clinical services to drive these numbers down even further over the coming months and years.

Paul Fish, Nurse Consultant (Clinical Standards), County Durham and Darlington NHS Foundation Trust said: “Our absolute focus is the prevention of cardiac arrest. We believe that the approach we have taken is extremely innovative and have shared our work widely.”
City Hospitals Sunderland NHS Foundation Trust

Head and neck nurse practitioner: Midline Service

Lead nurse: Julie Mills, Matron, Head and Neck Services

Midline devices are small catheters inserted into a peripheral vein in the arm to enable the patient to have long-term intravenous antibiotic therapy of at least a four-week duration. This will enable the patient to continue planned treatment at home, thus reducing hospital stay and repeated cannula reinsertion. This also reduces the risk of contamination bacteraemia.

At present, the trust uses this device with specific patients with head and neck conditions.

From a team of five nurse practitioners three have had robust training in insertion under sterile conditions, which has included scrub technique.

Data analysis suggests that 20 patients per year in ENT will potentially benefit from this type of device.

Following referral from the ENT consultant, patients are assessed for device suitability and undertake written consent for procedure. The nurse practitioners are trained to take consent.

This is an elective procedure with specific guidelines in place to ensure patient safety. The service will be audited through clinical governance systems and a database has been designed to facilitate this.

Once the patient has been assessed as suitable, a date is agreed for insertion, usually within one to two days.

On the day of the procedure, the patient would be transferred to the outpatient dressing room and the device inserted. Following a time of observation the patient is then discharged home to the care of community nurses to continue therapy at home. The patient is given a midline catheter care pack with contact numbers and a trouble-shooting list for community nursing staff.

The team keeps in contact with the patient and community nurses via telephone on a weekly basis and update the database with progress.

Once treatment has been completed the device is removed by the head and neck nurse practitioners.

Joy Akehurst, Executive Director of Nursing and Quality, CHS: “Expanding the scope of nursing practice to enable nurse practitioners to insert and monitor mid line cannulas as a route to administer longer term antibiotics has meant...”
that patients who traditionally would have been in hospital are now able to be managed in their own homes. The nurse practitioners are on hand to support both patients and community nurse colleagues, providing a seamless approach to secondary and community care."

**North Cumbria University Hospitals NHS Trust**

**Monitoring standards of care**

The trust has designed and is in the process of implementing a bespoke assessment framework to monitor patient standards across clinical areas, to ensure that the core basic elements of patient care are embedded within the organisation.

**Background**

The trust recognised that its previous system of clinical indicators was not fit for purpose and needed a robust 'Real time, RAG rated' measurable system to scrutinise the standards of care delivered on a monthly basis by individuals, departments and wards, providing up-to-date quality information.

The monthly ward health check (MWHC) and clinical indicators (CI) were implemented to provide a benchmark within the organisation.

The MWHC is a monthly ward/departmental housekeeping/management assessment audit which assesses communication; food and nutrition; infection control; manual handling; privacy and dignity; self care; safe environment; and VTE (deep vein thrombosis) assessments.

CI is a random non-patient identifiable assessment of the quality of care being delivered to patients. The CI includes: communication; bowel and bladder care; falls assessments; food and nutrition; infection control; manual handling; medicines management; pain management; patient observation; personal and oral hygiene; privacy and dignity; self care and tissue viability.

The audits are recorded electronically and can be viewed immediately on completion of the assessment via the Auditr web-based application.

Results are viewed overall from an organisational, hospital, divisional and ward perspective, and can be drilled down to individual areas of concern within the organisation.

The Nursing and Quality Team have designed and implemented this audit. North Cumbria University Hospitals encompasses two hospitals, Cumberland Infirmary Carlisle (CIC) and West Cumberland Hospital Whitehaven (WCH).

**Results**

The audit has had a positive cultural change within the organisation, and the trust now has a dynamic system of monitoring patient standards and producing real time quality data on a monthly basis. If the results of any of the elements of the audit fall below 95% an alert is generated to the ward or department for an action plan to be completed on Auditr. The alert will be generated as soon as the monthly ward health check is completed and at the end of the month for the CIs.

For the future the trust aims to continue the development of the Auditr reporting system and produce CIs for other areas, including the Special Care Baby Unit, maternity and paediatrics. The trust also plans to further refine the CIs in April 2012.

Project leads: Diane Murchison and Gill Long
Gateshead Council
Improving care, supporting staff and keeping families close – the Gateshead Care Home Initiative

The purpose of the initiative was to reduce avoidable hospital admissions for older people living in care homes. A nurse specialist for older people was appointed to work with the five Gateshead care homes with the highest hospital admission rates. The approach was to provide not only clinical care but education and training for care home staff too. Thus, the focus of the nurse’s role was to change the provision of care from a reactive to a proactive model through collaborative working across traditional boundaries that included health, social, private and voluntary organisations. Older people living in care homes and their families were closely involved throughout the design and implementation of the programme.

Gateshead Council’s work demonstrates that both state and independent sector care providers have a key role in helping to reduce unnecessary hospital admissions, while improving the quality of care provided through collaborative working.

The council recognised and valued the specialist knowledge and skills needed to provide proactive care for care home residents, and because of this they supported health colleagues in the appointment of a new nurse specialist post. The council has worked closely with local health care providers to make quality improvements for those older people living in care homes in Gateshead.

South Tees Hospitals NHS Foundation Trust
Recognition of medical contribution to arrhythmia services

In 2011 Jayne Mudd, Nurse Consultant in Cardiac Rhythm Management, James Cook University Hospital Middlesbrough, South Tees NHS Foundation Trust was awarded the Excellence or Innovation in Arrhythmia Care Award for her medical contribution to arrhythmia services. This prestigious award was presented at the National Heart Rhythm Congress Meeting in Birmingham. The award has never been given to a nurse, and in previous years this has been an award that only doctors have received. The award was given in recognition of Jayne’s outstanding contribution to this specialty. These contributions included the following:

- **Development of the first nurse led outreach service in the UK for patients experiencing arrhythmia** Jayne developed this service taking specialist services out of the tertiary centre and placing them in community settings across Middlesbrough, Redcar and Cleveland. This vastly improved patient access to these services whilst at the same time reducing waiting times, streamlining the patient pathway and enhancing cross boundary working.

- **Development of a nurse-led blackout service** Jayne developed this service working closely with cardiology, neurology, accident and emergency and primary care colleagues. The result was a multi-professional, multi-specialty service which enabled patients to be seen promptly after experiencing blackouts. This patient group previously had high levels of misdiagnosis, high levels of inappropriate testing, multiple referrals to different specialties and delayed pathways. Development of the service has resulted in improvements in all of these areas. Patients now undergo prompt triage at first appointment in the multi specialty clinic. Diagnosis rates are high with 80% of patients now being given a diagnosis at first appointment. Within the first six months the service also resulted in significant cost savings, due to a reduction in admissions for patients presenting with non complicated syncope as well as a reduction in bed days.

- **Development of a masters level arrhythmia module for health care professionals working in this specialty** Jayne developed this module in conjunction with Teesside University. The module has now been running successfully for six years and is accessed by students from across the UK.
Home Group

Supporting terminally-ill people to stay in their own homes for longer

Home Group housing association is one of the leading providers of affordable and supported housing for people in the UK. The group manages homes across the North East. It works in partnership with health and social care providers, including HCAs, in helping to ensure that their tenants have access to the most appropriate health and social support services.

A new project run by Home Group within the North East is seeking to avert unnecessary admissions into care homes and hospitals by those tenants who have been diagnosed with a terminal illness. Their goal is to help their tenants to stay in their own home wherever possible.

The nine-month pilot began in September 2011. It is already offering a range of support to people in their homes including home adaptations, living aids and repairs but it is hoped this will shortly extend to volunteer befriending services too. The goal is to ensure that tenants have appropriate support so that they can retain their independence for longer, and prevent unnecessary admissions.

It has received funding from the North East Health Innovation Cluster, with additional funding coming from Newcastle Science City. It is also supported by Marie Curie and Age UK.

So far 46 people have been taken onto the pilot, and referrals have come from a range of different organisations with many of the participants not being Home Group tenants.

Northumbria University

Prof Kath McCourt FRCN, Dean of the School of Health, Community and Education Studies:

“Nurse-led care is central to patient wellbeing and forms the backdrop to health care education at Northumbria University. The pioneering range of research projects undertaken by our team of highly respected nursing academics, and our students, have had a significant impact on nursing in practice.”

Recent examples include:

- Dr Karen Roberts, a Macmillan Reader, together with Dr Sanjay Rao, a liaison psychiatrist with the Tees, Esk and Wear Valley NHS Trust, has developed an eight-week programme based around mindfulness stress reduction for cancer survivors, which is centred around equipping people with the life skills to help them adapt and get back to normal.
- Northumbria University has also been involved in designing and piloting a web supported work based learning programme on behalf of the Department of Health. It facilitates existing health visitors across England to gain confidence and extend or renew their skills in building community capacity, at the same time as making a difference for the people with whom they work. The programme is now being rolled out across the country.
• The University’s highly successful Master’s in Clinical Practice (Advanced Critical Care Practice) has been created in direct response to variations in recruitment and retention patterns, the impact of the working time directive, and the increasing complexity of care pathways. The Newcastle upon Tyne Hospitals NHS Foundation Trust is also committed to the supervision of the trainees in placement by qualified medical staff and this is important because of the significant focus on developing competence within this curriculum.

• Dr Munikumar Ramasamy Venkatasalu, a Lecturer in Adult Nursing, has recently won a national Royal College of Nursing (RCN) award for his dissertation. The research findings demonstrate that older people from ethnic minorities who are living with chronic diseases, particularly South Asians, tend to under-use available palliative and end of life care services. However, little is known about experiences, preferences and attitudes towards end of life care among this population.

• Recent graduate, Thelma Rosenvinge’s dissertation findings will help cancer patient care in the North of England by reducing risks of death from serious infection. Thelma conducted research into ways to implement a service that would help to prevent the untimely deaths of patients receiving chemotherapy. She also launched an awareness campaign among staff who did not work in oncology, highlighting the infection risks faced by chemotherapy patients and also developed a kit containing drugs and essential items to speed the delivery of care at the bedside. Her work has already resulted in changes to clinical practice and patient care, and the North of England Cancer Network is keen to promote her work and adopt her recommendations as standard practice.

Teesside University
Promoting high-quality, innovative nursing practice through nurse education

Teesside University’s School of Health and Social Care is recognised as an “outstanding provider of nursing education by all major stakeholders” (NMC 2011). Central to the school’s success are highly effective partnerships with service providers and service users, and the responsiveness of the school to local, national and increasingly international health and social care needs.

Programmes are developed following consultation with key stakeholders including NHS trusts, practitioners from the independent sector, practice mentors and teachers, students and service users. This ensures that the nursing courses meet professional requirements and local priorities, and each member of the partnership can directly influence and contribute to the programmes. This approach fosters innovation and excellence in nursing practice. Recent innovations include:

• An increased emphasis in modules and assessments on professional accountability; recognising and appropriately challenging poor practice to safeguard the public; communication skills and strategies to improve the service user experience, person centred care and health care outcomes; leadership, the development of personal effectiveness and the knowledge and skills required to identify and promote service improvement and to develop students leadership potential and a mind set for innovation and improvement.
• Medicines management assessment tool used during the students practice placements which has been recognised as an innovative assessment package through external reviews.

• Infection prevention and control, decision making and caseload management tools. These tools develop and assess the student’s infection prevention and control practice in accordance with the Saving Lives initiative and decision making respectively. They provide a comprehensive yet standardised practical approach helping students learn and guiding mentors in teaching and assessing to ensure safe and competent practice.

• 360° assessment of students’ interpersonal skills tool enables service users and carers to contribute to student learning and assessment during placement periods.

• End of life care in the prison environment. There are an increasing number of prisoners dying in prison. Working with the lead nurse, prison nursing service and prison officers to promote end of life care for prisoners, a number of modules are now accessed by prison staff and learning has been designed to promote care for the dying in the confines of prison life.

• The Service User and Carer Centre. This is a virtual learning resource which holds a wide range of materials including links to local and national user/carer organisations, case studies (written, audio or video) and publications by and about service users and carers. The centre enables free and easy access to a great range of service user and carer knowledge for pre and post registration students and staff.

Cumbria University
Principles of Nursing Practice
Cumbria University recently partnered with the Royal College of Nursing to deliver a Principles of Nursing Practice conference.

The principles describe what everyone can expect from nursing practice, whether colleagues, patients, their families or carers.

The principles were developed by the Royal College of Nursing in partnership with the Department of Health (England), the Nursing and Midwifery Council, and patient and service user organisations.

The joint event brought together acute, primary, mental health and independent sector nurses and health care assistants, as well as students and lecturers from across the field of nursing and health care.

Senior Lecturer in Nursing, Simon Jackson said: “The Principles of Nursing Practice outline the expectations of nursing practice for staff as well as patients and families... We want to empower nurses to make a real difference to the lives of their patients. In terms of benefits for the public and the communities in Cumbria, the event has reinforced the levels of care provided to anyone coming into contact with a health care professional.”
Across the North East and Cumbria, our nurses and health care assistants are leading the way in finding innovative ways of delivering high quality care.

In this short report, the RCN Northern Region has only been able to highlight a small minority of some of the nurse-led initiatives that are making a concrete, practical difference to the way that patient care is delivered across the region.

The region is fortunate to have a number of centres of NHS excellence. For example, in February 2012, the CQC published the latest National Outpatient Survey results. 163 trusts across the country took part, with more than 72,000 patients giving feedback on the quality of the service they experienced. Northumbria Healthcare was ranked fifth overall — a fantastic achievement, and a ringing endorsement of the quality of care provided by front-line clinicians.

The independent Dr Foster report has also noted that Northumbria has been consistently rated as one of the best trusts for stroke care in the country.

Meanwhile, County Durham and Darlington NHS Foundation Trust is identified as one of the country’s best performers when it comes to the number of patients who receive operations for hip fractures within two days of admission.

The region has a proud history of providing health care excellence.

Across the North East, NHS services are consistently rated as excellent or good by the Care Quality Commission, out-performing every other region in the country.

And its predecessor, the Healthcare Commission, reported that hospitals in the North East provide the best maternity care in England.

It’s not surprising that out of all the English regions, people in the North East are the most satisfied with the NHS. 82% of the public agree that “the local NHS helps manage and improve the health and wellbeing of themselves and their family” and 91% agree “the local NHS provides a good service.”

We should be rightly proud of our local NHS, and the frontline staff who deliver it, day and night, 365 days a year.

As this report shows, our nurses play a key part in delivering excellence across health care and setting these high standards.

And it is nurses at the end of the day, whose hard work and diligence are ensuring that, in these challenging times for health, high quality care is delivered for patients and communities across the North East and Cumbria.