Hull and the East Riding of Yorkshire Partnership Nursing and Midwifery Strategy
Foreword

We are delighted to present our first Nursing and Midwifery Strategy for Hull and the East Riding of Yorkshire. It is, to our knowledge, the first Partnership Strategy that has been developed in a truly collaborative manner to achieve a shared vision and strategic framework for nursing and midwifery across the local health economy. It encompasses the views of local nurses, midwives and leaders in health, social care, public health and education. It outlines five overarching action areas supported by strategic objectives that we, as local nurse leaders, commit to delivering, working in partnership with local stakeholders and with each other. As part of this commitment we pledge to:

• Develop an implementation plan for each of our organisations that supports collective achievement of the strategic objectives
• Work collaboratively to develop an overarching implementation plan across the local health economy
• Hold ourselves to account for delivery of the actions
• Review the strategic objectives on an annual basis and refresh the strategy as necessary to ensure it remains current, in line with national policy and local need

Whilst the objectives are challenging, we believe that by working collaboratively we will harness the energy, drive and enthusiasm that is necessary to make them happen. Through implementation of the strategy we aim to develop Hull and the East Riding of Yorkshire as a centre of excellence for nursing and midwifery. With this in mind our final pledge is:

• To share our achievements, to celebrate our successes and to demonstrate the positive impact that the strategy has had in ensuring delivery of the highest quality care to the people of Hull and the East Riding of Yorkshire.
1. Introduction

The underpinning principle of this strategy is simple; we want the local people of Hull and the East Riding of Yorkshire to experience care of the highest quality and to be supported to achieve optimum health and wellbeing. Nurses and midwives have a crucial role in this. They work across a wide range of clinical specialities and service settings, 24 hours a day, 365 days a year, making a specific and unique contribution across the life cycle. They are the professional group that spend the highest percentage of clinical time with patients, service users and their families and carers.

The way that we deliver healthcare in the future needs to be very different if we are to have a sustainable healthcare system that supports the people of Hull and the East Riding of Yorkshire to achieve optimum health and wellbeing. This strategy sets out how we, as local nurse leaders, will drive and support change to enable nurses and midwives working within Hull and the East Riding of Yorkshire to be at the forefront of driving improvement at local level.
2. Background
How the strategy came about

There have been a number of key national publications since, and including, the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis report) in 2013 which have identified that a fundamental culture change is needed in the NHS to put patient safety at the heart of everything we do. In 2013 Hull and the East Riding of Yorkshire CCGs established a local “Putting Patients First” stakeholder group to agree an approach that would focus on this. This included holding a consultation event for patients and members of the public on 16 July 2016, attended by 89 people from across Hull and the East Riding of Yorkshire. The aim was to identify areas where working together as organisations across the patch, would add value in terms of developing a shared approach and leadership to create a cultural shirt across the local health economy.

One key priority identified was to ensure that nurses and midwives at all levels across Hull and the East Riding of Yorkshire are fully empowered to listen to their patients as experts of their own experience; to voice their views on how improvements can be made; and to be involved in making change happen.

It is these themes that have led to, and underpin the development of this strategy.

3. Aim of the strategy

The aim of this strategy is to articulate the unique contribution of nurses and midwives to ensuring that the delivery of health and social care in Hull and the East Riding of Yorkshire is a shared responsibility, delivered in partnership, in order to bring about change whilst delivering high quality person-centred care that is safe, effective and results in a positive patient experience. It provides a framework for practice to be used by nurses and midwives across the local health economy, at whatever level they are working, in whichever setting they work.
4. Who is the strategy for?

This strategy has been written for individual nurses and midwives working in Hull and the East Riding of Yorkshire, the organisations that employ them, commissioners of these services and the education and training organisations that support their training. The terms “nurse” and “midwife” used throughout the strategy include unregistered staff working in roles that support the practice and function of nursing and midwifery.

The strategy is also written for the people of Hull and the East Riding of Yorkshire, so that they understand what we are aiming to achieve. A public facing version of the strategy will be published in due course.

5. Key drivers

This strategy will support the development of a nursing and midwifery workforce that is fit for the NHS of the future, and reflects the principles and aims of the following key drivers.

5.1 The NHS Five Year Forward View

Published on 23rd October 2014, this sets out a vision for the future of the NHS. It describes the need for more focus on health promotion and self care, delivered via new models of care that are more integrated across primary and secondary care, and across the NHS and social care, and that provide the potential for a “whole-system” approach to healthcare. These include multispecialty community providers, integrated hospital and primary care providers, urgent and emergency care networks, sustainable smaller, local hospitals, consolidation of specialised care, enhanced roles for midwives and enhanced health in care homes.

5.2 The Shape of Caring Review

This review was published in March 2015 and is currently under consultation. It aims to ensure that throughout their careers nurses, midwives and healthcare assistants receive consistent high quality education and training which supports high quality care over the next 15 years. It provides a number of recommendations, including; the education and
regulation of unregistered staff as a key focus for investment; changes to pre-registration courses to provide greater parity between physical and mental health nursing; a more consistent holistic approach and a focus on developing more general practice, district and community nurses; improved practical learning and wider acquisition of skills that were previously considered advanced; development of flexibility in the nursing and midwifery workforce to enable movement between environments; development of research skills and valuing the nursing and midwifery workforce.

5.3 A Framework for Personalised Care and Population Health for nurses, midwives, health visitors and allied health professionals.

This framework underpins the Public Health England framework “From Evidence to Action: Opportunities to Protect and Improve the Nation’s Health”. It has been developed to maximise nurses, midwives, health visitors and allied health professionals impact on improving health outcomes and reducing inequalities. It is designed to support and shape health promoting practice and embed personalised care and population health across all ages, care places and with individuals, families and communities.

5.4 The Care Act 2014

This sets out a clear legal framework for how local authorities and other partner organisations should protect adults at risk of abuse or neglect. Local authorities have new safeguarding duties including leading a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens; making enquiries, or requesting others to make them, when they think an adult with care and support needs may be at risk of abuse; establishing multi-agency Safeguarding Adults Boards which will develop, share and implement a joint safeguarding strategy; carrying out Safeguarding Adults Reviews when someone with care and support needs dies as a result of neglect or abuse; and arranging for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required.
5.5 The Care Quality Commission (CQC) five key lines of enquiry

The new CQC inspection regime focuses on whether an organisation is “well-led”, that is, that the leadership, management and governance of the organisation ensure the delivery of sustainable high quality person-centred care, support learning and innovation, and promote an open and fair culture. It uses five “key lines of enquiry” to ask whether health and social care providers are safe, effective, caring, responsive to people’s needs and well-led.

5.6 The Code - Professional standards of practice and behaviour for nurses and midwives

This was published in March 2015 by the Nursing and Midwifery Council. It has a greater emphasis than the previous Code of Conduct on raising concerns and putting patients first, and has a stronger emphasis on “must-dos”. It is built around four principles: prioritising people, practising effectively, preserving safety and promoting professionalism and trust.

5.7 Nursing and midwifery revalidation

Revalidation is the new process by which nurses and midwives will demonstrate their continuing fitness to practise every three years in order to maintain their registration. It will replace the current Prep (post-registration education and practice) standards from April 2016 and is a straightforward way for nurses and midwives to demonstrate their safe and effective practice. Revalidation also encourages nurses and midwives to reflect on their work in relation to The Code (5.6).

For further information please visit www.nmc.org.uk
5.8 Statutory supervision of midwives

In January 2015 the Nursing and Midwifery Council (NMC) removed midwifery supervision and the system underpinning it from its legal framework, following the outcome of a review by The King’s Fund. The system of statutory supervision of midwives will no longer be part of the framework that regulates midwives; employers will therefore need to review their arrangements for providing supportive supervision to midwives.

5.9 Compassion in Practice National Nursing and Midwifery Strategy

Compassion in Practice is the national three year vision and strategy for nursing, midwifery and care staff launched in December 2012. It encompasses the values and behaviours known as the 6Cs (care, compassion, competence, communication, courage and commitment) which every nurse, midwife and member of health care staff should demonstrate at all times. The strategy is underpinned by a national programme of six action areas that support health promotion and changes to health and social care, positive patient experience, safety and openness, development of leadership, workforce development and positive staff experience.
6. Consultation

This strategy has been developed through consultation with local leaders and their teams in key stakeholder organisations across Hull and the East Riding of Yorkshire, and with patients and members of the public through the “Putting Patients First” work. The consultation has enabled us to identify future priorities for nurses and midwives across the local health economy, and to agree a core set of objectives that form the framework for the strategy. We would like to thank the following people and groups that took part in the consultation:

- **Patients and members of the public** from Hull and the East Riding of Yorkshire that attended the “Putting Patients First” consultation event on 16 July 2014.
- **Tim Allison**, Director of Public Health, East Riding of Yorkshire Council
- **Allyson Kent**, Head of Nursing, Humber NHS Foundation Trust
- **NHS East Riding of Yorkshire CCG Continuing Health Care Nurses**
- **NHS East Riding of Yorkshire CCG Practice Nurse Forum**
- **Tracey Heath**, Lecturer, Faculty of Health and Social Care, University of Hull
- **NHS Hull CCG Primary Care Nursing Steering Group**
- **Margaret Kitching**, Director of Nursing & Quality, NHS England (Yorkshire and Humber) and Acting Chief Nurse, NHS England North
- **Jacqui Laycock**, Head of Quality and Governance, City Health Care Partnership CIC
- **Joanne Ledger**, Hull and East Yorkshire Hospitals NHS Trust
- **Chris Parker**, Commissioner for Long-term care, Hull City Council
- **Sue Pender**, Professional Practice Development Manager, City Health Care Partnership CIC
  - **Jacquie White**, Acting Associate Dean Learning, Teaching and Quality, Faculty of Health and Social Care, University of Hull
  - **Jane Wilson**, Learning Resource Manager, City Health Care Partnership CIC
  - **Pat Penfold**, Quality Manager - Professional Lead, Yorkshire and Humber Commissioning Support, for co-ordination of the strategy development.
What nurses and midwives told us

“Let’s work together to look at our practice critically, learn from it and share new ways of working”

“It’s essential that we are utilising the skills of our nursing and midwifery staff in the most effective way in order to maximise their contribution to the patient pathway”

“It’s about developing skills at all levels to support the transition from acute to community and social care”

“Where quality is below what is acceptable nurses and midwives need to be empowered to raise their concerns and to act upon them”

“Listen to what our patients and practitioners are telling us they need to ensure the best possible care”

“We need to break down boundaries between settings and put the patient at the heart of care delivery”
“Clinical leadership is key to fostering positive patient experience.”

“We need a strategy that includes valuing all staff, whether nurses, midwives or unregistered staff, for the unique skills they bring.”

“Recruit the right staff and grow our own.”
7. Our strategic objectives

A framework of five key action areas has been developed from the consultation, each underpinned by our strategic objectives. Whilst all the objectives are important, our biggest challenge is the development of a nursing and midwifery workforce that is fit for the future. Our pledges towards this form our first two strategic action areas, because achievement of these will be crucial if we are to deliver and sustain our other objectives.

1. Ensuring that we have the right staff, with the right skills and competencies, in the right place.

Working collaboratively, we will:

• Support role development and ensure that a career progression framework is accessible from pre to post registration, and for non registered staff, that is fit for purpose within the contemporary and future health and social care context
• Ensure nurses and midwives are given opportunities to develop by implementing a shared approach and infrastructure that includes internship, revalidation, clinical supervision and compliance with The Code - Professional standards of practice and behaviour for nurses and midwives
• Modernise the nursing and midwifery workforce and supporting structures to maximise the impact and expertise of the registrant workforce

2. Developing effective nursing and midwifery leadership

Working collaboratively, we will:

• Promote a culture where nurses and midwives strive to innovate, change and challenge practice, that respects and values the unique contribution of nurses and midwives and the contribution of others
• Champion clinical leadership by identifying, supporting and nurturing talent and raising the profile of nursing and midwifery
• Develop a systematic, shared approach to succession planning across the local health economy
3. Promoting self-care to optimise health outcomes and support people to recovery wherever possible

Working collaboratively, we will:

- Develop a true patient focus to all aspects of care and treatment, implementing care plans that utilise health promotional techniques and enable patients/service users to function at their optimum level
- Foster integrated working across health and social care and in partnership with patients/service users and their families and carers
- Generate, utilise and promote evidence based practice to inform the nursing and midwifery contribution to models of care

4. Delivering a positive experience of care and involving patients and service users in their care

Working collaboratively, we will:

- Develop shared approaches to capturing patient and service users’ views across pathways of care delivered by nurses and midwives, utilising feedback to inform and influence future care delivery
- Use a shared approach to embed the Duty of Candour in everyday practice
- Adopt approaches that support nurses and midwives to be positive enablers and advocates for patients and service users at both individual level and across the local health economy

5. Delivering safe, effective and high quality care

Working collaboratively, we will:

- Enable nurses and midwives to feel confident and empowered to report unsafe and poor quality care
- Promote multi-professional, integrated ways of working that minimise avoidable harm and abuse
- Share intelligence, knowledge and information across the local health economy, including through the use of digital technology, to enable learning from both good and poor practice, and demonstrate nursing and midwifery outcomes
8. Making it happen

We will develop an overarching approach to achieving our strategic objectives which will sit alongside organisational implementation plans; due to the way individual organisations work differently. Organisational implementation plans will support delivery through ‘organisation specific’ measurable outcomes, progress towards these will be overseen by the local Senior Nurse Forum. The Forum will also drive the development and delivery of actions which are required across all organisations.

A number of generic, strategic outcomes which we plan to achieve are detailed below, further detailed outcomes will be made available by individual organisations in due course. We want to ensure that:

- A pre-registration programme for nurses and midwives is in place that enables the development of skills that are transferrable between primary, acute and social care settings
- There is evidence across the local health community of opportunities for the ongoing professional development, education and career progression of both registered and non-registered staff
- A systematic approach to workforce planning and development is in place within each of our organisations, and across the local health community, which enables the most effective use of nursing and midwifery skills, capacity and capability
- Evidence of clear, consistently applied approaches and structures to support professional accountability and clinical leadership for nurses and midwives is evident at all levels of our organisations
- There is evidence of integrated, multi-professional working across health and social care settings which enables nurses and midwives to contribute to the shaping and development of care pathways
- Evidence based care pathways which utilise health promotional techniques are in place; information on the nursing and midwifery contribution to these is collected in order to measure performance, inform practice improvement and maximise patient/service user outcomes
- Structures and processes are in place across the local health community to share intelligence, enable early identification of safety issues and facilitate opportunities for learning; there is evidence of improvements in patient safety
- Feedback from patients/service users and carers indicates that they feel they are receiving the best possible care and are involved as much as they wish to be in the delivery of that care
- Feedback from nurses and midwives indicates that they feel empowered to effect change, are able to voice any concerns and are clear about their professional and personal accountability in relation to The Code - Professional standards of practice and behaviour for nurses and midwives
9. References

Care Quality Commission (2014)
*A fresh start for the regulation and inspection of adult health and social care. Working together to change how we inspect and regulate adult social care services*

Department of Health Guidance (June 2014, updated February 2015).
*The Care Act 2014*

*A Framework for Personalised Care and Population Health for Nurses, Midwives, Health Visitors and Allied Health Professionals*

NHS Commissioning Board and the Department of Health (2012).
*Compassion in Practice: Nursing, Midwifery and Care Staff, our vision and strategy*

NHS England (October 2014)
*The NHS Five Year Forward View*

Nursing and Midwifery Council (2015).
*The Code. Professional standards of practice and behaviour for nurses and midwives*

Nursing and Midwifery Council provisional guidance (2015)
*How to revalidate with the NMC. Requirements for renewing your registration and demonstrating your continuing fitness to practice*

*From Evidence into Action: Opportunities to Protect and Improve the Nation’s Health.*

Shape of Caring review, Health Education England (2015)
*Raising the Bar. Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants. Chaired by Lord Willis*

*Midwifery regulation in the United Kingdom*

The Mid Staffordshire NHS Foundation Trust Public Inquiry (2013).
*Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Chaired by Robert Francis, QC*