Pride recharged
Strategy makes us proud to be nurses again p2
National nursing strategy has restored pride in the profession

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The national nursing strategy for England has “recharged pride”, after the spate of negative publicity aimed at nurses in recent years, according to the chief nursing officer for England.

In her keynote speech, CNO Jane Cummings said that the profession retained the “admiration of many”, despite high-profile care failings such as those at Mid Staffordshire Foundation Trust and Winterbourne View.

She told the conference of more than 450 senior nurses in academic, provider and commissioning roles that she has seen “truly exceptional patient care” this year, where staff had “gone above and beyond the call of duty and made a real difference”.

However, Ms Cummings acknowledged that cases like Mid Staffordshire had “threatened patient confidence and challenged us all as professionals”.

She unveiled a report on progress made during the first year after the launch of the national nursing strategy, Compassion in Practice.

The Compassion in Practice: One Year On report paints a positive picture of the strategy’s impact so far, using patient and staff stories and case studies.

The three-year plan, launched in December 2012, includes the 6Cs – a set of values and behaviours that nurses, midwives and care staff are expected to uphold.

“I have witnessed a widespread, positive embrace of the 6Cs as a set of values, the likes of which I have never seen before”

Jane Cummings

These are care, compassion, competence, communication, courage and commitment.

The 6Cs have been widely embraced by nurses, midwives and care staff. According to Ms Cummings, they have become an “exciting social movement” at grassroots level.

She told delegates that NHS England had been overwhelmed with examples when it asked what people and organisations had done to support the 6Cs.

Ms Cummings said: “The aim was to get back to the very essence of what great care means for patients and how we can put far-reaching changes in place that translate into real improvements.

“Over the last year, I have witnessed a widespread, positive embrace of the 6Cs as a set of values, the likes of which I have never seen before. It has reinstilled a common purpose and recharged pride in the profession.”

Make it easier to celebrate the NHS, says patient champion

Patients and the public who want to celebrate the NHS and its achievements need to be given a better way to be able to do so, according to national patient champion Ashley Brooks.

He told delegates that the NHS and government needed to find “avenues and ways” to give patients a voice to celebrate, champion and “shout about” their good experiences of NHS care.

Mr Brooks was speaking as part of a panel of patients who shared their experiences of health – both good and bad. The audience was asked to listen and learn from their stories.

“We need a reform and we need to check ourselves instead of always blaming the NHS… just imagine for one moment we didn't have it,” he said.

Patient leader Priscilla Chandro explained her involvement in the hospital inspections that took place as part of the Keogh review and subsequently the Care Quality Commission’s new rolling programme.

She said, as a lay member, she had felt very involved in the Keogh inspection in which she had taken part. However, in the CQC inspections in which she had participated, she felt that there was “very much a separation” between lay members and other CQC inspectors in clinical and managerial positions.
However, she added that a culture of support, openness and transparency was needed in the NHS, so staff felt “free to speak out, to challenge incidents of poor care and take immediate action to put things right”.

She highlighted last month’s announcement of guidance requiring trusts to publish regular data on actual versus planned evidence-based nurse staffing levels, which formed part of the government’s response to the Francis Report, *Hard Truths*, and three other high-profile reviews.

Ms Cummings said: “We need to do more to ensure that we have the right teams of staff with the right skills to deliver the best possible care for each clinical setting. The guidance puts a renewed focus on the responsibility that healthcare providers have in taking an evidence-based approach to staffing.”

She added: “Our profession is the admiration of many. We see people at their most vulnerable and we have a duty to always act with compassion for our patients and act with the courage to challenge anything that goes against this. “Each one of us in the profession needs to ensure that we live by these principles each and every day,” she said.

“I’m proud to be a nurse and I know that the vast majority of my fellow nurses, midwives and care staff have, and always will, deliver great care.”

Jane Cummings: we must act with compassion and have the courage to challenge

### HIGHLIGHTS

**Minister in care-maker call**

Volunteer care makers were on hand at the summit to help delegates. Health secretary Jeremy Hunt called on directors of nursing to encourage staff to sign up as care makers. “You can really help the compassionate agenda by giving a Christmas present to [CNO] Jane Cummings by finding more people to become care makers,” he said.

**“Hello, my name is...”**

Almost all delegates said “Hello my name is” when addressing the conference. The ”Hello my name is” campaign was started by Dr Kate Granger after she became frustrated with staff who did not introduce themselves when she was an inpatient. Dr Granger started a campaign on Twitter asking NHS staff to pledge to introduce themselves.

**Trying their (other) hands**

Veronica Hope-Hailey, dean of the School of Management at the University of Bath, made the audience write with their non-dominant hand to show that change makes you feel awkward and vulnerable.

### Trending on Twitter

The summit made a big impression on Twitter, trending as one of the top subjects being discussed by people in the UK on the site on Tuesday. In total 10,201 tweets were made about the summit by 1,519 participants, according to the 6Cs Live! communication hub.

“Patient safety warning signals abound in all our organisations and we choose to ignore them at our peril”

Elaine Ingleby-Burke, adviser to the Berwick review and executive nurse director at Salford Royal Foundation Trust.
A range of key patient safety data is being published, initially by 17 trusts, as part of a new drive on transparency in the NHS, the chief nursing officer for England’s keynote speech revealed.

It is the government’s latest initiative to make data on factors affecting patient safety more accessible to the public.

As part of a pilot project, 17 acute trusts in the north of England are publishing data on pressure ulcers developed in hospital, falls in hospital and figures for the healthcare-associated infections MRSA and C difficile.

In addition, the trusts have published their results from the NHS Safety Thermometer and the Friends and Family Test, as well as patient and staff experience survey questions and patient stories.

The plan is that additional northern trusts will begin publishing the same information each month. The eventual aim is that it will cover the rest of the country and other care sectors.

The data will be displayed on each trust’s website. NHS Choices and NHS England will provide a web link to the data.

Ms Cummings said: “Absolute transparency is the key to driving improvements in standards of care and we need to ensure that every single patient receives great care, every time.”

“Trusts in the north of England will publish safety, effectiveness and experience data, with the overall aim of driving improvements in practice and culture.”

She said that having the data all in one place would “build up not only a picture of care quality but also an excellent and open reporting culture.”
More support needed in coping with complaints

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Frontline nurses need more support and training in coping with complaints from patients, nursing leaders have been told by the author of an NHS review.

Professor Tricia Hart, a nurse and chief executive of South Tees Hospitals Foundation Trust, co-authored a recent report into the way the NHS handles complaints. She repeatedly challenged senior nurses to reflect on whether they were adequately supporting their staff – and asked them how they were assessing their culture.

Professor Hart also highlighted the lack of staff training on dealing and coping with patient complaints that was identified in her review, which was carried out with MP Ann Clwyd.

“As nursing leaders, I think we can really support our nursing colleagues to make sure they know how to handle some of the most difficult conversations,” she said. “We need to look at how we resolve and how we learn.”

STILL IGNORED FOR SPEAKING UP

Many nurses still feel they are not listened to when they raise concerns, delegates at a Nursing Times Speak Out Safely seminar said.

Mid Staffordshire whistleblower Helene Donnelly called for more posts like her role as ambassador for cultural change at Staffordshire and Stoke-on-Trent Partnership Trust to be created to help find and resolve issues.

Nurses told compassionate leadership takes courage

Nurses need to lead from the centre and from within, according to deputy chief nursing officer and director of nursing for the South, Liz Redfern.

She told the summit that being a nurse leader was a difficult balance.

“We get pilloried if we don’t get a grip and make things happen and, at the same time, we are having to be compassionate leaders – and sometimes we get squashed in the middle,” she said.

She told delegates that nurses had to stand up for what they believed and that compassionate leadership was not about being soft.

“As compassionate leaders, we need to protect each other from becoming tired and burnt out and I think having compassion demands courage.”

She said that trying to “keep ourselves small” as a profession risked nurses “disconnecting from others and serves absolutely no purpose.”

Ms Redfern recently announced she would leave her two roles in March 2014 after more than 30 years in the profession.

TWEETS

“Leaving the #CNOSummit even prouder to be a #care maker and inspired to become a nurse like those I met today. Thanks to all involved! #6Cs”
@SLKehoe

“How to get motivated. Spend two days amongst nurses @#CNOSummit. I don’t know how many sleeps till the next one but I’m already counting!”
@unisonnurses

“Loved my 1st #CNOsummit. Loads of fab ideas and leadership demonstrated in so many forms”
@Hanna_M_Murphy

“Listening to patients is key, but only if we ‘do’ something about what we hear #CNOSummit”
@pmjp97

“So many committed nurses & midwives at #CNOSummit this week. All dedicated to improving the NHS & care to patients”
@JaneMCummings

Andy Parsons
Minister praises staff efforts in “difficult year”

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The health secretary has commended health service staff for their efforts to embrace transparency and embed compassion after what he described as a “very difficult year” for the NHS.

Jeremy Hunt focused much of his address on the government’s response to the Francis report – *Hard Truths* – which was published the week before the summit.

“We have done something very brave. Confronted with the tragedies of what happened in Mid Staffs, we have chosen to face up to them and deal with them,” he told delegates.

He thanked directors of nursing and other senior nurses and midwives for their leadership and work to improve care and compassion in their organisations.

He told delegates he had “distilled” the lessons from the Francis Report into four critical areas, which he hoped would lead to “fundamental change” in the NHS.

The first, he said, was to “redefine what success means in the system so that compassionate care is at heart of it”. He noted that, though important, hitting waiting time targets and achieving financial balance had been for “too long in the NHS the definition of success”.

Mr Hunt said the Care Quality Commission’s new inspection regime was looking at whether organisations were putting patients first.

“It won’t be possible to be a good or outstanding hospital unless you have good or outstanding patient care,” he said. “The biggest impact will be a reaffirmation of the importance of nursing inside the NHS.”

Mr Hunt said another area needing transformation was the NHS’ attitude to patient safety. A move to a more open culture would be partly driven by plans to revise the Nursing and Midwifery Council’s duty of candour to require nurses and midwives to speak out about “near misses” as well as instances of harm, he said.

Third, he looked at safe staffing levels, which he said were “immensely complex to get right”. “It’s not possible to give... compassionate care unless you have the right numbers of staff on all the different wards,” he said.

He highlighted guidance requiring trusts to publish ward staffing levels regularly (see page 7), based on work done by trusts with the best safety records. “That, I have to be honest, is going to put pressure on hospital finances because hiring more staff is an expensive business,” he said.

Finally, he focused on the need to change education so “we have the right people in the nursing and midwifery professions”. He said this work included evaluating the pilot schemes where potential students will spend up to a year as healthcare assistants.
Guidance on staffing levels should make best practice the norm

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The government’s new guidance on staffing levels should be seen as a “giant step forward” to “normalise” what is already “business as usual” in some of the best NHS organisations.

The guidance, announced last month as part of the government’s full response to the Francis report – Hard Truths – expects all hospitals to make staffing levels public on a ward-by-ward, service-by-service basis, together with the percentage of shifts meeting safe staffing guidelines, from April.

Ruth May, NHS England’s director of nursing for the Midlands and the East, led the development of the guidance for boards on staffing, which is supported by the National Quality Board.

She said that while there was evidence poor staffing could lead to overly restrictive or abusive practice, it was not up to the government to set minimum staffing levels. “It is a board’s responsibility to ensure safe staffing on a shift-by-shift basis…. This is about us as leaders using our expertise to decide what is best locally.”

Dr May also warned that boards would need to watch closely for any “unintended consequences” of changes they made in staffing levels. “We need to be extremely careful in fixing the problems of today that we are not creating another for the leaders of tomorrow,” she said.

She reiterated that the National Institute for Health and Care Excellence would be publishing guidance on acute adult inpatient staffing levels in July, which would apply to other areas from August.

Dean Royles, chief executive of NHS Employers, said boards should use the evidence and tools available to make professional judgements about staffing. He warned setting a national minimum could have unintended consequences, such as staff being moved to meet targets. “You will hit it in one area but at the expense of something else,” he said. “It is really important that boards make their own judgement.”

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