A MESSAGE FROM
THE CHIEF NURSING
OFFICER

I know that you have been working hard to manage pressures this winter, and to deliver improved care, but it is also important to take time to think about the future. I am sending you this document to explain some of the challenges that lie ahead for nurses in helping to make the NHS a better place for patients and a better place in which to work. The NHS Plan is about investment and reform. It sets out plans to give the people of England a health service fit for the 21st century, a health service built around the needs of the patient. It also sets out ambitious plans to make the NHS a better place in which to work. This can only happen with the commitment of staff, at every level of the NHS.

Nurses, midwives or health visitors need to be clear about:

- the fundamental aims of the NHS Plan and what it will mean for patients, staff and services
- the crucial role nurses will play in making these changes happen
- the opportunities the NHS Plan offers health professionals.

As the lead nurse advising government, I work closely with ministers and other senior Government officials to help implement the NHS Plan. There is a lot to do at a national level – legislation, investment, implementation of national policies and strategies, and performance management. Directors of nursing and other senior nurses and clinicians are also working hard to implement the NHS Plan at a local level in trusts and in primary care.

Your help is needed to make this new agenda happen. This action guide will help you to focus your efforts, setting out improvements that all nurses, midwives and health visitors can help to put into place. Whatever your role, and wherever you work, I know you will want to join me in making the NHS better for patients and for staff.

The nursing, midwifery and health visiting professions are fortunate in already having a framework that puts us on the front foot in tackling these issues (Making a Difference, DoH 1999). This national strategy sets out action plans to improve recruitment and retention; reform education; improve working lives; modernise career paths and pay; enhance the quality of care and work in the new and more effective ways. Significant progress has already been made in all these areas, but the NHS Plan gives a fresh impetus to our work.

This document is one of a series, aimed at different professional groups within the NHS. It provides useful focussed ‘action notes’ for each individual nurse, midwife and health visitor, along with an account of what the Government is doing to put new systems into place.

I should like to take this opportunity to thank you for your hard work and commitment to the NHS.

Sarah Mullally
CHIEF NURSING OFFICER
March 2001
What patients want from their nurses, midwives and health visitors

Many nurses were involved in the consultation on the NHS Plan. So were thousands of patients. The messages from both groups were very similar and it is these that form the backbone of the plan.

Patients and their carers want **better quality care**. They are particularly concerned that the fundamentals of care are being overlooked – hygiene, nutrition, continence, privacy and dignity for example. They want nurses to focus on these essential elements of care.

Nurses, midwives, health visitors and patients all said they want **more staff**. They want nurses to have more time – more time to listen, more time to care. They want demarcations to be broken down between staff groups and want the NHS to become a better employer.

Patients also call for **strong nursing and midwifery leadership** – indeed many want the return of the matron. They want ward sisters, charge nurses and clinical leaders in primary care and public health who are visible and clearly in charge, setting high standards and putting things right quickly when they go wrong.

Patients want to see nurses, midwives and health visitors helping to ease their pathway through the care system. They recognise that nurses have the potential to reduce waiting and aid access to services. They are supportive of **new nursing roles** in the acute sector and the community, such as the CNO’s ten key roles highlighted in the NHS Plan. Role developments in NHS Direct, rapid response teams, new public health posts and nurse and midwife consultants will help to meet these needs.

They want to be cared for in a **clean, pleasant environment** and modern buildings. Cleanliness is a key issue for many patients, who want nurses to have authority and control over environmental standards.

Patients want to be **involved in their own care**. They want to have a say in the way their local services are developed.

NHS users want to live **healthy lives**. They want us to focus on the key clinical priorities, reducing death, illness and stigma from cancer, coronary heart disease and mental health.

**Older people** account for two thirds of hospital patients. They want and deserve fair access to services and for those services to respect and promote their independence.
NHS Plan
Personal Action Plans

Improve the quality of nursing and midwifery care

WHAT IS THE GOVERNMENT DOING?

Nurses and midwives constantly strive to deliver high quality care. Patients tell us that we need to focus on the fundamentals of care, including safety, privacy and dignity, hygiene, nutrition and hydration, continence care, and pressure area care. As the lead nurse in Government, one of my key objectives is to improve the quality of nursing care in England.

In February we published ‘The Essence of Care’, a clinical practice benchmarking tool, developed by patients and professionals. It is designed to be used by practitioners to help them make informed comparisons and to share good practice in eight fundamental and essential aspects of care.

Take responsibility for your individual practice. Set high standards for yourself, and deliver these. Setting a good example yourself may be more influential than any training programme in improving standards locally. If there are valid reasons why you cannot deliver good care, and you cannot resolve these yourself, make sure you discuss them with your manager, and work together to resolve them.

Make sure you understand your organisation’s clinical governance arrangements, and how your developing practice could fit in with them. Clinical Governance means working in partnership, working smarter, learning from experience and moving forward. Is your care patient centred? Is it safe? Is it effective? Is it developing?

Reflect on your own care, and that of your ward team. Reject complacency. Does care always meet the standard you would expect for yourself, or your relatives?

Ask patients and carers what they think of the care you provide and to tell you honestly what aspects of care they find helpful, or what falls short of their expectations. Do not rely on complaints to tell you if there are problems. But when complaints do occur seek to resolve them early, learn from them and use them to shape changes in practice.

- work with patients and colleagues to identify areas of weaker practice.
- explore what could be done to improve patient care, sharing examples of good practice. Compile and implement action plans.
- encourage ideas from patients and relatives, students, and all members of your team, whether young or old, newly qualified or experienced, temporary or permanent. Also ask for ideas from your multi-disciplinary colleagues – cleaners and porters, ward clerks, doctors and professions allied to medicine.
- monitor progress.

Finally, don’t put up with poor practice if you witness it. Bring poor practice to the attention of your managers, colleagues and Director of Nursing. Get to know your Trust whistle-blowing policy.
More staff, more time

WHAT IS THE GOVERNMENT DOING?

Patients and staff agree we need more staff. We also need more time. Time to listen, care, plan and learn. The number of staff working in the NHS has expanded significantly with an increase of 17,100 qualified nurses between 1997 and 2000. The NHS Plan sets a target of increasing the workforce by 20,000 nurses by 2004. In order to meet this target, the Government has developed a 3 ‘R’s strategy: recruit, retain, return. The numbers of students being trained each year is increasing, and international recruitment is already having an impact. The Government has put in place measures to support nurses who choose to return to practice. Retaining staff is at the centre of this strategy – through enhanced pay and career paths, continuing professional development, and measures to improve working lives through better employment practice in the NHS.

Under the NHS Plan, every member of staff in the NHS is entitled to work for an organisation which can demonstrate its commitment to good employment practice and a range of flexible working conditions to help you balance your work and personal life. By April 2003 all NHS employers are expected to be accredited under the Improving Working Lives Standard.

The Government will shortly be publishing a strategy on life-long learning.

Make sure you are familiar with the Improving Working Lives Standard. Is there a copy in your ward or Department office? Discuss local implementation with your own manager or team. What could you do to help your trust achieve accreditation?

Think about your own team skills:
- do you participate actively in meetings and planning sessions?
- do you know how to tackle bullying and harassment when it occurs?
- do you know how decisions are made in your unit or trust and how to influence those decisions?
- do you work fairly and equitably with colleagues, for example in planning off-duty rotas?
- are you clear about your role, and what colleagues expect from you? Could you improve your own communication skills?
- do you contribute positively or negatively to the morale of your team?

Involve yourself in careers or recruitment work. Most nurses, midwives and health visitors are passionate about their work and enjoy conveying this to others. You could develop a local ‘keep in touch’ scheme with staff who have left for family reasons, who may want to return. You could get involved with careers visits to schools or local community groups.

Despite the present pressure on practice placements, help new students, international recruits and returners to feel welcome in your area of practice. It’s an investment in time and energy that will pay off for all – recruitment and retention are both easier where clinical placements work well.

Ensure you access new opportunities for training and development through your personal development plan. You should explore locally the best ways in which you can benefit from the extra money that will be invested in skills development and learning. Imaginative approaches such as job swaps, shadowing and work experience can energise both your career and your approach to work. Take time to discuss your training and personal development with your line manager and with local training and development contacts.

PERSONAL ACTION NOTE 2

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Strong nursing and midwifery leadership

WHAT IS THE GOVERNMENT DOING?

Clinical leadership must be strong at all levels of nursing and midwifery because strong leadership leads to innovation – in acute settings, in the community and primary care, in public health, in secure settings and all areas of nursing practice. Leadership is not about position or job title – it is a skill which is needed at every level of the NHS.

The NHS Plan reflects a strong call from both patients and staff, for a clinical leader or modern matron figure. These new senior sisters and charge nurses will have the leadership skills and authority to get the basics of care right without getting bogged down in bureaucracy or losing sight of patient needs. And every ward sister and charge nurse now has a budget of £5,000 to spend on improving the ward environment. This is an opportunity for sisters and charge nurses to ‘reclaim the wards’.

Leadership in public health and primary care are just as important. We need leaders who can work in partnership with agencies and communities to prevent illness and promote health. We need nurses, midwives and health visitors in primary care and public health who can deliver care in new ways, breaking down the traditional demarcations between acute and primary care. Investment in new health visitor and school nursing leadership posts will focus on family centred, and child centered care.

The national nursing leadership programme is investing £4 million over two years to ensure that 32,000 ward sisters, charge nurses and primary care nursing leaders will have access to leadership development programmes.

Each one of us can lead an improvement to patient care – leadership is about drive and innovation, not about seniority. It is often the smallest changes which can have the most impact. What change could you bring about in your area of practice to improve care for patients, the health of your client group, or working practices for staff?

Assess your leadership style and your approach to change. You will already be demonstrating many of these leadership attributes, but working to your strengths, and addressing weaknesses will help you to become a better leader.

Are you: adaptable, creative, flexible, positive, tenacious, unflappable and visible?

Are you good at: analysis, building relationships, change, communication, consensus, helping others to develop, keeping up to date, setting standards and monitoring them?

Do you show: balance, credibility, drive, ethical behaviour, expertise, perspective?

How would others describe you?: assertive, enthusiastic, innovative, knowledgeable, a role model?
WHAT IS THE GOVERNMENT DOING?

Patients and their families hate waiting. Quite reasonably, they consider it unacceptable to have to wait for treatment beyond a certain period, especially when they are in pain or seriously ill. The NHS Plan sets ambitious targets on waiting.

But these can only be delivered if nurses start to **work in new ways**. The government has been impressed by the innovative practice of many nurses in the NHS. It wants to see these practices wherever they can benefit patients in every trust and in every clinical field. The Chief Nursing Officer’s **10 key roles for nurses** sets out ways in which nurses can improve patient care by being able to:

- order diagnostic investigations such as pathology tests and X rays
- make and receive referrals direct, say, to a clinical psychologist, therapist or a pain consultant
- admit and discharge patients for specified conditions and within agreed protocols
- manage patient caseloads, diabetes or clinical depression for example.
- run clinics, for instance for ophthalmology or child development
- prescribe medicines and treatments
- carry out a wide range of resuscitation procedures including defibrillation
- perform minor surgery and outpatient procedures
- triage patients using the latest IT to the most appropriate health professional
- take the lead in the way local health services are organised and in the way that they are run

Role developments need to be carefully managed, supported and evaluated. Chapter 10 of *Making a Difference*, and the United Kingdom Central Council’s *Code of Professional Conduct and Scope of Professional Practice* provide helpful points of reference.

Consider your own practice, and that of your team. Is there anything you could do differently to streamline the care that your patients receive?

Think about how and where patient care could be improved by adopting one or more of the **CNO ten key roles**. Could you provide better care by doing something differently or working across boundaries? If so discuss the possibilities with your team and your manager.

**Use and evaluate your personal development plan** – is it helping you to acquire the skills you need to care for patients in new ways?
A clean and pleasant environment, for patients and staff

WHAT IS THE GOVERNMENT DOING?

There will be a major investment in buildings and equipment in both primary and acute settings.

The NHS Plan emphasises the importance of a clean, welcoming and safe environment. In future, ward sisters and charge nurses will have the authority to ensure that the wards they lead are properly cleaned. Bedside telephones and TVs will be available in every major hospital by 2004. Hospital domestics will be fully part of the ward team.

Half of all hospitals will have a ‘ward housekeeper’ in place by 2004, to ensure that the quality, presentation and quantity of meals meets patients needs, that the service is genuinely available round-the-clock and that patients (particularly elderly patients) are able to eat their meals.

In primary care, where many GP practices are housed in run down and out of date buildings, £1 billion will be invested in refurbishment of 3,000 GP premises.

Try to see the environment through the patient’s eyes. Patients need to feel safe, comfortable and at ease. Does the way you dress and present yourself inspire confidence and trust? Are waiting rooms and clinical areas kept tidy? Are notices displayed in a standardised format on a noticeboard, or are tatty hand-written notes taped to the walls and cupboards? Is there clutter in the corridor?

Take responsibility for the cleanliness in your clinical area. If the standard of cleanliness is not good enough, make sure your ward sister/charge nurse or practice manager is aware.

Look for new ways to work in partnership with domestic and support staff and improve their own job satisfaction. Involve them in the team. Work with them to identify what could be done to make the environment more pleasant for patients, and work together to improve practice. Their role is crucial in providing a high quality environment for all.

Sisters and charge nurses now receive £5,000 per year for each ward to improve the environment – talk to your ward sister about the changes you could make together.
Involving patients

WHAT IS THE GOVERNMENT DOING?

The NHS Plan sets out a new relationship with patients. The NHS must be shaped around the needs and convenience of the patient, not the other way around. Patients must have more say in their own treatment, and more influence over the way the NHS works.

New posts and structures will provide advocacy for patients and represent the public interest, at all levels of the NHS.

Your Guide to the NHS, published in January, replaces the old-style Patient Charter. It sets out rights and responsibilities for patients, and the national standards and services people can expect from the NHS now and in the future. There will be new patient forums in every part of the NHS to look at every aspect of care from the patient’s perspective. The guide sets out a route map for the NHS, explaining how to get treatment, which services to access and where to get further information.

PERSONAL ACTION NOTE 6

Ask patients to tell you their stories – and put yourself in their shoes when you listen. Just as every nurse was taught ‘pain is what the patient says it is’ – so the patient’s experience of the NHS is valid, however much it differs from your own perceptions.

If there is a problem, try to sort it out straight away. Don’t accept the unacceptable, just because things have always been that way. Every nurse will need to work closely with colleagues in clinical, management and support roles to improve the patient’s experience. Develop your change management skills – including negotiation techniques and assertiveness skills.

Find out about the new mechanisms which can assist and support you in resolving problems. Develop a relationship with the new Patient Advocacy and Liaison Service – they are there to help.

Find out about the results of surveys or focus groups of patients or carers, and consider what this might mean for your services.

The NHS Plan promises better information for patients. Help patients who want to know more about their care – they have new rights of access to their records. Review the information you have available on certain conditions and treatments, or on health promotion issues. Make sure it is up to date and consistent. Involve patients in their care plans, think about whether patient-held records may help patients to participate more fully in their care and treatment, and understand it better. Maintain high standards in your own record keeping.

Help patients to know their rights, for example to informed consent, or their rights under the mental health act. Make sure patients also understand their responsibilities to keep appointments, and to treat staff and fellow patients with respect. Build up relationships with social work services, voluntary agencies and advocacy services.
Cancer, coronary heart disease and mental health

WHAT IS THE GOVERNMENT DOING?

The NHS Plan prioritises cancer and coronary heart disease as the major avoidable killers of today. Mental health is an area that has suffered from years of neglect, despite the large numbers of people who have a mental health problem.

The national service frameworks and national cancer plan set out new ways of working in these three areas. These are relevant to nurses, midwives and health visitors in all clinical areas – not just in specialist care. Whether you work in primary care, public health, community settings, emergency services, acute care, rehabilitation – you need to be aware of the major changes in the way the NHS provides these services under the NHS Plan.

Find out about the local delivery plan in your area for the cancer plan and National Service Frameworks. Work with colleagues to determine how you can use your nursing, midwifery or health visiting expertise to improve the services you offer. Think about how you can make a difference to these three clinical priorities by developing skills and practice in:

- health promotion and illness prevention
- assessment and diagnosis
- primary care
- emergency care
- dealing with stigma, discrimination and prejudice
- access to services
- specialist care and treatment
- long term care
- relapse prevention
- follow up
- rehabilitation

Think about your development needs. Do you need to build skills and knowledge of these areas to improve your every day practice?

We need to build up a strong, highly-skilled nursing workforce in these specialities. Would it suit you to develop your own career in these clinical fields?
Older people

WHAT IS THE GOVERNMENT DOING?

Older people want services which promote their independence, provide an inclusive partnership for them and their carers and ensure there is fair access to all services. The National Service Framework for older people, to be published shortly, will set the blueprint for services.

The fundamentals of care are particularly important to older people. They can be vulnerable and frail and may need help to meet their own personal or physical needs while maintaining their privacy, dignity and autonomy.

There will be free nursing care to people in nursing homes, getting rid of the anomaly of people having to pay for care provided free to those in a residential setting or at home.

A further £360 million is being invested to help people meet the costs of their residential and nursing care.

Think about how you care for older people in your area of practice. Do they have equitable access to services? Is care well co-ordinated across agencies, including social services and the acute and primary care sectors? How can discharge planning or rehabilitation be improved?

Older people are often sustained by their families, friends and wider communities. Could their families be more involved in their care?

Don’t wait to be asked. Anticipate the older person’s needs for food and drink, hygiene, skin care, maintaining continence.

Could you make a difference to older people by contributing to more effective:

- assessment
- co-ordination of care including discharge planning
- management of mental health in old age
- partnership with carers
- health promotion and ill health prevention

Review attitudes – what are your own and your team’s values and beliefs about older people. What steps could you take to challenge ageism in your clinical area?
Useful website addresses and references

Visit the CNO website at www.doh.gov.uk/cno, where you can let the Chief Nursing Officer and her team know directly about your local projects and initiatives.

The NHS Plan (July 2000)
www.nhs.uk/nationalplan

Making a Difference, (July 1999)
www.doh.gov.nurstrat.htm

www.doh.gov.uk/newnhs/quality.htm

Improving working lives standard:
www.doh.gov.uk/iwl/

Our Healthier Nation
www.doh.gov.uk/ohn.htm

Mental Health National Service Framework
www.doh.gov.uk/nsf/mentalhealth.htm

Your Guide to the NHS
www.nhs.uk/nhsguide

National Service Framework for Coronary Heart Disease
www.doh.gov.uk/nsf/coronary.htm

NHS Cancer Plan: a plan for investment, a plan for reform
And ‘The nursing contribution to cancer care’, both on:
www.doh.gov.uk/cancer/cancerplan.htm

Information about clinical governance is available on the NHSWeb nww.doh.nhsweb.nhs.uk/nhs/clingov.htm

NHS Clinical Governance Support Team's website:
www.cgsupport.org.uk

An organisation with a memory: report of an expert group on learning from adverse events in the NHS www.doh.gov.uk/orgmemreport

Regulatory bodies
www.ukcc.org.uk
www.enb.org.uk

To obtain copies of all free Department of Health publications:
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