**  
Final Draft for approval**

**Oxford Health FT**

**Nursing Strategy**

**2015-2018**

**Contents Page**

**Summary of the Nursing Strategy 2**

**Aim of the Nursing Strategy 4**

**Nurses in Oxford Health 4**

**National Policy Context 5**

**Challenges 6**

**Our Nursing Strategy 6**

**Measuring the outcomes of the nursing strategy for our patients 12**

**Next Steps 13**

**Appendices**

**Nursing Workforce: Figures by Directorate 14**

**Oxford Health Trust Strategy 16**

**The National Nursing Strategy 17**

1. **Executive Summary of the Nursing Strategy**

Our Nursing Strategy aims to celebrate and support the development of the broad spectrum of nursing practice happening every minute of every day in Oxford Health FT. This strategy sets the local context and draws on the Oxford Health Strategy 2014-17 and the well established NHS England National Nursing Strategy Compassion in Practice known as the 6 C’s( appendix 3)

Our strategy sets out actions to be taken across six key areas:

***1.1 What do patients and carers want from their nurses***

Patients want nurses that they know well and trust, who are caring, compassionate courteous and professional. Nurses who give sound advice with knowledge of all areas of health and social care, empowering and enabling them to make choices in their care and manage their own condition. Person centred care, which involves family members to help and support the individual to achieve outcomes, is a core expectation. Relational aspects of care, which include being heard, valued, treated with respect and dignity, these are fundamental to a positive experience of care. To achieve this some actions will include:-

* Increasing patient and carer participation in planning their own care and increasingly using new technologies to self- care.
* Getting individual feedback from patients/carers about being caring compassionate, being heard and general experience.
* Care to be centred around the person and family.
* High reliability of fundamental care standards.
* By using innovation and improvement to continuously improve nursing practice.

***1.2 Valuing nurses (‘pride in nursing’) and looking after ourselves (nurse wellbeing)***

We want nurses to feel proud of their profession and their contribution to patient care. They will feel valued, respected and fairly treated by each other, their colleagues and leaders. We will foster a sense of identity and pride in being an Oxford Health FT nurse, linking all aspects of nursing practice within our organisation and delivering excellent nursing care.

Such actions will include:-

* Improving support and dedicated time for clinical supervision and reflection.
* Developing a career framework to support career progression.
* Improved levels of satisfaction, retention and engagement.
* Measures to reflect nurses’ experience and the esteem in which nursing is held. Celebrating and sharing excellent nursing practice.
* Encouraging everyone to achieve their potential and their career aspirations.

The Nursing workforce will add value to the outcomes achieved for patients. Nurses’ will lead and participate in the implementation of value based healthcare. This will make the most of the expertise created through their interactions with patients.

***1.3 Ensuring high professional standards***

The standard of nursing care must be universally excellent, across all of our services, including fundamental standards encompassed in the 6 Cs. More technical care will make the most of evidence based and value based approaches in nursing and care. Nurses will develop their use of evidence based assessments and interventions. This will enable them to demonstrate their own and their colleagues practice is competent, and of a high standard. It will enable them to take action when they have concerns about care standards or team functionality. Nurses need to have the courage and expertise to address difficult conversations with patient carers and colleagues, when the need arises.

The resources to support nurses in practice impact significantly on standards of nursing care. Safe staffing tools, in community teams, as well as in wards will be increasingly used to ensure teams are safely staffed. This will include the appropriate skill mix and leadership of care by registered nurses and other team members who support the nursing and non-professionally qualified workforce.

Matching demand with capacity to increase effectiveness and minimise exhaustion and burn out is a priority. Supervision and leadership of excellent nursing practice will be maintained and strengthened by:-

* Routine measurement of nursing care and experience to achieve excellence.

* Implement the new requirement for revalidation.
* Provide holistic care by developing and sharing physical and mental health skills of our different nursing specialities. Teams which are confident to use improvement methods in their daily work to improve practice and support.
* Further enhance students experience in practice through high quality mentorship.
* Using safe staffing tools, including skill mix to set staffing levels.
* Demand and capacity modelling to balance the increasing demands for care.
* Developing new and innovative workforce models to meet rising demand.
* Building on existing professional leadership roles to ensure that there is dedicated time to support and improve nursing practice.
* Adopting or mirroring international accreditation demonstrating excellence in nursing such as Magnet hospital standards

***1.4 Developing career pathways***

We will develop clearer pathways for progression for nurses, whether they wish to develop as clinicians, leaders, diversify into education or research. All nurses should be supported to develop skills and knowledge that will enable them to feel a sense of achievement and pride in their work and be able to develop and progress. These actions will include:-

* Every nurse having a career development plan

* Developing nursing research
* Targeting the development of nurses at different bands
* Increasing the number of nurses with extended roles
* Enhanced learning, beyond registration requirements, will need to be improved to support revalidation.
* Reviewing the professional and clinical leadership roles supporting nurses.
* Provide work experience opportunities for young people who have an interest in careers in the NHS.
* Provide health and social care apprenticeships to young people interested in developing a career in nursing.
* Provide continuing professional development opportunities for enabling to reach full potential.
* Support talented HCAs to achieve a nursing degree through the seconded student scheme.

***1.5 Contributing fully to effective multi-disciplinary practice***

Nurses are a core part of multi-disciplinary team work and need to communicate effectively within their teams, other teams and agencies alike. Nurses will also be supported to develop as leaders of multidisciplinary teams, care pathways and care groups. All team members, including all nurses, will be using evidence based interventions to maximise clinical and individually agreed outcomes for patients and carers.

It is an expectation that OHFT nurses will be contributing to and leading research to add to the evidence based. A stable, well staffed team is the bed rock of compassionate and effective care. Therefore, the recruitment, development and retention strategies for nurses and all team members will be a priority. This will be achieved by:-

* Supporting effective teamwork - such as using Aston team working
* Promoting collaborative team working and leadership of teams by using the Oxford Health leadership
* The use of evidence based outcomes in practice, participation and leadership in nursing and MDT research.
* Involvement in service development and improving stability of teams, by recruiting to vacancies and reducing turnover.

***1.6 Developing and supporting nursing and clinical leadership***

All nurses should know who to look to within their profession for guidance, as role models and decision makers. Those in leadership positions at the point of care and in more senior positions will develop confidence in their roles from their peers and leaders. Lead nurses will set the tone and the identity of nursing in Oxford Health FT. This can be achieved by:-

* Reviewing the professional leadership roles
* Enhancing the visibility of nurse leaders
* Increasing coaching
* Shadowing and mentoring opportunities.

The strategy includes measurable outcomes we hope to achieve for our staff, patients and their families.

The Senior Nurse Executive, led by the Director of Nursing and Clinical Standards, is responsible for the implementation of the Nursing Strategy. This will be achieved by annual plans and reviews to advance the actions identified within the strategy.

1. **Aim of the Nursing Strategy**

The purpose of our Nursing Strategy is to organise and shine a light on the contribution made by our nurses now and in the future to their patients and carers.

Nurses are the largest group of staff working in our Trust and a strategy for their support and development will have a major influence on the quality of care received by patients. The link between staff engagement, satisfaction and improved outcomes for patients is well established, the nursing strategy will be integral to all other strategies and will play its part in achieving our organisational aims to be Caring Safe and Excellent and outstanding for all.

MONITOR, the Healthcare Regulator for Foundation Trusts (2015), defines:-

**“*Strategy is a set of choices designed to work together to deliver the long-term goals of an organisation in the face of uncertainty”***.

This Nursing Strategy documents those choices and their intended impact. It sets out how all nurses, working in Oxford Health NHS Foundation Trust, intend to both participate in and lead the delivery of high quality sustainable services over the next three years. It builds upon our overall Oxford Health FT ’2014-19 strategy, which is described in detailed stages through the Annual Plan and Quality Account 2015/16.

It includes an assessment of the context within which nurses operate, the challenges nurses face, and the major activities that will be adopted in delivering the Trust-wide strategy. This Strategy is summarised in Appendix 2

Our Nursing Strategy aims to highlight our pride in the skills and humanity that our nurses bring to the work place every day. The Board of Directors and the senior leadership team are committed to supporting the nursing workforce, with aiding them in their development of their roles and helping to promote a feeling of pride in the quality of care that they are resourced and supported to achieve this.

The Aims of our Nursing Strategy are straightforward

* To improve experience and outcomes for patients and carers – excellent care, every time.
* To understand what is important for nurses to support them to be highly effective in their roles.
* To value and celebrate the nursing contribution- pride in the skills and humanity our nurses bring every hour of the day.
* Understand demand and supply and improve recruitment , development and retention and workload and capacity management.
* Developing new workforce models and plans to meet rising demand and static supply of nurses.

1. **Nurses in Oxford Health FT**

The nursing workforce comprises of 2864 people or 46% of Trust employees. From these figures 1879 of whom are registered nurses. A breakdown for each directorate is provided in Appendix 1.

Oxford Health FT Registered Nurses and Health Care Support Worker Workforce

(Source ESR)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Clinical Directorate** | **Registered Nurses** | | **HCA's** | | **Total Head** | **Total WTE** |
| **Breakdown** | **Head Count** | **WTE** | **Head Count** | **WTE** | **Count** |  |
| Adult (Mental health) | 499 | 423 | 315 | 251 | 814 | 674 |
| Older People | 804 | 601 | 514 | 325 | 1318 | 953 |
| Children & Young people | 517 | 396 | 155 | 99 | 672 | 495 |
| Corporate:- ● HR | 8 | 5 |  |  | 8 | 5 |
| ● N&CG | 31 | 28 | 1 |  | 32 | 28 |
| ● R&D | 20 | 18 |  |  | 20 | 18 |
| **TOTAL** | **1879** | **1471** | **985** | **675** | **2864** | **2173** |

Oxford Health FT has a wide range of nurses including all four branches of Graduate level Nursing Registrations including:-

* Registered Adult nurses (RN Adult) - Working in inpatient and community physical health care roles.
* Registered Mental Health nurses (RMN) - Working in inpatient and community mental health roles.
* Registered Children’s nurses (RCN) - Working in community roles.
* Registered learning disability nurses (RNLD) - Working in community roles only in children’s services.

At post graduate masters level there are:-,

* Public health nurses including, health visitors and school nurses

Specialist community nurses include:-

* District nurses
* Urgent and ambulatory care nurses
* Community psychiatric nurses who hold specialist practice post graduate qualification.

Dental and nursery nurses are also small component of the nursing workforce

The Health Care Assistants (HCA) workforce consists of 985 people. This is the second largest section of the workforce after Registered nurses. They contribute significantly to the standards of nursing and patient experience and outcomes. They are included in this strategy and a separate strategy will be developed to focus specifically, on this sizeable and important workforce.

1. **National Policy Context**

The ***5 Year Forward View*** is the latest national strategy from NHS England. It calls for a shift towards a “relentless focus on prevention,” supporting the individual and family to manage their own healthcare and integrating care pathways. It brings together primary and secondary care, social care, hospitals and organisations’ in the voluntary sector to form integrated care partnerships across the health and social care system.

Following the Francis Inquiry, ***Safer staffing guidance from the chief nursing officer***, sets out the expectation to use evidence based methods, where available, to set staffing levels. The Acute Care staffing tool and recently, the Mental Health Inpatient staffing tools, have been published and are being used.

***Shape of Caring -*** Is a national review from Health Education England. It sets out a strategy to support education and learning for Bands 1-9. This strategy highlights creating meaningful, career pathways for all NHS staff to be excellent in their roles and developing clearer career clinical pathways for nurses. It especially focuses on the more senior roles, such as in specialist practices and roles at doctoral and consultant level. Changes to undergraduate education are also recommended.

***Talent for Care –*** This strategy “Get in Get on and Go Further “ is an important adjunct to this strategy, providing a small and important pipeline for nursing in the future as well as developing the Band 4 workforce.

***Nursing research*** - Has developed significantly over the last thirty years. Whilst there are a large numbers of nurses participating in research, including 20 posts in Oxford Health, generally there are relatively few undertaking and leading Research in Nursing or gaining PhDs. There are fewer Nursing researchers in the UK than other countries, such as the USA, Canada, Australia and New Zealand.

***Extended practice roles*** - The scope of practice for all nurses has changed as basic sciences and medical and nursing sciences have developed. Nurses and increasingly health care support workers are competent in technical aspects care previously carried out by medical staff. There are many examples in all fields of nursing such as complex assessment, interpersonal therapies, intravenous therapy, prescribing.

This enhancement and mobility of skills and competencies will continue and the nursing and therapy workforce will be working in all settings in people’s homes, primary and secondary care competently carrying out interventions which twenty years ago were only done solely by medical staff. These technical aspects of care form part of holistic practice as nursing roles develop to meet current and future needs.

With 200 independent *non-medical prescribers and 57 community prescribers* in the OHFT, there is a sizeable part of the nursing workforce already prescribing. This will develop further as more specialist and expert generalist roles come online in the future. We expect to significantly increase the Band 4 Associate Practitioner workforce, Band 6 roles in Community Adult Nursing and Specialist and consultant nurses over this period.

***The Nursing and Midwifery Council’s revised code of conduct March 2015***

The Nursing and Midwifery Council’s revised code of conduct, is ‘intended to place patient expectations at the heart of professional practice and reflect changes in healthcare over the last seven years, including the Francis report into care failings at Mid Staffordshire Foundation Trust’ The code is shaped around four statements, which state that good nurses and midwives will prioritise people, practice effectively, preserve safety, and promote professionalism and trust.

The revised code of conduct highlights the importance of the fundamentals of care, which cover the essential aspects of caring for a patient; including making sure that a patient has adequate access to nutrition and hydration. It also highlights the new duty of candour, and states that registrants should raise concerns “without delay if they are aware of a threat to patient safety or public protection”. In addition, it states that nurses and midwives should make sure that they delegate tasks and duties “appropriately” and those they delegate to complete tasks to the required standard.

The new code clarifies Nurses and midwives also have a professional duty to “take action in an emergency”, clarifying confusion about the previous version of the code relating to so-called “Samaritan acts”. Nurses and midwives should take action in an emergency when off-duty, within the limits of their competence.

***Advances in technology***

The general population are embracing technology and using it to benefit all aspects of their life. Remote self- monitoring of has already made a significant difference to patients routinely self- monitoring vital signs such as pulse blood pressure. There have been innovations such as continuous mood monitoring and the use of telehealth already routinely used in day to day practice.

These technologies and ones we are not even aware of yet will shape the extent to which patients and carers’ can self- manage their care, enter into their records about their care and how staff can engage and exploit the utility of the technologies to change the way healthcare is delivered in future.

1. **Challenges**

***5.1 Workforce planning has underestimated the need for nurses***

In recent years, workforce estimates have led to an under estimation of nurses needed in undergraduate programmes. It is clear from the length of time it takes to recruit for the vacancies, the vacancies teams involved and the holding for substantial periods of time that there is an under supply of registered nurses. This is highlighted particularly at Band 5 in the mental health nursing and adult nursing sector in particular. Student nurse placements need to be increased and we need supporting strategies in place to ensure the students we educate in Oxfordshire and Bucks and Swindon, Witlshire and BaNES stay here to work rather than move home because of the cost of living or move to London because of higher salaries. Workforce planning and recruitment and retention needs to be significantly strengthened

The Francis report has led to all Trusts increasing staffing levels to safeguard standards of nursing care, this has led to under supply in the NHS and staffing shortfalls. This void has been filled through increased hours worked by Trust nurses themselves, sessional hour’s nurses and the use of agency staff in some teams.

There is a need to reduce the dependence on temporary staff and increase the supply of registered nurses. This is a priority for Health Education Thames Valley and West of England to increase the number of undergraduate places for adult, mental health adult and LD nurses.

The need to increase commissions has been a priority in our workforce plan. Attracting newly qualified nurses to stay in the workforce is a priority.

***5.2 Career pathways or frameworks for nurses are undeveloped***

Nurses have not had formal career development plans and they have had to leave posts in order to gain promotion. This creates a lot of additional recruitment work and is not the best way to keep and manage talent within the nursing workforce. Every nurse will have a career plan to enable them to develop within OHFT or our partners.

***5.3 The Need for Revalidation***

Every nurse will have to re-register and revalidate their registration within a 3 year period. Each nurse will have to have their registration confirmed by a registered nurse, requiring some joint appraisals with current non-nursing managers and a nursing supporter. Revalidation commences from 1st April 2016 and a project plan to ensure everyone is prepared for this major change is in place.

***5.4 Workload / capacity/ tools to do the job***

One of the major reasons that nurses cite, when leaving their jobs, is an overwhelming workload. Whist the NHS has to become more efficient and effective, in - managing individuals, managing team workloads, balancing staffing capacity, addressing the skill mix, addressing resources in teams and service lines, it is one of our strategic priorities, if we are to, retain staff and continue to meet the rising demand. We need to make the best use of our staff we have by value based processes and pathways including maximising partnership alliances with voluntary sector colleagues. This is all part of the solution to an improved use of the current workforce we employ. Within their busy workload, nurses need to have dedicated time to develop and review their practice. Alongside this ensuring nurses are working in efficient pathways so they are less burdened with administrative tasks which impact on the direct time to care available. Nurses need the right tools to do their roles which means the electronic patient record works effectively, they do not waste time on unnecessary activities , and equipment when needed is readily available.

1. **Our Nursing Strategy**

Our strategy for nursing, drawing on the National Nursing (Appendix 3), the Oxford Health strategy Appendix 2 and after consultation with nurses from all specialties, has been organised under six themes, these are as follows:-

1. **What do our patients and carers want from their nurses**
2. **Valuing nurses (‘pride in nursing’) and looking after ourselves (nurse wellbeing)**
3. **Ensuring high professional standards**
4. **Developing career pathways**
5. **Contributing fully to effective multi-disciplinary practice**
6. **Developing and supporting nursing and clinical leadership**

***6.1 What do our patients and carers want from their nurses***

Patients want nurses that they know well and trust, who are professional and compassionate, give sound advice with knowledge of all areas of health and social care, empowering and enabling them to make choices in their care and manage their own condition. We will:-

**Focus on prevention and early intervention in every nursing role**

* Encourage healthy lifestyles in ourselves, patients and colleagues. Ssignificantly increase health promotion and preventative health care work. Intervening earlier in the pathway and encouraging self help, this will assist in demand management
* Every nurse must have prevention at the heart of their practice, “Making Every Contact Count” (MECC) has been piloted within two mental health and two physical health community services. This model and the new public health prevention approaches will be routinely used in practice.

**Promote and support self-management harnessing the use of new technologies and involvement in care planning and person centred care and evidence based care.**

* Enable nurses to focus on understanding person centred care and the various dimensions of the person both personally, physically, emotionally, socially, culturally, and spiritually. Increase support for parents’ and carers’. Improve engagement in care planning in all teams
* Improve opportunities for service users to develop their own care plans, recording their experiences of care, progress with care and advance statements and wishes engage pro- actively with patients and carers using new technologies to self manage their care.
* Develop and improve mechanisms for listening and acting upon service user and family feedback. Patients want to give feedback about the care they received using social media and increasingly use platforms such as iwant great care and patient opinion. Individual practitioners already have accounts for patients to leave feedback about their care experience.
* Support the “Think Family” programme meet the accreditation standards and particularly in all adult and older adult teams to include family perspectives , v, information for young carers, education and support for all carers.

* Include patient-identified outcomes in all service models as well as clinical outcomes
* In children’s services deliver evidence based preventative health programmes and contribute to the evidence base.
* In adult and older adult mental health services, develop the recovery approach, in particular the recovery star and review the use of restrictive interventions, involving experts by experience.
* In the older adult services including District nursing and mental health nursing. Take a pro-active approach is needed with frail older people and personalisation of care.
* Improve access to services at times and locations that benefit patients, including the use of technology as above.
* Adhere to Duty of Candour, for timely and appropriate feedback, if something has gone wrong.

***6.2 Valuing nurses (‘pride in nursing’) and looking after ourselves (nurse wellbeing*)**

Nurses should feel proud of their profession and their contribution to the work of our Trust. They should feel valued, respected and fairly treated by each other, their colleagues and the wider Trust leadership. We will foster a sense of identity and pride in being an Oxford Health nurse, feeling linked to the diverse community of nurses across the organisation, delivering excellent nursing care.

**Valuing nurses and nursing**

Nurses work in the majority of clinical teams in all services. Fostering positive organisational cultures in all these teams and services which values nurses themselves and their care contribution is fundamental to an organisation aspiring to be Caring Safe and Excellent. We will therefore:-

* Implement value-based recruitment for all nursing posts, use values in appraisals and peer review to enable nurses to lead on identifying values in teams and recruiting to those values.
* Ensure that clinical supervision is recognised, as an important individual and organisational responsibility for all nurses. This should take place at least once within a six week period, with dedicated time planned for this to happen.
* Support nurses to take responsibility for their own skills development by (for example) setting up more opportunities to participate in journal clubs, reflective practice groups, action learning sets and academic programmes with universities.
* Every nurse will have a career plan, which will lead to planned job progression, as part of development.
* Routinely measure feedback from nurses at team level about their experience including staff engagement and satisfaction scores, feeling supported to do their job, having the right tools and other relevant staff survey measures.

**Support nurses to look after themselves**

* Enable nurses to look after themselves, in order that they can look after others. They require ‘time to care.’
* Support nurse leaders to set expectations that professional self-awareness is integral to their caring role, recognising one’s own capacity and limits, possessing the skills to manage this and being aware when to seek support.
* Ensure that nurses have opportunities to “debrief” after stressful or unfamiliar incidents and seek advice.
* Ensure nurses can benefit from the staff wellbeing group, which actively promotes healthy lifestyles for our staff.
* Ensure all nurses understand how mindfulness techniques and also utilise teachings that may help their patients and themselves.

**Celebrate achievement and best practice in nursing**

* Increase the number dedicated nursing events and events for HCAs, including more conferences and awards and celebrating International Nurses day.
* Support existing schemes such as Employee of the Month and new initiatives to reward success and celebrate success, at team and individual level.
* Develop a communication plan for nurses to communicate with each other, in regards to practice, including increasing the use of social media

***6.3 Ensuring high professional standards***

The standard of nursing care must be universally excellent across all of our services, making the most of standardisation tools and techniques, such as, safer and productive care. Nurses will develop their use of evidence based assessments and interventions, this will enable them to demonstrate that their own personal practice is of a high standard. We will:

* Support nurses in the introduction of revalidation.
* Increase student placements and further enhance their students experience in practice by ensuring high quality mentorship.
* Further enhance the routine measurement of fundamental standards of care, in all areas of practice, aiming for excellence in all areas. Nurses leading this through peer review as well as coordinated audits.
* Support nurses on the preceptorship programme and beyond, to undertake and report on a service improvement project every year.
* Develop common competencies and guidelines, to support staff in practice and set standards to achieve
* Enable every nurse to develop improvement methodology skills, the Safer Care, Productive Care and Service Improvement Champions Programmes. Teach all nurses service improvement methodologies and support their implementation.
* Take action or speak out, when we are aware of or suspect poor practice.
* Increase our use of evidence based assessments and treatments including nursing interventions in every team.
* Harness new technology, to embrace new ways of working, to help people manage their own care.
* Improve the physical health care skills of mental health nurses and the mental health care skills of general nurses. Facilitate joint working and skills sharing between specialties.
* Ensure care focuses on measurable patient centred outcomes (PCOMS) and does not only focus on diagnosis/cluster or presenting problems alone.
* Enable patient-reported routine outcome measures to be used regularly in Health Visiting School nursing, CAMHS and IAPT services, adult and older adult mental health. Develop these outcomes all our 13 care pathways including the frail elderly pathway.
* Further enhance our reputation as leaders in the field of public health priorities for children and young people in HV , FNP, School nursing, safeguarding and CAMHS, enhancing life opportunities through high levels of breast feeding and immunisation rates.
* Encourage more nurses to participate in the established learning set, to explore the Porter model of value-based health care.
* Adopting or mirroring international accreditation demonstrating excellence in nursing such as Magnet hospital standards
  1. ***Developing career pathways***

We will develop clearer pathways for progression for nurses, whether they wish to move into management, develop as clinicians or diversify into education or research. All levels and types of nurses should be supported to develop skills and knowledge that will enable them to progress. We will therefore:-

**Bands 5-8**

* Support changes to the curriculum of the undergraduate bachelors and masters level student nursing courses at Oxford Brookes University and the University of Bedford and University of West of England, which have an opportunity for students to undertake a research or service evaluation project as their dissertation
* Every nurse will have a career plan supported by a personal development plan, and training needs analysis and education plan and work force plan in every directorate.
* Develop skills-based job descriptions for all nurses, and recruit using Competency based interview techniques. Further develop standard job descriptions for the most common nursing posts.
* Make best use of Learning Beyond Registration funding, which gives nurses opportunities for continuing professional development.

Increase the number and type of development programmes in place for nurses at Bands 5, 6 and 7.

* Increase networks and individual support for nursing participation in research, education and management.
* Enable nurses who acquire specialist skills, to use them where they work rather than moving on.
* Develop more expert practice including:
  + Increasing the number of Nurse Prescribers in all specialties.
  + Explore Nurses taking on the role of Responsible Clinician.
  + Facilitate nurses to train and work as Approved Mental Health Practitioners.
  + Increase Expert specialists at Band 6 and 7, Consultant nurses and specialist practitioners- by remodelling the workforce.
  + Shadowing opportunities from ward to board.

**Bands 1-4 to attract and develop our HCA/ Care workforce 985 wte**

**Develop the Talent for Care strategy:**

**Get On**

* Ensure every HCA receives regular supervision
* Every health care assistant will hold the Care Certificate or equivalent. Currently this is only a requirement for new employees. Continue to celebrate value and achievement through Annual celebration events.

**Get in**

* Increase the number of apprenticeships to attract the younger workforce who choose not to go to university
* Increase the number of Band 3 and 4 posts in teams directly employed, or through partnerships , with support workers and associate practitioners (Band 4) taking on wider aspects of the delivery of care under supervision from Registered professionals

**Go Further**

* To further enhance opportunities for career progression through increasing

the numbers of apprenticeships, associate practitioner roles at Band 4 and secondments to undergraduate nursing programmes

***6.5 Contributing fully to effective multi-disciplinary practice***

Nurses rarely work in isolation and are a key part of multi-disciplinary working and/or communication. We will:-

* Develop effective partnerships between services and agencies with clarity on roles and skill-sets to ensure effective transitions along the patient’s pathway.
* Support all the multi-disciplinary team to work together for benefit of patient and share skills and knowledge whilst retaining professional identity
* Lead and support the Safer Care Programme to reduce actual and potential harms to patients and improve reliability of care
* Develop expertise work in partnerships to improve pathways and interfaces between teams in mental health and the older people’s services
* Support Children’s services to work together to provide an integrated service, and work to a care pathway model to ensure that public health and acute health care needs of children and young people are assessed and that appropriate advice or care provided.
* Within multidisciplinary teams explore the implementation of the Michael Porter model of value based health care (2009).
* Continue to implement the programme of Aston Team Building within all teams.
* Implement a nursing recruitment action plan, to supply an adequate nursing workforce and new workforce models fully utilising the talent and expertise available.

***6.6 Developing and supporting nursing clinical leadership throughout the nursing workforce***

All nurses should know who to look to within their profession for guidance, as role models and decision makers. Those in leadership positions should develop confidence in their roles. They should be receiving support from their leaders. Nurse leaders should set the tone and the identity of Oxford Health. We will:

* Increase nursing participation and engagement in service design.
* Include extensive nursing staff involvement in the development of service models in the Directorates through debates and discussions at the frontline.
* Enable nurse leaders to take responsibility for ensuring staff have opportunities to undertake reflective practice and to develop increased self-awareness.
* Encourage and enable senior nurses to work alongside staff, to undertake observations of care, listen and respond to issues and concerns faced by patients, carers and nurses to enhance care and staff experience.
* Enable nurses to provide visible leadership to facilitate staff acting on concerns and feel safe speaking out.
* Encourage nurses to actively seek 360 degree feedback on their performance.
* Establish a 6 month review period, for newly appointed nurses.
* Support nurses to participate in OHFT leadership development and NHS Leadership opportunities for all nurses as clinical leaders; also coaching, shadowing and mentoring opportunities.
* Revise and implement the nurse leadership structure, including development of criteria and process for agreeing nurse consultant and other expert practice roles.
* Engage with local universities in curriculum review and revalidation of their undergraduate, Masters and Doctoral nursing courses.

1. **Measuring the outcomes of the nursing strategy for our patients**

The components of the nursing strategy must lead to an improved experience for our patients and their carers and families, as well as an improved experience for our nurses demonstrated by an improvement in staff survey measures and improved recruitment and retention rates..

We seek to see measurable improvements in:

1. ***What do our patients and carers want from their nurses***

* Patient satisfaction (including individual practitioner level feedback).
* Improved recording of carers details and more carers assessments.
* Increase in provision of family work.
* Increase in service users contributing to their own records.
* Increased involvement of patients and carers in service development, governance and training.

1. ***Valuing nurses (‘pride in nursing’) and looking after ourselves (nurse wellbeing)***

* Improved retention.
* Fewer vacancies.
* Reduced sickness.
* Increase in response rate to staff survey?
* Improvement in staff satisfaction within the staff survey.
* Improvements low scoring areas in the staff survey.
* Full and effective utilisation of LBR funding.
* Nursing newsletters published.

1. ***Ensuring high professional standards***

* Fundamental standards routinely measured and demonstrate excellence in all teams
* A reduction in complaints about nurses attitudes or behaviour.
* Fewer actions from RCA investigations aimed at improving nurses’ competence and performance.
* Fewer potentially harmful errors by nurses.
* Fewer referrals to the NMC.
* Service users experiencing fewer complications from preventable conditions.
* A reduction in the use of restrictive interventions.
* Mirroring or adopting international accreditation for excellence in nursing.

1. ***Developing career pathways***

* Increase in band 5,6 and staff participating in development programmes .
* Increase the number of Band 4 posts.
* Increase in staff in rotational posts.
* Improved levels of recorded supervision on L&D portal.
* Consistent achievement of training targets across the workforce.

1. ***Contributing fully to effective multi-disciplinary practice***

* Increase the number of Nurses named as Responsible Clinician.
* Increase the number of nurses working as Approved Mental Health Practitioners.
* Increase the number of nurses working as Non-Medical Prescribers.

1. ***Developing and supporting clinical leadership at a range of bands***

* Increase in number of safer care projects.
* Increase in number of clinical nurses leading/involved in service improvement projects.
* Increase in number of nurses that are research active and participation in nursing research publications.
* Increase the number of nursing conferences and events held within OH.

1. **Next Steps**

The Senior Nurse Executive, led by the Director of Nursing and Clinical Standards is responsible for the implementation of the nursing strategy. This will be achieved by annual plans and reviews to advance the actions identified within the strategy.

***Launching the strategy***

We are planning a ‘Proud of nursing in Oxford Health’ event to launch the strategy and celebrate good practice.

***Raising awareness***

Nurse leaders will use existing nursing, operational, quality and multi-professional meetings at a Trust level and within Directorates raise awareness of the strategy.

We will share the strategy and discuss its aspirations with patient and carer groups.

***Implementation***

Nursing leaders’ in our three clinical Directorate will develop, with their nursing colleagues, an implementation plan for the 6 priority areas tailoring it to meet the needs of the different nursing specialties.

***Monitoring and reporting***

Quarterly updates will be reported to the Senior Nurse Executive and periodically to the clinical Advisory Board and Extended Executive. Directorate nursing groups will report quarterly to clinical leadership groups in directorates. An Annual Report will be reviewed by the Quality Committee. Updates will also be published more widely.

***Revie*w**

Our Nursing Strategy as a ‘living’ document that needs to be flexible and able to respond and develop following feedback and the changing national and local context. There will also be annual review of the strategy in consultation with the nursing body.

**Appendix 1 Nursing Workforce by Directorate**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Children & Young People** | | |  | |  | |  | |
|  | | **Registered Nurses** | | | **HCA's** | | | |
|  | | **Head Count** | **WTE** | | **Head Count** | | **WTE** | |
| Complex Care / Eating Disorders | | 71 | 52 | | 4 | | 36 | |
| Public Health HV School Nurses | | 226 | 196 | | 36 | | 26 | |
| **TOTAL** | | **297** | **248** | | **40** | | **62** | |
| Specialist | | 101 | 90 | | 62 | | 40 | |
| Swindon & BaNES | | 75 | 56 | | 53 | | 20 | |
| **TOTAL** | | **176** | **146** | | **115** | | **60** | |
| Dental Nursing | | 3 | 1.6 | |  | |  | |
| Management | | 1 | 1 | |  | |  | |
| **TOTAL** | | **4** | **2.6** | |  | |  | |
| **Adult Mental Health** | |  |  | |  | |  | |
|  | | **Registered Nurses** | | | **HCA's** | | | |
|  | | **Head Count** | **WTE** | | **Head Count** | | **WTE** | |
| Buckinghamshire | | 116 | 100 | | 61 | | 48 | |
| Oxford | | 176 | 145 | | 96 | | 76 | |
| **TOTAL** | | **292** | **245** | | **157** | | **124** | |
| Forensic | | 174 | 148 | | 158 | | 127 | |
| Therapies | | 26 | 23 | | 0 | | 0 | |
| **TOTAL** | | **200** | **171** | | **158** | | **127** | |
| Service Delivery & Project Managers | | 3 | 1.6 | |  | |  | |
| **TOTAL** | | **1** | **1** | |  | |  | |
| **Older People** |  | |  | |  | |  |
|  | | **Registered Nurses** | | | **HCA's** | | | |
|  | | **Head Count** | **WTE** | | **Head Count** | | **WTE** | |
| Community Hospital | | 224 | 167 | | 215 | | 144 | |
| Community Nursing | | 306 | 222 | | 52 | | 44 | |
| County Wide (RN’s) | | 82 | 66 | | 148 | | 102 | |
| Urgent Care | | 66 | 43 | | 39 | | 21 | |
| Older People Mental Health | | 125 | 101 | | 60 | | 43 | |
| **TOTAL** | | **803** | **599** | | **514** | | **354** | |

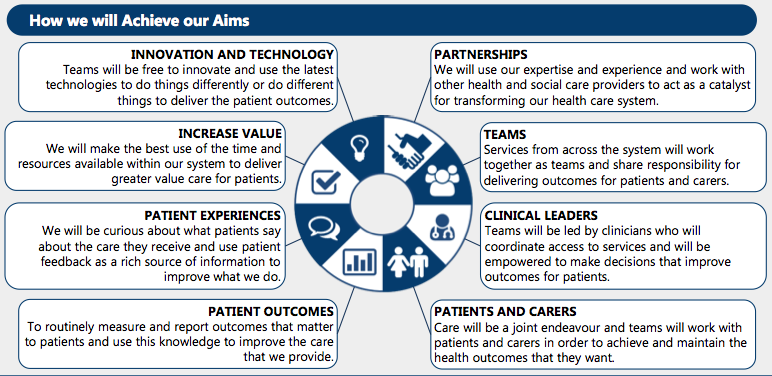
**Appendix 2 - Oxford Health Strategy**

The 2014-19 Trust strategy aims to show how our Trust will deliver healthcare to the highest standards of safety and quality. The vision is that of **“Outstanding care delivered by outstanding people”** and the mission is to **“**Provide people with access to the right service, at the right place and at the right time, to achieve the health outcomes that they want to achieve. By working with them, their families or their carers, and in partnership with other care providers, everyone’s experiences will be excellent and we will create a care system that is sustainable”. The Trust values, (linked to expected behaviours and established after wide consultation with patients, families, carers and staff) are to be **Safe, Caring and Excellent.**

The Trust has agreed 4 strategic goals to deliver its vision:

* To continuously improve the quality of services so that they are safe, patients and carers have excellent experiences and they achieve the outcomes they want.
* To work as partners in health and social care to increase the value of services, making ourselves and the system sustainable.
* To fully involve patients and carers in their care and make information available for everyone responsible for care delivery, when and where they need it.
* To have an international reputation for teaching, training and research; translating innovation and putting technology into practice.

A summary of how this Trust intends to achieve the strategy is presented graphically



Our nursing strategy is designed to work in collaboration with all other Trust staff to deliver the strategic goals, and thereby to enable delivery of the vision of the Trust. Whilst organised under a different set of six themes, all the actions sit under one or more of these eight enablers.

**Appendix 3 - The national nursing strategy**

In 2012, the Chief Nursing Officer for England, and the Director of Nursing at the Department of Health published ***Compassion in Practice***, a national nursing strategy. This provides a framework for nurses of all backgrounds to review their practice and take steps to ensure that it demonstrates the fundamental 6 values **Caring, Compassion, Competence, Communication, Courage and Commitment.**

***Care -*** *is our core business and that of our organization’s, and the care we deliver helps the individual person and improves the health of the whole community. Caring defines us and our work. People receiving care expect it to be right for them, consistently, throughout every stage of their life.*

***Compassion -*** *is how care is given through relationships based on empathy, respect and dignity - it can also be described as intelligent kindness, and is central to how people perceive their care.*

***Competence -*** *means all those in caring roles must have the ability to understand an individual’s health and social needs and the expertise, clinical and technical knowledge to deliver effective care and treatments based on research and evidence.*

***Communication -*** *is central to successful caring relationships and to effective team working. Listening is as important as what we say and do and essential for “no decision about me without me”*

***Courage -*** *enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and to embrace new ways of working.*

***Commitment -*** *to our patients and populations is a cornerstone of what we do. We need to build on our commitment to improve the care and experience of our patients, to take action to make this vision and strategy a reality for all and meet the health, care and support challenges ahead.*

**The National Nursing strategy also proposed 6 strategic actions from nurses to make this happen:**

1. Helping people to stay independent, maximizing wellbeing and improving health outcomes
2. Working with people to provide a positive experience of care
3. Delivering high quality care and measuring impact
4. Building and strengthening leadership
5. Ensuring we have the right staff with the right skills in the right places
6. Supporting positive staff experience

The nursing strategy in Oxford Health is based on widespread local consultation and discussion concerning the application in our Trust of the national nursing strategy. This involved nurse leaders, their teams and as many frontline nurses as possible, together with patients, their carers, governors of the Trust and other professionals, who were also asked to say what they felt nurses did well and how they could improve. This produced the following consensual statements of the six values and behaviours underpinning delivery of the nursing strategy in Oxford Health.

***Care****: that all patient care is delivered safely using a holistic approach (combining personal, physical, emotional, social, cultural, and spiritual components) in partnership with service users/patients and their relatives and carers;*

*that nursing staff understand and work within a recovery approach, that they remain hopeful, and that they help patients to achieve their personal goals and optimal functioning.*

***Compassion:***  *that* *nursing staff work alongside peers to receive feedback, that they demonstrate respect, kindness and empathy for patients, carers and their colleagues, and that they use their expertise to coach and develop other nurses;*

*that* *nurses actively seek regular feedback from patients regarding compassionate interactions;*

*that* *nurses uunderstand the burden of families and carers and provide advice, encouragement and support to them, and also listen and learn from families and carers.*

***Competence:***  *that nurses* *Identify the skills required to deliver safe, evidence-based patient-led care in each care group, and can access the necessary training approaches to develop these skills;*

*that* *every nurse is engaged in professional development including shadowing others from the point of initial registrations onwards.*

***Communication****: that* *nurses* c*reate a culture of valuing service users, families and carers through recognition of their expertise and genuine involvement in their own care;*

*that nurses* c*reate a culture of improving self-awareness amongst staff rooted in the development of self-reflection activities and team reflective practice.*

***Courage:*** *that* *nurses understand and embody their professional standards and accountability and speak out when they see care provided that they do not support;*

*that* *nurses take lead role in setting local standards of care and ensuring and assuring that those standards are met.*

***Commitment:*** *that* *nurses have high but realistic expectations and are able to clearly articulate them;*

*that nurses* *“Walk the talk” to demonstrate values through their own behaviour, lead by example and have the courage to challenge colleagues peers, juniors seniors and other professions.*