

**Promoting the Context and Value of Nursing
Programme Board**

Wednesday 2nd July - 10.30am to 12.30pm

**Venue - Doubletree by Hilton Manchester Piccadilly, 1 Piccadilly Place,
1 Auburn Street, Manchester, M1 3DG**

AGENDA

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|----|---|-------------------------|
| 1. | Welcome and introductions | Heather Tierney-Moore |
| 2. | Notes of the previous meeting (<i>Appendix 1</i>)
The notes of the previous meeting held on 5 th March 2014 are attached for approval | |
| 3. | Project updates | |
| | • <i>Project 1</i> - Inspiring cultural change through leadership and training (<i>Appendix 2</i>) | Maria Nelligan/Ian Hall |
| | • <i>Project 3</i> - Improving physical health care for Mental Health and Learning Disability service users (<i>Appendix 3 - attached to e-mail</i>) | Gail Briers/Jane Neve |
| | • <i>Project 4</i> - Developing common principles to guide nurse staffing levels and skill mix | Sara Munro |
| 4. | Financial statement (<i>Appendix 4</i>) | Steve Arnold |
| 5. | Newsletters | Steve Arnold |
| 6. | Any other items of urgent business | All |
| 7. | Date and time of next meeting | |

SN/SA June 2014

NW England MH and Learning Disability Trusts - DoNs Network Board

5th March 2014

Note of Meeting

Present: Steve Arnold (Symmetric), Gail Briers (5bp), Colin Dugdale (Lancashire Care), Ian Hall (Consultant, Project 1), Sara Munro (Cumbria), Maria Nelligan (CWP), Jane Neve (Consultant, Project 3), Sandra Nevitsky (Calderstones), Sarah Nield (Symmetric), Heather Tierney-Moore (Lancashire), Ian Trodden (Pennine Care), Gary Wilshaw (Consultant, Project 2).

Apologies: Avril Devaney (CWP), Gill Green (GMW)

Absent: Helena McCourt (MerseyCare)

1. Welcome and Introductions

Heather welcomed everyone to the meeting.

2. Update on Project 2

Gary gave a presentation on progress made in relation to Project 2 and expanded on the information provided in the report included with the agenda. Gary had reviewed a variety of literature and a number of research projects as part of his work on Project 2 and considered the most valuable of these to be Sawbridge et al: *“Time to care? Responding to concerns about poor nursing care”* Policy Paper 12 and Wallbank’s *“A healthier health visiting workforce: findings from the Restorative Supervision Programme”* and *“Recognising stressors and using restorative supervision to support a healthier maternity workforce”*. Gary advised that these reports all looked at the issue of reflective practice from a team point of view rather than that of an individual. In addition, Gary thought that the Schwartz Centre Rounds had merit in that they set the tone for using reflective practice from the top of any organisation downwards. Ian informed the Board that following Gary’s report, Pennine Care was looking to introduce Schwartz Centre rounds and were also reviewing handovers and how to make these more effective. In addition, Gary would be attending a Pennine Care Board Development Session on strategy around reflective practise.

There was some discussion around the terminology used. Reflective practice suggested thinking time and moved away from the more traditional ‘clinical supervision’ and the possible negative associations with this term. It was agreed that this change in language and approach was important.

It was agreed that Trusts should have some time to digest and reflect on the information and recommendations in Gary's report. The consensus was that the report contained a lot of useful information and the recommendations were laudable although it was recognised that Trusts had progressed to different points in terms of their use of reflective practice. Heather re-iterated the original intention of the four projects in that whatever 'product' emerged would be a 'gift' to the NW Trusts and it would be up to individual Trusts whether to take it forward or not.

3. Update on Project 1

Ian Hall updated the Group on progress made in relation to Project 1 and expanded on the information provided in the report and project plan included with the agenda. Ian's project plan suggested that work would be completed by April 2015 but agreed that this could be condensed and completed earlier if necessary.

With reference to the sponsored event to be run later in the year by the East Lancashire branch of the RCN around Compassionate Care in MH/LD settings, the Group agreed that a similar event for the North West would be a good idea which would give them the opportunity to showcase the work of this and the other three projects.

There were potentially two draft curriculum to be developed for Project 1 - the 'Nurse Champion' role and the Band 5 training program. Ian advised that the steering group for Project 1 preferred the term 'Care Maker' for the nurse champion role which linked to work nationally in this area. Ian advised that nurses would have to go through a defined process in order to attain the position of Care Maker - a curriculum would be developed around the 6Cs and the Compassion in Practice agenda and this would be piloted. Ian confirmed that he had already consulted with Cumbria and Edge Hill universities and would also be talking to student nurses as part of the Care Maker scheme. The Board agreed that it would be important to involve a range of nurses from mature practice based nurses to student nurses in the scheme.

There was some discussion around how the impact of compassionate care could be measured. Ian advised that he had not been able to find much material in this area but had already drafted some potential descriptors to measure its impact through another piece of work he was involved in. At the moment the idea was to develop a self-rating inventory ie pre-testing/post-testing staff to see if there was any shift in attitude/behaviour following whatever 'programme/scheme' is ultimately developed as part of Project 1. Ian advised that Professor Stephen Wright from the University of Cumbria would be helping him with this development.

Ian was encouraged to review the work of the Mental Health Research Unit, Derby led by Paul Gilbert, the Leadership in Compassionate Care programme run by Edinburgh Napier University and the work on the Cultural Barometer.

Action: Ian to progress running a North West event with the RCN to showcase the four projects.

4. Update on Project 3

Gail updated the Group on progress made in relation to Project 3 and expanded on the information provided in the report included with the agenda.

Jane Neve advised that there was already in existence a group of nursing staff charged with looking at physical health matters in relation to MH and LD service users in the North West and she could use this as the steering group for Project 3. One or two North West Trusts were not currently members of the group so Jane would look to get nominations from those Trusts. In response to a question from Heather, Jane confirmed that physical deterioration and co-morbidity in older adults would form part of Project 2 but that she would need to bring in expertise to help with this area.

5. Update on Project 4

Sara explained that Cumbria was a mixed provider and Keith Hurst had already undertaken some work for them looking at staffing levels in community and district nursing. Keith had now built up a database of staffing level data in mental health settings and Cumbria had now commissioned him to analyse staffing level data in its inpatient settings. The Trust had spent the last month collecting the data Keith would use and Keith would take a further six weeks to analyse and compare that data against other Trusts in the database and provide information on how those staffing levels impacted on quality. Sara was willing to share this information with the Programme Board once it was complete. She advised that the data collection was labour intensive and required internal capacity for its collection. It was noted that Pennine Care had also commissioned Keith Hurst to undertake this work for them. Maria advised that CWP had also carried out some work in this area.

Gail advised that there was an issue around skill mix vs number of staff on wards and at 5bp, despite having invested in multi-professional teams in their inpatient settings, most staff would still judge that there were not enough staff on the wards. The impact and value of a different skill mix was often not recognised by nursing staff.

The Group was advised that the NW CEOs Group was planning to undertake some benchmarking work and as part of that work it would need information on staffing levels across the NW Trusts. It was suggested that Keith Hurst could be commissioned by each of the other Trusts in the North West to carry out his analysis of staffing levels and that this could feed into the CEO benchmarking project. All Trusts present were in general agreement with this proposal but it was important that they were each clear on what was involved in the methodology and the input required.

Action: Sara/Keith to provide Trusts with information on Keith Hurst's methodology and the level of involvement Trusts would need to commit to in order to progress the project.

Action: Sara/Steve to develop a project plan for Project 4.

6. Financial arrangements

The Board was advised that the NW CEO Group planned to use in the region of £100,000 of the £360,000 originally allocated to the NW NDs for its proposed benchmarking project (see above). It was vital to get an understanding of expenditure to date and projected expenditure on Projects 1-4 to determine whether the removal of £100,000 from the resources available to the NDs would have a detrimental impact on any of the projects.

The Board was also advised that all projects would need to be complete by end of March 2015.

Action: In liaison with project leads, Sarah to provide details of expenditure to date and projected expenditure for Projects 1-4 by end of March 2014.

7. Communication

The Board agreed that it was important that it began to share some of the information/products emerging from Projects 1-4. It would also be useful for Trust staff to be provided with updates from each project including the membership of project groups and dates of steering meetings so they would know who to contact for further information.

Action: Steve to propose an outline on the format and content of a monthly 'newsletter'.

8. Next Steps

It was agreed to try to hold the next Programme Board meeting in June. It was also agreed that Symmetric would chase project leads more frequently to establish progress for each project area.

Action: Sarah to co-ordinate finding a date for the next meeting.

Action: Sarah/Steve to chase project leads more frequently for updates on progress.

Promoting the Context and Value of Nursing Programme Board

Project 1 Update ‘Inspiring Cultural Change through Leadership and Training’
Maria Nelligan/Ian Hall

1. PURPOSE OF REPORT

To provide an update on Project 1 to the ‘Promoting the Context and Value of Nursing Programme Board’ on the planning and implementation of the project.

2. BACKGROUND

Project 1 is one part of a four component programme commissioned through the Directors of Nursing for nine Mental Health NHS Trusts in the North West. Project 1 is ‘Inspiring Cultural Change through Leadership and Training’.

Project 1 is time and finance limited and Consultancy for the project has been agreed and appointed from Jan’14.

A project steering group was formed in September 2013 and meets periodically. Attendance has been consistent from Calderstones, Cheshire and Wirral Partnership (CWP) and Lancashire Care.

From 1 April 2014 the project lead changed from Lancashire Care to CWP. At this time a revised project plan was submitted at the request of the Programme Board which included increased consultancy time and a change in timeframe for completion from April 2015 to December 2014.

Two programmes in Leadership have been developed, firstly “The Soul of Leadership” supporting junior registered nurses and secondly, “The Companions” programme which is aimed at nurse leads who will support colleagues.

2.1 SHAPING THE PROJECT INCLUDED:

- Preparing the content and format of a Care and Compassion in Nursing Development Programme.
- Specifying the role of ‘Nurse Champion’ and options for sustainable delivery
- Developing a method of tracking examples of measurable improvements in care and compassion across nursing services
- Liaison with North West stakeholders and nationally as required.

2.2 KEY TASKS AND OUTPUTS FROM PROJECT 1

- Review of current range of related initiatives across the 9 MH/LD Trusts with aim of sharing potential good practice
- Review other work nationally as appropriate
- Prepare development programme focussed upon cultural change to enable staff to focus upon care and demonstrate compassion in practice
- Develop a “nurse champion” as a key promoter of care and compassion in Trusts and facilitator in the change process itself
- Prepare role description and identify nurse champions in each area
- Design and implement a nurse champion training programme to be run across the northwest
- Involve nurse champion in development of overall change programme
- Develop a method of tracking examples of measurable improvements in care and compassion across nursing services over time for adoption of Trusts locally
- Prepare detailed action plan and costings for sign off by project board
- Identify an agreed period review for evaluating the work of the nurse champions and, if continuing, a sustainable funding method for the future
- Commission external nurse consultancy to support and facilitate the work

2.3 INCLUDED DEVELOPMENT OF PROGRAMMES

- Key collaborators secured -Professor Stephen Wright, OBE, FRCN – to provide support in development and support in delivery of both programmes
- Royal College of Nursing and University of Chester – support for compassion in MH/LD conference later in year.
- Universities – Links with University Cumbria, Edge Hill and Chester – Exploring possible University Certificate with University of Chester.
- Service user group – links made with service user business group at Lancashire care – possible service user input into programme
- Learning and Development NW leads group support
- Curriculum development group – small group of clinicians meeting to formulate final curriculums – hosted by Professor Wright
- Questionnaire survey for Band 5 nurses formulated around the 6 c initiative. Distributed through the Trusts.
- Focus group held with service users – 23/4/2014
- Scoping of national enquiries, notably Winterbourne View serious case review and outcomes of the Francis Report into failings of Mid Staffordshire Foundation Trust
- Steering group and curriculum planning group input from 25/4/2014

3 PROGRAMME 1 ‘SOUL OF LEADERSHIP’

- The Steering group decision to focus upon band 5 nurses, particularly those in the high demand clinical areas
- Delivery of a four day course delivered in a block – this agreed is best for release planning
- Delivery time frame over period June 2014 – December 2014

- Agreed that each of the 9 Trusts would be offered a one week course
- Facilitators of course Ian Hall and Professor Stephen Wright and local Trust or expert support.
- Draft curriculum has been developed and to be piloted prior to roll out

AIM OF THE PROGRAMME

- To help develop staff to increase knowledge and confidence in the delivery and leadership of others in compassionate care
- Will focus upon awakening compassionate insight in practice and supporting others to recognise and develop compassionate insight within their clinical environment
- Enabling exploring concepts and challenges when delivering compassionate care, (with a strong underpinning from the Compassion in Practice and 6c philosophies), and self-exploration through compassionate insight to build confidence and resilience to enable participants to focus upon person centred care delivery

SOUL OF LEADERSHIP PROGRAMME CONTENT

Day 1 - Are you courageous in the care you deliver? Competence – developing, sharing, promoting and modelling

Day 2 - What is compassion in care in MH/LD clinical settings and why does it matter? Leading from the Heart – In Sight

Day 3 - Leading from the Heart – Insight

Day 4 - Communicating from the heart with our service users, relatives, carers and colleagues. Evidence based compassionate care – promoting, celebrating and sharing

3.1 PROGRAMME 2 ‘COMPANION IN COMPASSION’

- The Companion will be a champion of compassionate care within the clinical environment
- The Companion can be any band of registered nurse
- The Companion will link into the soul of leadership initiative – at the very least they will understand the objectives of the programme, at best they will directly input into the course within their trust
- The Companion will be a Care-maker – they will be nominated and supported by their manager and enrol onto the national Care-maker initiative
- The Companion will undertake a five day programme. They will work with registered nurses from other Trusts

AIM OF THE PROGRAMME

- The Companion will be the link in clinical practice for the band 5 nurses undertaking the Soul of Leadership programme

- The aim is to create an overall critical mass of staff who begin to influence culture and leadership within the clinical environment which has a focus on care delivery
- For sustainability, the Companion will work with the L&D/OD leads in order to develop the programme responsive to local need

COMPANION IN COMPASSION PROGRAMME CONTENT

Day 1 - Supporting and developing compassionate practice in self and others through reflection – a time to think?

Day 2 - Recognising and supporting compassionate care through leading and supporting others in practice

Day 3 - Leading from the Heart – InSight

Day 4 - Leading from the Heart – InSight

Day 5 - Communicating from the soul – doing the right things and celebrating and supporting compassion in care

3.2 THE ROLE OF CHAMPIONS IN COMPASSION

- It is hoped that identified Champions who go through the Companions programme will, as well act as a clinical resource, work in partnership with their Learning and Development teams to support, adapt and push forward the initiative locally
- Evaluation of the Companion roll needs identifiable time frame, and consideration will be given to sustainability in the longer term
- Companions will be care makers and be encouraged to join the 6c website
- A cross organisation professional forum of Companions could be established as a best practice forum that linked into local and national opportunities for promoting best practice in each respective Trust
- Companions will provide ongoing support by utilising clinical supervision or reflection as a way of continuing the focus upon compassion in care

4 EVALUATING OUTCOMES/ SUCCESS OF THE PROGRAMMES

As part of project an InSight Inventory is now developed. It will be piloted and amended, then used with all cohorts. The category headings for measurement pre and post course with participants are as follows:-

- Personal outcomes
- Soul Development; Personal resilience; Personal reflection,
- Organisational impact
- Working with transition; Clarity of purpose
- Service focussed outcomes
- Personal Confidence; Change mastery
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5 PROJECT PLAN ROLL OUT

Companions in Compassion Programme Dates

23-27 Jun - Pilot Calderstones

18-22 Aug - Lancashire Care

15-19 Sep - CWP

Soul of Leadership

28-31 Jul - Pilot CWP

26-29 Aug - Host tbc

23-26 Sep - CWP

21-24 Oct - Merseycare

28-31 Oct - Host tbc

11-14 Nov - Calderstones

25-29 Nov - Host tbc

2-5 Dec - Pennine Care

9-12 Dec - Lancashire Care

APPENDIX 1 - SCOPING BEST PRACTICE & SHAPING THE PROJECT

- CWP – Development sessions, values group, and development of a personal responsibility staff document to encourage staff to exhibit behaviours meeting 6C's and trust expectations. Big Book initiative for sharing best practice
- Calderstones – Action plans managed through clinical hubs, interesting work with service users and other disciplines, creative visual images created and displayed around the 6C's
- 5 Boroughs - In the process of developing 3 year 'culture of care' strategy incorporating the 6C's initiative
- Lancashire Care - Trust Nurses Day held focussing on 'pride in profession' and a they have held a number of 6C's forums.
- Merseycare - Focus upon communication, conferences, value based induction, developing a Care Strategy, developing quality ambassadors amongst student nurses, staff charter, mini and mega conversations between CEO, Board, Staff and Service users
- Leadership - Most Trusts have sent staff on the North West Leadership and Mentorship courses – usually senior nurse managers, Band 7 and above
- The Champion programme will be called the 'Companion' programme
- The Band 5 programme will be called the 'Soul of Leadership' programme

APPENDIX 2 - REVIEW OF BEST PRACTICE

- Comprehensive literature review undertaken
- National best practice identified
- Key areas of work :-
- Compassion in Practice DOH 2013
- 6Cs of Nursing
- Principles of Care – RCN
- Mental Health Research Unit Derby
- Leadership in Compassionate Care – Edinburgh Napier University

- The Cultural Barometer
- RCN Burnout Guide