

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

Tuesday 21st October - 3.00pm - 5.00pm

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

AGENDA

- | | |
|--|------------------------|
| Welcome and introductions | Heather Tierney-Moore |
| Notes of the previous meeting and matters arising
(Appendix 1)
The notes of the previous meeting held on 2 nd July
2014 are attached for approval | |
| Project updates | |
| <ul style="list-style-type: none">Project 1: Inspiring cultural change through leadership and training (<i>update paper - Appendix 2</i>) | Maria Nelligan |
| <ul style="list-style-type: none">Project 3: Improving physical health care for Mental Health and Learning Disability service users (<i>update paper - Appendix 3</i>) | Gail Briers/Jane Neve |
| Project 4: Developing common principles to guide nurse staffing levels and skill mix <ul style="list-style-type: none">- presentation on Keith Hurst's work at Cumbria- update paper from the Benchmarking project (<i>Appendix 4</i>) | Sara Munro |
| Showcase event (Appendix 5) | David Monk/Sarah Nield |
| Financial statement (Appendix 6) | Sarah Nield |
| Any other items of urgent business | All |
| Date and time of next meeting | |

Promoting the Context and Value of Nursing Programme Board

Notes of the meeting held on 2nd July 2014 at the Doubletree by Hilton,
Manchester Piccadilly

Present: Steve Arnold (Symmetric), Gail Briers (5bp), Ian Hall (Consultant, Project 1), Helena McCourt (MerseyCare), Maria Nelligan (CWP), Jane Neve (Consultant, Project 3), Sandra Nevitsky (Calderstones), Sarah Nield (Symmetric), Anita Rolfe (MMHSCT), Heather Tierney-Moore (Lancashire),

Apologies: Gill Green (GMW), Sara Munro (Cumbria), Dee Roach (Lancashire Care)

1. Welcome and Introductions

Heather welcomed everyone to the meeting.

2. Update on Project 1

Ian gave a presentation on progress made in relation to Project 1 and expanded on the information provided in the report included with the agenda.

The first pilot of the 'Soul of Leadership' course would be held in late July. The first pilot of the 'Companion in Compassion' course had been held in June and a further two were planned for over the summer. A total of 7 Trusts had expressed an interest in attending one of the courses. Although there had only been 4 attendees at the pilot course it was hoped that between 10-15 would attend the courses in the future. The pilot had given Ian the opportunity to evaluate what had worked and what could be improved upon. The feedback had been overwhelmingly positive - the evaluation slides are attached. It was noted that Ian was hoping to obtain accreditation for the course from Chester University.

The sustainability of the programme was discussed and how it could be embedded within each Trust. If the number of staff attending the courses went as planned, approximately 150 staff would be 'trained'. It was queried whether this would be a sufficient number to cascade the initiative

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locally or whether courses would need to continue, perhaps on an annual basis, to ensure momentum was kept. It would be important to ensure Nurse leads and L&D leads were consulted and involved in decisions on taking the programme forward. This would be discussed at the next steering group for Project 1. It was also important to link Project 1 into other initiatives eg Care Makers, Dementia friends etc to ensure an holistic approach was taken to sustaining compassionate care throughout Trusts.

Whilst ‘compassion’ was a current buzz word there were few mental health-specific projects/courses available. A number of ideas were suggested in order to take the project forward beyond the initial training:

Action: Gail to speak to Hilary Garrett to discuss the project - it was important to ensure the nurse leadership was aware of the project and understood its purpose

Action: Ian to progress idea of holding a fringe event at the RCN conference next year to promote the project

Action: Ian to link up with the Leadership Academy

Heather cautioned on the need for the right people to attend the two courses. The expertise of faculty that would be built up was of the highest importance so that the fundamental elements of the teachings of the course were not lost in translation. In addition, commitment to attending the courses, if signed up, was paramount.

3. Update on Project 3

Jane 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’s presentation is attached.

The Board was advised that Merseycare was currently working on developing some Youtube type vignettes that staff would be able to access through the intranet at the point of care to support learning ie how to take a manual BP, how to wash hands properly etc. Merseycare had received MPET funding to progress this work. The Board discussed the potential for expanding this across the NW to support the delivery of physical health competencies across the region and it was queried whether the NW ND’s budget might support this expansion. Anita referred to a recent bid by the local LWEG for Fore-runner funding to develop 14 e-learning packages which were mainly designed for acute settings but some may be appropriate for MH/LD

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settings. It was agreed to explore the potential to extend this bid to incorporate MH. If this was unsuccessful it was agreed that the Steering group for Project 3 should put forward a proposal to the Programme Board for funding to develop vignettes/e-learning materials for physical health competencies.

Jane also asked about the possibility of the NW ND's budget funding IT support so that the competency 'product' when it was available could be put into an electronic format that could be made available to all Trusts across the region. It was agreed to develop the 'product' in the first instance and then decide whether it should/could be made available electronically.

4. Update on Project 4

Steve provided the background to this project in Sara's absence. One way to progress the project would be to consider adding the scheduled work to the brief for the NW CEO Benchmarking project. However, the Board felt that there was a significant difference of emphasis between the original brief for Project 4 and the type of information needed as part of the CEO benchmarking project and colleagues concluded that they would prefer to retain the work within the DoN's programme of work.

It was noted that the DoNs had been asked to attend a briefing meeting on 18th July to discuss the benchmarking project being undertaken by the CEOs so more would be known then but it appeared that this work would not lead to a tool that Trusts could use to determine staffing levels.

It was agreed that it would be useful for DoNs to see Keith Hurst's work in Cumbria and then a more informed decision could be taken on whether the other NW Trusts would wish to adopt the same approach. A provisional date of 5th September at 10.30am was set aside for this meeting.

Action: Sarah/Steve would contact Sara to establish if she was available on that date and willing/able to share Keith Hurst's work at that point.

5. Financial arrangements

As the lead for Project 1 had moved from Lancashire Care to CWP there was some confusion over what money had been spent to date on this project.

Action: Sarah would liaise with Maria (and Helen Tindall from Pennine Care) to establish the correct figures.

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It was not clear why there was any expenditure against Project 4 as no work had currently been carried out. Ian would need to provide an explanation for this at the next Programme Board.

6. Newsletters

The newsletters were welcomed and were a useful way of getting information about the projects to other colleagues. The project's resources held on Symmetric's website were also very helpful. The August newsletter would focus on Project 1.

Action: If DoNs did not wish to forward newsletters to colleagues they should submit e-mail addresses to Steve who would then send it out centrally.

7. Next Steps

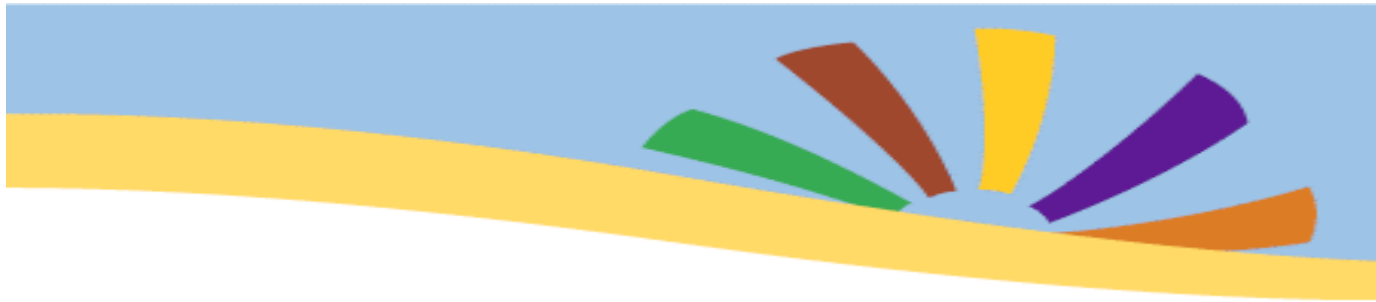
It was agreed to try to hold the next Programme Board meeting in October.

It was agreed to organise a 'showcase' event for all four projects sometime in Spring 2015. Helena volunteered to lead a small task and finish group for this.

It was agreed to look into submitting one or more of the projects for an award

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

Action: Sarah to ask for volunteers for small task and finish group for the showcase event and co-ordinate a date for the first meeting of that group.



INSPIRING CULTURAL CHANGE THROUGH LEADERSHIP AND TRAINING

Heart of Leadership

Progress Report – OCTOBER 2014

Programmes

1. COMPANIONS IN COMPASSION

3 Companions in Compassion course now rolled out and completed.

Attendance – 24 staff from 4 Trusts

Calder stones - 8

Lancashire Care – 2

Cheshire and Wirral – 12

Mersey care – 2

From three of these trusts we have had attendees who are involved in learning and development teams. All Companions have been encouraged to enrol as care makers and to link to the national 6C and Compassion in Practice networks. A meeting is planned for December to facilitate a session to enable them share their stories and how they can be supported to move this forward in their Trusts.

2. SOUL OF LEADERSHIP

2 Soul of Leadership courses have now been rolled out and completed.

Both events ran at Cheshire and Wirral Trust.

Attendance – 19 band 5 staff have attended over the two events

Courses now planned for roll out:-

21-24 October – Mersey care

28-31 October – Manchester Mental Health and Social Care Trust

11-14 November – Calder stones NHS Partnership Foundation Trust

25-28 November – Lancashire Care Foundation Trust

2-5 December – Pennine Care

9 – 12 December – Greater Manchester West

There is one other course which was postponed in August due to problems with staff release. This is being re arranged for early in 2015 and will be hosted by Cheshire and Wirral

3. IMPACT/FEEDBACK OF THE PROGRAMMES TO DATE

Course evaluation is consistently positive and quite overwhelming. These courses are resonating deeply with all of those who attend. All of the facilitators have been amazed with the comments from participants, and their determination to carry this agenda forwards. **I would encourage you all to read these.**

Some examples of comments across the courses already evaluated:-

Benefits for service users

- A more grounded centred person caring for them
- More awareness of myself should help me recognise when they are struggling
- Re enforce our creative care – service users at the heart of what we do – evidence to use compassionate care over rigid rules

General comments on the courses impact

- Will encourage colleagues to attend this course, will reflect on my own practice pre and post course; re enforce importance of 6 Cs
- Extremely valuable training to re centre staff to values
- I feel we need to make positive changes to make sure staff are compassionate towards themselves – giving space and time in the workplace
- I will endeavour to promote the 6 Cs with junior/untrained staff
- Drive compassion into our area of nursing and enforce change to enhance practice with a soul centred approach
- The course has given me more confidence to raise concerns and not just accept what is expected of me
- Service users will hopefully be able to identify compassion in all healthcare staff even in stressful times
- I will be able to support staff in developing compassion. I have learnt how to lead effectively from the focus upon the compassion agenda

Suggestions for improvements

- It could not be improved! It needs more recognition as to how and why this course is so important for nurses
- I believe this course is the best it can be – no improvement needed!

Additional comments – what participants thought important

- “ Gaining a deeper understanding of myself, becoming deeply inspired, connecting with the world and human beings around me to give me a deeper understanding of the true meaning of the delivery of compassion ”
- “ The emotional – leading from the heart content”
- “ Informed change agent facilitators”
- “All embracing of compassion, emotional intelligence, link heart mind and gut. Implications for practice – consider transitional skills to take into life and practice”
- “Becoming more self-aware. Challenged to develop emotionally”
- “Fascinating and inspirational subject. Reminded me why I became a nurse”

Cheshire and Wirral are now **actively** planning for next year and Compassion is very high profile, with a date in December identified to get all their Companions and soul of leadership participants together. Course materials have been shared with their L&D team, and it envisaged other Trusts may follow this model locally

A measurement tool called **the Insight Inventory** has been completed by all participants on the Soul of Leadership courses, giving benchmark information that could be re tested to aim to measure impact of work undertaken as a result of the programme

Heart of Leadership **Twitter site** now operational and utilising 6 c and other sites to spread best practice and encourage networking

A closed Facebook group established to give support and encouragement as well as provide networking opportunity for participants of all programmes. This will enhance the northwest momentum as well as supporting local initiatives by the sharing of ideas and initiatives

Currently working up the idea for fringe event at RCN Congress 2015 in Bournemouth – will submit through branch as proposal this week at AGM

Companions from CWP came to introduce themselves and talk with participants on their Soul of Leadership course and Mersyecare, LCFT and Calder stones Companions are going to do this when their programmes run

4. CONSIDERATIONS FOR FUTURE

By early in New Year programme will be completed. Considerations will be given to the following:-

Sustainability- it is essential this initiative is sustained as it forms the essence of nursing and care. Great passion and desire has been inspired amongst all delegates to date. Needs planning, support and embedding through variety of methods – further and modified programmes, action learning sets, use of electronic infrastructures and medium, collecting and analysis of stories, embedding compassion in metrics, policy, procedure, caring for self-etc.

Building on Momentum – developing the Northwest community of Compassion that is beginning to take shape. Staff are full of enthusiasm following the programmes and we need to harness this and support

Building upon work commenced on metrics and measurement – the Inventory provides one approach but other measures and metrics can be developed. The capture and presentation of our stories as compassionate practitioners are central to our metrics – there is an opportunity to look at this and refine and develop across the northwest

Sharing, networking and exempling best practice – we need to shout more loudly about the excellent work we do and have a mechanism for co coordinating and promoting the work done across the Northwest and ensure it is celebrated locally and nationally (March event)

Programmes and support for unqualified direct care staff – all feedback so far suggests the unqualified workforce would benefit from exposure to programmes focussing upon compassion in care

Embedding compassion in care through clinical supervision process- build upon the work highlighted in project 2. Clinical supervision is an excellent arena to focus upon compassion in a structured focussed way

Developing the Companion in Compassion role – more clarity and specification with potential for development

In evaluation no great demand for a **validated programme**, but this option can still be explored in the future

5. Financial Position

HEART OF LEADERSHIP COSTING							
Description	Costs to CWP Apr'14 £'s	Costs to CWP May'14 £'s	Costs to CWP Jun'14 £'s	Costs to CWP Jul'14 £'s	Costs to CWP Aug'14 £'s	Costs to CWP Sep'14 £'s	Projected Costs to end of project
Ian Hall CWP Consultancy @ £425 per day	4250	4250	4250	2125	2125	3825	10200
Stephen Wright Consultancy £600 per day + Accommodation & Travel costs	0	0	1498.25	1161.9	1443.6	2633	7000
Jim Rocks Training Delivery @ £300 per event	0	0	600	300	300	300	1200
Facility Costs for Companions Pilot Calderstones 23-27 June	0	0	459	0	0	0	0
Facility Costs for Soul of Leadership Pilot CWP 28-31 July	0	0	0	777.6	0	0	0
CWP Admin 37.5hrs Band 3	81.8	81.8	81.8	0	81.8	81.8	409
£500 Programme allowance costs for each Trust (Materials & Facilities)	0	0	0	0	0	0	4500
Total Period Costs	4290.9	4290.9	6889.05	4364.5	3950.4	6758	23309
Cumulative Cost Totals (From April 14)	4291	8582	15471	19835	23786	30544	53853
Budget Remaining	55909	51618	44729	40365	36414	29656	6347

Ian Hall Project Lead

Maria Nelligan Project Sponsor

North West CEOs' Mental Health Benchmarking Project

Workstream Update October 2014



Introduction

The Chief Executives of the nine North West Mental Health Trusts have commissioned a North West mental health benchmarking project to develop robust benchmarking comparisons and evidence based analysis across the following 6 identified workstreams.

- Waiting for treatment: first episode psychosis
- Deaths (suicide and homicide)
- Ward staffing levels
- Ligature incidents on wards
- Violence rates on wards, and
- Restraint rates on wards.

This follows a range of work performed by Chief Executives, Medical Directors and Nurse Directors in response to national priorities such as the response to the Francis Inquiry and the focus on parity of esteem for mental health service users. This paper updates stakeholders on the progress made since the project began in April 2014.

Workstream 1: Waiting for treatment: first episode psychosis

This workstream aims to review current pathways for first episode psychosis across Trusts and is being sponsored by Medical Directors. The project support team have briefed all MDs and their nominated operational leads within Trusts. An online data collection has been designed by the Workstream Lead Prof Max Marshall in conjunction with the Project Board.

Trusts are now providing stocktake information on every new patient accepted by the Early Intervention teams between 1st April 2013 and 31st March 2014. This will allow the duration of untreated psychosis (DUP) to be measured and compared between Trusts. A more in-depth audit of a sample of patients will then be conducted.

Next Steps

- Trusts to complete data entry from September (deadline 7th November)
- Analysis of DUP and trends within Trusts
- Case note audit of sample of patients from November (date tbc)

Workstream 2: Deaths (suicide and homicide)

The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) have been supporting this workstream. The Project Board agreed the data items required and these have been agreed with NCISH who will provide 10 years' anonymised patient data at a Trust level. MDs have provided consent for this data to be shared with the project, and this data is now being analysed.

Next Steps

- Analysis of data and trends on a Trust and regional level
- The data will be presented and discussed at the Project Board meeting in October 2014

Workstreams 3 – 6: Ward staffing levels, Ligature incidents on wards, Violence rates on wards, and Restraint rates on wards.

These workstreams examine areas such as ward staffing levels (numbers and skill mix of staff) and quality metrics in greater detail than the summary statistics provided to the national Mental Health Benchmarking work. A detailed data specification has been developed by the Nurse Directors group. An online tool has been built and this is now open for data entry. Data will be entered at a ward level to allow for cross comparisons both within and between Trusts.

An interim discussion of the North West data trends from the national Benchmarking Project took place at a meeting of Nurse Directors on 26th September.

Next Steps

- Trusts to complete data entry from September (deadline 10th November)
- Analysis of data provided
- Discussion of findings with NDs and Project Board in December

Conclusion

The initial phase of the project has concentrated on engagement with stakeholders, agreeing methodology and building tools for data capture. This is now complete, and the data collection and analysis phase has commenced. All workstreams are progressing to timescales agreed in the project plan and work is on track to be completed and reported by April 2015 as agreed.

Any questions or comments on this project can be sent to the project support team via Zoë Page zoe.page@nhs.net or 0161 266 2057

Sheena Cumisky

Chair of the Project Board
Chief Executive, Cheshire & Wirral Partnership NHS Foundation Trust