Revalidation for Nurses & Midwives

Tissue Viability
- You said, we did...

Lily Springett
– Trainee Dental Nurse
2015 Staff Flu Campaign
It’s been a couple of weeks since I wrote From the Top as I wanted to give James and Rose, as the clinical leads for the Trust, the opportunity to share their vision for clinical development across the Trust. They have highlighted the Trust’s draft clinical strategy which is now out for consultation. I hope you all take the opportunity to review the draft and feedback thoughts and comments.

It’s been a busy few weeks and I have been out and about visiting teams and individual staff across the Trust. I was delighted to meet some more new starters this month at our Welcome Day, it is encouraging to hear that the recruitment process is improving. The process is being supported by in-house recruitment for some services such as nursing and is supported by new schemes such as our “on-boarding project” which has allowed new community nurses to pick up uniforms, IT kit, and identification badges as well as other essentials required for their role on one day.

Last week I met some school nurses in Stoke-on-Trent who wanted to talk to me about the tendering process for the new school nursing Service in the city. The change in commissioning arrangements (the majority of the service is now commissioned by the local authority with the CCG commissioning a small element of targeted intervention) had caused some anxiety.

I acknowledged the separation of the public health element of the service had contributed to the anxiety among staff but was pleased to hear they were positive about the future, the new way of working and the benefits of the new Hub, which will act as a central point of access. The session with the school nurses identified a number of improvements that we can make when services are tendered.

As a result of listening and learning from school nursing feedback, I have committed to providing a weekly update to staff in East Staffordshire where I delivered the disappointing news that Virgin Care will not be subcontracting to the Trust.

This news is, understandably, concerning for many staff and there will be a number of questions people have. We are working with Virgin Care to ensure a smooth transition of services and staff and will keep staff affected up-to-date with progress. The new update will be provided to affected staff on a weekly basis and all information including FAQs will be available on the intranet.

On Tuesday this week I attended a Staffordshire health economy wide Leadership Summit to discuss the transformation project for all health and social care across Stoke-on-Trent and Staffordshire which is being led by Rita Symons in her new role for the Commissioning Congress. There are a number of challenges in the area we work and together it is hoped we can begin to improve our financial position and pressures on our services.

We are also working with our partners in Staffordshire Fire Service and this week had an interesting meeting to discuss opportunities for using shared accommodation for services and how together we can work to improve the well-being of staff and service users.

Finally, following a shopping trip to Sainsbury’s where I received some funny looks filling wicker baskets, both David Pearson and myself have delivered prizes to the team winners for the Moments of Brilliance competition. Congratulations to the Infant Feeding Team in Stoke; Rehabilitation Team at Samuel Johnson Hospital in Lichfield; and to the ILCT in Burntwood. I am genuinely pleased and proud that staff are celebrating the good things and hope you all continue to celebrate with MOB boards or displays in some way.

Stuart Poynor
Chief Executive
HOW DOES IT BENEFIT YOU?

Don’t forget to fill in your staff survey. Many thanks to the 24.7% of staff who have done so already. The survey will close on 30 November (postal versions must be sent by 26 November) and any responses received after that date can’t be included.

We are all entitled to have our say about conditions at work, what we think needs to be improved and what we think our organisation should focus on. The organisation will act based on the feedback received. Here are some actions implemented following the 2014 survey:

✓ Launch of “Moments of Brilliance” and “MoB Boards”
✓ Establishment of an in-house recruitment team to streamline the process
✓ Increased recruitment efforts to raise staffing levels
✓ Introduced quarterly 1Vision briefings open to all staff
✓ Development of online stress tools
✓ Quarterly 1Vision staff briefing events launched at the end of March.
✓ Creation of the Leadership Gateway and Masterclasses
✓ New “Buddy Scheme” to provide support during periods of change

We know we have more improvements to make. Tell us what will make the biggest impact to your experience at work by filling out your survey.
A growing theme in national discussions about the NHS is the importance of joined up community health and social care together with primary care, especially in ensuring effective help and support for the increasing numbers of people who live for many years with long term illnesses and want to stay as well and independent as possible.

NHS England’s Five Year Forward View notes that while the values of the NHS are unchanging, the service itself must change if it is to meet the needs of the people in a rapidly evolving world and the Partnership Trust needs to make that move too.

In October, the Trust Board approved its strategy for the next 12 months and we will be focusing on working with local GPs to develop our community services so they can effectively deliver more at home and avoid hospital admissions.

Building on our first three years of learning from our partnership with Staffordshire County Council our focus will remain on supporting vulnerable people through prevention, early intervention and rehabilitation.

The Five Year Forward View outlines five new care models, one of which is a multi-specialty community provider, which will see specialist care move out of hospitals and into the community.

A multi-specialty community provider is a fully integrated provider of out-of-hospital care and will support the Trust’s existing strategy for being a leader in providing integrated health and social care.

Developing this type of model for the Partnership Trust will bring benefits for staff and for patients – it will build on the great work the Trust has implemented to date around co-location and integration and will put patients at the centre. It will forge greater collaborative working with primary care, GPs and other agencies such as the voluntary sector.

Discussions have begun with GP Federations about how the Trust might work better together and a programme of staff engagement sessions will be arranged to ensure staff are involved in helping shape the way our multi-specialty community provider works and gives staff the tools they need to do their job.
We Put Quality First
We Focus on People
We Take Responsibility

Revalidation for Nurses & Midwives

The way in which nurses and midwives will review their professional registration is due to change from April 2016; nurses and midwives whose registration expires in April 2016 and beyond will be affected by the change.

In January 2015, the NMC launched provisional standards for Revalidation and undertook a six month pilot across a number of NHS organisations in the UK. The final standards were ratified by the NMC on 8 October 2015.

There are some changes between the provisional and final standards (see table below). Some staff have received awareness training based on the provisional standards; as there have been some changes you will need to familiarise yourself with the new standards. These can be accessed on the NMC website or by clicking on this link:


New Standards for NMC Revalidation

These are all of the requirements that you must meet in order to complete your revalidation and renew your registration every three years with the NMC.

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Supporting evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>450 practice hours or 900 hours if revalidating as both nurse and midwife</td>
<td>Maintain a record of practice hours you have completed, including: dates of practice; the number of hours you undertook; name, address and postcode of the organisation; scope of practice; work setting; a description of the work you undertook; and evidence of those practice hours (such as timesheets, role profiles or job specifications).</td>
</tr>
<tr>
<td>35 hours of Continuing professional development (of which 20 must be participatory)</td>
<td>Maintain accurate and verifiable records of your CPD activities, including: the CPD method (Examples of ‘CPD method’ are self-learning, online learning, course); a brief description of the topic and how it relates to your practice; dates the CPD activity was undertaken; the number of hours and participatory hours; identification of the part of the Code most relevant to the CPD; and evidence of the CPD activity.</td>
</tr>
<tr>
<td>Five pieces of practice-related feedback</td>
<td>Notes of the content of the feedback and how you used it to improve your practice. This will be helpful for you to use when you are preparing your reflective accounts. Make sure your notes do not include any personal data.</td>
</tr>
<tr>
<td>Five written reflective accounts</td>
<td>Five written reflective accounts that explain what you learnt from your CPD activity and/or feedback and/or an event or experience in your practice, how you changed or improved your work as a result, and how this is relevant to the Code. You must use the NMC form and make sure your accounts do not include any personal data.</td>
</tr>
<tr>
<td>Reflective discussion</td>
<td>A reflective discussion form which includes the name and NMC Pin number of the NMC-registered nurse or midwife that you had the discussion with as well as the date you had the discussion. You must use the NMC form and this must be stored as a paper copy only. Make sure the discussion summary section does not contain any personal data.</td>
</tr>
<tr>
<td>Health and character</td>
<td>You will make these declarations as part of your online revalidation application.</td>
</tr>
<tr>
<td>Professional indemnity arrangement</td>
<td>Evidence to demonstrate that you have an appropriate indemnity arrangement in place. Whether your indemnity arrangement is through your employer, membership of a professional body or through a private insurance arrangement. If your indemnity arrangement is provided through membership of a professional body or a private insurance arrangement, you will need to record the name of the professional body or provider.</td>
</tr>
<tr>
<td>Confirmation</td>
<td>A confirmation form signed by your confirmer. You must use the NMC form and this must be stored as a paper copy only.</td>
</tr>
</tbody>
</table>

**Scope of practice**
- Commissioning, Consultancy, Education, Management, Policy, Direct clinical care, Quality assurance or inspection, Research, Other.
- Ambulance service, Care home sector, Care inspectorate, Cosmetic/aesthetic sector, District nursing, Education, Governing body or leadership role, GP practice or other primary care, Health visiting, Hospital or other secondary care, Insurance/ legal, Military, Occupational health, Other community services, Policy, Prison, Private domestic setting, Private health care, Public health, Research, School nursing, Specialist (tertiary) care, Telephone or e-health advice, Trade union or professional body, Voluntary sector, Overseas, Other.
What is Norovirus?

Norovirus, sometimes known as the ‘winter vomiting bug’, is the most common stomach bug in the UK, affecting people of all ages. It is highly contagious and is transmitted by contact with contaminated surfaces, an infected person, or consumption of contaminated food or water.

Signs and Symptoms

- Nausea
- Headache
- Fever
- Abdominal cramps
- Diarrhoea and vomiting (often projectile in nature)

The symptoms tend to be short lived and the majority of people recover within 2 – 3 days.

Who is at Risk?

Anyone! You can get norovirus many times in your life. One reason for this is that there are many different types of noroviruses. Being infected with one type of norovirus may not protect you against other types.

The infection measure to put in place

The standard precautions may seem obvious. However, it’s important that during a norovirus outbreak staff working in clinical areas remember the following.

- Wear gloves and aprons
- Hand washing with soap and water – did you know alcohol hand rub is not as effective against norovirus?
- Patients with norovirus should be put in isolation to stop the virus spreading
- Increase cleaning
- Monitor bowels and fluid balance
- Keep an eye on other symptomatic cases
- Keep records accurate
User/Carer Experience
Surveys

We would like to hear what both our Service Users and Carers think about our services.

Firstly, the Experience Department would like to thank all Operational Teams for their continued support with the capturing of our Service Users and Carers feedback.

Between the months of April – September 2015 we have received 19,568 experience surveys; this is compared to 14,391 in the same months in 2014. This increase of 26% highlights the hard work from all staff to ensure that we capture what our Service Users and Carers think, feel and experience about the care, treatment and services they receive from the Trust.

Experiences from our Carers are as valuable as those from Service Users, and we would like to inform Operational Teams that they are able to ask for feedback from both cohorts, even if it relates to the same encounter with our services. Each survey begins with the question, ‘Are you a Service User or a Carer’ in order for us to differentiate between them.

How will the results be used and published?

The feedback that the Trust captures using the Friends and Family Test and other key questions is gathered and analysed rapidly to develop any actions of improvement with our Health and Adult Social Care Teams. The results are published on the Trust’s website and on notice boards, or information portfolios, in our community hospitals and community settings. The Trust will also publish the results along with the Service User’s and Carer’s compliments and suggestions for improvement, in the Trust’s annual reports and Quality Account.

If you would like any further information, or would like to ask any questions, then please contact the Experience Department on:

T: 0300 123 1161 x 1706
E: userandcarerexperience@ssotp.nhs.uk

Tissue Viability
- You said, we did...

Following feedback from staff members involved with the Tissue Viability Panel we have changed the panel to a review group, which consists of a team of clinicians who review and monitor the reported pressure ulcers within the Partnership Trust.

The review group enables the Trust and its services to learn from experience. The actions identified are recorded and monitored via the Divisional Business Meetings. The meetings are now smaller and separated into North and South division and feedback from staff and review group members so far has been positive. Staff have reported that they feel they can interact more easily and they feel listened to.
Across the Trust there are several programmes and initiatives underway to help us all work better together to achieve innovation, learning, talent, transformation, celebration and resilience.

We are bringing these all together under one approach – The Partnership Initiative.

We will deliver in quarter 1 of 2016/17 (April to June 2016)

Motivation

• An analysis of the staff engagement scores and narrative from the staff survey to guide our ongoing activity to improve staff engagement.
• Evaluate and share the impact of team away days held to inform future delivery & development of capability, capacity and expertise.
• Create further opportunities to involve all staff in the Partnership Initiative.
• Launch the Staff Retention strategy.

External Orientation

• Learning and initiatives from the newly formed Staffordshire & Shropshire LETC Leadership Community of Practice.
• Further opportunities to ensure our membership is actively engaged and involved in service improvements and developments
• Further ways to ensure that service user feedback is actively influencing service improvement, workforce development and organisational development.
• Opportunities to support and increase engagement with local, regional and national networks

Innovation & Learning

• Build and share ‘My Ideas’ so good practice is adopted, adapted and embedded across the organisation
• Integrate coaching within all aspects of delivery
• Closer working with educational organisations to align research and practice.
• Establish the practice of Action Research to ensure the development and sustainability of new ideas.

Thank you to all those so far who have sent in ideas, keep them coming, we will look at every one.

If you have any ideas that you wish to share or changes you want the Organisational Health Team to work on, please contact Tina Harkin – Tina.Harkin@ssotp.nhs.uk
The North West Midlands Teaching Partnership is set to lead the way for Social Work Education in a new teaching partnership.

Keele University has been selected to become part of an early-adopter Social Work Teaching Partnership with the Partnership Trust in a new model that will lead the way for social work education and guarantee statutory placements for students.

The North West Midlands Teaching Partnership comprises a further six organisations, each with a distinctive contribution to the student experience, in respect of social work with children and families and adults.

The Teaching Partnership will be focusing on developing new training and learning opportunities for qualified social workers in adult and children’s services in areas of:

- Research; Safeguarding; Practice education; Leadership and Management

The work of the Partnership is being led by the Principal Social Workers and Workforce Service Leads from across the partners involved.

Andrew Errington, Professional Head of Social Work for the Partnership Trust, commented on the collaboration, “As one of only four such Teaching Partnerships across England. This is a great opportunity to build on our strong partnership with Keele and work closer together on the delivery of Social Work education with our regional partners.”

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**2015-16 Dignity in Care Awards**

Staffordshire County Council are again running the Dignity in Care Awards and are seeking nominations. Nominations can be made for a group, organisation or individual, but must be submitted by 6 January 2016. The Awards are for people who provide care or support with dignity and have gone the extra mile.


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**Mindful Moment**

Thank you to **Barrie Knox**, Performance Improvement Manager (South) who has submitted this week’s Mindful Moment.

**Concentrate all your thoughts upon the work at hand. The sun’s rays do not burn until brought to a focus**

Alexander Graham Bell

Submit your mindful moment to Kieron Murphy Director of Operations on email kieron.murphy@ssotp.nhs.uk or his EA jayne.garrett@ssotp.nhs.uk
Trust staff are celebrating after being short-listed for a prestigious Health Service Journal (HSJ) Award.

The Trust is part of the Cross Staffordshire and Shropshire Research, Development, Innovation and Evaluation Group (ReDIE) which has been shortlisted in the category of Clinical Research Impact at the HSJ Awards 2015, to be held on 18 November in London.

The ReDIE was established following the restructuring of NHS primary and community organisations in 2012 and focuses on using a partnership approach to support a high quality research programme which has a direct impact on NHS healthcare provision and commissioning.

Along with the Trust, the ReDIE group is made up of local NHS clinical commissioning groups, NHS Provider Trusts, NHS England Local Area Team and local universities including the Institute for Primary Care & Health Sciences at Keele University.

The shortlisting recognises the proactive approach which the partners have taken to the implementation of research into clinical practice through the uptake of STarT Back across the region.

The STarT Back prognostic screening tool places patients with back pain into three risk groups (low, medium or high chance of persistent disabling problems) and matched pathways are put in place to target the right treatment to the right patient.

James Shipman, Partnership Trust Medical Director, said: “The Trust is delighted to be one of the many partners recognised for the work of ReDIE. Together we are supporting the uptake of clinical research and putting it into clinical practice.”

Asylum TB Service Award

Partnership Trust Health Visitor Jane Howie, along with colleagues from UHNM, were awarded first place for their poster on the Staffordshire and Stoke-on-Trent asylum TB service by the Royal College of Physicians.

At a national TB Symposium in London, the Director of the TB Board and other judges praised Stoke as being ahead of the nation, particularly with regards to implementing the new national TB strategy working across primary and secondary care, as well as identifying latent TB in vulnerable migrant groups.

Jane had this to say, “I am delighted that you pioneering practice and partnership working have been recognised nationally and internationally as an example of good practice. The service model was also presented at an international conference of the European Respiratory Society held in Amsterdam, attended by delegates from all over the world”.

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Partnership Trust and partners short-listed for prestigious HSJ Award

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We Put Quality First  We Focus on People  We Take Responsibility  We Put...
Thank You

The Integrated Local Care Team (ILCT) based in Seisdon have received a note of appreciation from the family of a service user:

“Words cannot convey our most heartfelt thanks to this service and all the professionals involved in it. Special thanks to one nurse who was exceptional, warm and sensitive to our family. We were truly blessed to have had her with us at our darkest moments. A special thanks to the team and their wonderful conduct. We are all grateful for the love and support.”

Staff on Scotia Ward, Haywood Hospital have been sent a lovely note of thanks from a recent patient:

“To Scotia Ward

A huge, huge thank you to all of you for the care and attention you have all given me. These 6-7 weeks gone by. The understanding everyone has shown me. Who could ask for any more. I love you all and wish you all long and happy years ahead.”

The Leek Moorlands Physiotherapy Team were sent a thank you card and box of chocolates from a patient as a thank you for their help following shoulder surgery.

The ILCT based in Uttoxeter have been praised for their “sterling work” by a recent service user, “excellent nurses all of you”.

The Dental Services Team based in the North received a thank you from a recent service user “thank you for being so patient with me during my treatment”.

The Living Independently Staffordshire team, Stafford have been sent a heartfelt thank you from a grateful service user:

“I just wanted to say thank you for all that you did for me. Thanks to you, the world is a little bit more amazing. I couldn’t of wished for any nicer, friendlier carers. You were all so helpful.”

The Living Independently Staffordshire team, Newcastle have been sent a note of thanks from the daughter and son of a recent user of the service:

“To you all

Thank you so much for caring for our mum, since her stroke. Being back at home without you it would have been difficult for us both. Thanks again.”

The Community Intervention South team have received high praise from the wife of a recent service user who, as a former nurse, said she had seen her husband “experience some of the most excellent care in his own home”. She went on to say that she “thought the LIS service that he had received achieved the goals set with him during his hospital stay” and the team “supported her through some difficult times”. She asked for her thanks to be passed on to all the staff.

Please send all compliments to customerservice@ssotp.nhs.uk who are now recording all compliments for the Trust. A range of selected compliments will be forwarded for inclusion in The Word.