NURSING STRATEGY
2012-2016
‘Vision and Voice - Making the Shift’
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“Building on the work that is already happening within Aneurin Bevan Health Board this Nursing Strategy consolidates and brings forward an ambitious programme identified by nursing that will enable and enhance the nursing contribution to the NHS Agenda.

This is an exciting and challenging time to be part of the Nursing and Midwifery family in the Aneurin Bevan Health Board. Health Services in Wales are facing a period of challenge and austerity but safe, high quality, effective, dignified and compassionate care has to be delivered in a professional way. Much has been achieved but there is still much to do.

Nurses and Midwives will play a pivotal role in contributing to Aneurin Bevan Health Board Corporate Objectives and the challenges that lie ahead in shifting services for patients to the most appropriate and safest environments.

There is a clear acknowledgment that the nursing and midwifery workforce will need to modernise through the development of new roles, new ways of working and new ways of delivering education and training to ensure we have a workforce that is fit for purpose in a modernised, reformed and integrated NHS.

The overriding principle of engaging and involving with front line nurses has underpinned the development of this Strategy. Nursing at all levels will empowered and encouraged to “voice” their views on how improvements can be made and will be involved in making it happen.

There is a genuine desire to make a difference in enabling the delivery of improved standards of care. We wish to provide a supportive environment that allows professional and career development so that nurses and midwives are able to use their skills to enhance the patient experience whilst working with their partners in health and social care.
Working in partnership is fundamental to the success of the delivery of the Nursing Strategy. It is imperative that mechanisms are developed for patients and public to be involved in shaping the future needs of healthcare provision. Inherent in each theme of the Nursing Strategy will be the need to develop training and education strategies which will enable the nursing agenda to be delivered.

I am delighted that the Health Board has given such clear and unequivocal support to strengthen and maximise the contribution of nurses and midwives. This now needs to be matched by the personal professional commitment of every nurse and midwife in the Health Board.

I look forward to us delivering the quality of care that our communities deserve which will fulfil the “vision” set out in the Aneurin Bevan Health Board Nursing Strategy.”

Denise Llewellyn
Executive Director of Nursing
1 Executive Summary

Aneurin Bevan Health Board is responsible for the delivery of health and well-being services for people who live in, work in, or visit Gwent. Working with partners across the health and social care community the Health Board seeks to protect and improve health and well-being by reducing inequalities, and ensuring that everyone has equal access to high quality services. The aim of the Aneurin Bevan Health Board Strategy for Nursing ‘Vision and Voice - Making the Shift’ 2012-2016 is to maximise the nursing and midwifery ‘family’ contribution to achievement of the Aneurin Bevan Health Board’s vision and objectives.

The Nursing Strategy has been informed by national and local strategy focused on modernising NHS services and developing community based services. National strategies include:

- Together for Health (2011)
- A Strategic Vision for Maternity Services in Wales (2011)
- Fairer Health Outcomes for All (2011)
- Setting the Direction: Primary & Community Services Strategic Delivery Programme (2010)
- The Community Services Framework (2007)
- Annual Quality Framework
- Free to Free Care Empowering Ward Sister (2008)

The Aneurin Bevan Health Board vision for nursing and midwifery embraces the concept of partnership working between statutory, voluntary and independent sector agencies to maximise patient/service user experience and outcomes. Underpinning the way forward is an acknowledgment that the nursing and midwifery workforce will need to modernise through the development of new roles, new ways of working, and new ways of delivering education and training, to ensure a fit for purpose workforce in a modernised and reformed NHS. Nurses and midwives will play a pivotal role in meeting the challenges that lie ahead, and will support realisation of the Aneurin Bevan Health Board corporate objectives to:

- Deliver patient centred services
- Focus on quality, safety and excellence
- Achieve better use of resources
- Empower staff
- Improve public health

1 The Aneurin Bevan Health Board nursing and midwifery ‘family’ is made up of nurses, midwives, health visitors, support workers and volunteers working across all healthcare settings
By ensuring that the following strategic aims will be achieved:

- Patients, service users, and their family members experience nursing and midwifery care that is safe, high quality, dignified and respectful; and always delivered in a professional manner
- Nurses and Midwives will be educated and trained to deliver excellence, continuously improving patient/service user experience whilst demonstrating effective leadership
- The nursing and midwifery workforce will be further developed and empowered to achieve system wide change, integration, and effective management of resources
- Health and wellbeing of patients/service users will be maximised through the nursing family contribution to the needs of local populations
- Nurses and midwives in Aneurin Bevan Health Board will have appropriate skills, knowledge and be empowered to respond effectively when safeguarding or public protection concerns are identified
- Nurses and Midwives will engage in the wider research agenda, and develop the skills and competencies required to generate as well as implement evidence in practice

The Nursing Strategy sets out a number of important actions that need to be achieved by 2016 to realise the strategic aims listed above. The workforce planning and redesign aspects of the Strategy are pivotal to successful implementation of the Nursing Strategy, and realisation of Aneurin Bevan Health Boards service modernisation agenda.

The Executive Nurse Director will be the professional lead for the Aneurin Bevan Nursing Strategy 2012-2016. Divisional Nurses will act as Implementation Leads and will be required to develop Division specific implementation plans. Progress will be reported to the Nursing Strategy Steering Group and onwards to the Patient Quality and Safety Committee, and the Aneurin Bevan Health Board as appropriate.

2 Background and Context: What are the drivers informing this strategy?

Aneurin Bevan Health Board is responsible for the delivery of health and well-being services for people who live in, work in, or visit Gwent. Working with partners across the health and social care community the Health Board seeks to protect and improve health and well-being by reducing inequalities, and ensuring that everyone has equal access to high quality services. In order to achieve this all strategies and plans developed within Aneurin Bevan Health Board (including those for specific staff groups such as nurses and midwives) need to be cognisant of the local and national health care context, as well as the key political and economic drivers for change.
The strategic direction for the development of health services provided by Aneurin Bevan Health Board is informed by the Wales Government vision for the NHS in Wales. This vision is articulated through a number of national strategies and polices including:

- Together for Health (2011)
- A Strategic Vision for Maternity Services in Wales (2011)
- Fairer Health Outcomes for All (2011)
- Setting the Direction: Primary & Community Services Strategic Delivery Programme (2010)
- The Community Services Framework (2007)
- Annual Quality Framework
- Free to Free Care Empowering Ward Sister (2008)

Together for Health (2011) provides an overarching, five year vision for NHS services in Wales. This vision is focussed on the provision of local, community based services, where prevention, quality and transparency are at the heart of healthcare. In essence it is expected that following implementation of Together for Health:

- Health will be better for everyone
- Access and patient experience will be better, and
- Better services, safety, and quality will improve health outcomes

The Aneurin Bevan Health Board vision:

- Working with you for a healthier future
- Caring for you when you need us
- Aiming for excellence in all that we do

Is consistent with that set out in Together for Health and will be realised through the organisations Five Year Framework (2010-2015).

3 Aims and Objectives: What do the nursing and midwifery ‘family’ want and need to achieve through this strategy?

The Aneurin Bevan Health Board nursing and midwifery ‘family’ is made up of nurses, midwives, health visitors, support workers and volunteers working across all Aneurin Bevan Health Board healthcare settings

The aim of this Strategy is to maximise the nursing and midwifery ‘family’ contribution to achievement of the Aneurin Bevan Health Board’s vision and objectives. In essence, this means improving health and wellbeing, tackling inequalities, ensuring safe, compassionate and dignified care for
the population of Gwent. This will be achieved through placing the patient/service user at the heart of every nursing and midwifery action.

This Strategy applies to all nurses and midwives employed by Aneurin Bevan Health Board. It is also applicable to support workers and volunteers working as part of the ‘nursing and midwifery family’ within the Health Board. It has been informed by shared organisational values and is underpinned by a nursing and midwifery commitment to make a positive difference whenever possible by:

- Ensuring that health and healthcare is a shared responsibility between patients and service users, nurses and midwives, and the wider community in order to bring about change
- Taking steps to prevent as well as respond to ill health in individuals and families
- Working in partnership with other professionals and organisations to shape the care system around the needs of patients and service users
- Maximising opportunities to integrate services and rebalance care so that it is provided as locally as possible for the patient/service user
- Empowering the nursing and midwifery workforce to be actively involved in and lead service improvement
- Putting quality and value for money at the heart of every nursing and midwifery action
- Continuously improving the quality of nursing and midwifery services to achieve ‘best in class’
- Using information and information technology to innovate and respond

Through implementation of this Strategy we aim to achieve the following outcomes:

- Nurses and midwives will practice in accordance with professional standards, key strategic drivers and the Standards for Health Services in Wales (2010) to continuously improve patient/service user experience
- Clinical Leadership and a clear professional reporting structure will be evident at all levels of the organisation for nurses and midwives. Individual nurses and midwives will be clear about their professional and personal accountability and will uphold The Code: Standards of conduct, performance and ethics for nurses and midwives (NMC, 2008)
o The nursing and midwifery workforce will be appropriately resourced and skilled to deliver evidence based, safe care in reconfigured service settings

o Nursing and midwifery information will be collected and used to measure performance, inform practice improvement and maximise patient/service user outcomes

o Excellence will be celebrated and best practice shared

4 Purpose: Why is it important to have a strategy for nurses and midwives?

It is an exciting and challenging time to be part of the nursing and midwifery ‘family’ in Aneurin Bevan Health Board. Health Services in Wales are facing a period of challenge and austerity but safe, high quality, effective, dignified and compassionate care must always be delivered. Much has been achieved but there is still much to do; the high profile examples of poor care occurring in other NHS organisations must never be allowed to happen in Aneurin Bevan Health Board.

Nurses and midwives work across a wide range of clinical specialities and service settings, 24 hours a day, 365 days a year making a specific contribution across the life cycle. Nurses and midwives are the professional group who spend the highest percentage of clinical time with patients, service users and their families and consequently have a crucial role in ensuring optimum care. This Strategy is intended to articulate the unique contribution of nurses and midwives to the achievement of the Health Board’s strategic priorities and objectives. These are set out in the Aneurin Bevan Health Board Five Year Framework (2010-2015) as:

- **Objective 1**: Delivering patient centres services by taking every opportunity to organise services around the citizen and balancing the whole system of care
- **Objective 2**: Focusing on safety, excellence and quality through providing best quality, evidence based care
- **Objective 3**: Empowering staff by skilling and trusting the workforce to deliver excellence
- **Objective 4**: Achieving better use of resources through reduction in waste and variation
- **Objective 5**: Improving public health by eliminating inequalities in health through partnership, ownership and empowerment

This Strategy builds on the Aneurin Bevan Health Board Community Nursing Strategy and is informed by services reviews undertaken in:

- District Nursing Services
• Midwifery Services
• School Nursing Services
• Health Visiting Services
• Mental Health and Learning Disability Services

5 Capturing the Nursing and Midwifery Contribution

Our Vision
To provide professional leadership that enables the nursing family
to deliver high quality, safe and effective care in partnership with
patient and others

The aim of nursing and midwifery is for its professionals to ensure quality
care for all, while maintaining their credentials, code of ethics, standards,
and competencies, and continuing their education.

Nurses and midwives provide holistic care for individuals of all ages,
cultural backgrounds, and health status. Holistic care is based on the
individual's physical, emotional, psychological, intellectual, social, and
spiritual needs. The profession combines physical science, social science,
nursing theory, and technology in caring for those individuals.

The complex and often unique contribution of nurses and midwives in
Aneurin Bevan Health Board can be measured by achievements across the
nursing portfolio. This strategy will highlight some of the achievements
already realised, and importantly will set the strategic direction for the
way forward. The vision for the future development of nurses and
midwives in Aneurin Bevan Health board is articulated through six
strategic aims:

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<tr>
<th>Strategic Aim 1</th>
<th>Patients, service users, and their family members will experience nursing and midwifery care that is safe, high quality, dignified and respectful; and always delivered in a professional manner</th>
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<tr>
<td>Strategic Aim 2</td>
<td>Nurses and Midwives will be educated and trained to deliver excellence, continuously improving patient / service user experience whilst demonstrating effective leadership</td>
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Strategic Aim 3
The nursing and midwifery workforce will be further developed and empowered to achieve system wide change, integration, and effective management of resources

Strategic Aim 4
Health and wellbeing of patients/service users will be maximised through the nursing family contribution to the needs of local populations

Strategic Aim 5
Nurses and midwives in Aneurin Bevan Health Board will have appropriate skills, knowledge and be empowered to respond effectively when safeguarding or public protection concerns are identified

Strategic Aim 6
Nurses and Midwives will engage in the wider research agenda, and develop the skills and competencies required to generate as well as implement evidence in practice

Strategic Aim 1

Patients, service users, and their family members will experience nursing and midwifery care that is safe, high quality, dignified and respectful; and always delivered in a professional manner

The delivery of safe, effective and dignified care is the responsibility of all staff within the Health Board. We know that people say three fundamental things about their expectations of the NHS (Department of Health, 2008):

- Do not harm me
- Make me better
- Be nice to me

Nurses and midwives spend the highest percentage of clinical time with patients and service users. Consequently nurses and midwives are well placed to deliver person centred, clinically effective, dignified and safe care for every person, all of the time whether in a hospital or community setting. Nurses and midwives are also ideally placed to influence the care provided to patients and service users by family members and carers.

Much of what is required is set out by the Standards for Health Services in Wales (2010), and has been articulated in the Aneurin Bevan Health Board Patient Experience Framework (2011). In order to do this effectively nurses and midwives need to be aware of the proven techniques and interventions that they can use to enhance patient and service user
outcomes. Nurses and midwives must also realise their personal responsibility and accountability for the delivery of evidenced based care through competent decision making, effective management of risk, and ensuring that patients and service users have control over their own care.

**What’s already been achieved?**

Considerable work has been undertaken across the Health Board to maximise patient/service user experience. Examples reflecting the diversity and complexity of this agenda from a community and in-hospital perspective are cited below:

- There has been continuous improvement in the results of the national annual *Fundamentals of Care* Audit, with a 5% overall increase in organisational scores from 2009-2011. 145 Wards and Departments were audited in 2011, an increase of 49 areas including Theatres, Outpatient Departments and Accident and Emergency. Oral Health scores increased by 4% and Nutrition by 2.5%. Blaenau Gwent locality achieved a dramatic increase in compliance with the standards, scoring an average of 83.9% in 2010 increasing to 95.3% in 2011; this is considered to be attributable to the move to a new Hospital facility and the positive impact of introducing ‘Transforming Care’.

- Nurses and midwives have actively embraced the 1000 Lives + programme, leading many of the mini collaboratives and securing improvements in patient experience e.g. catheter care, peripheral venous cannula care, improving dementia care in general hospital wards, the establishment of 9 more multidisciplinary memory clinics in the community, reducing mortality and harm from venous thromboembolism in pregnancy and in the postnatal period. Many of these successes have received national recognition and awards. There has been excellent progress with the Intelligent Target work in First Episode Psychosis, Dementia, Depression and Eating Disorders.

- 74% of Wards across the Health Board have commenced the *Transforming Care* journey. Transforming wards include general wards, mental health and learning disability units, children’s services, maternity services and theatres. An increase in direct patient care time, improved patient and staff satisfaction, and improved environment of care are examples of benefits realised through adopting Transforming Care methodology.

- High rates of infection can detrimentally affect the Health Boards reputation. The Board is committed to a zero tolerance approach to healthcare associated infection and has an ambition to eliminate all avoidable healthcare associated infection. Significant reduction in Healthcare Acquired *Clostridium Difficile* has been achieved through the robust application of the C Diff Bundle and enhanced cleaning
standards, which saw a 14% reduction in 2010/11 and a 36.5% reduction in 2011/12.

- The Health Board is committed to a zero tolerance of Hospital Acquired Pressure Ulcers. The ‘SKIN Bundle’ has been introduced in all adult wards, older adult mental health wards, and learning disability residences and departments, together with Incidence reporting for all pressure ulcers. The Health Board’s incidence for hospital acquired pressure ulcers is consistently 1% or less (the national average is 3-5%). Incidence reporting is yet to be introduced in community services, but Community prevalence was 5.23% in 2011, a reduction of 0.69% on the previous audit. The SKIN bundle, a Hospital-based tool, is currently being adapted for use in the Community.

- In addressing the Deteriorating Patient agenda a new Policy for recording vital observations has been introduced in Nevill Hall, Royal Gwent and Ysbyty Ystrad Fawr Hospitals, coupled with the introduction of the National Early Warning Score (NEWS) replacing the previous system MEWS. NEWS roll out has been accompanied by training in ‘recognition and rescue of the deteriorating patient’ and has impacted on morbidity and mortality. The introduction of NEWS is supplemented by the roll out of the Sepsis Bundle.

- An ambitious Dignity Plan has been implemented across the organisation in response to the recommendations of the Older Peoples Commissioner in Wales’s review of the experiences of older people in Welsh NHS hospitals. As part of the Dignity Plan a Dignity Awareness Campaign was launched across the organisation to urge staff to ‘Look Closer: See Me’ in all interactions with patients, service users, their family members and carers. The Dignity Campaign is underpinned by provision of information and other resources via the Health Board’s internet and intranet ‘dignity’ pages. The Health Board’s work to develop the ”Look Closer: See Me” DVD was commended by Age UK.

- The Health Board is fully compliant with the Welsh Government Hospital Accommodation Policy regarding the provision of single sex care environments, and considers this as an important aspect of meeting the privacy and dignity needs of patients and service users.

- The Procedural Response to Unexpected Deaths in Childhood (PRUDIC) has been successfully introduced. This approach has ensured a consistent and sensitive multi-agency response to deaths in infancy and childhood.

- A Joint Transition Protocol has been developed to ensure the safe transfer of care arrangements between child and adult mental health services.
An award-winning, fast track Continuing Health Care process has been introduced to support timely hospital discharge and effective community service provision, to enable choice for patients in the end phase of life.

The Nursing and Midwifery Dashboard was introduced into the Health Board in May 2012. The dashboard supports point of care data collection against six national metrics, and empowers the ward sister/charge nurse to continuously improve safety and quality of care.

**The Way Forward**

This Strategy builds on a firm foundation within nursing and midwifery across the Health Board as many things are already being done well across primary and secondary care services, and within mental health, learning disabilities, children’s and maternity services. Many of the changes and achievements however are sporadic rather than systematic, and some things still need to be done differently. Wasteful activity needs to stop, and there is need to focus on evidence-based interventions which consistently yield the maximum benefit for patients and their families.

The delivery of safe, effective and dignified care is the responsibility of all staff within the Health Board. Nurses and Midwives must recognise their personal responsibility and accountability for the delivery of evidenced based care through competence in decision making and the effective management of risk to ensure the best outcomes for patients and clients.

The onward work plan recognises that nurses and midwives need to work as individuals and as part of the wider health and social care system to ensure that patients and service users experience respectful and professional care in a considerate and supportive environment, where their privacy is protected and dignity maintained.

<table>
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<th>Priority actions by 2016</th>
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<td>o Year on year Aneurin Bevan Health Board will achieve a minimum 1% improvement in organisational scores in the National Fundamentals of Care audit</td>
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The 1000 Lives + Programme will be embedded across the Health Board by 2014. There will be particular focus on:

- Eradication of health care acquired infections
- Further reduction in pressure ulcers across all care settings
- Reduction in injurious falls
- Improvement in the recognition and rescue of the deteriorating patient
- Enhanced care for people with Dementia
- Reduced thromboembolism in pregnancy and the post-natal period
- Enhanced recovery after surgery.

‘Transforming Care’ Foundation Modules will be in place across all Wards by 2012, with embedding of all Specialist Modules by 2014. Impact and sustainability will be measured and reported through the nursing dashboard.

‘Transforming Care’ will be introduced to all district nursing teams in Aneurin Bevan Health Board by 2015.

The Carers Measure will be introduced in 2012/13.

Patients/service users and their families/carers will be regarded as equal partners in care; this will be demonstrated through the use of tools to support patient-centred care planning e.g. ‘This is Me’, ‘Getting it Right’, Unified Assessment Process, Care and Treatment Planning and Birth Plans.

There will be 100% compliance with data collection for the point of care metrics through the Nursing and Midwifery Dashboard by 2012. Information will be used to secure improvements in practice and will be monitored by Divisional and Corporate nursing and midwifery teams.

Local care metrics will be developed and introduced to the Nursing and Midwifery Dashboard during 2013/14.
The Aneurin Bevan Health Board ‘Behaviours Framework’ will be implemented in 2012/13, and will be discussed in every nurse and midwife Personal Appraisal and Development Review (PADR).

Systems will be developed to listen to patient/service user and their families/carers feedback on their experience of care. Tools and techniques will be developed by 2013 to enable this and systems will be developed to evidence any changes to practice or service made e.g. implementation of the National Patient Experience Survey.

Patients and clients will be treated with kindness, courtesy, dignity and respect at all times. This will be measured through introduction of Dignity and Essential Care Audits in-patient areas.

Nurses and Midwives will take ownership for quality care, holding themselves and others to account for the highest standards of care and acting in a timely and proactive manner to address poor standards. This will be measured through Dignity and Essential Care Audits and Fundamentals of Care Audits.

Nurses and Midwives will be educated and trained to deliver excellence, continuously improving patient / service user experience whilst demonstrating effective leadership.

Every day nurses and midwives make decisions that affect the care provided to patients/service users across a wide variety of specialities and care environments. Clinical decision making must be based on knowledge, judgement and skills. Accepting responsibility and being accountable for decisions made is an essential part of nursing and midwifery practice, and consequently nurses and midwives across the organisation are required to adhere to their professional codes of practice.

Over the last two years, the Health Board has redefined its strategic approach to the planning of nurse and midwife education in order to respond to a number of key professional (as well as service) drivers including Modernising Nursing Careers Setting the Direction (2006), the Post Registration Career Framework for Nurses in Wales (2009), and Standards to Support Learning and Assessment in Practice (NMC 2008).

Nurses and midwives are required to demonstrate effective integration of evidence, including research findings, into their decision making processes
to ensure provision of high quality, safe, dignified and effective care. Nurses and midwives have therefore been supported to make necessary changes to their practice through the introduction of strategies and coordinated programmes including Free to Lead free to Care, Transforming Care, Dignity in Care campaign, 1,000 Lives plus initiatives, and the Fundamentals of Care audit process.

**What has already been achieved?**

Examples reflecting the diversity of the education agenda are cited below:

- A ‘Leadership Record and Resource Pack for Empowering All Sisters/Charge Nurses and Team Leaders’ has been developed to support nurse and midwife leaders to assume responsibility, accountability and autonomy for decision making at the point of care

- A Health Board response to the Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales (2010) has been developed to ensure consistent standards for role development and service innovation

- An induction programme has been developed for newly registered nurses and midwives, and a bespoke induction programme has been developed for nurses and healthcare support workers in mental health settings to ensure that from the point of recruitment to the Health Board nurses and midwives are clear about the organisation’s expectations and priorities

- A Mentor Resource and Development Profile (MRDP) has been developed (in partnership with Cardiff University Health Board, Cardiff University, and the University of Glamorgan) to support the 1200 registered nurse and midwife mentors across the Health Board comply with the Standards to Support Learning and Assessment in Practice (NMC 2008)

- A strategic approach to the development of healthcare support workers has been adopted through the Aneurin Bevan Health Board Support Worker Development Strategy and Framework (2010) and Health Care Support Worker specific education programmes

**The Way Forward**

To realise the strategic service models set out in the Five Year Plan nurses and midwives must be prepared to meet the challenges ahead, the provision of education and training is pivotal to success.
### Priority actions by 2016

- During 2013 a Senior Nurse Development Programme will be introduced. The programme will enables Senior Nurses to further develop skills to provide leadership and support to ward sisters, charge nurses and team leaders.

- From 2012 onwards all newly appointed ward sisters and charge nurses will complete the 'Leadership Record and Resource Pack for Empowering All Sisters/Charge Nurses and Team Leaders’

- By 2015 all Advanced Practitioners will develop their skills and theoretical knowledge to the standards set out in the Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales (2010)

- The contribution of Consultant Nurses, Advanced Practitioners and Specialist Nurses will be optimised as a response to concerns about medical recruitment

- All nurses and midwives will receive an annual Personal Appraisal and Development Review (PADR)

- Work based learning opportunities will be developed to deliver sustainable ways of knowledge and skills development. Systems will be established to ensure a standard set of competencies is achieved. This will be monitored through the annual Personal Appraisal and Development Review process

- Nurses and midwives will be supported to develop skills in quality improvement cycles. This will ensure that the 1000 lives+ methodology will be embedded in nursing and midwifery practice to improve patient outcomes.

- Systems will be in place to ensure that all nurses and midwives who undertake further education or research align their project plan to an identified professional practice or service re-design priority.

### Strategic Aim 3

The nursing and midwifery workforce will be further developed and empowered to achieve system wide change, integration, and effective management of resources.
The economic situation means that the NHS is facing a significant financial challenge. The Health Board must improve efficiency and effectiveness through service redesign and reconfiguration. The Health Board’s clinical service strategy (Clinical Futures) sets out the agenda:

- Work with partners to increase the range of services provided in local communities through primary, community and mental health services
- Develop a clear programme that sets out how resources will transfer between care settings to deliver more care outside of hospital settings
- Ensure that patients feel the benefits of the investment that the Health Board has made in primary and community based service, including Community Resource Teams, Mental Health Home Treatment Teams and Neighbourhood Care Networks
- Further develop the Local General Hospital network providing routine hospital services including emergency care, day case and short stay surgery, outpatients, diagnostic and integrated care, together with mental health services
- Develop a single Specialist and Critical Care Centre (SCCC) to deliver specialist and critical care services, i.e. those that cannot be safely and/or sustainably provided on multiple sites

Nurses and midwives need to be actively engaged to achieve the significant transformational change required.

What’s already been achieved?

Specific work has been undertaken to review nurse and midwife staffing establishments across the organisation, and to develop nursing and midwifery roles to deliver the future service agenda. The existing work plan is focussed on ensuring that staffing levels and skill mix are appropriate across all clinical areas. Much has been achieved, some specific examples include:

- Workforce plans have been developed and implemented to support the Health Board’s ambitious programme of service redesign. This has included:
  - Redefining 255 nursing and 209 health care support worker roles, job descriptions and bases
  - The standardisation of job descriptions for registered nurses A4C Bands 5-7, and health care support workers A4C Bands 2-4
  - The creation of Advanced Nurse Practitioner and Emergency Nurse Practitioner roles to support the model of care in the newly commissioned Ysbyty Ystrad Fawr
  - The establishment of a Midwifery Support Worker role
• Implementation of nursing roles and new models of working in the Frailty Service
• Review and reduction of ‘Bank and Agency’ usage
• Reconfiguration of mental health inpatient beds to resource the development of community based mental health services

○ In 2001 a baseline assessment of ward establishments was undertaken and benchmarked across Wales. Midwife staffing levels have been benchmarked to ensure compliance with Birth Rate Plus requirements

○ Workforce plans have been developed in response to the Community Nursing Strategy for Wales (2009), Midwifery 2020, Framework for a School Nursing Service for Wales (2008) and Frailty programme

The Way Forward

The next five years will see Aneurin Bevan Health Board services being redesigned to move away from traditional models and hospital based care to a community focused model. Nurses and midwives across the Health Board will need to embrace and this change and ensure that the patient/service users remain at the centre of service provision.

Roles will be modernised and nurses and midwives will be positioned to deliver the organisation’s vision for future services.

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<th>Priority actions by 2016</th>
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<tr>
<td>o Nursing and midwifery workforce planning will be undertaken to inform the staffing models required to deliver key service developments including:</td>
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<tr>
<td>• Specialist Critical Care Centre</td>
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<tr>
<td>• Neighbourhood Care Networks (NCNs)</td>
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<td>• Mental health and learning disability service redesign</td>
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<td>• Public Health Nursing service redesign</td>
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<td>• School Health Nursing service</td>
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<tr>
<td>• Midwifery 2020</td>
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<td>• Prison Health Services</td>
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<td>• Neo-natal services</td>
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| o The Health Board will develop a standardised district nursing staff measurement tool. This tool will be tested during 2013/14, and evaluated to inform safe staffing models |

| o In 2012/13 a baseline for individual ward staffing establishments will be agreed by the Board |
During 2012/13 agreement will be sought from the Board to allocate ward sisters, charge nurses and team leaders at least 60% leadership and management time. This will enable ward sisters charge nurses and team leaders to assume responsibility, accountability and autonomy for implementing the ambitious programme set out in this strategy.

The Health Board will contribute to all Wales work on a framework for assessing dependency, acuity, occupancy and throughput. This tool will be tested during 2012/13, and evaluated to inform safe staffing models.

A commercial e-rostering system and Electronic Staff Record (ESR) will be introduced from 2012 and rolled out thereafter to all nursing teams in the Health Board.

Newly registered nurses will rotate between acute and community settings to build knowledge and skills in preparation for the shift of services to community settings.

### Strategic Aim 4

**Health and wellbeing of patients/service users will be maximised through the nursing family contribution to the needs of local populations**

There is major inequity in health status across the Aneurin Bevan Health Board catchment population. New drugs and technologies have contributed to increased life expectancy but many people increasingly suffering from one or more chronic condition. Many of these conditions, such as cardiovascular disease, cancer, diabetes and chronic respiratory disease are linked by common preventable risk factors. Smoking, prolonged unhealthy nutrition, physical inactivity, and excess alcohol use are major causes of ill health across Wales.

The Aneurin Bevan Health Board public health strategy is based on a life course outcomes approach prioritising that:

- Babies are born healthy
- Preschool children are safe, healthy and develop their potential
- Children and young people are safe, healthy and equipped for adulthood
- Working age adults live healthy lives for longer
- Older people age well into their retirement
- Frail people are happily independent
What’s already been achieved?

Nurses and midwives contribute significantly to the Health Board’s public health strategy. Specific examples of work already in progress include:

- **Midwifery Led Care**, based on the philosophy of pregnancy and birth as normal physiological processes, is well established in Aneurin Bevan Health Board. The model provides choice for women with straight-forward pregnancies through recognising, respecting and safeguarding normal processes during normal pregnancy, birth and the postnatal period. The midwife led care model provides individualised care with a strong emphasis on skilled, sensitive and respectful midwifery.

- Breast feeding is proactively promoted to expectant mothers across the Health Board.

- A number of health projects have been established through Sure Start teams to ensure that children aged 0-3 years, especially those who are most disadvantaged, have the best possible start in life. Specific projects include:
  - Breast Feeding support
  - Postnatal Depression Support
  - Parenting Programmes
  - Baby/Toddler Groups
  - Nutrition and Dental Health Programmes
  - Play and Physical Activity Groups
  - Home Safety Projects

- **Flying Start initiatives**, targeted at children aged 0-3 years, have been introduced across the Health Board to improve children’s outcomes in respect of language development, cognitive development, physical health, and early identification of high needs. Building on Sure Start projects flying start services have provided:
  - Quality based part-time childcare for 2-3 year olds focused on child development and learning through play
  - Increased health visitor input through establishment of smaller geographically based caseloads to facilitate additional visits and delivery of extended parental support
  - Delivery of Parenting Programmes, both in the home and in groups
  - Extension of the Language and Play Scheme and Books for Babies programme.

- Each secondary school, and its feeder primary schools, has access to a school nursing team. School Health Nurses work with individual children, young people and families to improve health and wellbeing. The mental health nursing service have also established
links with schools in the Aneurin Bevan Health Board are to develop positive mental health and to signpost individuals to services

- Nurses in Accident and Emergency departments have undertaken training on brief interventions in response to patients/service users who present because of alcohol misuse

- Community Psychiatric Nurses and Community Learning Disabilities Nurses actively support people with a learning disability and mental health needs to access physical health checks and primary care services. Physical health checks are also undertaken in Lithium and depot clinics

- Early Intervention Services have been established to enable the early detection of symptoms of mental illness, e.g. psychosis, depression and dementia

- Individuals with a pattern of frequent hospital admissions have been identified and supported to manage their chronic condition and avoid admission to hospital through introduction of a ‘care management’ model in the community

- The nursing needs of individual patients/services who have complex and longer term care needs are met and regularly reviewed in Health Board commissioned care home placements through nurse assessors and in-reach workers e.g. from mental health, district nursing, and tissue viability services

- Nurses are active in Community Response Teams in each locality to ensure services are provided to frail people in their own homes to promote independence and prevent avoidable hospital admissions

The Way Forward

By supporting healthier lifestyles and improving access to evidence based services nurses and midwives have important roles to play in working with patients/service users and their families/carers in the prevention, treatment and management of chronic diseases from pre-school through to old age. Going forward nurses and midwives will utilise assessment and interventions to maximise the health and well being of patients, service users, their families and carers.

<table>
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<tr>
<th>Priority actions by 2016</th>
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<tr>
<td>- Midwifery services will be firmly rooted in the community through adoption of the Midwifery 2020 principles and recommendations as the vehicle to improve the health and social care of pregnant women and their families</td>
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Page 24 of 40
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<tr>
<td>o</td>
<td>Greater consistency in assessment and community service provision for people with chronic conditions will be achieved through introduction of standardised approach to nursing assessment and case management in all localities</td>
</tr>
<tr>
<td>o</td>
<td>Nurses and midwives will actively discourage smoking and will support smoking cessation</td>
</tr>
</tbody>
</table>
Safeguarding and public protection underpins everyday nursing and midwifery practice. It encompasses complex areas of work including Child Protection, Protection of Vulnerable Adults, Domestic Violence, Multi Agency Public Protection Arrangements, and professional regulation. The principles underpinning the Aneurin Bevan Health Board approach to safeguarding and public protection are derived from the European Convention of Human Rights and the United Nations Convention on the Rights of a Child (UNCRC). Work in this area is governed by a complex legislative and policy framework that includes:

- Children Act 1989
- Children Act 2004
- Working Together to Safeguard Children Under the Children Act 2004
- Towards a Stable Life and a Brighter Future regulations and supporting guidance
- All Wales Child Protection Procedures
- The Human Rights Act 1998
- Mental Capacity Act 2005
- Protecting Vulnerable Groups Act 2006
- The Wales Interim Policy and Procedures for the Protection of Vulnerable Adults (2011)
- Criminal Justice Act 2003
- Tackling Domestic Abuse: The All Wales National Strategy 2005
- The Right to be Safe Strategy (WAG, 2010)
- The Violence Against Women and Domestic Abuse Implementation Plan 2010-2013 (WAG, 2010)
- Nurses, Midwives and Health Visitors Act 1997
- Data Protection Act 1998

What’s already been achieved?

Safeguarding and public protection is everyone’s responsibility consequently a comprehensive approach to safeguarding vulnerable groups and public protection has been adopted across the Health Board:

- An Aneurin Bevan Health Board Governance Framework for safeguarding vulnerable adults, children, and young people has been developed and ratified by the Board. The framework sets out the corporate and operational responsibilities and accountabilities
for safeguarding and public protection from recruitment and training through to the delivery of care and services

- Work/Action Plans have been established and implemented to deliver services in accordance with Welsh Government strategy (domestic abuse) and address recommendations from Health Inspectorate Wales (HIW) national reviews of children’s safeguarding and adult protection processes in the NHS in Wales. Monitoring of progress is managed through Health Board’s safeguarding committee structure

- Consistent, senior Health Board representation on regional and local safeguarding and public protection forums (Local Safeguarding Children’s Boards, Area Adult Protection Committees, Multi Agency Public Protection Strategic Group and Multi Agency Risk Assessment Conference Strategic group) has been secured in order to assure the Board of the Aneurin Bevan Health Board engagement in, and contribution to, the wider multi-agency safeguarding agenda

- Safeguarding training strategies have been developed to make explicit the Health Boards expectation about levels of training and frequency of update required by all staff

- Quality assurance and governance processes have been developed to ensure that the assessed needs of individual patients/services who have complex and longer term care needs are met and regularly reviewed in:
  - Health Board commissioned care home placements
  - Domiciliary care settings
  - Learning Disability Residences

- Lessons learned have been utilised to inform clinical pathway development including:
  - A Transition Protocol to ensure the safe transfer of care arrangements between child and adult mental health services
  - A Peri-natal Care Pathway to support communication and timely referral and assessment between family/therapies services and adult mental health services

- An Integrated Family Support Team (a multi-agency team working with key partners in health and social care) is established in Newport locality to test a model of working with children and families where parental substance misuse coexists with concerns about child welfare. A Wales Government led evaluation will shape the roll out of the model across Wales between 2013 and 2015

- A neglect toolkit has been developed and training is being delivered to enable all Health Visitors and School health Nurses to identify risk factors early, and to support planning for children identified as at risk
A designated bed and skilled staff have been identified to safeguard 16 and 17 year olds who need to be admitted to an adult mental health setting because other mental health assessment facilities cannot be secured at the time of need.

Processes have been established to support public protection through professional regulation:

- Responsibilities of individuals with delegated responsibility for checking the registration status of nurses and midwives have been made explicit. A consistent response to individuals with lapsed registration has been implemented.
- An annual review process that ensures an individual’s compliance with the Nursing and Midwifery Council (NMC) midwives rules and standards is established in midwifery services.
- A decision making tool has been developed to support practitioners consider and take appropriate action in response to Fitness to Practice concerns.

The Way Forward

Nurses and midwives in Aneurin Bevan Health Board will have appropriate skills, knowledge, and be empowered to respond effectively when safeguarding or public protection concerns are identified. The onward work plan recognises the need to comply with statutory and policy guidance related to safeguarding and public protection.

### Priority actions by 2016

<table>
<thead>
<tr>
<th>Priority action</th>
<th>Details</th>
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<tr>
<td>The Health Board’s safeguarding strategic framework and safeguarding committee structure will be reviewed and modified if necessary to ensure delivery of a robust Safeguarding Assurance Framework for the Board (2012)</td>
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<tr>
<td>Aneurin Bevan Health Board safeguarding service models will be reviewed and revised to ensure compliance with the requirements of the Social Services Wales Bill when statute (2013)</td>
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<tr>
<td>The Aneurin Bevan Health Board representation on the regional Safeguarding Children Board and Adult Protection Board will be reviewed to ensure the organisation meets the requirements of the Social Services Wales Bill when statute (2013)</td>
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</tbody>
</table>
An annual audit programme will be developed with multi-agency partners (via Local Safeguarding Children Boards and Gwent Wide Adult Safeguarding Board) to review compliance with safeguarding policies and procedures (2013)

A process will be established to evaluate safeguarding training, and to monitor compliance across the organisation (2012)

As part of the wider prevention of terrorism work being taking forward through the UK counter terrorist strategy (CONTEST), a plan will be developed to roll out the ‘Health Workshop for Raising Awareness of Prevent (WRAP)’ to priority staff groups across the Health Board (2012)

Individual nurses and midwives will be clear about their professional and personal accountability, and will uphold The Code: Standards of conduct, performance and ethics for nurses and midwives (NMC, 2008)

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**Strategic Aim 6**

Nurses and Midwives will engage in the wider research agenda, and develop the skills and competencies required to generate as well as implement evidence in practice

Clinical research is a key driver for achieving sustainable improvements in health and healthcare services. Nurses and midwives spend the highest percentage of clinical time with patients and service users, and consequently their potential to contribute to the generation and utilisation of research in clinical practice is significant. The Nursing and Midwifery Council (NMC) professional code also requires that registered nurses and midwives should provide evidence-based care in order to ensure their ‘fitness to practice’. The Aneurin Bevan Health Board Research and development (R&D) Strategy (2012) supports this philosophy (insert hyperlink here).

The Welsh Government supports the research agenda through investing in infrastructure and funding high quality research activity. The National Institute for Social Care and Health Research’ (NISCHR) was established in 2010 and this organisation provides funding, training, regulation and a robust infrastructure for all professionals including nurses and midwives.

How evidence is translated into clinical practice is a challenge met by the NHS in Wales by working internationally with the Institute of Health
Improvement (IHI), which has developed a methodology to change clinical practice. Key to this methodology is the need to reduce waste by addressing variation in clinical practice, minimising patient harm and improving the patient healthcare experience.

**What has already been achieved?**

Nurses and midwives have already contributed to the Health Board’s objectives for research. Specific achievements include:

- Nurses and midwives have made a significant contribution to the Health Board’s compliance with its targets for research by recruiting patients and service users into national and international research studies. Midwives alone recruited in excess of 2,000 women into a single study in the Health Board during 2011.

- Through scholarly activity nurses and midwives have had a positive impact on the reputation of the professions. Individuals have received awards for research and innovative practice including:
  - ‘Welsh Midwife of the Year’ awarded by the Royal College of Midwives
  - British Journal of Nursing ‘Nurse of the Year’ Award
  - Nursing Standard UK Community Nursing Award
  - Best Healthcare Nursing Assistant Award at the Welsh Mental Health and Learning Disabilities Awards
  - British Journal of Nursing’s Innovations in Nursing Awards
  - Recognising Achievement for Services in Wales Award
  - Queen Elizabeth the Queen Mother’s Award for Outstanding Service

- Individual nurses and midwives have achieved publication and delivered presentations of nursing and midwifery led research and service development projects at national and international conferences and in peer reviewed journals.

- Research teams have been established to ensure high quality research activity (Dermatology, Palliative Care, Midwifery and Continence Services. This is supported through joint working with university partners.

**The Way Forward**

Nurses and midwives can contribute to the generation of evidence, but must demonstrate the effective integration of evidence into their clinical practice. Doing so will ensure the delivery of safe and effective care. Going forward, nurses and midwives need to be enabled to actively engage in the wider research agenda.
Priority actions by 2012-2016

- Increase in the number of Health Board nurses and midwives who achieve MSc and PhD level awards
- Increase the number of nurses and midwives who design and lead programmes of research (commercial and non), and numbers applying for nurse and midwifery led funding/grant applications
- Nurses and midwives will contribute to the Annual Quality Framework (AQF) targets for R&D by increasing the number of nurses and midwives who contribute to clinical trial activity, including data collection and patient recruitment
- Patient and service outcomes will be measured to formerly evaluate the impact service redesign

6 Moving Forward, Monitoring and Evaluation

The Executive Nurse Director will be the professional lead for the Aneurin Bevan Nursing Strategy 2012-2016. Divisional Nurses will act as Implementation Leads and will be required to develop Division specific implementation plans. Progress will be reported to the Nursing Strategy Steering Group and onwards to the Patient Quality and Safety Committee, and the Aneurin Bevan Health Board as appropriate.

We will know that we have achieved success when:

- Nurses and midwives practice in accordance with professional standards, key strategic drives and the Standards for Health Services in Wales (2010), and improve patient/service user experience
- Clinical Leadership and a clear professional reporting structure is evident at all levels of the organisation; Individual nurses and midwives are clear about their professional and personal accountability and uphold The Code: Standards of conduct, performance and ethics for nurses and midwives (NMC, 2008)
- The nursing and midwifery workforce is appropriately resourced, skilled and delivering evidence based care in reconfigured service settings
- Nursing and midwifery information is collected and used to measure performance, inform practice improvement and maximise patient/service user outcomes

- Excellence is celebrated and best practice shared
## Summary of Priority Actions 2012-2016

<table>
<thead>
<tr>
<th>Strategic Aim</th>
<th>Priority actions to realise the vision</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
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<th>2016</th>
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<tbody>
<tr>
<td>Patients, service users, and their family members will experience nursing and midwifery care that is safe, high quality, dignified and respectful; and always delivered in a professional manner by the nursing and midwifery ‘family’</td>
<td>Year on year Aneurin Bevan Health Board will achieve a minimum 1% improvement in organisational scores in the National Fundamentals of Care audit</td>
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<td>The 1000 Lives + Programme will be embedded across the Health Board by 2014. There will be particular focus on:</td>
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<td>• Eradication of health care acquired infections</td>
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<td>• Further reduction in pressure ulcers across all care settings</td>
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<td>• Reduction in injurious falls</td>
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<td>• Improvement in the recognition and rescue of the deteriorating patient</td>
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<td>• Enhanced care for people with Dementia</td>
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<td>• Reduced thromboembolism in pregnancy and post-natal period</td>
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<td>• Enhanced recovery after surgery</td>
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<td>‘Transforming Care’ Foundation Modules will be in place across all Wards by 2012, with embedding of all Specialist Modules by 2014. Impact and sustainability will be measured and reported through the nursing dashboard</td>
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<td>‘Transforming Care’ will be introduced to all district nursing teams in Aneurin Bevan Health Board by 2015</td>
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<td>The Carers Measure will be introduced in 2012/13</td>
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<tr>
<td>Patients/service users and their families/carers will be regarded as equal partners in care; this will be demonstrated through the use of tools to support patient centred care planning e.g. ‘This is Me’, ‘Getting it Right’, Unified Assessment Process, Care and Treatment Planning and Birth Plans</td>
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<td>There will be 100% compliance with data collection for the point of care metrics through the Nursing and Midwifery Dashboard by 2012. Information will be used to secure improvements in practice and will be monitored by Divisional and Corporate nursing and midwifery teams</td>
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<td>Local care metrics will be developed and introduced to the Nursing and Midwifery Dashboard during 2013/14</td>
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<td>The Aneurin Bevan Health Board ‘Behaviours Framework’ will be implemented in 2012/13, and will be discussed in every nurse and midwife Personal Appraisal and Development Review (PADR)</td>
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<tr>
<td>Systems will be developed to listen to patient/service user and their families/carers feedback on their experience of care. Tools and techniques will be developed by 2013 to enable this and systems will be developed to evidence any changes to practice or service made e.g. implementation of the National Patient Experience Survey</td>
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<tr>
<td>Patients and clients will be treated with kindness, courtesy, dignity and respect at all times. This will be measured through introduction of Dignity and Essential Care Audits in-patient areas</td>
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<tr>
<td>Nurses and Midwives will take ownership for quality care, holding themselves and others to account for the highest standards of care and acting in a timely and proactive manner to address poor standards. This will be measured through Dignity and Essential Care Audits and Fundamentals of Care Audits</td>
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<td>During 2013 a Senior Nurse Development Programme will be introduced. The programme will enable Senior Nurses to further develop skills to provide leadership and support to ward sisters charge nurses and team leaders.</td>
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<tr>
<td>From 2012 onwards all newly appointed ward sisters and charge nurses will complete the ‘Leadership Record and Resource Pack for Empowering All Sisters/Charge Nurses and Team Leaders’</td>
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<tr>
<td>By 2015 all Advanced Practitioners will develop their skills and theoretical knowledge to the standards set out in the Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales (2010)</td>
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<tr>
<td>The contribution of Consultant Nurses, Advanced Practitioners and Specialist Nurses will be optimised as a response to concerns about medical recruitment</td>
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<tr>
<td>All nurses and midwives will receive an annual Personal Appraisal and Development Review (PADR)</td>
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<tr>
<td>Work based learning opportunities will be developed to deliver sustainable ways of knowledge and skills development. Systems will be established to ensure a standard set of competencies is achieved. This will be monitored through the annual Personal Appraisal and Development Review process</td>
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<tr>
<td>Nurses and midwives will be supported to develop skills in quality improvement cycles. This will ensure that the 1000 lives+ methodology will be embedded in nursing and midwifery practice to improve patient outcomes.</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Systems will be in place to ensure that all nurses and midwives who undertake further education or research align their project plan to an identified professional practice or service re-design priority.</td>
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</table>
| The nursing and midwifery workforce will be further developed and empowered to achieve system wide change, integration, and effective management of resources | Nursing and midwifery workforce planning will be undertaken to inform the staffing models required to deliver key service developments including:  
- Specialist Critical Care Centre  
- Neighbourhood Care Networks (NCNs)  
- Mental health and learning disability service redesign  
- Public Health Nursing service redesign  
- School Health Nursing service  
- Midwifery 2020  
- Prison Health Services  
- Neo-natal services | ✓ | ✓ | ✓ | ✓ | ✓ |
<p>| | The Health Board will develop a standardised district nursing staff measurement tool. This tool will be tested during 2013/14, and evaluated to inform safe staffing models | | ✓ | ✓ | ✓ | ✓ |
| | In 2012/13 a baseline for individual ward staffing establishments will be agreed by the Board | ✓ | ✓ | | | |
| | During 2012/13 agreement will sought from the Board to allocate ward sisters, charge nurses and team leaders at least 50% leadership and management time. This will enable ward sisters charge nurses and team leaders to assume responsibility, accountability and autonomy to implement the ambitious programme set out in this Strategy | ✓ | ✓ | | | |
| | The Health Board will contribute to all Wales work on a framework for assessing dependency, acuity, occupancy and throughput. This tool will be tested during 2012/13, and evaluated to inform safe staffing models | ✓ | ✓ | | | |
| | A commercial e-rostering system and Electronic Staff Record (ESR) will be introduced from 2012 and rolled-out thereafter to all nursing teams in the Health Board | ✓ | ✓ | | | |
| | Newly registered nurses will rotate between acute and community settings to build knowledge and skills in preparation for the shift of services to community settings | ✓ | ✓ | ✓ | ✓ | ✓ |</p>
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<td>Health and wellbeing of patients/service users will be maximised through the nursing family contribution to the needs of local populations</td>
<td>Midwifery services will be firmly rooted in the community through adoption of the Midwifery 2020 principles and recommendations as the vehicle to improve the health and social care of pregnant women and their families</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>The roll-out of the Flying Start expansion project will be completed, providing enhanced health visiting provision for vulnerable and deprived pre-school children and their families 2016</td>
<td>✓</td>
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<tr>
<td>Teams of Health Visitors and School Nurses will be configured around Neighbourhood Care Networks (NCNs) to deliver services to children, young people and families with a focus on healthy outcomes</td>
<td>✓</td>
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<tr>
<td>A model for integrated children’s centres will be developed with key partners in education, social services and voluntary sector, to provide seamless services for children and young people who have complex needs</td>
<td>✓</td>
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<tr>
<td>The Framework for a School Nursing Service for Wales (2008) will be implemented to ensure Aneurin Bevan health Board provides a year-round School health Nursing Service that extends beyond the school day, and ensures that each secondary school with its feeder primary schools has access to a school nursing team. This will support public health initiatives e.g. immunisation uptake and teenage pregnancy rates</td>
<td>✓</td>
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<tr>
<td>Nurses and Midwives will adopt public health approaches into everyday practice to support the Health Board’s life course outcomes approach to public health. This will be achieved through comprehensive assessment of need and the engagement of patients/service users and their families/carers as equal partners in care, and demonstrated through the use of tools to support patient centred care planning e.g. ‘This is Me’, ‘Getting it Right’, Unified Assessment Process, Care and Treatment Planning and Birth Plans</td>
<td>✓</td>
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<td>The transfer of the prison healthcare service at HMP Usk and Prescoed Prisons from the prison service to Aneurin Bevan Health Board will be achieved during 2012. The successful transfer of service provision will ensure that prisoners have access to a comprehensive healthcare service that is equitable to that provided to the wider population of Gwent</td>
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</tbody>
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<p>| Greater consistency in assessment and community service provision for people with chronic conditions will be achieved through introduction of standardised approach to nursing assessment and case management in all localities | ✓ | ✓ | ✓ | ✓ | ✓ |
| Nurses and midwives will actively discourage smoking and will support smoking cessation |  |  |  |  |  |</p>
<table>
<thead>
<tr>
<th>Strategic Aim</th>
<th>Priority actions to realise the vision</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
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</thead>
<tbody>
<tr>
<td>Nurses and midwives in Aneurin Bevan Health Board will have appropriate skills, knowledge and be empowered to respond effectively when safeguarding or public protection concerns are identified</td>
<td>The Health Board’s safeguarding strategic framework and safeguarding committee structure will be reviewed and modified if necessary to ensure delivery of a robust Safeguarding Assurance Framework for the Board</td>
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<td></td>
<td>Aneurin Bevan Health Board safeguarding service models will be reviewed and revised to ensure compliance with the requirements of the Social Services Wales Bill when statute</td>
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<td></td>
<td>The Aneurin Bevan Health Board representation on the regional Safeguarding Children Board and Adult Protection Board will be reviewed to ensure the organisation meets the requirements of the Social Services Wales Bill when statute</td>
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<td></td>
<td>Existing information governance systems will be reviewed and internal and external information sharing protocols revised or developed to support new ways of working in safeguarding and/or public protection e.g. Domestic Abuse Conference Calls (DACC), and Missing Children Project</td>
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<td></td>
<td>An annual audit programme will be developed with multi-agency partners (via Local Safeguarding Children Boards and Gwent Wide Adult Safeguarding Board) to review compliance with safeguarding policies and procedures</td>
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<td>A process will be established to evaluate safeguarding training, and to monitor compliance across the organisation</td>
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<td>As part of the wider prevention of terrorism work being taken forward through the UK counter terrorist strategy (CONTEST), a plan will be developed to roll out the ‘Health Workshop for Raising Awareness of Prevent (WRAP)’ to priority staff groups across the Health Board</td>
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<td>Individual nurses and midwives will be clear about their professional and personal accountability, and will uphold The Code: Standards of conduct, performance and ethics for nurses and midwives (NMC, 2008)</td>
<td>√</td>
<td>√</td>
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<tr>
<td><strong>Nurses and Midwives will engage in the wider research agenda, and develop the skills and competencies required to generate and implement evidence in practice</strong></td>
<td>Increase in the number of Health Board nurses and midwives who achieve MSc and PhD level awards</td>
<td>✓</td>
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<td>Increase the number of nurses and midwives who design and lead programmes of research (commercial and non), and numbers applying for nurse and midwifery led funding/grant applications</td>
<td>✓</td>
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<td>Nurses and midwives will contribute to the Annual Quality Framework (AQF) targets for R&amp;D by increasing the number of nurses and midwives who contribute to clinical trial activity, including data collection and patient recruitment</td>
<td>✓</td>
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<td>Patient and service outcomes will be measured to formerly evaluate the impact service redesign</td>
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