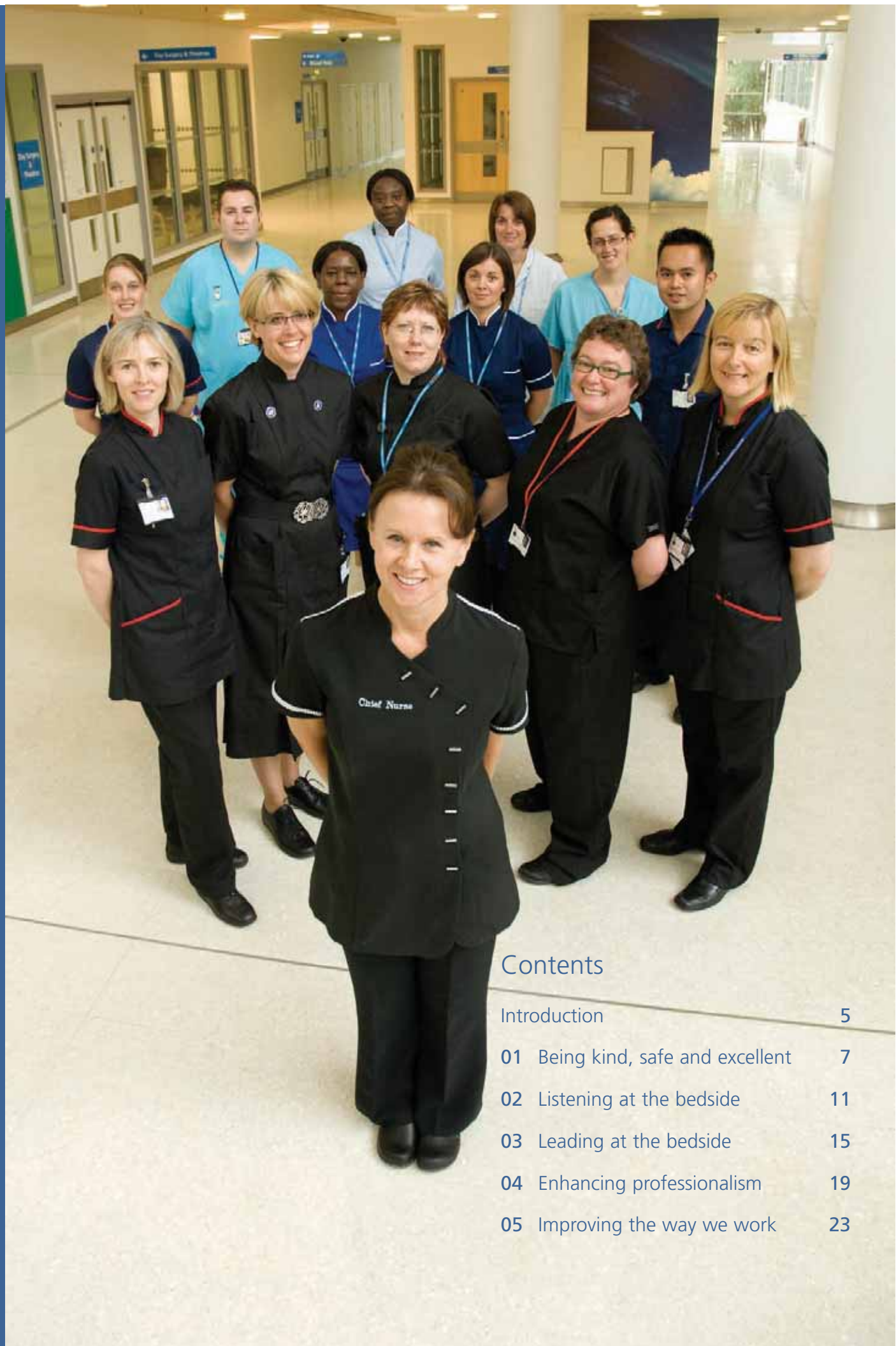


Nursing and Midwifery Strategy 2008–2013
Innovation and excellence in health and care

Our Nursing and Midwifery pledge:

At Cambridge University Hospitals NHS Foundation Trust, we combine the art and science of nursing and midwifery by being ***kind, safe and excellent*** in all that we do. This upholds our commitment to providing person-centred expert care, resulting in the best possible outcomes and experience for everyone who uses our services.



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'You have my unqualified admiration as one of the world's best hospitals. I have never experienced such a level of care, kindness, and friendliness from all staff involved in my wife's care. She had total faith and confidence in the people looking after her, and I believe that was a major factor in her rapid recovery.'

A relative of one of our patients



Introduction

I am delighted to present Cambridge University Hospitals' (CUH) *Strategy for Nursing and Midwifery*. This sets out our ambition for nursing, midwifery and improvements in care for the next five years.

There are 2,500 nurses and midwives at CUH, the largest of all our staff groups. My vision is to liberate the talents and skills of every nurse and midwife to help them to be the best professional that they can be. My vision is that the investment in staff is such that we will be able to recruit and retain high calibre staff with the proper balance of knowledge, experience and caring attitude. My vision is that CUH becomes a recognised centre of nursing and midwifery excellence. My vision is that ultimately it is patients who will reap the benefits.

This strategy was developed after extensive engagement with nurses, midwives, health care support workers and patients. Staff and patients alike identified challenges and aspirations for improvements in care. All were clear that the outcome of any changes we make must start and end with the patient.

There are five themes that form the basis of this strategy and set out the principles by which we will provide care:

- 1. Being kind, safe and excellent** – as professional nurses and midwives, our pledge to the people who use our services is that we will strive to be *kind, safe and excellent* in all that we do.
- 2. Listening at the bedside** – patients will be actively involved in the planning and delivery of their care.
- 3. Leading at the bedside** – nursing and midwifery leaders will lead by example, and provide visible leadership at the place where patient care is delivered.
- 4. Enhancing professionalism** – we will develop nursing and midwifery knowledge, skills and evidence in our relentless pursuit of excellence.
- 5. Improving the way we work** – nurses and midwives will be actively involved in continuously improving systems and processes to improve care for patients.

This strategy has been developed around these five themes. It builds on a strong foundation of existing good practice. Case studies outlining individual examples are included to illustrate the strength of our starting position and to demonstrate the direction for all of us. The strategy is also built around some great people, individual nurses and midwives working in wards, clinics and

departments who are examples to all around them, some of whom have been quoted within this document.

This strategy opens a new chapter for nursing and midwifery at CUH. But it is only the beginning. An action plan, with robust measurement, will follow. This will help us assess our progress on our journey from good to excellent.

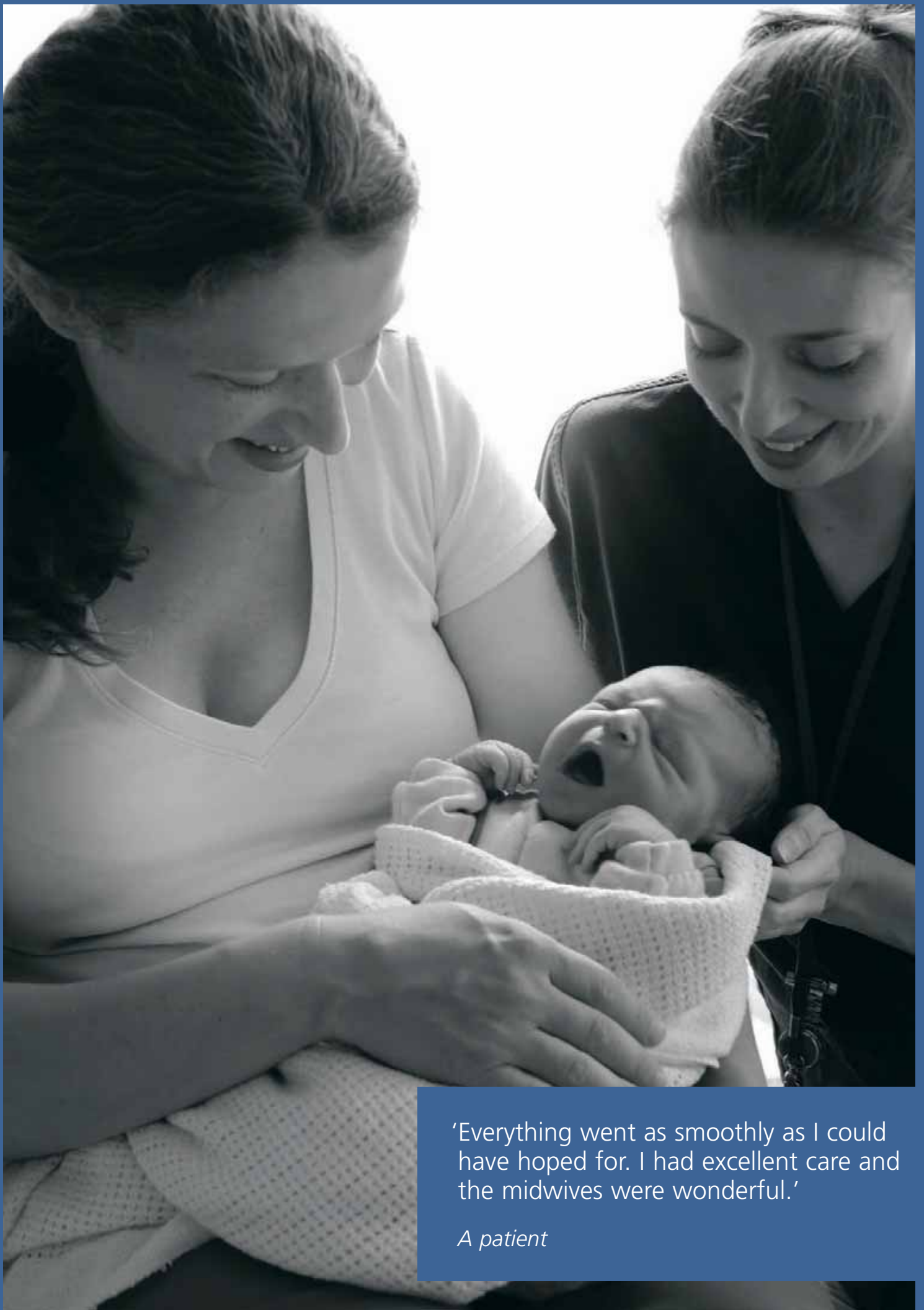
I do not underestimate the scale of the challenges we face. However, with good planning and strong leadership I am confident that we can strengthen, and gain rightful recognition for, the powerful contribution that nurses and midwives make to the Trust's quest for excellence.

I want every nurse and midwife to be proud to work at Cambridge University Hospitals; together we can make it *the* place to work.



Dr Karen Castille, OBE

Executive Director of Nursing and Organisational Development



'Everything went as smoothly as I could have hoped for. I had excellent care and the midwives were wonderful.'

A patient



01 Being kind, safe and excellent

As professional nurses and midwives, being kind, safe and excellent is at the heart of everything we do. The people in our care are our main focus of attention; we understand that every person is different and that they may be afraid or in pain. We want them to know that they are important to us and that we will listen to and respect their needs and wishes. From the professional platform of nursing and midwifery, we pledge to be kind and compassionate.

We acknowledge that kindness alone is not enough. We are equally committed to ensuring safety and excellence in the care we provide. We strive to actively seek and apply evidence-based care. Where evidence is not available, we will follow best practice standards using national and international benchmarks.

To achieve this we will:

- 1. Keep the promises we make to the people in our care**
- 2. Develop, describe and embed values-based behaviours into our work**
 - As part of the ongoing work of the values project we will develop behavioural statements to guide staff behaviours.
- 3. Set standards for communicating with the people in our care**
 - The principles of informed consent and confidentiality will guide our practice.
 - The people in our care will be kept well informed and treated with kindness and sensitivity as we appreciate the anxiety they may be experiencing.
 - We will take time to provide clarity where information is not clear.
 - We will provide appropriate information to other carers to ensure seamless care.
 - We will help people find their way around our large campus by stopping to ask if they need help.
 - We will support the 'way-finding' project, ensuring that signs are clear and visible.

4. Reduce healthcare associated Infections

- Nurses and midwives will identify best-practice interventions in reducing healthcare-associated infections.
- As part of the multidisciplinary team we will work toward achieving the Trust vision of having a zero rate of hospital-acquired infections.
- We will use robust tools, such as root-cause analysis, to evaluate and improve care.
- We will be accountable for ensuring that care is provided in a safe and clean environment.
- We will use nursing key performance indicators to monitor and review safety issues such as slips, trips and falls and hand-washing.

'I've stayed in the hospital three times in the last 12 months for three operations, and all went well. I feel so lucky to have stayed in such a caring and wonderful hospital.'

A patient

5. Be responsible and accountable for the people in our care

- The assessing nurse/midwife will take responsibility for the initial care and for ensuring that the correct care pathway is used.
- Patients and their carers will be invited to participate in, and contribute to, discussions about care based on the pathway and care plan.
- Nurses and midwives will be well informed about each person in their care and will assess, implement, evaluate and document the care they provide.

6. Introduce (new) evidence-based practice

- Nurses and midwives will access, evaluate and apply evidence-based care in their day-to-day work to improve outcomes and experiences of our care.
- We will set goals for the number of new practices we introduce each year and design metrics to measure our compliance with local and national standards.
- We will create opportunities to encourage nurses and midwives to 'horizon scan' to identify future clinical needs and new practices, being proactive rather than reactive.

7. Increase nursing audit and research activity

- Nurses and midwives will use the evidence base to inform the development of patient care pathways and clinical practice initiatives.
- We will carry out nursing and midwifery audits to evaluate nursing and midwifery care as well as participate in clinical audit as part of the multidisciplinary team.

Case Study

Kind, safe and excellent: developing a nurse-led clinic for women with epilepsy

Managing epilepsy is complex during pregnancy with added risks of seizure exacerbation, fetal anomalies and maternal death. The last four confidential enquiries in maternal and child health (CEMACH) show epilepsy to be the second highest indirect cause of maternal death, after cardiac causes.

In 2003 we set up the first pregnancy clinic for women with epilepsy – the only one in the East of England. Its ethos is based on and embraces NICE Clinical Guidance 20, which emphasises follow-up in settings that provide both specialist epilepsy and obstetrics services.

Bi-monthly monitoring was introduced to enable any pregnancy-induced changes in the women's condition to be identified and

treated if necessary. Throughout the consultation we use our interpersonal skills, taking time to speak with each woman to personalise their care and help her understand that we are interested in her as an individual person.

Other clinicians – such as general practitioners, neurologists and obstetricians – have also benefited from this service because it ensures that specific health issues are addressed at various stages of pregnancy. Complications can be prevented and maternal/fetal health risks minimised. As a result we've also put together a protocol for best practice guidelines and seizure management in labour.

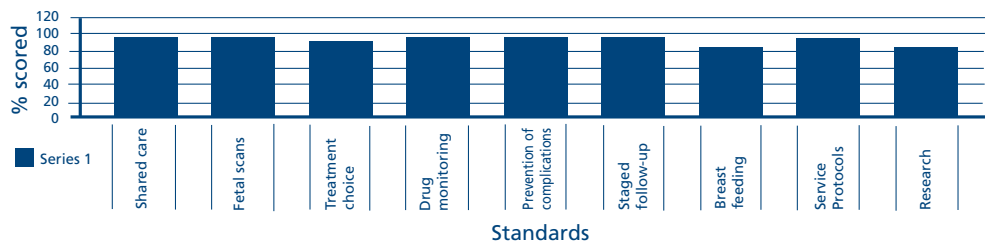
The clinic's work has informed and improved practice nationally via the charity Epilepsy Action, and the clinic also participates in the nationwide prospective research study, *Epilepsy &*



Pregnancy. This has the platform to inform clinical practice in the field, highlighting the value of this nurse-led service and its use of evidence-based practice.

Erica Chisanga
Epilepsy Specialist Nurse Practitioner &

% Compliance against Nice Guidance 20: Pregnant Women with Epilepsy



'We need to be more thoughtful about the needs of different ethnic groups for both staff and patients. Kindness includes being respectful and sensitive to different needs and wishes.'

Specialist Nurse



Case Study

Kind, safe and excellent: developing a dedicated central vascular access team (CVAT)

We are the only Trust in the country to have a dedicated central vascular access team (CVAT) with its own theatre suite, established in 2006. This multidisciplinary team provides both an inpatient and outpatient service for patients who require central venous access lines.

This approach provides dedicated facilities, standardised practice and commitment to education and research for insertion and maintenance of central venous access devices.

We have also introduced an innovative bar code system to support audit of line insertion.

Infection and complication rates have reduced as a result, length of stay has shortened and our day-case facility means that patients don't need to be admitted for an overnight stay if they need a central line insertion. Specifically, results show a reduction in 2007/08 of 49% in MRSA bloodstream infections, compared to a reduction of 9% in 2005/06. Standardising practice has improved patient safety and helped to ensure that patients spend much less time in hospital. The inherent cost savings mean that resources can be re-invested in the service.

This highly personalised service is kinder for patients in many ways, not least because it reduces the

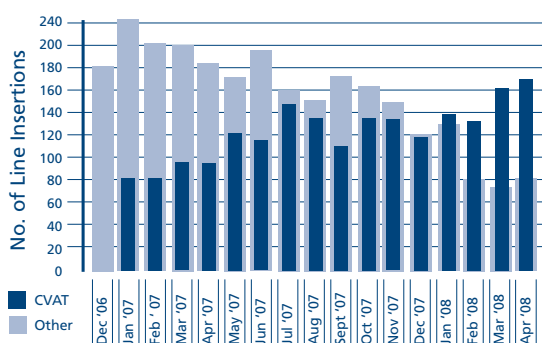
number of access attempts that less experienced staff may make, and routine blood samples can be taken from the line to avoid additional needle punctures.

The team provides education and training to clinical staff across the organisation on all forms of vascular access insertions. We have also developed training for junior doctors to attain competency in line insertion so that they don't become de-skilled and are competent to insert lines in emergency situations.

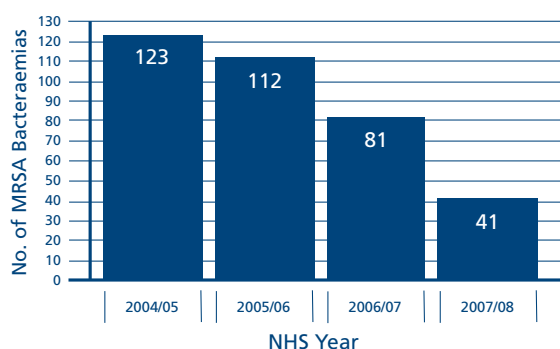
Carmel Streater

Specialist Nurse Manager

Number of line insertions by CVAT/Non-CVAT over time



MRSA Bacteraemias by year





'As I live quite a distance away from the hospital my family couldn't visit during the week. It was therefore so nice to have the wonderful nursing staff on my wards as friends during my stay. Nothing was too much trouble and I can honestly say that I enjoyed my stay and had a tear and lots of hugs when I left.'

A patient



02 Listening at the bedside

We recognise that nursing and midwifery has changed. Our frame of reference has shifted from 'we know best' to working in partnership with patients and their carers; from telling to listening. We now know that we can improve the care we provide by actively listening to patients and their carers to better understand their needs, concerns and wishes. The term 'bedside' is used as a metaphor for the context in which we provide care. It conveys our wishes to actively involve people in the planning and delivery of their care, whether it is at the bedside or in a clinic setting.

To achieve this we will:

1. Listen to, consider and respect the individual needs and wishes of the people in our care

- We will make time in our day to ask open questions, encouraging patients to talk to us about their care, their fears and anxieties.
- We will respect and respond to the individual needs of patients and relatives to ensure that their diverse needs are met regardless of race, colour, gender, disability, age, religion or sexual orientation.
- Listening to patients' needs and wishes will help us to actively participate in and inform the Trust's equality and diversity strategy.
- We will use what patients tell us as a basis for each step of the care pathway: from pre-admission to discharge or transfer of care.

2. Involve patients in redesigning care

- We will proactively participate in patient and public fora, listening to the needs and wishes of patients to inform care and service redesign.
- We will listen to and use patient stories and case studies to help us understand patients' experience, ensuring that issues are acted on at ward, directorate and Trust level.

3. Develop systems to obtain patient feedback

- We will use complaints and issues raised by patients and relatives to help us understand how we can improve care.
- We will support the patient experience team to ensure that every clinical area has an effective patient feedback process.
- We will ensure that feedback received from patients and their carers is acted upon to improve the quality of our service.

'As nurses we have spent years telling patients what to do, now it's time for us to do more listening and less telling.'

Specialist Nurse



Case Study

Listening at the bedside: Addenbrooke's Children's and Teenage Ideas and Venture Enterprise (ACTIVE)

Giving children and young people who come into hospital a real voice in the way services should be developed is just as important as asking adults what they think. So we asked our younger users if they would be interested in setting up a group... and the result is the Children's and Young Person's Board. Their remit has been to look at how we provide current services, but also how we look forward to the proposed development of the Children's Hospital.

ACTIVE is a thriving and energetic board of 35 youngsters from eight-years-old to 19. They meet every six weeks and have determined their own ambitious work programme; already they have a number of impressive achievements.

ACTIVE has:

- surveyed outpatient clinics with recommendations for improvement to environment and facilities to make them more 'youngster friendly'
- chosen a range of gowns to be used in Children's Services
- designed a training session around communication with children
- designed a poster to explain uniforms worn on the ward
- gained two advisor positions on the Board of Governors held by the chairman and vice-chairman of ACTIVE

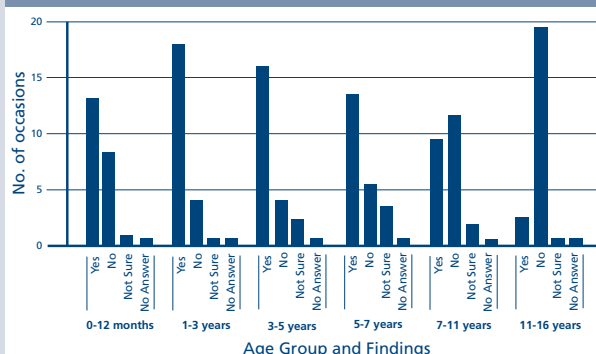
ACTIVE gives children and young people a real voice and direct involvement in the way services should be developed for their use. It's something we haven't done before and we are all learning from the experience. Staff now have real insight into what matters for this age group – and the service is much better for it.

The ACTIVE group also undertake a variety of audits, examples of which are included below.

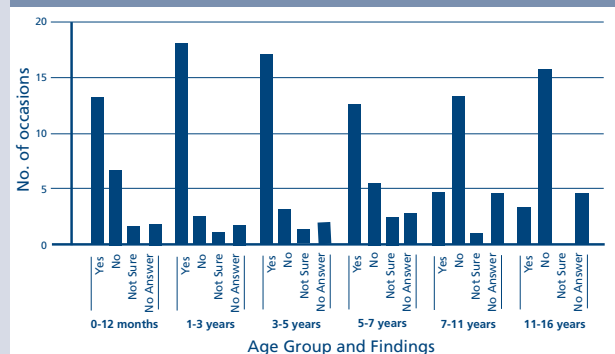
Meryl Moore

Head of Children's Nursing and Operations Manager for Children's Services

Are suitable games provided within the outpatient clinics surveyed?



Are suitable toys provided within the outpatient clinics surveyed?



Case Study

Listening at the bedside: learning from patient comment cards

Finding out what patients think about their treatment is a powerful tool for improvement. In Oncology we are keen to get feedback from patients and carers about their experience of treatment at the time they are having it, so we can make a difference to patient experience at the time it matters.

We have chosen to use comment cards, encouraging patients and carers to comment on their treatment or make observations about other issues, then post their cards in post boxes around the unit. A senior nurse reviews the cards regularly, identifies what we need to do to address issues and concerns and follows up with a written response to the person who made the comment. The Oncology management team then reviews a summary of the cards on a monthly basis and shares this with the rest of the team.

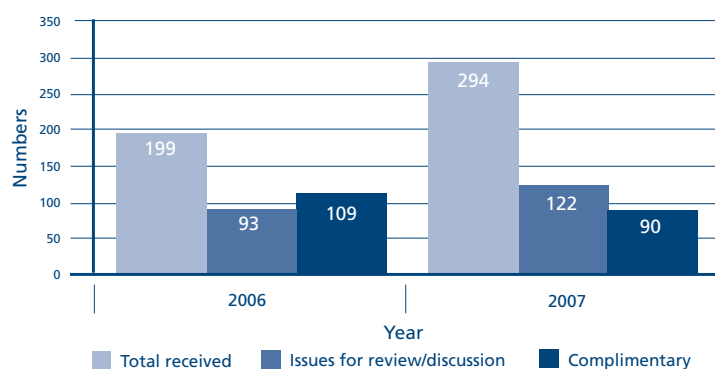
We introduced the comment cards in 2004 and since then over 1,000 cards have been completed. The majority of comments have been complimentary. A variety of issues for improvement are raised by patients and carers, relating to delays, transport, environment, catering, parking, information and cleanliness. We've sorted some of these out and others are part of our ongoing improvement action plan. There was a 48% increase in the number of comment cards received in 2007 compared with 2006. This increased patient participation has brought more issues to our attention and is giving us the opportunity to improve the department more than ever before.

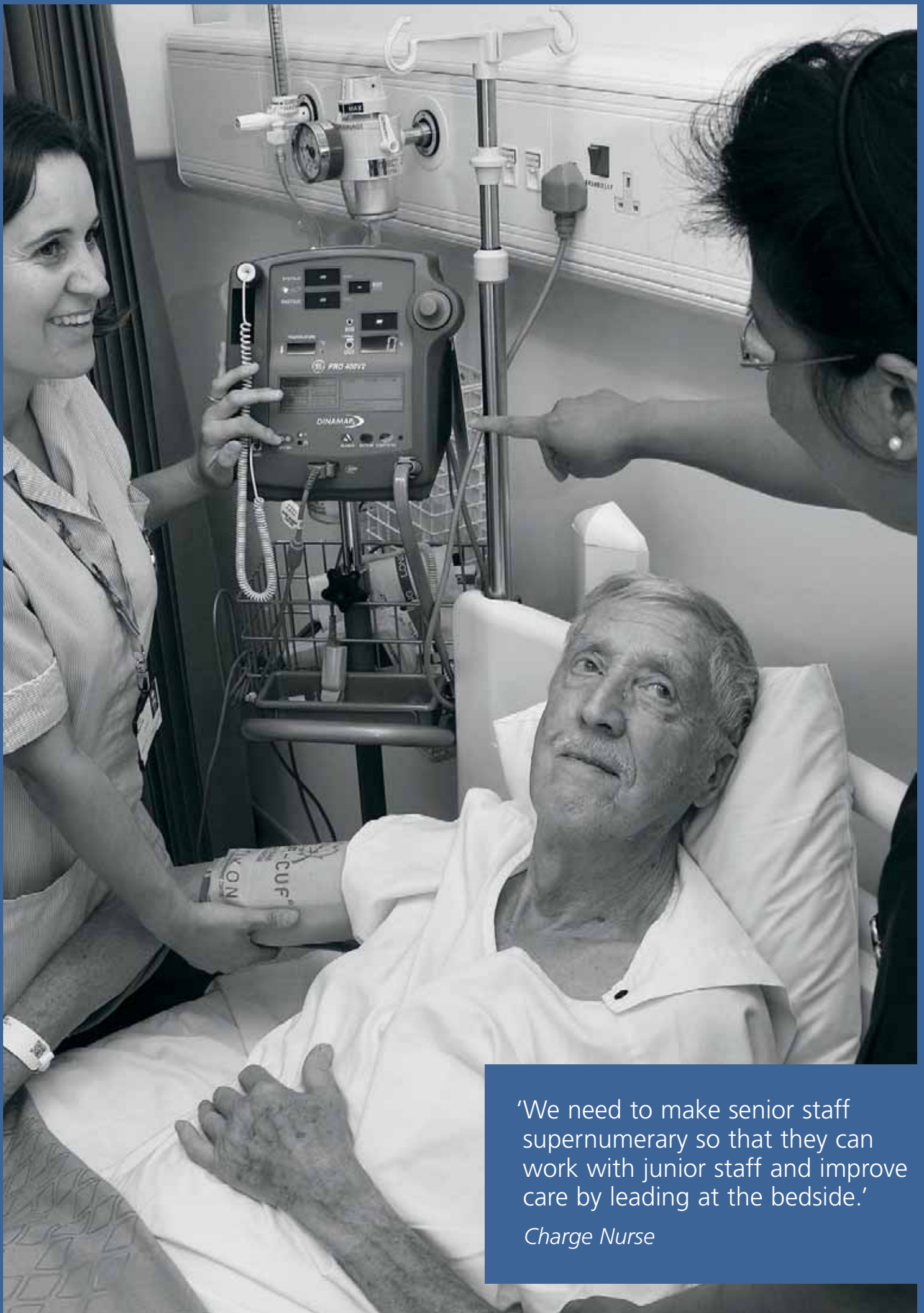
We now actively encourage the use of the cards, which are a great way to get to the heart of patients' concerns – we've learnt from them, improved our service, but we've also found out how much people value what we do.

Helen Balsdon
Senior Clinical Nurse



Differences between comments cards received 2006/2007





'We need to make senior staff supernumerary so that they can work with junior staff and improve care by leading at the bedside.'

Charge Nurse



03 Leading at the bedside

Nurses and midwives are at the very heart of care, working directly with patients and their families. We believe that leadership must be visible at the place where it matters. Leading at the 'bedside' depicts how we are well placed to use our leadership skills to coordinate multidisciplinary teams and resources – at the 'bedside' – to deliver exceptional care.

To recruit, develop and retain expert nurses and midwives, our more experienced nurses and midwives must work directly with students, healthcare support workers and junior colleagues. As strong inspiring leaders, they can lead by example, mentor, supervise and support less experienced and support staff. In doing so they will help everyone to be the very best professional that they can be by making a positive contribution to care and feeling themselves to be a valued member of the team.

To achieve this we will:

- Review senior nurse roles to develop a compelling and inspiring portrayal of senior nurses and midwives leading at the bedside, working directly with patients, leading by example and personifying our values – *kind, safe and excellent*.
- Use actual Nurse Hour per Patient Day (NHPPD) numbers to measure and monitor each inpatient ward establishment and skill mix against predetermined NHPPD.
- Work towards taking ward sisters/charge nurses out of the daily NHPPD numbers for a percentage of their time and ensure that the time released is used to provide clinical leadership at the bedside.
- Develop a recruitment and retention strategy for nurses and midwives that attracts exceptional applicants and makes CUH the employer of first choice.
- Support and encourage registered nurses and midwives to achieve graduate status, enabling the shift towards a degree-based profession.
- Develop and deliver leadership programmes for nurses and midwives to enhance their leadership skills, enabling them to lead improvements in care for the benefit of patients.
- Make nurse and midwife leaders responsible for ensuring that every nurse, midwife, student and healthcare support worker feels valued and able to contribute fully. Leaders will use coaching, mentoring, and performance and appraisal systems to provide staff with timely feedback from patients and other sources.

'Staff just want to feel respected, valued and listened to.'

Registered Nurse

Case Study

Leading at the bedside: developing a Midwifery-Led Birthing Unit

Midwives are **the** lead professionals in the management of normal pregnancy and birth. Given a choice, most women would want to have their baby in a relaxed, non-clinical environment. With an increasing birth rate – as shown in the graphs below – midwives needed to think differently about how to give women a better quality experience and a better quality service. The Midwifery-Led Birthing Unit (MLBU) was set up to provide one-to-one midwifery care to women who have a straightforward pregnancy with no anticipated complications for the birth.

The main advantage of the MLBU is that midwives provide one-to-one support during labour and this is known to reduce the likelihood of interventions in labour, including the need for epidural, Pethidine or a caesarean section.

Midwives help women achieve minimal interventions with non-pharmacological methods of pain relief and support. Continuity of care is improved; with the same midwife usually providing the care for the woman during her labour and postnatal period.

Last year, 577 women had their babies in the MLBU. Of these, 128 women had water-births. Women

and their partners who choose to have a water-birth report it to be a highly personal and individualised experience.

Many of the midwives in the MLBU have completed the 'examination of the newborn' course so they can safely autonomously examine and discharge new-born babies. Last year, midwives safely discharged 356 (62%) of babies born at the Rosie, thus reducing delays in the discharge process for women and their babies.

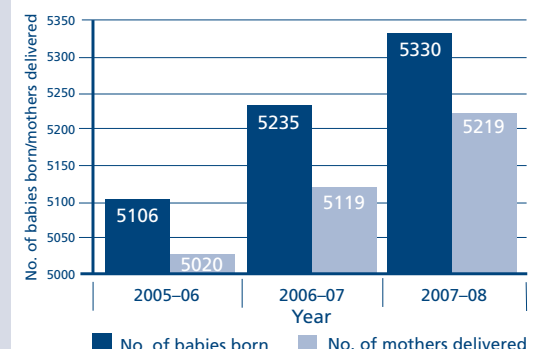
Penny Brett

Consultant Midwife



'I felt that the midwife was part of our family, she shared in the whole experience with us.'

*Woman following normal delivery
of her baby*





Case Study

Leading at the bedside: Defining the role of recovery clinical leaders

The quality of care that patients receive depends on the skills and knowledge of the staff caring for them. But it isn't just about clinical skills; it's about working together as a team, working smarter by using technology and looking at ways to improve efficiency. All this delivers a better, safer, experience of being a patient at CUH.

Good leadership is essential in making this happen. During the last year, the recovery unit has been looking at the clinical leaders' roles and responsibilities and redefining

their existing skills so that they can act as specialist links for all recovery staff. This has raised awareness and provided the impetus for updating operational and clinical skills and knowledge throughout the department, as well as developing new ways of working.

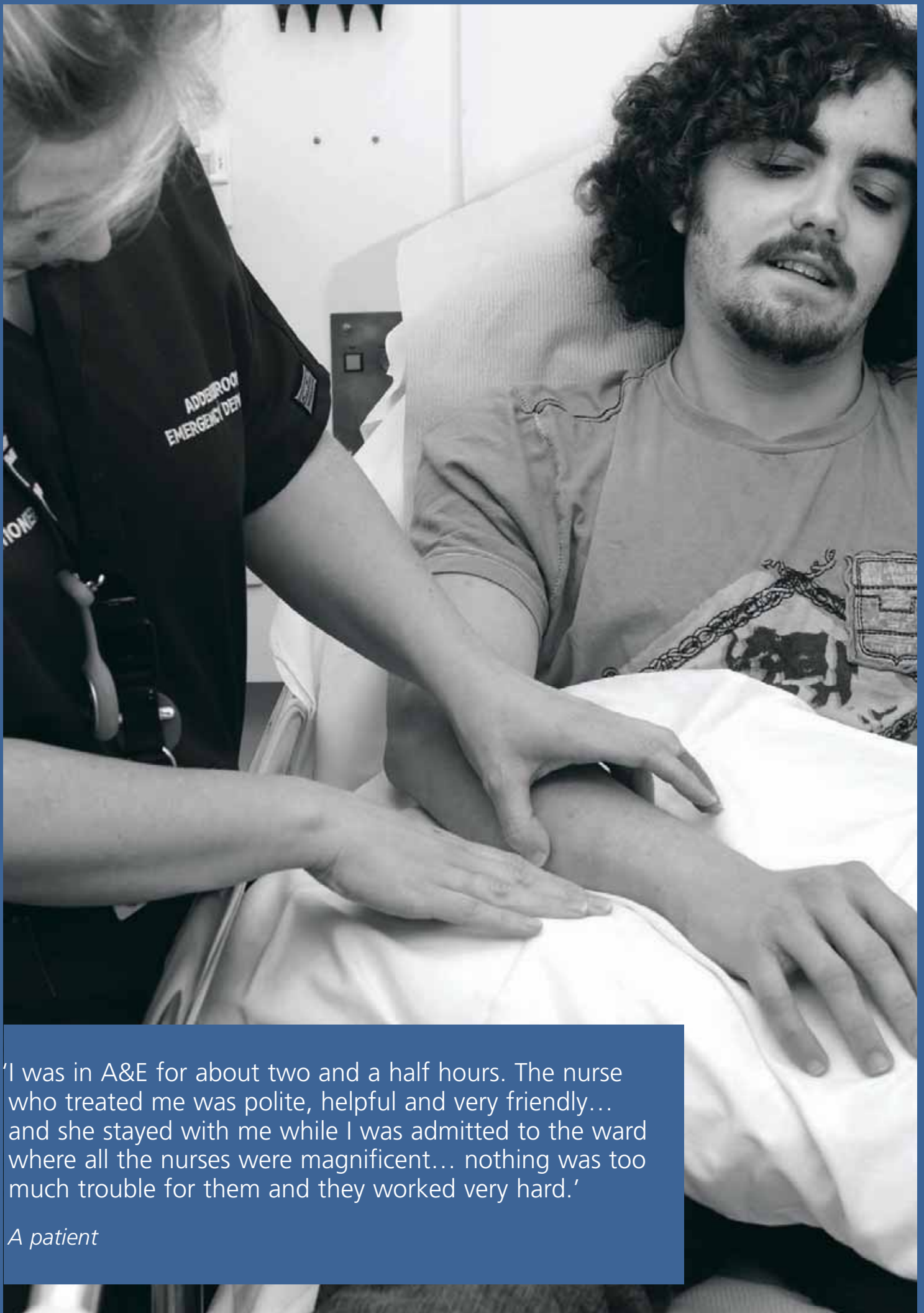
Four competency strands have driven development, chosen to deliver the maximum benefit for the department and, more importantly, for the patient:

- prioritising and delegating
- motivating and influencing
- communicating effectively
- giving feedback

Already there have been achievements: in-house training and development, ongoing practical demonstrations and competency assessments by the specialist link clinical leaders; clinical efficiency and productivity have improved and this ensures that the highest standards of care, knowledge and skills are enforced and maintained throughout the recovery unit.

Sandra Phillips
Recovery Team Leader

'The quality of care that patients receive isn't just about clinical skills; it's about working together as a team, working smarter by using technology and looking at ways to improve efficiency. Good leadership is essential in making this happen.'



'I was in A&E for about two and a half hours. The nurse who treated me was polite, helpful and very friendly... and she stayed with me while I was admitted to the ward where all the nurses were magnificent... nothing was too much trouble for them and they worked very hard.'

A patient



04 Enhancing professionalism

As professionals we are committed to patient care, teaching and research. Our pursuit of excellence in these fundamental domains of nursing and midwifery cultivates personal leadership and professional growth. We want all nurses and midwives to be encouraged and inspired by a broad range of opportunities and to continually develop and achieve in these domains.

Guided by our national governing body – the Nursing and Midwifery Council – our aim is to enable knowledge and skills development through flexible, personalised career paths across practice areas and different fields within the broader family of nursing.

To achieve this we will:

- Work to improve access to training and development opportunities for all nurses and midwives, including protected study leave.
- Create and recruit to career pathways that reflect national guidance such as specialist nurse, clinical research nurse and nurse consultant.
- Develop a clinical excellence award system for nurses and midwives.
- Work with partner organisations to develop our pre- and post-registration education programmes and ensure that they reflect contemporary needs.
- Work with higher education providers to promote an all-graduate nursing and midwifery profession.
- Work to establish a Chair of Nursing and Midwifery Research in the Trust.
- Establish strong clinical academic careers in nursing and midwifery in accordance with national guidance.
- Support and promote applications for research and development through the Chief Nurse's office.
- Support clinical research nurses in using the national competency framework to develop their research skills.
- Encourage and support nurses and midwives to present and publish their work and participate in local, national and international initiatives.

'We must cherish our younger midwives as well as the experts.'

Midwife

Case Study

Enhancing professionalism: the benefits of a cross- specialty rotation programme

We are proud of our **Cross-Specialty Rotation Programme**: we believe it's unique and provides both breadth and depth of experience. As a consequence we're now attracting applicants from across the country.

The 18-month programme is designed to develop and nurture newly qualified nurses by supporting them through their transition from student novice to confident

competent staff nurse. Working in three six-month long placements across medicine, surgery and a specialty area, nurses attend regular study days and monthly action learning sessions.

And the result? The three diverse experiences provide nurses with the confidence and capability to care for patients with a diverse range of healthcare needs. This consolidates the students' experience, rapidly increases their knowledge and skills and provides direction about future career choice and development.

It isn't just nurses who benefit from the programme; the hospital benefits too because we match nurses' preferences with service needs. Most of all, patients are cared for by nurses who have broad experience and well-developed skills which they are using to assess, anticipate needs and ensure excellent care for patients – not just treatment.

Fiona Jorgensen
Career Progression Team



'As nurses it's important that we have up-to-date clinical skills to ensure patients get the best care.'

Student Nurse



Case Study

Enhancing professionalism: clinical research nurses – improving the patient experience

Cambridge BioResource is a project designed to benefit current and future healthcare research – and ultimately the development of preventative treatment for a wide range of medical conditions for the benefit of patients.

One of these studies investigates the genes and mechanisms involved in Type 1 diabetes.

The study team provided training for research nurses to obtain informed consent, and enable participants to attend the Clinical Research Facility (CRF) out-of-hours and at their convenience.

As a result there has been a benefit to both staff and patients. Clinical research nurses have developed with increased knowledge, skills and confidence. Patients are able to participate in the study at their own convenience, thus increasing study participation and enhancing development of the database, and contributing to research excellence. This translational research will also inform the treatment of conditions such as diabetes and therefore benefit patients in the future.

Polly Tarrant

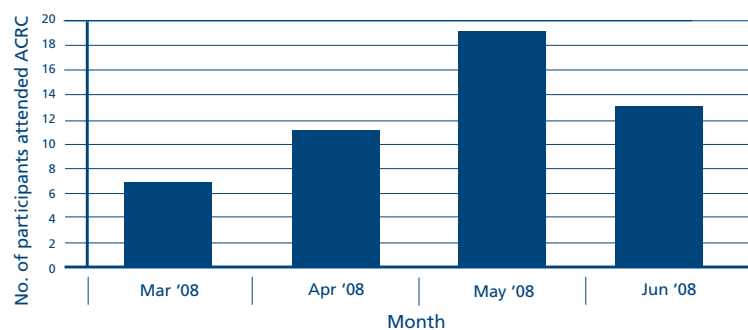
Lead Research Nurse



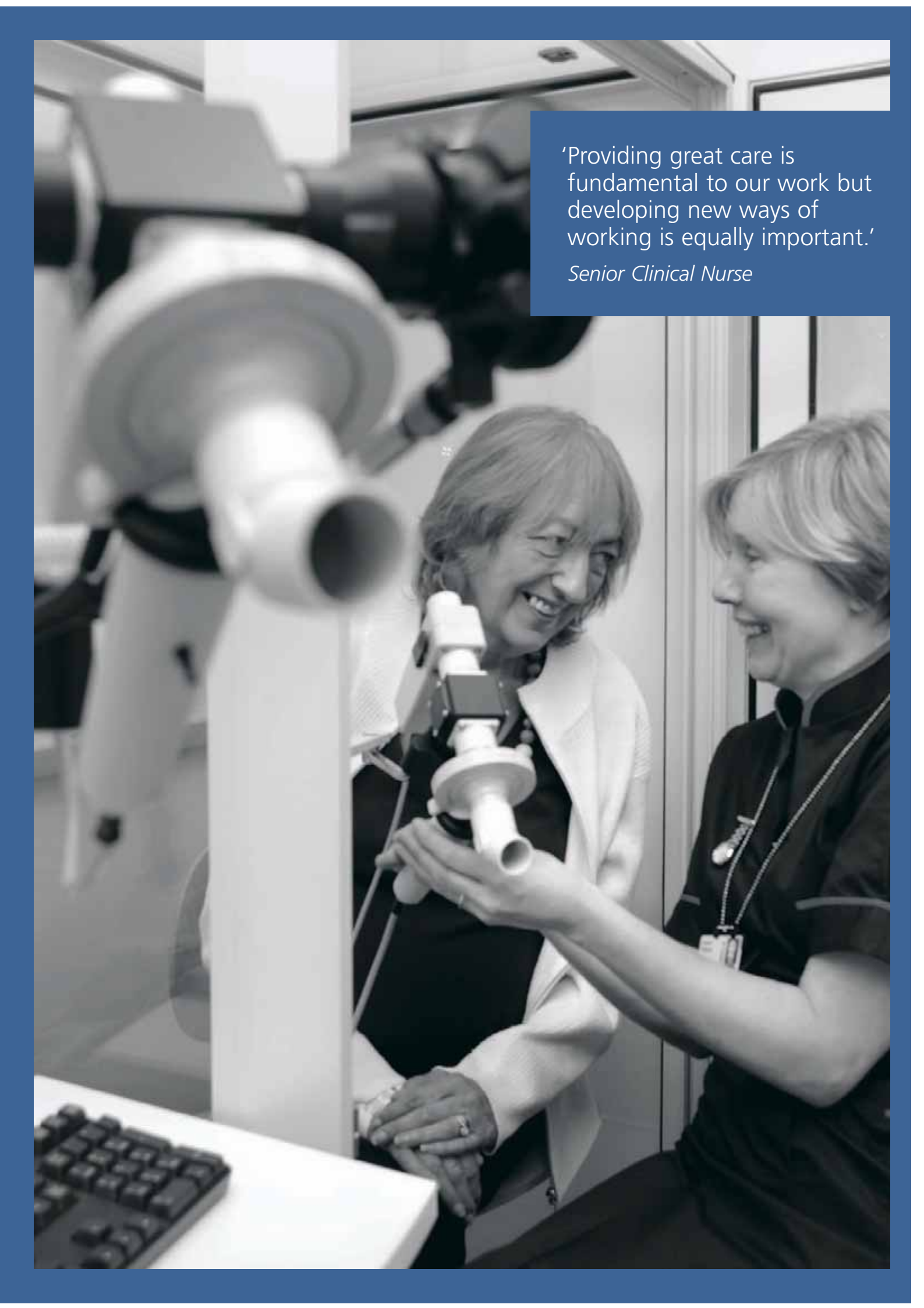
‘Staff should have the opportunity to develop, including being supported to participate in and undertake research.’

Senior Nurse

Cambridge Bio-Resource participants seen in ACRC * March – July 2008



*Addenbrooke's Clinical Research Centre (ACRC)



'Providing great care is fundamental to our work but developing new ways of working is equally important.'

Senior Clinical Nurse



05 Improving the way we work

Those who deliver care are best placed to make improvements to that care. Nurses and midwives can use their knowledge of what actually happens in practice to adapt the way they work and improve care for patients. Improvement and redesign techniques are essential skills for ward leaders (and other nurses and midwives) to inform and make changes in systems and processes to improve care.

We are committed to continuously seeking to improve the way we work so that we achieve the best outcomes for patients, provide a positive healthcare experience and encourage people to choose our hospitals as their first choice.

To achieve this we will:

- Lead clinical developments to ensure improved access and appropriate services are in place for the delivery of efficient and high-quality patient care.
- Use integrated care pathways to promote consistent care and ensure that best practice is adhered to, or where deviation occurs it is explained and the variance monitored.
- Develop new nursing and midwifery roles which are designed to provide better care for patients.
- Ensure nurses play a pivotal role in Trust-wide improvement initiatives such as the *Effective Patient Care* programme.
- Provide service improvement training and development for nurses and midwives to support them in making changes.
- Develop patient group directions and become independent and supplementary nurse and midwifery prescribers where it has been identified that this will benefit patient care or ensure efficient delivery of treatment.
- Participate in the development of the Trust's information technology strategy, including patient monitor, electronic patient records and e-rostering to ensure delivery of effective patient care.

'We must review the patient journey, look at where we went wrong and learn from it.'

Ward Sister

Case Study

Improving the way we work: reducing length of stay for patients with fractured neck of femur

As part of our commitment to improve patient care we wanted to reduce the length of stay for patients with a fractured neck of femur.

Data presented by the NHS Institute for Innovation and Improvement at the end of 2006 demonstrated that the fractured neck of femur average length of stay for the best-performing 10 trusts in 2004/05 was 10.9 days. The average length of stay for fractured neck of femur patients at CUH was 28 days.

We recognised that we could and should be providing a far more

effective and cost-efficient service, which would be better for our patients and for us.

A nurse-led multidisciplinary project team was established and the views of patients and relatives were actively sought through after-discharge feedback and patients' stories. All staff were energised and focused towards achieving the goal of reducing length of stay. Patient pathways were mapped, patients views examined, issues and constraints tackled.

Less than a year into the project and patients' length of stay is now at 15.5 days. We have well-established medical and surgical teams working with our case mix to ensure fitness and that effective communication

takes place. Relatives and carers are engaged from the onset and expectations clearly defined; this assists with issues such as clinical outcomes and discharge planning. The patients are cared for in an elderly trauma unit by a dedicated nursing team who have experience in caring for elderly patients with medical underlying problems requiring surgical intervention.

Overall, patient safety has improved, the quality of care has been increased, and all-round improved satisfaction has been achieved for patients, relatives and our staff.

Karen Stone
Operations Manager



'Overall, patient safety has improved the quality of care increased, and all-round improved satisfaction achieved for patients, relatives and our staff.'

Operations Manager

Case Study

Improving the way we work: developing a new Acute Medicine for the Elderly (AME) service

Creating a short-stay acute medical ward for the elderly has had a big impact on improving care and safety for patients and job satisfaction for staff.

This new ward has 22 beds and is supported by a team of consultants who rotate on a seven-day basis and have a keen interest in medicine for older people.

Patients over the age of 75 who are likely to stay less than a week in hospital are admitted to AME.

Typically these patients have a single reason for admission rather than multiple problems. The ethos of AME is that rehabilitation and discharge planning starts at the point of admission to the ward. The length of stay has reduced and over two-thirds of patients are discharged back to their residence. We know that this is much better for patients and their families and improves their care and experience.

AME has changed from an area that was difficult to staff, to become a popular area for nurses to work in as it combines acute medicine with nursing older people. We have a critical mass of clinical staff interested in and enthusiastic about caring for older people.

Recent data show a high level of patient satisfaction especially regarding the ward cleanliness, atmosphere and the friendliness of the staff. The nursing team and healthcare support workers all contribute to developing the ward ethos and are proud to be able to provide excellent patient care. As a result we all feel responsible for the ward's reputation. Our aim is simply to be kind, safe and excellent.

Jo Birrell

Senior Clinical Nurse



'I haven't always felt part of a team in other care settings, but on AME I feel I can ask my colleagues for help if I need it or can offer an idea and feel confident I will be listened to.'

Healthcare Support Worker





Key documents that have helped inform this strategy are:

Framing the Nursing and Midwifery Contribution, driving up quality care, (2008) Department of Health

A profile of Cambridge University Hospitals: innovation and excellence in health and care, (2008) Cambridge University Hospitals NHS Foundation Trust

Towards the Best, Together, (2008) NHS East of England

Delivering through Improvement – A report on the success of care pathway improvement work, (2008) NHS Institute for Innovation and Improvement

Good to Great, (2001) Collins Jim. Random House Business Books, London.

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