

## Chief Nursing Officer Summit – 2018

### Jane Cummings

Look back to 2017 priorities were:

Population change and diversity – 3.6 million more people in next 10 years into UK. EU nationals make up 5% of workforce in UK e.g. 20,000 in NHS in London alone. 20% BME staff in the nursing workforce and more seen in bands 6-9.

Technology revolution – growing. Jane is a type 1 diabetic and has a freestyle libre device on her.

Resources – importance of research. Developing an atlas of shared learning including how to reduce variation with associated resources.

Resources – time as a valuable currency. Last 1000 days work. Deconditioning and PJ Paralysis. 48% of over 85s die within one year of an admission to hospital. CCGs pay in excess of 1 billion in excess bed days to acute trusts. 17<sup>th</sup> April to 26<sup>th</sup> June 70 day challenge to end PJ paralysis – see website. Want the data from this analysed by time of the NHS 70 anniversary.

Resources – workforce. Although we have more nurses than in 2012 it is not enough with high vacancy rates. Significant reduction of staff from EU (? Brexit ? language test). Facing the Facts, Shaping the Future document. HEE looking at retention working with providers and starting to have impact. £1 out of every £40 of NHS money is 'lost' on sickness of staff. Big push on staff obesity and healthy eating. Developing new roles – nurse associate roles and developing guidance on the deployment of those staff. Maternity support worker being further developed. Primary care and community nursing – 10 point plan. Next year concentrating on a career pathway for primary care support workers and aim to get more student nurse placement in general practice. Building our resilience – winter worse for a long time, terrorist attacks, Grenfell fire tragedy and how nurses demonstrated resilience. Really important for people to embrace 'it's ok not to be ok' and seeking help. Resilient Systems – more integration with local authorities in the main.

Celebrating 70 years – huge piece of work with partners to celebrate nurses and midwives, highlight the need to recruit and retain staff.

Changing perceptions of nursing and midwifery – wanting next generations to know the reality of the profession and promote the career. Reached 10 million people by use of social media and collected and used ideas. 11% of nursing workforce are men and need to promote more. Look at the website platform for over view of the work.

94% of British people trust nurses, we are the most respected profession in the world.  
Enemies and building blocks

<b>Barriers</b>	
Culture	Negative reporting
Fragmentation	Burnout
Early childhood influences	Stereotyping
Macro leadership	Lack of joy at work
False narrative	Loss of professional identity and credibility
<b>Building blocks</b>	
Starting early	Purpose and meaning
A call to action	Hello my name is
Collaborative working	Diversity

Joy at work, nurturing	Inspiring and supportive leadership
Talent management	Getting the message out

**‘Nursing Now’ campaign** – Duchess of Cambridge is the ambassador.

What is a nurse – work last year to gather information on huge variation of job titles and worryingly some people calling themselves a nurse without a nursing qualification. Published last September. Looking at the title of nurse to have a legal status as they do in Ireland, 4 CNOs coming together to work on that.

**‘Nothing would ever be attempted if all possible objections must first be overcome’  
Samuel Johnson**

---

### **International Council of Nursing (ICO) Annette Kennedy**

Represents 20 million nurses worldwide

Good news about nursing: most trusted profession, largest health profession, promoting development, in high demand and increasing education attainment.

An investment in health is an investment in the economy.

Nurses still coming into the workforce but not retaining them and need to do better. Be short of 9 million nurses by 2030 and likely to need even more than that due to workload.

Not so good news about nursing: maldistribution of nurses, global shortage of nurses, safe staffing levels, workforce supply and retention, lack of consistency.

Lots of countries cannot do without their nurses such as Africa so issues of taking nurses from other countries. Hospitals still have the majority of nurses compared to other arenas such as community, mental health and elderly care and this needs to be redistributed.

Global health challenges such as natural disasters, antimicrobial resistance, ageing populations and know no border.

Together to Beat NCDs – campaign (long terms conditions)

Look at resources on ICO website for international nurses day 12<sup>th</sup> May

Health is a human right and applies to nurses too.

---

**Baroness Mary Watkins of Tavistock** – visiting professor Kings college - look at Nursing Now website for slides of universal engagement. [www.nursingnow.org](http://www.nursingnow.org)

#NursingNow

We need 2000 new nurses every day to meet the challenge of 2030.

---

**Simon Stevens – 5YFV – final stages and beyond**

Highest satisfaction rates for inpatients ever. 1 million more people had a flu jab. Worse flu season in 7 years. More people surviving cancer.

70 years ago – at beginning of NHS it was a 'fix up and go' service. Very different now so have to change the way we deliver care. Longitudinal care that goes beyond individual organisations is what is needed. Cut through the jargon of ACS / integrated systems but basically means GP practices working in networks not just for their registered population, blurring the boundaries of community nursing and therapies and working with social care. Growing challenge of dementia. Burden of obesity. Delays in getting people home after inpatient stays.

Yesterday published the national staff survey – encouraging signs and warning signs. For nurses – 400,000 nurses responded. Increase in reported support from managers and colleagues. Concerns about violence, discrimination, mental health and stress. Also large variation in responses so opportunity. New piece of work to look at link between staff engagement, staff sickness levels and use of agency. – published today shows there is definitely a link.

**1% change in standard deviation in sickness rate saves £1.4 million pounds of savings in agency costs.**

---

### **Modern slavery – making a difference**

13,000 victims of slavery in UK 2014 figures. 49,300,000 people live in slavery today across the world.

See youtube video showing Pocklington practice  
<https://www.youtube.com/watch?v=cRskjqpgSNs>

Story from anti-slavery commissioner – one nurse in ED in London had professional curiosity which led to protecting a further 200 women in London and a police operation in three countries leading to prosecution and imprisonment.

Remember Victoria Climbié was a trafficked child.

Drugs followed by human trafficking followed by firearms is the most profitable across the world. Prices are profitable e.g. £2,500 price for Romanian girl sold for £8,000 able to get your money back in one month then all profit from then on. Baby from Indonesia £80-120. Children in India £40. Teenage girls in Iraq £2,500-4,000.

Look out for indicators of slavery e.g. tattoo indicating ownership. Addiction to drugs and alcohol make it easier to control the person.

RCGP safeguarding toolkit is being updated to include modern slavery.

'Jenny's' story – too distressing to put in words on this summary but happy to share. Story told by an advocate but Jenny herself was planning to be there. Her story is not one of support from the NHS and we have much to learn.

---

### **Manchester bombing -resilience**

Power of social media. CNN told Cheryl Lenny Chief Nurse of Manchester University NHSFT, before own comms had kicked in.

14,000 people attended the arena 28 people lost their lives. Many injured. Response was led by nurses, greater Manchester chief nurses were all on gold command.

**Impact on staff:**

- Listening to stories and narratives of the event experienced by families
- Supported parents who were injured to be cared for / nursed with their children
- Helping families talk to children and involvement in breaking bad news
- Longer stay patients and staff developed a camaraderie
- Affected some staff professionally and personally
- Prolonged impact of the event through media coverage and high profile hospital visits
- Symptoms of PTSD may manifest 6 weeks after the event
- Recognition that staff already had stressful and challenging jobs
- Staff encouraged to 'normalise' distress, look after each other and seek support from peers and professional networks
- Provision of psychological support first aid information to promote self help

Needed two gold commands, one for the incident and one to manage the dignitaries who wanted to visit.

Manchester children's hospital – CAMHS services worked alongside paediatric emergency department to support parents children and staff. Boston USA sent pizzas, world response was remarkable.

Psychological care provided, intense and ongoing.

Stood down all elective care, ED was really quiet as people in community didn't go there!

Nursed families together, children and their parents together who were injured.

**What worked well:**

- Immediacy of response offering support to staff on shift
- Provision of a collective safe space for discussion
- Separating requests for staff and patient support
- Recognition of when to hand over to staff support
- Staff appreciated positive feedback and reinforcement that what they were experiencing was a normal response
- Liaison between CAMH and adult mental health services with referrals between the two
- Clear and visible leadership and management support
- Improved relationships between physical and mental health teams
- Manchester Resilience Hub established.

Looked at mental health support as part of EPRR now, investment in psychological support for children e.g. PICU

Schwartz rounds instigated

Funded workshops and CBT for staff.

**Resilience is being a leader in uncertain times, inspiring others and doing it day after day.**

Manchester Resilience Hub provides response and support to greater Manchester from mental health services for staff and patients and families. From phone lines, support to schools (the bombing happened in middle of GCSE season), to inpatients, bringing together subject experts, media messages, develop contractual / governance infrastructure. Now commissioned service (wrote a business case in week 3!). By week 7 after the incident they had the keys and staff and model of the Hub.

Challenges for the system included workforce, information sharing, quality assuring offers of help, geographical spread of those affected, resources and other terrorist attacks.

**Lessons learnt:**

- Common purpose – starting with what is the right thing to do
- Multiagency commitment – authority to act and willingness to take risks
- Clinical and operational expertise
- Connectedness around the system – key was consistent individuals, knowledge of the system and touch points, valuing help, flexing traditional boundaries
- Multiple and regular communication routes
- Using the evidence base and keep learning – seeking feedback from those affected
- Expecting the unexpected and working with it
- Preparedness – infrastructure (mental health in emergency planning, info sharing agreements, who does what when, jurisdiction), people (right people connected across the system who can be deployed as required), information (resources that can be taken off the shelf, accessible, helpful, credible)
- Culture of trauma awareness, training in psychosocial approach
- Legacy

In 1996 Manchester bombing - 102 patients injured and 5 went through services – didn't offer anything at the time but chose to screen them 8 weeks after. So very different to this recent incident.

This time - Archived all the material from peoples outpouring of support such as messages and soft toys with help of museums and charities and be used for therapeutic purposes in the future.

2297 screened some weeks on and 128 had high levels of distress 200 of them children. So able to tier mental health support as appropriate.

---

**A safe workforce for the future – a global perspective.**

Dr Linda Aiken – Director of the Centre for Health Outcomes and Policy Research at the University of Pennsylvania.

Large variation in surgical outcomes in the NHS which is the same as 30 other countries across the world. BMJQS Nov16

Deaths are significantly lower in hospitals with fewer pts per RN and more bachelors educated RNs.

Every 1 patient added to a RNs workload is associated with a 7% increase in deaths after common surgery.

Every 10% increase in bachelor educated RNs is associated with 7% lower mortality.

If all hospitals in the 9 EU countries in the study had at least 60% bachelor educated RNs and RN workloads of no more than 6 patients each, more than 3500 deaths a year might be prevented.

This is common across those 30 countries including Europe, USA and Canada.

Ratio legislation is controversial – California it is against the law for an RN to nurse more than 6 patients at one time and have better hospital surgical mortality outcomes.

### **Deskilling hospital RN workforce is associated with poor outcomes: 9 EU countries (Aiken et al: BMJQS Nov 16)**

- More nursing assistants / associates do not improve RNs job satisfaction or reduce RN burnout
- Adding one more nursing assistant / associate per 25 patients instead of adding an RN is associated with a 21% increase in hospital mortality for post-op patients
- Each 10% decrease in proportion of RNs in total hospital workforce is associated with 12% increased risk of death
- Deskilling occurs by adding assistants without adding more RNs or reducing RNs

### **Good nursing returns high value – Silber, Aiken, McHugh. JAMA Surgery**

- Hospitals with good staffing and work environments had significantly lower mortality at same or lower costs for patients at every risk level
- Good nursing resulted in lower costs due to 40% fewer ICU admissions and shorter hospital length of stay

### **Other studies found:**

Higher patient satisfaction is found in hospitals where RNs care for fewer patients each and patients perceive that enough RNs are available to care for them.

Hospitals with good RN staffing have 30% fewer HCAs.

Good staffing is also associated with better discharge planning and readmission rates.

### **OECD Study RNs in advanced care roles in primary care**

- Compared to physician care, quality is equivalent and patient satisfaction better in patients of advanced practice nurses and costs may be lower
- Recommendation was that we should avoid restrictive regulation (making nurses train in a particular way for example) not in patients best interests and adds cost
- New roles for RNs improve recruitment and retention of all nurses whether in advanced practice or not.

### **Challenging times**

NHSE austerity spending continues as other countries have begun reinvesting in services

1% annual increase in spending projected by 2020 makes RN positions in England less attractive relative to other EU countries

Uncertainty of Brexit only part of problem of 10% vacancy RN positions

RN investment has not been a priority – between 2010-2015, RNs increased by 1% compared to 20% increase in consultant positions

**New NHS nurse workforce initiatives are not evidenced based thus risking limited resources**

**Ranking compared to 11 other EU countries (12=worst, 1=best)**

Rank 8 for RNs with bachelor degrees (28%)

Rank 7 staffing and resource adequacy

Rank 10 nursing skill mix (57% RNs)

Rank 10 quality of work environments (56% fair / poor)

Rank 11 nurses experiencing burnout (42%)

Rank 8 nurses intending to leave job (43%)

**'A stitch in time saves nine' = it costs more over time not to adequately invest in RNs now. Benjamin Franklin 1732.**

---

---

**Salford ICO**

Gave a short presentation on how the council and CCG, Salford royal NHSFT and greater Manchester west worked together to create the Integrated Care Organisation.

Shared vision and how they went about it (I have the slides)

---

**Jeremy Hunt – Patient safety and the nursing workforce**

National safety thermometer since 2013 shows reduction in harm from pressure ulcers, falls, UTI and VTE by around 2%.

Workforce is his biggest worry at the moment particularly the nursing workforce.

New policy on nurse bursaries and Brexit are the main reasons we are seeing issues with nursing numbers reducing.

More to be done – Ecoli (15% chance you will die in 30 days) sepsis (watch the film Starfish if not already seen it)

Only country in the world which requires providers by law to report the numbers of preventable deaths each year (careful with the data)

Maternity network will publish learning from serious incidents asap instead of waiting for reports to come out / waiting years

Medication errors campaign about to be launched.

**Michelle Carrington**

**Chief Nurse – Vale of York CCG**