

#### **<b>QUALITY MATTERS**

## Welcome

to our sixth edition of Quality Matters in which we explore current topics in nursing and healthcare.



I am delighted that Maria Trewern, Head of Workforce Insight at NHS Professionals and newly appointed Chair of the RCN Council gave some of her valuable time to tell us about the biggest changes she has seen in nursing since she joined the profession. She also shares her wisdom and advice for younger nurses who are at the start of their careers.

In this Summer edition read about delegating record keeping and countersigning records which aims to clarify some of the issues faced by many nursing staff and employing organisations around this topic.

Following on from the last edition around professionalism in the workplace, the NMC have produced a number of useful animation videos where nurses and midwives reflect on their behaviour and challenge poor practice using Enabling professionalism framework. – make sure you take a look.

Quality Matters is designed to give you a regular briefing on clinical governance, quality and safety issues with information that we hope will help you as a true professional. We think Quality Matters should contain information that you 'need to know' rather than just 'nice to know' so, if there is something we need to know in order improve how we brief our flexible workers on quality and safety, then contact us at: clinical.governance@nhsprofessionals.nhs.uk

I hope you enjoy reading this edition of Quality Matters and look forward to receiving your feedback.

Karen Barraclough Chief Nurse/ Head of Governance

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As a member of the wider health care team, the health care assistant (HCA), nursing associate, assistant practitioner (AP) or nursing student takes personal accountability for good record keeping.

They must keep clear, accurate and timely records of the care they provide to their patients to support communication, continuity and decision making. This includes all forms of patient records, i.e. anything that is documented about a patient and their care and treatment.

Accurate record keeping is integral to care delivery and essential for the completion of episodes of care. It is not an added extra and should be completed in a timely manner, as close to the time that care was delivered as possible.

Records include (but are not limited to):

- hand written and electronic records
- medication charts
- text messages used in the course of professional work
- reports including test and laboratory results
- vital signs observations
- handover sheets and admission, discharge and transfer checklists
- patients assessment sheets (e.g. nutrition or pressure area care assessment).

For further information on this topic visit the NMC website at www.nmc.org.uk



**Principles for Effective Delegation** 

The Nursing and Midwifery Council (NMC) Code (2015) includes the following principles for effective delegation:

- Record keeping can be delegated to HCAs, nursing associates, APs and nursing students so that they can document the care they provide
- Record keeping is an integral part of every intervention and the individual should be assessed as competent in the complete provision of care, which includes record keeping and that it is in the best interest of the patient.

NB: Until they are deemed wholly competent in both the activity and its documentation, countersigning (principles four and five) should be performed

- If the individual is not deemed to be competent in record keeping - it is important that there is supervision and a counter signature
- It is good practice, where possible and where there has been training and demonstration of competence, to discuss and evaluate patient care with the patient and/or the carer or family as appropriate, so the patient's experience of care is accurately reflected and recorded
- The principles of accountability and delegation apply (read more at <u>www.rcn.org.uk/professional-development/accountability-and-delegation</u>
- Registered nurses should only countersign if they have witnessed the activity or can validate that it took place
- Organisations providing health care should supply clear guidance on record keeping for all staff, in line with the principles and guidance in the NMC's record keeping guidance.

Read more about the principles for effective delegation on the NMC website at <a href="www.nmc.org.uk">www.nmc.org.uk</a>



## **Countersigning Records**

Sometimes registered nurses may be required to countersign clinical records made by an HCA/nursing associate/AP/nursing student. This is not an automatic requirement.

Things to consider...

- whether the HCA/nursing associate/AP/student has been trained to appropriate standards and is competent to produce such records as part of the overall provision of care
- whether it's in the patient's best interests for recording of care (as well as care provision) to be delegated.

If a registered nurse is satisfied the above criteria are met, then delegation of the record keeping activity will be appropriate and there will be no requirement for the registered nurse to countersign the notes.

However, if there is any doubt about the individual's competence, then supervision and countersignatures will be required until they have received the appropriate level of training and are deemed competent to complete the activity.

NB: In any event, a registered nurse should not be countersigning notes unless they have witnessed or can validate the activity as having taken place.



A countersignature should enable identification of the registered nurse who has countersigned, i.e. not just initials.

NB: The NMC recommends that the person's name and job title should be printed alongside the first entry in a record.

#### **Countersigning in electronic records**

The registered nurse must log on separately to complete the authentication of the record entry. If the individual does not have access rights to electronic records, the registered nurse will have to complete the record stating who made the observation, completed the assessment, gave the care or was also present.

NB: The NMC's Record keeping guidance states that smartcards or passwords to access information systems must not be shared.

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#### **QUALITY MATTERS**

# Why Quality matters to me?

Maria Trewern | Head of Workforce Insight, NHS Professionals and Chair of RCN Council

### ► How long have you been a nurse?

I started of as a Cadet Nurse in the early 70's and then went on to complete my nurse training at University College Hospital in London in 1977. After taking a break from nursing for a few years, in 1988 there was a desperate shortage of nurses in my local area (sounds familiar) and my local hospital put out a call for acute nurses to come forward. I worked as a bank nurse for five years until I could commit to regular hours, then never looked back.

My career in nursing took off very quickly and I am so proud to be a nurse. I became an active member at the Royal College of Nursing (RCN) in the early 90's, thereafter focusing on workforce development, management and leadership.

I am now fortunate to be appointed Chair of the RCN Council – one of the top three roles in the RCN, so I do feel very privileged. It is a unique leadership role for the largest professional and trade union organisation in the world – which

is going to be challenging... but then again, as a nurse I am always up for a challenge!

## ► What do you think about the Revalidation process?

Having been through the process myself recently, I was rather nervous at the start but found it professionally helpful.

Revalidation provides us the time as nurses to focus and reflect on what nursing means to us, it's a great way to share and more importantly learn from your experiences. Sharing my own reflections and feedback during the process was quite a deep experience and so I was even more determined to carry on learning.

I see revalidation as an excellent way of developing and extending that culture of reflection, sharing, learning and applying improvements to build evidence-based ways of working in such a positive way. In a nutshell, to improve patient safety, improve patient care and experience, ensure we remain up to date (professionally and clinically) and fit to practice as nurses.

# ► What has been the biggest change in nursing since you joined the profession?

Well, there have been so many changes especially in the use of technology and technological advancements in the medical profession. Sometimes, this is seen as a barrier, but in most cases these advancements such as the use of a Baxter pump to administer medication or e-prescriptions to have contributed to improvements in patient care, allowing for a greater level of control, accuracy, and precision in drug delivery, and thereby reducing medication errors.

Often more contentious is the use of electronic patient records – and I do have some sympathy because often such systems are not selected, nor project managed with clinicians leading the projects. Such systems must be rolled out with full clinical engagement from the very beginning as it is such a massive change as this will ensure systems are fit for purpose and used properly. It is evident that with proper use of these systems we can improve patient care and



safety as well as seek ways to improve patient care pathways.

#### ► What is the biggest challenge for the nursing profession looking ahead?

Recruitment and retention is without doubt still the biggest challenge ahead – this includes all sectors of nursing in all settings. The lack of a comprehensive national workforce strategy has been a major part of the reason we are now seeing very significant shortage of healthcare professionals across the board.

With a focus on nursing, I am leading on the Safe and Effective Staffing Levels work at the RCN, which has culminated in two major reports showing that a shortage of 40,000 registered nurses is having a detrimental impact on patient care, nurse recruitment and retention. This work led to the successful #ScraptheCap campaign to remove the 1% pay cap - a stepping stone in restoring the balance on pay. It's heartening that workforce planning and strategy has moved to the top of the political agenda, now with a

national focus perhaps this can move forward apace.

With the use of eRostering management information it has made it easier for trusts to monitor performance to help achieve safe staffing levels and deliver a better patient experience. I'm very proud that NHS Professionals' clients have the added benefit of our management information and trend data to help them report, manage and plan for their whole workforce strategy, with all our services aligned to helping them do this. We are all a part of the workforce solution and I know we are all proud to be so.

### Why does quality matter to you?

I believe quality matters to everyone who plays a part in delivering any aspect of the service that links with patient care.

As a nurse it's always been my top priority and I think all healthcare professionals should always keep this at the heart of everything they and their teams do each day. We all have a part to play and that's why it's so important to keep up-to-date with the changes, but also embrace the change – if we do this, I think we will be in a better position to deliver safe and quality services to patients.

### ► What is your advice to nurses in their careers?

The NMC Code helps us to be patient centred in everything that we do, and although at times the challenges we face can be daunting, keep focussed, determined and keep scaling the heights for excellence in patient care. Isn't this why we went into nursing?... to deliver the best we can and look for even better ways to deliver that care.

Remember, we are the voice for those who have no voice, we are the helping hand for the vulnerable, we are there for those who need our help, we are the ones who will still be there to care for people when they need us – from cradle to grave. We are nursing.



# Celebrating 70 years of

Over the last 70 years, the NHS has transformed the health and wellbeing of the nation and become the envy of the world.

Founded on the principle of free high-quality health care for all, the NHS has delivered huge medical advances and improvements to public health, meaning we can all expect to live longer lives.

It is thanks to the NHS that we have all but eradicated diseases such as polio and diphtheria, and pioneered new treatments like the world's first liver, heart and lung transplant.

Looking to the future, the NHS is becoming more integrated and investing in new medicines, genetic research and digital technologies like apps and artificial intelligence, which will ensure we continue to live longer and healthier lives. None of this would be possible without the skill, dedication and compassion of NHS staff, as well as the many volunteers, charities and communities that support the service.

NHS Professionals would like to take this opportunity thank you for all your hard work and commitment you have shown to our bank.

We value your continued effort in providing essential shift cover and quality patient care to the NHS.



# Excellence



## Did you know?

The NHS in England treats more than
 1.4 million patients every 24 hours.

Y E A R S OF THE NHS 1948 - 2018

- The NHS is one of the largest employers in the world, along with the Chinese People's Liberation Army, the Indian railways and the Wal-Mart supermarket chain.
- The NHS in England is expected to spend £126 billion in 2018/19
- There are more than 7,400 GP practices in England
- There are more than 100 volunteering roles within health and social care
- There were 16 million total hospital admissions in England in 2015/16,
   28 per cent more than a decade earlier
- The total annual attendances at England's accident and emergency departments was 23 million in 2016/17.

To learn more about the history of the NHS and watch videos visit www.nhs70.nhs.uk



# **Enabling Professionalism**



We all know professionalism when we see it – but there's never been a single definition for what it means in nursing and midwifery.

Enabling professionalism in nursing and midwifery practice sets out what professionalism looks like in everyday practice through the application of the Code. This will help nurses and midwives to reflect on their own practice.

The Chief Nursing Officers, with support from the NMC, have created three animations to show how nurses and midwives reflect on their behaviour and challenge poor practice using Enabling professionalism.



Visit the NMC website to watch the videos and find out more about Enabling Professionalism, go to:

www.nmc.org.uk/standards/ guidance/professionalism

Animation image from Enabling Professionalism, NMC

# Marie Curie Palliative Care Knowledge Zone



The Marie Curie Palliative Care Knowledge Zone is a free comprehensive online resource for healthcare professionals, which aims to provide the skills and knowledge to provide high-quality end of life care.

The zone is aimed at different professional groups, including qualified and unqualified staff working across acute, community and primary care settings. It is particularly useful to junior members of staff and those with limited experience of caring for people with a terminal illness, especially those with non-cancer conditions.

It covers a wide range of topics including managing and alleviating symptoms, providing care for people with specific conditions, focusing on the needs of the individual and helping people during their final days.

Evidence suggests that some health and social care professionals feel uncomfortable talking about the dying process because they don't have the knowledge and confidence to do so. This can be a huge barrier to providing high quality care.

To access the information and support you need when caring for someone with a terminal illness visit the Marie Curie Palliative Care Knowledge Zone:

mariecurie.org.uk/knowledgezone



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