

Nursing strategy

2014-17

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This strategy outlines the Golden Jubilee National Hospital's (GJNH) Nursing Strategy for 2014 - 2017. This includes our work plan for the next three years and illustrates how we will remain focused on our Board's corporate objectives while continuing to meet the professional and national requirements that will improve patient experience, supporting our staff to deliver person centred, safe and effective care.

Since our last Nursing Strategy we have focused on using improvement methodologies in many areas of clinical and non clinical work to increase the quality of services and the provision of harm-free, person centred care.

To benefit patients, we must not only focus on the positive experiences, but learn from adverse incidents and complaints. We must also support our staff in raising concerns about care, practice and wrongdoing to continue to build a culture of continuous improvement, where staff feel cared for and are empowered to make change.

The Golden Jubilee National Hospital Nursing Philosophy of Care (2009) encapsulates many of the recommendations which have since emerged from the Francis Inquiry Report into Mid Staffordshire Hospital (2013). We will continue to ensure systems are in place for staff and patient engagement; encouraging individual staff responsibility, development and harnessing a willingness to work together for the benefit of patients.

Our philosophy coincides with the NHS Healthcare Quality Strategy (2010). This strategy, as well as having three main aims of Person Centred, Safe and Effective Care, also emphasises the need for delivering the seven C's: caring, communication, compassion, collaboration, consistency and clinical excellence in a clean and safe environment. It is essential that there is a clear plan that describes how we enact the nursing philosophy of care and demonstrates how it underpins the delivery of patient safety and excellent patient experience.

Over the past 3 years we have met the objectives outlined in our action plan, and will continue to build on this success through 2014 - 2017. During this period, we will ensure that Senior Charge Nurse (SCN) leadership reflects the greater emphasis we have put on *Care and Caring*. We introduced the Caring Behaviours Assurance System (CBAS) in 2011 and rolled it out across all nursing areas. Our *Care Assurance* systems provide solid evidence that this is making a positive difference in improving patient, family and staff experience by monitoring caring interventions through patient and staff surveys and patient clinical outcomes.

Across our hospital and hotel, work is ongoing to take forward the Board's Vision and Values; supporting the delivery of the three aims of our quality scheme and the delivery of strategic goals. The motivation for caring is derived from human and professional values, many of which are described in codes of conduct. A mapping exercise of all health professions and healthcare worker codes of practice showed that our values are reflected across the spectrum. Our five organisational values are discussed in the Quality, Improvement and Innovation section (page 4 – page 9) of this Strategy.

We believe that a good staff experience makes a better patient experience, and that it is vital that staff feel valued in their work and contributions.

“ Together we will create a great place to work and deliver a high quality healthcare service that is among the best in the world. ”

Scottish Government 2020 Workforce Vision

Our Board Vision is to be “*Leading quality, research and innovation*”. Through 2014 onward there will be much greater emphasis on this at both operational and strategic levels.

Our approach will be based on that defined by the Scottish Government CEO Group: “Transformation innovation takes the future into account, is driven by human aspiration, and intentionally systemic. Innovation is about doing something different. In this way it differs from improvement that is about doing the same thing better. Innovation is not about everything that is new; it does not cover every change.” (Scottish Government CEO Group 2013).

Innovating healthcare means we take the views of patients and staff into account. We have continued to widen the membership of our patient focus groups and patient / carer involvement in how we deliver our services.

Because patients are not just passive recipients of care; their perspective, insight and experience of our service has enriched the quality of care we provide and their feedback has the potential to continue to improve our service. We encourage our staff to come up with new ideas that will help with their own or patient environment and the senior management team have set up a Quality and Innovation Group that will oversee and promote systems where staff and patient ideas can be heard and explored.

These are exciting times for NHSScotland, in particular for the Golden Jubilee National Hospital as we continue to grow and expand our services both regionally and nationally. We will continue a measurable programme of work that we ask you to commit to *and* hold us accountable for. This strategy is not aspirational, but achievable and necessary to strengthen the professionalism of nursing, to retain good nurses and inspire others to join our team. More importantly, this will demonstrate how we will provide consistently high quality care for our patients, their families and carers.

I am extremely proud of our nursing service where high quality, professional and compassionate care is at the heart of what we do, to ensure our patients and families feel cared for and cared about.

Shona Chaib, Nurse Director

Quality, Improvement and Innovation

Over the past few years in NHSScotland there has been a significant move to include patients and families in shaping care and listening to their experiences to a greater degree. This would allow us to learn from challenging situations and improve the quality of services that we provide in the NHS. The Healthcare Quality Strategy for NHS Scotland (2010) sets this out as three quality ambitions of person-centred, safe and effective care.

The Golden Jubilee National Hospital Quality Scheme is our approach to making our services even better, building on already firm foundations of quality services, supported by our dedicated staff and strong values. Nurses play a unique and important role within the multidisciplinary team, leading and delivering these ambitions.

Everything we do will be aligned to the three nationally recognised Quality Ambitions and to make this clearer we have highlighted the behaviours that nursing staff from across NHS Scotland have said will help them achieve the seven C's that patients wanted and expected from the services we provide.

Quality Scheme 2012/13

Our Quality Scheme is our approach to making our services even better, building on already firm foundations of quality services, supported by our dedicated staff and strong values.

Quality Strategy Aims

- **Safe** – there will be no avoidable injury or harm to patients from healthcare they receive, and in appropriate clean and safe environment will be provided for the delivery of healthcare services at all times.
- **Person Centred** – mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision making.
- **Effective** – the most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.

The seven Cs that underpin the Quality Strategy



Person Centred Care

Values, Attitudes and Behaviours

We know that staff experience can have a major impact on patient and family experience. As such a new staff experience survey has been developed across the NHS, called *i-Matter* and takes into account the values, attitudes and behaviours that are important to staff. We believe these will be of equal importance to patients. Our Board Values will underpin and support the day-to-day implementation of the Clinical Strategy and drive the realisation of the Quality Strategy. These Values are:

- Treat everyone with dignity and respect.
- Take responsibility to do our job well.
- Demonstrate our commitment to quality.
- Work effectively with others in teams.
- Display a “can do” attitude at every opportunity.

Our progress against these values is measured through patient, staff and stakeholder surveys and monitored on our Board Dashboard System (BDS).

Caring Behaviours Assurance Programme

The challenge of quality improvement in person centred care is assuring the experience is as much about the caring relationship as it is the information, processes and resources to deliver this. The Caring Behaviours Assurance System (CBAS) was developed by Choice Dynamics International and implemented here in 2011/2012. It is now implemented across all nursing areas – further embedding this across the whole system is possible through staff embracing our five Board values.

CBAS focuses on caring relationships with patients and families, multidisciplinary teams and caring for ourselves. This helps ensure that healthcare delivery is safe, effective, person centred and efficient; ultimately improving the health and wellbeing of patients as well as enhancing the care experience for their families and staff.

Patient comment:

“...It is impossible for me to describe to you how this team made my experience so much easier than it might have been, but I will list some adjectives which I would apply to every individual whom I encountered. Enthusiastic, efficient, professional, considerate, committed, patient-focused, dedicated, and proud of their team and its achievements...”

Orthopaedic patient

Staff comments:

“I think once this has been adopted by the hospital as a whole, we will have created a place of work to be very proud of.”

“Excellent course that brings you back to why you wanted to be a nurse.”

Quality, Improvement and Innovation

Care Governance Framework

Shared accountability and assurance for high quality care and staff experience



The Scottish Government
Riaghaltas na h-Alba

CBAS provides a vehicle to implement the care governance framework (pictured above) and to strengthen accountability for person centred care at every level of the organisation. It recognises doctors, nurses, allied health professionals, support staff and managers all share accountability for improving caring behaviours and care experience. It involves creating and communicating shared visions, values and encourages collecting and using information on what works well and less well to address concerns and celebrate success. It promotes ownership and empowerment of staff, including improving self resilience and team collaboration.

Three levels of accountability begin with discussion and caring conversations about what matters to the team, service users and their family using a framework of standards based on NHSScotland's Seven C's and examples of caring and enabling behaviours. Generally, this is a Person Centre Quality Instrument

(PCQI) that describes the standards that the team have agreed to commit to improving. This serves to highlight a shared vision of values and expectations.

The second level of accountability is the system of assessing these standards. This involves the collection of information using appropriate methods, and may include practice observation; patient, family or staff caring conversations or interviews; environment scanning; and reviewing existing data, for example patient records.

Finally the third level of accountability, a system of action planning and enactment to improve performance and inform education needs is established to enable issues to be responded to. This is integrated with reporting mechanisms to inform team members, line managers, clinical governance teams and the Executive Board of progress and outcome.

HeartMath® Programme

We introduced a HeartMath® Programme which is recognised globally as a method to improve health, performance and wellbeing at home and in the workplace. It enables people to transform stress, better regulate emotional responses and harness the power of heart/brain communication. Heartmath® teaches participants how to reduce stress levels at any time or in any situation by using the Quick Coherence Technique®. This technique helps to control breathing and heart rate variability, which will help to reduce and increase resilience to stress.

Practicing the Quick Coherence Technique® regularly enables the individual to create a better personal state of mind to deliver compassionate and person centred care. Some of the nurse education team, a physiotherapist and a nurse from Occupational Health have been educated in delivering this programme.

“ I could have felt really burnt out with the issues I have dealt with in recent months but I have used the emWave2 equipment to see when I have been in the red (incoherent) area and taken a moment to use the technique to get back to green (coherent) area and continue with the task in hand. I wish I had had this earlier! ”

Member of staff who was using emWave

Schwartz Centre Rounds

The Golden Jubilee National Hospital is the first hospital in Scotland to start using Schwartz Center Rounds.

Developed by the Kenneth B Schwartz Center in the USA, this is a one hour, once a month, meeting that all grades and disciplines of staff are invited to attend to discuss difficult emotional and social issues that arise from patient care.

The Round is not designed as a forum to make decisions or solve problems, but as a space to think and talk about the experience of work. It is anticipated that over time the Rounds will facilitate an open learning culture that explicitly promotes the recognition of the emotional aspects of caring and supports the sharing of personal insights across the different professions and staff groups.

In other healthcare facilities where this has been used it has led to better communal emotional intelligence, more awareness of the role emotions play in operational practice; and ultimately an enhanced ability of individuals to manage the emotional labour of caring and delivering healthcare constructively.

As well as providing the opportunity to reinforce caring as a value in the organisation, these approaches help to provide feedback on how these values are lived in the organisation.

“ I have a higher level of respect for what my colleagues do and what they have to endure. ”

The Rounds bring a sense of humanity and companionship into the equation and in some cases a better understanding of each other.

Emotional Touchpoints

Emotional Touchpoints is a patient interview technique which was designed at Edinburgh Napier University School of Nursing. Emotional Touchpoints involves gathering patient experience information using an interview discussion where the interviewee directs the story, and not set questions. This involves collecting stories from patients, staff or students on their personal experiences and their story on how an event or situation made them feel. The participants are encouraged to talk about what they felt, saw, heard and the emotions that were involved.

We have been using this technique for the last four years and monitoring the results via discussions with the nursing team to facilitate change. The results are also reported to senior management and the Board.

Going forward we will increase the number of staff who are able to conduct these emotional touch point interviews by providing additional support and training to staff. We will also look at increasing our use of this technique with a range of staff within the board particularly with staff in areas with service change or redesign.

Safe Care

Improvement Advisor Professional Development Programme

We are very keen to support innovation and improvement in healthcare. In 2010/11 the Institute for Healthcare Improvement's Improvement Advisor Professional Development Programme was delivered to a first Scottish cohort in collaboration with the Scottish Patient Safety Programme (SPSP). Since then several nurses and doctors have completed this 10 month course and have acquired skills to plan, lead and implement improvement projects.

Skills taught on this course have been used in a broad range of ways.

This has been used to improve staff understanding of process, outcome patient data and how this relates to quality of care delivered. This has been supported through implementation of the Clinical Dashboards; measures to reduce falls using the Clinical Quality Indicator; review of the process and outcome data; and supporting roll out of dementia related activities for patient assessment using improvement techniques.

Harm Free Care

Harm free care is a priority for all nurses, many of whom have played leading roles across all Clinical Quality and SPSP Indicators over the past five years.

Some of the improvements led by nurses include:

- Introduction of safety briefs.
- Implementation of early warning scoring to ensure patients whose condition worsens rapidly are effectively managed.
- Measure to reduce infection rates.
- Reduction of adverse incidents through use of the Global Trigger Tools.
- Improving the standard of record keeping.
- Creation and development of improvement dashboards.

We will continue to focus on the national harm free indicators of:

- Cardiac arrests;
- Falls;
- Unavoidable pressure ulcers;
- Catheter Associated Urinary Tract Infections; and
- Venous thromboembolism.

Learning from adverse events



Even apparently simple human errors almost always have multiple causes, many beyond the control of the individual who makes the mistake. Therefore, it makes no sense at all to punish a person who makes an error, still less to criminalise it. The same is true of system failures that derive from the same kind of multiple unintentional mistakes. Because human error is normal and, by definition, is unintended, well-intentioned people who make errors or are involved in systems that have failed around them need to be supported, not punished, so they will report their mistakes and the system defects they observe, such that all can learn from them.

The best way to reduce harm is for the NHS to embrace wholeheartedly a culture of learning.



A promise to learn – a commitment to act, The National Advisory Group on the Safety of Patients in England, chaired by Don Berwick, August 2013

Improving safety in GJNH is one of our key areas of focus. Like the national approach to learning from adverse events, staff in GJNH must support each other to effectively manage and learn from adverse events and allow best practice to be actively promoted. This approach helps us to build on a positive safety culture that promotes avoidance, prevention and reduction of risks, where our Board values support staff and encourage reporting so that we can make improvements. This includes learning from complaints: often our patients and their families will raise concerns that busy healthcare staff don't see.

Across Scotland we seek to ensure that no matter where an adverse event occurs:

- the affected person receives the same high quality response;
- any staff involved are treated in a consistent manner ;
- the event is reviewed in a similar way, and;
- learning is shared and implemented across the GJNH and NHSScotland to improve the quality of services.

Through our Board's Risk Management Strategy, we will ensure staff are enabled to do the right thing at the right time to care for our patients and themselves. To do this we need to build on our communication skills, be aware and educate staff on the 'human factors' that cause 'human errors', listen to our patients, their families and our colleagues and share our learning formally and informally to build an organisational memory that will reduce errors and complaints and make healthcare safer for everyone.

Professionalism in care

Nurses and midwives are fundamental to the Scottish Government's ambitions for NHSScotland to be a world leader in healthcare quality. NHS Boards have corporate accountability for maintaining and improving the quality of services in the form of clinical governance. Responsibility for the quality of nursing and midwifery services are devolved to Executive Nurse Directors.

A number of full day workshops, led by the Executive Nurse Director were held in the Golden Jubilee over the past two years for senior nurses around the hospital to actively encourage discussion and reflection on professionalism, accountability related to everyday practice and the approach to delivering quality person centred patient care, so that no patient is ever treated with anything less than the highest standard of practice and care at all times.

Quotes from Senior Nurses who attended these days...

Very worthwhile day.

I feel privileged to be part of this organisation and would like to think I could be instrumental in improving things even more.

Really thought provoking day, very enjoyable.

Our Board Vision is to be "*Leading quality, research and innovation*" with the ultimate aim to provide the highest quality healthcare services to our patients, who come from all over Scotland for tertiary and diagnostic care.

Nurses, more than any other medical staff, spend the greatest amount of time in direct contact with patients and their families. Therefore, the practice of nurses, their interventions, care and compassion has a significant impact on patient outcomes and experience of health services.

Since the launch of the Quality Strategy, the Scottish Government has set out its own 2020 Vision for achieving sustainable quality in the delivery of health and social care across Scotland. This vision can only be realised if the people who deliver care in Scotland including nurses and midwives work in partnership with the people they serve. To this end the GJNH Nurse Director worked with a small group of national senior nurses to develop a Nursing and Midwifery Accountability Framework to assure NHS Boards and the Scottish Government how NHS Scotland's nurses and midwives are meeting the ambitions of the Healthcare Quality Strategy. This framework applies to all nurse and midwife registrants, irrespective of their grade or seniority. It is closely aligned with the statutory regulatory frameworks and professional guidance that underpin nursing and midwifery practice. Crucially, it will enable nurses and midwives to carry out their clinical responsibilities confident in their knowledge of accountability both for their actions and those actions which they have delegated to others.

Fostering a team approach, successful delegation and ensuring sufficient clinical supervision can be a real challenge for Senior Charge Nurses and Nurse Leaders, requiring significant confidence and skill. Sometimes, what we don't do well in the NHS is see the 'whole team' and often find ourselves focussing on individual issues; dealing with the challenges themselves and not taking the time to reflect on the wider quality needs, what went well, and what we could have done better. In GJNH we acknowledge the need to invest in time

to develop as a team and ensure that such protected time achieves the desired outcomes. Fundamentally we need to develop more multi-professional team based learning through our education, learning and development strategies.

Professionalism, care for patients and care for staff is strongly reflected in our Nursing Philosophy of Care, re-developed six years ago, and still relevant today: “Every piece of care matters” and “Every piece of you matters.” It is important for us to live and practice the values and behaviours that are outlined within the nursing philosophy and staff need a structured support to help this happen. There are key indicators within our Philosophy that clearly map against the Nursing and Midwifery Code of Professional Conduct; therefore adhering to the Philosophy means that we adhere to the Code in everyday practice.

In GJNH, we have developed a set of Professional Practice Indicators that we can use as a high level measure for all our nursing areas. These key indicators will provide a collective indication on the quality of professional care provided. Much more detail of frontline care is available through the hospital’s dashboard system used to measure quality compliance, safety measures and patient outcomes at ward level, set against workload and workforce activity.



“ Public confidence in a profession is sustained when its expectations are – or are perceived to be – in harmony with professional culture and actual performance. On the other hand, public confidence is undermined when a significant gap appears between general expectation and performance. ”

(Professionalism in nursing, midwifery and the allied health professions in Scotland: a report to the Coordinating Council for the NMAHP Contribution to the Healthcare Quality Strategy for NHSScotland, January 2012)

The Francis report was a landmark publication for NHS England with implications and important messages for the rest of the UK. Among the many recommendations, the Francis Report called for a stronger nursing voice in safeguarding acceptable standards of care. So, while the integration of health and social care requires flexibility, innovation and informed risk taking, it also calls for fundamental standards, clearer accountability, simplified regulation and more effective external scrutiny.

Professionalism in care

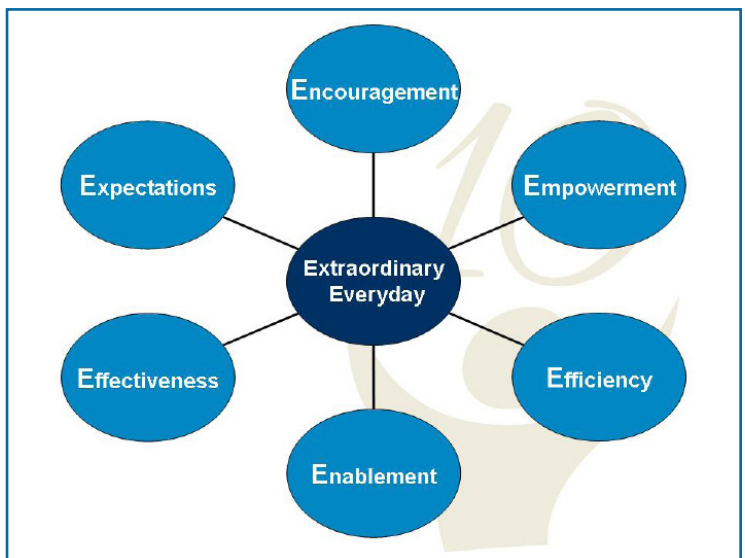
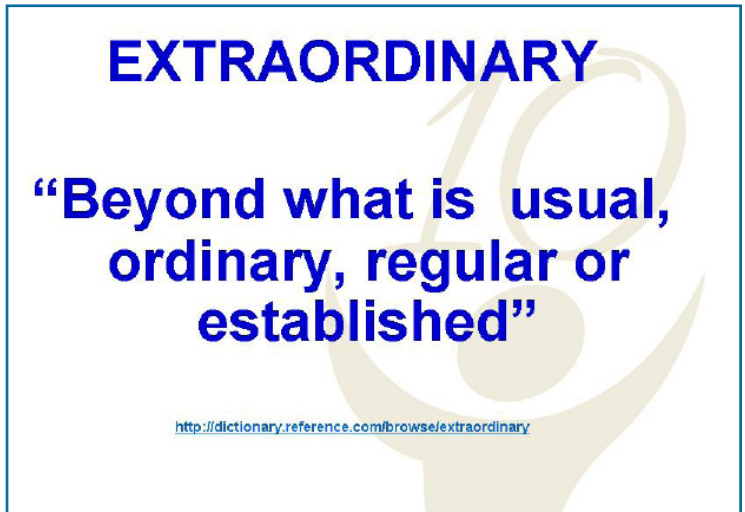
Together these serve to illustrate the complexity within which nurses, midwives and other professional groups are working. Cutting through this, Executive Nurse Directors must balance empowering facilitative leadership with absolute clarity in roles, accountability and expectations.

In 2011, The Chief Nursing Officer for Scotland commissioned a Professionalism Group chaired by Dr Frances Dow to set the direction for recognising, promoting and, most importantly, practising the principles of professionalism within healthcare services. The group developed a series of recommendations outlined below:

1. Develop and publish a vision for the delivery of professionalism in the changing healthcare context and test with a range of stakeholders.
2. Incorporate professionalism within all staff governance and employment activity.
3. Introduce supportive mechanisms to enable staff to deal with the emotional and psychological impacts of health care.
4. Implement measures to enable a professional culture to flourish across NHSScotland.
5. Develop existing support measures to facilitate and embed professionalism across NHSScotland.
6. Incorporate the requirements of professionalism within personal development planning and review processes.
7. Explore and implement mechanisms for selection and recruitment that incorporate the requirements of professionalism.
8. Promote positive role modelling and leadership across NHSScotland as a means of promoting professionalism.
9. Reinforce personal responsibility for lifelong learning as part of professionalism, facilitated by organisational support.
10. Focus NHSScotland learning and development activity on issues of conduct as well as knowledge, competence and skill.
11. Incorporate professionalism as a central concept within all training and education programmes, including undergraduate and postgraduate
12. Secure all relevant research input into any promotional and communications work.

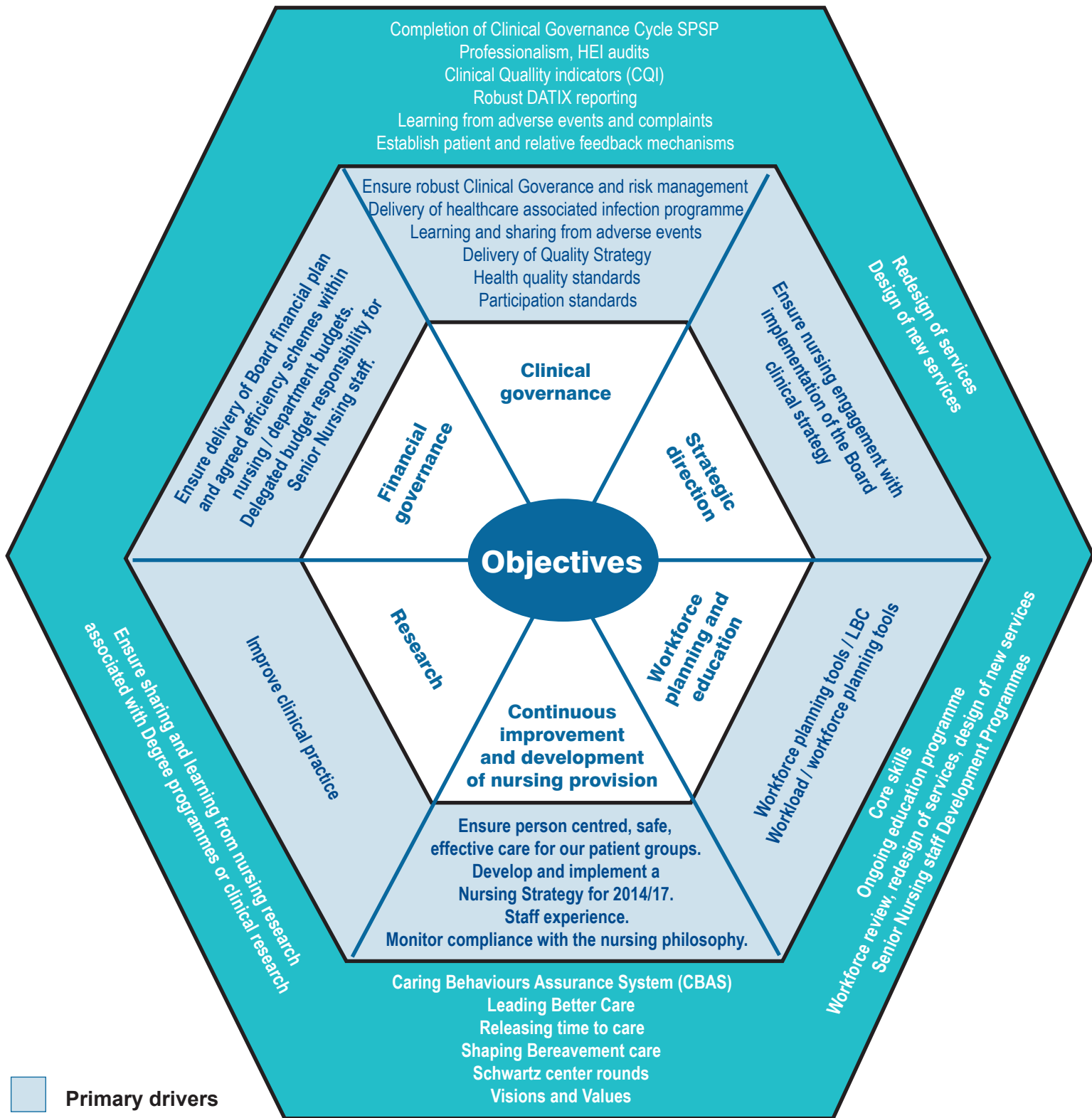
Extraordinary Everyday Nursing Care

...as seen through the eyes of a Senior Charge Nurse



Expectations	Engagement	Empowerment
Knowing Your Team Workplace Culture Staff Values/Commitments Attitudes and Behaviours (CBAS) Clinical Experts	Support Communication Leadership Encouragement Nurturing	Education/Facilitation Development Staff Performance Team or/+ Individual
↕	↔	↔
Enablement	Effectiveness	Efficiency
Professionalism Caring for: • Patients/Families • Self • Colleagues	Person Centred+Measurable Patient Experience Safety Reflection/Patient Stories Governance	Quality Service Improvement, e.g. Enhanced Recovery/DOSA Measures Budget
↕	↔	↔

Corporate nurse objectives driver diagram



- Primary drivers
- Secondary drivers

Clinical Education

We have key objectives and themes to take forward for the next three years:

- To further investigate and pursue adaptable learning within the workplace. We have started to investigate our approaches to blended learning and use of e-learning opportunities, alongside one to one training in the clinical areas, facilitated workshops and lectures. This flexible approach will support nursing teams to learn using alternative methods.
- To support the nursing department goals of focussing on the area of professionalism within the Board.
- Supporting the nursing dept in the development and updating of policies and procedures, adapting training.
- Supporting clinical and nursing audit, and ensuring our documentation procedures are robust and supporting for our staff and patients.
- To ensure that person centred care and compassionate care is integrated in all of our education. This is supported delivery of the CBAS programme and Heatmath™ training sessions for members of staff.
- To ensure that our Clinical Education Strategy contributes to the Board's corporate objectives for delivery of the Staff Governance Standards.
- To review in more detail the recently published Chief Nursing Officer's (CNO) education review and ensure that specific actions relevant to our Board within this document are incorporated into our operational workplans.

We have action points which describe our plans for the next two years in more detail within our Clinical Education Strategy.

Training Needs Analysis (TNA)

- To support ward teams and nurse managers with training needs analysis plans and identify where training required may be delivered within the resources of the team.
- To plan for the Clinical Educators to work closely with nurse managers to assist with the completion of dept TNA plans within the set timeframes and assist clinical teams in training required according to annual staff appraisals.
- To meet with Nurse Managers regularly to support implementation of new services and to plan training requirements around proposed services.

Competency based training

- To review and improve the auditing and reporting of completed competency packs. This will be reported to Senior Charge Nurses (SCNs) and nurse managers as part of the evidence available at staff annual appraisal process.
- To review and update competency packs over the coming year, ensuring none are more than two years old.

Quality Improvement

- Continue to implement the emotional touch points programme with colleagues throughout the hospital and use this source of information within Clinical Education to support improving patient care.
- Continue to support clinical staff with the use of the clinical dashboards, working closely with eHealth colleagues and clinical staff to support understanding of improvement data and the ongoing development of this system.
- Continue to work closely with SPSP leads within the board in the roll out of the SPSP objectives and support this work in terms of integration of clinical education with the aims of the programme.

Pre registration training

- Ensure sufficient numbers of qualified mentors in line with Nursing and Midwifery Council (NMC) mentor standards (2008).
- Maintain a mentor database.
- Pre-placement information available in all areas.
- Audit students' placement experiences and act on information collated.
- Act on feedback from the education providers regarding the mentor and student experience.
- Review available placements for students on an annual basis.
- Participate in joint practice placement audits with the local Healthcare Environment Inspectorate (HEI) on a biannual basis.
- We will investigate the learning opportunities available for student nurses with specialist nurse groups as part of planned clinical placements, and investigate if learning outcomes may be achieved by working alongside these staff.

Flying Start®

- We will ensure that newly qualified nurses who join the organisation are enrolled onto Flying Start® and are assisted with the progression through this programme. Facilitated sessions are available for our new Staff Nurses to support staff to progress through the programme.

Leadership

- Support the development of the Senior Charge Nurse Role.
- Collaborate with the Learning and Development Department with regard to the GJNH leadership-training programme.
- Participate in the delivery of Workforce Planning training

Nursing Assistant development

- We plan to continue to use opportunities to develop Nursing Assistant skills to support workforce planning.
- To assist Nursing Assistants to undertake SVQ3 supported by Clinical Education team.



Infection Control

Unit profile

Effective prevention and control of infection is essential to patient and staff safety and to the overall performance of the organisation.

The role of the Prevention and Control of Infection Service is to ensure that systems are in place and standards are met to reduce the risk of Hospital Acquired Infection (HAI). Key components of our service include:

Set and Monitor Standards to prevent and control infection:

- Surveillance of Infection
- Manage infectious patients/outbreaks
- Education and Training
- Evidence Based Policy Provision (reflecting current Government Policies and Priorities)

Safe Environment:

- Quality assurance of delivery of standard precautions and transmission based precautions
- Monitoring the Safe Patient Environment including equipment with input to domestic and estate audits.
- Contributing in decision making related to new products/building/tendering or alteration of existing structures

Antibiotic control

Specific measures targeted to:

- Surgical site infections
- Respiratory infections
- Bloodstream infections
- Device related infection

Stakeholder description

All patients, staff and visitors' within the Golden Jubilee National Hospital and referring Health Boards.

Unit vision

Our service Vision aligns with the Scottish Government (HAI) Delivery Plan:

“To create a zero tolerance approach to avoidable infections, and deliver safe, effective and person centred care through improvements in prevention and control of HAIs”

The Prevention and the Control of Infection Annual Programme describes in detail the planned implementation of our coherent strategic approach to reduce HAI. Key priority areas are locally determined and heavily influenced by guidance from our partners in Health Protection Scotland, Healthcare Improvement Scotland and SPSP.

Our Prevention and Control of Infection Annual Programme supports the National Quality Strategy ambitions of patient centred safe and effective care.

The aims detailed within the Prevention and Control of Infection Annual Programme can only be achieved through collaborative working. Therefore responsibility for delivery also lies with Clinical Management, SCNs Nurses and ultimately all clinical staff.

Key priority areas	Responsibility	Action Leads
1. Antimicrobial Prescribing Support the work of the Antimicrobial Management Team in promoting and evidencing prudent antimicrobial prescribing across GJNH	Clinical Leads	AMT
2. Clinical Governance To comply with principles of Clinical Governance and Risk Management. To ensure processes are in place to secure public involvement in HAI related issues	CGRMDU All Clinical Staff	PCIT
3. QIS Healthcare Associated Infection (HAI) Standards Implement and maintain systems and processes to meet the above standards	NWTC Board/HAI Executive Lead/SMPCI/Senior Managers	PCIT
4. Healthcare Environment Inspectorate Implement change in response to requirement/recommendations for improvement recommended in HEI reports	NWTC Board/HAI Executive Lead/SMPCI/Clinical Managers	PCIT
5. HEAT Target SAB Bacteraemia 2013-15	NWTC Board/HAI Executive Lead /SMPCI/Clinical Managers	PCIT
6. HEAT Target Clostridium difficile Infections 2013-15	NWTC Board/HAI Executive Lead/SMPCI/Clinical Managers	PCIT
7. Surveillance Continue to perform surveillance as per HDL (2006) 38. Review infection rates against national picture and local upper control limits and triggers for action. Implementing control measures accordingly. National review of the HDL is underway, therefore the focus may alter depending on the outcomes of this review expected Spring/Summer 2014.	NWTC Board/ HAI Executive Lead/ SMPCI	Surveillance Coordinator and PCIT
8. Hand Hygiene - As per CEL (2009) 5 Achieve sustained improvement above 95% in hand hygiene audits and quality assurance of same.	NWTC Board/ HAI Executive Lead/ SMPCI	PCIT
9. MRSA Screening Implement recommendations from HPS National Screening Programme	NWTC Board/ HAI Executive Lead/ SMPCI/Nurse Managers	PCIT
10. Built Environment Ensure assessment and reduction of infection risks associated with all 100% new builds and renovation projects and application to maintenance works (Including HAI SCRIBE and HBN 30) within the National Waiting Times Centre (NTWC). Maintain a safe environment in respect to water safety assurance. Review of HAI SCRIBE is underway nationally therefore the content of the ICP may alter dependant on the outcomes of this review.	SMT/Head of Estates	PCIT/ Built Environment Group
11. Education Ensure provision and uptake of HAI education in accordance with QIS Standards and NES Framework for Mandatory Induction Training in HAI for NHS Scotland.	NWTC Board/ SMPCI (HAI Executive Lead)/ Clinical Managers	HAI education lead Education Sub Group
12. Audit and Quality Improvement Implementation of PCIT Audit and Quality Improvement Programme	NWTC Board/ SMPCI (HAI Executive Lead)/ Clinical Managers/PCIT	PCIT
13. Polices Ensure annual objectives within 2012-15 programme of policy review and audit is achieved	NWTC Board/ HAI Executive Lead/SMPCI	Policy Group

Measuring the Nursing Workload and Workforce Planning (NWWP) is a critical aspect of ensuring that care and interventions for patients are being delivered in the right place at the right time by a nurse who has the right skills and education to do so. The tools for measuring NWWP have been developed over an extensive period of time, to ensure they are fit for purpose.

The Scottish Government has developed a series of Nursing and Midwifery Workload and Workforce Planning Tools. The application of these tools is mandatory to support evidence based decisions in relation to Nursing and Midwifery establishments. This is known as the Triangulated Approach.

The tools use rigorous statistical analysis to calculate the whole time equivalent for current workload. These tools should form part of a triangulated approach to incorporate professional judgement and quality measures which will enable flexibility in decision making on staffing needs at local level.

(CEL 32 2011)



The Triangulated Approach is crucial in assessing nursing workload and workforce planning. It allows consideration of all factors that have an impact on the nursing resource. At the GJNH we consider the following indicators for workload workforce measurement:

Specific tools:

- National Tools e.g. Adult-Inpatient, CNS, Peril-operative.
- Local nursing workforce tool.
- Senior Professional Judgement.

Quality

The quality aspect of the workforce/workload is achieved by the evidence from clinical quality indicators, incident reporting and concerns or complaints raised within a specific department or ward.

The third indicator in triangulation is the funded and actual establishment data which informs us of the utilisation of supplementary nursing hours within a local context.

This triangulation allows for data to be validated by more than two sources, providing a robust approach to workforce planning.

Within the two Divisions we utilise the national and local workload / workforce planning tools to support decision making around the nursing resource.

Regional and National Medicine Division

Looking forward to the next three years, the nursing workforce within Regional and National Medicine will move towards an expansion of skills, maximising the resource available to the patients to enable smooth patient pathways and the delivery of safe, effective and person centred care.

Within Interventional Cardiology these skills include the attainment of physical assessment skills by Band 6 Staff Nurses and by the

expansion of senior nursing staff with non medical prescribing skills. This will create a safe, timelier, patient pathway as well as ensuring patient focused care; in turn, this increases nurse involvement and job satisfaction, delivering a higher quality of service.

The National Services Division (NSD) ward is expanding roles to include competencies with ventricular assist devices (VAD) for those patients suffering from advanced heart failure, building on skills already attained care for those dependant on intra-aortic balloon pumping. The clinical strategy for both advanced heart failure and adult congenital has recognised the important role specialist nursing provides for these patients and we will be moving forward an increase in non medical prescribing across the service. Regional Heart failure also has a specialist nursing role and will work closely with the Heart Failure Specialist research nurse.

Nursing supports a significant amount of clinical research within the Division and the current group of research nurses are critical to the delivery of quality research.

The mix of skills across the Division is under constant review and work is underway to ensure that the correct mix of staff is available for patient care, with resources that are maximised to ensure the most effective delivery of safe, person centred care.

Workforce planning and review is ongoing with each unit compiling daily workforce figures and dependency scoring using validated scoring tools. Combined with validated professional judgement tools and the developing work of releasing time to care in Cardiology, this will give valuable manpower information to ensure the appropriate skill mix, including a review of roles of untrained staff to ensure individuals are fulfilling service requirements.

The next few years hold significant challenges within economic constraints but also significant opportunities for our staff to gain as much experience as possible, and translate that experience in to providing high quality health care whilst in a role in which they are proud to practice.

Surgical Specialties Division Nursing Workforce Strategy

The surgical division has work from two distinct sources. These are the regional patient flow for cardiothoracic services in the west of Scotland and this Board's unique position as the national waiting times centre for Scotland.

The west of Scotland regional heart and lung centre is delivered by Orthopaedics, ophthalmology, general and plastic surgery workload are slightly more unpredictable and this in turn requires a responsive nursing workforce that is multi-skilled in surgical nursing across the specialties.

There has been significant review and ongoing redesign of the nursing teams within the SSD. This is to meet the need of ever changing services and expansions. The core principles to this are having a workforce that is enabled to meet the needs of the service for patients going forward with staff being in the right place at the right time with the appropriate skills required. This requires a dynamic nursing resource where great emphasis is placed on education, training and development.

The Boards Advanced Practice Strategy gives us the blueprint to scope and determine advanced nursing roles in a national and local context. This ensures that these roles currently, and in the future, are underpinned by autonomous practice, critical thinking, problem solving and high level decision making. Examples of these roles are:

- Hospital at Night, Advanced Nurse Practitioners, Acute Pain Nurse, Tissue Viability, Infection control and Clinical Nurse Specialists across the Divisions.
- Our workforce and workload planning is underpinned by both local and national validated workforce planning tools and these continue to be further developed. They give cognisance of the importance of the triangulation approach.
- We have a standardised approach to the utilisation of supplementary staffing (Bank, overtime and Agency). There is an escalation policy in place and this echoes the national drive for a cohesive approach.

Aim

Primary Driver

Explicit and effective lines of accountability from the care setting to the NWTC Board and through to the CNO which provide assurance on standards of care and professionalism.

1. Practitioners are equipped, supervised and supported according to regulatory requirements

2. Dispersed professional leadership focuses on outcomes and promotes a culture of interagency parity and respect

3. There is clear accountability for standards and professionalism at each level to the NWTC Board and Scottish Government

4. NWTC Board have a clear understanding about the quality of the nursing and midwifery service

Adapted from Nursing and Midwifery Professional Assurance Framework for Scotland (Jan 2014)
As commissioned by CNO / SENDís Led by S Chaib Director of Nursing NWTC Board

Secondary Drivers

Each registered practitioner meets professional regulatory (NMC) requirements.
Staff with the right skills and values are recruited in line with NMC/HR requirements.
Staff undertake mandatory training and continuing professional development activities.
Staff are managerially supervised and formally appraised.
Staffing levels are informed by local and National Workforce and Workload Planning tools.
There is an underpinning agreement with relevant Further and Higher Education Institution to govern student placements.
Continuing 'fitness to practice' requirements are fully met.

A team culture of collaboration is the norm through cross-professional/agency formal education and development.
Staff have the interpersonal skills and leadership ability to engage constructively in multi-agency partnership to achieve outcomes.
The unique contribution and accountability of professional roles in integrated care settings is clear.
Staff understand and have easy access to guidance on their professional accountability in multi-agency/cross professional teams where role blurring is expected.
Staff have access to formal supervision to discuss professional practice.

Senior professional leaders are engaged in all decisions affecting Nurses.
An escalation process is in place to raise issues of concern.
Vacancy levels, reasons for absence and temporary staffing-use are monitored.
A process measurement is used to demonstrate/improve caring behaviors.
A summary of learning and improvement from quality measures such as indicators, complaints and critical incident investigations are made available.
There is a system in place for operational and professional managers to jointly review data.

There is a direct reporting link from each level through to the Executive Nurse Director.
The Executive Nurse Director is aware of areas of concern and seeks further assurance and improvement.
The Corporate Nurse Group supports the Executive Nurse Director and models effective professional leadership.
Retrospective and real time performance data is reviewed at NHS Board level.
There is a reporting and escalation mechanism in place for professional assurance to the CNO acting on behalf of the named government minister.

Regional and National Medicine Division

Unit profile

Cardiac Day Unit

16 chaired day unit providing care for patients pre and post coronary angiography and percutaneous coronary intervention (PCI) carried out in Cath Lab. Also provides care for patients with complex congenital procedures requiring recovery following general anaesthetic.

Cath lab

As part of the Optimal Reperfusion service patients requiring primary PCI are admitted directly into the Cath lab. This service provides cardiac catheterisation to elective and urgent patients around the West of Scotland. The service also performs complex percutaneous procedures including the treatment of abnormal heart rhythms as well as treatment for adult congenital patients from the whole of Scotland. Around 40% of the patients treated within the Interventional Cardiology Service are treated on an urgent basis, as transfers from outlying hospitals, for treatment of their less acute heart attack (NSTEMI – non ST segment elevation MI)

Coronary Care Unit

8 bedded tertiary referral facility providing acute care for the critically unwell patient following heart attack (STEMI – ST segment elevation MI). Patients may require inotropic and mechanical support with intra aortic balloon pumping (IABP) and respiratory support including continuous positive airways pressure ventilation (CPAP). The unit acts as a regional referral point for the Scottish Ambulance Service (SAS), G.P. practices and Accident and Emergency units. The unit also recovers patients following percutaneous valve implant.

2C

8 bedded cardiology ward, providing care to a range of patients from various stages of the patient journey. The ward takes care of those patients referred for urgent angiography following heart attack with unstable symptoms, and those following cardiac arrest who require an implantable defibrillator as well as those who have undergone EP studies, complex devices, coronary intervention and transfer of patients from CCU requiring close monitoring.

Cardiology Nurse practitioners

Involved in day to day clinical management of patients in cardiology ward. Manage pre procedure clinics and day to day clinical management in the Cardiology ward.

Interventional radiology

Nursing staff responsible for all nursing care and assessment of patients undergoing MRI, CT angiography and intervention and diagnostic radiology.

National Services Division Unit

8 bedded National referral centre providing care to adult congenital patients, pulmonary vascular hypertension patients and those patients requiring advanced heart failure assessment and management, including assessment for cardiac transplant and mechanical assist devices (ventricular assist devices or VADs). Patients are looked after before and following cardiac transplant and those who have received complex treatment as a bridge to transplant including IABP and long term VAD. In addition to the in-patients, regular day case activity including cardiac biopsies and Right Heart Catheterisation are performed routinely in the procedure room within the ward area.

Specialist Nurses

Congenital Nurse Specialists, Advanced Heart Failure Nurse Specialists (Transplant co-ordinators), Regional Heart Failure Nurse Specialist – involved in support and management of patients and carers throughout the prolonged patient journey.

Stakeholder description

Patients, relatives and visitors, multidisciplinary team within GJNH,

Referring hospitals, Scottish Ambulance Service (SAS), GPs, local cardiac rehabilitation teams and heart failure liaison nurses.

National Services Division by the provision of equitable care for Scottish patients.

Unit vision

Our aim within National and Regional Medicine is to ensure that all patients and carers are treated safely with empathy and respect. Their care will be effective, efficient, patient centred and delivered safely with compassion and dedication by a highly skilled, motivated and dynamic nursing workforce. All staff will feel supported and valued to enable them to deliver the emotional and physical needs of all our patient groups throughout their individual journeys.

Patient comments:

First class attention all round care.

I am very pleased the service was perfect. The atmosphere great. There were no problems with communication and the interpreter did their job perfectly.

Staff very informative as to procedures being done. Dignity looked after.

Although the procedure that I was undergoing can be routine, for me it was an anxious occasion, and those members of staff helped me considerably.

Relative comment:

All the staff are so friendly when you phone they put your mind at ease when you are not able to visit.

Staff comments:

To provide a high quality primary PCI service to patients and families.

Helping the patients and the nurse to give quality care to patients in NSD and maintaining a safe environment.

Proactive, fast, developing service within radiology. Nursing service is pivotal in radiology in working towards a safe patient journey.

What we are aiming to achieve	How we will achieve this	When we will achieve this	How we will measure how we are doing
Appropriate relevant information for patients	Audit current provision of patient information through patient questionnaires.	May 2015	Annual audit and improvement plan, liaise with hospital patient information group.
To ensure seamless transfer of care to base hospitals and specialist centres.	Audit transfer documentation to and from the GJNH.	December 2014	Annual audit and comparison of practice.
Integrate Improve and monitor quality of care through the SPSP	Promote compliance with SPSP audit tool. Participation in the Caring Behaviours Assurance System (CBAS).	Ongoing	Monitor adherence to Care bundles through monthly audit of SPSP bundles and comparison with trends Patient and staff questionnaires to measure improvement.
Compliance with immediate discharge policy	Audit discharge procedure and information. Telephone follow up post discharge.	June 2015	Audit adherence to SIGN guidelines.
Improve Medicine reconciliation to 90%	Highlight at monthly Clinical Governance and SCNs meetings to raise awareness of current compliance.	Ongoing	Monthly audit and recording in SPSP.
Encourage a prompt response by nursing and medical staff when patient shows signs of clinical deterioration.	Introduction of the MEWS/ NEWS scoring tools	December 2014	Monthly audit of compliance with MEWs bundle.

Cardiothoracic wards 3 East and 3 West

Unit profile

Thoracic Surgery: There are 25 beds allocated to Thoracic Surgery .

Care is delivered to patients both preoperatively and post operatively. Patients are admitted for investigative surgery including: Oesophagoscopy, Bronchoscopy, Mediastinoscopy, Pleural Biopsy or Lung Biopsy.

Patients are also admitted for major surgery including lung resection, and volume reduction surgery, The minimum length of stay for these patients is six to seven days. This care is delivered within Ward 3 West.

Cardiac Surgery: There are 36 beds allocated for Cardiac Surgery within the 3rd floor. Care is delivered to both pre and post op cardiac surgical patients. Procedures include Coronary Artery Bypass Grafting, Valve Replacements, Adult Congenital Surgery, Complex Cardiac Device intervention, Emergency referrals e.g. Aneurysms and Minor Procedures e.g. Pacing Wire removal. This care is delivered in both 3 West and 3 East.

The average length of stay post operatively is five to seven days. There are beds within the 3rd floor allocated for NSD / Cardiology patients. The third floor wards accept patients from all areas within the hospital that require cardiac monitoring.

Wards 3 East and 3 West admit patients directly from home, from other hospitals and occasionally from clinics. Approximately 85% of patients attend the cardiac pre-assessment clinic. There is a Thoracic pre-assessment clinic which is in its early stages of development. It is hoped that the majority of thoracic surgery patients will be able to attend a pre-assessment clinic prior to admission. There is also a successful Thoracic Day of Surgery Admissions programme and it is hoped that this service will be extended to a larger group of thoracic patients over the course of the next two years.

Surgical Day Unit: This unit opened on 6th January 2014, and has the capacity of four trolleys and 12 chairs this unit will be Multi Speciality and will include initially Thoracic, Cardiac day cases, Orthopaedic, Plastics and General Surgery day cases, DOSA for all specialties, and within two years the plan is to move to Cardiac DOSA.

Cardiothoracic Nurse Practitioner Service – The cardiothoracic wards and High Dependency Units within the GJNH are staffed by a nurse practitioner specialising in cardiothoracic surgery. They cover the role of a junior hospital doctor. They work very closely with both the nursing and medical staff and they provide a non medical prescribing service as well as Formal Clinical examination of the Cardiac and Thoracic patients.

This service is also an extremely important clinical information and advice resource for the nursing and junior medical staff within the cardiothoracic wards. **Cardiac Rehabilitation Nurses** 1.8 WTE; provide a service to patients prior to admission by introducing patients to the cardiac surgery service. They are a resource for patients and their family or carers pre and post surgery. The cardiac rehabilitation team also visit the patients in the ward post operatively, they then make onward referrals for active cardiac rehabilitation to the patients referring board and ensure any complications are conveyed to the receiving rehabilitation team. These Rehabilitation nurses have recently had training in Smoking Cessation and the plan within the board is to create a position for a smoking cessation nurse specialist that will service both Patients and staff within the GJNH and Beardmore Hotel, they will work closely with The Occupational Health Department.

Stakeholder description

Patients, relatives and visitors, Multidisciplinary Team (MDT) from GJNH, Referring hospitals, GPs, District Nursing Service, Social Services, and Transport Services.

Unit vision

Patients

Our vision would be to cause no harm to any patient in our care. We aim to provide patient centred care in a clean and safe environment by well informed and well educated nursing staff. All patients will be treated with respect and dignity at all times.

Staff

All of our staff will be supported in all that we try to achieve, they should at all times know that they are valued for their professionalism and commitment to the cardiothoracic wards.

Patient comments:

"I could not have been in better hands and I am very grateful for all your care and attention."

"A million thank yous to all for the care, we are so grateful."

"Thank you for your excellent care."

What we are aiming to achieve	How we will achieve this	When we will achieve this	How we will measure how we are doing
Continue to maintain a safe environment for cardiothoracic patients in our care. Maintain the reduction in HAI/SABs in monitoring Peripheral Vascular Lines	Compliance with Peripheral Venous Catheter 'Bundles' PICC Line 'Bundles' Central Line' Bundles'	This will be a constant initiative within the cardiothoracic wards. We already have a low incidence of SABs. Will be reviewed monthly by CNM.	By continuing to monitor PVC / PICC / CVC Line bundles and display results. Monitor infection days, Display the information on boards for staff and visitors Monitor adherence to bundles and infection rates within the cardiothoracic wards.
We will actively encourage a zero tolerance approach to hospital acquired infection, endeavouring to make our patient journey shorter and safer.	Ensure reliable hand washing technique is in use within all wards in order to prevent and reduce all infection rates and avoid the spread of infection. Hand Hygiene monitors in all wards, they are enabled to challenge other members of staff regardless of their discipline if they fail to use correct hand hygiene techniques. Attendance at mandatory training.	This will be a constant initiative within the cardiothoracic wards and will be under constant review by SCNs and CNM.	By weekly audits carried out by hand hygiene monitors and recording on Lanquips/ Dashboards. Results of audits will be available for staff and patients/visitors to view.
Reduction in medication errors by 10%	SCNs will encourage a zero tolerance policy within the cardiothoracic wards in regard to medication errors.	January 2015	Will be closely monitored by SCNs and CNM and all medication errors will be documented through datix reporting system.
Encourage early intervention by nursing and medical staff when a patient shows signs of deterioration, either by elevated MEWs risk score, or physical signs of deterioration.	Monitoring all MEWs scoring including total score and respiratory rate. Encourage staff to report any elevations.	July 2015	Record all elevated MEWs scores and actions taken. Monitor readmissions to critical care or high dependency.
Reduction in patient falls by 10%.	By ensuring patients are aware of nurse call system. Patients who are confused or suffering from delirium may require higher levels of observation. Intentional Rounding.	March 2015	Recording of all falls, slips or trips by patients onto Datix.
Reduction in pressure ulcers by 10%.	By using Skin Bundles and the introduction of Intentional Rounding or Comfort Rounds.	Intentional Rounding is established in both 3 East and 3 West.	By recording pressure ulcers through the Datix Reporting System and input from Tissue Viability Nurse.

Nursing department outlines

Orthopaedic / general surgery wards, discharge team and outpatient departments

Unit profile

Orthopaedics – There are 71 Orthopaedic beds over two wards, 2 West and 2 East. Both wards provide care to patients undergoing elective major joint surgery from day of admission to discharge. There is a multi-disciplinary approach to care within the wards and our consultants, nurses, physiotherapists, occupational therapists and other AHP colleagues work closely together to ensure we deliver patient centred, safe and effective clinical care.

Within the Orthopaedic wards we promote an enhanced recovery programme, the CALEDonian technique. This programme promotes early mobilisation with a resulting impact on the length of stay.

A Surgical day unit opened on 6 January 2014. Orthopaedic, general or plastic surgery patient requiring an overnight stay will be cared for within 2 west and 2 east.

Outpatients: The main outpatient department provides consultation, review, nurse – led pre-assessment, treatment clinics and wound care clinics for all remaining specialties (cardiothoracic, plastics, general, cardiology, national services, ophthalmology). Pre-operative assessment practitioners will be developed during 2014. This post will initially be responsible for the pre-assessment of patients having Thoracic surgery.

The Orthopaedic outpatient department provides all consultation, review and nurse-led pre- assessment clinics for our patients requiring Orthopaedic surgery.

Arthroplasty: The Arthroplasty outcomes service provides follow up care to patients who have had a joint replacement for up to 10 years. The clinics are led by a team of specialist nurses and physiotherapists who work with patients who have had joint replacement surgery to reduce the risk of them being readmitted to hospital.

Discharge Team: The discharge team support the clinical areas with simple and complex discharge planning e.g. arranging social services, liaising with external and internal colleagues and working to reduce the length of stay.

Stakeholder description

Patients, relatives and visitors, Multidisciplinary team from Golden Jubilee National hospital, Referring Health Boards, district nursing service, social work departments, transport (including the ambulance service) and General Practitioners.

Unit vision

From first point of contact to discharge all wards and departments will strive to deliver high quality, person-centred care, which is given with compassion and kindness. We aim to treat patients, carers and staff with dignity and respect at all times. From Surgeons to Housekeeping all members of the multidisciplinary team work together with the common aim of achieving excellence for all patients in our care.

We will ensure staff will work within their knowledge and skills whilst promoting a learning environment to nurture and promote future development of staff for workforce and succession planning.

Patient comments:

“All members of staff, from doctors, nurses to support staff were on hand to help me through every stage of my treatment. Thank you to everyone.”

“Very good in general.”

“Team work was excellent and obvious. Positive patient centred attitude.”

“The staff were very pleasant and caring. Made my stay very comfortable.”

“Was extremely impressed with the care at all times.”

What we are aiming to achieve	How we will achieve this	When we will achieve this	How we will measure how we are doing
Promote a positive culture within the areas encouraging positive staff experience, staff development and education	<ul style="list-style-type: none"> Zero tolerance towards non compliance with mandatory training. Mandatory stats to reach and be maintained at or above 80%. Learning needs analysis (LNA) to be completed annually – appropriate training sessions for staff within all units. 	<ul style="list-style-type: none"> This will be ongoing as part of the annual targets set by the Board. Annual completion of LNA 	<ul style="list-style-type: none"> eKSF documentation is up to date and maintained. Liaising with Clinical Educators to update training records. 100% of staff to be up to date with mandatory training
Maintain a safe environment for all patients within the clinical areas	<ul style="list-style-type: none"> Compliance with Peripheral Venous Catheter bundles. 	Achieve and sustain 95% or higher. This will be continually assessed throughout the units.	<ul style="list-style-type: none"> To achieve and sustain 95% or higher. Monitor daily safety cross, put in place action plan if results fall. Completion of CQI's. Display information.
Work towards a zero tolerance approach to hospital acquired infection	<ul style="list-style-type: none"> Attendance at mandatory training. Hand monitors on duty during all shifts. Compliance with Hand hygiene audits. Staff will be encouraged to challenge those members of the multi-disciplinary team who do not comply with the Board hand hygiene policy. 	Continual assessment Monitored by SCN and CNM.	<ul style="list-style-type: none"> To achieve and sustain 95% or higher: put in place action plan if results fall. Display information on Dashboards. Completion of Datix.
Early intervention by nursing team when a patient shows signs of deterioration e.g elevated MEWS score	<ul style="list-style-type: none"> Staff to report concerns to nurse in charge. Monitoring MEWS score which should include respiratory rate. 	This will continue to be reported as part of the SPSP programme and will continue to be monitored by the SCN and CNM.	<ul style="list-style-type: none"> Weekly hand hygiene audits. Audits available for members of the public to see. Completion of Lanquip. Display information on dashboards. To achieve and sustain compliance at 95% or higher. Completion of MEWS audits, reporting non compliance with charts. This should include respiratory rate.
Visions and values	<ul style="list-style-type: none"> Treat everyone with dignity and respect. Commitment to quality. Effective team working. 	<ul style="list-style-type: none"> This is ongoing within each area. 100% of current staff by April 2014. New staff to complete diversity training within three months of employment. 	<ul style="list-style-type: none"> All staff to have completed Values and diversity training. Feedback from Staff. Feedback from patients via patient questionnaires and emotional touchpoints. SCN/CNM to monitor agreed targets.
Zero tolerance approach to pressure ulcers within the wards	<ul style="list-style-type: none"> Introduction of care rounds in the orthopaedic wards. 	<ul style="list-style-type: none"> Care rounds have been introduced in both Orthopaedic wards. 	<ul style="list-style-type: none"> Pressure ulcers will be recorded within the Datix system. Support from tissue viability link nurses. Involving tissue viability nurse specialist.
	<ul style="list-style-type: none"> Completion of skin bundles. 	May 2014.	Achieve and sustain 95%: put in place robust action plan if results fall.

Critical care units

Unit profile

ICU 1

10 bedded level 3 facility, providing immediate post-operative care to all groups of post cardiothoracic (C/T) surgical patients; the care of these patients is progressed by the nursing team in collaboration with the medical staff. We provide high level post operative care encompassing explicit nursing and medical protocols in this rapidly changing environment. We ensure prompt patient centred safe and effective care thereby benefitting all patients undergoing elective cardiac surgery.

ICU 2

12 bedded level 3 facility, providing additional post op surgical care, Cardiology, and non- C/T surgery. ICU 2 is at the forefront of providing a high level of care to patients requiring advanced heart support, including assessment for Heart Transplant, Ventricular Assist Devices and ECMO. Patients within ICU 2 can remain for extended periods; the emphasis for this group of patients is on rehabilitation and recovery, and appropriate care delivery in collaboration with family and friends.

HDU 2

8 bedded level 2 facility, providing care to C/T, orthopaedic and general patients, these patients have their care needs progressed by the nursing team. The care is delivered In Partnership with the other areas of Critical Care and within the ethos of enhanced individualised recovery.

HDU 3

8 bedded level 2 facility, providing post operative care primarily to Thoracic patients. Care is also delivered to post op patients whose recovery becomes complicated together with rehabilitation of longer term ICU patients. The nurses work with family and friends to aid recovery.

Stakeholder description

Patients, relatives and visitors, MDT from GJNH, Referring hospitals, GPs

Unit vision

High quality, safe and effective care is at the heart of our vision in order to provide the best possible experience for all within critical care. This care will be delivered by a team of staff who are professional, knowledgeable and caring and compassionate both to patients and families but also to each other.

We aim to achieve this by:

- **Safety** – Aiming for zero preventable harm at all times.
- **Effective care** – Demonstrate good clinical outcomes.
- **Experience** – To deliver the best achievable experience in all aspects of care.

Patient comments:

“I would like to thank all members of the team for the care and support my husband received whilst he was so ill in ICU 2. My family and I were so grateful for the support we all received during each step of my husband’s recovery.”

“Thank you ICU 1 for looking after my husband your care and support to him and myself is amazing.”

“Excellent care; Staff are very helpful and sensitive.”

What we are aiming to achieve	How we will achieve this	When we will achieve this	How we will measure how we are doing
Maintain the reduction in HAI for Critical Care	Continue to adhere to relevant care bundles. Scrutinise Mouthcare techniques, optimise cleaning and assessment strategies.	Continuous Review	Monitor days between infections, Display the information on boards for staff and visitors Monitor adherence to Care bundles, generate monthly statistics
Early safe, timely discharge following cardiothoracic surgery. Reduction in % staying >48hrs Facilitation of early transfer for a small proportion of Cardiac patients	Critical Care delivery Group to plan and develop treatment and process improvements. Development work supported by data analysis and scrutiny Participation in Cardiothoracic Improvement work Early Transfer group.	Ongoing February 2015	e.g. Audit of extubation times and critical care length of stay. Publication of data and scrutiny information using National Critical Care data tool
Aim towards a zero harm with regard to pressure ulcers within Critical care	Initiate a targeted improvement project utilising IHI improvement techniques. Involve Tissue viability staff and resources from the rest of the hospital.	June 2014	Calculate incidence per 1000 bed days monthly Data collection via CIS, for SKINN + bundle adherence Implementation of a decision support tool Display improvement project data.
Delivery of a person centred service	Optimise Feedback from patients and families, and be responsive to their needs. Implementing the family tool.	Ongoing September 2014	Assess patient satisfaction through Emotional Touchpoint Feedback Results from family satisfaction Survey. "Help us to help you"
Deliver the Critical care element of Enhanced Recovery from Thoracic surgery	Participate in ERATS group with emphasis on HDU Pathway.	December 2014	Audit data, regarding LOS, number of readmissions, APS. Process measures to drive improvement.
Deliver the SICSAG Quality Indicators	<ol style="list-style-type: none"> All patients in critical care will have a daily management plan. <ul style="list-style-type: none"> Patients are reviewed daily by appropriate medical staff. Management plan completed daily for all patients. Effective and Appropriate communication throughout critical care. <ul style="list-style-type: none"> Accurate documentation of all communication including MDT, patient and family discussion, daily treatment planning. 	Ongoing	Scottish Intensive Care Society Audit tool will generate nationally monitored statistics.

Nursing department outlines

Theatre

Unit profile

15 inpatient theatres and one endoscopy room

five of these rooms are set up specifically for orthopaedic procedures with inbuilt lamina flow. Two are equipped for thoracic and four for cardiac surgery, although there can be a bit of flexibility in these rooms. Two rooms are currently equipped for ophthalmology. General and plastic surgery work from two theatres and these are also flexibly used for cardiology two days per week.

The team consists of registered nurses, registered operating department practitioners, associate practitioners and healthcare support workers including theatre porters.

Stakeholder description

Patients, relatives and visitors, (although visitors are not generally in theatres). Multidisciplinary team from Golden Jubilee National hospital, Referring Health Boards, internal wards and departments, in particular booking office, transport (including the ambulance service) and General Practitioners.

Unit vision

Patients, relatives and visitors, Multidisciplinary team from Golden Jubilee National hospital, Referring Health Boards, internal wards and departments, transport (including the ambulance service) and General Practitioners.



What we are aiming to achieve	How we will achieve this	When we will achieve this	How we will measure how we are doing
<p>Promote safe, effective care and promote a positive experience for all staff, patients and carers</p>	<p>Continue to demonstrate a sustained improvement in processes in relation to the Scottish Patient Safety Programme and other quality improvement programmes/indicators.</p> <ul style="list-style-type: none"> • PVC bundles • Antibiotic prophylaxis • CVC bundles • surgical briefs • surgical pause • DVT prophylaxis • Betablockade • Glucose control • Normothermia • SBAR handover • Hand hygiene • Global Rating scale • JAG standards • QUAD audit. 	<p>Ongoing</p>	<ul style="list-style-type: none"> • Weekly/monthly audits. • Reports to SPS Steering group. • Patient satisfaction questionnaires. • Endoscopy users group. • GRS six monthly audit. • QUAD feedback.
<p>Improve and sustain efficiency in line with NTIG targets</p>	<ul style="list-style-type: none"> • Continue to share data with surgical teams. • Examine data and action plan for improvement. • Support of Operations Director to provide feedback to other health boards where their performance in providing patients/surgeons effects our efficiency. 	<p>March 2015</p>	<ul style="list-style-type: none"> • Data will reflect accurate numbers.
<p>Promote a positive culture within the areas encouraging positive staff experience, staff development and education</p>	<ul style="list-style-type: none"> • Achieve mandatory training targets. • Involvement with relevant educational events internally and externally. • Ensuring adherence to NMC code of conduct. 	<p>March 2015</p>	<ul style="list-style-type: none"> • eKSF documentation is up to date and maintained. • Liaising with Clinical Educators to update training records. • 80% and above of staff to be up to date with mandatory training (this allows for long term absence and maternity leave).
<p>Visions and values</p>	<ul style="list-style-type: none"> • Treat everyone with dignity and respect. • Commitment to quality. • Effective team working. 	<p>December 2015</p> <p>Ongoing for new starts.</p>	<ul style="list-style-type: none"> • All staff to have completed Values and diversity training. • Feedback from staff. • Feedback from patients via patient questionnaires (endoscopy). • Values will be demonstrated in day to day activity.

Tissue Viability

Unit profile

The role of the Tissue Viability Nurse is to enhance patient care through providing specialist wound care knowledge and advice to the healthcare worker and facilitate staff to deliver evidence based practice.

The Tissue Viability Service supports the implementation of National Initiatives and Programmes.

Stakeholder description

All patients and staff within the Golden Jubilee National Hospital and referring Hospital Boards.

Unit vision

Our service vision includes delivering a high quality, effective, person centred care; with all patients and carers being treated with respect and dignity at all times.

We plan on achieving this by including:

Patient safety – aiming for zero preventable harm at all times & delivering evidence based wound care.



Key priority areas	Responsibility	Action leads	Complete by
Implement National Tissue Viability Programme To reduce incidence of hospital acquired pressure ulcers with use of risk assessment tools and skin inspection to identify patients at risk. Implementation, education and auditing for use of SSKIN Care Bundle for patients at risk or with existing pressure ulcers Implementation, education and auditing for use of Pressure Ulcer Safety Cross Implementation, education and auditing for use of Wound Assessment Charts	NM's / SCN's / all Clinical staff	TVN	March 2015
Pressure Ulcer Prevalence Monitoring Development of a robust data collection system to ensure all pressure ulcers are captured. Ongoing monitoring of the use of Datix to report all incidences of pressure ulcers. Local investigation of each incidence of hospital acquired pressure damage. Improve knowledge of clinical staff on the grading of pressure ulcers and differentiating between moisture lesions to allow accurate incidence data to be collected/reported.	NM's / SCN's / all clinical staff	TVN	March 2015
Development and Implementation of Hospital Wide Wound Formulary	NM's / SCN's / clinical staff	TVN	September 2014
Development and implementation of a Standardised Cardiac Dressing	NM's / SCN's / clinical staff	TVN	June 2014
Development and implementation of Negative Pressure Wound Therapy Guidelines for use of therapy within the hospital as well as a discharge policy for patients with this therapy	TVN	TVN	June 2014
Develop Role of the Tissue Viability Link Practitioner (TVLP) Relaunch the TVLP role to enhance its importance providing each practitioner with a badge to wear and review the role responsibilities of the practitioners. Continue monthly meetings. Provide Tissue Viability Link Practitioners study days to improve and maintain their standard of knowledge.	NM's / TVN	TVN	January 2013 Complete
Tissue Viability Group Continue bi-monthly meetings. Review group membership to allow inclusion of the SCN's. Provide quarterly feedback/update from the Group to the PCIC.	TVN	TVN	November 2013 Complete
Education Continue to deliver tissue viability sessions at Core and Induction Training days. Develop study days for clinical staff to attend to improve knowledge on tissue viability. Provide ad hoc training for clinical staff at patients bedside. Organise training for clinical staff on Wound Products and Negative Pressure Therapy from relevant manufacturers as required.	SCN's / TVN / TVLP's	TVN	Ongoing
Develop Tissue Viability led Wound Clinic	TVN / PCIM / Nurse Director	TVN	May 2014
Standardise post discharge wound care for patients	TVN / PCI Team / Cardiac Rehab	TVN	January 2015

Nursing department outlines

Hospital at night

Unit profile

The Hospital @ Night (H@N) Service provides assessment and supervision of patient care across the hospital in the Out of Hours period. The H@N staff also provide site coordination in the out of hours (OOH) period.

Stakeholder description

All teams who contribute to the care of the patients throughout the working week. Patients, relatives and families and hotel guests. External partners.

Unit vision

To maintain 24 hour care delivered to a consistent standard by assisting and supporting the teams within the different clinical areas.

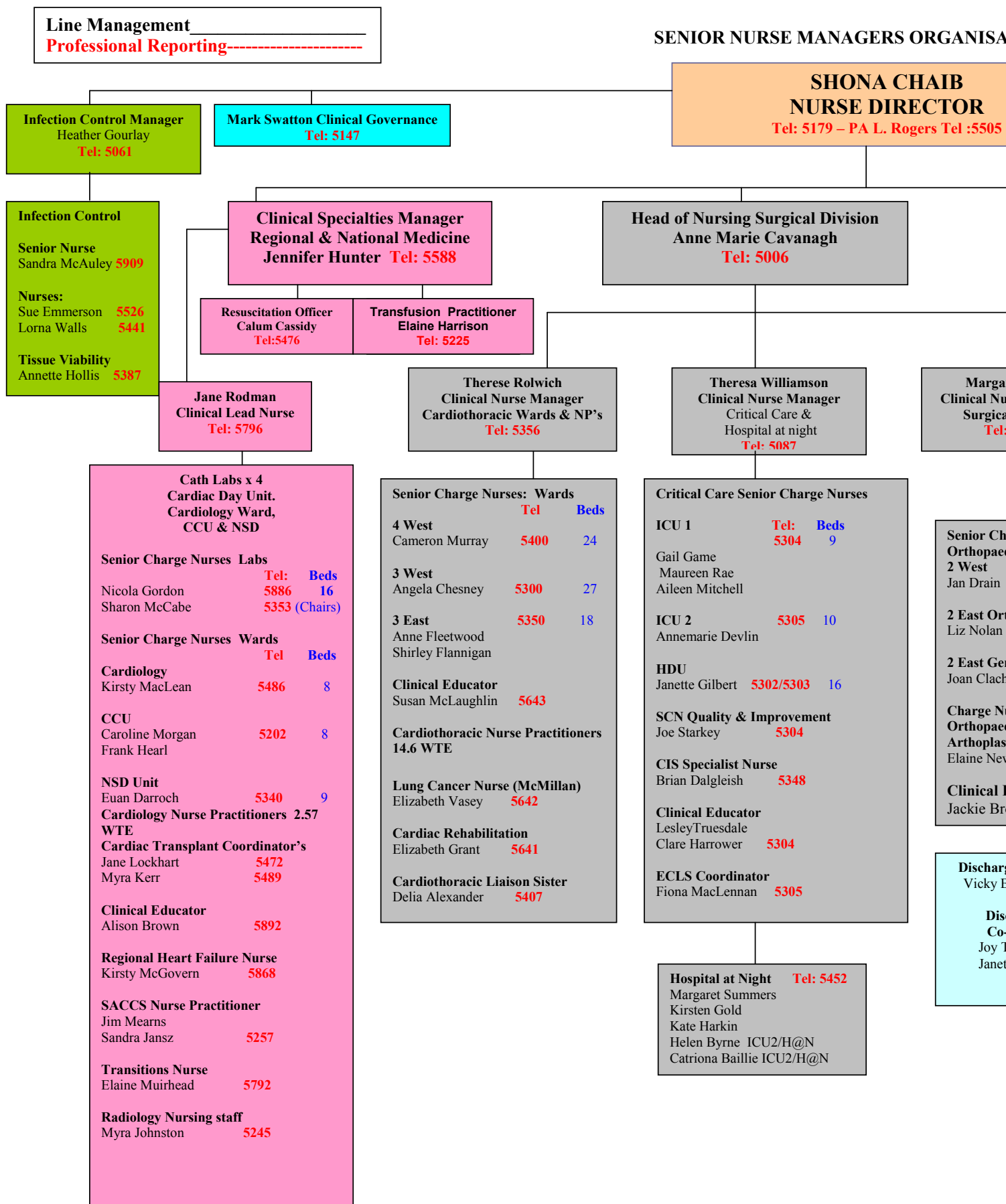


What we are aiming to achieve	How we will achieve this	When we will achieve this	How we will measure how we are doing
Maintenance of a patient focused safe and effective service within the hospital on a 24 hour basis.	Utilisation of effective communication strategies, using hand held communication devices.	June 2014	Audit of communication through the H@N System.
Delivery of care and interventions in a timely manner.	Acquisition and practice of enhanced skills such as nurse prescribing Then test the effectiveness within the role. Participate in the National deteriorating Patient programme (SPSP).	June 2014 September 2014	Audit through various improvement groups, e.g. Enhanced Recovery after Thoracic Surgery. Muse audits through SPSP.
Identification of patients "at Risk" and the progress to an appropriate place of care.	Working with Ward teams, using advanced assessment skills, utilising early warning systems.	September 2014	Audit of admission to Critical Care areas.
Facilitate operational processes that occur OOH.	Good communication, representation at relevant groups in the planning stages. Review existing infrastructure for handover and agree process / system for the future. Implementation of above.	Quarterly September 2014 January 2015	Audit of any relevant operational incidents that occur OOH.

Patient comment:

I would like to say that there are a lot of hospitals that could learn a thing or two from this hospital, the care is next to none. Well done!

Nursing department structure



Clinical Education Workplan

201314	Topic	Detail	Lead	Milestones
1	Assessing Education Needs	Training needs analysis Further Education	CEIN CEs	Clinical Educators to work closely with nurse managers to assist with the completion of dept TNA plans within the set timeframes, and assist clinical teams with training required, elicited through to identified key training requirements for the Nursing Department on an annual basis.
				To continue to represent the Nursing Department for the Further Education budget.
				To meet with Nurse Managers regularly to support implementation of new services and to plan training requirements around proposed services.
2	Mandatory Core Training	To ensure that a nurse induction program and mandatory core training is provided for all Registered Nurses, Operating Department Practitioners and Nursing Assistants	CEIN CEs CEA	Continue to provide nurse induction every six weeks and include core topics specified in strategy.
				Provide quarterly statistics for the Corporate Nurse Group and the Person Centred Committee (as part of the wider Learning and Development Quarterly Report) on attendance at mandatory core training and immediate life support training (ILS).
				Work with Learning and Development to produce a Mandatory Training calendar for all staff within the organization. This calendar will be reviewed on annual basis.
3	Generic education topics	Key education and training issues relevant to all nursing dept staff- use of Effective Practitioner™ website, Learnpro™ and ePortfolio™ Competency based training	CEs PEF CEA	To review and improve the auditing and reporting of completed competency packs. This will be reported to SCNs and nurse managers as part of the evidence available at staff annual appraisal process.
				To review and update competency packs over the coming year, ensuring no competency packs are more than two years old.
				We will review all the available resources for staff both from external validated web resources to use of LearnPro™ which is implemented through the Board. To assist staff to access this resource for ongoing learning we will provide facilitated learning opportunities to assist staff to get started onto available learning resources to encourage use of these resources.
				We will support and encourage the use of ePortfolio™ by nurses and nurse mentors and support staff with use of the resources within the ePortfolio™.

Progress in Q1	Progress in Q2	Progress in Q3	Progress in Q4
Completed. Participated fully with TNA for each clinical division identifying drivers for the year.			
ongoing			
Nurse induction programme revised for year and dates set			
ongoing			
ongoing			
Ongoing			
ongoing			

Clinical Education Workplan

201314	Topic	Detail	Lead	Milestones
5	Focused Clinical Topics	Quality improvement, person centred care, specific training programs according to clinical strategy, TNA and forecast planning	CEs CEIN	We will support clinical staff with the implementation of 'i-dashboards', working closely with eHealth department colleagues and clinical staff to support understanding of improvement data and refinement of the 'l dashboards' within the clinical areas.
				We will continue to work closely with SPSP leads within the Board in the roll out of the SPSP objectives and support this work in terms of integration of clinical education with the aims of the programme.
6	Supporting and developing staff	Preregistration nursing students Internship program Newly qualified registered nurses (Flying Start® program) Leadership development Nursing Assistants development	PEF CEIN CEs	Audit students' placement experiences using a variety of methods including use of emotional touch points interviews and act on information collated.
				Act on feedback from the education providers re the mentor and student experience.
				Review available placements for students on an annual basis.
				Participate in joint practice placement audits with the local HEIs on a biannual basis.
				We will ensure that newly qualified nurses who join the organization are enrolled onto Flying Start® and are assisted with the progression through this programme. Facilitated sessions are available for our new Staff Nurses to give them support in completion of this programme.
				Collaborate with the Learning and Development Department with regard to the GJNH leadership-training programme.
				To assist four NAs to undertake SVQ3 supported by Clinical Education team.
				Maintain separate learning opportunities for Nursing Assistants

Progress in Q1	Progress in Q2	Progress in Q3	Progress in Q4
ongoing			
	Interviews will be set up with University of West of Scotland (UWS) student nurses in June / July		
Planned for Q3			
Ongoing			
Programme developed for Band 6 nurses			
Ongoing discussions and programme to start in Q2			

Directory of roles

Advanced Nurse Practitioners

Undertake the role previously performed by Junior Doctors, supporting nursing teams in delivering patient care within the specialty. Staff work to protocols undertaking a variety of enhanced tasks including nurse prescribing. ANP provide medical management through an advanced level of practice. Pre-assessment role.

Advanced Scrub Practitioners

Provides skilled assistance to the surgeon as first assistant.

Charge Nurse

There is usually one charge nurse within a clinical unit who supports the role of the senior charge nurse, carries a caseload and provides ward management in the absence of the Senior Charge Nurse.

Clinical Educators

There is at least one post holder in each of the nursing speciality areas who takes responsibility for organising the education requirements for staff and acts as a clinical expert in the relevant clinical field.

Clinical Specialities Manager

Senior Nursing Management responsibility for the Regional and National Medicine Division as well as wider operational management duties.

Discharge Lounge Coordinator

Nursing assistants that ensure a safe supervised area for patients awaiting immediate discharge.

Head of Nursing

Senior Nursing Management and strategy for the Surgical Services Division.

Hospital at night nursing team

As the most senior nurse on duty and hospital site manager, they have responsibility for the hospital out of hours and provide the first line contact for clinical and operational issues.

In-Patient Pathway Co-ordinator

Responsible for the flow of urgent and emergency cardiology referrals primarily for acute Coronary Syndrome from base hospitals in the West of Scotland.

Lead Nurse Education and Improvement

Oversees the clinical education programme and improvement projects within the nursing department.

Nursing assistants / Senior nursing assistants

Assist the registered nurses in the delivery of direct patient care.

Nurse Director

Executive Director on the Board with line management responsibility for all nurses as well as Infection Control, Housekeeping, Catering and some elements of Clinical Governance. Professional Lead for Allied Health Professions and some of the Health Scientist Professions.

Nurse Managers

These post holders have operational line management responsibility for nursing across a number of wards or units

Nurse Specialists

Among these varied roles they provide direct clinical care and also provide an advisory role for nursing teams.

Roles include those within the Pain team, Tissue Viability, SACCs, Discharge Co-ordinator, AHF roles, SPVU, Blood Transfusion Practitioner, ECMO Nurses and Infection Control Nurses.

Patient Scheduler

This post supports the effective management of waiting lists for cardiothoracic surgery. The scheduler reviews and assesses the clinical priority of the patient along with the consultant

Physician Assistants- Anaesthetics

PAA's are supporting the delivery of anaesthesia in Theatre and the assessment of patients pre, peri- and post operatively.

Rehabilitation Team

These staff provide pre-operative information sessions and immediate rehabilitation care following cardiac surgery before referring the patient on to their local rehabilitation teams.

Research Nurses

These posts are involved in large scale multi centre research projects being led by some of our Consultants and work collaboratively with the Beardmore Centre for Health Sciences

Thoracic Surgery Liaison Nurse

This post provides support for patients undergoing cancer treatment and is networked to the Macmillan Cancer Services.

Staff Nurse

A Registered Nurse who provides named nursing care for one or more patients as part of the multi professional team.

Senior Charge Nurse

The post has overall accountability for the area that they are designated and line management responsibility for all nursing staff and provision of care in that area.

Theatre Services Manager

Responsibility for the management of nursing and all services and activity within the theatre department.

- **AMT**
Antimicrobial Management Team
- **APN**
Acute Pain Nurse
- **BDS**
Board Dashboard System
- **CBAS**
Caring Behaviors Assurance System
- **CE**
Clinical Educator
- **CEA**
Clinical Education Administrator
- **CEIN**
Clinical Education Improvement Nurse
- **CEL**
Chief Executive letter
- **CGRMDU**
Clinical Governance and Risk Management Development Unit
- **CNM**
Clinical Nurse Manager
- **CNO**
Chief Nursing Officer for Scotland
- **CPAP**
Continuous positive airway pressure
- **GJNH**
Golden Jubilee National Hospital
- **H@N**
Hospital at night
- **HAI**
Hospital acquired infection
- **HDL**
Health Department letter
- **HEAT**
Health Efficiency Access and Treatment
- **IABP**
Intra Aortic Balloon Pump
- **LNA**
Learning needs analysis
- **MDT**
Multi disciplinary team
- **MRSA**
Methicillin-resistant Staphylococcus aureus
- **NMC**
Nursing and Midwifery Council
- **NSD**
National Services Division
- **LDP**
Local Delivery Plan
- **OOH**
Out of Hours
- **PEF**
Practice Education Facilitator
- **PCIT**
Prevention and Control of Infection Team
- **SAB**
Staphylococcus aureus bacterium
- **SAS**
Scottish Ambulance Service
- **SCN**
Senior Charge Nurse
- **SCRIBE**
System for Controlling Risk In the Built Environment
- **SEND's**
Scottish Executive Nurse Directors
- **SMPCI**
Senior Manager Prevention and Control of Infection
- **SMT**
Senior Management Team
- **SPSP**
Scottish Patient Safety Programme
- **SSD**
Surgical Specialties Division
- **STEMI**
ST segment elevation MI
- **TNA**
Training needs analysis
- **VAD**
Ventricular Assisted Device

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