From locally excellent to internationally exceptional: sharing learning from Oxford University Hospitals (UK)

Professor Dickon Weir-Hughes, Magnet Program, & Professor Catherine Stoddart, Chief Nurse & Executive Director

Background

• Oxford University is the oldest university in the English-speaking world and has taught students since 1096. The associated group of hospitals also have a reputation for developing nursing and midwifery over many years. Nurses and midwives at Oxford are drawn from a significant number of countries, including many Commonwealth countries.

• During the 1980’s, it could be argued that Oxford led the way in nursing in the UK, including the implementation and development of Primary Nursing, the Nursing Development Units and the role of the Clinical Nurse Leader. However, over the last ten years these innovations have largely disappeared.

• So, in August 2014 Catherine Stoddart, then the ‘new’ Chef Nurse, decided she wanted to start a period of transformation, asked Dickon Weir-Hughes to join her and so our journey began...
Oxford...the visitors view
Developing a vision

• Developing a Vision for Nursing & Midwifery is a key piece of work for all well run health care organisations. However so often this piece of work takes places behind closed doors and simply reflects the views of the leaders and manages and not clinical nurses and midwives. This wasn’t how we wanted it to be at Oxford!

• The aim of the first phase of the project was to engage staff at all levels, to seek their honest and open feedback on what it is like to be a nurse or midwife at OUH and to seek their views on the priorities for the future. Staff of all bands and from all of the groups hospitals participated in focus groups starting in Summer 2014 and were keen to be involved.

• In the end over 350 nurses and midwives were involved with lengths of service ranging from about 8 weeks to 34 years. Subsequent sessions also involved senior leaders and Directors.
In summary, what did people say?

• In summary clinical staff said that they wanted Oxford to offer: Outstanding nursing and midwifery that is internationally recognised for excellence

• This strategic goal was supported by everyone involved in the focus groups. The strategic themes and recommendations were drawn from those focus groups where there was almost 100% consensus on the way forward and the priorities

• The strategic goal and the following strategic themes together with associated recommendations were endorsed by the Trust Management Executive and approved by the Board in March, 2015.
Strategic themes

The summary vision was then broken down into 5 strategic themes:

• Excellent nursing and midwifery clinical practice
• Career enhancing education and professional development
• Leading the way in practice development research
• Exceptional nursing and midwifery leaders
• Innovative nursing and midwifery models for the future

*The question was how take this forward in a meaningful way...*
‘In God we trust: all others must bring data’

William Edwards Deming, date uncertain

Staff who attended the focus groups were hugely positive about the Vision, the launch and about transforming nursing and midwifery at Oxford.

One particularly strongly held view was that it was no longer good enough for staff at Oxford just to say it’s world leading. Instead it must be proven with international benchmarking using reliable data. We also needed a framework for development. There is only one international system of benchmarking for nursing and midwifery and that is Magnet Recognition

International recognition for excellence: becoming a Magnet recognized organization

- Obtaining international accreditation for the quality of nursing & midwifery at Oxford will enable professionalism to be quantified and pride justified and will be a fantastic accolade for the organization. Accreditation also provides an important vehicle for transformation. The first step was a gap analysis.

- In 1983, the American Academy of Nursing's (AAN) Task Force on Nursing Practice in Hospitals conducted a study of 163 hospitals to identify and describe variables that created an environment that attracted and retained well-qualified nurses who promoted high quality patient care. Forty-one (41) of the 163 institutions were described as “magnet” hospitals because of their ability to attract and retain nurses. The characteristics that seem to distinguish “Magnet” organizations from others became known as the “Forces of Magnetism”.

Magnet Recognition – background

• The full expression of the Forces of Magnetism is required to achieve Magnet designation and embodies a professional environment guided by a strong and visionary nursing leader who advocates and supports excellence in nursing practice. The original Magnet research study conducted in 1983 identified 14 characteristics that differentiated organizations best able to recruit and retain nurses. Magnet now has a recognition program for organizations that can demonstrate that they have embedded the 14 characteristics of Magnet organizations. There are 420+ hospitals worldwide that are accredited against the Magnet Standards in the USA, Australia, the Middle East and Singapore.

Magnet recognition - benefits

• Not surprisingly, research reveals that nurses at hospitals with Magnet accreditation are significantly more engaged in their work than nurses at other hospitals. This creates a win – win situation. When clinical nurses are more satisfied in their practice and their work-life balance, nurse managers spend less time recruiting and inducting new staff. When nurses are fully engaged and are well-educated, patient care also benefits. A large number of studies indicate that the level of nursing engagement coupled with education as a reliable predictor of mortality and complication rates.

• It is important to acknowledge that the Magnet standards simply require compliance with professional practices that all good hospitals would want to see implemented anyway. It is not a separate series of additional areas of work
Magnet recognition – our key challenges

• The Magnet standards really require us to question our practice and to collect robust data in order to prompt our questioning in areas such as: nursing / midwifery certification, nurse / midwife satisfaction, nurse / midwife-sensitive clinical indicators, patient / user satisfaction and nursing & midwifery research

• We also need to collect data and question practice in relation to clinical outcome indicators by unit and this must outperform the mean or median of the national database used. Examples include: falls with injury, hospital acquired pressure sores at stage 2 and above, central line associated bloodstream infection, catheter associated urinary tract infection
Magnet recognition: more challenges!

• RN / RM satisfaction data outperform the mean or median of the national database used (and must include data on autonomy, CPD, access and responsiveness to nurse / midwife leaders and CNO, medical / nursing / midwifery relationships, fundamental care, staffing and RN / RM teamwork)

• The organisation supports nurses’ & midwives’ continuing professional development (including a targeted goal for increasing those with speciality certifications such as in critical care, oncology or renal)

• Nurse / midwife leaders, with clinical nurse / midwife input, use trended data to acquire necessary resources to support the care delivery system

• The CNO advocates for organizational support of on-going leadership development for all nurses, with a focus on mentoring and succession planning
Magnet recognition: education

- Education is definitely our key challenge. Specifically, because Magnet criteria specify that nurse managers and leaders must all be educated to degree level and yet we (as many other hospitals) still have some nurses and midwives in the system who have Diploma level education.
- We also have to demonstrate a year on year increase in the number of staff with speciality certification and that all Advanced Nurse and Midwife Practitioners are appropriately educated.
- Effective partnerships with education providers are absolutely essential. These partnerships need to be true collaborations.
Magnet recognition: how does midwifery sit within a program who’s roots are in nursing?

- Magnet was developed in the USA where midwifery is somewhat different from other countries, including the UK
- The Magnet standards all apply to midwifery, as well as nursing although we have identified a lack of Midwife-sensitive clinical indicators to compliment the Nurse-sensitive clinical indicators
- We are trialing 3 (initial) indicators that we have developed from the literature with the help of midwives (3rd & 4th degree tears, breastfeeding initiation and normal birth together with Nottingham University Hospitals UK), Heart of England Hospitals (UK) and King Saud Medical City (Saudi Arabia) with the support of the Royal College of Midwives (UK). We would welcome other partners (Email: d.weir-hughes@nhs.net). Our desire is to have these included in the Magnet Standards.
Magnet recognition: justify the program!

• The Magnet Standard provide an excellent framework for development and, in our opinion, there is nothing within the standards that we shouldn’t be doing anyway
• There is a plethora of evidence to support each standard and the program overall, including evidence of cost savings and efficiency
• It is about transformational leadership, engagement, evidence-based practice and improved standards of education. What is not to like?!
• It is true to say that Magnet hasn’t been popular in the UK but that doesn’t make it bad! Oxford is hosting the new UK Magnet Alliance (Further information from d.weir-hughes@nhs.net)
What can others learn from this work?

• Developing a vision and strategy for nursing and/or midwifery can be done by any nurse and/or midwife leader anywhere, almost regardless of resources. The elements are: engagement, openness and a willingness to understand the everyday realities of clinical practice.

• The skill is translating the views of clinical teams into a meaningful piece of work that creates ‘win-wins’ and that senior leaders are willing to support and even champion.

• Evaluating an organization against the Magnet Standards can only be a useful exercise and helps one to write a plan. They are evidence-base and written in a neutral style. A good understanding of the standards is very helpful.

What can others learn from our work? (2)

• The Magnet Standards books are quite expensive but organizations don’t have to pursue Magnet Recognition to simply to use the standards as a framework.

• Our experience indicates that once one starts this work a number of other projects emerge. This is positive and include: Advanced Practice, Delegation to unregistered assistive personnel and Leadership development. However, more importantly the locus of control for nursing and midwifery practice also emerges as an occasional challenge

• The use of A Practice Environment Scale is another useful piece of work that can help you evaluate the engagement and performance of your clinical staff and clinical leaders

## Where are we up to?

<table>
<thead>
<tr>
<th>standard</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structural empowerment</td>
<td>Establish model</td>
<td>Pilot in several areas and establish baseline</td>
<td>Embed</td>
<td>Evaluate</td>
</tr>
<tr>
<td>New Knowledge Innovations and Improvements</td>
<td>Identify options</td>
<td>Build base data</td>
<td>Perfect the model and continue narrative</td>
<td>Demonstrate the impact</td>
</tr>
<tr>
<td>Exemplary Professional Practice</td>
<td>Developed with our staff</td>
<td>Launched and Behaviours defined</td>
<td>Embed and evaluated</td>
<td>Evaluate and document</td>
</tr>
<tr>
<td>Transformational leadership</td>
<td>Identify key roles for development</td>
<td>Build succession plan through project management</td>
<td>Sustain and celebrate</td>
<td>Evaluate and document</td>
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Conclusion

• This is an incredibly exciting journey but like all journeys there are challenges but if Magnet accreditation was easy to achieve there would be no point in having it! It’s important to embrace standards that stretch and not those that validate mediocrity
• The challenges that OUH face have been faced and managed by the more than 400 organizations who have already achieved
• The other challenges are mainly about evidence and data or about embedding and evidencing initiatives that are already underway
Thank you

Questions and feedback?

Contact details:
Professor Dickon Weir-Hughes: d.weir-hughes@nhs.net

Professor Catherine Stoddart: catherine.stoddart@ouh.nhs.uk