

MARY JONES

REVALIDATION PORTFOLIO

My Portfolio will help me as a nurse (or midwife) demonstrate that I practice safely and effectively. It will encourage me to reflect on the role of the Code in my practice and demonstrate that I am 'living' the standards set out within it.

Chelsea & Westminster

PRACTICE HOURS

450 nursing hours

Mary Jones
[Pick the date]



JOB DESCRIPTION

A first class hospital for our community

1st September 2015 was a landmark date for Chelsea and Westminster and West Middlesex hospitals as we officially became a new Foundation Trust. The decision represents the best option for securing the future of both major acute hospitals and by combining into a single, unified trust there will be more scope to innovate and develop services. It will also help us build future resilience against financial pressures, rising patient expectation and increasing demand.

Staff from all of our healthcare sites are sharing best practice and experience, with the aim to improve services for local people. Benefits for patients will include:

- Improved clinical outcomes
- Improved patient experience
- Improved choice

The integration will also bring about greater opportunities for staff at both sites, including:

- Wider professional experience
- Rotation and opportunities to be involved in research
- Opportunities for greater sub-specialisation and to maintain skills in specialist areas
- Greater security and organisational resilience
- More staff involvement in Foundation Trust governance and leadership
- Increased referral base and better 'system management'.

We will build a strong and sustainable foundation trust which provides high-quality, value-for-money services to meet the health needs of the local population. It's a very exciting time to come and work for us. Found out more about our hospital and our combined Foundation Trust by visiting www.chelwest.nhs.uk

| | |
|-------------------------------|---|
| JOB TITLE: Staff Nurse | |
| BAND: 5 | DIVISION: Clinical Support |
| HOURS: 37.5 | RESPONSIBLE TO: Sister / Charge Nurse ACCOUNTABLE TO: Matron |

JOB SUMMARY:

The Staff Nurse will:

Provide high quality clinical care to patients, in line with the Trust values and in accordance with professional regulations.

Accept delegated responsibility for specific activities/areas from the senior nurse in charge

Work in line with Trust policies, objectives, protocols and local guidelines, whilst also being aware of the importance of their role in supporting members of the team, and always adhering to the Trust values, and in accordance with NMC regulations.

Work autonomously and with others to always deliver high standards of care to patients and their carers, autonomously and as part of a team.

Communicate in line with Trust values, to patients, carers and staff at all times.

Take every opportunity to continue to develop, practice and expand their own general and specialist nursing skills.

Maintain high standards of professional and ethical responsibility, and accountability and be aware of the medico-legal aspects of nursing, in line with professional, regulating and local guidance.

KEY WORKING RELATIONSHIPS:

- Patients and their carers
- Nursing and medical staff
- Senior Staff Nurse / Junior Sister
- Sister / Charge Nurse
- Matron
- Multidisciplinary team
- Directorate / Divisional Nurse

We will 'go beyond' for our patients and communities. Our organisation will:

- Be a major, multi-site healthcare provider and teaching hospital with 1,000 beds and more than £500m revenue; expanded and improved services in a number of areas
- Have a combined workforce of 5,000 staff with better training and development opportunities, including a wider choice of sub-specialties, greater choice of location and increased best practice
- Have a high volume and high quality local secondary services, with combined acute emergency admissions of around 290,000 annually and an increased patient population of one million.



Chelsea and Westminster Hospital
HR Department
369 Fulham Road
London
SW10 9NH

Tel: 02033158000
www.chelwest.nhs.uk

PRIVATE & CONFIDENTIAL

7th September 2015

Mary Jones,
77 Ealing Road,
London,
W5 2TT

Dear Mary Jones,

RE: Conditional offer of appointment

Congratulations on your success at your recent interview. I am pleased to confirm this conditional offer of employment for the role of Staff Nurse Band 6 in the Education centre, within the Learning and development Directorate at Chelsea and Westminster Hospital NHS Foundation Trust.

Your employment with the Trust would be on the terms set out in the enclosed contract of employment and would also be subject to various policies and procedures of the Trust which are available from the Human Resources Team or via the Trust's intranet. The terms of the offer in this letter and the enclosed contract override anything said to you during your interview or any other discussions about your employment with the Trust.

Conditions/clearances

This conditional offer is subject to each of the conditions set out below and will be withdrawn if any of these conditions are not satisfied.

Once you have satisfied each of the conditions in this offer letter and your employment has been confirmed, your employment will be subject to your satisfactory completion of a six month probationary period. The Trust may, at its discretion, extend this period for up to a further three months. During this probationary period your performance and suitability for continued employment will be monitored.

ID and Documentation Check

As part of your pre-employment process, we will need to complete a face to face ID and documentation check. Please contact the Recruitment Team no later than **31st August** (two weeks from today) to arrange your pre-employment check appointment.

Please bring originals of the following documents with you to the appointment as we are required to check and verify these:

1. Your valid passport
2. Full UK Driving Licence (if you have one)
3. A payslip from your previous NHS employment
4. Your P45 (if you have received one) and a P46
5. Your National Insurance card, P60 or P45 (within the last 12 months)
6. Two Proofs of your current address issued within the last 3 months eg Utility bill (Water/Gas/Electricity/Broadband/Landline), Bank/Credit Card statement or Local Authority Tax Bill issued for the current financial year
7. Diploma or Certificate of Qualification
8. Certificate of professional registration (if applicable)

References

Satisfactory references to cover recent and up to 3 years of employment/training history including any gaps in employment. Please note that if you are coming from another NHS organisation only one reference will be requested, subject to length of completed service.

You will be given an opportunity to notify us of anything that is likely to come up on your references at the pre-employment appointment which you may want to discuss.

Please note that this conditional offer of employment will be withdrawn if, at any time, it subsequently becomes apparent that you have either knowingly withheld information, or have provided misleading or false information.

Professional Registration and Qualification

Please note that this conditional offer of employment may be withdrawn if you knowingly withhold information, or provide false or misleading information in relation to your professional registration and qualification. In addition, if you commence employment, your employment may be terminated should any information subsequently come to light

Work Health Assessment form

Please complete the Work Health Assessment form and return to the Recruitment Team and Occupational Health at the email addresses noted. Please note that candidates who are EPP workers and/or respond to Option B will be required to complete a further health assessment form (this will be sent to you by Occupational Health if applicable).

Declaration form

Before you can be considered for the appointment we need to be satisfied about your character and suitability. Please complete the attached Declaration Form and return by email marked 'confidential' to recruitment.team@chelwest.nhs.uk.

Disclosure and Barring Services (DBS) Check (remove if post does not require any DBS)

The post you have been offered has been identified as providing a regulated activity within the terms of the Protection of Freedoms Act 2012 and/or is an eligible position as per the Rehabilitation of Offenders Act (ROA) 1974 (Exceptions) Order 1975. As such you are required to have a Standard/ enhanced DBS check before starting work.

Please note that disclosure certificates will be sent to you only (by post) and as such you will need to present the original to us.

Right to work in the UK/Work Permit

You will be required to provide proof of your right to work in the UK, either through production of a current UK/EU passport or documentation endorsed by the Home Office confirming your right of residence in the UK, prior to starting in your new post.

As a new appointee to the Trust, you will be required to read through and complete essential documents which can be accessed via the link provided below:

<http://www.chelwest.nhs.uk/working-here/information-for-new-starters>

Please print out and complete the forms below, and bring them with you to your pre-employment check appointment.

Please note the following

- (i) that the Human Resources Department is not based at Chelsea and Westminster Hospital. The address where you will your new starter appointment is Chelsea and Westminster Hospital NHS Foundation Trust, HR Department, Unit 111, First Floor, Harbour Yard, Chelsea Harbour, London, SW10 0XD;
- (ii) that if you do not bring all the requested documentation to your pre-employment check appointment, you may be required to return in person at a later date to complete the process. This may delay your start date as a result;

By accepting this offer, you confirm that you are able to accept this job and carry out the work that it would involve without breaching any legal restrictions on your activities, such as restrictions imposed by a current or former employer.

I hope that you will accept this offer of employment, subject to the satisfaction of the above conditions. If you wish to do so, please sign the enclosed contract of employment and return it to me. If you do accept this offer, we would like you to start as soon as possible, subject to the satisfaction of the above conditions, and I would be grateful if you would indicate a likely start date.

If you have any queries relating to the content of this letter, please feel free to contact me.

Yours sincerely,

XXXXXXX

Recruitment Assistant

Recruitment and Pre-employment Services

Chelsea and Westminster Hospital NHS Foundation Trust

Tel 0203 315 XXXX E: Recruitment.team@chelwest.nhs.uk

**STATEMENT OF EMPLOYMENT PARTICULARS**

This document details your principal terms and conditions of employment relating to your appointment, and together with your letter of appointment constitutes your contract of employment with the Trust. This statement of terms and conditions of employment will supersede any previous contract of employment with the Trust.

This appointment is governed by the agreements of the NHS Staff Council relating to Agenda for Change Terms and Conditions of Employment, agreed by the NHS Staff Council, details which are contained in the NHS Staff Council Handbook and the Agenda for Change: NHS Terms and Conditions of Service Handbook.

Your employment is also subject to various policies and procedures of the Trust as referenced in this document. The Trust agrees local terms and conditions of employment and employment policies and procedures with the locally recognised Staff Side Organisations via the Partnership Forum. Any changes to your contract of employment will only be made after consultation and discussion in partnership with Staff Side and with you individually or by collective agreements with the Partnership Forum or the NHS Staff Council.

For your information copies of all policies, rules and documents referenced in this Statement of Terms and Conditions are available for inspection from your Line Manager, the Human Resources Team or via the Trust's intranet.

SECTION 1: SUMMARY STATEMENT OF TERMS AND CONDITIONS:

(Go to explanation notes for further details)

| | |
|--|--|
| Name: | Mary Jones |
| Post title: | Educational Nurse |
| Date of appointment: (See section 3) | 16 th January 2015 |
| Date of Commencement with the Trust: (See section 4) | 16 th January 2015 |
| Date of Continuous NHS Service: (See section 5) | 16 th January 2015 |
| Nature of appointment | 6 months |
| Pay Band: (see section 7) | 6 |
| Basic salary: - (see section 9) | £28,000 per annum (pro rata? – if part time) |
| High Cost Area Supplement | Inner |
| Recruitment/Retention premium: (see section 9) | Long Term / £ per annum |
| Incremental date: (see section 10) | 16 th January 2015 |
| Place of work (see section 14) | Learning and development, education centre |
| Contracted hours per week: (see section 15) | 15.5 |
| Minimum notice period for employee and Trust: (see section 23) | 8 weeks |



Chelsea and Westminster Hospital **NHS**
NHS Foundation Trust

Chelsea & Westminster

CONTINUING PROFESSIONAL DEVELOPMENT

35 hours CPD

Mary Jones

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

LOG TEMPLATE

Guide to completing CPD record log

Examples of learning method

- Online learning
- Course attendance
- Independent learning

What was the topic?

Please give a brief outline of the key points of the learning activity, how it is linked to your scope of practice, what you learnt, and how you have applied what you learnt to your practice.

Link to Code

Please identify the part or parts of the Code relevant to the CPD.

- Prioritise people
- Practise effectively
- Preserve safety
- Promote professionalism and trust

Please provide the following information for each learning activity, until you reach 35 hours of CPD (of which 20 hours must be participatory). For examples of the types of CPD activities you could undertake, and the types of evidence you could retain, please refer to Guidance sheet 3 in *How to revalidate with the NMC*.

| Dates: | Method | Topic(s): | Link to Code: | Number of hours: | Number of participatory hours: |
|----------|------------------------------|--|---------------------------------------|------------------|--------------------------------|
| 21/03/15 | Course attendance | One Stop Research Workshop, The principles of research, to help me understand how research can assist nursing practice. | Practise effectively | 7.5 | 7.5 |
| 24/11/15 | Course attendance (Weekends) | Principles of First Aid for work as a St John's Ambulance Nurse, enabling me to provide up to date first aid care in a non-hospital setting. | Practise Effectively, Preserve safety | 6 | 6 |
| 30/11/15 | Course attendance | 'Safety Matters' Provided an overview of safety within a surgical environment. Gained knowledge of a clinical governance. | Practise effectively | 5 | 5 |

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

LOG TEMPLATE

| | | | | | | | |
|----------|-------------------|--|--|------|--|------|--|
| 20/04/16 | Course attendance | Recognising and responding to acute illness. Provided an understanding of Early Warning Scores in the clinical areas | Practice effectively, Practice safety | 2 | | 2 | |
| 06/02/16 | Course attendance | Sepsis Learning and Sharing Workshop. Understanding principles and management of sepsis within a ward environment. | Practice effectively, Practice safety | 4 | | 4 | |
| 08/03/16 | Course attendance | St John's Clinical Conference & Workshop. Overview of duties and management of services. | Practice effectively | 6 | | 6 | |
| 17/03/16 | Course attendance | Improving Patient Care through Record Keeping. The legal requirements and consequences of record keeping in clinical practice. | Practice effectively, Practice safety, Promote professionalism and trust | 8 | | 8 | |
| Total: | | | | 38.5 | | 38.5 | |

CERTIFICATE OF ATTENDANCE

This certificate is awarded to:

MARY JONES.

to certify that you attended and completed a course on:

ONE STOP RESEARCH WORKSHOP

21st March 2015

Signature

B. Craig

21.3.2015

Date

St John Ambulance Training certificate

This is to certify that

M JONES RN

has successfully completed the course

Trainee first aider operational skills

24 NOVEMBER 2015 at Epsom

Delegate no: 4630317
Certificate no: 1300927259

St John Ambulance
Chief Executive



00737855

To check the validity of this certificate, please call 0800 0101

You can be
the difference
between
a life lost
and a life saved.



St John
Ambulance
The difference.

St John Ambulance
Registered Charity No. 26117
Registered with the Charity Commission
Registered with the Health and Safety Commission



Certificate of Attendance

This is to certify that

M. JONES

Attended the

AfPP Study Day

'Safety Matters'

30 NOVEMBER 2015

Heart University College Hospital London NHS FT

Sue Lord, AfPP President

Dawn Stott, AfPP Chief Executive

Recognising and responding to acute illness

By
Allison Wiseman

ACW

1

Background

- Reduction in acute beds resulting in sicker patients (McKeown, 2004)
- Increased numbers of adverse events (McQuillan et al, 1998)
- Staff development (Smith et al 2002, Rattray et al 2006)

ACW

2

Why are we failing patients?

- Organisational failure
- Lack of knowledge
- Lack of perception of the requirements for timely intervention
- Lack of expertise
- Failure to seek advice
- Lack of supervision
- Non availability of medical staff
- Lack of equipment
- Very high workload (McQuillan et al, 1998)
- Reduced continuity of care
- Poor communication (Goldhill 2001)

ACW

3

What have we done about it?

- Emphasis on using Early Warning System (EWS) / Medical Emergency Team (MET) scoring in practice- (DH/ Emergency care 2005)
- Development of patient at risk guidelines (better critical report, 2000)
- Development of outreach services (DH, 2000, Goldhill & McNary 2002 & National Health Service Modernisation Agency 2003)

ACW

4

How does this affect you?

- You all have a role to play
- Early recognition and treatment prevents cardiac arrest in some cases (Resuscitation council, UK 2010)
- Learn to use your local EWS/ MET/ MEWS system
- Assess your patients systematically
- Communicate with the MDT effectively

ACW

5

Medical Emergency Team Calling Criteria

- Acute changes in Vital signs:
- AIRWAY Threatened
- BREATHING All respiratory arrests
- Respiratory rate <5 per minute
- Respiratory rate >35 per minute
- CIRCULATION All cardiac arrests
- Pulse rate <40 per minute
- Pulse rate >140 per minute
- NEUROLOGY Sudden fall in level of consciousness (Fall in Glasgow Coma Score of >2 points)
- Repeated or prolonged seizures
- OTHER Any patient who does not fit the criteria above, but whom you are seriously worried about

ACW

6

From: xxxxxxxxx [mailto:xxxxxxx@chelwest.nhs.uk]
Sent: 17 March 2015 11:37
To: Mary Jones
Subject: RE: Enrol for record keeping skills course 20th March

You have attended on 17 Mar 2015, thanks.

Kind regards

xxxxxxxxxxx

Education Administrator
Clinical Learning & Development
Chelsea and Westminster Hospital NHS Foundation Trust
Direct Line: +44 (0)20 3315 8538
Fax: +44 (0)20 3315 2400
E-mail: simulation@chelwest.nhs.uk
Website: www.chelwest.nhs.uk/ccp



Please consider the environment before printing this e-mail

From: Mary Jones [mailto:mary.jones@wmuh.nhs.uk]
Sent: 16 March 2015 11:00
To: xxxxxxxxx
Subject: Enrol for record keeping skills course 20th March

Dear whom it may concern

I am a nurse at West Middlesex Hospital.

I would like to enrol on the Improving patient care through effective record keeping skills course for the 20th of March if possible.

If you are able to include me could you please send location and times.

Thank you

Mary Jones

Want to give up smoking or help your patients to give up?
Contact the Stop Smoking Service based at West Middlesex Hospital on 0208 321 5188,
Hounslow Service 020 8630 3255 or Kingston & Richmond Service on 0800 085 2903



Chelsea and Westminster Hospital **NHS**
NHS Foundation Trust

Chelsea and Westminster

PRACTICE RELATED FEEDBACK

5 pieces of practice related feedback

Mary Jones

FEEDBACK LOG TEMPLATE

Guide to completing a feedback log

Examples of sources of feedback

- Patients or service users
- Colleagues – nurses midwives, other healthcare professionals
- Students
- Annual appraisal
- Team performance reports
- Serious event reviews

Examples of types of feedback

- Verbal
- Letter or card
- Survey
- Report

Please provide the following information for each of your five pieces of feedback. You should not record any information that might identify an individual, whether that individual is alive or deceased. Guidance Sheet 1 in *How to revalidate with the NMC* provides guidance on how to make sure that your notes do not contain any information that might identify an individual.

You might want to think about how your feedback relates to the Code, and how it could be used in your reflective accounts.

| Date | Source of feedback Where did this feedback come from? | Type of feedback How was the feedback received? | Content of feedback What was the feedback about and how has it influenced your practice? |
|-----------|--|--|--|
| June 2015 | Service User | PALS Feedback | The patient was appreciative of the support and understanding given to her due to her being registered blind. However due to her transport home being delayed her carer had left for the delay potentially leaving her in a vulnerable position. It has made me more aware of potential difficulties to patients who require home help if the work in the hospital is delayed, and forever ensuring we have good time management. |

| | | | |
|------------------|-----------------|-----------------------|---|
| December 2014 | Service User | PALS Feedback | The patient appreciated the care I showed her, it has helped me reaffirm the positive affect a kind word and a cup of tea can bring to patients who are worried and feel venerable. Having and maintaining empathy is vital in care giving. |
| November 2016 | Service User | Matron | That my hard work and care has been recognised by my senior, who would like to meet with me to talk about development in my career. I have learnt that hard work doesn't go unnoticed. |
| October 2016 | Nursing student | Student feedback form | Managing a patient who was difficult to manage and help. I developed strategies to help me better deal with patients who may be reacting to their stay with us in a negative way. This really helped me understand the different reasons patients may have of feeling aggressive and how best to manage that. |
| November 2016 | Service User | Letter | The patient appreciated the time taken to explain progress and the stages of their care plan. Insuring the patient understands their plan of care is vital to good patient experience. |

How to contact PALS

The easiest way to contact PALS is via the form on our website www.chelwest.nhs.uk/pals or by emailing pals@chelwest.nhs.uk.

Alternatively you may complete the attached form and return it to the PALS office. To contact us by telephone please call 020 3315 6727 (Mon-Fri, 10am-4pm).

We aim to acknowledge your query within one working day and to find a solution within 10 working days.

Patient Advice & Liaison Service
Chelsea and Westminster Hospital
369 Fulham Road
London SW10 9NH

How you can get involved

As a Foundation Trust member you can have an important role in helping us to develop our services. For further details and to apply to become a member, please visit www.chelwest.nhs.uk/getinvolved or take a *Become a Foundation Trust member leaflet* from the PALS office or from the Information Zone opposite Costa Coffee on the Ground Floor of the hospital. Alternatively you can call 0870 707 1567.

Raising a concern

If you have a concern about your experience in hospital, please approach a senior member of staff in the department or ward where you were treated and they will attempt to resolve the issue as quickly as possible.

If you are not satisfied with the outcome, you can contact PALS who can help to resolve the issue or provide information that may help. If you remain dissatisfied you can make a formal complaint by emailing complaints.team@chelwest.nhs.uk, calling 020 3315 8817 or writing to:

Elizabeth McManus (Interim Chief Executive)
Chelsea and Westminster Hospital
369 Fulham Road
London SW10 9NH

Details

Please ensure items marked (*) are completed or we will be unable to progress your concern.

I have a:

- ☐ comment/suggestion
☒ compliment
☐ concern
☐ request for information/advice

*This relates to the following ward/department:

I am a:
☐ patient
☒ relative
☐ carer
☐ visitor

of the patient who
dictated the words
below to me;

Feedback

I was a patient on Bluebell ward this Autumn for an emergency operation. The staff on this ward were very supportive to me at this time. I am registered blind and have difficulties getting around. The staff made several adaptations for me during my stay in Bluebell. They made sure I was aware of my surroundings and explained everything they were doing and the next steps in my care. My only negative comment was that my transport home was delayed as my transport was late and my carer had left for the day.

Do you require a response about your concern?

☐ yes
☒ no

If yes, please provide the following information:

*Name: _____

*Hospital n° or date of birth: _____

Email address: _____

Telephone n°: _____

Important note:

If you are making a complaint on behalf of a patient we require written consent from the patient before the complaint can progress.

How to contact PALS

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Elizabeth McManus (Interim Chief Executive)
Chelsea and Westminster Hospital
369 Fulham Road
London SW10 9NH

Details

Please ensure items marked (*) are completed or we will be unable to progress your concern.

I have a:

- ☒ comment/suggestion
☐ compliment
☐ concern
☐ request for information/advice

*This relates to the following ward/department:

Bluebell Ward

I am a:

- ☒ patient
☐ relative
☐ carer
☐ visitor

Do you require a response about your concern?
☒ yes
☐ no

If yes, please provide the following information:

*Name: _____

*Hospital n° or date of birth: _____

Email address: _____

Telephone n°: _____

Important note:

If you are making a complaint on behalf of a patient, we require written consent from the patient before the complaint can progress.

Feedback

I have been very sick and on inpatient on Bluebell for 3 weeks. The care from our staff has been amazing and I couldn't fault anything. While everyone has been very good to me, I would just like to say that Mary Jones (one of the staff nurses) stands out as an incredible nurse - she was clinically exceptionally competent and knowledgeable very well but she was also incredibly kind and empathetic towards me, particularly when I was fever scored and unwellable. I will always remember cups of tea at 3am and her kind, reassuring words! Thank you so - AMAZING!!

Jones, Mary

From: Parks, Cindy
Sent: November 1st 2015
To: Jones, Mary
Subject: patient Feedback for Bluebell Ward

Dear Mary

I wanted to provide you with some feedback from the letter that was received in the Patient Services Office regarding a patient on Bluebell Ward who had surgery under Mr Blogg's team.

I was delighted to hear the feedback and although there are issues to be taken forward in the ward area, but for you and it is clearly demonstrative of your strong skills as a registered nurse. This was good feedback especially as there were some challenging aspects of the feedback not related to you for others to consider. You clearly met this patient's needs well and provided her with comfort and good care during her stay. I would like us to meet together to look at your future development and reaching your career aspirations in the future and with your ward manager at a convenient time. Would you arrange this with your ward manager?

More recently I have had received feedback regarding how seriously you take your work and that you can sometimes become tired especially if you stay past your duty hours to cover the ward if it is busy. I would like, again, with your ward sister to make sure you have all the support you need in your work as I am aware that Bluebell ward is very pressured at times.

In conclusion thank you for your ongoing and excellent care to your patients and I look forward to meeting you soon.

Cindy

Cindy Parks
Matron
General Care Division
Chelsea and Westminster Hospital NHS Foundation Trust
369 Fulham Road
London
SW10 9NH

Bleep: 1234

University of England Nursing Faculty

Student Feedback Form

Name: Jenny Wren, 2nd year Nursing Student

Placement: Bluebell Ward

Date: October 2015

Mary Jones was my mentor for my placement on Bluebell ward. She was extremely helpful in guiding me through this specialty ward. I had some challenges with a patient at the time of my placement in terms of their rudeness towards me on several occasions. Mary gave me several strategies to think about in order to gain a strong relationship with this patient. She was particularly strong in helping me find solutions to problems and her clinical knowledge was sound. I had a valuable placement on Bluebell ward with Mary's experience and clinical competency to guide me.

Jenny Wren

2015

Dear Sir/Madam

Following my admission on _____ Bluebell Ward, under the care of Mr _____ I would like to write a formal complaint about the care I received from the nursing staff that were looking after me on the day shift of _____.

Firstly, I would like to highlight the excellent care and attention that I have received from _____ the consultant and his team. I would also like to recognise the care given by the anaesthetic team and the recovery staff nurses. Two nurses also gave excellent care whilst on Bluebell Ward and that was Mary Jones who was supportive, sympathetic, and professional. She provided me with clear information on my progress and care plan. There was also a part time night Staff Nurse called _____ who was professional and kind.

I hope this will be both constructive with the excellent nursing I received and a good reflection of what I believe was bad nursing practice and care that lacked any sort of empathy and kindness. It is my personal experience and what I seen in my bay on Bluebell Ward and towards the some other patients, on _____ 2015.

Having been weighed in the admissions suite by Staff Nurse _____, she forgot to write the weight down and I was asked to be weighed again an hour later but just as I was on the trolley to take me to theatres. I had to jump off the trolley in the ward corridor in front of many visitors. I know a correct weight is essential for someone undergoing an anaesthetic and surgery.

Following surgery that went really well, I was in the Recovery room a long time because the staff on Bluebell Ward, although having been phoned several times by the recovery staff, did not collect me. The recovery staff were lovely to me.

My daughter who was waiting in the visitor's room on Bluebell Ward was given incorrect information about my recovery. This caused her extreme anxiety for a number of hours which could have been avoided.

On my first day after my operation and having returned to the ward at 21.00 the previous evening, I was asked to get out of bed at 08.00hrs, when the day staff commenced their shift. I had to choose how I wanted to get washed and I felt I was a nuisance. The staff seemed to just want to get all the washes out of the way as quick as possible. I was given a commode to sit on in the female toilet and left on my own, I felt unwell very dizzy. It was at this point my drip and pain control machine was disconnected.

On numerous occasions throughout the morning I asked Nurse _____ who was caring for me that day that I thought I should have my drip and pain machine this was ignored. I think the doctor asked for the drip and machine to continue for longer, but despite me reporting this to Nurse _____ this was ignored.

I expressed that I was unable to drink water throughout the day and I couldn't even tolerate even a mouthful of clear soup and that I felt thirsty, but Nurse _____ who was on duty didn't seem to do anything.



Chelsea and Westminster

WRITTEN REFLECTIVE ACCOUNTS

Five written reflective accounts

REFLECTIVE ACCOUNTS FORM

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance on preserving anonymity in Guidance sheet 1 in *How to revalidate with the NMC*.

Reflective account: **Attendance at a Sepsis workshop**

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

I completed a half day sepsis management workshop with other multidisciplinary clinical professionals. The workshop outlined the principles of sepsis management and best practice in the management of sepsis. The day was led by the local Central Commissioning Groups Collaborative and included experienced speakers from several national organisations, including NHS England.

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

The learning I gained was of the current strategies to control sepsis and how structured processes can make a difference to identifying and managing sepsis. The workshop provided a revision to my knowledge of sepsis management and what is relevant to my practice as an acute ward nurse. I have cared for a sick patient with sepsis in the last 18 months and this workshop refreshed my knowledge to be able to respond to sepsis management swiftly and effectively. This session provided me with a clear reflection of my response with this patient's care and an understanding of where I could have escalated the patient's condition via the NEWS scoring and SBAR with even greater urgency.

How did you change or improve your practice as a result?

The learning changed my approach to a greater understanding of monitoring patients who may be at risk of, or suffering from sepsis. It has embedded my knowledge of systemic inflammatory response syndrome (SIRS) and its relationship to sepsis, the importance of the use of NEWS observations and SBAR (situation background, action and recommendation) communication in relation to sepsis management. I now have a refreshed and updated knowledge of the Sepsis 6 principles. With this new learning I have been able to deliver a standard briefing to other staff on my ward regarding sepsis management and this has further consolidated my nursing knowledge and teaching skills.

I also now more confident in my nursing role in managing a patient with sepsis.

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Reflective account: **Management of the discharge of ward patients**

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

The team I work in received feedback from a number of surgical patients who had been discharged from the ward over a 3 month period. These themes were noted both from the PALS and the complaints departments and in the patient feedback surveys. The feedback outlined the concerns of a group of patients (n18) who had been discharged home after intermediate general surgical procedures such as laparoscopic hernia repairs, open hernia repair, and cholecystectomy.

The patients reported some concern regarding their reported experiences on a rushed discharge procedure, particularly with discharge information that was sometimes lacking in terms of their follow up care. A small proportion of the patients stated they subsequently also contracted wound infections that required subsequent treatment from their own general practitioners.

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

It was identified from investigation of the documentation of this group of patients that:

- Information that some of the patient documentation was inadequately completed for the patient group cared for in the ward area.
- The discharge checklist requires updating to include more detailed information of themes to ensure are in place before discharge.
- Some patients reported they had not received adequate information about their discharge and what they needed to know in the immediate days after their surgery which they reported as stressful and felt was inadequate care.

Observations noted by ward nurses

- Some TTA drugs that requires prescribing in theatre after the surgical procedure had been prescribed too late resulting in a delay to discharge

How did you change or improve your practice as a result?

I am as a result of the learning from this situation more aware of how to approach challenging relatives and ensure that the patient's best interests are paramount to the outcome of any intervention. Understanding the protocol for these issues helped me embed the clear guidelines to follow, I am more aware that I can escalate the issue if I required additional support. I have also enhanced my knowledge of safeguarding vulnerable adults after the experience with this patient.

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

This experience has given me an awareness of how I should always prioritise people ((my patients), in terms of practicing effectively, preserving safety and promoting professionalism and trust and therefore provide safe and effective care.

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Reflective account: **Management of a challenging relative**

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

I was responsible for managing and supporting a relative who was attempting to take a patient (her Mother) home without her being formally discharged from hospital care. The relative appeared very distressed and said she was worried about her family member's condition and said she felt she would be best cared for at home. The patient still required ongoing medical and nursing care for their condition and for a sustained period of time. It was considered that if this patient was not to continue receiving hospital care they could deteriorate and their condition worsen.

It was observed that the patient did not wish to go home until the medical staff felt she was fully well and was in turn becoming distressed in trying to understand why her relative was promoting her early discharge.

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

Ensuring the safety of the patient must be my first concern, regardless of the wishes of the family if the patient has the capacity to make choices I want to act in the interests of the patient and aim to support them regarding the choice they take for their care and providing them with the information they require.

In this case the realised it was necessary to seek advice and I referred the situation to my ward manager and the medical team and we listened to the concerns of the relative with the patient present. I learnt the importance of the relative and patient being aware that I was engaged in helping them both, but ultimately to be able to make sure the clinical needs of the patient were met. I found it important to remain calm, promote an environment of trust for the patient and their relative with myself and the medical team.

I learnt that if it was considered necessary that I could and should always escalate the issue to a senior member of staff who would have the knowledge or know where to seek the advice to take any additional steps (such as invoke any safeguarding measures), to ensure the patient is cared for.

REFLECTIVE ACCOUNTS FORM

As a result I have gained more confidence in managing staff that may be new to healthcare and who may take time to integrate into a new role as part of the ward team.

I will be leading the appraisals of a group of HCAs in future and I have taken greater assurance that they are both now settling into the ward well and often now come to me for feedback and support. They cite their early days on the ward as new HCAs as very daunting and that my supportive and individual approach made the difference to them settling in and dealing with the uncertainty of a new role.

I have attended the trust appraisal course to be effective in my interaction with these staff individually for their appraisals.

As a result of greater confidence to support staff I have asked my manager if I could take forward the buddying of the HCAs in the ward team I work in on a permanent basis to develop and build on my development and management skills.

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

Prioritise People, Promote Professionalism and Trust.

It was important to ensure these themes were considered when orientating HCAs to the clinical area. I prioritised the needs of these new staff to ensure they met their learning objectives and promoted professionalism and their trust being part of their recognised support structure.

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Reflective account: **HCA Ward orientation and induction**

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

I was required to deliver/lead the orientation in my clinical area for a new HCA. The new HCA was also new to working in healthcare. On undertaking the orientation and introduction to the ward it appeared that this new staff member was rather nervous and reserved in their communication with staff and other patients. Despite encouragement and close support, the communication did not improve within the first week in the clinical area.

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

It was challenging to maintain the confidence, engagement and interest of the HCA and this was concerning and frustrating for me as I wanted the orientation to go well, to be helpful and for the new HCA to become a confident and motivated member of the ward team.

I learnt I had to adapt my approach to ascertain the best way to work around the situation to understand what may be a cause of the way the HCA was approaching their work. I spent a little more time with the HCA than other new staff even though the ward was busy, but I considered this appropriate at the time. I realised I needed a balanced approach to support the HCA as well as keeping in mind that they also had to engage in their duties effectively and consider their wider role and integration in the ward team.

How did you change or improve your practice as a result?

I took advice from the ward manager after the session and this led me to allocate a review session with the new HCA which then developed to supporting other new HCAs on a regular basis after their induction. As a result of taking the time to support the highlighted HCA all other new members of HCA staff I have a better understanding of their thoughts and concerns when new in post which I have worked through to support them with. I have adapted a clear and transparent induction programme to incorporate support structures for all new HCAs. The HCA retention rate in the ward area has remained steady and all new HCAs have settled into the clinical area well and are caring for the patients they are allocated to effectively.

I more recognise the need for early referral to the Diabetes Specialist Nurses in order to assess the needs of this group of patients. To add to this and I have learnt from the diabetes specialist nurses that to listen to the patient is of as much value for diabetes management as a clinical or advice approach.

I have developed my knowledge on some issues that affect young adults living with diabetes and in particular the need for them giving their views on their treatment, understanding the appropriate diet and insulin management. This has enabled me to approach my patients first listening sensitively, but clear in my approach bearing in mind the changes they are experiencing with their development into being an adult. I am now able to support this group of patients more effectively and able to advise the appropriate support groups and other professionals who can also help in this clinical situation.

I have established a stronger working relationship with the diabetic nursing team and feel more equipped and experienced to seek advice for the most appropriate patients on the ward and to identify those who may be at greater risk. For the future, I will be attending the ward education sessions and the link nurse updates to remain updated in the area of diabetes management.

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

This reflection is relevant for me for Practising effectively in caring for a discrete group of young adult diabetic patients and Promoting professionalism and trust by enhancing my knowledge of care of diabetic patients, to listen to their needs and to gain the trust of my patients to be able to manage their own care more proactively and to Preserve safety.

I feel I am also able to Prioritise People (this discrete group of diabetes patients) and their individual care.

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Reflective account: **Management of a young adult diabetic patient**

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

A teenage/young adult patient was admitted into my ward area with a diagnosis of Type 1 Diabetes Mellitus, DKA (diabetic ketoacidosis). His diabetes was unstable on admission, but as the medical condition was stabilised over the first 24 hours it was noticed that the patient was not wishing to self-manage his medication. He became aggressive and upset on several occasions. I noted that he was most distressed regarding having to manage his own dietary needs and when discussing future lifestyle changes. It appeared he preferred to not be engaging and self-managing his blood glucose levels within target. This escalated to the patient wishing to take his own discharge from the ward when not safely ready for discharge.

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

Reflecting on my experience looking after younger people with chronic diseases, I can see that they are more likely to neglect their condition, and potentially suffer more acute complications.

My experience has shown that younger patients pose a real challenge, in terms of helping them self-manage their condition. There is a need for specialist input in terms of structured education, counselling and clinic support to help this group independently manage their condition.

How did you change or improve your practice as a result?

I put time aside to research the care of diabetes in young people. I spent some time with the trust's diabetes specialist nurse where I was able to ask questions and gained a greater insight into how these specialists approach the support, education and care of younger diabetes patients.

I have gained a greater appreciation of how a condition can sometimes affect patients in different ways depending on their age, lifestyles and experiences.

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

In my view this enhanced learning has given me greater knowledge to be able to prioritise people (my patients) to practice effectively and preserve safety in a patient with sepsis.



Chelsea and Westminster

REFLECTIVE DISCUSSION

Reflective discussion with another NMC registrant

Mary Jones


REFLECTIVE DISCUSSION FORM

You must use this form to record your reflective discussion with another NMC-registered nurse or midwife about your five written reflective accounts. During your discussion you should not discuss patients, service users or colleagues in a way that could identify them unless they expressly agree, and in the discussion summary section below make sure you do not include any information that might identify a specific patient or service user. Please refer to Guidance sheet 1 in How to revalidate with the NMC for further information.

To be completed by the nurse or midwife:

| | |
|----------|------------|
| Name: | Mary Jones |
| NMC Pin: | E14335 |

To be completed by the nurse or midwife with whom you had the discussion:

| | |
|---|---|
| Name: | Abdi Patel |
| NMC Pin: | E43598 |
| Email address: | Abdi.patel@chelwest.nhs.co.uk |
| Professional address including postcode: | West Middlesex Hospital Twickenham Rd, Isleworth, Middlesex TW7 6AF |
| Contact number: | 0208321xxxx |
| Date of discussion: | 20/03/2016 |
| Short summary of discussion: | I have discussed all 5 reflective accounts. I feel that Mary has appropriately reflected on each account and has taken steps to changed/improved her practice and helped her develop as a nurse. She has real insight into her CPD and the feedback she received; projecting this in the reflective accounts. |
| I have discussed five written reflective accounts with the named nurse or midwife as part of a reflective discussion. | Signature:  |
| I agree to be contacted by the NMC to provide further information if necessary for verification purposes. | Date: 20/03/2016 |



Chelsea and Westminster

CONFIRMATION

Look at the evidence I have collected and 'confirm' that I have met the revalidation requirements.

Mary Jones

CONFIRMATION FORM



To be completed by the nurse or midwife:

| | |
|--|------------|
| Name: | Mary Jones |
| NMC Pin: | E14335 |
| Date of last renewal of registration or joined the register: | 30/04/1995 |

I have received confirmation from (select applicable):

- ☐ A line manager who is also an NMC-registered nurse or midwife
- ☐ A line manager who is not an NMC-registered nurse or midwife
- ☐ Another NMC-registered nurse or midwife
- ☒ A regulated healthcare professional
- ☐ An overseas regulated healthcare professional
- ☐ Other professional in accordance with the NMC's online confirmation tool

To be completed by the confirmer:

| | |
|--|---|
| Name: | Abdi Patel |
| Job title: | Line Manager |
| Email address: | Abdi.patel@chelwest.nhs.co.uk |
| Professional address including postcode: | West Middlesex Hospital Twickenham Rd, Isleworth, Middlesex TW7 6AF |
| Contact number: | |
| Date of confirmation discussion: | |

If you are an NMC-registered nurse or midwife please provide:

NMC Pin: **E43598**

If you are a regulated healthcare professional please provide:

Profession:

Registration number for regulatory body:

If you are an overseas regulated healthcare professional please provide:

Country:

Profession:

Registration number for regulatory body:

If you are another professional please provide:

Profession:

Registration number for regulatory body (if relevant):

Confirmation checklist of revalidation requirements

Practice hours



You have seen written evidence that satisfies you that the nurse or midwife has practised the minimum number of hours required for their registration.

Continuing professional development



You have seen written evidence that satisfies you that the nurse or midwife has undertaken 35 hours of CPD relevant to their practice as a nurse or midwife



You have seen evidence that at least 20 of the 35 hours include participatory learning relevant to their practice as a nurse or midwife.



You have seen accurate records of the CPD undertaken.

Practice-related feedback



You are satisfied that the nurse or midwife has obtained five pieces of practice-related feedback.

Written reflective accounts



You have seen five written reflective accounts on the nurse or midwife's CPD and/or practice-related feedback and/or an event or experience in their practice and how this relates to the Code, recorded on the NMC form.

Reflective discussion



You have seen a completed and signed form showing that the nurse or midwife has discussed their reflective accounts with another NMC-registered nurse or midwife (or you are an NMC-registered nurse or midwife who has discussed these with the nurse or midwife yourself).

I confirm that I have read *Information for confirmers*, and that the above named NMC-registered nurse or midwife has demonstrated to me that they have complied with all of the NMC revalidation requirements listed above over the three years since their registration was last renewed or they joined the register as set out in *Information for confirmers*.

I agree to be contacted by the NMC to provide further information if necessary for verification purposes. I am aware that if I do not respond to a request for verification information I may put the nurse or midwife's revalidation application at risk.

Signature:



Date: 20/03/2016