

# GETTING IT RIGHT FROM THE START

Cathy Comerford speaks to family nurses about their role supporting vulnerable young mothers

The Family Nurse Partnership programme, which supports first-time mothers aged 19 or under with home visits, has been rolled out to more than 130 local authority areas over the past seven years – and is expected to hit the government’s target of reaching 16,000 young mothers this month.

Each family nurse visits up to 25 mothers, mostly referred from maternity services, once a week. The nurses work in teams of six to eight, with a supervisor who meets with them for an hour a week for feedback and education.

The same nurse keeps in touch with each woman from early pregnancy – ideally 16 weeks – until the child is aged two.

Nurses who have joined the scheme are mostly former midwives, health visitors, paediatric nurses or mental health nurses who undergo around 16 weeks’ training.

The programme’s clinical director Ann Rowe calls it a



‘We help them to draw on their strengths’

**Caroline Gill (pictured) has been a family nurse for six years. She works as part of a team of ten nurses at Staffordshire and Stoke on Trent Partnership NHS Trust.**

Her day involves making three to four visits a day, each lasting about 90 minutes, to clients throughout the region.

‘My visit incorporates all sorts of techniques. We use PIPE (Partners in Parenting Education) with young women, which helps them to understand the intricacies of parenting.’

Ms Gill joined the Family Nurse Partnership early on in the programme, after working as a Surestart midwife with a special focus on breastfeeding and smoking cessation with young parents.

‘Because we work with young women at all levels, I feel we are providing holistic care. Although health is a significant part of that care, there is also the social side of it.’

‘We help them to draw on their strengths,’ she explains.

‘patchwork quilt’ of training: ‘Essentially its foundation is a therapeutic relationship that the nurse establishes with the client.’

Sally Godwin, who trained as a midwife and health visitor, became a family nurse employed by Oxford Health NHS Foundation Trust last

## NOTICEBOARD

**Leadership** The Florence Nightingale Foundation is offering scholarships to healthcare professionals who want to become leaders with the skills and self-confidence to contribute positively to the rapidly changing world of health care. Scholars undertake a bespoke programme geared to their individual needs based on a performance assessment. Applicants should be supported by their organisation. The closing date for applications is September 23. [tinyurl.com/FNFLScholar](http://tinyurl.com/FNFLScholar)



**Commonwealth nurses** The Commonwealth Nurses and Midwives Federation is looking for abstracts for its third conference in 2016. *Toward 2000: Celebrating Nursing and Midwifery Leadership* will be held in London on March 12-13 next year. Abstracts of no more than 300 words should demonstrate

outstanding nursing and midwifery leadership to the profession and to citizens of the Commonwealth in any setting where nurses and midwives are providing care in clinical practice, management, education or research. Submissions should be made by May 31. [tinyurl.com/CNMF2016](http://tinyurl.com/CNMF2016)

**Mental health** Our State of Mind, a seminar on why so many people with depression and/or severe anxiety disorder fail to receive professional help will be held on May 6 at London’s Barbican Centre. Economist and author Richard Layard, psychiatrist David Clark and director of Action for Happiness Mark Williamson will argue for changes in mental health provision that would save lives and improve society. Broadcaster Claudia Hammond will chair the discussion. [tinyurl.com/mou4nu9](http://tinyurl.com/mou4nu9)

August. She makes three to four home visits a day to cover her 16 clients, as well as attending case conferences.

'We tread a subtle line,' she says. 'I saw a girl today who was in a crisis. She did not know whether to keep her baby.'

'We work alongside clients to explore different options and support them.'

### Intensive work

Another former health visitor, Jo Davidson, is one of a team of eight family nurses employed by the Cornwall Partnership NHS Foundation Trust. 'We have to be directive sometimes,' she says, 'but we try to avoid that.'

The programme complements the work of health visitors, according to Ms Rowe, but works much more intensively with smaller groups of families.

'A lot of young parents live in circumstances that are challenging. They may not have had experience of good parenting themselves,' she says.

Unite lead professional officer Obi Amadi says the programme's work has been proven to reduce health and social problems for this cohort of young families: 'Health visitors would all say that they would want to give this level of service to everyone' **NS**

Cathy Comerford is a freelance journalist

## In her second article on clinical quality, Nicola Davies looks at preparing for a CQC inspection

# Present and correct

**In advance of a Care Quality Commission (CQC) inspection of NHS trusts, GP premises and care homes, information is collected on the opinions of patients, carers and staff. Staff preparations in making sure that CQC standards are adhered to need to start well in advance.**

Andrew Cockayne, former head of patient experience at Croydon Health Services NHS Trust, recommends that all staff are fully informed of what will be expected of them.

'All staff should know the standards that are needed to drive improvement,' he says.

Wrightington, Wigan and Leigh NHS Foundation Trust clinical director for quality Martin Farrier emphasises the importance of continuous internal quality inspections focusing on 'always events' rather than 'never events'.



He urges staff to focus on aspects of care that patients value.

It is vital senior staff know their organisation's performance data, says Nicola Ranger, director of nursing at Frimley Park Hospital NHS Foundation Trust in Surrey, which was recently rated 'outstanding'.

'A culture of quality in service needs to be embraced because it is the right thing to do.'

After the inspection we have had champagne in the atrium. This provides everyone with feedback that their hard work is valued by management.'

When the trust was given its outstanding rating, the CQC's chief inspector of hospitals Professor Sir Mike Richards commented: 'One of the most striking things about this trust is the way teams work together across the hospital, and with other providers.'

The importance of teamwork, where all staff assume responsibility, cannot be overestimated. And staff should be thinking of new ways to solve problems.

CQC national professional adviser Rona McCandlish says it is hard, but not impossible, to be innovative: 'This is a characteristic of an outstanding service.'

**Nicola Davies is a health psychologist and writer**

The first article can be found at (£) [tinyurl.com/q7mw6c5](http://tinyurl.com/q7mw6c5)

### On inspection day

- ▶ Brief the CQC about your concerns.
- ▶ Be proactive with solutions to problems.
- ▶ Prepare clear briefings.
- ▶ Hold a mock inspection.
- ▶ Be prepared for forensic questioning.
- ▶ Have all information available.
- ▶ Offer a debriefing room for staff to use during the inspection visit.



**Virtual learning** The British Association for Parenteral and Enteral Nutrition (BAPEN) has launched a virtual learning environment that includes the 2014 BAPEN annual conference e-learning modules. The website has been created because healthcare professionals are finding it difficult to obtain study leave to attend conferences. As these are e-learning modules, accompanying multiple-choice questions can be completed for inclusion in portfolios. [tinyurl.com/BAPENVLE](http://tinyurl.com/BAPENVLE)

**Hospice staff** Hospice UK has published guidance promoting the health and wellbeing of staff. Aimed at boosting resilience, the guidelines say hospice work is stressful because working with dying patients can lead to a sense of chronic anticipatory grief and loss. Other stress factors include changes to working

practices, such as patients presenting with more complex health needs, the use of IT in supporting them and more people wishing to die at home. [tinyurl.com/HospiceUKstaffcare](http://tinyurl.com/HospiceUKstaffcare)

**Race equality** NHS England has introduced a new race equality standard for the NHS workforce. From this month, NHS organisations will demonstrate progress against a number of indicators of workforce equality, including a specific indicator to ensure that boards are representative of the communities they serve. The Workforce Race Equality Standard is accompanied by the now mandatory NHS Equality Delivery System (EDS2). This is a toolkit to help organisations improve the services they provide for their local communities. The standard will be used by the various regulators in their assessments of NHS organisations. [tinyurl.com/NHSERES](http://tinyurl.com/NHSERES)