

CLINICAL GUIDELINE - NAMED NURSE

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SCOPE

Services	Applicable	Comments
Trustwide		
Essex MH&LD	✓	
CHS		

The Director responsible for monitoring and reviewing this Clinical Guideline is Executive Nurse

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NAMED NURSE CLINICAL GUIDELINE

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NAMED NURSE CLINICAL GUIDELINE

Assurance Statement

This purpose of this guideline is to provide a framework for the implementation of Named Nursing across EPUT mental health & learning disability in-patient/Nursing Home areas and to ensure that there is clarity on the role and responsibilities of the Named Nurse.

1.0 INTRODUCTION

- 1.1 The Trust's commitment to high quality care and safety is paramount and as such, the purpose of these clinical guidelines is to provide clear guidance to staff in relation to the role of the Named and Co-worker when a patient is admitted to EPUT in-patient services.

'Patient' will be the terminology used throughout this document and refers to patients, residents and individuals.

- 1.2 Originally launched within the UK in 1991, all patients have the right to receive the care of a Named Nurse (DH, 1991). Named nursing is best considered a development of primary nursing, which involves four essential elements: patient allocation and the acceptance of responsibility for decision-making; individual assignment of daily care to a single nurse; direct communication; responsibility for the quality of care delivered to an individual patient (Shebini & Agarwal, 2008). Francis (2013) recommends the practice of identifying "nurse who is in charge of each patient's care, so that patients and families are clear who is in overall charge of that care."
- 1.3 The primary role of the Named Nurse is to co-ordinate the delivery of individualised comprehensive nursing care from the point of admission to the point of transfer/discharge in collaboration with the multi-disciplinary team
- 1.4 To ensure continuity of care, a Co-worker, who will fulfil the duties of the Named Nurse during his/her absence, will be allocated to the patient. It is the responsibility of the ward/unit Senior Sister / Nursing Home Manager/Charge Nurse to ensure that the leave periods of the Named Nurse and Co-worker do not overlap. Where this is not possible, for example where either of the individuals has unplanned absence and the other is on leave, a further Co-worker must be allocated.
- 1.5 People who use services should have their individual needs established through assessment when they are referred or begin to use the service.
- 1.6 The key objective of named nursing is to provide and coordinate the best possible quality of care, by recognising and utilising the skills of all team members, led by the Named Nurse.

- 1.7 The benefits of this model of care are as follows:
- patients are able to identify one nurse who is specifically and consistently responsible for their overall care;
 - there is the opportunity for the nurse to maximise the therapeutic value of the practitioner-patient relationship and thereby enhance trust and collaborative working;
 - there are opportunities to develop consistent and extensive knowledge across episodes of care;
 - those involved in the care of the patient can easily identify the nominated nurse who coordinates the patient Nursing Home and in-patient care;
 - named nursing increases the equitability and consistency of workload distribution among team members.
- 1.8 Within in-patient services, the care of the patient should be managed within the framework set out in the Care Programme Approach (CPA). The role of the named nurse, therefore, is to work with the care co-ordinator, who will plan and provide care in accordance with the CPA framework.
- 1.9 For Nursing Homes the framework for care of the patient will be set out within the Nursing Home Manual and Model of Care.

2.0 SCOPE

- 2.1 This clinical guideline sets out the standards for the allocation and responsibilities of a Named Nurse and Co-worker and applies to all nurses working within EPUT Mental Health and Learning Disability in-patient units/wards and Nursing Homes. Whilst registered nurses on inpatient wards will need to have a detailed knowledge of the expected minimum standards in relation to their role as Named Nurse, other clinical staff both on inpatient wards and in the community services, including medical and therapy will need to have an awareness so that are able to answer any queries which patients, carers and relatives may raise with them in relation to the role of Named Nurse.
- 2.2 This clinical guideline applies to adults (people of working age and older people), children and adolescents and adults with a learning disability in a Nursing Home and on in-patient units across EPUT.

3.0 DEFINITIONS

- 3.1 The Named Nurse is a registered nurse who is responsible for assessing, planning, implementing, evaluating and coordinating patient care on an individual basis with a patient or a caseload of patients from admission / transfer to transfer / discharge.
- 3.2 A Co-worker is a registered nurse or Nursing Associate/Associate Practitioner, or an experienced and skilled support worker (*who has been assessed by the Senior Sister/Charge Nurse/Nursing Home Manager as possessing the appropriate competencies*) who provides nursing care in the Named Nurse's absence.

4.0 RESPONSIBILITIES

- 4.1 **The Trust Board** is responsible for:
- Ensuring that the principles of this clinical guideline and other associated policies are implemented across the organisation;
 - Ensuring the necessary financial resources.
- 4.2 **The Executive Director of Mental Health/Executive Nurse** will ensure:
- That this clinical guideline is embedded within clinical practice;
 - That this clinical guideline is reviewed and updated regularly in line with recommended best practice and national guidance;
 - That the learning derived from quality monitoring and from the review of published local and national enquiries is incorporated into clinical practice.
- 4.3 **Unit/Ward Senior Sisters/Charge Nurses/Nursing Home Managers** will ensure:
- The appointment of a Named Nurse and Co-worker for each patient on admission;
 - That all staff, including new employees, whether temporary or permanent, are made aware of the principles detailed within these guidelines and that the related procedural guidelines are implemented in order to ensure adherence with all relevant guidance;
 - The implementation of this clinical guideline is the responsibility of the Ward Manager and is monitored via supervision
- 4.4 **Individual Staff** will ensure:
- That the principles contained within this clinical guideline are implemented;
 - Attendance at appropriate training.

5.0 ALLOCATION OF THE NAMED NURSE

- 5.1 The Nursing Home Manager/Ward/Unit Senior Sister/Charge Nurse (or their deputy) is responsible for the allocation of a Named and Co-worker to the individual within the first 24 hours of admission to an in-patient or Nursing Home facility.
- 5.2 The process of allocation must give due consideration to issues relating to the patient's expressed preferences, age, gender, religion, diversity and specific needs and identified risks. The patient's preferences should be accommodated where possible and appropriate.
- 5.3 Where possible, the admitting nurse should be allocated as either the Named or Co-worker, as this will allow for the nurse to be fully engaged in establishing a therapeutic relationship and become familiar with the patient and his/her needs from the point of admission.
- 5.4 Named Nurse **must** be on duty within 24 hours following admission.

- 55 The Nursing Home/Ward/Unit Senior Sister/Charge Nurse (or their deputy) must consider the availability of the Named and Co-worker when making decisions about allocation, and ensure that leave/study periods of the Named Nurse and Co-worker do not overlap. Where this is not possible, for example where either of the individuals has unplanned absence and the other is on leave, then a further Co-worker must be allocated.
- 56 It is recommended that the Named/Co-worker will not be allocated more than 5 patients at any one time
- 57 A Named Nurse or Co-worker must not undertake the role of Named Nurse for a patient who is a friend or relative
- 58 The Nursing Home/Ward/Unit Manager / Charge Nurse (or their deputy) is responsible for ensuring that Named Nurse and Co-worker are aware that a patient is allocated to them. They are also responsible for ensuring that the patient is aware of who their Named Nurse and Co-worker are.

6.0 ROLES AND RESPONSIBILITIES OF THE NAMED NURSE
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- 61 The Named Nurses' overall responsibility is to be accountable and provide continuity for the coordination of inpatient care, which will involve regular liaison with the patient's community care coordinator (where one has been allocated).
- 62 The Named Nurse will introduce themselves and explain their role as the Named Nurse to the patient and his/her main carer(s). This should be clearly identified within the clinical records and care planning documents of the patient.
- 63 The Named Nurse and the Co-worker are responsible for establishing a therapeutic relationship with the patient in order to further assess his/her condition and risk status, agree goals for care, plan care in accordance with individual needs and risk issues. The Named Nurse/ Co-worker are responsible providing the patient individual time care/ intervention on the ward/nursing home when they are on shift.
- 64 A flexible approach will be needed to foster and maintain purposeful and effective engagement with the patient. Engagement must be based on assessment and identification of need and the patient must be made aware of the frequency and duration of individual sessions.
- 65 For in-patient services where the patient is not previously known to EPUT services, the Named Nurse will act as the care coordinator until one is appointed from within a community team (referral for a care coordinator should be made within 3 days of admission).
- 66 The Named Nurse will maintain a high level of communication and co-operation between all those involved in the care and treatment of the patient. Where the patient has an allocated community care coordinator, the Named Nurse will maintain open communication with the care coordinator about the

patient's progress and recovery. The community care coordinator will retain his/her responsibilities for actively over-seeing the patient's CPA care plan, in close liaison with the Named Nurse throughout the period of in-patient/nursing home care

- 6.7 The Named Nurses should offer to meet with the patient for 1:1 sessions at least ½ hour each shift on duty. If the patient declines, this is to be recorded in the clinical notes.
- 6.8 The Named Nurse will ensure the patient clinical records and admission paperwork is fully completed. This includes the completion and review of (required) risk assessments and management plans.
- 6.9 Ensure that all clinical staff involved in the patient's care are kept informed of the patient's progress and any significant changes in presentation/circumstances
- 6.10 The Named Nurse will coordinate the development, implementation and evaluation of the agreed collaborative care plan, appropriate to the patient's needs. Every effort should be made to involve the patient's and his/her carers where appropriate, evidencing their involvement within the care record.
- 6.11 The Named Nurse will consider the patient's likely needs upon discharge from the point of admission, thereby facilitating effective and timely discharge planning.
- 6.12 With the consent of the patient, the Named Nurse will make regular contact with the patient's family carer(s) in promoting their engagement, providing information and offering support as appropriate.
- 6.13 The Named Nurse will address issues raised by the patient and make these known to those involved in his/her care, and particularly if the patient feels unable to do this.
- 6.14 The Named Nurse will attend multi-disciplinary care review / CPA meetings as appropriate.
- 6.15 The Named Nurse will fulfil the requirements of the Mental Health Act (MHA), Code of Practice and Mental Capacity Act where appropriate, which will include: explaining legal rights to the patient; ensuring the assessment of capacity; preparing reports for and attending MHA Review Tribunals.
- 6.16 If the Named Nurse is unable to prepare a report and/or attend MHA hearing they in conjunction with ward manager must arrange for a colleague to prepare a report and/ or attend on their behalf and;
 - Ensure that they are fully briefed and have all the necessary information
 - Inform the patient of the fact that they are unable to attend and who will be going in their place

- 6.17 The Named Nurse will be responsible for all care documentation relating to comprehensive clinical assessment, care planning and its implementation. This will include ensuring that there is a written and personalized care plan and ensuring that the documentation is completed as required by Trust policy.
- 6.18 The Named Nurse, where possible, is to be involved in the decision making related to periods of leave or discharge from the ward.
- 6.19 The Named Nurse is responsible for taking reasonable steps to ensure the continuity of planned care in their absence (see next section).

7.0 ASSOCIATE NURSING

- 7.1 The Co-worker will fulfil the duties of the Named Nurse during his/her absence to ensure continuity of planned care.
- 7.2 The Co-worker will introduce themselves and explain their role to the patient and his/her main carer(s). This should be clearly identified within the clinical records and care planning documents of the patient.

8.0 PROCESS FOR NAMED WORKER ALLOCATION DURING SHIFTS WHEN A PATIENT'S NAMED NURSE IS NOT ON DUTY

- 8.1 At the start of each shift any patient who's designated Named Nurse is not on duty will be allocated to a specific named staff member by the Nurse in Charge of the shift, who will see them during the shift and be a point of contact for the patient.
- 8.2 Details as to which patients staff members will be taking on this responsibility for during the shift will be recorded on the ward staff and patient information board.

9.0 ACTION IF PATIENT REQUESTS A CHANGE OF NAMED NURSE

- 9.1 There may be a number of reasons for a patient requesting a change of Named Nurse and all such requests are to be reviewed. In the first instance the Ward Sister/Charge Nurse should meet with the patient to discuss their request and see if action can be taken to resolve any issues/concerns. If the matter cannot be resolved the multi-disciplinary team should then consider the request and weigh up if it is in the best interest of the patient to change Named Nurse. If a decision is made to allocate a new Named Nurse, the Ward Sister/Charge Nurse will determine who this should be and communicate this to the patient. If a decision is made not to allocate a new Named Nurse, the reasoning for this should be communicated to the patient by the Ward Sister.

9.2 A full handover meeting is to take place between the previous and new Named Nurse. The newly allocated Named Nurse will then:

- Introduce themselves to the patient
- Change the Named Nurse details on the patient information board
- Review the patient's care plan/s and risk assessments with them
- Introduce themselves to the patient's carers/relatives

10.0 ACTION IF A PATIENT REPEATEDLY DECLINES A MEETING WITH THEIR NAMED NURSE

10.1 If any patient declines to attend planned meetings with their Named Nurse on three consecutive occasions, the Named Nurse is in the first instance to try and discuss with the patient their reasons for not engaging. Where possible, steps should be taken to try and engage to patient but if this is not possible the matter is to be discussed at the next multi-disciplinary team meeting and action agreed to try and re-engage the patient. This may include the need to reallocate to a new Named Nurse.

11.0 MONITORING

11.1 The Team Leader/Manager will routinely monitor implementation and compliance with this guideline via management supervision; this will include the scrutiny of records/documentation relating the responsibilities of the Named and Co-worker.

12.0 ASSOCIATED POLICIES AND PROCEDURAL GUIDELINES

This clinical guideline should be read in conjunction with the following:

CG20 - Clinical Handover Clinical Guideline
CG24 - Admission, Discharge and Transfer Clinical Guideline
CLP30 - CPA Policy and Handbook
CP9 - Records management policy

13.0 REFERENCES

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