Implementing ‘A Vision for the Future’ targets in a hospice

This article outlines the response of a palliative care unit to the targets set out in A Vision for the Future (DoH/NHSME 1992). The authors explain how the unit has evaluated the existing service, using audit and quality assurance techniques, and how changes have been implemented to the benefit of staff and patients alike.

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In 1992, the health department set out A Vision for the Future targets for nursing, midwifery and health visiting following a consultation exercise (DoH/NHSME 1992). The aim of the targets is to give nurses clear and specific goals relating to patient care, professional development and the healthcare market. It has been suggested that the targets will enable nurses to raise their profile and demonstrate their effectiveness, helping them to be in a position of control rather than be controlled by events (Wright 1994).

Some of the major initiatives within a palliative care setting which relate to and have been influenced by A Vision for the Future targets are outlined in Box 1. Charting and sharing achievement and progress towards targets has given support to our desire to challenge and advance practice, and demonstrated the effectiveness of our contribution to those who use and purchase our services.

VIEWS ON THE SERVICE
Organisation of care and individualised approach
Team nursing is well established within the hospice inpatient unit. An evaluation was carried out in 1995 to assess the effectiveness of team nursing and seek ways of identifying future progress. It was carried out using a tool adapted from O’Connor (1993). The main strengths of team nursing were found to be:
- Facilitation of close relationships and good communication with patients and families
- Promotion of individualised care
- Support from other team members.

Weaknesses within team nursing primarily related to communication between nurses themselves and understanding of team nursing by other professionals. The findings have supported our belief that team nursing offers both continuity to patients and a supportive system for nurses in palliative care.

Ways in which this approach could be made more effective were identified and introduced, and included practical measures such as displaying photographs of team members, Your nurse today is ... boards and patient information leaflets to enhance communication. Annual evaluation will continue to assess the impact of team nursing and ensure that it remains dynamic.

Partnership in care
Surveys of patients and families within the field of palliative care must be approached with particular sensitivity (Addington Hall and McCarthy 1993). By the time patients receive palliative care services, many are too ill to participate. In a recent study (Addington Hall et al 1992), 35 members of a group of cancer patients, with a life expectancy of less than one year, died before they could be interviewed.

When seeking patients’ views, their vulnerability and physical deterioration presents particular ethical challenges. Unlike research, audit is often not approved and monitored by an ethical committee. The onus is, therefore, on the auditor to ensure that data is collected sensitively and with minimum disruption to patients and families.

One way of overcoming potential problems is to involve patients in the planning of audit. For example, a group of patients attending day centre were involved in designing a satisfaction survey questionnaire for evaluating day care. The findings from the survey have contributed to future service objectives. In particular, patients stressed their preference for a service which built on their strengths rather than focused on their illness.

A further example involves gathering family and carer perspectives from letters following the death of a relative or friend. These letters can provide a rich source of information on aspects of care which families consider important.

Professional users’ perspectives
The effective delivery of palliative care depends on good communication and the sharing of expertise between those involved with a patient and his or her family. The views of district nurses and GPs on the service were sought through interviews and postal surveys. The results have influenced practice, for example, a newly combined preliminary discharge and prescription form is now sent to...
Box 1. A Vision for the Future: targets for achievement.

**QUALITY**

1. Local systems for encouraging individualised care and monitoring the named nurse, midwife and health visitor must be in place
2. A survey demonstrating the quality of user involvement and partnership in care should have been completed at local level
3. Providers should have identified three outcome indicators, developed relevant clinical protocols and have in place a framework of clinical audit
4. Purchasers and providers will demonstrate inclusion of value for money recommendations in service contracts

**ACCOUNTABILITY**

5. Clinical and professional leaders should have taken steps to discuss with each nurse, midwife and health visitor how he or she might develop their practice
6. Each nurse, midwife and health visitor should be able to identify the patients or clients for which she or he bears personal responsibility

**CLINICAL LEADERSHIP**

7. Employers should be able to demonstrate how potential nurse leaders and managers are identified and developed
8. Professional leaders should be able to demonstrate the existence of networks for sharing good practice
9. Providers should be able to demonstrate three areas where clinical practice has changed as a result of research findings
10. Discussions should be held on the range and appropriateness of models of clinical supervision

**PURCHASING**

11. Purchasing authorities should collate and share information about the ways in which nursing, midwifery and health visiting have influenced purchasing

**EDUCATION**

12. Provider units should be able to identify education that enables nurses, midwives and health visitors to develop skills associated with The Health of the Nation (1991), Caring for People (1989), the Children Act (1989) and The Patient's Charter (1992).

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GPs on the day of a patient's discharge. District nurses have identified areas in which they would like further training and offered suggestions on how communication could be enhanced.

**AUDIT AND QUALITY**

The purchaser/provider split in health care has emphasised the need to demonstrate value for money through regular audit of services. In palliative care, these services are often provided by multidisciplinary teams. Clinical audit, which involves all professions, is therefore likely to be appropriate (Higginson 1993).

The audit cycle commonly begins with reviewing practice and formulating standards. Within the hospice, principles of practice have been drawn up and include the management of wound care and mouth care. Outcome indicators which are subject to ongoing measurement include:

- **Symptom control** A reduction in patients' pain and discomfort by provision of appropriate and effective treatments for all physical symptoms has been identified as a key outcome in palliative care (Neale et al 1993). In order to assess effectiveness in meeting this outcome, the palliative care assessment tool (Ellershaw et al 1995) was introduced. This tool, adapted for use by home care nurses and the inpatient unit, was considered particularly appropriate as it focuses on patients' perception of the effect of the symptom on their daily life rather than professional judgement. Using the tool has shown that the service has a positive impact and value in relieving pain and symptoms such as constipation and vomiting. It has also helped to identify the need for further research on symptoms which remain particularly uncomfortable for patients such as dry mouth and weakness.

- **Pressure sore management** Skin care has been described as a cornerstone in the care of the dying patient (De Conno 1991). A prospective pressure sore audit has provided information on the level of risk, location and grade of pressure sores among a palliative care population, and patients' experience of pain from sores. The need for more pressure relieving equipment was clearly identified which led to the purchase of new mattresses, overlays and cushions. Ongoing monitoring has demonstrated a significant reduction in the incidence of pressure sores.

- **Place of death** A key objective of home care is to increase the amount of time patients are able to spend at home when desirable and appropriate (Neale et al 1993). Home care nurses were interested in assessing their achievement in fulfilling patients' choice regarding place of death. A prospective audit has helped identify factors which influence this choice and a more indepth evaluation which explores patient, carer and professional perspectives is now in progress.

In relation to audit activity, it is difficult to compare results with other units if different tools have been used to evaluate services. Development and wider use of valid and reliable tools within palliative care would make comparisons more meaningful.

**ACCOUNTABILITY AND LEADERSHIP**

The organisation has recently made a commitment to work towards the 'Investors in People' standard through the South London Training and Enterprise Council. This will involve ensuring that all staff are trained and developed to their full potential.

Within nursing, the role of the team leader is well established. This group has received further training...
in leadership and teamwork skills, and contributes actively to advancing practice. The group is currently examining models of clinical supervision and taking responsibility for developing, implementing and evaluating its effectiveness.

Workshops have been provided to raise staff awareness of the standards within *The Future of Professional Practice – The Council’s Standards for Education and Practice Following Registration (UKCC 1994)*. The importance of all qualified practitioners maintaining portfolios to chart their career progress has been stressed. A system of appraisal ensures that nurses are given the opportunity to discuss their progress and set objectives for future professional development including the need to complete a period of study.

**EDUCATION IN RESEARCH AND NETWORKING**

Staff in the hospice have access to a skilled and experienced research nurse who provides support and encouragement in the pursuit of research-based practice. Projects such as an investigation of patients’ perceptions of mixed sex bays and the use of pressure relieving mattresses (Kelly *et al* 1995), provide examples of the research which has arisen out of practice issues. As more nurses plan to progress towards degree level study, the interest in research is likely to grow.

The sharing of our experience, insights and progress in research and audit with others has been facilitated by attendance at conferences and external visits. Membership of the King’s Fund nursing developments network has enabled us to make contacts and gain support for new projects such as the implementation of a patient self-administration of medication programme.

**CONCLUSION**

The targets of *A Vision for the Future* (DoH/NHSME 1992) have provided a framework in which to develop and raise the profile of nursing. Demonstration of our active progress in achieving targets has been shared with purchasers through seminars and attendance at contract meetings. Although for clarity, specific activity has been identified separately, in our experience progress in one area is often linked to another. For example, clinical audit and patient surveys can help identify the need for further research, and in turn, research findings contribute to the creation of clinical guidelines.

Although the targets centre on nursing, the work in achieving them has encouraged interdisciplinary collaboration, for example, in symptom audit and user satisfaction surveys. This has contributed to the promotion of individualised care and the sharing of good practice.

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**REFERENCES**


Department of Health (1989) *Caring for People.* London. HMSO.


Wright SG (1994) *A vision for the future.* *Nursing Standard.* 8, 49, 30-34.