

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY: REPORT TO THE TRUST EXECUTIVE GROUP

Subject:	Presentation on Standards of Ward-based Care 16 March 2012
Supporting Director:	Neil Riley
Authors:	John Laxton - Public Governor South West Sheffield with additional comments from Andrew Manasse - Public Governor South West Sheffield, Susan Wilson - Public Governor South West Sheffield and John Warner - Public Governor West Sheffield
Status:	For Directorate and TEG response and note

PURPOSE OF THE REPORT:

To provide feedback on Presentation for the benefit of TEG, Governors' Council and the Directorate staff

KEY POINTS:

- Governors were reassured that adequate steps were being taken to achieve excellent standards of nursing care across the Trust.
- The Deputy Chief Nurse was helpful in answering many questions raised by governors. After the event, answers to some additional questions would be appreciated.

OBSERVATIONS / RECOMMENDATIONS:

Governors comments	Department Response	TEG Response
1. Is the use of comment cards promoted actively and uniformly across the Trust?	1. The use of comment cards is monitored by the Patient Partnership Department. This is still a relatively new initiative and work continues to embed this throughout the Trust.	TEG supports the work to embed comments cards
2. What arrangements are in place to ensure adequate rest, privacy etc for patients as the 24 hour hospital evolves and how will this be monitored?	2. Each ward considers carefully how it balances the need for patients to be able to rest whilst ensuring they receive the treatment, therapy and care for which they ultimately require hospitalisation. This is monitored through Real Time Monitoring, Patient survey from CAT, formal and informal complaints, comments and website feedback.	TEG is content with the monitoring arrangements in place.
3. Will a date be set for a formal evaluation of 'Ward Rounding'?	3. Feedback from the pilot of 'Ward Rounding' will be presented to the Nurse Executive Group in May, to inform how this initiative should be taken forward.	TEG looks forward to also receiving this report
4. Does the Trust have evidence that staff feel that they are sufficiently supported by their	4. The CAT staff survey for 2011/2012 showed that 84% of nursing staff agreed or strongly agreed that there was	TEG is reassured by these results

<p>managers?</p> <p>5. What action is the Board taking to support the development of electronic record keeping on wards?</p> <p>6. Should a re-evaluation be made of the Modern Apprentice scheme to minimise any wastage of training resources?</p>	<p>good leadership in their ward or department. 84% of nursing staff were satisfied or very satisfied with the support they received from their line manager (1564 returns).</p> <p>5. This is covered by the recently approved Informatics Strategy, a supporting strategy for the 'Making a Difference' Corporate Strategy.</p> <p>6. An evaluation is taking place of the current cohort of Modern Apprentices; the Nurse Director Business Meeting has received the first interim report.</p>	<p>Will be taken forward through the Informatics Strategy</p> <p>TEG is content with these arrangements</p>
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PRESENTATION TO GOVERNORS ON STANDARDS OF WARD-BASED CARE
16 March 2012

Governors Present:

Anne Eckford
Caroline Irving
John Laxton
Andrew Manasse
Kaye Meegan

Hetta Phipps
Graham Thompson
John Warner
Michael Warner
Susan Wilson

Staff Present:

Chris Morley, Deputy Chief Nurse

In attendance:

Jane Pellegrina

Apologies: The session was to have been chaired by George Clark but he had to give apologies due to family sickness. In George's absence John Laxton introduced the session.

Background : Governors had requested the presentation in the light of persistent national publicity concerning care standards in hospitals, particularly in respect of care for older people. The Prime Minister had established a Nursing and Care Quality forum whilst no particular publicity has focused on STHFT governors were keen to learn of arrangements within STH to ensure that excellent quality standards were being maintained and monitored in all areas of in-patient care. Chris Morley had met a small group of governors in 2011 and he was pleased to provide a fuller briefing for a wider audience.

Chris began by advising of mechanisms for setting standards and monitoring the attainment of them. The Clinical Assurance Toolkit (e-CAT) has been in use for some years and is now operated electronically. It provides a range of standards against which clinical areas must assess themselves, and is the subject of an annual report to the Trust Executive Group. The toolkit was devised by STH staff to reflect the Department of Health's Standards for Better Health. It is overseen by a Strategy Group (on which governors are represented) and has generated outside interest with potential for income from at least one other Trust.

e-CAT is complemented by Nurse Sensitive Indicators which enable clinical areas to compare themselves with others and to look at specific performance indicators including infection rates, pressure sores, complaints and patient falls. (An example of a recent 'alert' has been some falls in the Hadfield wing at NGH. Staff are looking at possible determinates, which might include the spacious physical environment there.)

Patient feedback is obtained through a number of channels including complaints, compliments, completed comment cards, real time monitoring, mystery shopping and the internet. Comments on websites including Patient Opinion and Sheffield Forum are regularly checked. Real time monitoring comprises monthly surveys which can focus on an individual ward. Chris welcomed instances when individual governors have reported cases where care appeared to have fallen below standards expected.

Each ward is expected to take corrective action as and when problems arise but it will also have a formal annual action plan that brings together feedback from e-CAT, Nurse Sensitive Indicators and patient feedback in the form of service improvements that are to be made.

Chris described 'intentional rounding' (a 'formal' and regular nurse review of ward patients) and its possible benefits, including giving patients a regular routine. The concept was being piloted at STH (e.g. in Surgical Services) before the Prime Minister commended it. The pilot is currently being evaluated. He accepted the concern that nurses already had much paperwork to complete but thought most of it to be important. Electronic record keeping might be the key; he could offer no timetable for significant changes but specific initiatives (e.g. e-prescribing) were being pursued. One governor pointed out that manual records do provide patients and carers ready access to

notes, although Chris highlighted that on occasion this leads to carers accessing confidential material without the patient's permission and is actually a weakness of current arrangements.

Staffing levels were the subject of some discussion, with Chris explaining that STH has 6174 members of staff working in nursing or midwifery (5196 Whole Time Equivalent (WTE)), of which 4518 (3812 WTE) are registered nurses or midwives, the remaining 1656 (1384 WTE) are Support Workers. He explained that patient dependency is measured at least twice-yearly and a formula is used to determine the levels of staff for each ward. Bank staff (predominantly STH staff wishing to work extra hours) cover an average of 750 shifts a week, representing a small percentage of all shifts worked. Setting rosters can be quite a challenge; bank staff provide flexibility but the extent of their use (and hours worked by each individual) is monitored regularly. Particular attention is paid to a nurse's ability to carry out duties to the expected high standards whilst working extra hours. Chris explained that senior sisters provide ward leadership and he set their role in the context of that of their seniors – matrons, lead nurses and nurse directors.

Chris gave some background to nurse training arrangements in Sheffield. At their request in 2010 governors had received a presentation from Sheffield Hallam University (SHU) on nurse training. Chris explained that STH works closely with SHU and Sheffield University, and that student nurses have to be 'signed off' by their clinical mentors and work a preceptorship on joining the permanent establishment. Students inevitably come in 'blocks' and are all supernumerary. He stressed the importance of students gaining significant clinical experience. Chris explained that clinical support workers have to undertake a formal preparation programme before starting on a ward and undertaking a Health Diploma course. The Modern Apprenticeship scheme is run in partnership with Sheffield College for 16-17 year old students.. It was disappointing to note that nearly a third of students finishing the scheme recently did not meet the standard required to be employed as Clinical Support Workers at STHFT at that time

Governors stressed the importance of assessing would-be nurses for their compassion alongside academic ability.

Chris answered questions in the course of his presentation and concluded by responding to more questions, including action taken to address concerns raised with him last year. Governors noted that 'time to care' (and time to reflect upon care given) and leadership (at directorate and ward level) were themes emerging from a number of national papers including 'Delivering Dignity'. The organisational culture is important and the example set by the Chief Operating Officer/Chief Nurse in setting aside time to work alongside staff on wards from time to time was commended. Governors agreed that they expected ward leaders to set high standards and motivate their staff to work to those standards. Chris commented that matrons often help out with clinical nursing duties both as a matter of routine and on occasions when staff are under pressure.

In response to a suggestion that the STH website could include a link to the new NICE guidance on patient experience in adult NHS services, in order that patients and carers could know what standards to expect, Chris advised that he had asked staff to evaluate the guidance alongside some other recent publications and would then take a view. He assured governors that nurse staffing levels are constantly monitored, particularly in the context of more STH activity '24/7'.

Governors thanked Chris for his presentation and were appreciative of the hard work being done by nursing staff during a very busy period when resources are tight.

John Laxton	Andrew Manasse	Susan Wilson	John Warner
Public Governor	Public Governor	Public Governor	Public Governor
South West Sheffield	South West Sheffield	South West Sheffield	West Sheffield

Note: Governors have asked for a separate presentation on progress with the Productive Ward/Taking time to care programme.