

Trust Board Meeting in Public: Wednesday 8 March 2017
TB2017.25

Title	Staff Perspective in Patient Care
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Status	For information
History	Patient stories are regularly presented to Trust Board and Quality Committee. This month a staff story is being presented.

Board Lead(s)	Catherine Stoddart, Deputy CEO and Chief Nurse			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. The purpose of this paper is to provide an example of a staff perspective

2. This story provides an important opportunity to understand the experience of a newly qualified nurse:

- Overall her experience is positive and she feels proud to work in the NHS.
- She values the opportunity to take part in the Foundation Programme and it has supported her in the transition from student nurse to qualified nurse.
- The nurse felt that a lack of supervision resources has contributed to difficulty accessing all of the suggested support for newly qualified nurses. She has also found that this sometimes makes it difficult to deliver the level of patient care she aspires to.
- Recent pieces of positive feedback were well received by the nurse, and helped to motivate her during difficult shifts.

3. Recommendation

The Trust Board is asked to reflect on the story.

1. Staff story

1.1. This staff story describes the reflections a nurse one year after becoming qualified. The story has been made anonymous and the pseudonym LP is used to refer to the nurse.

1.2. LP feels very proud to work for the NHS

“I love my job and I am proud to be a nurse in the NHS providing free care to all who need it. I’ve become a nurse because I wanted to care for all people, especially those who are more often forgotten such as homeless people, refugees, prisoners, all from a wide range of ages.”

1.3. The Trust’s Foundation Programme (formerly known as the Preceptorship Programme) was valued by LP.

“It makes you feel valued, as the Trust has invested in you to have the time for additional learning. The space to reflect with other newly qualified nurses was very useful. It also gives you information on new learning opportunities and specialist nursing education on the intranet.”

1.4. LP completed a service improvement project as part of the Foundation Programme. She chose to focus on: Providing person-centred care and the System for Electronic Notification and Documentation (SEND) system (Appendix 1). She identified that SEND cannot be personalised to the patient and identified some ways that the process could be improved.

1.5. However, some processes could be improved to make better use of the programme.

“It wasn’t easy to change my shift pattern when the course days changed at short notice. I do have a preceptor but there is no structure for the relationship on the ward.¹ Having a preceptor gives me added value because I know I have someone I can talk to, reflect with, and ask for advice. However, we have not been able to meet much due to conflicting clinical schedules and understaffing.”

1.6. There were challenges during the transition from student nurse to registered nurse.

“As a student you are not allowed to be fully autonomous or accountable, so it was quite scary suddenly being accountable for everything you do. It doesn’t hit you until you qualify.”

1.7. LP has found that other newly qualified colleagues have been central to the transition from student nurse to registered nurse. LP would value it if clinical supervision was embedded more in the ward and Trust culture, to formalise the process of shared learning.

1.8. LP identified a gap between nursing in theory and putting it into practice.

“Theoretically, we want to provide best, holistic, person-centred care we can. However, external factors, such as understaffing, sometimes prevent us from providing the care we want to provide, which is quite draining long-term.”

¹ LP has met her preceptor twice. Once was in both of their own time. Her preceptor also carried out her appraisal and has been supportive when they are on shift at the same time.

- 1.9. This is supported by research which explored the experiences of newly qualified nurses. The study found that:

“On qualification, nurses emerged with a coherent and strong set of espoused ideals around delivering high quality, patient-centred, holistic and evidence-based care. These were consistent with the current UK nursing mandate and had been transmitted and reinforced throughout their ‘prequalification’ programmes. The existence of professional and organisational constraints influenced their ability to implement these ideals and values once in practice.”
(Maben et al 2007)

- 1.10. On LP’s ward, 13% of the shifts had ‘at risk’ staffing levels in the last 6 months of available data, which is higher than the Trust average of 5%. The percentage of shifts at agreed safe staffing levels was lower in LP’s Ward (55%) than across the Trust (63%), but the percentage of shifts at minimum safe staffing levels was about the same, at 31% in LP’s Ward and 32% across the Trust.

Table 1 - Staffing levels, August 2016 - January 2017

	Ward	Trust
At Risk	13%	5%
Minimum	31%	32%
Agreed	55%	63%

- 1.11. LP noted that there was little time to read new guidance in work hours and she and her colleagues were often too exhausted after work. LP has found the intranet is not always easy to use and information cannot always be found quickly which is frustrating. However, LP has found the Royal Marsden Guide, which is available on the intranet, very useful. LP ensures that she refers to the BNF before administering drugs that she is not familiar with.
- 1.12. LP feels that university has provided her with the knowledge base to think critically. However, it is not always possible to put this into practice:
“The environment is sometimes stressful and it can be challenging to find the space to think critically’.”
- 1.13. LP felt her placements gave her the opportunity to gradually build her caseload and the amount of responsibility she undertook. She also found the regular feedback useful.
“I appreciated the opportunity to receive feedback regularly, from experienced members of staff, both positive and constructive.”
- 1.14. LP has recently received two positive pieces of feedback, which are shown in Appendix 2. Keeping the feedback in mind has been helpful to keep her going through a difficult shift.
- 1.15. LP has had an appraisal, and has found that ward sister and deputy sisters are supportive, particularly on an emotional level. However, sometimes the systems and processes prevent them from putting the support in place that they would like.

“I found their support particularly useful during difficult situations. The ward sister and all of the band 6 deputy sisters have been calm, helpful and supportive.”

2. Recommendation

- 2.1. The Trust Board is asked to reflect on the staff story.

Authors:

LP

Ella Reeves

February 2017

References:

Maben J, Latter S and Clark JM (2007) The sustainability of ideals, values and the nursing mandate: evidence from a longitudinal qualitative study. *Nursing Inquiry*. Blackwell Publishing Ltd 14(2): 99–113. Available at: <http://doi.wiley.com/10.1111/j.1440-1800.2007.00357.x> (accessed 16/02/17).

Appendix 1 – Service improvement project



Providing person-centred care and the SEND system

Background:

The System for Electronic Notification and Documentation (SEND) (SEND 2016) is a useful tool for identifying at a glance patients who could be deteriorating. It also enables information to be shared in real time (Watkinson 2016). The benefits of SEND include (Watkinson 2016):

- Improved organisational management.
- 3 minutes faster per observation.
- System can be used with minimal training.

The SEND system follows NICE (2007) guidelines to record heart rate, respiratory rate, and systolic blood pressure, level of consciousness, oxygen saturation and temperature and provides a track and trigger score to help identify patients at risk of deterioration.



What is the problem with SEND?

- SEND cannot be personalised to the patient.
- Trigger score parameters cannot be changed to reflect what is normal for individuals i.e. saturation levels & COPD.

Treatment and care should:

- Take into account patient's needs and preferences (NICE 2007).
- Be person-centred (NICE 2007).
- Be individualised (NMC 2015).



Who can this affect?
 On discussion with colleagues on the John Warin Ward and anecdotal evidence drawn from my own clinical practice the inability of SEND to be personalised to individual patient needs affects individuals in the following manner:

Patients – Could be over monitored leading to anxiety, worry, and discomfort.
Staff nurses – Potential for nurses to be complacent with low trigger scores, or, to over monitor patients and stop relying on their own clinical judgement.
Nurse Managers – Audits may not accurately reflect patient acuity and what staff nurses have done to respond to this.
Doctors – Nurses escalate patients to them that do not require escalating.

What can be done?

The SEND team were contacted to find out whether the system could be personalised to individuals. They stated they were aware of the importance of this, were working on tailoring the system but did not have a timeline as to when it would be ready.

They suggested asking the medical team to document in their notes what parameters within a certain range do not need to be escalated.

This will enable both nurses and doctors to focus on escalating the patients who really need this.



Conclusion:
 Staff nurses should use SEND as a tool alongside their clinical judgement and incorporate the needs and preferences of patients. In the short term, before the SEND system is updated, audits should be modified so any changes to triggers for individual patients can be captured.

References
 SEND (System for Electronic Notification) (2016) Available at: <http://www.send-system.co.uk/index.html> (accessed: 20/01/2017).
 Watkinson Pj (2016) SEND – System for Electronic Notification and Documentation. Presentation available at: <http://innovation.ox.ac.uk/wp-content/uploads/2014/08/Peter-Watkinson-presentation.pdf> (accessed: 20/01/2017).
 National Institute for Health and Care Excellence (NICE) (2007) Acutely ill adults in hospital: recognising and responding to deterioration - Clinical guideline CG50. Available at: <https://www.nice.org.uk/guidance/cg50/chapter/1-guidance> (accessed: 17/01/2017).
 Nursing and Midwifery Council (NMC) (2015) The Code. London: NMC.

Appendix 2 – positive feedback from patients

To [REDACTED],

Thank you so much for making my stay at the [REDACTED] so lovely! You made me feel so well looked after and extremely comfortable, and I wish I had not had your support! You positively brightened up my day!

You are an incredible nurse and I do not doubt that you have an incredible future ahead of you. 😊

Take care and good luck !!

Best wishes.

[REDACTED] As you will see I have gone home, just wanted to say a massive thank-you to you for all you did for me and for making me feel comfortable whilst here in hospital. You will go along way with your career xx. [REDACTED]

Thank-you again xxx.