Bringing the bedside to the boardroom, and the boardroom to the bedside

Mary Spinks spells out how non-executive directors can improve the patient experience

IN HER Notes on Hospitals, written in 1863, Florence Nightingale wrote: ‘It may seem a strange principle to annunctiate as a first requirement in a hospital that it should do the sick no harm.’

As nurses delivering care, we must ensure that we do no harm to our patients and clients.

Financial targets and compassion should be linked by taking into account the opinions of patients, a process that offers nurse directors a wonderful opportunity to improve care and move nursing forward.

This stricture applies not only to hospitals but to general practice facilities, health centres, schools, walk-in centres and patients’ homes. It also calls into question the role of non-executive members of trust boards, and how well they can contribute to our complex and ever changing healthcare environments.

The relationships that develop between non-executives and executives round board tables are crucial to the successful running of organisations.

Having sat on both sides, first as a nurse director, then as a non-executive director and later as a trust chair, I have come to understand the complex ways that boards operate.

A report commissioned and recently published by the Burdett Trust for Nursing, Who Cares Wins, addresses the business of caring in a market driven health service.

In summary, it proposes that nurses with the appropriate leadership skills and experience should be charged with ensuring that the business of caring has a higher profile on board agendas.

In other words, nurse executives need to ‘bring the bedside to the boardroom’.

To do this, they need to be supported by those other board members who are informed and knowledgeable about trust activities, and by up-to-date information.

It has been alleged that, after some recent trust failures, for example at Stoke Mandeville Hospital, Buckinghamshire, where an outbreak of hospital acquired infection led to many deaths, there was unacceptably poor communication and implementation of trust policies. In the event, non-executive directors learned about these incidents first from the media, rather than at board meetings.

It is crucial that non-executive directors are properly prepared in the business of care through induction and ongoing development programmes.

In addition, those who want to become non-executive directors of trust boards should live in the trust areas, and be aware of, and collectively represent, the communities that their trusts serve. This allows them to raise with other board members the relevant experiences of care of their neighbours, friends or families, in the expectation of satisfactory responses.

One way of ensuring that trust boards are responsive in this way is to arrange visits to the areas of care under question to allow non-executives to witness care provision, talk to the professionals involved and, if necessary, talk to patients; that is, to ‘bring the boardroom to the bedside’.

Opportunities to visit patients alongside specialist community public health nurses, as district nurses and health visitors are now called, should be available to all non-executive directors and chairs.

Boardrooms can also be brought to the bedside by linking non-executive directors to areas of care, and by informing them of complaints, service improvement suggestions, untoward incidents, investigations and the implementation of recommendations contained, for example, in the national service frameworks.

In this way, non-executives can actively share and take responsibility for the success of organisations in providing good health care within available resources. Such measures can also create open, transparent cultures in which improvements and innovations thrive.

The qualities required to be a non-executive director, which are spelt out in guidance issued by the NHS Appointments Commission, include the ability both to stand up for one’s views and to enjoy a challenge.

Being a non-executive director is certainly challenging, and can be particularly daunting if one is new to the complexities of the NHS and the ‘cash versus care’ dilemma it raises. But such dilemmas can create opportunities to review service delivery.

For example, if a patient needs a hearing test, should he or she see an ear, nose and throat consultant doctor before being referred to an audiology department? Or should he or she be seen by a practice nurse first to eliminate the possibility that hearing is impaired by a build-up of wax, thereby potentially reducing the number of people who need to be seen by the consultant doctor?
Must we continue with out-dated procedures and practices that are often more convenient for staff than for patients?

At a recent event in London to celebrate the success of a Department of Health leadership development programme for urgent care staff, health minister Lord Warner admitted that perhaps 'the plot had been lost on the role of the non-executive', and went on to say that the recommendations contained in Who Cares Wins could correct this.

I believe this situation may have arisen because non-executives have been sidelined by executives directors. It cannot be rectified by nurse directors alone, but clinical leaders such as modern matrons and consultant nurses can help them by setting up patient groups involved in evaluating care, which can ensure that their views and experiences are emphasised. And who better to chair such groups than non-executive directors?

Whether nurse directors bring the bedside to the boardroom or the boardroom to the bedside, both require a cultural shift. Financial targets and compassion should be linked by taking into account the opinions of patients, a process that offers nurse directors a wonderful opportunity to improve care and move nursing forward; an opportunity that must not be lost.

As Florence Nightingale put it: 'For us who nurse, our nursing is a thing which, unless we are making progress, every year, every month, every week, take my word for it, we are going back' nm

Mary Spinks is director of the Florence Nightingale Foundation, London

A team approach
Non-executive directors must be given appropriate support if they are to help improve services, says Robina Shah

AT STOCKPORT NHS Foundation Trust, ‘Every patient matters’ is not simply a slogan, but is the key dictum of a philosophy of patient care.

Purposeful leadership is required to implement such a philosophy in NHS trusts across the UK, particular in light of recent research published by the Burdett Trust for Nursing, which suggests that NHS trust boards spend too much time discussing financial issues and performance targets, and too little improving clinical and patient satisfaction outcomes.

Policy and practice
In its reform and modernisation programme, the NHS is explicit on the need to improve patient journeys through care.

To deliver this agenda, healthcare professionals enjoy the support of both written policy and appropriate legislation. But this is not always true for non-executive directors of boards.

Codes of conduct for healthcare staff for example refer specifically to patient centred care, the need to provide patients with appropriate information, and the importance of good communication between patients and staff, all in the context of continuing professional development.

But they make no reference to the development and training of non-executive directors to help them understand the patient experience, and this lack of emphasis is indicative of a general assumption among trust board members that non-executive directors already know about patients’ needs, and that this ‘knowledge’ already informs their decisions about health care.

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Patient outcomes
For non-executive directors to ensure that the patient experience is central to trust strategies meanwhile, they must be able to track and measure patient outcomes, and must therefore be given access to appropriate and timely information.

Better use should be made of audit and inspection procedures moreover, and appraisal systems should be introduced to assess the skills and competencies of non-executive directors in improving the patient experience.

These skills and competencies should then become part of the healthcare reform agenda.

The business of caring
All NHS trusts are made aware of the diversity of patient care narratives by both their complaints processes and by patient satisfaction surveys, and national research findings have consistently shown that most patients who register complaints are dissatisfied with three aspects of their care: the standard of the information they received and the communication they had with healthcare professionals, the manner and attitude of healthcare professionals, and the hospital environment itself.

The levels of satisfaction of such patients generally depend on the standard of basic care they receive, whether they can make informed choices, and whether they feel that they are in control of their situations.

This information can be used to develop a framework to achieve, track and measure good patient outcomes.

It can do so by use of a collegiate board approach, involving both executive and non-executive directors working in teams to deliver patient focused, patient led health services. After all, ‘good caring is good business’ nm

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