Ward sisters and matrons at Guy’s and St Thomas’s NHS Foundation Trust are leading the way on a new project to ensure patients receive safe and effective care at all times.

‘Care must always be delivered with the utmost kindness,’ says the trust’s chief nurse and director of patient experience, Dame Eileen Sills. ‘We’re determined to ensure that our patients receive the same standards of high quality care at any point in time, whether night or day.

‘We know that every ward works differently and every shift can be different with skills spread unevenly across the 24 hours. The Nightingale Project seeks to minimise these inconsistencies and will see staff from different clinical backgrounds working more consistently as a team. The way we are approaching this project is only possible because of the outstanding cadre of ward leaders we have.’

Named by staff to honour the pioneering nurse who established her nursing school at St Thomas’ Hospital in 1859, the nurse-led project aims to improve the consistency of care provided by those working in different clinical areas when caring for a patient.

**Nurses set new approach**
The participating nurses will determine what changes are needed to establish a consistent, standardised approach to the delivery of care across the trust.

Anticipated outcomes include improvements in patient safety and higher rates of patient satisfaction with the care they receive. In addition, the trust anticipates this approach will also benefit staff, including boosting staff satisfaction and having a positive impact on their health and well-being.

The project will initially involve testing and learning through simulation and 11 test-and-learn sites have been identified, including hospital wards, community services and the Evelyn London Children’s Hospital. The ward sisters and matrons are working in partnership with members of the trust’s senior multidisciplinary team.

Being involved from the beginning and leading on changes that will have a positive impact on both patient and staff experience is exciting says ward matron, Claire Bluemel. Ms Bluemel works on Blundell ward – an ear, nose, throat and head and neck department.

‘We’re bringing staff together from the shop floor to discuss experiences and what they’d like to see trialled. We’re learning from best practice with the aim of standardising this across all areas to benefit patients and staff.

‘Once we’ve reached a consensus on trialling an idea, we can start to test these on the wards.’

**Focus on shifts**
Launched on International Nurses Day, the project has started with a focus on the first and last hour of shifts and looking at how nursing staff are deployed. The participants have been split into three groups to each...
look at one of the three main work streams which form the focus of the first phase. These are: shaping the beginning and ending of the working day, how staff are rostered and then allocated.

They meet every Friday for three hours, with the first two hours involving group discussion on their individual project strands. Everyone comes together for the last hour to canvas opinion and to decide what they’d like to test in simulation.

‘The ideas, the organisation and the flow of the project is really coming from the ward sisters and matrons,’ says the trust’s head of nursing, revalidation and education, Julie Hamilton.

‘I’ve never been in a room where there’s been so much energy, commitment and enthusiasm as we’re seeing.

‘We’ve mapped out that first hour, including welcoming each other, the handover and introducing a safety brief. There’s so much talent and so many ideas and suggestions that are coming up.’

Building relationships
The focus on the first and last hours of shifts has been introduced to improve a key factor which impacts on both patient and staff experience.

Suggested ideas to improve consistency in this area include building those initial relationships with the team – such as asking how everyone

‘I’ve never been in a room where there has been so much energy, commitment and enthusiasm’

Nursing, revalidation and education head Julie Hamilton

is – and having a safety briefing to highlight what is important for the team that day. This includes identifying any patient risk factors.

Ultimately, the suggested focus is on ensuring that staff are getting away on time and that the ward is ready to be handed over to the next team.

Transforming rotas
In terms of rostering, Ms Hamilton says the discussion is focused on transforming the rota system.

‘Most places roster staff for six to eight weeks in advance,’ says Ms Hamilton. ‘We’re looking at rostering staff for periods of six to nine months – or up to a year.’

The nurses’ enthusiasm has led to ideas being instantly tried on some of the wards that have been designated as test-and-learn sites. This has included the introduction of midday well-being check-ins – an idea that is being trialled by Lizzie Hunt, a sister on Blundell ward.

‘I’ve been able to see what other wards are doing well and try some of those ideas here,’ says Ms Hunt.

‘We’ve recently started to get everyone together on the ward to do a quick well-being check in at lunchtimes. ‘Staff have responded really positively to this and it’s a good way to provide support to each other during the day.’

Ms Hunt says the high number of responses she has received from her team illustrates that staff are on board with the project.

‘Staff are really aware that they have an opportunity,’ says Ms Hunt. ‘As one of the test-and-learn sites, they have an opportunity to influence and contribute by sharing what they feel we do well.”

Once the framework for the first phase areas has been agreed, these will be tested through simulation before being rolled out trust-wide towards the end of the year. Plans for the second phase focus of the project include looking at the standardisation of clinical roles.

Consistency of care tips
» Don’t stifle staff with your plans. ‘It’s not about standardising 100%,’ says Ms Hamilton. ‘You have to allow an element of intuition and experience.

Look at standardising 60-70% of what you do and the rest will be responding to what’s happening in your clinical environment.’

» Avoid having a top-down approach. ‘Ensure that you engage with the staff who are going to be delivering the care,’ says Ms Hamilton. ‘Making sure you include staff is vital.

» ‘Think about patient engagement, what do they think about the care that is been given? Patient surveys and focus groups help to ensure patients are involved from the beginning.’

Julie Penfold is a freelance journalist