

Report from: Director of Nursing, Midwifery, and Quality & Risk
To: Trust Board, 2nd December 2004
Subject: Essence of Care Benchmarking Report ~ Local Approach
Action: To note contents

Executive Summary

The Essence of Care document was launched by the Department of Health in February 2001 as a benchmarking tool to address the unacceptable variations in quality of care being delivered nationally.

The tool focuses on nine fundamental aspects of care:

- ◆ Continence, bladder and bowel care
- ◆ Personal and oral hygiene
- ◆ Food & nutrition
- ◆ Pressure ulcers
- ◆ Privacy & dignity
- ◆ Record Keeping
- ◆ Safety of clients/patients with mental health needs in acute mental health and general hospital settings
- ◆ Principles of self-care
- ◆ Communication

Within the Trust, benchmarks progressed to date are Food & Nutrition, Record Keeping, Communication and Privacy and Dignity.

A number of positive developments have been made as a direct result of undertaking benchmarking audits which include; the introduction of snack boxes, implementation of a 'Red Tray Initiative', development of standardised nursing documentation, and the development of guidance on answering telephones and message taking.

Further benchmarks to be progressed during 2004/2005 include, pressure ulcers, personal and oral hygiene, continence and bladder & bowel care.

Board members are invited to note and comment on the report.

Gary Etheridge
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ESSENCE OF CARE ~ LOCAL APPROACH

1. INTRODUCTION

The Essence of Care Framework, launched by the Department of Health in February 2001, provides a tool to help practitioners take a patient-focused and structured approach to sharing and comparing good practice. It has enabled health care personnel to work with patients to identify best practice and to develop action plans to improve care.

Patients, carers and professionals worked together to agree and describe good quality care and best practice. This resulted in the development of benchmarks covering nine areas of care:

- ◆ Continence and bladder and bowel care
- ◆ Personal and oral hygiene
- ◆ Food and nutrition
- ◆ Pressure Ulcers
- ◆ Privacy and dignity
- ◆ Record keeping
- ◆ Safety of clients with mental health needs in acute mental health and general hospital settings
- ◆ Principles of self care
- ◆ Communication

Each element has been broken down into components of practice (or factors) that support an overall patient focused outcome that expresses what patients and or carers want from care in a particular area of practice. A scoring continuum between poor and best practice is provided for each factor with E as poor practice up to A as best practice. Staff have to scrutinize the practice they provide as a team, highlighting good practice, that can then be available for others to learn from, and practice that could be improved.

2. THE LOCAL APPROACH

A number of developments within the Trust have been made since the Essence of Care document was launched. Work has been progressed through multi professional Steering Groups that include patient representatives.

2.1 Food & Nutrition

Audits of food & nutrition took place in October 2001 and February 2003, resulting in a number of key developments, namely:

- ◆ Establishment of a Trust Nutritional Focus Group
- ◆ Introduction of snack boxes Trust wide
- ◆ Trust-wide implementation of a 'Red Tray System' following a successful pilot project in Elderly Care at HHGH

- ◆ Preliminary work towards a Protected Mealtimes Initiative involving six clinical areas in a 4 week pilot project commencing mid October 2004

A further Trust wide audit is planned for December 2004.

2.2 Record Keeping

Significant progress has been made with record keeping since the baseline nursing and midwifery documentation audit in January 2002, resulting in the launch of standardised patient information sheets, discharge planning sheets, patient assessment forms and charts in June 2003. A re-audit of documentation in November 2003 identified the priorities for training and development that included patient assessment, referral to other health professionals; discharge planning, accountability and ensuring authors of entries are easily identifiable.

This feedback has led to a commitment from Ward Sisters/Charge Nurses to undertake quarterly audits, facilitated by a Practice Development Nurse, to address issues of incomplete documentation. The first audit was undertaken in September 2004 with results expected in December 2004.

In addition, the Nursing Documentation Group now has clear links with the Trust Health Records Committee and is working collaboratively towards a multi professional audit of documentation in December 2004.

2.3 Privacy & Dignity

The benchmark was launched in the autumn of 2003 with a "Brainstorming" of some of the issues around meeting patient's privacy & dignity needs undertaken.

As a result of this initial work a Trust approved tool was developed to assist teams appraise their practice. The exercise was led by nurses but many areas involved patients and members of the care team e.g. Physiotherapists, Occupational Therapists, Doctors, Chaplain and Ward Clerks, in their discussions.

Issues common to more than one area are being identified and a corporate action plan has been developed to tackle these; expected launch December 2004.

2.4 Communication

The benchmark was launched in November 2003 through the Communication Steering Group "Thinking of People, Patients and Staff" that includes representatives from the Divisions, Allied Health Professionals, PALS and Patient and Public Involvement.

A benchmarking tool was developed to assist clinical teams appraise their practice, share the good and plan to improve the not so good. Audits were undertaken during March & April 2004, and as a result, work has commenced on projects to improve communication within the Trust such as guidance on answering the telephone, message taking and on the use of secrecy buttons on telephones.

A repeat audit is planned for spring 2005.

3. FORWARD PLANNING

In order to ensure that Essence of Care remains a high priority within the Trust and that further benchmarks are progressed, the following plan for progressing outstanding benchmarks has been agreed by the professional Nursing & Midwifery Strategy Group:

| Benchmark | Timeframe | Lead |
|---|------------------|---|
| Pressure ulcers | Nov 2004 | Clinical Nurse Specialist Tissue Viability |
| Personal and oral hygiene | Feb 2005 | Clinical Practice Forum |
| Continence, bladder and bowel care | Spring 2005 | Heads of Nursing, Medicine & Surgery & Clinical Nurse Specialists |
| Principles of self care | Summer 2005 | Clinical Practice Forum |
| Safety of clients with mental health needs in acute mental health and general hospital settings | Summer 2005 | Deputy Director of Nursing |

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