

Meeting of
Lanarkshire NHS Board
Date 25 August 2010

Lanarkshire NHS Board
14 Beckford Street
Hamilton ML3 0TA
Telephone 01698 281313
Fax 01698 423134
www.nhslanarkshire.co.uk



SUBJECT: EXISTING AND FUTURE ACTION AIMED AT IMPROVING PATIENTS' EXPERIENCE

1. PURPOSE

To brief the Board on actions taken in the recent past and to be considered in the near future to improve the patients experience and address the issues raised by recent incidents in the care of a small number of patients.

2. CONTENT/SUMMARY OF KEY ISSUES

2.1 Background

Nationally and locally there has been concern about the quality of the experience that patients' have when using the NHS. This has either sprung from well publicised complaints of serious failures of care such as Ombudsman's reports into individual complaints or something more systemic such as the events at Mid Staffordshire NHS Trust. These failings can be clinical (diagnosis and treatment) and, equally important, in the care and support people expect when they are ill or concerned.

The Board has already been briefed about the development of a better system to monitor the quality of services - the clinical dashboard and common portal. A brief note on this is given in Annex A. This mechanism is being developed so that there is a high level overview of quality indicators but also that staff in wards and departments can themselves contribute their own data and use it to improve the service to patients on a day-to-day basis.

Action has been taken over several years to improve the factors which contribute to an improved patient experience, they include: clarifying the role and developing the leadership capability of Senior Charge Nurses with access by them to an accredited development programme, annual objectives, more organised working environment and implementing ward-based quality indicators such as pressure area care, hand hygiene and recognition of deteriorating patients.

Patients with dementia or confused states in busy acute wards are particularly vulnerable not least because they require more time and patience and their

confusion can be easily made worse by complicated explanations and unfamiliar surroundings. A recent survey showed that there are 375 patients in the acute division with varying degrees of dementia or confusion. In response, resource packs have been provided for each ward along with top tips in caring for people with dementia and nurses specialising in the elderly mentally ill visit the wards to advise on care management. This is a national issue and the Mental Welfare Commission will be undertaking an evaluation of the care of patients with dementia in acute hospital settings this autumn.

A programme of work is nearing completion on demonstrating care and compassion by nursing staff toward patients and their relatives. This includes reviewing the competencies required of all nursing staff and how these can be best assessed when appointing them or undertaking their periodic appraisal. A statement on expectations and standards of practice for all nurses, midwives and AHPs has been widely disseminated and is being enshrined in all professional development activity. Board members will have seen a copy of this statement previously but is attached as Annex B for convenience.

3. ACTIONS

As a result of recent incidents, small in number but none-the-less important, the following is also being considered:

- The criteria and selection process for Senior Charge Nurses and their deputies to emphasise their supervisory and development role of staff in their team
- An annual statement (or Code) for each Senior Charge Nurse of the essential expected behaviours of them and their team which will link with the objective setting process already in place
- Review of the development needs of Senior Charge Nurses and their deputies although we already have an externally validated programme in place
- A “test” of when it would be inappropriate for Senior Charge Nurses or their deputies to remain in a clinical leadership position
- Reviewing the process of supervision of ward staff by Senior Charge Nurses and their deputies including consideration of developing the midwifery supervision model for application in acute wards. The board will wish to note that we already have a professional supervision policy in place for nurses and AHPs but it is less structured than that for midwifery
- Considering replacing any variations of intra-ward “team nursing” (whereby the care of groups of patients is largely delegated to one or two nurses) with the ward and nursing staff being a single unified team, expected to be familiar with all the patients in the whole ward
- Ensuring a better fit between practice development initiatives and the reality of practice in the clinical areas
- Developing a ward-based nursing tool which tracks the patient experience at key points during their hospital stay

- Senior nurses having as a number 1 priority direct supervision of the care of patients in wards and departments even if this compromises the extent to which they support the general management process. Crucially they should review with the person in charge of the ward the care plans of vulnerable patients
- Considering how Consultant Nurses and practice development staff can help in getting greater supervision and support in the ward to enable staff to reflect on the care that they are giving to their patients
- Identifying and disseminating learning from very positive experiences of patients

The Director for Acute Services has also emphasised to general managers that they need to demonstrate that the quality of clinical care is integral to their responsibilities.

CONCLUSIONS

The quality of care in Lanarkshire Hospitals is often high, but it can, on occasion also be unsatisfactory. In comparison to the rest of Scotland there is evidence to believe that the physical aspects of care (hand hygiene, drug administration and so on) are at the top-end of performance. In relationships and care there are many examples of where it is also very good but there are occasions when it is not. Greater anticipation of a patient's need; skill in creating reassurance and comfort; and sensitivity to when things are not at the required standard; are all part of the culture of care that needs nurturing.

The measures already taken and the further work identified above will all help but there are strong cross-currents from a focus on many tasks to be completed (many of them not directly affecting patients), busy wards where lots of patient movement takes place and a society where the concept of service is not instinctive. As part of the Board's approach on quality further work has to be done to consider how a culture of service will be developed in difficult financial times.

4. FURTHER INFORMATION:

For further information or clarification of any issues in this paper please contact; Joan James, Divisional Nurse Director (Acute) or Margot Russell, Practice Development Specialist Clinical Leaders and Quality.

Joan James, Divisional Nurse Director (Acute)
Margot Russell, Practice Development Specialist Clinical Leaders and Quality
Paul Wilson, Executive Director of NMAHPs
18 August 2010

The Clinical Dashboard and Portal

NHS Lanarkshire is developing a Quality Dashboard which aims to provide an NHS Lanarkshire wide report on clinical quality that will complement the national Quality Scorecard. This will contribute to a balanced scorecard of assurance for the Board with the information already received by the Board at its meetings on activity, finance and staff governance.

A draft dashboard was presented at a Board Seminar in July 2010. In this initial draft, the indicators were acute focused and an early expansion is required into primary and community care.

The purpose of the NHS Lanarkshire Quality Dashboard is two fold. This aims to provide a mechanism for identifying areas of high quality which can be used to promote similar standards across the NHS Board. On the other hand, it should provide an opportunity to identify areas requiring action at a Board level. The NHS Board can then seek assurance that actions are being undertaken and can monitor trends.

The NHS Lanarkshire Quality Dashboard will have data migrated and complemented by a more operational Healthcare Quality Improvement Portal. This is being developed to collate and report on quality measures at a ward, area (and eventually community team) level. This portal will allow front line staff and managers to monitor and improve the quality of care provided “real time” in areas such as patient safety, HAI, clinical quality indicators and Better Together (patient experience) and will support NHS Lanarkshire’s compliance against the Healthcare Quality Strategy for NHS Scotland.

The ability to extend the Quality Improvement Portal to primary and community care and to maintain data collection is dependent both on the support to drive quality improvement programmes and initiatives such as Patient Safety, Leading Better Care and Better Together. In addition this will rely on having resources in the Clinical Quality Service to develop the portal, its reporting capacity and validate data.