

Report to Trust Board

Date 29th September 2010

Agenda item no

Title Author Responsible Director Purpose	Director of Nursing and Patient Services Report Director of Nursing and Patient Services Director of Nursing and Patient Services Assurance/Information
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Action required	To note the content of this report To support the individual quality, safety and patient experience initiatives
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Executive Summary:

This report provides information / update on the following areas:

High Impact Actions
 Productive Ward
 Safeguarding Vulnerable Adults

Relevant CQC standard/ NHS Constitution pledge	Outcomes 1, 4, 5, 6, 7, 8, 12, 13, 14, 16
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Link to strategy/plans	Improving patient experience Strategy Nursing and Midwifery Strategy Trust Strategy
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Impact assessment:	
- quality	All items relevant to quality / safety
- financial/business	Potential to meet QIPP and CIPs
- equality/diversity	Care of vulnerable adults / children / disability legislation
- risk	Minimises risk and promotes assurance
- legal/statutory	Meets CQC requirements
- sustainability	N/A

Previous consultation/decision/discussion/	Each of the areas reported have been discussed in at least one of the following meetings: Executive Director discussion / Governance Committee / Improving Patient Experience Committee / Patient Safety Committee / Quality Performance Committee
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High Impact Actions

In October 2009 the High Impact Actions workstream was launched by the Chief Nursing Officer for England. A large group of experienced nurses and midwives worked together to prioritise the eight areas they felt could have the most impact on improving patient care.

The eight actions identified were:-

- Your skin matters.
- Staying safe – preventing falls.
- Keeping nourished getting better.
- Promoting normal birth.
- Important choices – where to die when the time comes.
- Fit and well to care.
- Ready to go no delays.
- Protection from infection.

The East of England SHA added two further actions:-

- Dementia Care
- Role of the Ward Sister

Each of the actions identified has the potential to improve the quality and safety of care patients receive, enhance the patient experience and provide cost savings to the Trust thus supporting the QIPP agenda.

In July 2010 Bedford Hospital NHS Trust committed to improving the patient experience and brought together expert nurses and midwives from across the Trust to develop plans for each of the HIAs.

Progress to date includes:

- The trust position for each indicator has been identified according to the criteria set by the Department of Health
- Areas of good practice are being identified within the Trust and shared across the Trust in order to standardise practice where applicable
- A scoping exercise of relevant practice across the region is taking place with the aim of developing the need to learn from others

Positive highlights:

- The Ward Sister Development Programme commences on 27th September 2010
- A Pressure Ulcer task and finish group has been set up to develop a 'zero tolerance plan' for hospital acquired pressure ulcers
- A draft advanced care plan has been produced to identify the wishes / needs of the patient at the End of Life

Next steps:

- All staff, including Board members to sign up to being committed to improving care through High Impact Actions
- A draft implementation plan to be completed by 1st November 2010

Productive Ward

The Productive Ward involves and empowers staff to focus on releasing more time for direct patient care, while improving their working environment.

The initiative puts quality at the heart of health care and enables staff to improve patient experience through leadership, team performance and the delivery of safe reliable and effective care.

In May 2009, the Productive Ward Programme was rolled-out using four showcase wards that led the way in organising and delivering outstanding ward-based care and sharing experiences and learning outcomes in preparation for project roll-out across all ward areas.

Since that time and using the information gathered in 2009 the Trust was able to develop a roll-out programme that began in January 2010.

Between January 2010 and July 2010, 17 more wards and departments were able to begin their Productive Ward journey; this includes all of the Women and Children's Division and Trauma and Orthopaedic Out-patients.

Positive highlights:

- Wards and departments are able to understand the impact they have on improving the patient experience
- Through a process of plan, do, study, act (PDSA) cycles they are able to redesign processes and reinvest time into patient care, e.g. through redesign of their staff handover, Elizabeth ward have saved a total of 2 ½ hours per week which they have re-invest in direct patient care
- Productive Ward work closely with the HIA Steering Group and the patient safety Champion to develop new safer ways of working, e.g. improvement in the accuracy of patient observations increasing patient safety

Next steps:

- To develop a plan to sustain the improvements beyond the life of the project and to ensure that Productive Ward becomes fully embedded across the organisation
- To roll out to the theatres and Accident and Emergency departments

It is proposed that presentations are made to the Board at future Board meetings for both the High Impact Actions and the Productive Wards workstreams.

Safeguarding Vulnerable Adults

As part of the Trust's registration submission for Care Quality Commission in January 2010, we declared non-compliance against the adult safeguarding essential standard (outcome 7). The CQC made an unannounced visit and following the visit, changed our status to compliant as we could demonstrate that an action plan was in place to achieve compliance. A Matron was seconded for two days a week to lead the work to achieve the actions agreed in the plan. Whilst progress has been made against the plan there is still further work to be undertaken in relation to training and also in relation to mental capacity and deprivation of liberty. Further discussion is underway to identify what is required in the organisation to meet the adult safeguarding requirements. Funding is being considered to establish a full time post for this work which is linked to safety, quality and patient experience. Progress against the plan is being monitored through the Trust Safeguarding Committee which upwardly reports to Governance Committee. A further update against progress will be provided to the Board in the next quarter.

To provide further assurance to the Board, the Trust is currently participating proactively in an external assurance process as part of the Local Safeguarding Board workstream. All partners on the Local Safeguarding Board are undertaking an audit measuring against eight safeguarding standards.

1. Senior management commitment to the importance of safeguarding and promoting vulnerable adults welfare
2. A clear statement of the agency's responsibility towards adults is available to all staff
3. A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of adults
4. Service development takes account of the need to safeguard and promote welfare and is informed, where appropriate, by the views of service users and their families
5. Staff training on safeguarding and promoting the welfare of adults for all staff working with or, depending on the agency's primary functions, in contact with service users and their families
6. Recruitment, vetting procedures and allegations against staff
7. Inter-agency working
8. Information sharing

Once the assessment is complete a further update will be reported to the Board.

Eiri Jones
Director of Nursing and Patient Services
September 2010