Introduction:

The NHS Plan reinforced the importance of getting the basics right and improving the patient experience. The ‘Essence of Care’ approach is fundamentally qualitative and involves the identification of patient-focused best practice in those ‘softer’ aspects of care which are crucial to the quality of the patient experience. These are now included and considered to be of increasing importance in the standards Trusts are measured against e.g. Healthcare Care Commissions Standards and even more recently acknowledged in the Caring for Dignity Report published by the Healthcare Commission in (2007) and High Quality care for all (often referred to as the Darzi review 2008)

The 11 ‘Essence of Care’ Benchmarks are:

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

The benchmarking process outlined in ‘Essence of Care’ helps practitioners to take a structured approach to sharing and comparing practice, enabling them to identify the best and to develop action plans to remedy poor practice. This is now the fourth essence of care audit that the trust has reported on.

The audit continues to be carried out biannually as a form of sharing and monitoring best practice, however it is recognised that the aim is to embed the essence of care standards within all practice and to monitor them with ongoing auditing through the matron’s checklist. Essence of care is a very versatile tool that can be used not only as an audit but also as an education tool by providing feedback about peoples and carers needs and preferences.
Developing the Performance Indicators and Audit Tool

An initial version of the audit tool was developed through the then Cheshire and Merseyside Strategic Health Authority Essence of Care Group. The department of health has supported a consultation on the reviewed original essence of care benchmarks. The revision followed the same format as that for devising the benchmarks themselves, via focus groups. During the consultation it was proposed that the management of pain be included as a twelfth benchmark, consultation closed in October 2009 and a revised essence of care tool kit we look forward to receiving in the near future.

Method

The audit was completed by senior nurses who between them assessed all areas of the trust. The findings were reported to the sister / charge nurse of the areas they had audited who will then develop action plans in response to any shortfalls identifying areas on which to focus development activity.

The action plans will be used to generate baseline information and an understanding of local, team, service, divisional and organizational priorities as well as being useful to highlight areas of good practice that can be shared.

Results

Each area was assessed against set criteria and awarded a traffic light symbol according to the following scores:

<table>
<thead>
<tr>
<th>Score</th>
<th>Traffic Light</th>
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<tr>
<td>0 – 80</td>
<td>Red</td>
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<tr>
<td>81 – 89</td>
<td>Amber</td>
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<tr>
<td>90 – 100</td>
<td>Green</td>
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The results are presented in the appendices and show that the Trust has achieved an overall Essence of Care benchmarking score of 93% in which the trust improved in six areas, remained the same in two areas and decreased in two areas from July 2009. The report highlights both overall trust scores and individual Clinical divisions’ scores for each of the benchmarks.
Communication

Overall Trust score = 93%

Medical division Score = 93%

Specialist services score = 93%
Surgical division score = 94%

Initiatives implemented

- Nursing assessment documents updated July 2009
- New signage on the entrance to hospital site
- Ward information / visiting time updated on the intranet
- Communication Booklets/ Ward information leaflets updated
- Review and update of Audio frequency induction loop system available on both sites
- Re-organisation of Senior Nurse meeting to Senior Nurse Advancing Practice (SNAP) to widen access to the group and focus on clinical issues.
- Care as care should be launched November 2009
- Ward meeting template to record minutes
- Relatives Information leaflet updated
- Outpatients leaflet
- Complaint leaflets
- Complaints poster
- Customer care web site developed
- Feedback to matron project underway
- Patient information communication chart launched
- Learning disabilities lead identified at the point of admission for support to patients carers and staff

Further action required

- Ensure all nursing documentation be completed thoroughly'
- Completion Handover document to be introduced
- Re-introduce ward doctor books/ Ward round books
- Update of Discharge Leaflet.
- Patient information communication chart launched approved by patient experience group. Further embedding required
- Inpatient leaflet currently being finalised
- Development of patient information for those with disabilities
Continence

Overall Trust compliance = 87%.

Medical division score = 86%

Specialist services score = 98%
Surgical division score = 85%

Initiatives implemented

- Staff aware of continence services and how to refer
- General competencies are included within staff nurse development programme and healthcare assistants programme but these require formalising with training and competencies.
- Catheter care plan updated.
- Monthly Surveillance reports on catheter usage to focus on more timely removal where indicated
- Implementation of new continence aids to support patients privacy and dignity
- Saving lives audit tool

Further Action required

- Continence assessment tool to be evaluated and implemented to nursing assessment document.
- Structured training required for all levels of nursing staff
- Continence assessment tool to be implemented trust wide.
- Review of Action Plan in line with NICE Guidance Bladder and Bowel Management.
- Catheter care plan updated and further review underway in line with trust bacteraemia.
Food and nutrition

Overall Trust compliance = 86%

Medical division score = 84%

Specialist services score = 93%
Surgical division score = 83%

Initiatives implemented

- Protected mealtimes continue to be monitored via Matrons checklist and reported on quarterly
- Nutrition Steering Group established
- Ongoing monthly audit on fluid balance chart documentation.
- Bariatric Policy/Equipment review and implementation
- Introduction of Malnutrition Universal Screening Tool (MUST), incorporated into the Patient Assessment Document.
- Revised Fluid Balance chart to incorporate sign off at end of shifts by a trained member of staff.
- Revised menus in circulation.

Further action required

- Staff Training on malnourishment and patient assessment to be included in staff nurse development and healthcare assistant training.
- Rolling programme planned for replacement of ITU beds to weighing beds for nutritional and fluid calculation
- Staff training to commence for Enteral feeding provided by Nutrition team.
- Feeding charts to be circulated trust wide following consultation period.
Patient Comfort

Overall Trust compliance = 96%

Medical Division score = 94%

Specialist services score = 99%
Surgical Division score = 99%

Initiatives implemented

- Additional electric beds purchased for all areas
- Monthly monitoring via matrons checklist
- Matrons monitor standards of cleanliness and state of repair as part of matron’s checklist.
- Purchase of further TRINOVA & VIACLOIN mattresses
- Programme for mattress and theatre trolley mattress checks to ensure replacement takes place as required
- Refurbishment of ward areas on SDGH and ODGH site
- Introduction of Day room facilities on medical wards
- Opening of Discharge lounge.
- Single sex accommodation and facilities promoted throughout trust as per DOH guidelines.

Further action required

- AED Refurbishment to be completed
- Ward by Ward/dept Refurbishment programme continues.
Personal / Self Care

Overall Trust compliance = 96%

Medical division score = 95%

Specialist services score = 96%
Surgical division score = 97%

Initiatives implemented

- Same sex facilities available trust wide
- New signage for patient facilities
- Removal of Baths to facilitate increase numbers to Toilets and Showers to comply with single sex accommodation
- Facilities to be designated Male /Female as per care as care should be trust guidelines
- Continued monitoring via Matron Checklist monthly.

Further action required

- Weight documented on patient admission needs to be reinforced.
- Consent on nursing documentation to be embedded
- Embed further usage of Multidisciplinary communication sheets to support patient and carer involvement with ADL’s.
Pressure Ulcer / Skin care

Overall Trust Compliance = 96%

Medical Division score = 96%

Specialist services score = 98%
Surgical Division = 96%

Initiatives implemented

- Matron's Checklists monitor assessment and review of patients continues.
- Vac therapy training continues with tissue viability link nurses
- Electronic Pressure Ulcer Database commenced
- Ongoing annual mattress audit
- Bed space checks commenced

Further action required

- Continue to monitor via matrons checklist areas for improvements includes reviewing patients at risk score.
- Resume shadowing of Trust's tissue viability nurse.
- Electronic Pressure Ulcer Database commenced trust wide access required
- Electronic wound care formulary being produced in conjunction with North West Region.
- Care plans being reviewed and updated in line with Worldwide Pressure Ulcer Prevention Guidelines
- Revise Route cause analysis tool for Hospital acquired pressure ulcer.
Promoting Health

Overall Trust compliance = 95%

Medical Division score = 96%

Specialist services score = 100%
Surgical division score = 93%

**Initiatives implemented**

- Staff know where to make referrals for areas such as smoking cessation and dietician
- Audits carried out within nursing documentation and nutritional audits
- Information available in all areas
- Smoking Cessation service utilised/promoted - ongoing audits
- End of life preferred place of care and advanced care planning incorporated into nursing assessment.
- Service developed to support thrombolysing of Stroke patients

**Further action required**

- Health promotion training – on providing brief interventions to be cascaded by our trainers.
- Purchase of patient information holders to ensure patient literature is readily available.
- Develop thrombolysing service to 7 days a week for Stroke patients.
Record Keeping

Overall Trust Compliance = 93%

Medical Division score = 93%

Specialist services score = 91%
Surgical division score = 96%

Initiatives implemented

- Ongoing Matrons monitor on monthly checklist
- Fluid balance and EWS audits ongoing with trajectory applied.
- Revised Fluid Balance chart
- Development of a database for training and competency recording, complaints, VTE (Venous Thromboembolism)
- Ongoing Medical devices audit monthly
- Monitoring of aspects of end of life incorporated into Matron Checklist
- Implementation trust wide of pre printed vigil prescription sheet.
- Development of Quality Dashboard

Further action required

- Ongoing monitoring and continued improvements via matrons checklist
- Consent on nursing documentation to be embedded
- Weight to be documented on admission
- Documentation post clinical procedures to be embedded - supported through the Saving lives programme.
- Embedding of End of life assessment for those relevant patients
- Consider further monitoring via matron checklist for End of Life Care.
- Handover document working group established - supportive documentation to be finalised.
Respect and dignity

Overall Trust score = 94%

Medical Division score = 94%

Specialist Services score = 100%
Surgical Division score = 93%

Initiatives implemented

- Ongoing monitoring and continued improvements via matrons checklist
- Respect and dignity Matron in post and Ward/area Dignity champions nominated and training ongoing.
- Privacy and dignity curtains in use.
- Further patient screens purchased
- Refurbishment of Mortuary facilities.
- Ongoing 'Care as Care Should be' campaigns
- Monthly auditing of Single Sex accommodation

Further action required

- Further training required on dignity
- Learning Disability awareness campaigns to promote
- Refurbishment of Hospital chapel SDGH site
- Further refurbishment of Bereavement room main entrance SDGH
- Launch of Care as care should be campaign
- Preferred name of patient to be documented in all patient assessment booklets
- Areas that have mixed bays due to nature of area under review in new care as care should be campaign
- Review of patient bathroom and toilet areas to be designated single sex or separate areas which are defined as for male and female
- All Faith Gowns to be considered.
- Theatre ODGH to have curtaining put in place to provide privacy for patients pre-operatively.
- Dementia provisions and supportive documentation to be developed
- Web Page and Privacy and dignity policy to be finalised.
Safe Environment

Overall Trust score = 96%

Medical Division score = 95%

Specialist services score = 95%
Surgical Division score = 98%

Initiatives implemented

- New signage around hospital entrance for staff and visitors evident
- Monitoring of healthy and safety carried out as part of matron’s checklist include alcohol gel, clean, resuscitation trolley checks, control Drugs ongoing.
- EQIP approach to some areas
- Out of hours cleaning procedure cascaded to staff
- Saving Lives- audit of health care associated infections
- Trust wide change over to Bed pan macerators
- Upgrade of Trust wall Oxygen and suction facilities
- Review of Trust manual handling training
- Refurbishment of HSDU Services in progress.
- Patient safety 1st
- De-clutter of ward/department areas - monitoring commenced via Matron checklist.

Further action required

- Extend EQIP principles of efficiency and quality improvement programme
Mental Health needs

Overall Trust compliance = 87%

Medical Division score = 84%

Specialist services score = 95%
Initiatives implemented

- Development of MCA/LD/DOL's Database within the trust.
- Individual risk assessments are carried out via new patient assessment booklets
- Patient Safety 1st
- Embedding of use of Learning Disability (LD) Patient Passport
- Training programme developed for all staff re Learning Disabilities

Further action required

- Cascading of Mental Capacity Act Training continues
- Ongoing initiatives within Productive ward/theatre (QUIP)
- Development of Dementia Policy, care pathway and passport
- Continued Training for trust staff in Learning Disabilities
Recollection to go to the Senior Nurses and Information Analyst for support in completing this report.
References


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Southport and Ormskirk Nursing and Midwifery Strategy (2007) – Progress through Partnership.

The Mental Capacity Act – Code of Practice (issued 2007)