

Briefing note for Councillor Mrs Young.

Update on Responses to the Dignity Scrutiny Report

We have received responses to the Scrutiny report recommendations from each of the Trusts. They are all positive in responding to our recommendations and taking a range of actions and reviews. The letters give details and a summary is set out below.

Given that the responses have only just arrived, it has not been possible to produce a formal report for the Health Scrutiny Committee. However, this note focuses on the key points. A full report will be produced for the next meeting of the Committee.

Ann Day will be attending the Health Scrutiny Committee and can give an update from her perspective.

1. University Hospital of South Manchester

The Chief Nurse Mandy Bailey responded.

Francis Report

- UHSM have combined the recommendations into a number of monitored action plans e.g. elderly care/stroke ward and complex care plans. They have also included them in the dementia strategy implementation action plan.
- The recommendations will be included in the development of a new ward accreditation programme to be implemented in April 2014. The elderly care wards will be part of the first pilot.
- UHSM also have an Action Plan that combines the Trust response to the Keogh style review conducted by UHSM and the Berwick Report, Francis Report and Hard Truths.

Continuing to review policies and procedures in light of feedback from patients and carers

- Addressed as part of the patient experience programme, complaint management and dementia carers feedback survey.
- Care companions have been introduced with pilot wards having the highest proportion of elderly patients.
- Bedside booklets have also been updated across the hospital. These give information about who's who, meal times and basic discharge information.
- The Food Issues Group (FIG) webpage is up and running where procedures for ordering food and information on food related issues can be found.
- Snack boxes can now be ordered 24/7.

Sharing and identifying best practice to improve services for elderly and vulnerable patients.

- Will be incorporated in the elderly care strategy and linking with the development of the frailty pathway and proactive discharge service (PAD). The PAD is aimed at improving discharge procedures.

Regularly checking that staff are implementing discharge procedures

- Will be considered as part of on-going work and project group considering all aspects of safe discharge.
- Quarterly audits are carried out on patients discharged through the discharge lounge and Trust wide discharge of patients audit was carried out in January 2014 with an action plan.

2. Trafford General Hospital

Jane Grimshaw, Divisional Head of Nursing responded.

Ensuring that they are implementing recommendations 236-243 of the Francis Report.

- A number of processes are in place at CMFT to monitor compliance against the recommendations in the Francis report.
- There had been a continued recruitment drive within nursing since acquisition of Trafford Healthcare Trust, resulting in a reduction in reliance on temporary workers.
- All adult ward areas have undergone a formal assessment as part of the Trust ward accreditation process. One ward attained a gold accreditation award and 7 areas silver.
- The Care Quality Commission undertook an unannounced visit in February 2014 at Trafford General Hospital and verbal feedback was positive about a number of issues.
- A Trust Quality Review was undertaken at Trafford General Hospital in January 2014. Positive verbal feedback had been received.
- Continual audit of practice is undertaken, both by the ward managers on a monthly basis and by the hospital education team.

Continuing to review policies and procedures in light of feedback from patients and carers

- The Trust is committed to responding to patients concerns in a more timely fashion and is currently reviewing the formal complaints process.

- Trafford General Hospital is a pilot site for a Trust initiative 'Tell Us Today', providing patients or carers with the opportunity to access a telephone number 24 hours a day where they can speak to a member of staff independent to the ward..
- Two patient engagement events are planned for 2014 seeking feedback on the quality of clinical care received and their patient experience.
- A patient and carer forum is due to be established at Trafford General Hospital.

Sharing and identifying best practice to improve services for elderly and vulnerable patients

- A multi-disciplinary Trafford Elderly Care and Dementia Steering Group has been convened in January 2014.
- March has been designated as a 'dementia' awareness month, with launch of the Trust dementia shared care plan and formal launch of the Trafford Rapid Assessment Discharge Interface Service (RAID).
- The development of elderly care and rehabilitation facilities has been identified as one of the strategic aims for Trafford General Hospital

Regularly checking that staff are implementing discharge procedures

- A Transfer of Care Group has been re-established. Any incidents or complaints arising in relation to discharge are reviewed, and lessons learnt identified.
- The discharge team are now managed by the hospital Allied Health Professionals lead.
- An audit programme will be established to identify lessons / improvements in the discharge processes.

Learning from complaints / patient feedback

- The following outlines two examples of lessons learnt and changes to service provision following complaints / patient feedback:
 - Concerns raised about the admission process for a patient having been referred by their General Practitioner to the Emergency Department have led to direct GP admissions to the Acute Medical Unit, resulting in reduced transfers between clinical areas and a more robust initial assessment process.
 - Based upon feedback received from patients during a survey about meal provision it has been agreed the evening meal will in future be served half an hour later.
- Following the changes in the Trafford clinical effectiveness team in future all complaints will be reviewed and themed at a local level, with learning shared across the division.

3. Salford Royal

Long waits in Discharge Lounge

- All wards attempt to send patients to the Discharge Lounge by 11am where it is clinically safe to do so.
- To reduce waiting times for the traditional patient transport service the trust has commissioned a private ambulance between the hours of 1100 and 1800 which has been very effective in reducing the length of stay in the discharge lounge.
- The trust also has a discharge vehicle which is utilised for patients who do not require an ambulance but still needs support in getting home safely.

Patients being discharged in pyjamas or dressing gowns in the middle of winter or in the evening.

- All relatives and carers are encouraged to bring patients own clothes into hospital for discharge.
- We have recently started to encourage patients to wear their day clothes whilst in hospital.
- In the event that patients don't have their own clothes, AGE UK situated in the hospital and the discharge lounge carry a supply of clothes for patient use.

Weaknesses in liaison with carers which resulted in key information not being passed onto the hospital or recorded incorrectly.

- All wards have an allocated Discharge Coordinator responsible for liaising with carers and relatives to ensure the relevant information is obtained.
- As part of the National Dementia Strategy, we are implementing the Triangle of Care, which involves professionals, patients and carers to ensure effective communication between all parties. Patients with cognitive impairment also have a Passport of Care which carers and relatives can assist in completing with essential information.

Examples of poor care which patients or carers felt led to infections, non-recording of accidents and food being left out of reach. Other examples included lack of responsiveness to requests or loss of property.

- We are committed to reducing infection by ensuring all staff are trained in Aseptic Non Touch Technique procedures, adequate hand hygiene and environmental standards of cleanliness. Compliance to this training is mandatory.
- Audits and observations are completed rigorously in all areas to ensure standards are maintained. We also maintain electronic records to monitor care.
- All accidents such as falls, medication errors or loss of property, are monitored through an electronic Adverse Incident reporting system.

- We carry out 'Intentional Rounding' on all our patients hourly throughout the day and 2 hourly throughout the night. This is a bedside document which encompasses all aspects of patient care such as, personal belongings within reach, including food and drink.

Communication

- An Electronic Ward to ward transfer document is completed for all patients. All documentation received by A&E is scanned on admission and receiving wards can access this information.

Weight Loss

- We carry out structured mealtimes on all our wards, which involve staff having allocated roles at mealtimes, ensuring patients who require assistance receive the support they need.
- We also have nutrition champions who ensure all patients who require assistance, or supplements and special diets are highlighted.
- We complete an electronic nutritional score (MUST) for each patient and refer to a dietician as appropriate for specialist advice and support. A care plan and action plan is also put in place. This is reviewed on a weekly basis or if the patient's condition alters.
- We also have volunteers who assist patients at mealtimes.
- We operate 'Protected' mealtimes to allow patients to enjoy their meal without interruption, but allow flexibility for relatives or carers to be present in the patient's best interests.

Function and Ability

- All appropriate patients are assessed by a physiotherapist and occupational therapist to enable patients to reach their maximum level of mobility and independence.
- This group of patients are discussed in a multi-disciplinary meeting, which includes medical and nursing staff, relatives and carers, therapy staff and a social worker. This standard process allows a plan of care to be formulated and decisions made for future care.

Discharges

- We have a team of Discharge Coordinators for each ward who are responsible for ordering equipment for patients on discharge. Equipment stores in Salford currently run a seven day service.
- We aim to discharge all patients in daylight hours and as we have access to a private ambulance and also our own discharge vehicle which is available until 7pm, we try to prevent delays and late discharges.

- As part of the discharge process, the Discharge coordinator contacts relatives or carers to inform them of planned discharges. This is documented electronically in the discharge planning checklist.

Possessions

- All patients have an electronic admission checklist completed on admission which includes information regarding dentures and glasses. In the rare event that glasses or dentures are lost during admission, staff complete an incident report which is then investigated and a reimbursement can then be made.

Medication

- When patients are discharged, a copy of the Discharge Summary and prescription is sent with the patient including medication. An electronic copy of this is generated and automatically sent to the patients GP.

Francis Report

- Salford Royal Hospital has taken steps to apply the main themes of the Francis report. The organisation has commissioned a team of leaders from within the trust to review the report's recommendations and assess its position.
- See link which explains this process further in a recently published article in the Health Service Journal.

<http://www.hsj.co.uk/resource-centre/leadership/even-good-trusts-can-learn-from-the-francis-report/5062461.article>.

- The trust also has a robust governance structure which consists of various executive assurance committees' at divisional and directorate level.