

Agenda Item: Trust Board paper S TRUST BOARD – 30 October 2014

Charitable Funds Application no. 5201 – Above Bed Name Boards

DIRECTOR:	Simon Sheppard (Acting Director of Finance and Procurement)
AUTHOR:	Nick Sone (Financial Controller)
DATE:	30 October 2014
PURPOSE:	The report covers a charitable funding application (5201) for £38k from the Charity's general purposes fund relating to the provision of A3 and A4 dry wipe magnetic boards to go above every inpatient bed. New guidance was issued following the Francis report and each patient should have a responsible consultant and named nurse with their name recorded above their bed. The embedding of this best practice forms part of the UHL Quality Commitment Care and Compassion Improving Patient Experience. Recommendation
	The Trust Board is asked to approve this application
PREVIOUSLY CONSIDERED BY:	None
Objective(s) to which issue relates *	 Safe, high quality, patient-centred healthcare An effective, joined up emergency care system Responsive services which people choose to use (secondary, specialised and tertiary care) Integrated care in partnership with others (secondary, specialised and tertiary care) Enhanced reputation in research, innovation and clinical education Delivering services through a caring, professional, passionate and valued workforce A clinically and financially sustainable NHS Foundation Trust Enabled by excellent IM&T
Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:	This is a patient experience improvement agreed through UHL's Quality Commitment. Currently not all wards have above bed boards that will enable the new guidance to be met.
Please explain the results of any Equality Impact assessment undertaken in relation to this matter:	
Organisational Risk Register/Board Assurance Framework *	Organisational Risk Board Assurance Not Register Framework Featured
ACTION REQUIRED * For decision	For assurance For information

[•] We treat people how we would like to be treated • We do what we say we are going to do

We focus on what matters most
 We are one team and we are best when we work together
 We are passionate and creative in our work

^{*} tick applicable box

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO:

CHARITABLE FUNDS COMMITTEE

DATE:

22/09/14

REPORT FROM:

Heather Leatham Head of Nursing

SUBJECT: SUPPORTING INFORMATION FOR GRANT APPLICATION: 5201

APPLICATION DETAILS

Amount: £38325.60

Fund number and type: P802 Patients

BRIEF DESCRIPTION OF THE GOODS/SERVICES TO BE FUNDED

A3 and A4 white dry wipe magnetic boards to go above every inpatient bed Following the Francis Report new guidance was issued by the Academy of Medical Colleges in June 2014. Each patient should have a responsible consultant and a named nurse with their name recorded above the bed. Embedding this 'best practice' forms part of the UHL Quality Commitment Care and Compassion- Improving Patient Experience.

WHY IS FUNDING THROUGH THE TRUST REVENUE/CAPITAL BUDGETS NOT APPROPRIATE

This is a patient experience improvement agreed through UHL's Quality commitment Currently not all wards have above bed boards that will enable the new guidance to be met. Many of the existing boards in the Trust are scratched and damaged. A task and finish group decided on the design and the need for standardisation across the Trust to implement this new guidance. Supporting this purchase will help us meet national and local standards and will benefit patients and relatives as they will be able to see who is responsible for their care and treatment at a glance.

WHAT ADDITIONALITY DOES THIS PROVIDE TO PATIENTS/STAFF OVER AND ABOVE THE TRUST'S CORE ACTIVITY

The 'name over the bed' initiative is part of UHL's 2014-15 Quality Commitment. It will make it clear to patients, their carers, nurses and relatives, the Consultant who is responsible for their overall care. The guidelines also say a 'Named Nurse' should be available to provide patients with information about their care and should be a primary point of contact. This initiative supports one of the Francis Report's key recommendations that if a named clinician were accountable throughout a patient's treatment in hospital then patient safety and the overall quality of care could be improved. It will help make sure that patients are only discharged if it is in their best interests, with appropriate support from friends, family or carers and when it is safe and clinically appropriate to so, particularly if a patient is vulnerable.

VALUE FOR MONEY CONSIDERATIONS

Two companies who already provide boards within the Trust provided sample boards, Ward Henry provided a sample of a Perspex board and Keith Rawson provided a dry magnetic white board sample. Both samples that were priced the same for the A3 board and installation were taken to a task and finish group were nurses from each CMG were represented, for ease of use it was agreed that the magnetic dry white board would be most suitable. Information was also sent by a 3rd company, Find, however the board costs were more than double of those we had received from the other companies and did not cover installation costs

WHAT ARE THE IMPLICATIONS IF THE APPLICATION IS UNSUCCESSFUL?

UHL would not be able to fully follow best practice guidance and would be unable to deliver on an agreed item in UHL Quality Commitment to improve patient experience by embedding the practise of named nurse and named consultant being displayed above the bed

DOES THIS ISSUE FEATURE ON YOUR CBU RISK REGISTER?

No

IS THIS APPLICATION SUPPORTED BY YOUR DIVISIONAL MANAGER AND/OR DIRECTOR?

Yes-Rachel Overfield fully supports this application

IS THIS APPLICATION FOR STANDARD EQUIPMENT WHICH WOULD NORMALLY BE IN USE WITHIN THE TRUST?

No