TRUST BOARD IN PUBLIC	Date: 31st January 2013 Agenda Item: 2.3
REPORT TITLE:	**Chief Nurse & Medical Director Report**
EXECUTIVE SPONSOR:	Chief Nurse - Susan Aitkenhead Des Holden – Medical Director
REPORT AUTHOR:	Deputy Chief Nurse - Sally Brittain Des Holden – Medical Director
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)	n/a

Purpose of the Report and Action Required:		(√)
The purpose of this report is to provide the Board with an overview of patient experience, clinical quality and safety. The Board is asked to note the report.	**Approval**	
	Discussion	√
	Information/Assurance	√

Summary: (Key Issues)

Patient Experience

- Mixed Sex Accommodation
- Feedback on NHS Choices/Patient Opinion
- ED National Patient Survey
- Your Care Matters
- Proud to Care

Patient Safety & Clinical Effectiveness

- Maternity CNST
- HSMR
- Safety Thermometer
- Infection Control
- Complaints & PALS

Relationship to Trust Corporate Objectives & Assurance Framework:

Objective 1: Deliver Safe, High Quality Coordinated Care

Objective 2. Ensure Patients are cared for and cared about

Objective 4. Become a Sustainable, Effective Organisation

Corporate Impact Assessment:	
Legal and regulatory implications	Throughout the report in relation to CQC/NHSLA/National Monitoring of Patient Safety Outcomes & regulation by external bodies.
Financial implications	Discussed in the context of commissioners & patients right to receive high quality care.
Patient Experience/Engagement	Patient experience and engagement is one of the Trusts strategic objectives.

Risk & Performance Management	Highlighted and discussed within each section of the report.
NHS Constitution/Equality & Diversity/Communication	Highlighted throughout the report
Attachments:	
Appendix N/A	

CHIEF NURSE & MEDICAL DIRECTOR REPORT

1. PATIENT EXPERIENCE

1.1 Mixed Sex Accommodation

A breach of the MSA Standard occurred in January 2013 within the Discharge Lounge with seven (three male and four female) patients affected. Investigation has identified that out of hours temporary staff working in the facility were unaware of the presence of the appropriate screens to ensure breaches do not occur despite information being within the lounge. To avoid further breaches resultant to this the site team has implemented a plan and is monitoring it.

1.2 Feedback on NHS Choices & Patient Opinion

Following the last report the scoring system on NHS Choices has changed from a percentage score to a star rating. The Trust's was awarded an overall rating of 3.5 stars out of a possible 5 stars. This included the following categories: four stars for staff co-operation, four stars for being treated with dignity and respect, four stars for being involved in decision making, and four stars for same sex accommodation arrangements, and three and a half stars for cleanliness. Only three new comments since the last report were posted and included two very positive and one very negative. When asked if they would recommend the service, two responders said they would recommend East Surrey Hospital, and one responder said they would not recommend the Trust.

On 'Patient Opinion' seventy per cent of responses were of a positive nature with words such as 'impressed 'and 'thank you' the most commonly used. The Emergency Department (ED) received mixed reviews - being rated as 'good' by some people and as 'could be improved' by others. Over half (fifty five per cent) of the comments were left by the patient themselves, forty per cent of responders were identified as relatives or carers and five per cent were 'unknown' respondents - that is, undeclared as the patient or a relative. Twenty five per cent of comments were not rated or rated 'not critical', sixty per cent were considered by the respondent to be 'mildly or minimally critical', and fifteen per cent were considered to be 'moderately critical'.

In summary the majority of comments in November and December have been positive thank you notes, although the negative feedback was considered to be moderately critical. One change was generated as a result of comments left on Patient Opinion.

2. National Patient Surveys (A&E Survey)

The Care Quality Commission (CQC) published results on the 6th December 2012 from the fourth national accident and emergency (A&E) survey, carried out by 147 acute and specialist NHS trusts with major accident and emergency departments in England. Almost 46,000 people who attended A&E departments during January, February or March 2012 completed the survey.

In relation to Surrey and Sussex NHS Healthcare NHS Trust positives were that the majority of people (75%) felt that that doctors and nurses had listened to them (75% said 'definitely'), new medications were completely explained to them before they were

discharged (83%) and there was a good increase in those saying they had experienced privacy when discussing conditions with receptionists (up 7%, although there are still considerable improvements to be made as the total is only 48%).

Additionally, there are other key areas that have worsened since the 2008 survey:

- There has been a large increase in the proportion of respondents who said they spent more than four hours in A&E to 33%, from in 27% in 2008
- 33% of respondents said that they waited more than half an hour before they were seen by a doctor or a nurse, an increase from 29% in 2008
- Many respondents were not told how long they would have to wait to be examined, 59%, compared with 56% in 2008.

Other areas where improvements are required included 24% of respondents who travelled to hospital in an ambulance who said that they had to wait with the ambulance crew for more than 15 minutes for their care to be transferred to A&E staff, 5% said that they had waited more than an hour with the ambulance crew and 48% of all respondents said that they did not feel their home or family situations were considered prior to them leaving hospital.

As an organisation the Trust was deeply disappointed by its results and has apologised within the local press to the patients who felt their care at that time, was not as they had expected. However the results were not a surprise as they reflect the difficult conditions the emergency department staff were working under at the time noting its impact on the patient experience specifically in relation to waiting times, capacity and dignity and privacy.

The Trust has invested significantly the ED with an increase in consultant and middle grade doctors and successful recruitment to substantive nursing posts since the survey was carried out. This is in addition to the 4.2 million build of a new ED which is 30% bigger with modern facilities and a separate children's emergency department, purpose built for paediatric care.

The department has subsequently been officially designated as a 'Trauma Unit' and is meeting all the national clinical standards for ED. The Divisional Chief Nurse is currently supporting the ED matron to drive and sustain improvements to the patient experience by listening to the patients; this will be supported by the roll out of 'Your Care Matters' to the ED (please see below).

2.1 'Your Care Matters'

The 'Your Care Matters' inpatient survey is now in its eleventh week. It includes the Friends and Family question that must be asked of all adult in-patients and ED patients by April 2013, as well as obtaining feedback on a wide range of patient experience issues.

A variety of approaches have been taken to raise awareness of the importance of the survey among staff and awareness appears to be high.

We are achieving a response rate of 16% which is slightly above the Department of Health target of 15%. Currently 60% of respondents say that a member of staff went 'above and beyond' their expectations and we have received over 120 patient commendations. These are forwarded to the relevant Ward Manager so positive feedback can be given

We are awaiting guidance from the Department of Health over how the Friends and Family results are to be reported and analysed. Our reporting internally enables analysis at Trust,

divisional and ward level. The latter will be dependent upon the number of responses by wards.

The ED survey is due to go live on 1st February taking a similar approach.

2.2 Proud to Care

Patients, their families and carers are invited to join the celebration of nursing in Sussex (Surrey patients included) by nominating an individual or team for the Public's Choice award in the Proud to Care Nursing Awards. NHS Sussex want to hear from patients and their families or carers about dedicated nurses and teams who deliver the very best care or who are exceptional in any way. The Public's Choice award will give these individuals and teams the public recognition they richly deserve and inspire their colleagues.

In addition staff can nominate their colleagues – individuals or teams - for up to six Proud to Care Nursing Awards:

- Care Award
- Courage Award
- Competence Award
- Compassion Award
- Communication Award
- Commitment Award.

Launched on 8th January 2013 by NHS Sussex, the Proud to Care Nursing Awards will celebrate the very best patient care that nurses and care givers deliver in hospitals, the community, primary care, and nursing homes.

The closing date for nominations is 21 February 2013.

All nominations will be shortlisted by a panel of judges. Shortlisted nominees will go forward for judging by Sussex directors of nursing, a patient representative, specialist health professional and a communications lead. Awards will be presented at the Proud to Care Nursing Awards evening on 25 April at the American Express Community Stadium.

3. Patient Safety and Clinical Effectiveness

3.1 Maternity Clinical negligence Scheme for Trusts (CNST)

On Wednesday 16th January 2013 the maternity department achieved CNST level 1 with a score of 50 out of 50. This is a fantastic achievement and means that the maternity services can now fast track to CNST level 2 in December 2013 or March 2014 depending on further detailed feedback from the assessor. It is acknowledged that the maternity services have worked extremely hard to submit such a faultless assessment and the entire team are congratulated.

3.2 Hospital Standardised Mortality Ratios (HSMR)

Following the re-basing of the Dr Foster HSMR, the Trust has continued to show positive movement in its mortality rate and the figure has improved to 91.6 for the 12 months up to December 2012 (National average is 100).

3.3 Safety Thermometer

The NHS Safety Thermometer, developed for the NHS by the NHS as a point of care survey instrument, it provides a 'temperature check' on harm that can be used alongside other measures of harm to measure local and system progress. The target for Trusts was to achieve 95% of patients receiving 'Harmfree' care by December 2012. The Trust is now submitting data to the Safety Thermometer for 100% of its wards as per the requirements of the CQUIN and has collected data for 1664 patients. In December 2012, 95.28% of patients received harm free care.

3.4 Infection Control

Suspected norovirus cases were reported in the community from as early as 5th October 2012.

The first wave of norovirus outbreak occurred within East Surrey Hospital between 23 October 2012 and 26 November 2012. During this period there were 146 suspected patient cases reported to the IPCAS team. Standard laboratory protocol is to test up to 6 stool samples from an affected clinical area. Testing of additional samples is performed if none are confirmed positive from these initial 6 samples. Thirty-two patients had confirmed norovirus on stool sample testing during this period. Thirteen wards required full (6) or partial (7) closure during this period.

The first 57 patient cases reported during the first 2 weeks of the outbreak have been reviewed (23/10/2012 – 05/11/2012). Of these, only 9 (16%) developed symptoms within the first 3 days of admission, with 3 of these having evident symptoms on the day of admission. These 9 patients were isolated promptly on recognition of symptoms. Eight patients were admitted from nursing homes during this period, although none of these had documented symptoms within 3 days of admission, and none of the care homes had voluntarily reported outbreaks during this period.

Admission of patients to a cohort ward was required for a period during the peak of the outbreak. The first wave of outbreak was declared over on 26 November.

3.5 Assurance and action

The HPA and NHS Sussex visited the Trust in October 2012 to discuss practice and seek assurance that the outbreak was being managed appropriately. Both parties were assured that the outbreak had been managed appropriately, and the HPA carried out a more detailed analysis to help us understand how we and other Trusts can better contain these outbreaks in the future.

A teleconference took place of Friday 16 November 2012 with Dr John Paul – Regional Microbiologist, Dr Bruce Stewart and Dr Bharat Patel, HPA.

Lessons learned will be used to ensure that the Trust prepares well for the Norovirus season in the 2013/2014 winter period.

3.5.1 Actions thus far:

- Recommendations from teleconference will be monitored at Taskforce and added to the Norovirus action plan 2013-2014
- RAG rating for Guidelines for the management of norovirus (HPA 2012) has been carried out This will be monitored at Taskforce and included in the Norovirus action plan 2013-2014
- The Trust has ordered the ATP system for monitoring and training for environmental cleaning
- A meeting has been arranged for 12 December 2012 with SaSH team and external partners - PCT, HPU & CCG leads, PCT DPH and Nursing Home representatives, this will be chaired by the CEO. Assurance will be sought that GPs and Nursing Homes are doing all they can to prevent cases coming to us unnecessarily and to provide capacity for discharge
- A management of Norovirus algorithm has been circulated to GPs
- Samples have been sent for genotyping. Results awaited
- A review of the Trust Diarrhoea and Vomiting (D&V) policy to reflect HPA guidelines (2012) has been undertaken.
- Introduction of D&V screening tool for use in ED.
- The revised stool chart includes risk assessment for diarrhoea

3.5.2 Further actions required:

- To work with external partners to manage community cases
- Plans for management of norovirus outbreaks should be readied by week 36 to 38
- Planning meeting should include external/community partners from the outset with clearly defined actions for all

4. HCAI Targets

4.1 MRSA Blood Stream Infection (BSI) (as at 18/01/13)

There have been 2 MRSA BSI, against the target of 3. There has been 45 days since the last case.

4.2 Clostridium difficile (as at 18/01/13)

The Trust has had 21 cases of Clostridium difficile, against a target of 43. Action plans from RCA/SIs are in progress, which continue to be monitored via Taskforce:

4.3 Key Performance Indicators for Infection Control (as at 18/01/13)

KPI	% compliance
Hand hygiene	100%
Clinical Indication for urinary catheters	100%

MRSA screening recorded on handover	99%
Peripheral intravenous line care	95%
Good Antimicrobial prescribing audits **November figures*	Medicine- 91% (N of antibiotic episodes=87) Surgery - 96% (N of antibiotic episodes=57) WaCh – 99% (N=12)
Matrons infection control/cleaning tool	93% overall Satisfaction with Bays and side room cleaning - 28/37 Clinical rooms – 28/37 Non-clinical areas – 28/37

4.4 IPCAS Annual Programme

As part of the IPCAS Annual Programme the following innovations have been implemented/ agreed this quarter:

- Assurance and training for environmental cleaning - ATP testing machine on order. Programme to commence January 2013.
- Facilitation of a reduction in catheter-associated UTI (CAUTI) and blood stream infections where urinary catheters are a source – the HOUDINI project is being rolled out across the Trust. HOUDINI is a collaborative project using an evidence based protocol for the removal of indwelling urethral catheters to reduce the duration of catheterization and the incidence of CAUTI.
- Implementation of chlorine dioxide cleaning for the environment and sluice equipment – Tristel Jet and Tristel Fuse.

5. Decontamination of invasive ultrasound probes

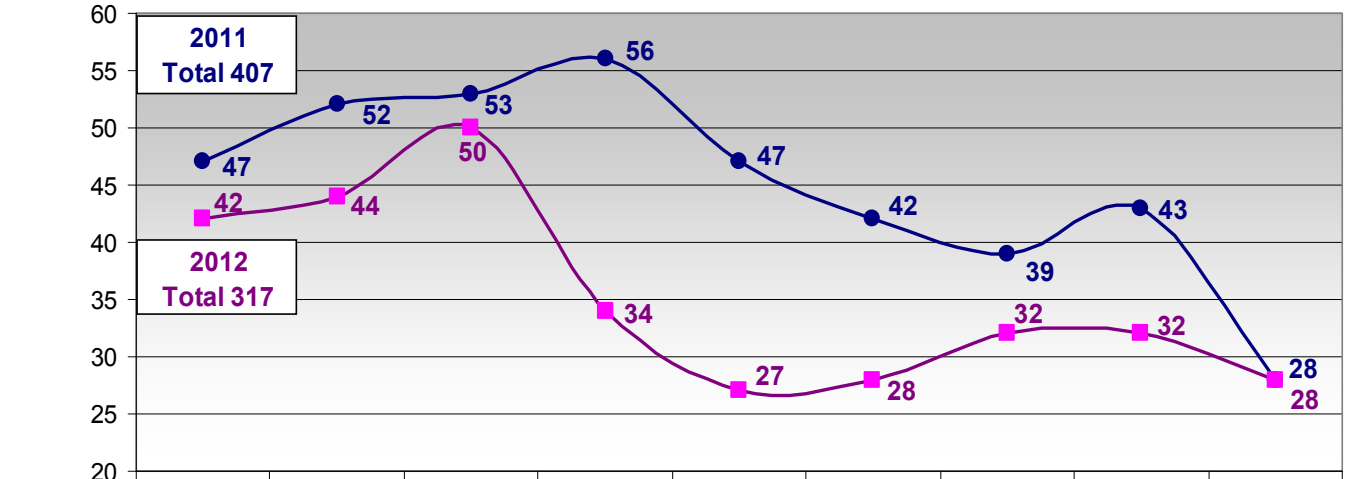
A Medical Device Alert MDA/2012/037 was published in June 2012 by the MHRA, which recommended that all healthcare professionals involved in transoesophageal echocardiography 'review, and if necessary update, local procedures for all ultrasound probes that are used within body cavities to ensure that they are decontaminated appropriately between each patient, in accordance with the manufacturer's instructions'. The MHRA released this alert following an incident where the death of a patient from hepatitis B infection may have been associated with a failure to appropriately decontaminate a transoesophageal echocardiography probe between each patient use.

A review of decontamination of all invasive probes used throughout the Trust has been carried out, identifying models of machines, what types of detergent and disinfectants are in use, and whether they are recommended by the manufacturer.

6. Complaints and Patient Advice and Liaison Service (PALS)

6.1 December 2012

The Trust received a total of 317 (2012) & 407 (2011) complaints representing a decrease of 22%. Of note for the period July 2012– December 2012 the number of complaints logged decreased by 29%.



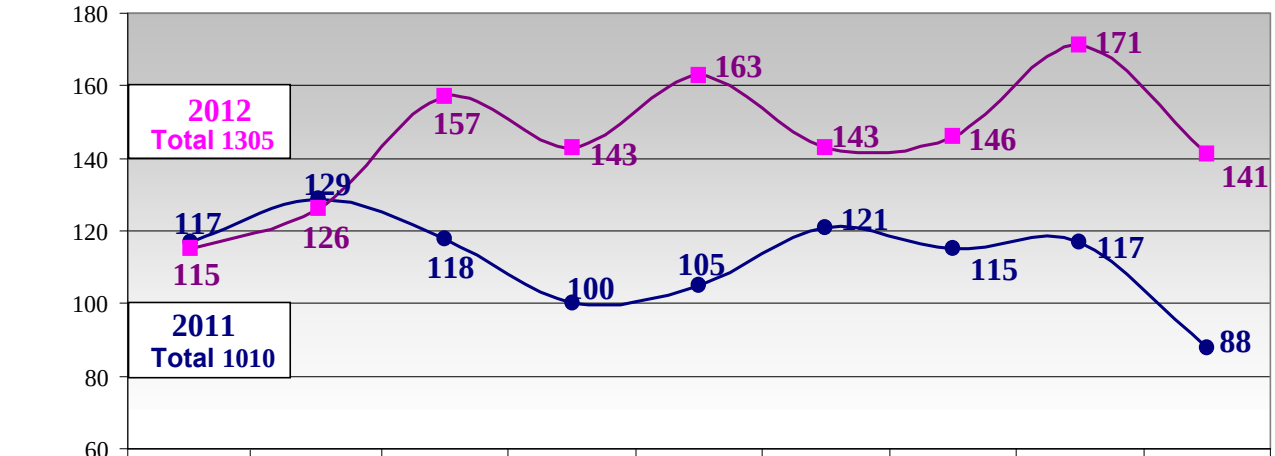
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2011	47	52	53	56	47	42	39	43	28
2012	42	44	50	34	27	28	32	32	28

Top five themes:

Medical treatment	42%
Diagnosis	21%
Nursing	9%
Communication	8%
Discharge	5%

Annual totals of PALS cases to date are 1305 (2012) & 1010 (2011) showing an increase of 23%.

The increase in PALS cases experienced since June 2012 continues and the percentage increase for June to December 2012 now stands at 39%. Reasons for this are most likely the relocation of the PALS office to the main entrance and increased patient activity throughout the Trust. It should be noted that the number of complaints logged during this period has dropped by between 10-15 per month indicating that patients and their families have confidence in and prefer the PALS process as well as the location of the office making patient and carer contact easier.



	April	May	June	July	Aug	Sep	Oct	Nov	
2011	117	129	118	100	105	121	115	117	88
2012	115	126	157	143	163	143	146	171	141

The top five themes noted December 2012:

Communication - inadequate	8
Clinical care – Medical	8
Clinical care – Nursing & Midwifery	7
Delayed appointments	5
Personal Property	5

The Medical Division received the highest number of concerns relating to medical treatment but no discernible trends have been identified. The Division's address concerns and complaints via their governance reporting systems and have clear communication strategies to ensure lessons learnt are disseminated to staff at the clinical interface as well as escalation to MBQR.

7. Recommendation

The Board is asked to note the report.