

TRUST BOARD IN PUBLIC	Date: 28th November 2013	
	Agenda Item: 2.3	
REPORT TITLE:	Joint Chief Nurse a& Medical Director's Report	
EXECUTIVE SPONSOR:	Dr Des Holden, Medical Director Sally Brittain, Deputy Chief Nurse	
REPORT AUTHOR:	As above	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)	N/A	
Purpose of the Report and Action Required:		(√)
<p>An update of on-going work in relation to safe and quality patient care that sits out with the operational performance reports.</p> <p>Please note that this is the first paper in this format as agreed at the last public Board meeting to avoid duplication to the operational performance reports and offer additional supporting information in relation to the delivery of quality and safety patient care.</p>	Approval	
	Discussion	
	Information/Assurance	(√)
Summary: (Key Issues)		
Relationship to Trust Corporate Objectives & Assurance Framework:		
Central to the delivery of safe and quality patient care.		
Corporate Impact Assessment:		
Legal and regulatory implications	NONE identified currently	
Financial implications	YES – but have been agreed via the relevant governance channels	
Patient Experience/Engagement	YES – key and will require to be robustly demonstrated	
Risk & Performance Management	YES – key and will require to be robustly demonstrated	
NHS Constitution/Equality & Diversity/Communication	YES – key and will require to be robustly demonstrated	
Attachments: Paper		

Pressure Ulcer Update (August-September 2013)

This report gives a brief overview of the Trust's hospital acquired pressure ulcers for the months August to October and an update on the on-going Pressure Ulcer Management measures. Over the last few months we have seen a decrease in hospital acquired damage from 8 in August to 3 in September. This was the lowest ever recorded incidence. In October there has been a small increase to 5 however the trend still indicates a significant reduction in the incidence of pressure damage in the Trust.

Surgical Division

Pressure ulcers are being reported throughout the majority of the wards within Surgery although the number of incidents has reduced over the past year. Only 1 incidence of pressure damage occurring in September.

The table below shows the number of hospital acquired grade 2's so far this year.

Ward	April	May	June	July	Aug	Sept	Oct
Brockham	1	1					
Charlwood	3				1		
Copthorne			1		1		
HDU							1
ICU	2	3	3	2	1		
Leigh		1	2				
Newdigate		1	1		1	1	3
SAU		1					
Woodland					2		
Total :	6	7	7	2	6	1	4

The majority of these have been caused by friction on heels and sacral areas. These wounds have been identified quickly due to staff vigilance. Regular skin checks and repositioning continue to be vitally important in early identification of these so that treatment and other prevention measures can be taken.

Medical Division

Pressure ulcers are being reported throughout the majority of the medical wards although the numbers have reduced significantly over the past year. The monthly incidence number has decreased to 2 for the past two consecutive months.

The table below shows the number of hospital acquired grade 2's so far this year.

Ward	April	May	June	July	Aug	Sept	Oct
Abinger			2				
AMU	1	2					
Bletchingley					1		
Capel	1						
Chaldon				1			
Godstone		1	1	4	1		1
Hazelwood						1	
Holmwood				1			
Meadvale		1					
Nutfield		1	4	1			
Tandridge		1		2		1	
Tilgate		1					
Total :	2	7	7	9	2	2	1

The majority of these have been caused by friction from patient handling and movement in bed.

Location of wounds

Ward	Heel	Sacrum	Buttock	Scrotum	Ankle	Face	Leg	Unstated
Abinger	2							
AMU	2		1					
Bletchingley		1						
Capel		1						
Chaldon								1
Godstone		7		1				
Hazelwood		1						
HDU		1						
Holmwood	1				1			
Meadvale	1							
Newdigate		3						
Nutfield	4	1	1					
Tandridge	1	1				1	1	
Tilgate		1						
Total :	11	12	2	1	1	1	1	1

The majority of these wounds were sacral linked with moisture and friction. Skin checks and use of barrier creams have been reinforced with nursing staff.

Root Cause Analysis

RCA's continue to be carried out on hospital acquired pressure ulcers. These are presented at the weekly Pressure Damage Board. The lessons learned are shared across the Trust so that staff are aware and practice is streamlined across the Trust. Wards will be supported by the TVN for approximately 4 weeks following any increase in pressure damage in attempt to improve practice, communication, documentation and prevent further damage occurring.

Important points

- Version 2 of the SKIN bundle has been implemented on all of the adult wards
- Following the barrier cream trials, Cavilon was chosen as the new first line product for prevention and treatment of moisture lesions. This cream is now stock on all adult wards and is available on top-up from pharmacy stores. All remaining creams have been removed in order to standardise treatment across the Trust. The company representative is educating staff on the wards about how to use this appropriately.
- In conjunction with the TVN a new A6 pocket guide has been designed and introduced to assist staff in classifying pressure ulcers and moisture lesions.
- In September new nasal oxygen specs with foam ear protection was introduced in order to reduce the risk of pressure damage.
- Patient education continues to be paramount. A new information leaflet has been printed and is available across the Trust; this supports patients and relatives to understand the dangers of pressure damage and how to prevent it occurring.

Nursing & Midwifery Strategy Update

Objective One: We will provide safe and effective patient care in all that we do.

This work stream has chosen to redesign and re-launch a new model of Intentional Rounding across the Trust.

The team scoped this out at the nursing conference and gathered the views of a significant numbers of attendees. They have also undertaken an across NHS (England, Scotland and Wales) review of what other Trusts are currently using. With this information the team have started to redesign the tool which also dovetails with the current nursing documentation.

A pilot of the new tool will be undertaken in both the Medical and Surgical Divisions. In February there will be a formal launch the new tool with the support of Trust Communication Team. The launch will include a short DVD as a training tool to support implementation.
Action Plan embedded:



SASH Nursing
Strategy Objective or

Objective Two: We will develop skills, behaviours and competence to deliver quality nursing and midwifery care.

Roles and Identity

The group are working within the nursing teams to create clear roles and identities within the different grades of the nursing workforce. Job descriptions will be reviewed, and a clear pathway for career progression devised.

Work currently underway has been sessions within the Matron team to create list of core skills and responsibilities.

Grand Rounds

The group are exploring ways in which they can develop a grand round approach to teaching. Plans to have a monthly hour drop in lunch session open to all with three cases presented each month, one from each directorate.

It is also proposed that should a patient story be appropriate for this meeting, they would be invited to attend and feedback their experience.

Journal Club

In addition to the Grand Rounds, another strategy to provide opportunities for nursing development will be a journal club. Initial thoughts are to run a meeting regularly when current research articles are presented and discussed, with a professional discussion to confirm if we are following current practice guidelines, or if there are any new initiatives that may be of benefit to our patients.

Objective Three: We will build up the potential of our nursing and midwifery workforce.

Early Warning Score

A pilot of the new Early Warning Score commenced on Copthorne and Charlwood on 4th December 2013. Please see embedded an update which will be of interest.



SaSH EWS pilot
Training 2013.ppt

The Deputy Chief Nurse is working with the CERNER Team to identify an electronic solution for an EWS which is part of a wider work stream the Trust is undertaking.

Safer Nursing Care Tool

As discussed in more detail within the last report the data collection for the SNCT began on 1st November 2013. The database to allow entry of the data and calculation of the appropriate staffing requirements is currently being built. A report to the Trust Board will be made available as soon as possible.

Infection Control

The Trust has been working hard to ensure that infection prevention and control standards are maintained to ensure that our patients and staff are cared for and protected and avoid significant financial penalties related to CDI targets.

Disappointingly at the time of writing this report another patient has contracted a hospital acquired CDI bringing the total numbers to 22 year to date (1 April 2013 to 31 March 2014). As you will know the ambition is that the Trust will not have any more than 31 cases this year.

The antibiotic prescribing guidance and usage has been reviewed. There has been maintenance of reduced prescribing of those antibiotics traditionally associated with high chance of CDiff (the change resulting in step change risk of Cdiff last year). We are moving to use more of an antibiotic associated with much less diarrhoea and less CDiff (Temocillin) and new guidance is in place. In addition to this initiative we are emphasizing the need to send early stool samples in patients admitted with, or seen to have diarrhoea soon after admission. There has been a theme of late sending of samples, outside the first 3 days of admission, in some patients probably admitted with CDiff diarrhoea.

PACS/RIS

While the problems with the use of this system for viewing imaging have improved considerably there are still problems being experienced, unpredictably, in some MDMs and in theatre. The problem has been diagnosed and a fix has been introduced this week, with the expectation that these problems will no longer occur. The effect of these problems has been to delay treatment for some patients by up to 1 week

GE Leadership work

The newly adopted priorities for the Trust (Safe, effective, caring, responsive and well led care) have been incorporated into the GE work. The executive team and the clinical leads and ADNs and ADOs from the divisions have agreed clinical leadership for the many pieces of work informing these CQC inspection domains and are now beginning to draw up action plans. This fulfills the trusts stated direction of having greater clinical leadership, and the wish of the leads themselves to have fewer pieces of work delivered in isolation from the services.

TDA visit

The TDA gave very positive feedback for the clinical strategy presented on 14th November, confirming SaSH view that local provision of all relevant services with importing tertiary care where possible to the SaSH site was ambitious and likely to generate a very positive story for care and for recruitment. They also suggested taking as much advantage of AHSN links as possible in the run in to FT application and assessment.