TRUST BOARD IN PUBLIC	Date: 29th November 2012 Agenda Item: 2.3
REPORT TITLE:	Chief Nurse's Report
EXECUTIVE SPONSOR:	Acting Chief Nurse Sally Brittain
REPORT AUTHOR:	Acting Chief Nurse Sally Brittain
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

- Liverpool Care Pathway
- Mixed Sex Accommodation
- Feedback on NHS Choices/Patient Opinion
- National Patient Surveys
- Your Care Matters

Patient Safety & Clinical Effectiveness

- HMSR
- Safety Thermometer
- Speech & Language Therapy
- Recruitment & Retention
- Complaints & PALS
- Maternity Services Consultation

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	

TRUST BOARD REPORT – 29th NOVEMBER 2012
CHIEF NURSE'S REPORT

1. Patient Experience

1.2 Liverpool Care Pathway

The Liverpool Care Pathway (LCP) is a scheme that is intended to improve the quality of care in the final hours or days of a patient's life, and to ensure a peaceful and comfortable death. It aims to guide doctors, nurses and other health workers looking after someone who is dying on issues such as the appropriate time to remove tubes providing food and fluid, or when to stop medication. However, its use has become controversial, with some relatives reportedly claiming it has been used without consent, and some saying it is used inappropriately.

A consensus statement was released in September 2012 regarding the LCP signed by 22 organisations involved in end of life care.

The following is extracted from that statement:

"Published misconceptions and often inaccurate information about the LCP risk detracting from the substantial benefits it can bring to people who are dying and their families."

The LCP does not:

- Replace clinical judgement and is not a treatment, but a framework for good practice.
- Hasten or delay death, but ensures that the right type of care is available for people in the last days or hours of life when all of the possible reversible causes of their condition have been excluded.
- Preclude the use of clinically assisted hydration or nutrition. It prompts clinicians to decide whether it is needed and is in the patient's best interests.

The full statement can be accessed via the following: www.apmonline.org/documents and then click on consensus statement.

The hospital specialist palliative care team continues to support ward based staff in providing quality end of life care for patients and supporting their relatives/carers. They are happy to be contacted by staff, relatives (and patients) who have concerns about the LCP and support teams in their use of this and communication with patients and relatives.

1.3 Mixed Sex Accommodation

No patients have breached the MSA standard since 1st July 2012. In order to support the provision of zero MSA breaches during the winter pressures six additional privacy screens have been ordered.

1.4 Feedback on NHS Choices & Patient Opinion

On Patient Opinion 77% of responses were of a positive nature with words such as friendly and grateful the most commonly used. ED has mixed reviews - being cited as being 'good' by some people and 'as could be improved' by others.

A third of comments were left by the patient, a third were relative or parent and a third were 'unknown' respondents - that is, they didn't declare if they were the patient or a relative. 39% of comments were rated 'not critical', 30% were not rated, and 31% were considered by the respondent to be moderately or mildly critical.

In summary, the majority of comments in September 2012 and October 2012 have been positive thank you notes, and of the constructive feedback, only a small percentage was considered moderately critical.

The Trusts overall rating on NHS Choices is 59% an increase of 2% since the last report. This included the following categories:

- Environment is considered 'very clean';
- Hospital staff worked well together 'most of the time
- Treated with dignity and respect 'most of the time'
- Involved in decision making 'some of the time
- Satisfied by same sex accommodation arrangements 'satisfied'.

For either type of comment the Trust continues to respond, feeding back positive comments to those involved and ensuring those leaving negative comments are given a further opportunity to contact the Trust so that those concerns can be investigated with actions put in place to mitigate and/or resolve the issues for those patients using the Trust in the future. Nursing staff within the Trust continue to promote the use of the website to our patients and their families and value the circulation of feedback from the site by the communication team.

2. National Patient Surveys

2.1 National Cancer Patient Experience Survey 2011/12

The Trust invited Quality Health who on behalf of the National Cancer Network and DOH conducts an annual cancer patient experience survey to give feedback on SaSH's performance. Their Managing Director presented to the Execs, Divisional Management Teams, representatives from Cancer Services and the Trust's multi-disciplinary teams (MDT's) on the 7th November. Against a national picture of year on year improvement, SaSH had also improved. The Trust was in the top 20% of responses for 6 out of 64 survey questions and in the bottom 20% of national responders for 14 responses to the 64 questions. The Trust ranked in the middle 60% of Trusts and the presentation gave valuable pointers to areas in which improvements could be made.

The key issues which were highlighted in the report were:

- Information and communication, particularly from Drs
- Being told they could bring a friend at first point of contact
- Involvement in decision making by the patient
- Pain control
- Emotional support

- Overall rating of care
- Some MDTs doing much better than others in relation to their peer group MDTs nationwide

This was particularly useful in the context of SaSH recently having set up a cancer board. The team is now reflecting on these findings and will draw up actions to address some of these issues.

2.2 'Your Care Matters'

On the Monday 12th November 2012 the Trust commenced piloting a new approach to collecting information from patients on their views of their stay in East Surrey Hospital. The pilot is branded the 'Your Care Matters' and will include all patients who had an admission to the Trust Medical and Surgical Wards.

During the discharge process all patients will be given a card inviting them to take part in the survey either on line or via a free phone number. They will be asked to complete the survey for the ward in which they spent the majority of time and this will be highlighted on the card by the nurse responsible for the patients discharge.

One question in our survey asks participants if any of our staff went 'above and beyond' their expectations. For those who say yes they are asked to tell us what they did and provide their name/description. The system will then email this to the Ward Manager who will be thanking that member of staff in a way that they feel is appropriate to them. They will then forward the commendation on to the person's Line Manager.

A good response rate is key to the success of the project and therefore a programme of briefings has been undertaken with all Ward Managers/Matrons/Divisional Chief Nurses and they will be briefing their staff, emphasising the importance of encouraging as many patients as possible to take part. Posters will also be around the hospital to raise awareness of the survey.

3. Patient Safety and Clinical Effectiveness

3.1 Hospital Standardised Mortality Rate (HSMR)

HSMR Section

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 92.3 for the 12 months up to August 2012 (National average is 100). This month also saw the quarterly publication of the Department of Health's mortality figures (SHMI) which also saw the Trust position improve to a figure of 94.06 which nationally see's the Trust in the top 20% of all acute trust.

3.2 Safety Thermometer

The target for Trusts is 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 ahead of the requirements of the CQUIN as it has identified the value of having the data available for all areas of the Trust.

Month	Volume of Data	SASH Performance	National Performance
April 2012	144	95.14%	89.95%
May 2012	135	94.07%	90.32%
June 2012	136	90.44%	90.44%
July 2012	280	94.64%	91.01%
August 2012	273	96.34%	91.24%
September 2012	261	94.25%	91.74%
October 2012	541	95.93%	91.91%

On the 6th November 2012 the Trust was informed that going forward data collection would include Labour Ward and Theatre Recovery. Plans are in place to ensure that data is collected from these areas for the 14th November Thermometer.

The chart above is the Trust total data nationally benchmarked. Work will now be progressed to drill down into ward level data and provide this to the divisions for their individual action.

4. Speech & Language Therapy (SLT)

Following the application of a successful business case the SLT team establishment has increased from 4.71 wte to 8.46 wte. It is anticipated that additional staff will come into post by the end of November 2012 and support a much improved service for our patients with reduced waiting times for assessment.

SLT are in the process of piloting a swallow screen test on Chaldon ward, which will be rolled out in a training programme by the SLT's for nurses in all wards in the New Year. This will support the hospital's nutrition policy and stop patients remaining nil by mouth for long periods of time. Once the training by the SLT's on the screening tool has been completed it is expected the link nurse on each ward for nutrition will be responsible to maintaining the nurse's competence.

Further investment in therapies this year has shown the introduction of an Occupational Therapist, Physiotherapist and rehabilitation assistant (3.00 wte) within ED. These posts are working with the medical and nursing staff, community and social care teams preventing patients unnecessarily being admitted to the wards. There has also been an additional investment of 6.00 wte therapists to provide rehabilitation on the additional beds created this year and introduction of 1.50 wte of a SLT and dietician for critical care and HDU.

5. Recruitment & Retention

In order to provide effective patient care the Trust must have in place a nursing workforce sufficient in number and skills to meet the demands of providing healthcare services to our diverse community, with specific needs.

The Trust Nursing Recruitment & Retention Group first met in September 2012 and is chaired by the Acting Chief Nurse. The Terms of Reference were ratified on the 22nd October and set out the programme principles and overall project objectives.

The Investment & Workforce Committee received the Nursing Recruitment & Retention Strategy within its agenda of the 3rd October 2012 where following comments received from the Committee it was amended and presented for ratification at the Performance Management Board on the 28th November 2012.

The strategy sets out the ways in which the Trust will work towards recruiting and retaining a skilled and dedicated nursing workforce over the next three years, promoting an environment which supports personal and professional development to make the Trust an employer of choice, and to enable our staff to provide excellent patient care.

The document concentrates on improving the working conditions of staff within the Trust ensuring the Trust becomes an employer of choice within the local community and beyond.

The group has five workstreams which report into the Performance Management Board.

- Rotational Posts
- Marketing & Branding
- Nurse Recruiter Post
- Induction/Mandatory/Statutory Training
- Vacancy Tracker

KPIs for the group are outlined within the terms of reference:

- Reduction in nursing vacancies (% to be agreed)
- Reduction in agency spend (% to be agreed)
- Nursing turnover to achieve (% to be agreed)
- Time line from resignation to start to have maximum number of weeks agreed
- Minimum of 3 rotational posts / programs running at all times

The Trust made a successful recruitment visit to Ireland in November where 8 nurses were recruited for the Emergency Department, 6 for the Acute Medical Unit and 2 for the General Medical Wards.

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

The PALS provides:

- visible, accessible, patient-centred and pro-active service
- a central source of information/early warning system on areas where patients and the public perceive problems
- a major influence on service change
- a major contribution to the Trust's communications and public relations

- a sounding board for the public and staff which relieves pressure on front-line staff

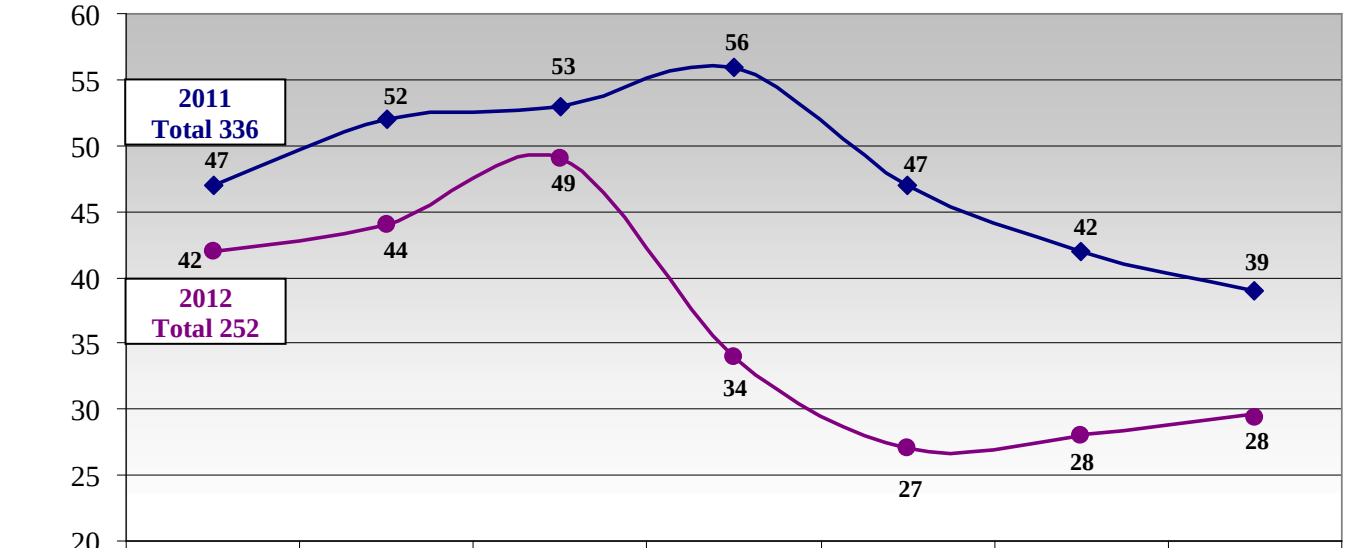
The PALS has contributed to many Trust working groups, policies, events and training during the period, including the Trust Divisional Governance groups. The PALS continues to attend and contribute to many external meetings and groups to promote its service and the Trust, provide advice and information to the public and feedback questions and concerns to the Trust including the East Surrey Transitional LINk.

Number of PALS cases received by the Trust April –October – 2011 and 2012. Annual totals to date 993 (2012) & 805 (2011) Increase of 23.4%. However there has been an Increase of 35% from June – October 2012, which is probably mainly due to the PALS office moving into the front entrance and being more accessible and visible. The PALS is also picking up about 10 cases a month from the complaints department to investigate as "informal" complaints, where issues can be resolved promptly. The subsequent reduction in complaints is evidenced within the second table below.

7. Complaints Report - October 2012

Number complaints received by the Trust April –October – 2011 and 2012.

Annual totals to date 252 (2012) & 336 (2011) - Decrease of 25%



	Apr	May	Jun	Jul	Aug	Sep	Oct
2011	47	52	53	56	47	42	39
2012	42	44	49	34	27	28	28

8. Maternity Consultation

Maternity Services Consultation

The maternity service launched a consultation on 17th October 2012 proposing an on call system which has been successfully implemented by other Maternity Services in the region.

The benefits of the implementation of this proposal:

- 1:1 care in labour
- Positive impact on quality of care
- Disruption to the home birth service minimized
- Additional staff when most needed reducing clinical risk
- Reassurance for staff currently on duty that there is someone to call if necessary
- All midwives participate in an on call rota of some kind
- Equity across the service

It is expected that all hospital Midwives would participate in the on call system with newly qualified Band 5 midwives will not being placed on the rota until they have completed 3 months midwifery experience within the unit. Each midwife would be expected to do approximately 5 on calls per year with each on call period 12.5 hours (1900 to 0730 or 0730 to 1930)

Although the scheme is primarily to support the Labour Ward, staff can work in another area to release staff from there to work on Labour Ward. The Working Time Directive will be considered when agreeing the on call rota with the number of calls per year will be monitored by the midwife in charge of off duty allocation.

Sally Brittain
Acting Chief Nurse
November 2012