

Chief Nurse's Update

Summary: *This report briefs the Board on key issues related to quality and safety within the Trust.*

Key issues include:

- *Significant improvements in Trust Mortality Score*
- *CQC Inspection of Crawley Hospital*
- *Empathica - Measuring Patient Experience Pilot*
- *Surrey LINK Enter & View visits*

Action: *Review, discuss and agree further action as required.*

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Notes:

Trust objective: *This report supports all of the Trust objectives*

Legal: *Health and Social Care Act 2008*

Regulation: *Health and Social Care Act 2008, Essential standards, CQC monitored outcomes*

Date	September 2012
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Audience	Trust Board Members

BACKGROUND

The purpose of this report is to provide the Board with an overview of patient experience, clinical quality and safety.

PATIENT EXPERIENCE

Care Quality Commission (CQC) Announced Visit to Crawley Hospital

On the 24th August 2012 Inspectors from the CQC attended Crawley Hospital and reported that the hospital was meeting all the essential standards of quality and safety inspected.

- Outcome 01: Respecting and involving people who use services
- Outcome 02: Consent to care and treatment
- Outcome 04: Care and welfare of people who use our services
- Outcome 13: Staffing
- Outcome 16: Assessing and monitoring the quality of service provision

Feedback at the end of the day was very positive. During the visit the inspectors checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services. The inspectors also pointed out that the patients they had spoken with were very pleased with the quality of care they received at Crawley Hospital.

The Trust is now in receipt of the draft report where we are given an opportunity to comment on factual accuracy before the report is published.

Mixed Sex Accommodation

No patients breached the MSA standard in July or August 2012.

Feedback on NHS Choices

The majority of feedback the Trust is receiving via Patient Opinion, which feeds into the NHS Choices website, would recommend this hospital to a friend. This feedback does not however alter our overall Trust 'score', which remains at a rating of 57%. Since the start of August positive comments continue to outweigh negative feedback by almost 3:1. During this period there were eleven positive comments submitted with regard the Trust and four negative comments. 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.

Family and Friends

The Friends and Family Test (FFT) is an easy-to-understand question that will be asked of patients about the care they received. It is being introduced because the DH want NHS organisations to obtain regular and timely feedback from patients about the care provided in the NHS, take ownership of the results and act on the feedback. This isn't a new concept for the NHS: many hospitals such as those within Surrey & Sussex Healthcare NHS Trust are already getting regular feedback from patients and acting on it to improve services.

What it means for the NHS

- Introduction of a standard Friends and Family Test question in acute inpatient wards and A&E departments from April 2013.
- Reporting of standardised data at national level by Trust, based on a standard question.
- Coverage of all acute inpatient wards (with limited exceptions).
- Inclusion of and reporting from A&E.
- Ward-level data based on the above to be published from April 2013.
- The approach to implementation will be refined over the coming months through co-production with the NHS and other key stakeholders such as the NHS Confederation, Monitor, Foundation Trust Network, and Commissioners.
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- So far the precise question hasn't been agreed but NHS Midlands and East have been piloting the whole approach which you can read-about here:
- http://www.strategicprojectseo.co.uk/index.php?id_sec=223

Further information about the Family and Friends test can be found at <http://www.dh.gov.uk/health/2012/05/friends-family/>

National Patient Surveys

The National Inpatient Survey is about to commence with a sample of 850 patients drawn from Inpatients who attended the Trust during August receiving a questionnaire. The survey will last around 3 months with preliminary results arriving in January 2013 followed by a nationally benchmarked report in April 2013.

The 2011 National Inpatient Survey did not portray the Trust in a favorable light and it was felt that there needed to be a more timely, systematic approach to both collecting and acting on patient feedback. The DH and SHA agreed that the Trust can repeat the patient experience survey by comparing patient feedback from those admitted in January 2012 with July 2012. This survey was undertaken through August and I am pleased to be able to say that the Patient Experience scores in June were sufficiently higher than January such that the DOH have agreed that the User Experience scores on our Performance Framework should be changed to 'Performance under Review'.

The National A&E Survey closed on Friday 7th September 2012; local results will be available to the Trust within the next few days. This will enable the Trust to both see the changes in scores since the last survey in 2008, as well as some limited national benchmarking against the 43 other Trusts who used Quality Health as their survey provider. The full report benchmarked nationally will be published by the CQC in around 3 months after they have completed their analysis. The Trust had a response rate of 40% for this survey which virtually matched the national figure of 41%.

Enter and View

Surrey LINK have been undertaking a programme of 'Enter & View' visits across the Trust which commenced on Chaldon Ward on 1st August 2012. So far the LINK team have undertaken five such reviews across the medical and surgical divisions with plans for more going forward.

The Trust has received a draft report of the Chaldon visit some extracts of which are below for your information. The final report will be available to the Trust shortly and be published on the LINKs website.

- We passed a series of little external courtyards that were well kept and decorated with plants and sculptures. There were places to sit which were protected but airy.
- Within the ward we found the staff welcoming and positive and the atmosphere calm and unflustered. The patients clearly expressed their appreciation for the staff and the way they had been looked after. We observed them dealing with a man who was slightly confused without diminishing his dignity.
- The unit had recently been upgraded and refurbished and was in excellent condition. It appeared to be light and airy with no unpleasant odours.
- The toilets and shower rooms were clean and tidy as were the patient areas.
- A person carrying an extended aluminium white stick collapsed into our arms as we approached the ward. The person had just turned to ask directions for the exit. Within seconds a chair was produced, a passing member of the senior nursing staff was there and fetched a member of the medical staff at which point we left. All was managed in a controlled and quiet but effective manner
- People using hospital passports with LD or dementia bring them in with them. They also have a series of picture boards to aid comprehension.

- Food is provided by the Hospital caterers. Patients are supported to complete a menu card 24 hours in advance, so have some limited choice. This will also be informed by their ability to swallow. The patients we talked to said the food was edible but not as good as food they would eat at home. They reminded us that it was a hospital, not a 3* hotel. We concurred and noted that they were in good spirits.
- Hospital Meal times are protected. They are considering having a trolley to regulate portion control and choice. Everyone who needs support will have someone allocated to them. Their need is indicated by a red tray, and red top to their water container. A bell is rung when the trolley enters the ward to indicate that it is meal time.

The report highlighted five suggested areas for improvement, these will be considered within the Medical Division by the Ward Manager.

1. Minor maintenance issues re falling vent, scarred wall, loose cupboard hinge in kitchen, scratches on wall in sluice room.
2. Some Physio and OT support over weekends might improve patient's readiness for discharge, and improve respiratory care.
3. Offer patients ready for discharge, the opportunity to have meals together and engage in conversation, games, activities etc. to improve fitness and confidence.
4. See if a large clock with day and date might help with orientation.
5. Some patients had commented on their lack of sleep because of noise from other patients during the nights. Are earplugs available or can people be moved to their own room?

PATIENT SAFETY AND CLINICAL EFFECTIVENESS

Hospital Standardised Mortality Rate (HSMR)

This month saw the re-benchmarking of the Dr Foster HSMR. Each year, Dr Foster recalculates the expected values and the risk estimates which are used to produce the risk-adjusted outcomes. The reasons for this include:-

- The inclusion of an additional year of data into the model
- Improvements to the risk adjustment
- A refresh of historic data

Implications for the HSMR are that due to the natural decline in mortality all trusts will see their most recent HSMR increase following this update. With the Trust having reduced its HSMR to its lowest ever levels in July, this has meant that even with the re-basing of the figures, the Trust has a mortality rate statistically better than the national average with a current score of 95.0 (100 being the national average). This is also the first time the Trust has maintained an above average score after the annual re-basing of the national average.

Informal Visit of Clinical Negligence Scheme for Trusts

The CNST assessor visited the Maternity Department on 31st August 2012 for an informal review ahead of the formal assessment booked for January 2013. The assessor felt that the standard of work demonstrated by the team excelled any expectation that she had. She maintained that she was highly impressed by the amount of work that had been done in the Department over the last six months. In concluding the assessor stated that she will be referring other Trusts to the Department for guidance.

Safety Thermometer

The target for Trusts is to achieve 95% of patients receiving 'Harmfree' care by December 2012. The Trust is currently submitting data to the Safety Thermometer for 50% of its wards as per the CQUIN requirement and is on track to deliver 100% of the required ward areas within the terms of the CQUIN. Below is the Trust data nationally benchmarked.

Month	SASH Performance	National Performance
April 2012	95.14%	89.95%
May 2012	94.07%	90.32%
June 2012	90.44%	90.44%
July 2012	94.64%	91.01%
August 2012	96.34%	91.24%

Safer Smart Care

The Trust continues to collect and submit data in electronic form to the NHS Quality Observatories monthly. The link to the observatory is below and allows the Trust not only to see their own data but that of surrounding Trusts within the South East Coast. <http://nww.qualityobservatory.nhs.uk/>

Pressure Damage

The Trust continues to focus on reducing the incidence of pressure damage. The Deputy Chief Nurse and Tissue Viability Nurse attended the Pressure Damage Summit on 4th September 2012 where the Tissue Viability Nurse gave a presentation sharing the organisations progress and improvements to date in reducing avoidable harm from pressure ulcers and identifying the key challenges for the whole health economy.

The Head of Quality, Safety & Nursing NHS Sussex noted 'It is inspiring to see both how much has already been achieved and the commitment each organisation has to working collaboratively to avoid our success plateauing, build on what we have learned works and tackle our key challenges as we work towards our goal of 'no avoidable harm from pressure ulcers' across Sussex'.

The work from the summit is being taken forward by

- Providing a report to the DON's network meeting which sets out the success factors identified to date and the key challenges to achieving further success as identified and agreed at yesterday's meeting.
- DON's network will identify the key short and medium term actions to address these challenges to inform a Sussex wide action plan
- A Sussex wide TVN Forum is to be established (similar to the Infection Control Nurses Forum) under the Safer, Care collaborative approach to provide the ongoing vehicle for sharing expertise and achieving consistency

Productive Ward

The Trust continues to make good progress in rolling this programme out across all ward areas and will have completed one cycle of the whole programme by March 2013. At a recent WebEX on Safe and Productive Care for Older People: with Cathy Adcock and Kristy Parnell, the team feedback that they were very impressed with work we have undertaken looking at Patient focused mealtimes.

Highlights so far include:

- 100% compliant with foundation modules as required by data submission to NHS SEC on 24th September 2012
- In October 2012 at least 6 members of staff will be attending the Safe and Productive Care Conference, and the Lead Matron Productive Wards has nominated a group of staff for awards at this conference resultant to their contribution to the productive ward programme
- Adapting EKHT ward sustainability model
- Productives now part of divisional reporting measures
- Lead Matron Productive Wards has been working the NHS Institute for Innovation and Improvement to capture "House" progress data, and is now in discussion with our Management Information team to can create ward and divisional reports related to the programme
- Lead Matron Productive Wards is a member of focus group for e-learning productive package

Infection Control

Prevalence of catheter-associated UTI (CAUTI)

During 2011/2012 the strategy at SASH to reduce the potential harm to patients relating to urinary catheters and UTIs included:

- Reduce the number of indwelling catheters.
- Improve Education and Training
- 'HOUDINI' study

The 'HOUDINI' study is an evidence based protocol for the removal of indwelling urethral catheters, with the aim of reducing the duration of catheterisation and the incidence of CAUTI. There is evidence that nurse initiated catheter removal protocols significantly reduce the length of time catheters are in situ with a corresponding reduction in CAUTI. The protocol is based on a series of clinical indications (HOUDINI) for the insertion and continued use of an indwelling urinary catheter. This collaborative project aims to identify baseline prevalence of indwelling urinary catheter use and implement a protocol for nurse initiated urinary catheter removal to reduce CAUTI. The Trust has been taking part in the HOUDINI study since January 2012, and is due for completion at the end of August 2012.

Point Prevalence Study 2011

The Trust took part in the fourth HCAI Point Prevalence Survey (PPS) and the first National Survey on Antibiotic use in England in October 2011. This provided a snapshot of the levels of healthcare-associated infections (HCAI) and levels of antibiotic use in hospital Trusts in England.

Nationally, there was an overall drop in HCAI prevalence from 8.2% in 2006 to 6.4% in 2011. The SASH rate was lower than the national average at 5.2% (N=29).

Nationally, the most common types of HCAI were respiratory (including pneumonia and infections of the lower respiratory tract) (22.8 per cent), urinary tract infections (UTI) (17.2 per cent), and surgical site infections (15.7 per cent).

Four catheter associated urinary tract infections were found during the PPS study. CAUTIs caused 13.3% of the total infections at SASH, compared to 17.2% nationally.

CAUTI prevalence study May – June 2012

The Infection Prevention & Control Nurses carried out a repeat prevalence study for CAUTI using the HCAI PPS study definitions. The study was carried out between May-July 2012 and involved all in-patient wards (excluding escalation).

Summary of results

Number of patients **618**

Number of patients being treated for UTI* **30**

*includes community acquired cases and those not meeting the definition for HCAI CAUTI

Number of healthcare-associated CAUTI (meeting the study definition) **1**

The prevalence study will be repeated on a 6 monthly basis.

Recruitment Centre

On the 21st September, the Trust will be running its first recruitment open day. The Trust has begun advertising generic posts across Medicine and Surgery and shortlisted applicants are then invited to a series of open days hosted by the Deputy Chief Nurse and the Divisional Chief Nurses. The day runs from 9am to 5pm with applicants carry out a series of tests, including basic tests in Maths and English in the morning session and if they successfully pass these tests attend an interview session in the afternoon. Successful applicants are then allocated to the most suitable posts available in the Trust.

Ted Adams Trust Award

The Trust was pleased to hear that Mina Dris; Bletchingly Ward, Anna Wise; Nutfield Ward and Samantha Devason; CAU were nominated by the final year nursing students for the Ted Adams Trust Awards having been reported as 'inspirational' by the students for whom they provided mentorship. While they did not ultimately win the award they were highly commended and it was acknowledged that their personal contribution had a significant impact on the student experience.

Congratulations

The Trust was also delighted to hear from a student on placement for her Foundation Degree in Health and Social Care Practice. In her letter to the Trust she wrote;

I would like to bring it to your attention of just how fantastic Chaldon Ward (soon to be Charlwood) is at SASH. This team was absolutely incredible to work with and made me feel like I had been there for years on my very first step on this ward. I have not once felt used as an extra pair of hands or a HCA; I have felt like a valued member of staff just like they are. This group of highly skilled nurses have been working as a team for a large number of years which is obvious however they accept new additions, such as me, as their own. I was 'adopted' by each staff member as their student and I learnt off each of them. Tim Wallington and Lorna Keegan have been fabulous mentors and I hope that their future students realise just how lucky they are. Steve Jolly has also been a credit to the team and took me under his wing on the shifts which my mentors were absent. I have heard from patients and relatives some exceptional comments about the quality of care by this team which I strongly agree with. I would be lying if I said I hadn't learnt much!

Thank you very much for giving me this opportunity to work with such amazing health care professionals!