

## Chief Nurse's Update

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

Key issues include:

- CQC Inspection Visit
- LSA visit to maternity
- Peer Review Learning Disabilities

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

**Presented by:** Jo Thomas, Chief Nurse

**Author:** Sally Brittain, Deputy Chief Nurse

### 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

## Chief Nurse's Update

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<b>Date</b>	August 2012
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<b>Audience</b>	Trust Board Members

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### 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) Unannounced visit to East Surrey Hospital

On the 29<sup>th</sup> June 2012 four Inspectors from the CQC attended East Surrey Hospital as part of an unannounced follow up visit. The purpose of the visit was to review progress against the two compliance actions which were placed on the Trust in late 2011 related to:-

- Outcome 4 Care and welfare of people who use our services
- Outcome 8 Cleanliness and infection control.

The CQC team reviewed hard copy evidence provided by the Trust in addition to touring the wards where they spoke to patients and staff including the Chief Nurse, Medical Director, Infection Control Lead Nurse, Antimicrobial Pharmacist, Senior Manager Estates and Facilities and Divisional Chief Nurses.

The compliance actions in place were related to the area known as 'POPPA', which was being used as an escalation inpatient area during the CQC's previous inspection and also to MRSA screening compliance.

It was noted that POPPA has reverted to its regulated function and is no longer required as an escalation area resultant to the opening of the 40 bedded modular wards within the Trust.

The team found evidence that there is "a positive improved focus on the implementation of infection control measures within the Trust" and noted that infection control and documentation processes are in place which are easy to read and simple to implement.

Feedback from the ward areas was very positive with the inspectors commenting that all patient feedback they were given was very complimentary.

The outcome of the visit was both compliance actions would be lifted and this has been confirmed in the written draft report.

## **Learning Disabilities Peer Review undertaken by our patients with learning disabilities and supported by Ashford & St Peters Hospital**

On the 29th June 2012 East Surrey Hospital took part in a new programme of peer review undertaken to support the development of services for patients with learning disabilities and to share good practice across the sector.

Feedback on the day of the review was provided by the user representative with the support of the assessment team and was overwhelmingly positive.

The Team visited Woodland Ward which they described as an exceptional ward that was clean and smelt 'normal', this was of great importance to the user. The exchange board on Woodland was praised as was Teddy's visit to hospital, both of which provide specific easy read information. The team noted the good practice that patients with LD are discharged direct from the ward rather than via the discharge lounge and commented positively that the physiotherapist used pictures of exercises to help LD patients understand what was required. It was noted that there were lots of easy read information including PALS, Complaints and ward posters.

Tilgate Ward provided another positive experience. All staff levels had an awareness of LD and were able to describe processes to help and support the care of patients with LD.

AMU was reported to as a lovely calm environment; both medical and nursing teams reported they had undergone training in caring for LD patients, detailing safeguarding and the Mental Capacity Act.

## **Local Supervising Authority Audit Visit**

On the 30<sup>th</sup> May 2012 the Consultant LSA Midwifery Officer visited the Trust with a team of midwives to audit compliance against the LSA Standards of Supervision and to gain insight into the services available to women and their families who chose SaSH for their maternity care. The team reviewed evidence, toured the unit and spoke to midwives and women about the services. While the Trust awaits the LSAMO's final report informal feedback on the day was very good with a noticeable improvement in staff morale. The LSAMO then attended a SOM meeting within the Trust shortly after the audit and was very complimentary about the care provided by the team.

In addition in June 2012 the service achieved a LSCS rate of 22.3% with 97% of patients stating they would recommend the maternity services at SaSH.

## **NHS Performance Framework**

The Trusts organisational performance will continue to be assessed against a series of indicators which this year now includes User Experience. Data has been based on the 2011 National Inpatient Survey and in all 5 categories the Trust does not currently meet the national threshold for performing. Our scores are highlighted below;

	Surrey & Sussex	National Threshold
<b>Access &amp; waiting</b>	71.8	79.8
<b>Safe, high-quality, co-ordinated care</b>	60.0	60.2
<b>Better information, more choice</b>	62.1	62.7
<b>Building stronger relationships</b>	78.8	79.6
<b>Clean, comfortable, friendly place to be</b>	74.5	76.2

The Trust does however have the opportunity to demonstrate there have been improvements since its publication by running its own survey; this will be undertaken over the next couple of months via an online survey. Should this demonstrate improvements we will be able to submit these results and have our scores altered. In four of the five domains only a small improvement is required to meet the national threshold, if we are able to demonstrate improvements in these domains it is likely we could move the Trust from 'Under Performing' to 'Performing'. However, it is acknowledged that the improvement will need to be beyond the national threshold to allow for the expected improvements in the year 2012/13.

### **Mixed Sex Accommodation**

The trust received ten screens to improve the MSA issues in our critical care and discharge wards on 15<sup>th</sup> June 2012. The screens are stored in ITU, CCU and the discharge lounge, they are mobile and easy to clean and will support our aim for zero MSA going forward.

A total of 8 patients breached the MSA standard in April 2012; of these 2 were index breaches with 3 patients affected. All cases were within the Acute Medical Unit (AMU) prior to the delivery of the screens and related to capacity

### **Real Time Monitoring (RTM)**

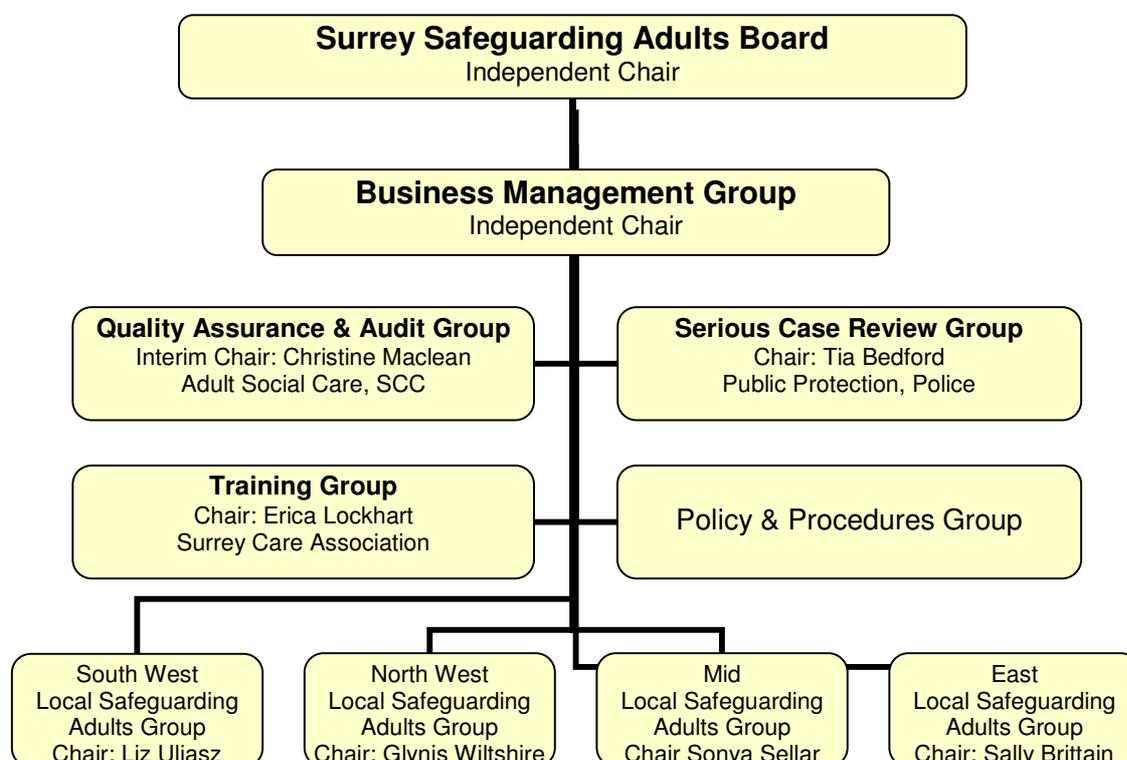
We are now in the third month of all wards and areas will ask patients the questions relevant to the patient experience CQUIN and those within the National Inpatient Survey. The results and trends are contained in the table below:

Of note in the number of patients using the RTM to feedback to the Trust has more than doubled since March following a drive to increase their utilisation. Responses in April were 580, May 736 and June 1193. Actions are in place, monitored within the Divisions and by the Nursing & Midwifery Professional Committee, to constantly drive up patient experience measures. Comments received directly from our patients has indicated that they do not have entertainment during their admission. This month action has been taken to purchase radios and televisions to enhance this measure.

Question Text	Baseline	Apr-12	May-12	Jun-12
Were you involved as much as you wanted to be in decisions about your care and treatment?	90	92	93 ↑	90 ↓
Did you find someone on the hospital staff to talk to about your worries and fears?	90	94	94 ⇆	93 ↓
Were you given enough privacy when discussing your condition or treatment?	90	95	95 ⇆	94 ↓
Did a member of staff tell you about medication side effects to watch out for when you went home?	90	88	88 ⇆	85 ↓
Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	90	85	89 ↑	84 ↓
Were you and your family treated with dignity and respect at all times during your care?	90	97	98 ↑	93 ↓
How would you rate the hospital food?	90	95	84 ↓	84 ⇆
Would you recommend this Hospital to your family and friends?	90	92	92 ⇆	90 ↓
<b>AVERAGE SCORE</b>	90	92.3	91.6 ↓	89.1 ↓

## TRUST ENGAGEMENT

A new structure to support the Surrey Safeguarding Adults has been launched; see below for your information. The Deputy Chief Nurse has been asked to chair the Local Safeguarding Adults Group for the East of the County



In addition Fiona Crimmins, Safeguarding Vulnerable Adults Lead for the Trust was invited to speak at Conference: "A Practical Guide to improving process, policy and practice in Safeguarding Alerts" on 27th June 2012 at Mayfair Conference Centre. Her lecture was very positively evaluated and offered the opportunity for the Trust to raise its national profile.

The Deputy Chief Nurse has been invited to judge the Patient Safety Improvement Category of the Nursing Times awards. Judging has begun on line and will conclude in September before the awards ceremony on the 31<sup>st</sup> October 2012.

## **PATIENT SAFETY AND CLINICAL EFFECTIVENESS**

### **Safety Thermometer**

The plan for roll out of the safety thermometer at SaSH (as per the National CQUIN) is 25% in Q1, 50% Q2, 75% Q3 and 100% Q4. It is anticipated that SaSH will achieve the CQUIN requirement for data collection for 2012/13.

The data submitted over the course of 2012/13 will be used in determining potential national quality goals in future years. These may include, for example, incentivising a particular reduction in pressure ulcer prevalence or to reward the level of 'harmfree' care as measured by the NHS Safety Thermometer. Providers and commissioners should work together to determine local quality improvement goals. Data collected throughout 2012/13 can be used as a baseline and to identify 'best in class' examples in order to set local improvement goals.

### **Safer Smart Care**

The Trust continues to collect and submit data in electronic form to the NHS Quality Observatories monthly. June data shows downward trend in pressure damage with 10 cases, VTE 92.1% (above target) and MUST improving trend 89%.

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://www.qualityobservatory.nhs.uk/>

### **Falls**

The number of falls recorded each month has increased. This is not necessarily significant as long as the number of significant harm cases remains low or drops. Increased awareness of falls management has encouraged more staff to record low level or no harm fall events. Proportionally we do not report as many low level or no harm events as other like sized Trust and this has been noted by both the NPSA and is reflected in the CQC's risk profile for the Trust. Therefore we would hope to see an increase in the number of falls recorded whilst maintaining or reducing the low numbers of falls with significant harm.

	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12
Falls	76	68	77	82	75	83	84	88	90	98	99	79	41
Falls with significant harm	3	4	2	1	1	2	2	2	3	1	3	1	1

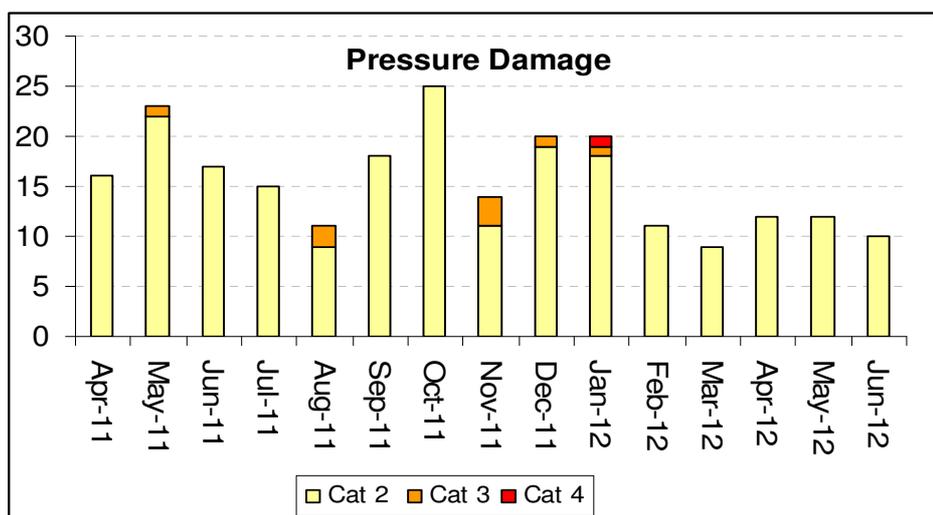
Due to the time lag in the current incident reporting system the number of falls recorded for both July and June are likely to rise. This should be reached over the course of the next 3-4 months as a programme manager for implementation of Datix web starts 24/07/12.

A revised Falls Toolkit is currently at the printers this provides:-

- A Screening Tool
- Bedrail Usage Decision Tool & Risk Assessment
- Falls Care Bundle Guidance
- Falls & Injury Risk Screening and Management Plan
- Falls Incident Reporting Tool

### Hospital Pressure Injuries (Hospital Acquired)

There were 12 episodes of pressure damage reported for April and May and 10 in June 2012. There were no reported grade 3 or 4 pressure damages for either month.



Scrutiny of pressure damage remains unchanged from that reported within the last report

## Infection Control

To date there has been one case of MRSA BSI and 10 cases of CDI (as of 17/07/12) against a trajectory 43 cases of CDI and 3 of MRSA BSI.2012/13.

Copthorne Ward within the Surgical Division is currently subject to a Period of Increased Incidence (PII) following 2 cases of CDI. Actions include:-

### Surveillance

Enhanced vigilance for patients developing diarrhoea, prompt isolation & notification to IPCAS Team, prompt obtaining of stool samples, and ribotyping of culture-positives (laboratory will arrange)

### Cleaning

Enhanced chlorine cleaning (at least twice a day with attention to frequently touched surfaces) for the foreseeable future

A trial of Tristel is to be bought forward and its use commenced on the ward.

### Environmental audit

At least weekly environmental cleanliness audits (Infection Prevention & Control Nurse)

### Antibiotics

Antibiotic audit. Doctors to use 'Additional antibiotic guidance for wards during a *Clostridium difficile* "period of increased incidence" (PII)

### Operations

At the current time, ward can remain open. All CDI cases are currently isolated in side rooms. Rise in numbers may require rapid ward closure.

### Review

IPCAS Team will review situation daily in liaison with ward staff.

### Information

Please ensure you have a ready supply of patient information leaflets on CDI (available through IPCAS Team). Please cascade all information included in this email to your teams.

There is an increased focus on antimicrobial stewardship which is driven primarily by the medical staff and pharmacists. The Matrons and Ward Managers are aware of their responsibility for ensuring appropriate challenge as part of the drug rounds. The Trust has ratified a new Antimicrobial Policy and supported its implementation with fourteen training session in July for both medical and nursing staff.

The new patient medication chart is currently at the printers and will be rolled out across the Trust as soon as possible.

The Trust continues to monitor the implementation of the *Clostridium difficile* action plan and has increased the frequency of the HCAI Taskforce to weekly.

## Audit of MRSA Screening

All inpatients were audited for compliance with MRSA screening policy by nursing audit team on 13/7/12. The results showed 99.89% of patients were correctly screened. This will be repeated on a monthly basis. Additional assurance can be taken from this as the audit team are independent from the ward team, thus reducing any bias.

## Complaints

Total complaints received calendar year to date; these numbers are similar to the number of complaints reported for the same period last year

Jan	Feb	Mar	Apr	May	Jun	Total
49	50	48	42	44	52	285

Breakdown of complaints by main reoccurring themes. medical treatment, attitude and communication continue to be the main reasons for patient complaints.

Scrutiny and actions from complaints remains the same as described within the previous report.

