

Update from Chief Nurse

Safety and Quality in Nursing and Midwifery

Summary: This report briefs the Board on key issues related to quality and safety within the Trust
Key issues include:- Safety Thermometer, Safer Smarter Care, Infection Control

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
--------------------	--

Update from Chief Nurse

Date	May 2012
Author	Sally Brittain
Audience	Trust Board Members

BACKGROUND

The purpose of this report is to provide the Board with an overview of clinical quality and safety. The key performance indicators should be considered in the context of the productivity programme.

PATIENT SAFETY

Mortality/Stroke/Fractured Neck of Femur

Using the Dr Foster reporting methodology for Mortality, the Trust has once again shown an improvement in Mortality. Following the rephrasing of the national average, the mortality rate started at 103.5 (100 being the national average). The Trust position continues to improve with the rate now at 91.4. A similar positive picture is shown with the Department of Health mortality indicator – SHMI, which takes into account deaths 30 days after discharge. The third quarter showed the Trust had also improved from 94 to 93.

Specific work continues around Stroke and Fractured Neck of Femur and this has already seen the stroke mortality rate fall from an outlier to the current figure of 100. For Fractured Neck of Femur patients, every death is being reviewed by the department and these are continually audited against best practice. This has seen the mortality rate fall to 130 which is now within the pack..

Safety Thermometer

From the safety thermometer national pilot data it was identified that the NHS could save half a million patients from the four harms by focusing on harm free care.

Safety Thermometer = One plan - four harms

- Pressure Ulcers
- Falls
- Urinary infections
- VTE

There are 26 wards/areas within the Trust. 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.

A tool has been devised for the data collection, this tool will ultimately be used at every handover throughout the Trust and ensure that 'harmfree' care is a priority for all clinical staff at every level. Staff have been trained and supported with data collection.

Data is collected nationally and simultaneously on a stipulated day each month to give a picture across the whole health system and inputted onto a national database. This is a world first!

On the 18th April 2012 SaSH undertook the required data collection which identified that 95.65% of our patients within 25% of our wards received 'harm free' care.

On the 16th May 2012 the second wave of data was collected, this will be uploaded on Monday 21st May 2012. Review of the hard copy data collected indicates the high level of 'harm free' care has been sustained.

It is anticipated that SaSH will achieve the CQUIN requirement for data collection for 2012/13.

Safer Smarter Care

The Trust has been collecting and submitting data to the SHA monthly since January 2011 in relation to the Safer Smarter Care initiative. This data was submitted in hard copy form and gave monthly totals of:-

- Pressure Damage
- Falls
- CAUTI
- VTE
- Nutrition (MUST Score)
- Medication Errors
- Patient Complaints.

From April 2012 the Trust was required to submit this data in electronic form to the NHS Quality Observatories. 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/>

CLINICAL OUTCOMES AND CLINICAL EFFECTIVENESS

Falls

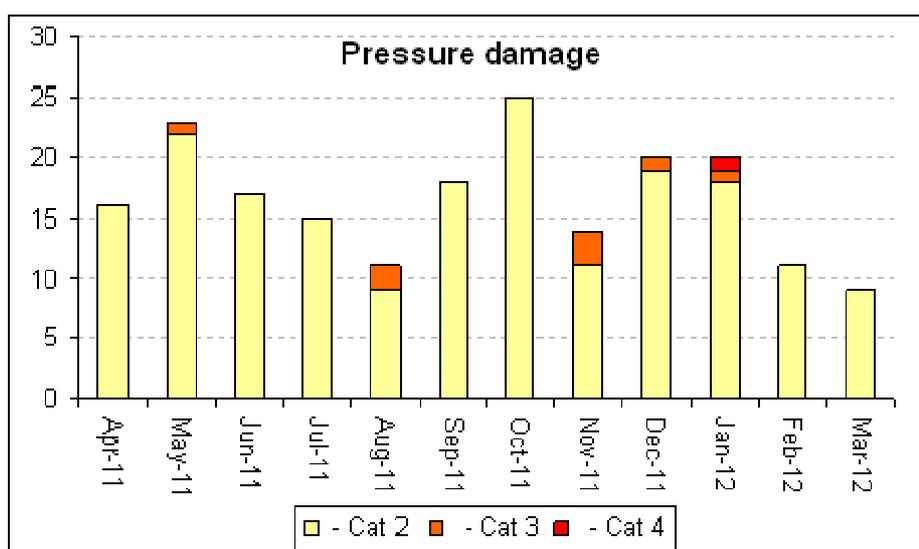
The over-riding message throughout the Trust is that 'falls prevention is everyone's responsibility', this is clearly communicated in training/ updates with clear communication to the ward teams in relation to the considerations, equipment and support mechanisms in place , as indicated below, to reduce falls.

- Any patient identified as a high risk of falling must be cared for in a visible area of the ward
- Fall's risk assessment and care plan must be undertaken for all patients and if condition changes or if patient falls
- All admission and transfer communication must include patients falls risk and interventions required/in place
- All high risk falls patients must have a blue pillowcase to indicate this to all members of the MDT
- All patients identified as a high risk must be clearly documented on ward handover
- Consider the use of an ultra-low bed

- Consider the use of a crash mat – supply kept in main bed store (SAU corridor.)
- Consider the use of the bed exit alarm in use on :Woodland, Brook, Capel, Tilgate, Leigh & Newdigate wards only
- Ensure hourly checks in place and recorded in patients notes
- Offer drink and help to use the toilet hourly
- Ensure patients call bell is always within reach
- Note any change in condition such as UTI , pain, increasing confusion and reassess falls risk and actions required
- Ensure environment is free from hazards and clutter free
- Ensure that the patient always has well-fitting foot wear in place or slipper socks with a grip sole
- Make all falls risk patients known to your ward physio and pharmacy team
- Check which drugs may increase the risk of falling – displayed in all ward clinical rooms
- Check if patients wear glasses, if so ensure they are clean and always available
- Ensure an appropriate level of bed side/ ward lighting – reporting any faults as a priority to estates team : Ext 1234
- Report and manage all falls incidents as per policy and NPSA guidance which is displayed in all ward areas
- In hours all falls incidents must be reported to the Divisional Matron, out of hours to the duty Clinical Site Manager

Hospital Pressure Injuries (Hospital Acquired)

There were 11 episodes of pressure damage reported for February and 9 in March 2012. There were no reported grade 3 or 4 pressure damages for either month. There is a 25% decrease in pressure damage in Q4 2011/12.



Infection Control

The Trust breached both its MRSA and CDI targets for 2011/12. To date there have been no cases of MRSA BSI and 8 cases of CDI (as of 22/512) which is slightly above the trajectory of 43 cases 2012/13.

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 developed a CDiff action plan and increased the frequency of the HCAI Taskforce to weekly. Action as below:

1. Review of infection control KPIs – monthly league tables to include the following:
 - MRSA screening
 - Antimicrobial choice
 - Documentation of antibiotic indication and duration
 - IV cannulas indicated
 - IV cannula daily assessment
 - Clinical indication for urinary catheters
2. Infection Control Nurse 'Quality Ward Rounds' to be carried out with ward managers – include cross audits of MRSA screening compliance, elements of the 'Good Antimicrobial Prescribing' audits and IV line care.
3. Establishment of an Antibiotic Stewardship Group
4. Establishment of Antibiotic ward rounds with dedicated pharmacist
5. Introduction of a peripheral cannula care plan
6. Presentation of RCAs by clinical teams at HCAI Taskforce meetings.

There has been an outbreak of *Klebsiella* on NNU which has been declared as an SI. This was well managed and since the initial two cases of cross infection no further cases have been identified. The majority of actions to reduce the risk have already been carried out (Fixtures and fittings, decontamination of breast pumps)

There has been an outbreak of *Clostridium difficile* on Newdigate in March. An SI investigation is underway and there have been no further cases during this financial year.

Venous Thromboembolism (VTE)

The 90% target was achieved in December and the trend continues with March at 91% and April at 87.6%

PATIENT EXPERIENCE

Mixed Sex Accommodation

A total of 29 patients breached the MSA standard in April 2012 which related to 7 index breaches. In all cases the issues related to capacity and restrictions due to norovirus outbreak.

New guidance for 2012/13 now requires that when patients no longer need level 2 or 3 ITU care, but cannot be placed on an appropriate ward. Providers will have a maximum 2 hour window to place patients before declaring a breach.

This has led to 35 MSA Breaches within ITU in addition to those declared above.

Support offered following an SHA visit to the Trust highlighted screens currently used within BSUH Trust and Southampton which address the problem of these breaches. The Trust has ordered 10 screens to support zero tolerance of MSA Breaches. These will be in the Trust in six weeks and will also support the reduction of MSA Breaches in CCU and the Discharge Lounge.

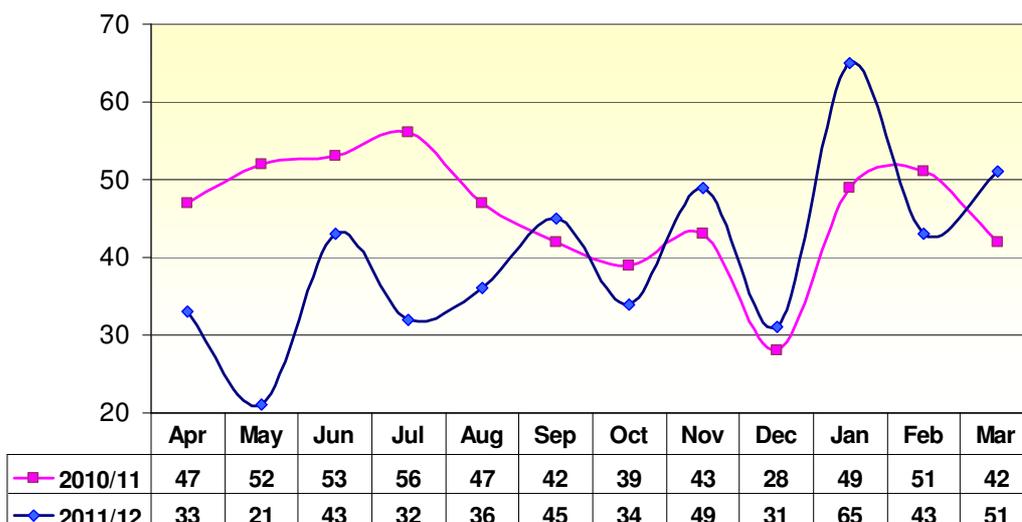
Real Time Monitoring (RTM)

Real time monitoring is about to 'go live' on Copthorne and Charlwood via the patient entertainment system using survey monkey. All the wards and areas will be asking the patients the questions relevant to the patient experience CQUIN and those within the National Inpatient Survey. The results are circulated and actioned as below

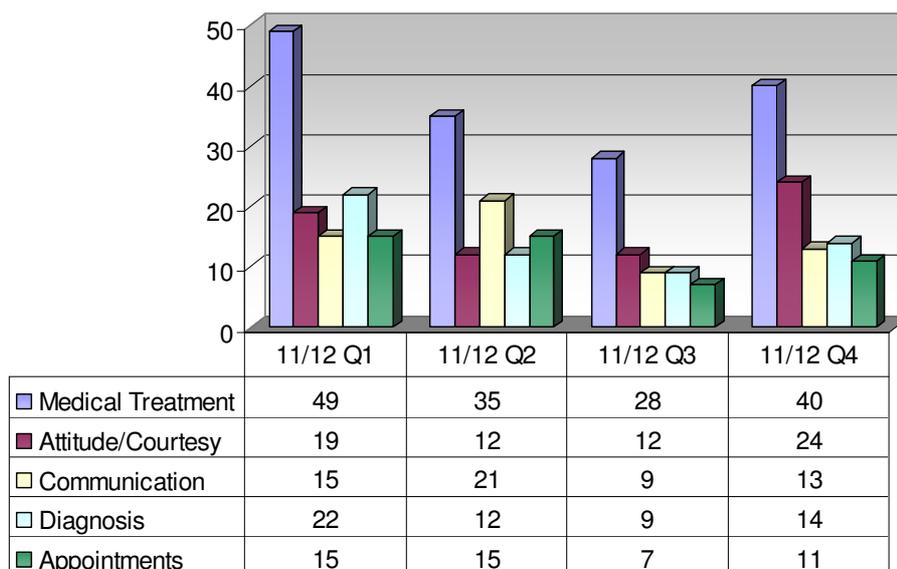
- A monthly report of scores are received by the Divisional Chief Nurse broken down by ward and available in table and chart form.
- The information is circulated to the ward managers and matrons for analysis of information and to identify areas for improved patient experience
- The information feedback is circulated to the Chief of Medicine/Surgery/WaCH by the Divisional Chief Nurse/Midwife for discussion in a multiprofessional divisional arena.
- Ward Managers feed-back to Divisional Chief Nurse actions taken and actions included in a monthly report to feedback at Divisional weekly meeting, Ward Managers divisional monthly meeting and to the Nursing and Midwifery Professional Council.
- RTM results has been added to the Divisions Quality and Risk Management board.

Complaints

As activity and capacity levels increase the number of complaints received have not significantly increased For Q4 2011/12 complaints decreased by almost 9%(146) on previous Q4 (159). The PALS feedback also shows improvement during Q4 68% of the comment cards received were positive compared with the previous 2 year average of 50% positive comments. It is also encouraging that 10 of these comments relate to excellent treatment received by patients in the emergency department.



The overall trends remain the same, with the Medical Division receiving the highest number of complaints and medical treatment being the most complained about issue.



As highlighted above attitude/courtesy and communication regularly generate a large proportion of our complaints. As patient experience is now a key focus for the Trust it is imperative that we continue to improve individual behaviours and the actions we take when dealing with the public and patients.

The Trust Customer Care Programme beginning in June 2012 is an innovative approach for staff in bands 1-4 and has strong executive support. Four cohorts of 25 staff will pass through this training by September 2012.

In addition appraisal will focus on the Trust expectation of behaviors displayed by our staff with supportive performance management for those who do not achieve the required standard.

Policy for the Sub-cutaneous use of the Mckinley T34 Syringe Drivers in Palliative Care and implications

This short summary will outline the issues pertaining to the policy for the sub-cutaneous use of the Mckinley T34 syringe drivers in palliative care. Policy responds to the NPSA alert for syringe driver devices

See Appendix 1



Z:\Board Secretary\
Board\Meetings\Trust

Trust Board in Public
31 May 2012

APPENDIX 1

Chief Nurse Report

Summary Paper

Policy for the Sub –cutaneous use of the Mckinley T34 Syringe Drivers in Palliative Care and implications

Introduction

This short summary will outline the issues pertaining to the policy for the sub-cutaneous use of the Mckinley T34 syringe drivers in palliative care. Policy responds to the NPSA alert – NPSA/2010/RRR019 for syringe driver devices

1. National Patient safety (NPSA) Alert NPSA/2010/RRR019 Alert December 2010

- SASH has purchased 15 Mckinley T34 syringe drivers for use in the Trust which meet the standards outlined in the alert

2. Mixing of Controlled Drugs in Syringe Drivers

- **Definition of Mixing.** The law defines ‘mixing’ as the combination of two or more medicinal products for the purpose of administering them to meet the needs of a particular patient.

The mixing of controlled and other drugs via a syringe driver in Palliative care has been custom and practice across the NHS for many years, and is essential to provide the best possible standard of patient care. However, it is out of line with the Misuse of Drug Act 1971

The practice has been reviewed and accepted by different and influential healthcare organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA)/ Nursing and midwifery Council (MMC)/ National Prescribing Centre (NPC).

It is recognised that the alternative would mean palliative care patients having up to three syringe drivers sited or up to 24 single injections in a 24 hour period (based on a patient requiring three types of drugs, each between four and six hours daily)

- **Current Position the Medicines Act 1968** defines manufacture in relation to a medicinal product as ‘any process carried out in the course of making the product’. This does not include dissolving or dispensing the product, in or diluting or mixing it with, some other substance used as a vehicle for the purpose of administering it. Mixing two licensed medicines where one is not a vehicle for the administration of the other, falls within the definition of manufacture and results in a new, unlicensed product being administered. The mixing of medicine in a syringe driver falls within the definition of manufacture.

In addition the Misuse of Drugs Act 1971 is intended to prevent non medical use of certain drugs and identifies three classes of illegal drugs and defines offences under the law including production of a controlled drug.

There is an exemption under the Act allowing doctors (but not nurses) to 'manufacture' a controlled drug.

- However **The Medicines and Healthcare Products Regulatory Agency (MHRA)** established from enquiries and discussions with Palliative care interests, that it had been long standing accepted practice in this field to prescribe a mixture of licensed medicines for administration for patients, usually via a syringe driver. Following a consultation they published a report (MLX 356) on mixing of medicines in palliative care in December 2008. It noted that existing legislation already enabled pharmacists to mix medicines on the specification of a doctor or dentist, and that mixing could be undertaken by a person holding a manufacturers licence.
- **The advice made clear that the MHRA** would not consider taking enforcement action for breaches of medicines legislation by a Nurse or Pharmacist Independent Prescriber engaging in the long standing accepted practice of prescribing and administering (and providing directions to others to administer) a mixture of licensed medication via a single injection or a syringe driver unless it would be in the public interest to do so. This also applies to those mixing and administering medicines in accordance with the directions of the prescriber. Each case would be considered. **The Home office (responsible for enforcement of the Misuse of Drug Act) was aware of this advice being issued.**
- **National Prescribing Centre (NPC)** is an NHS organisation formed in 1996 and funded by the Department of Health. Its aim is ***'to support the NHS and those working for it, to improve the quality, safety, and value for money, in the use of medicines for the benefit of patients and the public'***.
- **Nursing and Midwifery Council (NMC)** last reviewed their position on this subject in April 2010 and state that while the amendments are awaited to the Misuse of Drugs Regulations by the Government, existing good practice should continue when undertaking the mixing of controlled drugs in line with the MHRA's existing public statement of which the Home Office are aware. Further they state that Nurses and Midwives are advised that the **MHRA guidance would be considered in any NMC fitness to practise proceedings.** As with any legal, regulatory or disciplinary proceedings each case would be considered on its merits

3 Risk Assessments

Risks associated with the decision to permit mixing of controlled drugs in Syringe Drivers:

- If mixing is not permitted: Patients receive suboptimal care (risk 5 – certain, consequence 4 – very serious)
- If mixing is permitted within Trust guidelines: patients receive care in line with best practice guidelines for palliative care risk 1

- If mixing occurs outside Trust Guidelines: A nurse may be prosecuted for breach of the Misuse of Drugs Act, with reputational damage to the organisation (consequence 4 – very serious)

4. Risk Mitigation

The practice will only be undertaken by hospital nurses who have received competency based training within SASH, and supported by Palliative Network Guidelines 2011. This reflects policies and protocols nationally and books written by national experts

5. Trust Management Board

On 15th October The Trust management Board was asked to:

- Note the actions taken by SASH to comply with the NPSA alert NPSA/2010/RRR019 December 2010
- Approve the continuation of practice via the SASH Syringe Driver Policy with SWSH Cancer Network Syringe Driver Policy at SASH
- Approve the ongoing practice of mixing controlled drugs in a syringe driver within palliative care

6. Conclusion

The practice of mixing medicines in syringe drivers is underpinned by amendments to the Medicines Act 1968 in December 2009. However this does not include the mixing of controlled drugs which means that this practice is still out of line with the Misuse of Drugs Act 1971

SASH recognises that in supporting staff to comply with the best clinical practice we are condoning our staff transgressing the letter of the law.

We ask the Board to:

- Note the compliance with the NPSA alert and that SASH is ahead of most organisations in implementing its action plans.
- Support the best clinical practice in Palliative Care by allowing the continuation of the practice of mixing controlled drugs
- All incidents related to this will be reported to accountable officer in the medicine safety group

Jo Thomas
Chief Nurse

David Heller
Chief Pharmacist & Accountable Officer
For Controlled Drugs

Des Holden
Medical Director