

<b>TRUST BOARD IN PUBLIC</b>	<b>Date: 28 March 2013</b>	
	<b>Agenda Item: 2.4</b>	
<b>REPORT TITLE:</b>	<b>Joint Chief Nurse and Medical Director's Report</b>	
<b>EXECUTIVE SPONSOR:</b>	Susan Aitkenhead, Chief Nurse Dr. Des Holden, Medical Director	
<b>REPORT AUTHOR:</b>	Susan Aitkenhead, Chief Nurse Dr. Des Holden, Medical Director	
<b>REPORT DISCUSSED PREVIOUSLY:</b> (name of sub-committee/group & date)	N/A	
<b>Purpose of the Report and Action Required:</b>		(√)
<p>An update of ongoing 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>	<b>Approval</b>	
	<b>Discussion</b>	
	<b>Information/Assurance</b>	(√)
<b>Summary: (Key Issues)</b>		
<p>There has been much progress over the last few years to take the organisation to where it currently is, however to achieve the overall goal of sustained and assured improvements in the quality of patient care, there is much work to be undertaken.</p>		
<b>Relationship to Trust Corporate Objectives &amp; Assurance Framework:</b>		
Central to the delivery of safe and quality patient care.		
<b>Corporate Impact Assessment:</b>		
<b>Legal and regulatory implications</b>	NONE identified currently	
<b>Financial implications</b>	YES – but have been agreed via the relevant governance channels	
<b>Patient Experience/Engagement</b>	YES – key and will require to be robustly demonstrated	
<b>Risk &amp; Performance Management</b>	YES – key and will require to be robustly demonstrated	
<b>NHS Constitution/Equality &amp; Diversity/Communication</b>	YES – key and will require to be robustly demonstrated	
<b>Attachments:</b> Paper		

## TRUST BOARD REPORT – 28<sup>th</sup> MARCH 2013 JOINT CHIEF NURSE AND MEDICAL DIRECTOR REPORT

### 1 BACKGROUND

1.1 Surrey and Sussex Healthcare NHS Trust has a clear vision of delivering 'Safe, High Quality Healthcare which puts our community first'. This is underpinned by our values of:

- Dignity and Respect
- Compassion
- Safety and Quality
- One Team

1.2 We have statistics of yearly numbers of around

- 252,000 OP attendances
- 42,000 Admissions
- 28,000 Day cases
- 82,000 Emergency Department attendees
- 650 beds
- £210m income

1.3 We have an ambitious programme of work to enable us to deliver a full range of high quality modern DGH acute services to our local population within a clinically-led management enabled organisation. We are working across the local health community to re-design models of care while developing our new partnership working with commissioners and other providers to improve local services as the new ways of working come to fruition.

1.4 The Medical Director and the Chief Nurse work together closely as the Board clinical leads to assure the delivery of safe and quality healthcare strategies that lead to improved clinical outcomes and patient satisfaction.

1.4.1 There has been much progress over the last few years to take the organisation to where it currently is, however to achieve the overall goal of sustained and assured improvements in the quality of patient care, there is much work to be undertaken. The following workstreams are of such being implemented to support the quality and safety assurance framework and a brief update is offered against these below in no particular order.

### 2 SAFETY

#### 2.1 Nursing Quality Indicators

An electronic system has been procured to enable nursing staff to audit quality practice at ward/unit level and provide real-time data in identifying areas of best practice and areas that require support.

A steering group is currently deciding the metrics in relation to indicators such as infection prevention and control, nutrition, falls, urinary catheter care, and other quality indicators. Staff will use a hand held device at the patient's bedside to enter accurate data in relation

to that patient's care which will then be translated by the application in to a red/amber/green score. The ward staff will then be able to recognise immediately any quality or safety challenges.

The steering group is also planning a new approach to using Friday afternoons as an opportunity for nursing and midwifery staff across the Trust to analyse and discuss the results of the audits and align best practice across the Trust. The application will provide a dashboard to demonstrate practice ward by ward and then examine why some wards are doing better than others in different areas of practice and quality. Draft examples below:

**Saving Lives: Executive Dashboard** There are 14 wards that have not completed all questionnaires

Interventions: CPGs Hospitals 09 Sep 2009 - 30 Sep 2009 Go

Active View  
High Impact Interventions: All  
CPGs: All  
Hospitals: All  
Entry Period: 09 Sep 2009 - 30 Sep 2009

1. Perioperative care record							COMPLIANCE:	89%
Perioperative record								
	Hair removed at appropriate time using clippers	Prophylactic antimicrobials administered	Active warming to maintain patient's body temperature above 360C	Glucose level tested and steps taken to maintain stability	All Elements Performed?			
Average % Compliance:	100%	83%	87%	88%	58%			

  

2. Prevention of Clostridium difficile							COMPLIANCE:	91%
Observations								
	Antibiotics prescribed in accordance with Trust antibiotic policy?	Hands washed with soap and water for all patient contact?	Environmental disinfection carried out in accordance with Trust policy?	Personal protective equipment worn for all patient contact	Patient isolated in accordance with Trust policy?	All Elements Performed?		
Average % Compliance:	100%	83%	83%	100%	91%	62%		

  

3. Ventilated patient's observation record								COMPLIANCE:	95%
Regular observations (please enter Y or N)									
	Head of the bed elevated to 300 to 450	Sedation holding in place	Deep vein thrombosis prophylaxis administered	Gastric ulcer prophylaxis administered	Inspired gases humidified	Ventilator tubing replaced when visibly soiled or malfunctioning	Ventilator tubing replaced as per manufacturer's instructions	Steps to prevent condensate from entering patient's airway taken	All Elements Performed?
Average % Compliance:	95%	100%	95%	95%	80%	100%	100%	95%	60%

**Saving Lives: Executive Dashboard**

Intervention: CPGs Hospitals 01 Oct 2009 - 31 Oct 2009 Go

Active View  
High Impact Interventions: Perioperative record  
CPGs: All  
Hospitals: All  
Entry Period: 01 Oct 2009 - 31 Oct 2009

1. Perioperative care record						
Perioperative record						
	COMPLIANCE	Hair removed at appropriate time using clippers	Prophylactic antimicrobials administered	Active warming to maintain patient's body temperature above 360C	Glucose level tested and steps taken to maintain stability	All Elements Performed?
ACCIDENT AND EMERGENCY	81%	100%	50%	100%	75%	25%
ALECK BOURNE 1 LABOUR WARD	96%	100%	100%	83%	100%	83%
ALECK BOURNE 2 POST NATAL	95%	100%	100%	80%	100%	80%
ALMROTH WRIGHT WARD	85%	80%	80%	80%	100%	60%
Ward Average	89%	95%	82%	86%	94%	62%

Back

The planned go-live date is the 1<sup>st</sup> May 2013. The system will also provide reports at ward/unit level, divisional level and Trust-level.

## 2.2 Recruitment and Retention

Recruiting to all nursing vacancies remains a key priority and the Nursing and Midwifery Recruitment and Retention Committee has reviewed and rewritten its Terms of Reference to become more analytical and measure and evaluate the divisional strategies and actions.

Recruitment strategies have been brought forward including the following actions:

- That an overseas recruitment trip will now be led by a ward manager and a band 5 nurse (with HR support) rather than senior nursing managers to help potential candidates communicate at a peer level and try to reduce attrition following offers.
- That applicants will be phoned by a nurse as early as possible in the recruitment process and prior to assessment centre/interview to develop an early relationship with potential candidates and keep them informed as to processes and answer any questions;
- That the additional 18% of staffing budgets have been devolved to individual ward managers to allow them full authority over their recruitment and to clarify the number of vacancies linked to safe staffing levels;
- That ward budgets and acuity models are being signed off by Divisional Chief Nurses in collaboration with the Deputy Chief Nurse to strengthen the governance and assure that patient safety is being met with the correct establishments;
- That assessment centres are being held fortnightly;
- That any obstacles to recruiting staff in relation to internal or external processes should be escalated to the Chief Nurse or the Director of Human Resources;
- That a plan in relation to recruitment and aligned reduction in agency usage has been undertaken by the Divisional Chief Nurses for the next 15 month period.

### 2.3 Clinical Governance Restructure

The restructure of the Clinical Governance Department is progressing; with staff continuing to meet with the relevant managers to discuss slotting in arrangements where applicable and others are in discussion in relation to any changes or moves into the divisions or Corporate Affairs.

A meeting was held with the Acting Head of Integrated Governance, the Chief Nurse, the Medical Director and the Director of Corporate Affairs to discuss the work priorities as the change management occurs.

It should be noted that the Manual Handling Team has now been renamed to the Manual Handling and Falls Prevention Team. A new Falls Strategy is being drafted as part of this work to increase the profile and importance of this work and information regarding the ratification and dissemination will be brought back to the next Public Board meeting.

### 2.4 Criteria Led Discharge

Effective and safe discharge remains another key priority. A pilot is planned to begin shortly on the Surgical Assessment Unit and Woodland Ward led by two of the matrons to help safely reduce the patient's length of stay and avoid untoward delays in discharge when that discharge is straightforward and non-complex clinically.

Principles around this work that have been agreed by the multi-professional teams are that:

- Divisional specific protocols and associated patient criteria developed, agreed and implemented; Divisi
- Nurses may only discharge patients from the ward or setting in which they hold clinical responsibility; Nurs
- There is always multi-disciplinary team support. Ther

## 2.6 CQC Inspection

An unannounced CQC two day inspection took place on the 26<sup>th</sup> and 27<sup>th</sup> February 2013. The verbal feedback at the end of the day was positive with the lead CQC Compliance Inspector flagging up some issues around the need for a more personalised care plan document, a number of drug fridges not having temperatures recorded and some discussion around the need to recruit to all nursing vacancies. We are currently awaiting the formal report, and our response to it will be brought back to the next Public Board meeting.

## 3 **QUALITY**

### 3.1 Ward Manager Development Programme

Ward managers are key to successfully driving safety, quality and efficiency, and there is a need to ensure that they have the support and tools to achieve this. This was also highlighted within the recent Francis report and we are pleased to be working with the Leadership Centre at Bucks New University to run a bespoke course to provide leadership and management training and provide a forum whereby issues such as managing change, driving the quality agenda, forging and managing working relationships across disciplines can be explored and debated either within the face-to-face sessions, or through action learning sets.

Indicative content will include:

- An overview of the Trust's new nursing and midwifery strategic imperative – 'Frontline Focus' (working title – workshops currently taking place);
- Their contribution to the Trust's nursing/midwifery objectives;
- An understanding of professional and personal accountability, and clinical and non-clinical risk management;
- An understanding of the quality agenda; using quality indicators to drive up quality patient care;
- Assurance frameworks, nursing indicators, benchmarking and clinical governance.
- Inter-professional working, influencing and negotiation skills, and improving the patient experience;
- Workforce planning and management; including effective interviewing and recruiting, rosters, managing safety on the ward;
- Managing change in a changing healthcare landscape;

- Developing finance skills;
- Development of leadership and management skills, communication skills, empowering personnel to enhance service delivery and improve the patient experience;
- Development of decision-making and problem solving skill base;
- Interpreting and analysing quality data to inform practice and service delivery.

During the programme, the ward managers are required to undertake a work-based project, which focuses on a ward-based issue that is designed to enhance patient care and improve the patient experience. Outcomes should be measurable e.g. measurable improvement in discharge; length of stay; improved patient experience etc.

The divisions have been allocated 5 places each and the Divisional Chief Nurses have nominated the ward managers to participate in the first cohort.

An additional part of this process is to allocate coaches/mentors to the delegates, and we are delighted that we have had volunteers from several senior colleagues around the Trust to help support and advise them, not just during the course but following it.

### 3.2 Healthcare Assistant Development Programme

In a similar vein, and to recognise the importance of the Healthcare Assistant role and the impact that they have on direct patient care, we are also running a bespoke SaSH Healthcare Assistant Development Programme and plan to run three cycles of this course in 2013/14 to include content of:

- Teamwork, communication skills, empathy and compassion;
- Quality, patient safety and patient experience;
- The changing landscape of the NHS;
- Accountability, learning from the Francis Report and regulation.

### 3.3 Nursing and Midwifery Strategy

All Trusts are now expected to have a clear Nursing and Midwifery Strategy to articulate and demonstrate the positive difference that nurses and midwives can make to patient care, outcomes and experience. Workshops are currently taking place with all bands of nursing, midwifery and healthcare assistants to develop the Surrey and Sussex Healthcare (SaSH) NHS Trust Nursing and Midwifery Strategy 2013-16 *Frontline Focus* (working title).

In line with the learning arising from the recent Francis report it has been very clear from the workshops that staff feel that it is important to be clear about highlighting that compassion must be inherent in all patient care; and that the delivering of optimal standards of care are not just taken as “a given” but are implicit throughout and will be clearly articulated within the strategy, as to how these will be achieved, measured, monitored and sustained, with the patient always at the centre of all that we do.

Workshops continue to take place over the next few weeks with a final event to ‘polish’ off the first draft before it goes out to stakeholders for information and comment. The Communications Department has assisted in the proposed layout of the strategy and photographs of staff and patients taken to promote ownership of this working document.

The aim is to publish in May, sitting alongside the work on quality indicators and raising the profile of nursing to help attract strong nursing candidates to consolidate our nursing teams.

### 3.4 Foundation Trust Network Meeting

The Chief Nurse attended the 'Robust Quality Governance' conference hosted by the Foundation Trust Network on the 7<sup>th</sup> March 2013.

This was a very helpful meeting with presentations by Monitor, the Medical Director at the Royal Free, and the Chief Executive of Southend University Hospital NHS Foundation Trust.

Of particular interest was the Royal Free Hospital's presentation about their journey to FT and the need to understand your organisation's strengths and weaknesses, how a Board receives its 'soft intelligence' from frontline staff and the establishment of divisional Safety and Quality Assurance Boards.

## 4 PATIENT EXPERIENCE

### 4.1 Patient Experience Delivery Committee

The Patient Experience and Staff Engagement Committee has now been restructured and renamed the Patient Experience Delivery Committee. The committee has new membership at a senior level and the divisions have nominated members who will be able to lead and implement the relevant actions to ensure that there is equity across the Trust in delivering an optimal patient experience. The first new committee meeting is to be held on the 2<sup>nd</sup> April 2013.

### 4.2 Friends and Family Test

From April 2013 the Department of Health has mandated that all patients will be asked a simple question to identify if they would recommend a particular Accident and Emergency department or ward to their friends and family. The results of the test will be used to improve the experience of patients by providing timely feedback alongside other sources of patient feedback. It will highlight priority areas for action. The Trust is ready for the Friends and Family Test and continues to receive helpful feedback in the Empathica work which asks several other questions and is also an active member on the website Patient Opinion.

This data will now be fed back collectively to ensure that all data and intelligence are evaluated at the new Patient Experience Delivery Committee, with lessons learnt and any associated actions to be implemented.

## 5 SUMMARY

5.1 There is currently a great deal of work ongoing and many associated challenges, including the embedding of a new clinical governance structure at a time when we are developing new relationships with the new organisations coming to fruition in the current changes within the NHS.

5.2 This paper has attempted to provide some supporting information to the performance data that sits within the operational reports. However, if members wish further changes to the format and consider that additional information is required then the authors are happy to provide that in the next meeting.