

Trust Board – Public
24th November 2011
Agenda item: 3.1

Chief Nurse's Report to the Trust Board

For: Information

Summary: The report updates the Board on nursing activity since the last Trust Board meeting.

Action: The Board is asked to note the contents.

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

Trust objective: Please list number and statement this paper relates to.
Best and Safest Care

Legal: What are the legal considerations and implications linked to this item? Please name relevant act
None

Regulation: What aspect of regulation applies and what are the outcome implications? This applies to any regulatory body – key regulators include: Care Quality Commission, MHRA, NPSA & Audit Commission
Care Quality Commission, NPSA

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Cancer Census

The Cancer Network Service took part in a Cancer Nursing Specialist Census on 17th October 2011, covering Adults and Paediatrics, and all areas of Cancer Services. The survey covers the months of September to November 2011 and the deadline for all submissions was November 2011. The survey will enable direct analysis and comparisons with data received from patient experience.

Pilot to improve patient experience and flow through Emergency Department

This pilot of providing Occupational Therapy and Physiotherapy is taking place between 17th October 2011 and 31st March 2012 between the hours of 08:30 and 16:30, in the Emergency Department, Clinical Decision Unit, the Fracture Clinic and the Urgent Treatment Centre.

The Trust aims to offer therapy assessment to patients in these areas, through liaison with community services in order to provide appropriate support to prevent inappropriate and unnecessary admissions to hospital.

Care Quality Commission

Work continues on preparedness for unannounced CQC visits to clinical areas with follow-up checks for areas requiring improvements.

Key Findings:-

Cleaning issues - high dusting, and underside cleaning of bed tables, bins and lockers. The Deep Cleaning Team will add this to the regular programme of cleaning.

The feedback from patients and relatives is generally good.

Some areas for development have been identified with Mental Capacity Act knowledge. Matrons undertake daily checks in ward areas, regarding any safeguarding concerns.

Modular Wards

A significant amount of time continues to be spent supporting the new modular ward development. I am working closely with the project team; nursing establishments have been signed off, phasing of ward moves has been agreed and recruitment continues on a rolling programme.

Recruitment

Twenty-four Irish nurses started in the Trust on 14th November 2011. Bespoke induction for this group was designed utilising lessons learned from previous cohorts. This type of recruitment has been very successful for the Trust. A further fourteen nurses from Ireland are joining us in January 2012.

Peer Review

A positive peer review was completed at the beginning of November. This was a reciprocal arrangement with Ashford & St Peters as part of an SHA-wide review on privacy and dignity, care, kindness and compassion. Our team consisted of nurses and representatives from the Patients' Council and the Complaints Team.

Verbal feedback was positive on the day, and we are awaiting their written report.

Clinical Dashboard

Work continues on developing this dashboard of weekly metrics for all inpatient areas. A formal report will come to the January Trust Board.

Patient Association Report

The report was published this November regarding the care of patients of all ages across the UK in NHS and social care settings. Currently the Nursing and Midwifery is reviewing this report and benchmarking SASH performance against the recommendations made. The Trust Board already should take assurance that the key themes identified in this report are all areas where SASH is undertaking development and improvement of care delivery and services. A report will be presented at the January Trust Board.

Real Time Monitoring Data for October 2011

Total number of Surveys in Oct = 718.

Indicator Description	October 2011
% Patients reporting that before or after staff attended to them they saw the staff member wash their hands or apply alcohol gel (very often and always)	87.0%
% Patients surveyed that reported they were given enough opportunity to ask questions about their treatment	95.0%
% Patients rating the cleanliness of their room / ward as good or excellent	93.0%
% Patients surveyed that were given enough privacy when being examined, treated or spoken with about confidential information (ALWAYS)	98.0%
% Patients surveyed who reported that they shared a sleeping area with patients of the opposite sex	6.0%
% Patients surveyed reporting that they shared a bathroom or toilet with a patient of the opposite sex	15.0%
% Patients surveyed that felt their dignity was maintained the whole time they were a patient (ALWAYS)	94.0%
% of patients surveyed rating quality of food as good or excellent	100.0%
% of patients surveyed reporting they where always offered a choice of food	95.0%
% Patients surveyed reporting that staff treated them with kindness and respect (ALWAYS)	98.0%
% Patients surveyed who would choose to be treated at SASH in the future	89.0%

Jo Thomas
Chief Nurse