

Update from the Chief Nurse Safety and Quality in Nursing and Midwifery

For: Information

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

Action: Review, discussion and agree further action as required.

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Notes:

Trust objective:	Please list number and statement this paper relates to. All objectives
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Legal:	What are the legal considerations and implications linked to this item? Please name relevant act Trust Board requirements to deliver financial balance and quality services.
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Regulation:	What aspect of regulation applies and what are the outcome implications? This applies to <u>any</u> regulatory body – key regulators include: Care Quality Commission, MHRA, NPSA & Audit Commission CQC, ALE
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Update from the Chief Nurse: Safety and Quality in Nursing and Midwifery

Date	January 2012
Author	Sally Brittain
Department	Nursing
Audience	Board of Directors

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.

Quality and Safety performance overall remains good and has shown further improvements since December.

Key Issues

Using the Dr Foster reporting methodology for Mortality, the Trust continues to make improvements to its mortality rate. Following a rebasing of the national average, the mortality rate started at 103.5 (100 being the national average). Following the release of October's data this has now reduced to 100.1.

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 115, which still remains above the national average but within a tolerable range according to Dr Foster. For Fractured Neck of Femur patients, every death is being reviewed by the department and these are continually audited against best practice. Some changes to practice including ring fenced beds and speedier access to theatres have been proposed.

The Trust was inspected by the CQC during December 2011. The inspection focused on our escalation areas and verbal feedback on the day of the inspection reported the Trust to be meeting the CQC essential standards of quality and safety. The CQC were acting on concerns raised with them by an anonymous whistleblower about the safety and functionality of the escalation area 'POPPA' and to validate the Trusts submitted evidence in response to those concerns. The Trust is now awaiting the official report, and realises that while verbal feedback on the day indicated how conscientious they found our staff and highlighted that not one patient they spoke to had a bad thing to say about us, even when pressed it acknowledges there is further work to be done to improve our patient experience.

The CQC Inspection was followed by an independent clinical review commissioned by the SHA and like the CQC, they were impressed by the calibre and commitment of the staff they interviewed. They also appreciated the constraints that staff are working under due to the capacity and improvement works and concluded the care the Trust was providing to its patients was safe.

PATIENT SAFETY

Nutrition and Hydration

Between 23rd -27th January 2012 the Trust continued in its quest to enhance the quality and safety of patient care with the 'A Taste of Patient Safety', Hydration & Nutrition Campaign. The campaign raised awareness about nutrition and hydration to staff and patients as well as emphasising the Trust's existing equipment, support and training for best practice in the area. Various members of senior staff visited the wards to promote and support enforcement of protected mealtimes.

The week also promoted the Trust's future plans, with February seeing the launch of the 'Meals Module' as part of the Productive Ward initiative. Over the next two months catering and housekeeping staff will work with ward staff to identify good practice and improve efficiency at mealtimes. This coincides with the launch of the new two week seasonally adjustable menu cycle which will not only reduce 'menu fatigue' for long stay patients but also see improved recipes based on locally produced seasonal produce and better provision for patients with special dietary requirements.

Alongside this, a new ward based food service will be pioneered in our two new wards, Copthorne and Charlwood, to resolve issues around temperature, presentation, portion and menu choice.

Workforce

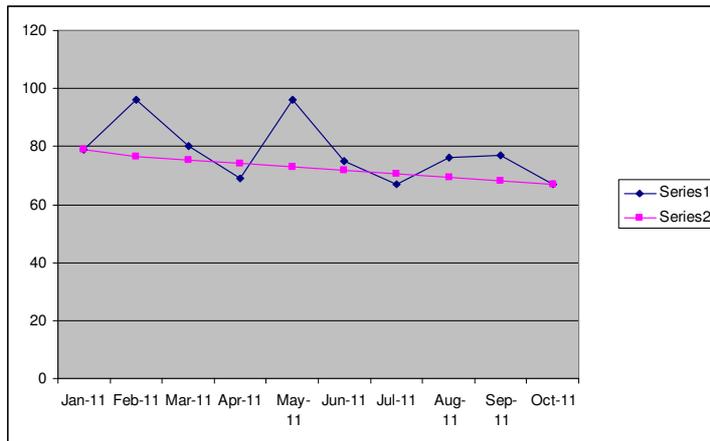
Recruitment continues for the new modular wards. Currently recruitment is at 86% of establishment for the new Copthorne Ward and 65% for Charlwood. It is not envisaged that full recruitment will be achieved until later in the year with the arrival of the next group of Irish nurses. This will have an impact on agency and bank spend currently being calculated by the finance department.

The 5th annual Staff Health and Wellbeing Day on Wednesday 18th January and 550 members of staff entered our free prize draw which gives some indication of how popular the event was. A range of stalls and activities were laid on for staff ranging from free fitness classes, taster sessions for meditation, and desk based exercises and stretches, to occupational health checks.

CLINICAL OUTCOMES AND CLINICAL EFFECTIVENESS

Falls

The Trust continues to see a reduction in falls incidence as it aims to meet the national average as set out by the NPSA of 4.8 falls per 100 occupied bed days. Using the most recent verified data the rate had reduced to 5.18 (April – Sept 11) which is an improvement on the equivalent period in 2010 of 5.52.



As part of the SASH Safety & Quality Strategy, Falls Prevention forms one of our priorities to deliver the best possible outcome for patients and decrease harm. We have formed a Falls Prevention Group chaired by Dr. Laura Ferrigan, which is currently developing a programme of actions and interventions to achieve a year on year reduction of inpatient falls across the Trust.

In addition to revising our risk tools used to assess patients we have also added non slip socks to our supply chain for all wards to order, rolled out a blue pillow case initiative for all patients identified as high risk to allow easy identification for all members of the MDT team, produced a list of all high risk medications that may increase the risk of falls which are discussed at staff training and displayed within each clinical area, larger wards are having additional nurse bases installed to increase staff observation points, simple tasks such as de-cluttering ward areas to remove obstacles and ensuring the environment is as safe as possible with adequate lighting are also essential measures to minimise the risk of falls. In addition we have developed Patient Safety Walkarounds and Senior Nurse ward working along with monthly ward environment audits to address these issues.

Hospital Pressure Injuries (Hospital Acquired)

There has been a general decline in the number of pressure damage with no grade 4 hospital acquired reported in 2011 to date. For October 2011 there were 25 grade two reports of pressure damage, for November 11 grade 2 reports and 3 grade three reports and for December 19 grade two reports with 1 grade three.

Continuing actions in order to reduce incidence includes:

- Senior Nurses clinical working Friday to check compliance and reinforce training.
- Pressure Damage Board (weekly, chaired by the Chief Nurse) where ward managers present the RCA with regard to their pressure damage, actions are agreed and the ward manager returns to the Board four weeks later to assure the Board members that improvements are embedded.
- Very clear and senior buy in from the Exec team and a zero tolerance with regard to pressure damage

The Trust is also moving into a pilot stage for new care plans as part of a SKIN bundle (Skin, Surface, Keep Moving, Incontinence, Information and Nutrition). Beginning on 5 wards, this will focus attention back on skin checks and repositioning and it is anticipated that if the pilot has a

positive impact on pressure damage, this will be rolled out across the Trust in March. Backing this up is an education programme and the designation of Pressure Ulcer Champions on each ward.

This will run alongside the provision of new mattresses which are being rolled out across the Trust following a change in provider. This will begin on the two new wards in February, followed by the remaining wards in March.

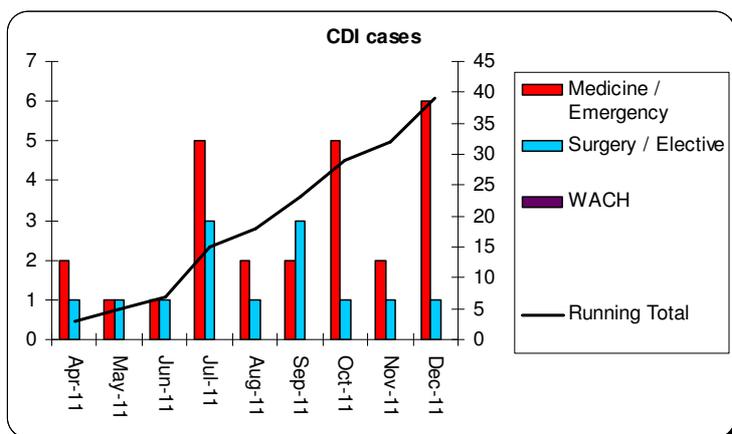
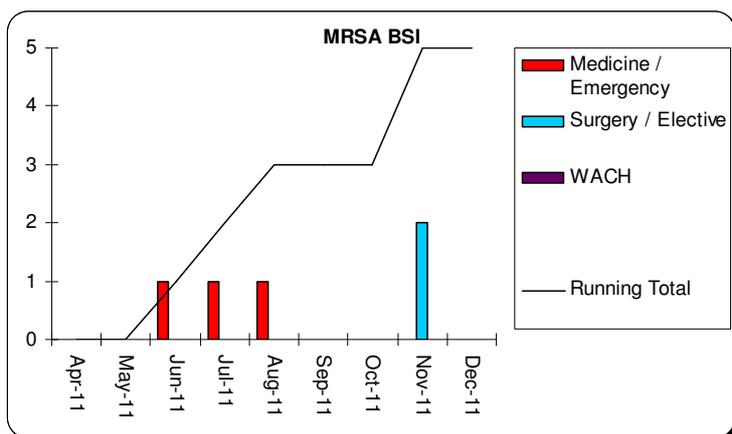
Infection Control

Neither Flu nor Norovirus have had a significant impact on the Trust this winter at the time of writing.

Current focus is reducing the likelihood of MRSA blood stream infection and cases of Clostridium difficile infection. The Infection Prevention & Control Nurses (IPCN) have been carrying out Executive hand hygiene 'cross' audits on a quarterly basis.

We have found these very useful in creating a culture of hand hygiene compliance using opinion leaders as role models and providing further assurance of hand hygiene monitoring.

The executives have committed to a further 4 mornings per year in order to help us monitor hand hygiene practice in the Trust and keep the momentum going.



The Trust is also starting to monitor E.Coli in anticipation of reduction targets in 2012/13. There is currently no algorithm for attributing these so the normal BSI algorithm using pre and post 48 hours of admission is being used. For this year the Trust has 28 reported cases with 3 recorded in October.

In addition, the team is looking at the use of urinary catheters and is participating in a national HOUDINI trial based on an evidence-based protocol for the removal of indwelling urethral catheters aiming to reduce catheter duration and incidence of Catheter Associated Urinary Tract Infection (CAUTI). The IPCN's have commenced decontamination audits for reusable equipment cleaned at point of care. These are being monitored by the decontamination group.

Venous Thromboembolism (VTE)

The 90% target was achieved in December for the first time evidencing the success of the actions the Trust has put in place to ensure this target is achieved particularly over the last quarter. The objective now is to ensure that this is not only maintained in order to meet our year end target for the CQUIN payment but to improve outcomes for our patients.

Maternity Outcomes

There has been increased focus on the normalising birth agenda by the division. There are emerging trends with some months showing significant improvement in the births within the midwifery led birth centre and a reduction in the C/S rate, the PCTs and SHA are kept informed of progress and actions.

The Birthing Unit was re-launched in August 2011 with a newly recruited and highly motivated team leader who has made significant progress in increasing the usage of the unit and this has had the desired impacted on the c-section rate in most months.

The 2010 / 11 rate was 29.1%
2011 / 12 rate thus far is 28.6%

MUST

Compliance with carrying out a MUST assessment has now achieved its highest rate of compliance since monitoring began having hit 86.2% in December.

June	July	Aug	Sept	Oct	Nov	Dec
79%	82%	71%	N/A	83%	79.25%	86.20%

Intentional Rounding

Under new plans unveiled on the 7th January 2012 David Cameron announced that nurses would be required to undertake 'hourly hospital ward rounds'. This has already begun within the ED at SaSH and in addition in December 2011 a pilot within the Medical Division saw the launch a pilot hourly rounds from 2000-0800. The pilot is currently ongoing and will report to the Nursing & Midwifery Professional Committee prior to amendments and roll out Trust wide.

On the 23rd January 2012 night time intentional rounding was also rolled out on Newdigate and Tilgate Wards.

Enhancing Quality Programme

On 26th January, results from the first year of this project were launched which has been set up to improve clinical quality across the south-east region and improve outcomes for patients. The results showed that SaSH had made significant progress in this first year and was the best performing Trust in the region for interventions relating to Heart Failure patients. Demonstrable improvements were also made across the three other pathways; AMI, Hip & Knee replacement and Community Acquired Pneumonia and the Trust is now working on the development of the pathways for both Dementia and Acute Kidney Injury.

PATIENT EXPERIENCE

Mixed Sex Accommodation

A total of 32 patients were affected by a breach in December which related to 10 index breaches. In all cases the issues related to capacity.

All potentials to mix a bay continue to be escalated to a matron on duty to ensure all alternatives have been considered and individual wards are responsible for actions in relation to areas of concern. However it is anticipated the situation will improve once the new wards open in February.

Real Time Monitoring (RTM)

Since the questions were changed on the RTM devices, we are now able to make the first comparisons. Improvements in our scores were seen in the following areas:

- Patients given enough privacy when being examined, treated or spoken to about your condition/confidential information – 90% (Up 4 %)
- Enough help from staff when eating meals and drinking – 58% (Up 4 %)
- Cleanliness of room/ward (Very Clean response) – 85% (Up 3 %)
- Weren't interrupted at mealtimes – 66% (Up 2%)

Mixed sex scores fell however this was offset by improvements to our scores around patients being moved quickly to single sex accommodation (53% moved, up from 31% the previous month).

Patient Focus Groups

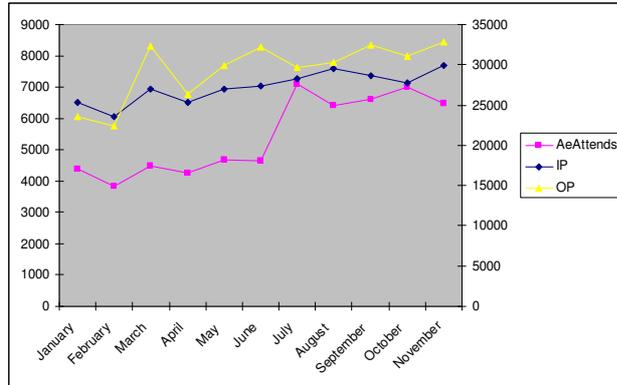
The Trust has now started a timetable of patient focus groups with current or former patients being invited in to discuss their views on various aspects of care within the Trust. The first group focussed on ED and there was some useful learning around patient communication relating to both their time in ED and discharge. These actions are now being put in place to help improve the patient experience in ED.

The second group which ran in January focussed on Food and Hydration and whilst patients felt there was generally a good choice of food available and that they were given enough support some actions were identified around education around special diets such a vegan, occasional interruptions by doctors at mealtimes and keeping food warm for the patient if they are away from their bed. Actions also focussed of specific needs for patients with disabilities
In all cases, the results and actions have been fed back to participants.

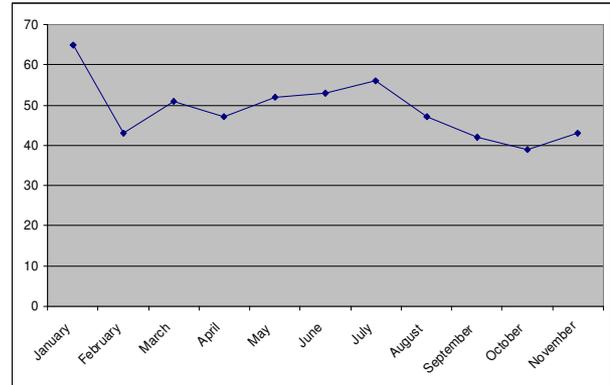
Complaints

Complaint trends continue to see a reduction in the numbers despite the capacity issues in the Trust at the moment. The Trust received 110 formal complaints in the period Oct-Dec 2011 compared to 114 for the same period in 2010. This is on the back of dramatic increases in activity as shown in the first graph. There is a degree of correlation between activity and complaints with a spike in A&E attendances during July matching a spike in complaints; however despite activity levels going up through the year, complaints are falling as a proportion.

Activity by Month



Complaints by month



Medical treatment remained the most complained about issue throughout the year and in each quarter.

The capacity issues remain the single biggest risk to patient experience within the organisation.