TRUST BOARD IN PUBLIC	**Date:** 27th March 2014	
	Agenda Item 2.3	
REPORT TITLE:	**Joint Chief Nurse and Medical Director's Report**	
EXECUTIVE SPONSOR:	Fiona Allsop, Chief Nurse Barbara Bray, Interim Medical Director	
REPORT AUTHOR:	Barbara Bray, Interim Medical Director Sally Brittain, Deputy Chief Nurse	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)	N/A	
Purpose of the Report and Action Required:		(√)
To provide an update related to safe and high quality patient care in addition to the operational performance reports.	**Approval**	
	Discussion	√
	Assurance	(√)

Summary: (Key Issues)

The Medical Director's report contains information on deep dives, infection prevention and medical appointments.

The Chief Nurse report provides information on the whiteboard project, the Safety Thermometer and Patient Led Assessment of the Care Environment (PLACE)

Relationship to Trust Corporate Objectives & Assurance Framework:

Central to the delivery of safe and quality patient care.

Corporate Impact Assessment:

Legal and regulatory implications	None
Financial implications	Yes
Patient Experience/Engagement	Yes
Risk & Performance Management	Yes
NHS Constitution/Equality & Diversity/Communication	Yes

Joint Chief Nurse and Medical Director Report

1.   Medical Director's Update

1.1   Deep Dives into Specialties

Since the last Board report, 5 departments have presented their "Deep Dive" to members of the Executive team. These are Obstetrics & Gynaecology, Dermatology, Emergency Department, Stoke and Neurology. This brings the total so far to 10 with further 15 presentations arranged between now and the end of April. Every presentation has highlighted areas of high quality care and will produce a detailed action plan where improvements are required. A summary of the main themes and learning will be presented to the SQC.

1.2   Multi-resistant bacterial infections

Bruce Stewart, Acting Director of Infection Prevention and Control, presented to the Executive Board last week a paper on the infection risk from carbapenemase-producing Enterobacteriaceae and other carbapenem-producing organisms. This was prompted by an alert from Public Health England to the increased risk of the Trust admitting patients with infections from multi-resistant bacteria for which no currently available antibiotics are effective. Dr Stewart was able to reassure the Board that the Infection Control Team had recognised this risk already and had produced a policy and process for recognising and managing at risk patients (primarily those who had been in hospital abroad). Further work has started to raise awareness across the Trust.

1.3   New consultant appointments

The Trust appointed two Histopathologists this week; Dr Rinsey Kurian who is working with us as a locum and will take up her appointment with immediate effect and Dr Faiza Rashid who will start in August following completion of her training.

2.   Chief Nurse Update

2.1   Whiteboard Update

The Trust Clinical Strategy is clear that in order to meet the future clinical needs of patients it will be required to change the way it delivers care and describes the need to use technology to improve quality, productivity and efficiency. The Nursing & Midwifery Strategy outlines the need for quality evidence at the point of care, ensuring effective journey (right patient right place right time), improved patient flow through partnership working and harm free care. The Informatics Strategy outlines the Trust five year objectives which includes Mobile Devise Management Solutions with electronic patient records on all devises, remote working, paperless working, medical devise integration and real time bed state.

The Trust's intention is to build on the legacy provided through its commitment to the now disbanded National Programme for IT (NPfIT) which has successfully implemented systems including Electronic Patient Record and Picture Archive and Communication Systems (PACS), the new NHS Network (N3) and Choose and Book. All of this work is

overseen by the Health & Social Care Information Centre (HSCIC) which maintains control of the old NPfIT contracts. The Trust is still developing its Electronic Patient Record (EPR) system in order to maximise the attainable benefits. The aim will be to integrate the EPR with other systems as fare as possible.

The primary objective of the Whiteboard project is to ensure that an integrated system is deployed to meet the operational requirements of the Trust to improve the current methods of recording the live Bed State.

The Integrated Whiteboard system will allow a Trust wide view of ward activity, and will enable the management of a variety of processes aimed at improving daily performance and operational management of emergency and elective admissions.
It will also allow for easy recognition and actions to reduce clinical risk to patients on the ward by allowing all members of the ward team a visual tool to identify key information required in daily care.
Clinical support services management will be able to prioritise and monitor ward activity, and ensure appropriate resources are deployed and monitor effectiveness.

The following information will be available to clinical teams both on the whiteboard in the ward area, and remotely through any desktop in the Trust.

- Live Bed state with accurate bed allocation and bed spaces

- Usage of side rooms for infection control purposes, and the ability to track patients in areas of outbreak

- Audit trail of admissions, transfers and discharges

- Identification of EDD and ability to visualise on one screen for whole ward

- At a glance ability to view ward activity, including referrals to MDT

- Ability to identify key risk parameters, including infection control, safeguarding, allergies and nursing alerts

- Management of discharges with identified actions required to facilitate, including referral paperwork for Social Services and CHC

- Task list for junior doctors and nursing staff

- Investigations requested and completed viewable on screen

- Operational view to allow for full visibility of all ward activity to ensure effective management of site out of hours

- Site Management team view to provide all information regarding admissions and discharges to ensure bed management is effective and safe

- Future plans to include vital signs monitoring displayed on screen allowing remote view by clinical teams, eg outreach.

The Trust made an application to the Nurses Technology Fund for funding to roll this project out Trust wide, unfortunately the bid was not successful and therefore a capital bid has now been presented to the Executive Team for their consideration. The first four pilot whiteboards will be installed and functional by the end of April 2014.

2.2   Place Assessment

The Place Assessment will be undertaken shortly, dates will be confirmed as soon as possible. Excellent progress has been made against the action plan formulated following

the previous assessment in relation to estates and facilities. In addition the Trust now has a Consultant Nurse for Dementia and Older People who has commenced a bespoke training package for staff along with training within the MAST programme. The National Team have taken the decision not to assess dementia services this year and this means that the Trust can continue working towards achieving a good score in relation to this criterion at the next assessment. The Consultant Nurse has undertaken a Trust wide audit of the current services and is working with our community partners to ensure that the services and facilities throughout the patientsqjourney within both areas are streamlined.

Areas where the service lost points last year in respect of food choices and snack availability have been addressed. For example patients now have access to snacks mid-morning and mid-afternoon and with the addition of fruit juice at each meal service they have a choice of two or more starters. A pilot was carried out to try and ensure that no midday meals arrived on the wards before 12 o clock as per the assessment criterion however this was not successful with the current staffing arrangements within catering and therefore will not be addressed for this assessment.

2.3   Safety Thermometer

The Trust continues to achieve 95% harmfree care for +new harmsqhowever for +all harmsq the Trust achieves 90%-93%. This is predominantly related to the community acquired pressure damage however there are also concerns related to VTE and Falls.

2.4   Falls

Utilising falls prevention strategies targeted to patient fall risk:
- Falls pathway has been updated to encourage better identification of why a patient may at risk of falls so solutions can used can be tailored to the patients specific fall risk
- Training has being changed to reflect the post fall assessment
- Close work with the dementia specialist nurse is in process to consider specific needs of patients with confessional state- this includes the use of different pain scale tool, dementia awareness training. Audit of the use of falls prevention equipment, spot checks on identified potential gaps in falls management strategies for ward areas.
- Introduction of the falls ward round once a month to be increased to twice a month whenever possible
- Follow up of inpatients who have two or more falls by FPL
- Launch of the falls operational board, to meet weekly for wards to report on falls with harm and solutions taken to prevent recurrence.

2.5   VTE

Underway
- Part time VTE/PE Specialist Nurse employed to initially assess and improve service,
- Audit of VTEqs
- Thromboprophylaxis web page has been updated with links to training and information leaflets on PE and DVT,
- Link to VTE prevention information- need Trust approval for use of patient information leaflets.

Next Steps
˝ Re-launch VTE assessments with staff education, via eBulletin, elearning, etc.
˝ Thrombosis committee to be formed for RCA and system improvement.
˝ Re audit of VTE assessment using accepted Proforma, on regular basis.
˝ Patient Information Leaflets to be approved and rolled out trust wide.