

<b>Report to:</b>	<b>Trust Board</b>	<b>Agenda item:</b>	<b>8.</b>
<b>Date of Meeting:</b>	<b>9 February 2011</b>		

<b>Title of Report:</b>	<b>Patient Safety &amp; Quality Report January 2011</b>
<b>Status:</b>	<b>Standing Item</b>
<b>Board Sponsor:</b>	<b>Francesca Thompson, Director of Nursing</b>
<b>Author:</b>	<b>Jo Miller, Assistant Director of Nursing Sharon Manhi, Head of Quality Improvement</b>
<b>Appendices</b>	

<b>1. Purpose of Report (Including link to objectives)</b>
<p>The RUH is committed to improving the quality of care for patients and this report gives an update on progress in January 2011.</p> <p>As a member of the NHS South West Quality and Patient Safety improvement programme the patient safety culture is widely embedded in the Trust and now forms a key part of the wider Quality Improvement work.</p>

<b>2. Summary of Key Issues for Discussion</b>
<p>Summary of progress against NHS South West Quality and Patient Safety improvement programme. The Patient Safety programme is aligned to the RUH Strategic direction of putting patient care and safety at the forefront of business.</p> <p>This report includes a focus on the:</p> <ul style="list-style-type: none"> <li>• Leadership workstream</li> <li>• Nutrition improvement</li> <li>• Qulturum away day</li> </ul>

<b>3. Recommendations (Note, Approve, Discuss etc)</b>
<p>To update and inform the Board on progress to improve patient safety at the RUH.</p>

<b>4. Care Quality Commission Outcomes (which apply)</b>
<p>Outcome 4: Care &amp; Welfare of people who use services.          Outcome 5: Meeting Nutritional needs          Outcome 8: Cleanliness and Infection Control          Outcome 9: Management of medicines          Outcome 11: Safety availability and suitability of equipment</p>

<b>5.</b>	<b>Legal / Regulatory Implications (NHSLA / ALE etc)</b>
Care Quality Commission (CQC) Registration 2010/11.	

<b>6.</b>	<b>Risk (Threats or opportunities link to risk on register etc)</b>
Risk 178 Mismanagement anticoagulants Risk 188 Hygiene Code. Risk 133 Medication errors.	

<b>7.</b>	<b>Resources Implications (Financial / staffing)</b>
None identified.	

<b>8.</b>	<b>Equality and Diversity</b>
None identified.	

<b>9.</b>	<b>Communication</b>
Patient safety campaign: " Safety Matters" RUH Quality Improvement Strategy will play a key role in both internal and external communications.	

<b>10.</b>	<b>References to previous reports</b>
Routine monthly patient safety and quality reports.	

<b>11.</b>	<b>Freedom of Information</b>
Public.	

**1. Introduction**

This is the monthly patient safety and quality report for Trust Board with an emphasis upon delivery of the Patient Safety Strategy 2008-2012 and the NHS South West Quality and Patient Safety Improvement programme, in particular our work on the Leadership workstream.

**2. Patient Safety work overview**

2.1 The Trust continues to provide a progress report on each of the 5 workstreams, which are Leadership, General Ward, Critical Care, Perioperative and Medicines Management. This progress is uploaded on a monthly basis through the Institute of Healthcare Improvement (IHI) extranet.

2.2 The 5 measures and driver diagram for pressure ulcers has now been added to the IHI extranet.

2.2.1 The pressure ulcer collaborative will commence on 10<sup>th</sup> February 2011. This organisation will be one of the first in the South West to perform a collaborative for the reduction of pressure ulcers. There are 4 wards participating Forrester Brown, Haygarth, William Budd and Waterhouse.

2.3 The second Clostridium Difficile (C Diff) collaborative is due to start on 10<sup>th</sup> February 2011. There are 4 wards participating Respiratory, Pultney, Robin Smith and Parry. Rates are lower in comparison to the previous areas in the first collaborative.

2.4 As part of the patient safety work we are required to review 20 random sets of notes of patients discharged in the previous month. The focus of this review is based on the use of the Global Trigger Tool (GTT). The GTT is a structured, validated case note review tool used internationally to assist in measuring the rate of harm across an organisation. This then allows us to prioritise the safety improvement work within the organisation. The data from each review is submitted on a monthly basis as part of the NHS South West Quality and Patient Safety Improvement Programme. It is expected that each Trust will have an average of 20-30 harm events per 1000 bed days (Institute of Healthcare Improvement). In December our adverse event rate was 7.46 harm events per 1000 beds days.

2.4.1 Following the notes review some excellent examples of care were noted, however there are some consistent and important areas for improvement and these have been circulated to the Clinical Leads and Senior Nurses. Below are the themes that were found:

- Lack of documentation of VTE assessment on the medical clerking proforma. In some cases where patients would appear to be high risk for

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thromboembolism they were either described as low risk by the admitting doctor with prescription of anti coagulants variable.

- No weight recorded on drug charts. We have recently had a harm event within the Trust due to a lack of appropriate prescribing in relation to weight. All wards have recently received investment in order to achieve an accurate weight for all unplanned admission patients.
- Patients did not receive their normal medication as this was not correctly reconciled on day of admission.
- Early warning scores and inadequate follow through action. Several wards demonstrated excellent documentation in the health records, but the vital signs chart was incomplete. 2 wards had excellent documentation and excellent vital signs charts and we will be working with all ward teams to help spread this good practice.

2.5 Catheter associated urinary tract infection prevention will form part of the General ward work stream. The driver diagram and measures are currently being added to Institute of Health Care Improvement (IHI) extranet, and will be available for the next report. Work is currently being planned within the organisation to perform a prevalence audit, followed by the commencement of improvement work, led by the continence group.

2.6 Fall prevention is in the process of being added to the programme, with the driver diagram and measure currently being added. Currently work is taking place on falls prevention in several wards and the introduction of 'intentional rounding' on Victoria ward.

2.7 Both BANEs and Wiltshire PCT's have commenced the NHS South West Community Quality and Patient Safety programme. The programme manager has recently met with the lead from NHS BANEs to ensure collaboration on appropriate workstreams.

### 3. Leadership Workstream

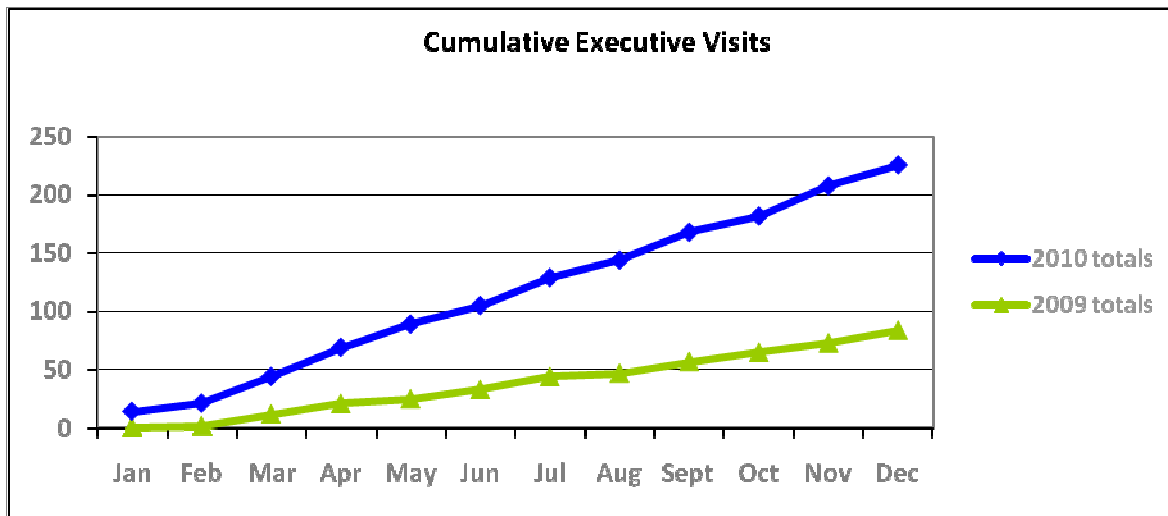
3.1 The aim of this workstream is to provide the leadership systems to support the improvement of patient safety and quality outcomes in the Trust.

3.2 The Executive patient safety visits remain an integral part of the leadership workstream. Each Executive is assigned a number of clinical areas including; wards, outpatients, laboratories, operating theatres, pharmacy, and the emergency department. Each January the Executive's areas are changed; this allows the Executives to build relationships with staff in a number of different areas.

3.2.1 These visits have continued to gain momentum since commencing in January 2009. To date 100% of all identified areas have received an Executive patient safety visit, which includes areas recently added.

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3.2.2 During 2010 the number of visits which took place totalled 142 compared to 2009 when 84 visits took place. Figure 1 show the number of cumulative visits for 2009 and 2010.



**Figure 1**

3.2.3 All staff involved with the visits find them extremely beneficial. One member of staff is quoted as saying “It was useful to discuss patient safety in an open manner and approach, and not feel vulnerable”  
Another is quoted as saying “The concept of the meeting was excellent”.

3.2.4 In order to get increased participation from junior staff in the Executive visits, the programme manager is currently in the process of producing a leaflet for distribution to all clinical areas. This leaflet will explain the concept and benefits of the Executive patient safety visits, with the aim of encouraging more staff to participate.

3.2.5 During the Executive patient safety visits a number of actions are identified. These actions are recorded and monitored for completion. The number of cumulative actions completed for 2010 has been consistently higher or equivalent until December. During the preceding months fewer actions had been identified, with some of these actions requiring longer term resolution. Figure 2 shows the total number of completed actions comparing 2009 and 2010.

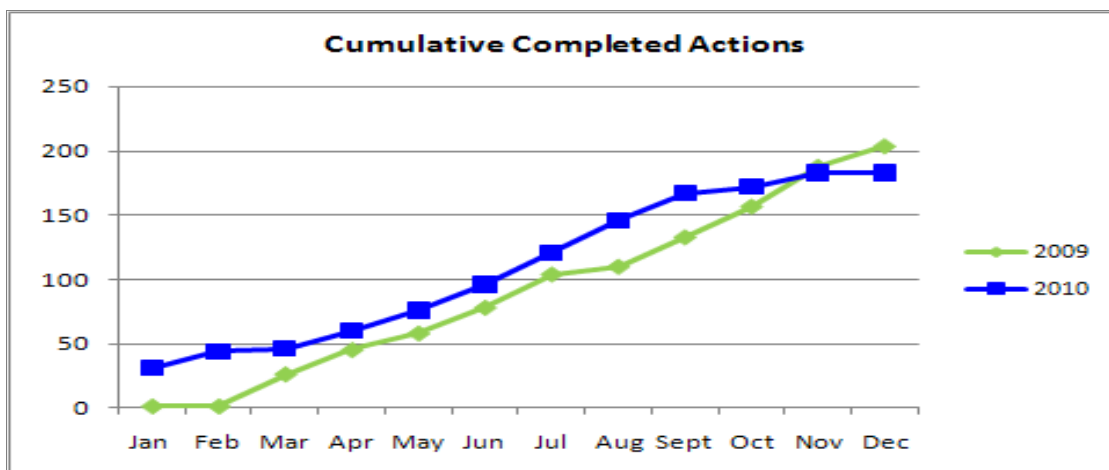


Figure 2

3.4.4 The actions identified during the patient safety visits vary. Examples of completed actions are: Placing an appropriate hand hygiene station at the entrance of Fracture Clinic; Following concerns of increased patient falls on an Orthopaedic ward; the falls safety cross was successfully implemented; During a visit to Central Pre-Op Assessment, the lack of patient feedback was identified, this led to the Patient Experience Tracker being used within this area.

3.5 The patient safety steering group continue to meet monthly, with a focus on monitoring each workstream’s performance against the programmes trajectory.

Each of the other workstreams continues to demonstrate improvement work.

The leadership workstream continues to sustain the momentum in transforming the culture of the organisation. The Executive patient safety visits are increasing awareness and the benefits will continue to evolve.

**4. Update on Nutrition**

4.1.1 Alison Flower, Matron for Gastroenterology has replaced Heather Devey as the Chair of the Nutrition Steering Group. It was agreed that the group will meet monthly from December 2010.

4.1.2 Revised terms of reference have been produced and will be presented to the Operational Governance Committee (OGC) meeting in February 2011. Membership of the group has been extended to include representation from the Tissue Viability Nurses. A quarterly report (October to December 2010) will be presented to OGC in February.

4.1.3 Age UK launched the ‘Hungry to be Heard’ campaign in 2006 and commissioned a second review ‘Still Hungry to be Heard’ in 2010. This showed that in 2008/9, 175,003 patients admitted to hospital were

malnourished and those admitted over the age of 80 are twice as likely to be malnourished as those over 50. Becoming malnourished can lead to a longer stay in hospital, a need for more medications, increased risk of infections and increased risk of pressure ulcers.

4.1.4 Age UK recommends '7 steps to end malnutrition in hospitals':

- Hospitals must listen to patients, relatives and carers
- All ward staff must become 'food-aware'
- Food should be served suitable for a patients diet/needs
- Patients should be risk-assessed on admission and during the stay in hospital using the Malnutrition Universal Screening Tool (MUST).
- Protected mealtimes
- Use of the 'red tray' system for those patients who need help with eating
- Use of trained mealtime volunteers to assist patients where necessary

4.1.5 The Nutrition Steering Group will focus on Outcome 5, 'Meeting Nutritional Needs' evidence.

4.1.6 An NPSA alert for medical weighing scales instigated a review of all scales throughout the Trust and found that many of the scales in use did not meet the required specifications making it difficult for staff to complete the MUST tool. Funding was identified to provide all wards with new scales, where appropriate. Training of ward staff on how to complete the MUST assessment has started and will continue to be rolled out. The senior dietician will attend the senior nurses meeting in January and re-emphasise the importance of completing the MUST tool and support staff to achieve the target of 100% compliance. MUST training will be included in the Core Skills training programme from January 2011 and from July 2011, the completion of the MUST tool will be a compulsory field in the new computerised patient administration system (Millennium).

4.1.7 The Head of Quality Improvement is working with the Hotel Services Manager to review the number of wards that support protected mealtimes. Salisbury NHS Foundation Trust has introduced protected mealtimes by running a series of training events and developing protected mealtime champions. This is being further investigated with the support services at the RUH and will be a standing agenda item on the Nutrition Steering Group.

The Catering Users Group meets every other month and is attended by ward staff and the Hotel Services Manager. The Head of Patient Experience is currently identifying patient representatives for this group.

4.1.8 A Nutrition and Health policy has been drafted by the Nutrition and Dietetic Services Manager and will be circulated for comments. Once comments have been included, the policy will be submitted to OGC for approval. This is a requirement for meeting NICE guidance and CQC regulations.

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## 5.0 Qulturum away day

A facilitated away morning was held on 13<sup>th</sup> January for members of the Qulturum. The following teams attended:

- Head of Risk & Assurance & team
- Head of Quality Improvement & Clinical Audit team
- Head of Patient Experience & Complaints team
- Assistant Director of Nursing, Patient Safety
- Assistant Director of Nursing, Productivity & QIPP
- Senior Nurses, Quality Improvement
- Tissue Viability Nurses

The aim of the session was to get to know each other better and have a greater understanding of individual's roles. Feedback from the morning was excellent – 'great for breaking down barriers,' 'everyone seemed genuinely positive', 'it was really good to see how quickly those who were less aware of the vision soon embraced it'.

In addition to the 26 staff who attended, the group listened to a presentation by the Director of Nursing focusing upon the aims and vision of the Qulturum. The Medical Director and Associate Medical Director for Quality Improvement also shared their ideas and vision that day as part of the Quality Improvement strategic pillar.

An area has been identified for the Qulturum and plans are in place to accommodate the staff. The move will take place by the end of March 2011.

## 6.0 Summary

The patient safety work initiated by the NHS South West Quality and Patient Safety improvement programme is clearly well established in the Trust and we are now starting to see workstreams joining up the quality and patient experience aspects of the Trust Quality Improvement Strategy. The importance of understanding how groups can better work together to improve the quality of care we provide is critical e.g. the Tissue Viability Nurses now attend the Continence Group and Nutrition Group as the incidence of continence and that of poor nutrition are key factors in the development of pressure ulcers.

Further work will be undertaken as to how we engage patients and listen and learn from their experiences, led by the Head of Patient Experience.

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