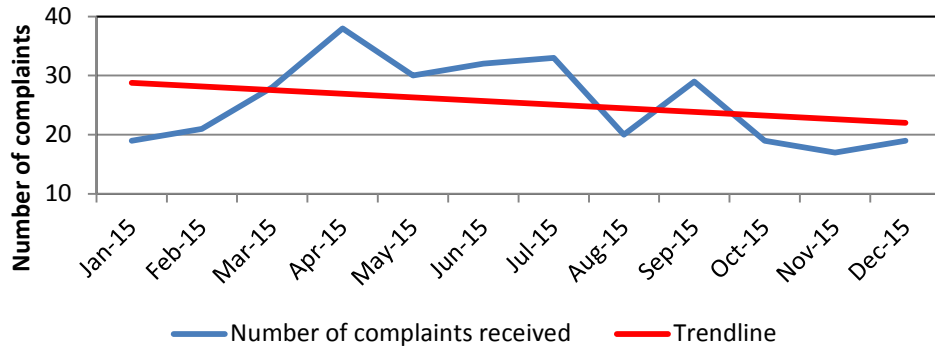


QUALITY REPORT

PART A – Patient Experience

Complaints and Patient Advice and Liaison Report

Total number of complaints received



19 formal complaints were received in December. This compares to 21 in the same month last year. 7 related to wards, 6 to outpatient areas, 3 to Emergency Department and 1 each for Pharmacy, Theatres and Trowbridge Birthing Centre.

10 complaints were received for Medicine, 5 for Surgery and 4 for Women and Children.

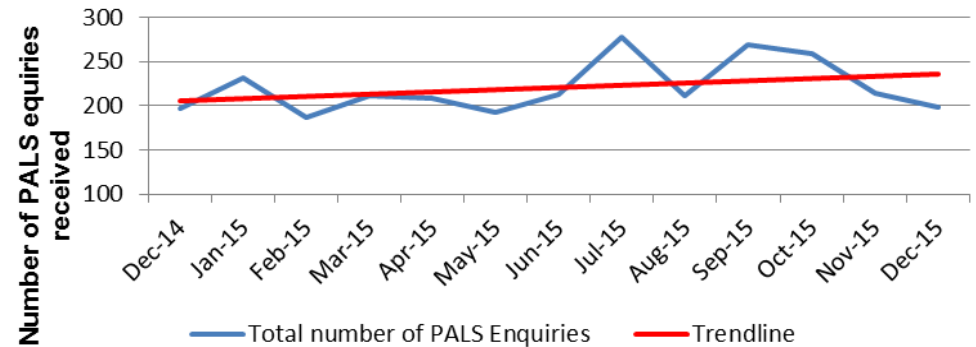
The **reasons for complaints** were:

Clinical care and concerns 10 (**52%**), communication and information 4 (**21%**), staff attitude and behaviour 2 (**11%**), Appointments 2 (**11%**) and admission/transfer and discharge arrangements 1 (**5%**).

Where clinical care and concerns were raised, this refers to staff not acting on the feedback/information from patients and their families.

Actions taken to address the issues raised will be presented to Management Board in February.

Total number of PALS enquiries



There were **199 contacts with the PALS service at the RUH site:**

100 required resolution; 90 requested information or advice; 5 provided feedback and 4 were compliments.

The **top three subjects requiring resolution** were:

Communication and Information – of the 37 contacts (37%) there were 8 contacts regarding difficulties in accessing outpatient services by telephone - this was across 8 departments in the Trust. There are no trends or themes in relation to the remaining 25 enquiries.

Appointments – of the 32 contacts (32%) were queries regarding outpatient appointments across 15 departments, for example waiting times and changes to appointment date.

Clinical care and treatment – of the 14 contacts (14%) none were attributed to a particular hospital service.

We are encouraging wards and outpatient departments to report the number of compliments they receive to PALS each month. This will enable us to provide a more balanced report on patient and carer experience.

Nursing Quality Indicators Triangulation Chart - Exception Report (December data)

Areas of focus - The full Triangulation Report is in Appendix A. Three wards have flagged this month:

Respiratory ward

This ward has flagged for the second successive month. The RN fill rate for both day and night is <90% for RNs due to vacancies and sickness. HCA hours were increased both day at night which bring the ward up to the staffing numbers, however patient acuity was high.

Quality matrices to note are:

- FFT score 75 (82 last mth)
- Grade 2 pressure ulcer x 1 (Grade 2 x 1 each of the last 2 months)
- Staff sickness HCA sickness 15% (9.1% last mth) RN 12.9% (17.3% last mth). Staff sickness was also high in October.
- Appraisal rates RN 52.2%, likely due to sickness

Medical Assessment Unit (MAU)

This ward last flagged in October. They have (14wte) RN vacancies and both day and night RN fill rate is <90%. Although HCA hours have been increased to cover RN hours.

Quality matrices to note are:

- FFT score 71 and 4 negative PALs in relation to nursing issues and staffing levels
- Falls x 7 (3 negligible and 4 minor)

Surgical Admissions Ward (SAU)

This is the first time this ward has flagged. Their RN staffing fill rate for the night shift was >90% due to sickness and staff being moved to Eye Unit as opened overnight, although HCA hours were increased to ensure staffing numbers are sufficient. They also received outlying orthopaedic patients when the Trauma ward was closed for Norovirus.

Quality matrices to note are:

- FFT score 73
- Grade 2 pressure ulcers x 2 (same patient)
- Datix staffing reports x 3
- Appraisal rate RN 65.4%

Note:

Cardiac ward flagged the previous month, however their quality matrices have improved this month and in particular their FFT score. They still have RN vacancies with an RN fill rate >90% but have nurses in the recruitment pipeline due to start at the end of January.

Ward quality matrices to overall:

Generally overall the nursing quality matrices have improved again this month and likely supported by the Christmas week with reduced activity (Green status).

Norovirus was still prevalent in the first week of December with 4 wards closed however they were all clear and opened in the second week of December.

- Complaints and negative PALs (wards only) were similar in number to last month
- Clostridium difficile x 4 cases (4 cases last month)
- Grade 2 Pressure Ulcers x 3 (2 last month)
- Nurse staffing Datix reports reduced again this month at 20 (29 last month), again likely due to the Christmas period
- The number of Falls (88) are fairly consistent again and 4 less than the previous month.

Recruitment update

- RN vacancies have improved slightly again this month and are approximately 73wte (excluding Maternity leave). Staff turnover reduced during December and is usual at this time of year. First batch of Italian RNs arrive at the end of January and the Medical Division are recruiting in Italy again in January 2016.
- Trainee Assistant Practitioner interviews have taken place with 13 confirmed appointments and a plan to recruit to 2 more places to start the programme on 28 January 2016.

Safer Staffing Monthly Report (December data)

Trust Overview

The average number of Registered Nurse (RN) hours at the RUH has improved again this month as more nurses have joined the Trust. The RUH RN day and night fill rate is still <90% however the % fill rate is increasing. To adequately staff the wards Assistant Practitioners Band 4 are in post on some wards and additional HCA hours were also provided. Supervisory Sisters and staff from other wards supported on a shift by shift basis as required.

September 2015	Day shift		Night shift	
	Ave fill rate RN/RM	Ave fill rate HCA	Ave fill rate RN/RM	Ave fill rate HCA
RUH	88.0%	103.4%	89.1%	112.3%
RNHRD V.Prince Ward	95.7%	113.7%	99.7%	N/A
Chippenham Birthing Suite	100%	100%	100%	100%
Paulton Birthing Suite	100%	100%	100%	100%

The ward by ward staffing levels data are provided on Appendix B and where wards actual hours fill rate are outside of the parameters <90% (red) or >120% (blue) against their planned levels, explanations and remedial actions are provided.

The overall number of individual ward's day and night shifts outside these parameters have decreased again slightly this month as it has for the last three consecutive months. 44 shifts were outside the parameters this month from 46 last month and the number of 'red' shifts (<90% fill) decreased by 1 shift this month. This reflects the improving recruitment picture and reduction in vacancies.

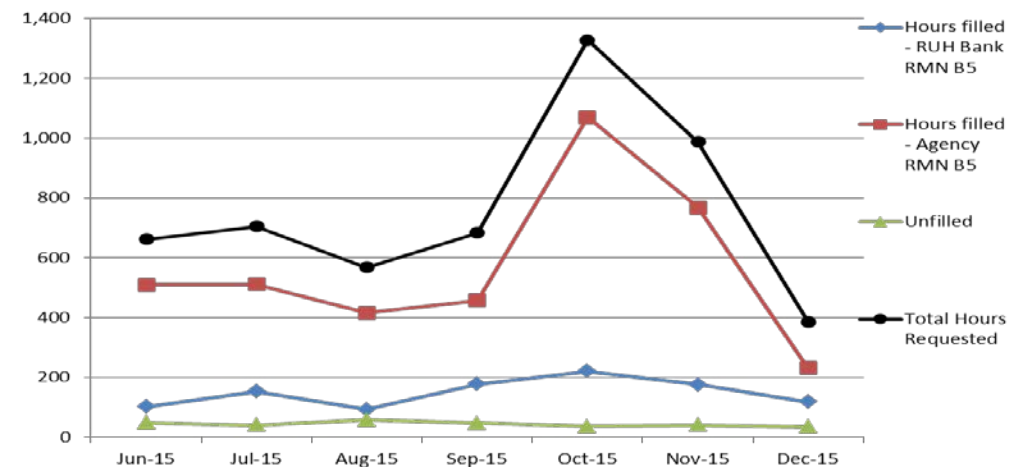
Registered Mental Health Nurse (RMN) usage

Last year the process for assessing patients with mental health needs and the potential need for an RMN 1:1 'special' was reviewed and made more robust. The Matrons are instrumental in this process and ensuring that every patient has a mental health assessment and daily review and this has led to reductions in the amount of RMNs being booked since April 2015. Also, following a successful bid to the RUH Innovation panel, a project commenced in October 2015 whereby an experienced RMN reviews all patients with mental health issues to determine their mental health care needs and support timely discharge.

Whilst it is early days, there already seems to be a benefit of this role and further reductions of requests for RMNs to 'special' patients.

This is having a positive impact on reducing the RMN requests and agency usage and we have seen a reduction of hours booked since October 2015 (below).

RUH RMN Hours



Safer Staffing Monthly Report continued

Monitor nurse agency rules – compliance

From 19 October 2015, Monitor subjected Trusts to agency spending rules which stated that we have to secure nursing agency staff via framework agreements that have been approved by Monitor and also to set annual price ceilings for the amount of Agency spending per year.

Trusts were requested to submit applications to Monitor in October if they required any exceptions to the Framework rules. The Trust submitted three applications to use non-Framework agencies where it was deemed necessary to deliver safe nurse staffing, these being:

Non-Framework Thornbury Agency Registered Nurses for Critical Care and Medical Assessment Unit and also two Non-Framework agencies Career Health Nursing and Prestige Nursing as we have a local contract with both these agencies through the Bristol, Bath and Weston Procurement Consortium.

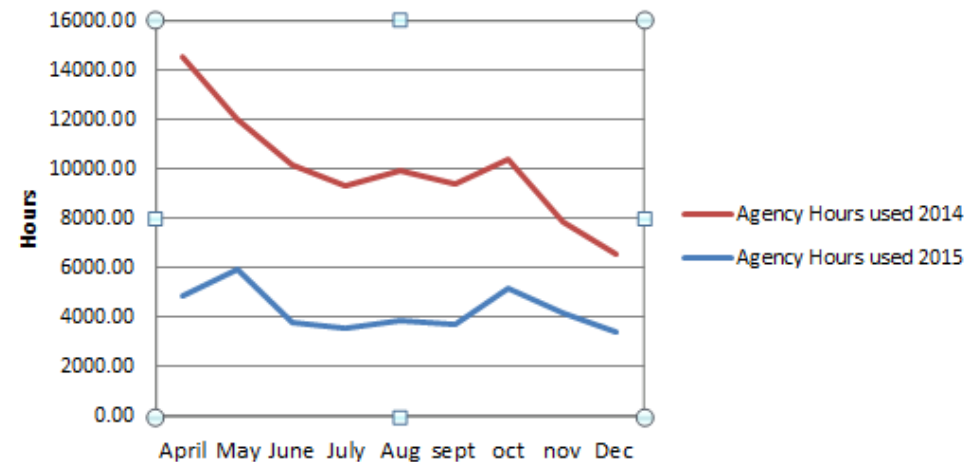
Monitor responded to the Trust about these applications on 31 Dec 2015 and stated that they have not approved the use of these Agencies.

From 23 November 2015 Monitor also applied agency price caps and informed Trusts what they should spend on Agency staff.

Since then the Trust has had to provide weekly exception reports to Monitor indicating which non-Framework agencies we have used and where we have gone outside the Monitor agency price caps.

The Director of Nursing and Midwifery is already committed to reducing our reliance on Nurse Agencies and over the last 18 months has introduced robust processes to facilitate this. Since October this has included further restrictions and any request for non-Framework agency nurse must have prior approval from the Director or Deputy Director of Nursing and Midwifery.

Agency Hours used 2014 v 2015



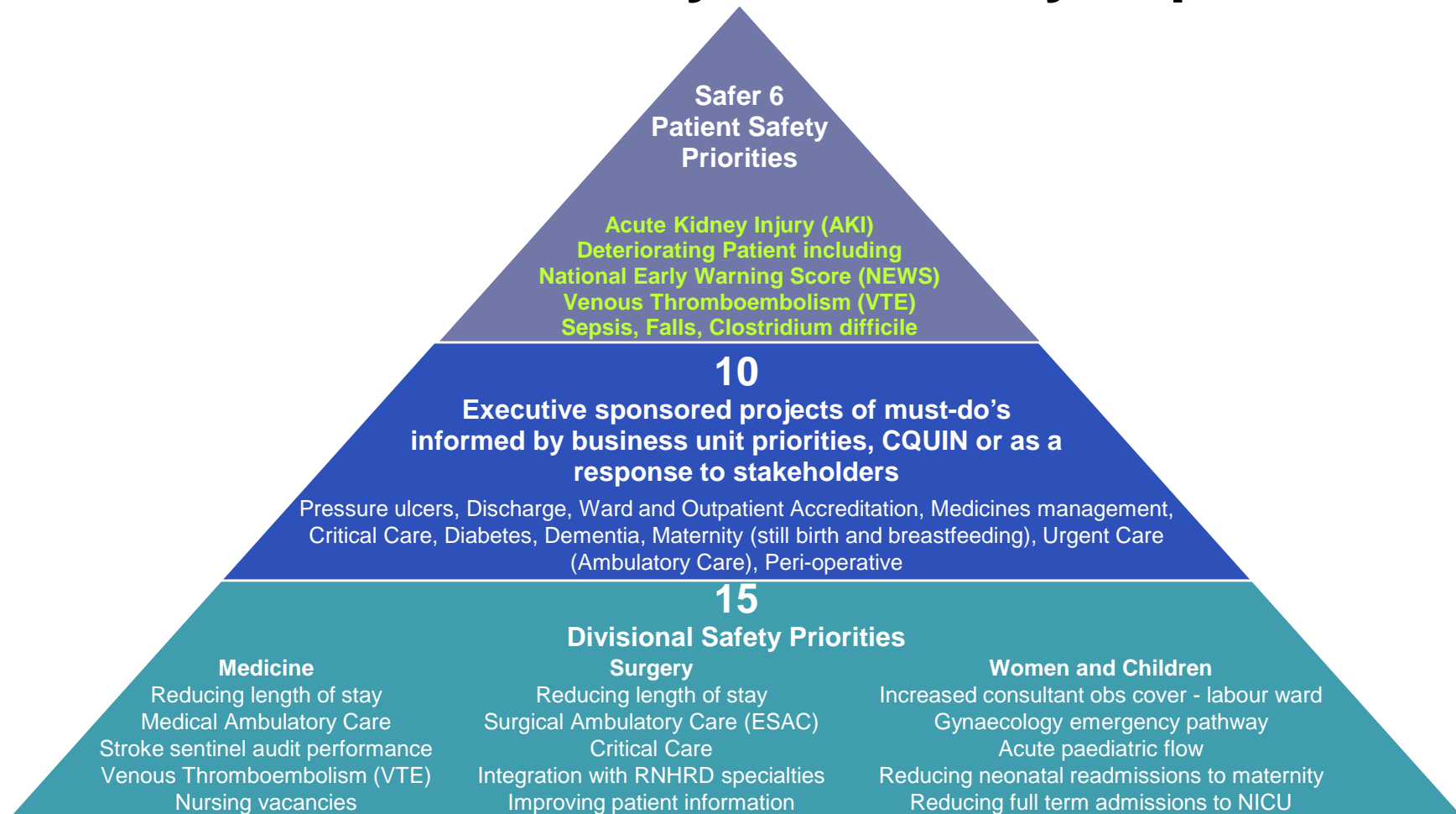
The graph above demonstrates the reduction in Agency nursing hours used since April 2015 until December 2015. It is noted that there was a rise in usage between September and October, however there is a clear downward trend and reduction since the Monitor rules were applied.

The Monitor agency rules also apply to Medical staff, Allied Health Professionals and latterly administrative staff. As with nursing, any exceptions to Monitor rules for these staff are also being reported weekly to Monitor. Monitor has stated that Trust boards should ensure that they are following robust and effective systems, and that any exceptions are only in the interests of patient safety.

The Trust Board will be provided with a more detailed report on our progress to date and compliance to the Monitor rules for the next Board meeting in February 2015.

QUALITY REPORT

PART B – Patient Safety and Quality Improvement



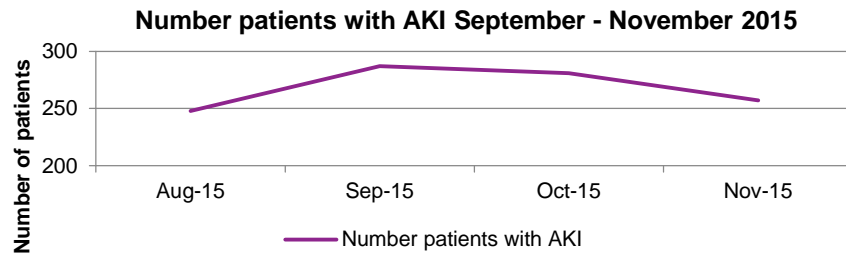
Patient Safety - Acute Kidney Injury (AKI)

Background

Acute Kidney Injury has been established nationally as an area for improvement with National drivers such as National 'Think Kidneys' campaign, NICE guidelines, National patient safety alert in June 2014, National CQUIN 2015/6. RUH has also agreed a local CQUIN target with the CCGs

Current Status

- The CQUIN targets for the second quarter have been achieved
- Targets for Quarter 3 have been achieved and we are finalising data from the December notes review to set trajectories for improvement for quarter 4.
- Number of patients with AKI at RUH since August 2015 is shown below and is now recorded monthly following identification from the e alert
- ED majors continues to account for 2/3rds of patients with an AKI flag i.e. were admitted with AKI (similar to national data)
- Outcome data for mortality, length of stay and ICU admission will be available



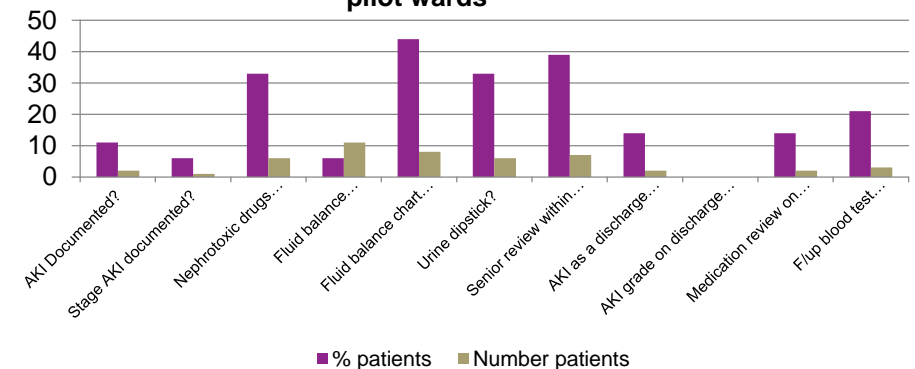
Awareness and Training

- December training target was met with 200 staff receiving training since the beginning of November. This includes 77 nurses, 41 Therapists, 24 Radiologists, 14 Pharmacists, 20 F1 Doctors and 6 ICU staff
- Training dates have been booked for the ED teams throughout January and February 2016
- Drop in AKI cafes have been arranged

Trust- wide AKI Bundle compliance

- Baseline measures of bundle compliance have been established
- Focused work has started on pilot wards (cardiac and respiratory) in January ideas to improve bundle compliance, baseline measures having been established in November and December 2015
- Work planned with radiology to standardise process for reducing AKI following contrast medium for imaging
- The AKI group are linking with the nutrition and hydration group to align processes for ensuring hydration and detecting AKI early

Compliance with AKI bundle November 2015- pilot wards



Next Steps

- PDSA of improvement ideas on cardiac and respiratory wards
- Go live with E alert on discharge summary for patients with AKI.
- Set trajectories for improvement with bundle compliance
- Developing patient information stickers linking with NBT as regional renal centre and national resources.

Patient Safety - Venous Thromboembolism (VTE) work stream report

Background

HAT Data

For Q2 there were 3 HATs (2 in medicine and 1 in surgery). For Q3 there were 2 HATs (1 in medicine and 1 in surgery). This is a significant reduction compared to 2014.

Improvements made to address themes from the RCAs

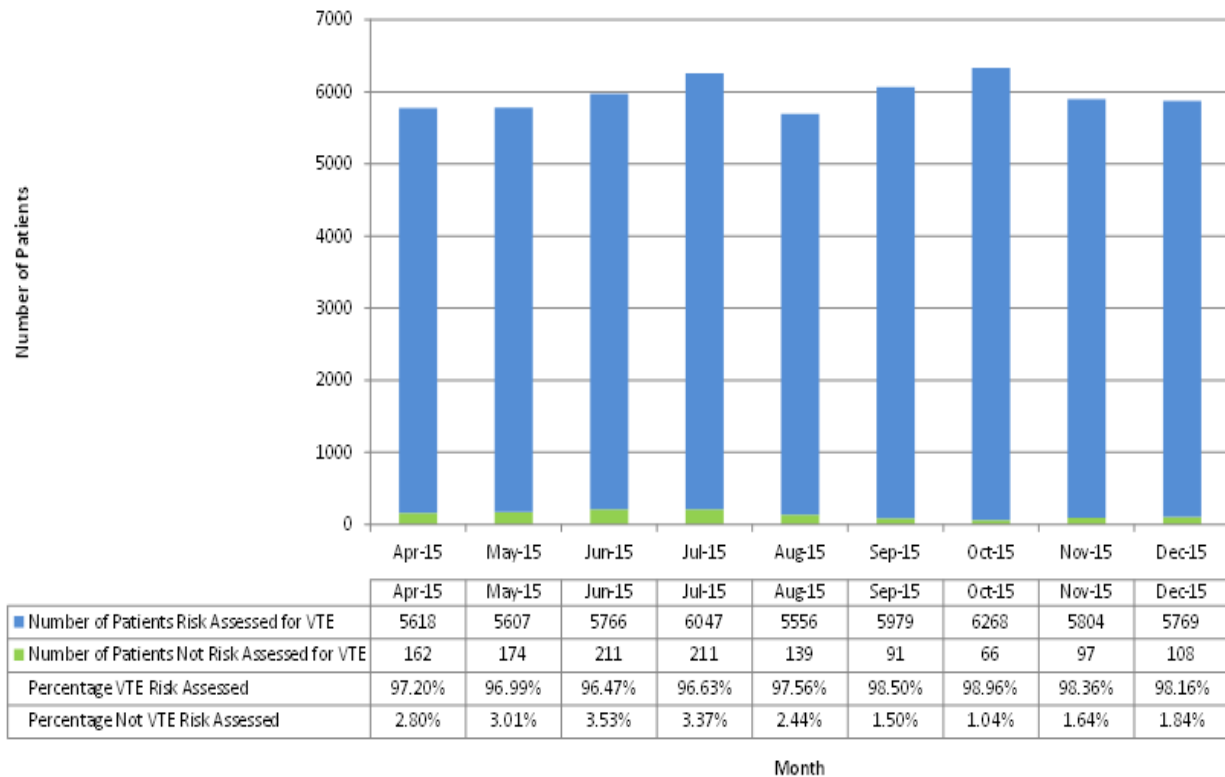
- A 'clot stop' has been introduced in the previous quarter as part of a new process to ensure VTE risk assessments are completed prior to elective surgery. 100% of patients now have a VTE risk assessment completed prior to surgery, and to ensure standards are maintained.
- The new Intermittent Compression Devices (ICD) are now available Trust-wide; the mechanical device training programme has been rolled out and is on-going until all key ward staff have received training
- As part of the mechanical devices review, the Trust has changed its supplier of Anti-Emboloc Stockings (AES) and a revised training programme is under-way

Next steps –

- Finalise review of VTE measurement plan as part of the Patient Safety work stream
- Extend the audit, taking a qualitative approach looking specifically at missed and omitted doses of Dalteparin.
- Disseminate the VTE E-learning package to nurses and AHPs
- A VTE care plan has been designed and is currently being piloted on ASU and Philip Yeoman
- Continue with the training programme for mechanical prophylaxis, and maintain good teaching links with the company representatives
- Development of a Standardised Operation Note
- Monitor the actions remaining from the Safer Clinical Systems project via the Patient Safety Steering Group
- Submit business case for full time anticoagulation team

Current Performance

Patients VTE Risk Assessed (from Safety Thermometer)
April 2015 - December 2015



Patient Safety - National Early Warning Score (NEWS) work stream report

Work stream update

The aim of the National Early Warning Score (NEWS) work stream is to ensure that NEWS is reliably and accurately used to monitor adult patients' vital signs, that care is appropriately and reliably escalated and that correct actions are taken to ensure optimal care for the patient.

Progress to work plan :

1.0 Documentation and Policy

- The Deteriorating Patient Steering Group has had its inaugural meeting and as part of the work plan will be reviewing compliance with the NICE guidance CG50 Acutely Ill Patients in Hospital
- The current version of the NEWS chart has been in place since August 2014, a review of the format has commenced

2.0 Education and Training

- Training matrix defined and agreed for levels 1 to 3
- NEWS webpage launched
- Five sessions for training for Cascade trainers completed October and November 2015
- 100% of wards have minimum of one trained Cascade trainer.
- 436 staff trained at Level 2 by Cascade trainers 436 (Figure 1)

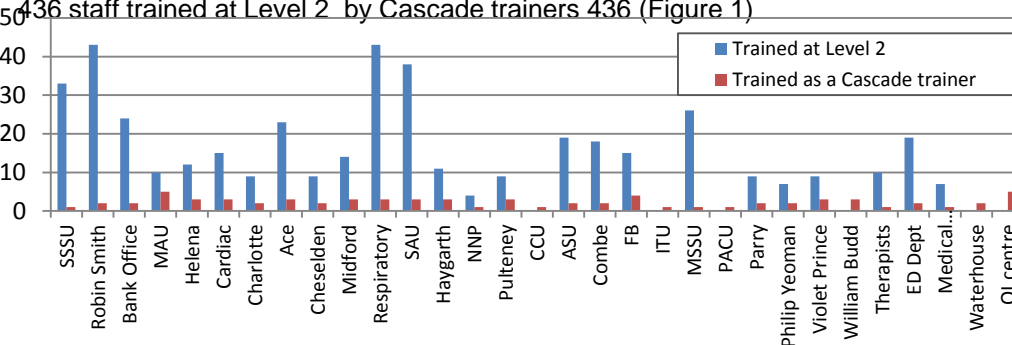


Figure 1

3.0 Measurement and communication of compliance

- In wards that Cascade trainers have trained at least 75% of staff at level 2, work stream auditing 5 charts more intensively – example of SAU (Figure 2) and ASU (Figure 3) results.

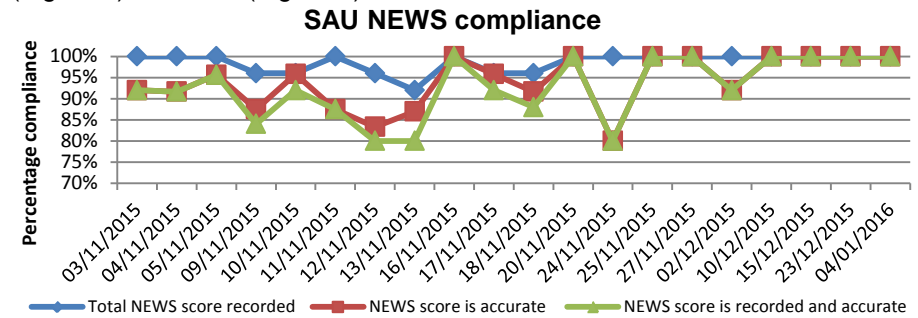


Figure 2

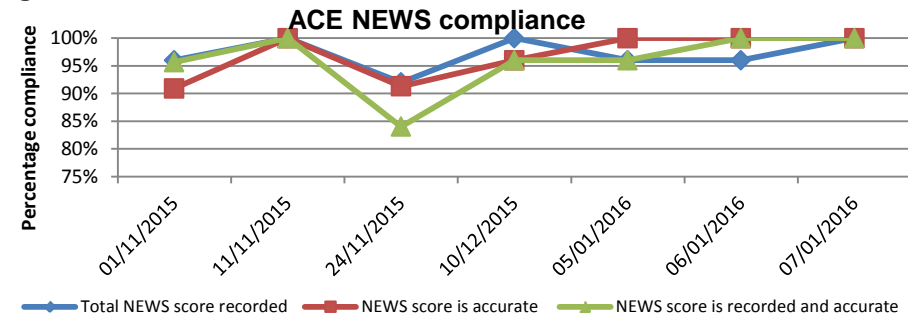


Figure 3

- Monthly audits continued to measure NEWS compliance and accuracy (tables 1 and 2 overleaf). Feedback of audit results via Senior Sister meetings for Medicine and Surgery and data submitted to dashboard

4.0 Escalation

- Improvement work is part of driver diagram and work plan for Deteriorating Patient Steering group

Patient Safety - National Early Warning Score (NEWS) work stream report

Table of Current Performance of NEWS score recorded

The percentage score shown in Table 1 is the percentage of observations performed where a NEWS score is recorded.

Table 1

Ward	Nov	Feb	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ACE OPU	94%	98%	98%	100%	94%	100%	96%	98%	98%	100%
ASU	90%	93%	100%	94%	88%	98%	96%	94%	98%	100%
Cardiac	100%	98%	96%	96%	94%	98%	98%	96%	96%	96%
CCU	68%	91%	93%	80%	93%	77%	83%	88%	94%	97%
Charlotte	100%	98%	94%	94%	94%	90%	80%	96%	86%	90%
Cheselden	100%	98%	96%	No data	100%	98%	96%	98%	100%	100%
Combe	96%	94%	94%	88%	96%	98%	100%	94%	92%	98%
ED	82%	68%	95%	No data	97%	74%	No data	86%	83%	78%
ED Obs	100%	89%	69%	100%	43%	100%	58%	86%	90%	70%
Forrester Brown A	96%	100%	98%	98%	84%	98%	92%	82%	92%	94%
Forrester Brown B	98%	92%	84%	96%	94%	98%	84%	92%	94%	100%
Haygarth	96%	98%	98%	96%	96%	96%	98%	100%	98%	100%
Helena	98%	98%	94%	94%	88%	94%	98%	98%	98%	94%
ITU	No data	No data	No data	69%	76%	100%	100%	54%	69%	94%
MAU	91%	94%	92%	96%	98%	98%	94%	100%	100%	94%
Midford	96%	98%	94%	98%	98%	100%	100%	100%	92%	100%
MSSU	98%	97%	98%	98%	100%	96%	100%	98%	94%	98%
Parry	94%	100%	98%	90%	100%	100%	100%	100%	100%	100%
Philip Yeoman	100%	98%	94%	98%	90%	91%	96%	94%	95%	94%
Pulteney (previously Waterhouse)	84%	96%	98%	94%	100%	100%	94%	96%	88%	92%
Respiratory	100%	100%	98%	100%	98%	98%	98%	96%	100%	100%
Robin Smith	98%	94%	94%	98%	100%	98%	90%	98%	98%	94%
SAU	100%	98%	100%	100%	96%	100%	94%	100%	100%	100%
SSSU	84%	90%	98%	100%	89%	88%	100%	96%	91%	100%
Waterhouse (previously Pulteney)	94%	100%	92%	100%	96%	94%	96%	98%	94%	100%
William Budd	No data	92%	93%	100%	98%	100%	98%	98%	80%	
Violet Prince	No data	No data	No data	No data	No data	No data	65%	86%	94%	95%
Grand Total	95%	96%	95%	95%	93%	96%	94%	95%	94%	96%

Legend	
Green	≥90%
Amber	80-89%
Red	<80%

Table of Current Performance of NEWS accuracy recorded

The percentage score shown in Table 2 is the percentage of observations performed where a NEWS score is accurate.

Table 2

Ward	Nov	Feb	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ACE OPU	89%	95%	86%	80%	87%	90%	60%	85%	90%	96%
ASU	93%	85%	92%	91%	100%	98%	88%	96%	78%	96%
Cardiac	66%	73%	81%	96%	94%	76%	67%	85%	82%	85%
CCU	41%	69%	86%	82%	93%	74%	84%	86%	92%	83%
Charlotte	94%	68%	95%	94%	98%	82%	85%	81%	87%	93%
Cheselden	100%	79%	81%	No data	79%	92%	70%	71%	83%	76%
Combe	83%	70%	74%	93%	85%	82%	79%	65%	84%	90%
ED	68%	46%	84%	No data	87%	88%	No data	67%	100%	77%
ED Obs	100%	88%	78%	100%	100%	80%	67%	76%	93%	100%
Forrester Brown A	75%	98%	88%	86%	95%	80%	78%	90%	76%	80%
Forrester Brown B	90%	80%	82%	92%	89%	90%	73%	75%	79%	73%
Haygarth	94%	86%	82%	90%	81%	81%	88%	96%	81%	82%
Helena	100%	96%	74%	86%	93%	83%	98%	94%	89%	83%
ITU	No data	No data	No data	71%	39%	86%	73%	85%	78%	86%
MAU	100%	89%	93%	81%	78%	100%	96%	86%	96%	84%
Midford	69%	92%	85%	90%	96%	96%	80%	98%	97%	88%
MSSU	92%	92%	90%	92%	93%	79%	77%	84%	87%	93%
Parry	77%	100%	92%	82%	100%	100%	96%	100%	96%	100%
Philip Yeoman	96%	100%	94%	84%	96%	100%	93%	78%	79%	87%
Pulteney (previously Waterhouse)	79%	89%	90%	81%	76%	84%	91%	89%	93%	91%
Respiratory	92%	82%	63%	84%	82%	71%	83%	74%	69%	80%
Robin Smith	98%	89%	96%	94%	84%	86%	80%	88%	89%	87%
SAU	96%	87%	83%	96%	90%	88%	98%	94%	94%	100%
SSSU	86%	87%	94%	98%	93%	84%	90%	81%	84%	98%
Waterhouse (previously Pulteney)	93%	98%	82%	90%	78%	83%	75%	84%	89%	74%
William Budd	No data	89%	88%	88%	100%	96%	84%	98%	90%	90%
Violet Prince	No data	No data	No data	No data	No data	No data	85%	91%	96%	94%
Grand Total	87%	86%	86%	89%	88%	87%	83%	86%	87%	87%

Patient Safety – Sepsis work stream report

Awareness and training

- Sepsis nurses are nearly back to full complement with 3 part time nurses.
- They are re-focusing on the sepsis 6 training , but equally prioritizing the management of sepsis patients in ED, predicting an increase in patients admitted with sepsis over the winter months after the experience of last year.
- Awareness of Antibiotic stewardship has also been raised by the steering group and the sepsis proforma has been updated with new antibiotic guidelines. The Antibiotic Pharmacist is a member of the steering group. The group plan to review notes of any patient who developed C. Difficile where antibiotics had been given for the treatment of suspected sepsis which were subsequently not necessary

Community work

- The RUH Sepsis Lead raised awareness of sepsis within one GP practice team as well as with patients, leading to testing of an educational and assessment tool with this practice prior to spreading more widely.
- The regional sepsis group supported by the WEAHSN has continued to focus on increasing identification in the community and use of pre alert by paramedic crews. The ED department have confirmed that this has been effective.
- A third sepsis master class is planned for 2nd February with national speakers confirmed. It will focus on paediatric and maternity sepsis. Teams from the RUH and paediatric sepsis groups planned to attend.

Current RUH Performance: Delivery of Sepsis 6 in an hour

- **Antibiotics in an hour:** in Quarter 2 , 61.3% (46/75) of patients admitted with Severe Sepsis received antibiotics in an hour
- **Lactate in an hour :** improvement has been sustained being achieved in over 92.1% (128/139) patients for the last 4 months, reflecting that this is becoming embedded as routine practice
- **Blood cultures taken in an hour:** 82.7% (115/139) patients with severe sepsis had blood cultures taken in an hour over the last 4 months.
- **Intravenous fluids given in an hour:** 64.7% (90/139) patients with severe sepsis had intravenous fluids given in an hour over the last 4 months

- **All 4 of the previous action implemented in an hour:** this has also improved with all 4 of these components of sepsis 6 being received in an hour in 51% patients over the last 4 months.
- **The Number of patients admitted with severe sepsis** has increased in October ,November and December (32, 39 and 44 patients respectively) as predicted but not been as high as last year .
- **Length of stay** for patients these patients was 8.9 days for the last 4 months which appears to be improving
- The subgroups for Paediatrics, Maternity, and Surgery have been established and are developing baseline measures and work plans

CQUIN for Sepsis in 2015/16 :

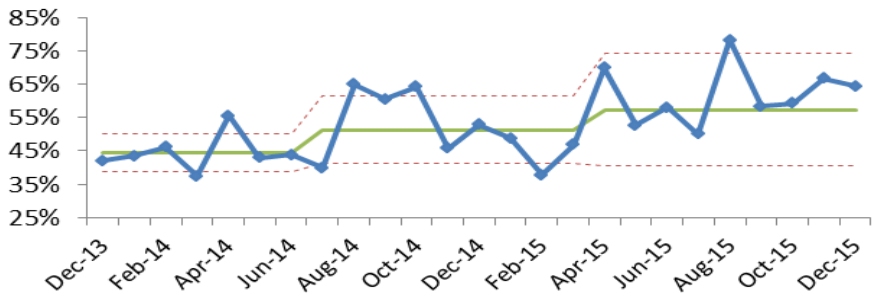
1. **All patients admitted to the hospital at risk of sepsis must be screened.** Achieved for quarter 2 , and is on track for quarter 3, with 85.7% (36/42) patients screened in November
2. **Percentage of patients with severe sepsis receiving antibiotics in an hour.** The target for quarter 2 was 62% which was achieved.

Next Steps

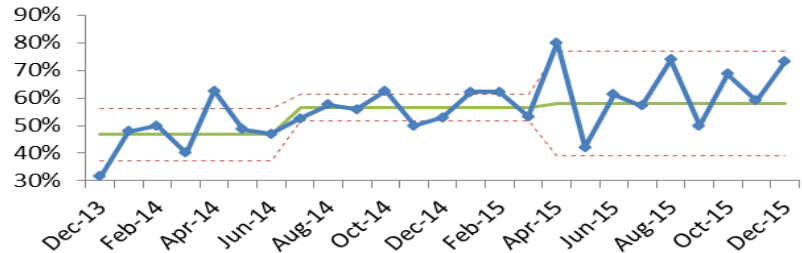
1. The NCEPOD report reviewing deaths of patients admitted to ICU with Sepsis was published in November 2015 with various recommendations with which RUH are compliant. Specific audit of patients admitted to ICU with sepsis is currently being completed to compare with the data in the report.
2. New international sepsis definitions are also planned for launch in February 2016, which will result in some amendments to our teaching tool and proformas. The steering group have agreed to continue with current teaching as our sepsis management is in line with the new terminology and once new terminology is confirmed we will incorporate it into our management as seamlessly as possible. Further specific awareness and training will be planned for March 2016.

Patient Safety – Sepsis work stream report

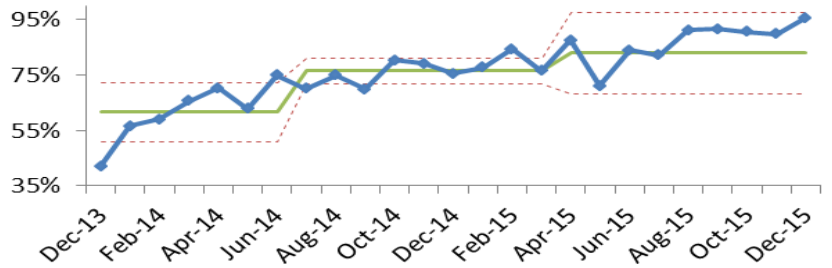
Antibiotics ≤ 1 hr



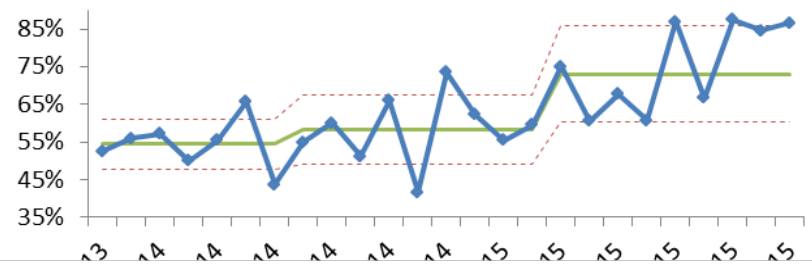
IV Fluids ≤ 1 hr



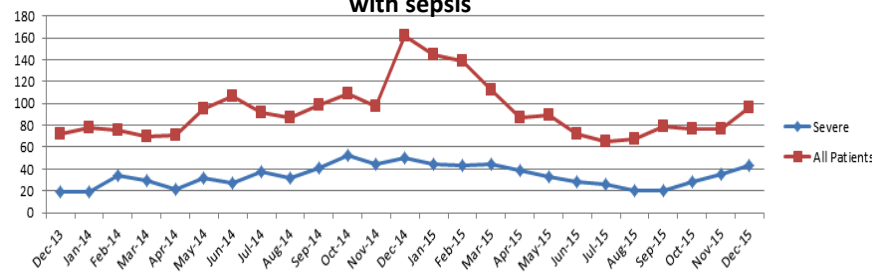
Lactate ≤ 1 hr



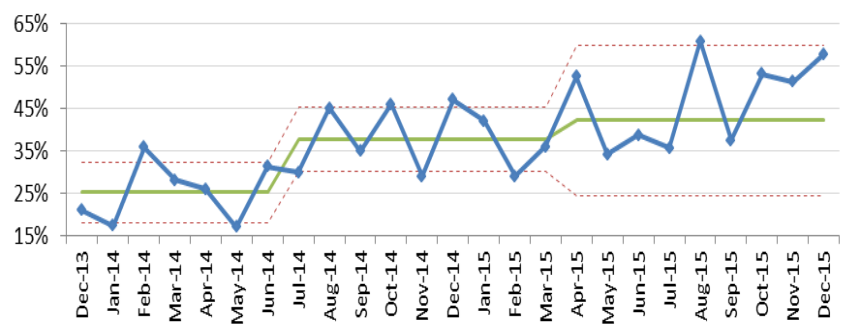
Blood Cultures ≤ 1 hr



Number of patients admitted with severe sepsis and overall number admitted with sepsis



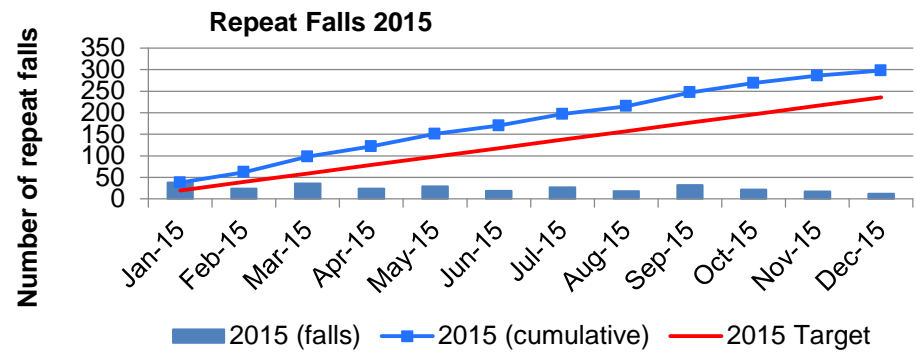
All 4 ≤ 1 hr



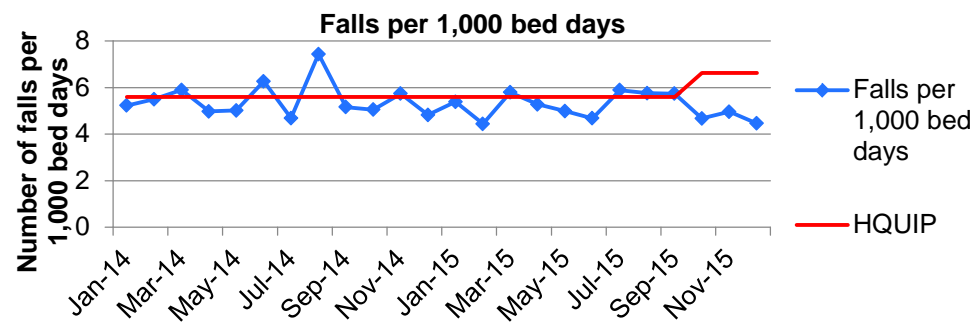
Patient Safety – Falls

Background

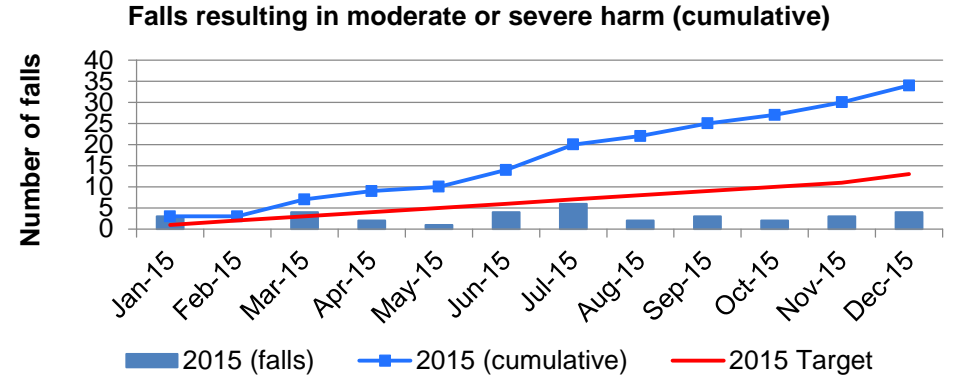
Reduction in falls is one of the Trust's safety priorities. All ward areas, including the RNHRD site, have an identified ward falls lead, with evidence of embedding active falls prevention and management strategies. The targets for this workstream are a 10% reduction in the number of repeat falls (the same patient falls more than once) and a 25% reduction in falls resulting in moderate or severe harm.



The Trust is above the trajectory for repeat fallers. There were 12 repeat falls in December 2015. However, this is within the monthly improvement trajectory of 19.7 which was a target that was set for 2015 as part of the Falls Reduction Success Measures. Repeat falls continue to be a high priority for reduction and are being addressed through the ward falls leads and individual ward action plans.



The Healthcare Quality Improvement Partnership proposed a benchmark of 6.63 falls/1000 bed days in October 2015.

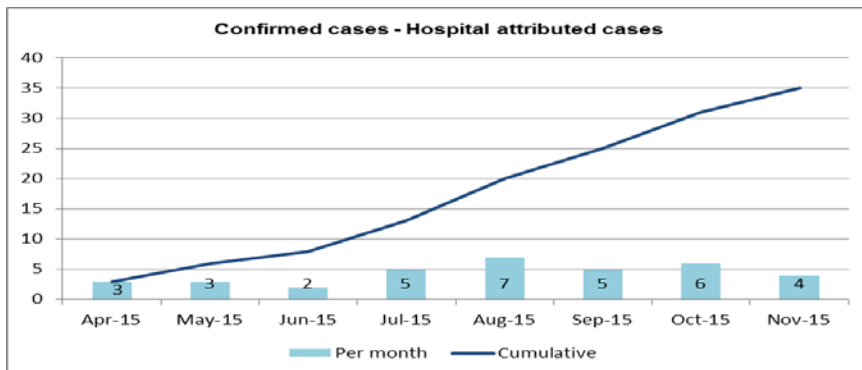
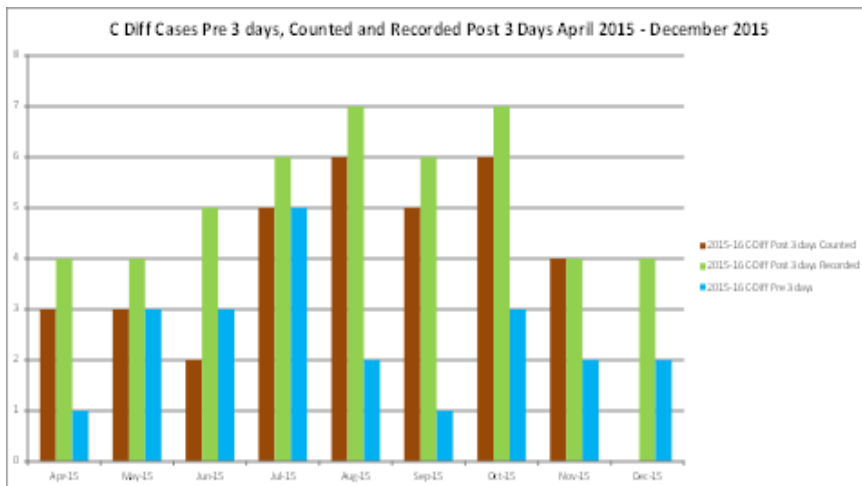


- The Trust is above the trajectory for moderate or major harms from falls. The Trust had 0.2 falls resulting in moderate/major harms from falls per 1000 bed days (HQIP benchmark of 0.19 moderate/severe/death per 1000 bed days)
- Achievement of Falls CQUIN for Q2 and Q3. There continues to be concentrated support to identified clinical areas to facilitate ongoing achievement
- Testing of revised falls and mobility care plan on Cheselden ward, with incorporated mobility equipment sheet. Early observations suggest consistent, clearer communication of transfer and mobility status. Plan to print and roll out by end January
- Falls work plan clearly identifies priority areas for input throughout 2016 including setting of falls reduction success measures, compliance with targets identified as part of National Falls Audit, SUI reporting in Falls Steering Group, revision of Falls Care Bundle Audit, and updating of falls and delirium guidelines

Patient Safety - *Clostridium difficile*

Background

The RUH target for 'Trust apportioned' *Clostridium difficile* in 2015/16 is 22 cases. *Clostridium difficile* toxin positive stool samples taken 3 or more days after admission are 'Trust apportioned'. At the end of December, we had 47 cases, of which the Trust has successfully appealed 9 cases, with a further 4 cases being considered by the CCG. The number attributable to the Trust is therefore 38.



Actions from Peer Review Visit

- The Trust invited a peer review visit by the CCGs, NHSE and Public Health England which took place in November 2015. Actions and recommendations from this are being incorporated into the Trust wide action plan.

Revised actions include:

- Antibiotic stewardship working group to be relaunched, with wider clinical involvement including the Medical Director to review existing policy and practice and impact on *Clostridium difficile*
- Include PHE/NHS England Reducing Antimicrobial resistance e-learning in induction and mandatory training for all clinical staff.
- Infection Control campaign to include reinforcement of standard precautions and SIGHT mnemonic
- Undertake collaborative work with the community regarding medicines optimisation and reconciliation including GP practices, care homes and hospital
- Whole health economy approach to CDI and improving diagnosis of high risk infections such as UTI
- Revise the audit programme with a particular focus on documentation, stool chart usage, timing of stool sampling and isolation
- Review of isolation risk assessment
- Stool sampling – revised 'stool rules' issued to all wards and departments, Infection Prevention and Control Team providing educational sessions on ward/department study days
- Trial of sporicidal wipes for commode cleaning
- Inclusion of CDI risk on discharge letters
- Increase cleaning of isolation rooms to twice daily
- Revise cleaning schedules and remove 'non-cleaning' tasks to allow for more time for environmental cleaning

Serious Incident (SI) summary

Current Performance

During December, six Serious Incidents were reported. Four of these remain under investigation.

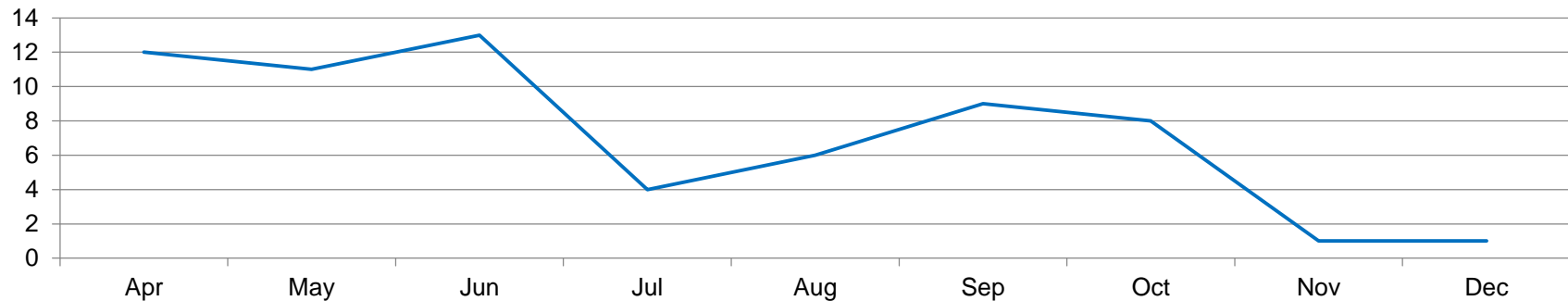
The incidents have been discussed with the patient and/or their family and they are aware of the investigation, in line with the Duty of Candour framework.

Date of Incident	Datix ID	Summary
10.12.15	38402	Unexpected death
11.12.15	38441	Fall resulting in a fracture
13.12.15	38462	Fall resulting in a fracture
17.12.15	38565	Fall resulting in fracture
17.12.15	38613	The baby sustained harm, a known complication of a particular complication during delivery
23.12.15	38946	Fall resulting in a fractured distal radius

Serious Incident reports approved by the December Operational Governance Committee (OGC)

Date of Incident	Datix ID	Summary	Learning/ Recommendations
25.07.15	34242	Baby born expectedly unwell	<ul style="list-style-type: none"> Revision of the Induction of labour procedural document to strengthen necessary elements regarding care planning and fetal heart auscultation
04.08.15	34554	Complication in labour	<ul style="list-style-type: none"> Review and revise the care in labour and the transfer of women procedural documents Revise the guidance for staff on attending an emergency whilst caring for another woman
14.03.15	30418	Patient fall resulting in a fracture	<ul style="list-style-type: none"> To audit compliance with the completion of the post falls documentation To emphasise to medical staff the importance of their reviewing the medication charts as part of the daily review To emphasise to medical staff the importance of their reviewing the recent discharge summaries, as part of the history taking To review whiteboard practices to incorporate pharmacy staff, enabling full team discussions.
12.07.15	33733	Patient fall resulting in a head injury	<ul style="list-style-type: none"> To ensure all necessary risk assessments are completed within six hours of a patient's admission The importance of reviewing the full patient history, including ambulance handover documents; To avoid the multiple transfers of patients, particularly at night
22.07.15	34244	Patient fall resulting in a head injury	<ul style="list-style-type: none"> For staff to utilise information from the 'This is Me' document, to settle patients Highlight the need to restrict the ability of confused/wandering patients and those at risk of falls, to leave the ward environment unsupervised.
24.08.15	36549	Hospital acquired device related category 3 pressure ulcer	<ul style="list-style-type: none"> The device was clinically necessary To research and review a wide range of different pressure relieving devices that the orthotics department could supply For the Tissue Viability staff to review a patient's whole body when reviewing for a specific concern
09.11.15	37452	Patient fall resulting in a fracture	<ul style="list-style-type: none"> To undertake an environmental assessment of the toilet areas and their support rails For staff to clearly evidence the rationale for the administration of as required medication For medical staff to regularly review the management of a patients delirium, to ensure only the necessary medication is prescribed and administered

Overdue Serious Incident Reports Summary



As of 07 January, there are 19 open Serious Incidents (SIs); of these, one is overdue.

The investigation has been concluded for nine of the open incidents and the reports will be submitted to the Operational Governance Committee for approval at the January meeting. We have requested, and been granted, a deadline extension on five of these SIs due to the complexity of the investigation.

A target of minimal overdue SIs by the end of the financial year has been agreed, supported by the post of Duty of Candour and Serious Incident Advisor; achieving this has proved difficult for the past few months, due to the competing commitments of the investigating managers. However, progress has been made in providing completed investigation reports, that are of a good quality, more rapidly.

Trajectory	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual	12	11	13	4	6	9	8	1				
Target				12	10	9	8	7	6	5	4	3