

Agenda Item No: 9

Meeting	Trust Board
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Date	4 th October 2012
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Title	CN Report
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<p>Executive Summary</p> <ul style="list-style-type: none"> • <i>Why is this paper going to the Board</i> • <i>To summarise the main points and key issues that the Board should focus on including risk, compliance priorities, cost and penalty implications, KPI's, Trends and Projections, conclusions and proposals</i> 	<p>This is the first in a series of Chief Nurse Reports and builds on the Quality and Safety Reports that have previously been received by Trust Board. It provides the Board with assurance across a range of nursing activities.</p>
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<p>Next steps/future actions</p> <p><i>Clearly identify what will follow a Board decision i.e. future KPI's, assurance requirements</i></p>			
	Discuss		Receive
	Approve		Note

Assurance to be provided by:	
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This Report Covers (please tick relevant boxes)

Strategy		Financial Implications	
Performance		Legal Implications	
Quality	✓	Regulatory	
Workforce		Stakeholder implications	✓
NHS constitution rights and pledges		Equality Impact Assessed	
For Information		Confidential	

Prepared by	Dee Sissons Chief Nurse	Presented by	Dee Sissons Chief Nurse
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BOARD 4th October 2012.

Chief Nurse Report

1. PURPOSE

This is the first in a series of Chief Nurse Reports and builds on the Quality and Safety Reports that have previously been received by Trust Board. It provides the Board with assurance across a range of nursing activities.

2. BACKGROUND

This paper will provide information on the actions taking place or planned for the future to increase the level of confidence that systems and processes are in place to assure good standards of nursing care on wards. This report provides an update to the Board on:

- Harm Free care
- Transparency Pilot
- Exemplar Programme
- Treating Patients with Dignity and Respect
- Patient Safety Walk rounds

The Board will receive separate Head of Midwifery Reports.

3. HARM FREE CARE

The '**Harm Free Care**' programme builds on the 'Safety express' and supports the NHS to deliver harm free care as defined by the absence of pressure ulcers, falls, catheter associated infection and venous thromboembolism (VTE). This is currently a CQUIN

The Safety Thermometer is a monthly point of care survey completed by clinical teams and measures the proportion of patients that are 'harm free'.

The purpose of such close measurement is for teams to understand that harm is not one person's 'fault' but to see harm as the responsibility of the system and amenable to changes in the systems and processes across organisations and between health professionals.

Appendix 1 outlines current trust performance. The information is available by division and is monitored at the Divisional Quality board and the monthly performance meetings. This work is supported by a steering group with representation from our Council of Governors.

4. TRANSPARENCY PILOT

We are one of a number of NHS organisations who want to be open and transparent with our patients. This is how a modern NHS Trust should be – open and accountable to the public and patients and driving improvements in care. As a member of the 'Transparency Programme' we continue to work with patients and staff to further reduce the harm that patients sometimes experience when they are in our care. We have made a commitment to publish a set of patient outcomes (moderate/severe harm from a falls and grade 2, 3 and 4 pressure ulcers); patient experience and staff experience measures.

In Q1 we cared for 29,321 patients 7 patients' experienced moderate or severe harm resulting from a fall and 7 patients developed a Hospital Acquired Pressure Ulcer (HAPU).

Pressure ulcers are classified on a scale of 1-4. 1 being intact skin with non-blanchable redness usually over a bony area. 4 being full thickness tissue loss with exposed bone, tendon or muscle. Of those 7 reported in Q1, 5 were categorised as grade 2, and 2 were categorised as grade 3. All reported cases were reviewed by the Tissue Viability Specialist Nurse.

A Root Cause analysis is completed on all the reported harms and each month we collaborate with other care providers to share what we have learned and to use this information to identify where changes to improve care can be made.

Currently Pressure Ulcers grade 2 and above and any Falls resulting in moderate harm are reported at Professional Advisory Group. The DOPSE/CN is currently developing an escalation plan with the Professional Leads and clinical teams will be invited to attend a multi-professional panel to present their RCA, share learning and agree key actions.

5. EXEMPLAR PROGRAMME

The Exemplar Programme uses a range of agreed standards (including CQUIN and Transparency measures). They provide a mechanism whereby care providers can be accountable for the quality of their services. The key purpose is to turn valid data into actionable information, which will have a positive impact on quality care provision. Appendix 1 outlines current trust performance.

Reports are available at divisional, departmental and ward levels and there are variations in performance across divisions. Divisional performance is monitored at the Performance Management meeting and the Divisional Quality Board. The Professional Leads have developed an escalation policy with identified triggers that will initiate an interview with the ward/departmental manager and/or an intensive support plan. This will impact on the Exemplar status.

1 of 29 wards is currently on an intensive support programme. (They have not yet achieved Exemplar Status).

There has been a decrease in the trust overall scores. The thresholds have recently been aligned to the CQUINS and have increased from 85% to 95% which explains why many of the targets are now red, and appears as though performance has dipped. The measures were increased to be in line with CQUINS targets. In addition, all ward areas have moved from self assessment to 'buddy assessment. We have seen much lower as 'Buddies' are first introduced. This is monitored to determine continuous improvement.

6. TREATING PATIENTS WITH DIGNITY AND RESPECT

6.1 Recruitment

As part of the recent recruitment drive the Acute Adult Division have devised a mini-assessment centre for both qualified and unqualified staff ensuring that behaviour and values are considered as part of the recruitment process.

6.2 Dementia

This is the first year that standards on care of patients with Dementia have been set as a CQUINS target. The Trust has a robust action plan to support implementation of all of the standards around good Dementia Care in hospital. The Trust also has an ongoing education programme and has developed the 'This is Me' card which gives some personal preferences about individual patients to help communication.

The Trust has also developed a proforma to capture all the required elements in relation to screening, investigation, assessment and appropriate referral for diagnosis, to address the main part of the Dementia CQUINS target.

7.3. DOLS

A number of our senior practitioners are trained to assess and complete applications for urgent DOLS assessments. The Trust continues to maintain the same level of assessments as previous years.

7.4. Mental Capacity

The Trust has been training on the Mental Capacity Act legislation for several years and although August attendance is less than 40% attendance has continued to increase and our Lead Nurse for Older people supports staff in those areas where our most vulnerable adults are cared for. A number of our teams in particular the Learning Disability, Nutrition and Older Peoples teams, conduct best interest meetings on a regular basis, and make appropriate referrals to the independent mental capacity advocates. The Clinical Assurance Committee receives detailed quarterly safeguarding reports.

9. PATIENT SAFETY WALKROUNDS

Director walk-rounds is an improvement tool that connects senior leaders with their frontline staff to help build a culture of safety within the organisation. In the first quarter Directors used 8 safety questions for their feedback. However, from July onwards feedback from the visit has been recorded on the 15 step challenge questionnaire.

In Q1 10 safety walk-rounds were completed increasing to 14 in Q2. Governors and Non-executive Directors have accompanied the executive team in Q2. The common themes raised during the walk-rounds include:

- Concerns over staffing levels
- Record keeping is not always evidencing the care the patient is or should be receiving

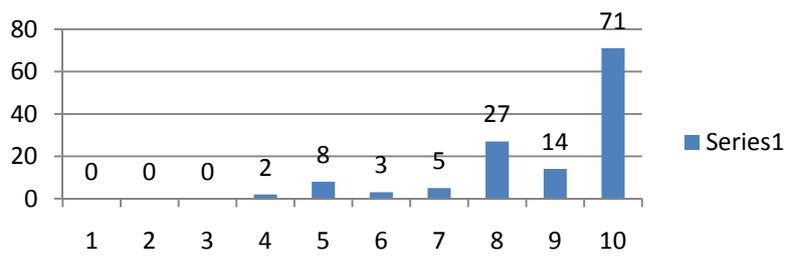
Staffs in all areas visited were aware of patients who have been harmed and able to describe what had happened. The main harms noted are falls, medication/drug errors, pressure sores. Errors/incidents are always reported but near misses are not. Only one director visiting the Neonatal Unit considered further discussion around harm with the ward or unit manager.

The outputs from the walk rounds are fed back to clinical teams, discussed at GRAPEVINE and the Professional Forum, and have influenced the recently developed ward manager/clinical leader development programme.

10.0 PATIENT EXPERIENCE

A comprehensive analysis will be received as part of the Complaints Litigation Incident and PALS report on 4th October 2012. The Net promoter family friendly score will be introduced next year. The methodology has been under consultation but the final question is yet to be confirmed. In anticipation we have as part of our 100 voices, asked patients (using an 11 point 0-10 likert scale) whether they would recommend the trust to their friends or a member of their family. Table 1 outlines the feedback in Quarter 2 on a sample of 130 patients.

Table 1



10. RECOMMENDATIONS

Board are asked to:

- 1) Discuss the presentation and type of information
- 2) Note that systems and processes are in place to assure good standards of nursing care on wards.
- 3) Endorse the actions being taken to improve and sustain a high standard of nursing care.

Appendix 1

Exemplar Ward Monthly Summary: Trust Wide

Reporting Period: August-2012

Best Care For Better Health

Indicator	Target	Score	Status
Patient Observations (%)	95	77.2	
Pain Management (%)	95	88.5	
Falls Assessment (%)	95	78.4	
Dementia Care (%)	95	67.1	
VTE Compliance (%)	95	80.6	
Pressure Area Care (%)	95	82.1	
Food and Nutrition (%)	95	82.1	
Medicine Prescribing (%)	95	92.7	
Infection Prevention Control (%)	95	91.5	
Record Keeping Standards (%)	95	79.5	
Hand Hygiene (%)	95	97.2	
Falls and Found on Floor (No)	TBA	85	
Medication Errors (No)	TBA	35	
New Pressure Ulcers (No)	TBA	3	
Total Clinical Incidents (No)	TBA	203	

Responsible Use of Resources

Indicator	Target	Score	Status
GP Correspondence (%)	90	71.3	
Staff Attendance (%)	95	93.8	
Average Length of Stay (Days)	NA	6.3	
Qualified Bank/Agency (Hrs)	TBA	5174	
Unqualified Bank/Agency (Hrs)	TBA	10938	

Valued, Respected and Proud

Indicator	Target	Score	Status
Mandatory Training (%)	95	55.9	
My Shift Assessment (%)	80	87.3	
Patient Experience (%)	85	91.7	
Staff Appraisal/PDP (%)	100	68.4	
Informal Complaints (No)	TBA	26	
Formal Complaints (No)	TBA	13	
Written Compliments (No)	TBA	82	