

**TRUST BOARD**

<b>Date of Meeting:</b> 27/11/2012	<b>Agenda Item No:</b> 6.1	<b>Enclosure:</b> 3
<b>Intended Outcome:</b>		
<b>For noting</b> ✓	<b>For information</b>	<b>For decision</b>
<b>Title of Report:</b> Improving Patient Safety		
<b>Aims:</b> To update the Board on patient safety and quality within NCUH		
<b>Executive Summary:</b> This report summarises the Trust performance relating to patient safety and quality which includes; <ul style="list-style-type: none"> <li>• Quality Dashboard (Appendix 2)</li> <li>• CQUIN</li> <li>• NHS Safety Thermometer</li> <li>• Infection Prevention</li> <li>• Advancing Quality</li> <li>• Harm from Slips Trips and Falls</li> <li>• Complaints</li> <li>• CQC Safety &amp; Quality Outcomes</li> <li>• CQC Inspection reports</li> <li>• Patient Experience</li> <li>• Safety &amp; Quality Priorities</li> </ul>		
<b>Specific implications and links to the Trust's Strategic Aims:</b>		
Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC		✓
Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable		
Develop a new healthcare facility in West Cumbria that is fit for the 21st century		
Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions		
To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust		
<b>Recommendations:</b> The Board is recommended to note the content of this report		
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## APPENDIX 1



### 1. QUALITY DASHBOARD

Work is well underway with both Trusts' information departments and governance teams to ensure that the quality dashboards are aligned and that we have a robust dashboard for which future reporting can be monitored. A draft dashboard has been prepared for the November board. As this is in draft format it was agreed by the Director of Operations and Director of Nursing that the Trusts current dashboards are to be included in this report.

#### 1.1 CQUIN

The Trusts performance on the Commissioning for Quality Improvement (CQUIN) measures are reviewed and monitored by NHS Cumbria Commissioners. CQUIN measures are based on three separate categories; the Department of Health (DOH) National Measures, the Strategic Health Authority Regional Measures and locally agreed measures set by NHS commissioners.

The Trust is awaiting clarification from the regional advancing quality data analyst team for the 2011/2012 reporting period relating to heart failure and pneumonia advancing quality measures.

NHS Cumbria agreed that the Trust has achieved quarter one CQUIN measures subject to them receiving further information requested on dementia and evidence based referrals which were forwarded to our commissioners as previously reported to Board.

At the October 2012 NHS Cumbria Service and Quality meeting the commissioners requested that all providers were to complete a standard reporting template for each quarter in relation to each CQUIN goal. They also requested that data for quarter one is to be completed in this format. The Commissioners will confirm their approval Quarter two CQUIN targets in November 2012. We anticipate these to be fully met. There are no risks reported from the executive and managerial leads for quarter three and four.

#### 1.2 NHS Safety Thermometer

The NHS safety thermometer programme is well underway across the Trust and we now have reviewed five months of data. The nursing teams are fully engaged

with this process and the ward teams are supported by the senior nursing staff which includes; Matrons/Lead Nurses, Heads of Nursing, Deputy Director of Nursing and Director of Nursing.

As reported to Board on 9 October 2012 it has been identified that a significant number of patients who were eligible to be included in the audit have urinary catheters in situ. This is consistent throughout the audit to date. The nursing and quality team will be presenting this data to the Senior Management team in December and to the Trusts new Clinical Policy Group.

## **2. EXCEPTION REPORTING ON AREAS OF UNDERPERFORMANCE**

### **2.1 C Difficile**

During October 2012 there were four post 48 hour cases of C difficile. At the Cumberland Infirmary, two cases were reported, (Beech B and Willow A). At the West Cumberland Hospital there were also two reported cases, (Honister ward and the Coronary Care Unit). The infection prevention team continue to work closely with the clinical and domestic teams to ensure compliance and assessment of the standard of cleaning in all clinical areas. Although hand hygiene audits are completed there are some areas which have not submitted within the agreed timeframes, this was noted and discussed at the Governance and Quality Committee in November 2012 with all the divisions. The Heads of Nursing are addressing this with all clinical staff and ward sisters to ensure audits are completed appropriately and on time. Although the October figures are below trajectory, there is a risk that we may breach our annual trajectory target if there is a rise in the number of Cdiff cases over the remaining five months.

### **2.2 Advancing Quality**

As requested from the Board unvalidated data has been included in the quality dashboard (appendix 2) for August 2012.

For July 2012 there are three areas to report by exception:

- AQ AMI: Fibrinolytic Therapy within 30 minutes of arrival - 67% (3 patients of which one patient did not receive therapy within timeframe);
- AQ Pneumonia: Initial antibiotics received within 6 hours of arrival - 67% (3 patients of which one patient did not receive antibiotics within timeframe);
- AQ Stroke: Stroke Unit Admission – 70%.

As this data relates to July 2012 the Board has previously received data relating to stroke admission through the Director of Operations performance report. For pneumonia the AQ team could not identify that the initial antibiotics received within 6 hours of arrival had been met, due to lack of recorded documentation in the medical notes.

Smoking cessation continues to be a challenge for the Trust. Our commissioners have agreed to support this and are funding nine hours on each site to provide smoking cessation staff. The matron for Nursing Standards, Jean Addison is

leading on this for the Trust and significant progress has been made which includes:

- Pilot to implement the smoking cessation pathway;  
This pilot also involves providing advice to smokers and arranging a smoking cessation appointment for consenting patients before they leave the ward. Champions have been identified on Willow C, Larch C, pre-assessment and pre-admission units;
- Recruitment plans are underway to recruit for 9 hours per week at each site to support the initiative (Band 5). These hours will be funded until March 2013;
- Use of Screensavers to increase staff awareness.

### **2.3 Harm from Slips Trips and Falls**

In October a patient sustained a fractured neck of femur following a fall on Beech A at Cumberland Infirmary. A root cause analysis has been completed and is under review by the governance team and Deputy Director of Nursing. As all fractured necks of femur following a fall are declared as SUI's the SUI report will be reviewed by the Director of Nursing and Medical Director and be reviewed by NHS Cumbria.

To date there have been nine fracture necks of femurs this year and the themes are:

- Age profile
- Time of fall
- Reassessment of patient both following a fall and change in patients condition
- Acuity of patients within clinical areas

These were discussed at the senior management team meeting and actions are in place. The action plans are monitored through the slips trips and falls group and progress will be reported on these actions to Board.

### **2.4 Complaints**

The number of complaints received in October has increased in comparison to previous months. The complaints and governance team have reviewed the complaints which are across all divisions with no trends identified at this stage.

The Trust wide themes emerging from complaints are:

- Treatment which includes expected outcomes, delay in treatment and diagnosis.
- Elements of the discharge process
- Communication

These are addressed by:

- Review of systems and processes within the clinical areas including choose and book appointment system
- Education and Training for staff in the management of complaints
- Involving external agencies for example ICAS to feedback and participate with complainants
- Review of patient information for example discharge information

### **3. CQC Essential Safety and Quality Outcomes**

There have been a number of key compliance developments since last reporting to Board in July 2012.

As part of the North Cumbria and Northumbria Quality and Governance workstream there have been some changes in the way that the Trust is now reporting CQC outcomes. The system of assessing compliance involves collating evidence via measurable outcomes such as audits as opposed to a significant range of evidence as has been our previous practice. This has resulted in highlighting that for a number of outcomes further audits are required to meet the required standards. This is reflected in the table in appendix 3 highlighted in grey. This revised process gives the Trust and our public a more robust overall assurance of compliance.

#### **3.1 Next Steps**

The next step is to update each provider compliance assessment (PCA) to reflect the outcome measure results which will require action plans for those outcomes that are not currently rated green.

Each management lead assigned to the CQC outcomes are currently working on the PCA updates which need to be presented and agreed within the business units and quarterly compliance reports will be presented to the Governance & Quality Committee and Trust Board.

### **4. CQC INSPECTION REPORTS**

#### **4.1 Cumberland Infirmary Accident & Emergency Inspection**

There are no exceptions to report and actions were reviewed by the Governance Committee as part of the division's governance reviews.

#### **4.2 CQC/Ofsted Safeguarding/Looked After Children Inspection**

The Director of Nursing and Head of Nursing for Family Services are contributing and participating with other health providers and partners in the Health Economy action plan. This plan is also aligned to the Ofsted action plan led by Children's Services. There are no exceptions to report on the Trusts action plan to date.

Progress made on the Health Economy and Children's Services CQC/Ofsted action was reviewed by CQC inspectors in November. It was acknowledged by the inspector that significant work had been completed however there needed to be measurable metrics identified. All providers and commissioners have agreed to look at how we can include measurable data and have key performance indicators. This work will continue to be monitored through the Health Network Group.

## **5. PATIENT EXPERIENCE**

The Clinical Commissioning Group (CCG) commissioned a four day collaborative on patient experience for all health care providers which commenced on 12 November 2012. The Trust has staff represented on the group along with representatives from the patient panel and Trust volunteers.

The Director of Patient Experience will be presenting how the Northumbria model will be taken forward from 1 December 2012.

### **5.1 Patient Stories**

Board requested for a summary of the feedback from our patients obtained through patient stories. The Matron for patient experience completed 7 stories in October:

- Patient on Elm C CIC - excellent care from admission to A&E throughout. Very good information received from the consultant. Patient was impressed with all aspects of care.
- Patient on Willow C who had also been on larch A/B. and Willow C which was very good. Other aspects of experience were not as good as the patient and partner felt they spent too long in A&E and wanted to get settled in a ward as this was through the night. They thought they were forgotten about not given enough information and communication could have been a lot better. The Head of Nursing has discussed feedback from patient with the staff. As part of the emergency flow the monitoring of transfers overnight and time taken to transfer from A&E is being reviewed weekly by clinicians and managers.
- Patient on CCU CIC, time on Larch A/B & CCU really good but waited a long time for a bed and felt they were not given any information. Action taken as above.
- Learning disabilities patient day surgery, Very good pre op experience, arrangements made for patient to visit the area prior to admission to speak to staff and to become familiar with the department. The day of surgery did not go to plan as due to the number of emergency admissions the patient was admitted to an area she was not familiar with. Initially the information about the patients LD plan and arrangements had not been handed over to staff so some difficulties in communication did arise initially but were very quickly resolved. Feedback to receiving ward and day surgery staff re ensuring communication and plans shared with all staff.

## **6. DELIVERING DIGNITY – SECURING DIGNITY IN CARE FOR OLDER PEOPLE IN HOSPITALS AND CARE HOMES**

The NHS Confederation, Age UK and local Government published Delivering Dignity – Securing Dignity in Care for Older People in Hospitals and Care Homes in June 2012. The Cumbria Executive Safeguarding Board has reviewed this paper with Executive Leads and Operational Safeguarding Leads from all Trusts and Adult Social Care across Cumbria.

The paper outlines the responsibilities of Boards and Senior Management who have ultimate responsibility for the provision of dignified care in their organisations. Dignified care requires strong and committed leadership that delivers a coherent approach to dignity at every level and in every part of the organisation. The values of dignity must be consistently communicated throughout by the Board, Managers, Clinicians, Team Leaders and all the staff.

### **6.1 Key Points**

The aims of the commission were to:

- Understand the aspirations of older people and their families;
- Identify the physical and personal care that older people have a right to expect;
- Establish what works in improving care;
- Drive improvements across health and social care.

The review brought expertise from right across the care system, including nursing, social care, medicine and commissioning, as well as insights from representatives of services users. This also included academics, managers, regulators, local authorities, volunteers, service user representatives, charities and royal colleges.

They provided evidence and insights in a shared determination to make dignified care a reality for older people.

### **6.2 Next Steps**

The commissioning team are now preparing a long term plan which will focus on working with partners across health and social care to support delivery of the 37 recommendations that have been made in the report and build on the good practice that currently exists.

The action plan will include the following:

- Creating a national, regional and organisational sense of urgency to implement dignity in care;
- Encouraging organisations to work together nationally, regionally and locally to build a vision for dignity in care and a commitment to implement the commissioners recommendations;
- Communicating the vision to users, providers and commissioners of care;
- Empowering people to secure change;

- Building on existing good practice and creating examples of good care;
- Building momentum to continually improve care standards for older people;
- Anchoring dignity in care for older people right across the care system.

### **6.3 Recommendations**

There were thirty seven recommendations made and of those thirty seven the Trust has been able to evidence all but two recommendations:

- Recommendation 4: Managers and team leaders must recruit staff to work with older people who demonstrate the compassionate values and behaviours needed in dignified care. This should be considered a core attribute, carrying equal weight with clinical and technical skill.
- Recommendation 34: Providers of Education & Training - Universities, services providers and professional bodies responsible for preparing the health and care workforce of tomorrow must satisfy themselves that successful applicants have both academic qualifications and the compassionate values needed to provide dignified care.

Although the Trust has recruitment processes in place that consider empathy and compassion of staff our recruitment process needs to be reviewed in line with the recommendations in this report.

The thirty seven recommendations are being discussed with the Secretary of Staff for Health, the NHS Commissioning Board and the Care Quality Commission to agree the best way forward.

## **7. SAFETY & QUALITY PRIORITIES**

The launch of the Trust's Safety & Quality Priorities takes effect from 26 November 2012. Every member of staff will receive a summary, every ward will receive a poster and the entrances will display our commitment. Accountabilities were agreed at senior management team and metrics are agreed. The latter will be reported at the December Board meeting.



# **APPENDIX 2**

## **QUALITY DASHBOARD**