Report to:	**Board of Directors**	**Agenda item:**	**8**
Date of Meeting:	**27 April 2016**		

Title of Report:	**Quality Report**
Status:	**For discussion**
Board Sponsor:	**Helen Blanchard, Director of Nursing and Midwifery**
Author:	**Jan Lynn, Interim Deputy Director of Nursing, Quality and Patient Safety**
Appendices	**Appendix A: Nursing Quality Indicators Triangulation Chart** **Appendix B: Ward level staffing planned v's actual**

1. Executive Summary of the Report

This report provides an update on quality with a focus on patient experience and key patient safety and quality improvement priorities for March 2016.

The Quality Report this month includes a quarterly update on the improvement priorities as highlighted in the Improvement Triangle. Other items will be reported on an exception basis.

This month the report focuses on:

- Patient Experience:
  - Complaints and PALS monthly activity data
  - Triangulation Chart

- Quality Improvement Priorities:
  - Patient Safety – National Early Warning Score
  - Patient Safety – Venous Thromboembolism
  - Patient Safety – Sepsis
  - Patient Safety – Falls
  - Patient Safety – Clostridium difficile

- Quality improvement – Carers of people with Dementia (CQUIN)

- Monthly Safer Staffing report

- Exception reports:
  - Serious Incidents

2. Recommendations (Note, Approve, Discuss)

To note progress to improve quality, patient safety and patient experience at the RUH.

3. Legal / Regulatory Implications

It is a legal requirement to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)
A failure to demonstrate sustained quality improvement could risk the Trust's registration with the Care Quality Commission (CQC) and the reputation of the Trust.	

5.	Resources Implications (Financial / staffing)
Delivery of the priorities is dependent on the continuation of the agreed resources for each project.	

6.	Equality and Diversity
Ensures compliance with the Equality Delivery System (EDS).	

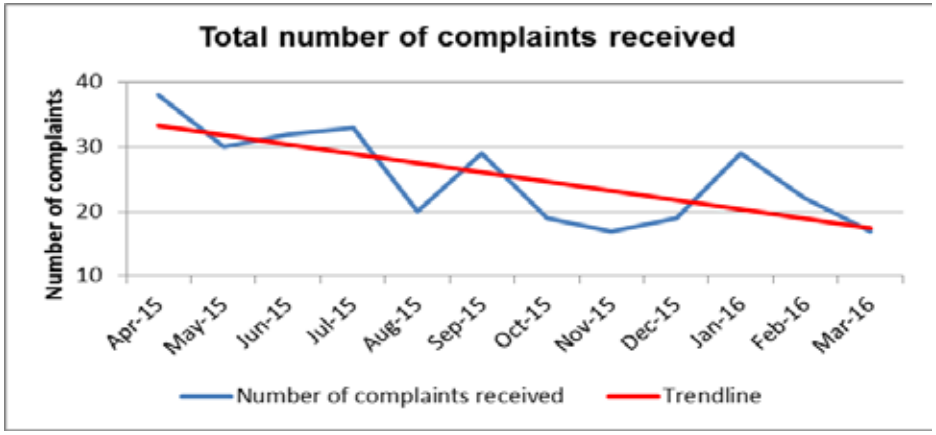
7.	References to previous reports
Monthly Quality Reports to Management Board and Board of Directors	

8.	Freedom of Information
Public.	

QUALITY REPORT

PART A – Patient Experience

Complaints and Patient Advice and Liaison Report



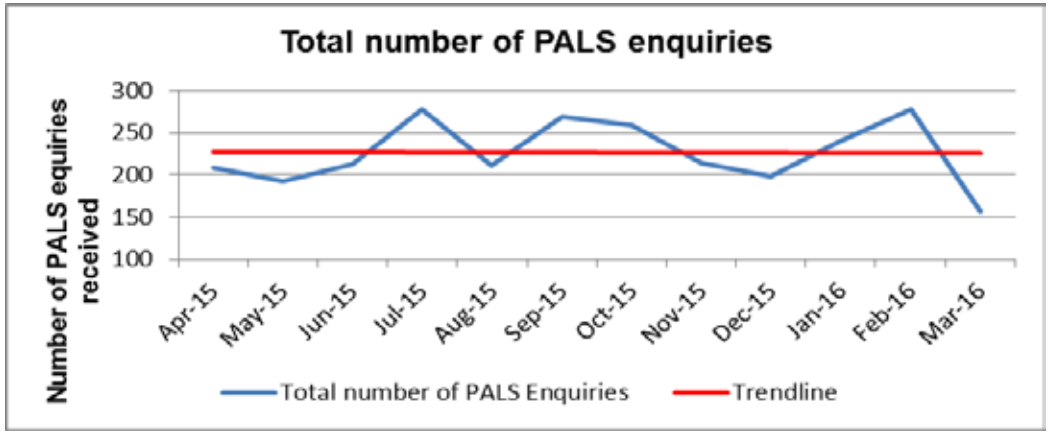
There were **15 formal complaints** in March 2016:

- 6 were regarding Medicine services
- 7 were in relation to Surgery
- 2 Women and Children

Clinical care and treatment – of the 9 (60%) complaints received in March - 1 related to care in 2014, 3 related to care in 2015 and 5 in 2016 (2 related to care in January, 1 to care in February and 2 in March). Analysis of the complaints shows that they relate to communication regarding the patient's diagnosis and treatment and patient/carer expectations.

Inappropriate care and treatment – these relate to the management of patients in the Emergency Department and Orthopaedics.

6 (40%) of the complaints were split between 4 themes: 2 about communication and information; 2 regarding staff attitude; 1 about an appointment and 1 regarding an admission.



There were **152 contacts** with the PALS service at the RUH site:

18 required resolution (11%); 97 requested information or advice (62%)

10 provided feedback (6%); 27 were compliments (17%)

PALS contacts this month have shown a marked decrease. Further detail will be included in the Q4 Patient Experience Report to the Board.

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

Communication and Information – of the 53 contacts (34%) there are no trends or themes.

Appointments – of the 47 contacts (30%) the majority were wanting to rebook appointments and could not get through to the various departments.

Staff Attitude and Behaviour – of the 29 contacts (18%) none were attributed to a particular hospital service.

Compliments – this month has shown the highest number of compliments received and recorded by PALS. The compliments relate to care and treatment in the Emergency Department and wards.

April 2016 - Safer Staffing Monthly Report (March data)

Trust Overview

The average number of Registered Nurse (RN) night duty hours fill rate at the RUH has slightly increased this month. More staff have been recruited and completed their supernummary induction period and are allocated on the ward rosters.

The Birthing Centres staffing rotas are now 'live' and recorded centrally on Rosterpro and providing more accurate data of staffing levels planned v's actual. Chippenham Birthing Centre has Maternity Care Assistant (MCA) vacancies to which there is recruitment/interviews planned, however if required, staff would have been deployed from the RUH to cover. Paulton Birthing Centre was closed at the beginning of March.

Violet Prince Ward RNHRD has increased its planned HCA hours to support medical patient transfers from the RUH. However these shifts have been difficult to fill.

March 2016	Day shift		Night shift	
	Ave fill rate RN/RM	Ave fill rate HCA	Ave fill rate RN/RM	Ave fill rate HCA
RUH	88.5%	100.1%	91.9%	107.1%
RNHRD V.Prince Ward	100.2%	88.8%	98.4%	71.8%
Chippenham Birthing Suite	93.6%	88.3%	96.0%	70.4%
Paulton Birthing Suite	Closed	Closed	Closed	Closed

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.

Nursing Vacancies and Recruitment

At the end of March RN vacancies at ward level were around 70.0 wte which is a slight reduction from last month. Registered Midwives (RMs) vacancies are approximately 9.0 wte.

Wards that are noted as having high RN vacancies are: MAU, Cardiac Ward, Acute Stroke Unit and Respiratory. All of these wards have RNs in the recruitment pipeline to be appointed and therefore it will be an improving position. Following Skype interviews, a further 20 Italian nurses were offered posts with start dates during May and June.

Staff sickness hours increased for the second successive month on the wards and is particularly noted on ASU and MAU where there are vacancies. To support these wards, staff were deployed from other wards within the Medical Division to assist.

Recruitment and Retention Nurse

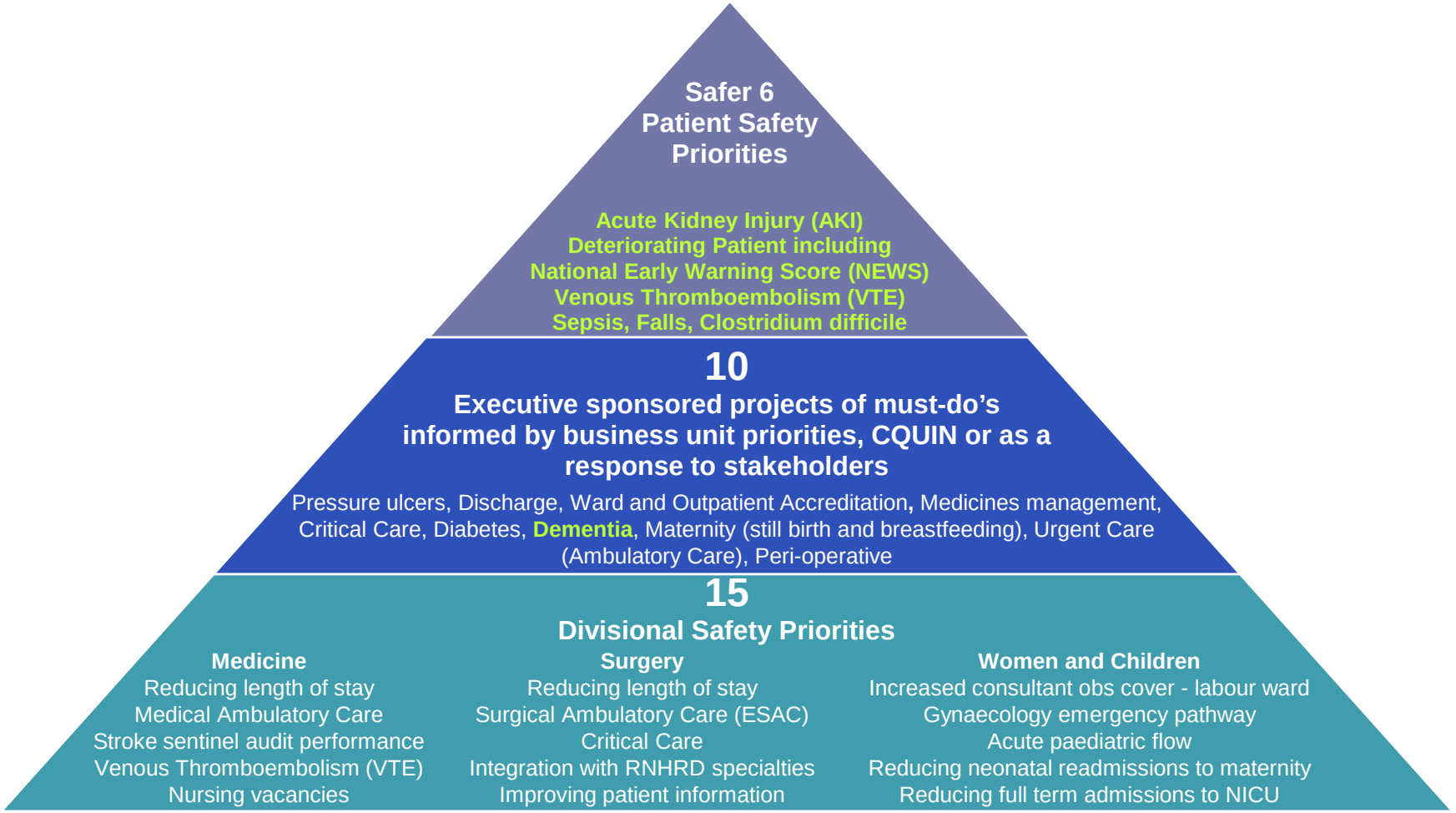
A new part-time Recruitment and Retention Nurse has been appointed and will commence in post during May 2016. This post will work with the Recruitment team and recruiting nurse managers and support Trust-wide initiatives via the Trust-wide Recruitment and Retention group. It is expected that this role will improve our nurse recruitment processes and attract more nurses into the Trust.

Shift Pattern Review Project

The nursing shift patterns have been reviewed across the Trust to reduce variation and develop standardisation of shifts. The formal consultation period has been completed and staff have received individual letters informing them of any changes. There are several wards/deptartments where it was agreed that their existing shift patterns would remain and this was due to specific service need, for example MAU and the Children's ward.

QUALITY REPORT

PART B – Patient Safety and Quality Improvement



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

Areas of focus - The full Triangulation Report is in Appendix A.

No wards have flagged this month as no wards were identified as having sufficient poor quality matrices to flag as being of concern.
This is the second month in succession where no wards have flagged.

It should also be acknowledged that this month William Budd achieved their Foundation level accreditation standards and this means that all adult inpatient wards have achieved Foundation level.

On reviewing the Nursing Quality Indicators Triangulation Chart it is evident that while no particular ward stands out there are some quality indicators of concern and these are outlined below.

FFT Net promoter score
As with last month the Medical Assessment Unit (MAU) FFT net promoter score is the lowest score (58), although this is an improvement on last month (48). On reviewing the FFT comments there were no concerns about nursing care and most of the comments were positive, however there were couple of negative comments about delays to treatment and a few comments about poor cleanliness. There were 5 other wards that have scored <70 on their FFT net promoter and to better understand the patient experience in these areas, including MAU, the Matrons are undertaking electronic patient questionnaires (E-quest) on 20 patients in each ward this month. The results of which will be reviewed by the Heads of Nursing.

Written complaints have reduced again this month, 7 from 11, and this trend appears to be in relation to PALs becoming involved at an earlier stage in the complaints process.

Clostridium Difficile
This an area of concern and this month there were 7 cases of C. Diff that were recorded as Hospital attributable. Midford ward had the highest number with 3 cases. Every one of these cases will be investigated and root cause analysis determined.
Early indications show that late faecal sampling and poor infection control practices e.g. commode cleaning and is a factor.

Pressure Ulcers
There were 6 hospital attributable Grade 2 Pressure ulcers last month. A common factor is pressure ulcers on heels through heels not being off leaded. All these pressure ulcers will be investigated and the Tissue Viability Nurses are heavily involved and providing advice and training as required.

The Director of Nursing and Midwifery has discussed these issues with the Senior Sisters and Matrons at the Professional Nursing and Midwifery Forum this month and they will be reported into the relevant specific Trust-wide groups and Operational Governance.

Falls
The number of falls is fairly consistent, however there were 2 falls where patients incurred a major harm. These will be investigated as serious incidents and discussed at the Falls group as well as reported through to Operational Governance. and severity of patient falls have reduced this month with nil moderate or major harms recorded following a fall.

Staffing reports
Nurse staffing Datix reports have reduced this month, 38 from 55, last month. Staffing vacancies and sickness was a factor for most of the wards who submitted reports, but there were also times when patient acuity / dependency required additional staff that was not filled.

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 agreed a local CQUIN target with the CCGs

Current Status
- Q1 and Q2 CQUIN targets have been achieved in full
- Q3 target achieved although awaiting final feedback from Wiltshire with agreement on improvement trajectories for Q4
- Q4 - achieved training figures, however awaiting final confirmation from Wiltshire for confirmation of the trajectories
- Achieving targets in two areas (urinalysis and AKI grade documented in discharge summary) will be dependent on trajectories agreed

Incidence and Severity of AKI
- Between October 2015 - February 2016 on average there were 294 inpatients per month with an AKI
- Since the campaign started, there has been a decrease in severity in patients with AKI. Grade 3 has decreased by 3% and Grade 2 by 2% between Oct 2015 – Jan 2016

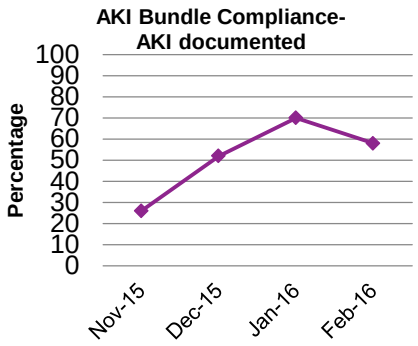
Awareness and Training
- 526 staff have been trained since November 2015 which equates to 25% of clinical staff (adult inpatient staff only)
- This has been achieved by holding AKI cafes, as well as members of the steering group delivering training at various routine teaching sessions
- Cascade training commenced on MAU, ED and Maternity and further cascade trainers are being trained in order to achieve 90% all staff trained by December 2016
- MAU have trained 61% of their ward staff

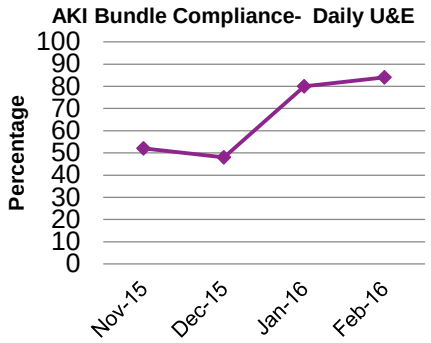
Trust-wide AKI Bundle compliance
- Current compliance of the AKI bundle and discharge summary is shown in the run charts overleaf and improvement has occurred in all aspects
- There has been a delay in automatically linking the AKI alert to the discharge summary which has slowed progress with information within the discharge summary. In particular with documentation of the grade of AKI, although this has improved slightly with the implementation of a temporary prompt for documentation of AKI in all discharge summaries
- The formal link of AKI alert to the discharge summary will occur as part of the general work on discharge summaries over the next few months
- Work has started on SAU with radiology – testing a sticker for increasing awareness and monitoring of urine output in patients following intravenous contrast administration

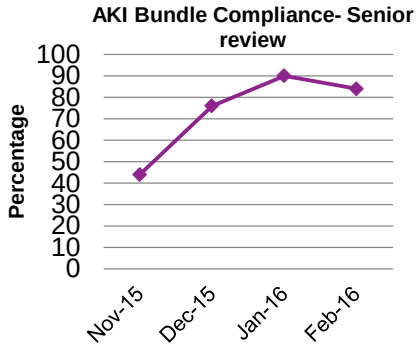
Next Steps
- Embed AKI cascade trainers across all wards
- Launch the patient information leaflets
- Spread improvement work to other wards
- Establish improvement work on increased awareness of patients following contrast administered currently being piloted on SAU
- Establish working network with community/GP contacts
- Start work with hydration group regarding increasing awareness of urine output

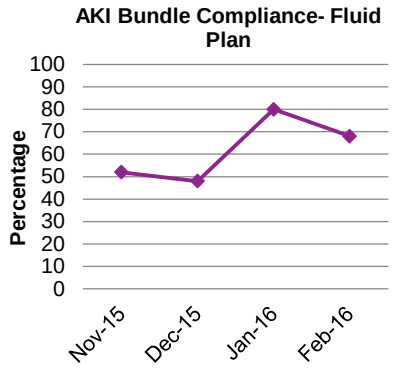
Patient Safety - Acute Kidney Injury (AKI)

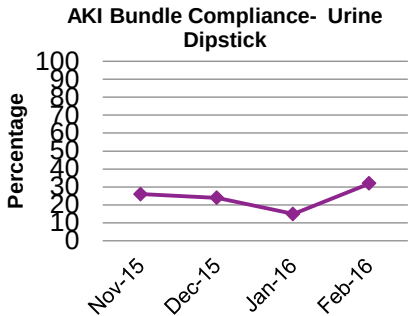
AKI bundle improvement in 2 pilot wards (between 20-27 patients per month)

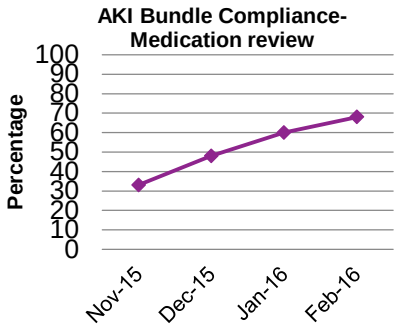




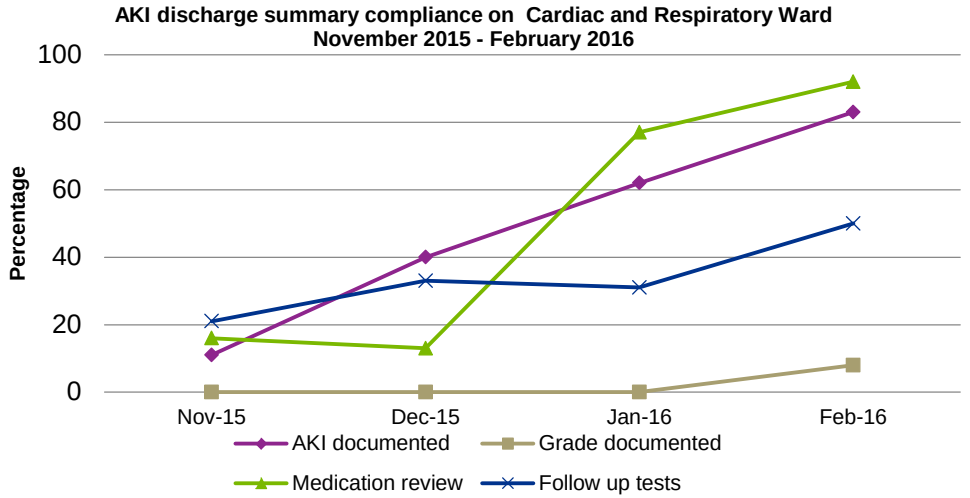


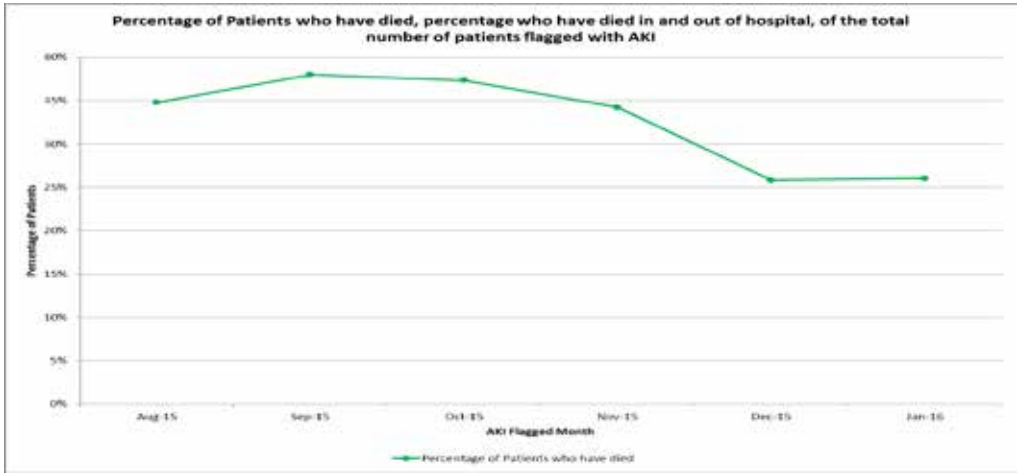






Discharge summary information 2 pilot wards (between 12-15 patients per month)





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

- Commenced review of NEWS chart as part of Deteriorating Patient Steering group
- Task and finish group led in conjunction with CCIOs set up to review and establish option for electronic system to record vital signs

2.0 Education and Training

- Total of 74 nursing and AHPs have been trained as cascade trainers which means 100% of wards have at least one cascade trainer
- Total of 609 nursing staff and AHPs have been trained at ward level by cascade trainers
- Further cascade trainers training date planned for 18th April 2016
- Focused Improvement work planned for ED department with launch 2nd May 2016 - led by Charge Nurse, cascade trainers and ED Consultant. Improvement work includes agreeing standard for NEWS recording in ED and plan to train further 4 cascade trainers for ED
- Planned cascade trainers celebration and refocus event end of May 2016

3.0 Measurement and communication of compliance

- In wards where cascade trainers have trained at least 75% of staff , additional audits are carried out to review the impact of the training on the completion of NEWS – example of SAU (Figure 1), ACE (Figure 2), SSU (Figure 3)
- Monthly audits continue to measure NEWS compliance and accuracy. Feedback of audit results via Senior Sister meetings for Medicine and Surgery and data submitted to dashboard (Table 1 and 2)

Figure 1: SAU NEWS recorded and accurate

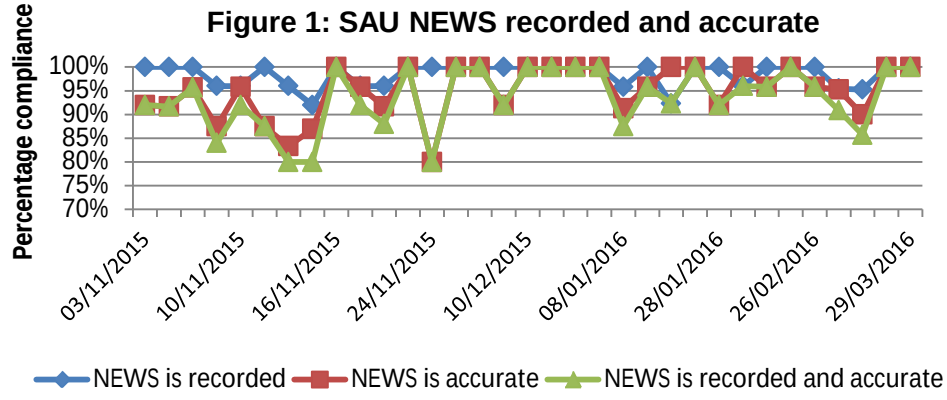


Figure 2: ACE NEWS recorded and accurate

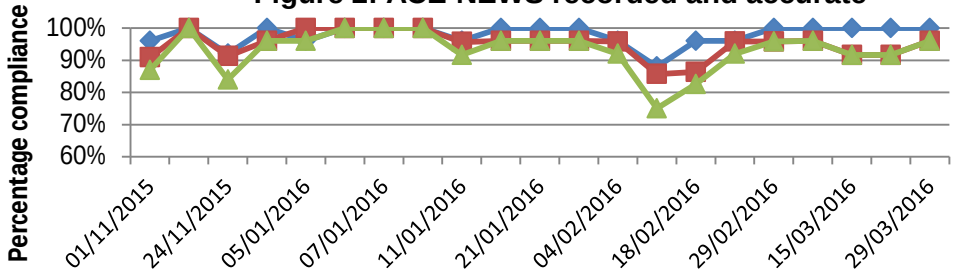
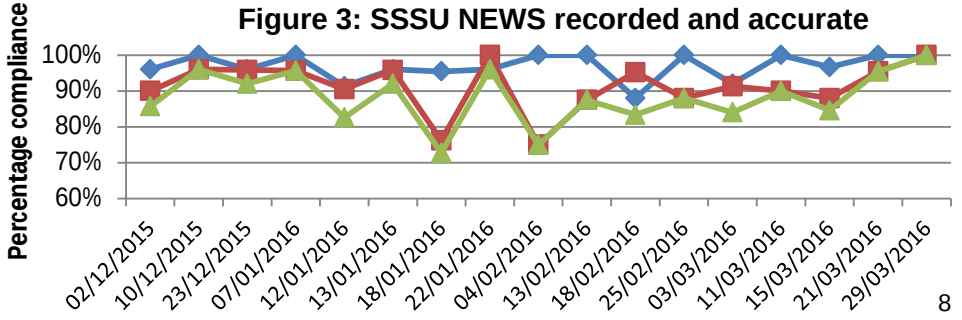


Figure 3: SSSU NEWS recorded and accurate



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.

It should be noted that this is the first month that all areas are reported as green for NEWS recorded, over 90%.

Table 1

	2014	2015									2016		
Ward	Nov	Feb	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
ACE OPU	94%	98%	98%	100%	94%	100%	96%	98%	98%	100%	100%	98%	100%
ASU	90%	93%	100%	94%	88%	98%	96%	94%	98%	100%	100%	98%	100%
Cardiac	100%	98%	96%	96%	94%	98%	98%	96%	96%	96%	94%	100%	96%
CCU	68%	91%	93%	80%	93%	77%	83%	88%	94%	97%	100%	87%	90%
Charlotte	100%	98%	94%	94%	94%	90%	80%	96%	86%	90%	90%	96%	100%
Cheselden	100%	98%	96%	No data	100%	98%	96%	98%	100%	100%	100%	100%	98%
Combe	96%	94%	94%	88%	96%	98%	100%	94%	92%	98%	100%	100%	100%
ED	82%	68%	95%	No data	97%	74%	No data	86%	83%	78%	95%	83%	97%
ED Obs	100%	89%	99%	100%	48%	100%	58%	86%	90%	70%	83%	100%	93%
Forrester Brown A	96%	100%	98%	98%	84%	98%	92%	82%	92%	94%	90%	100%	98%
Forrester Brown B	98%	92%	84%	96%	94%	98%	84%	92%	94%	100%	98%	94%	90%
Haygarth	96%	98%	98%	96%	96%	96%	98%	100%	98%	100%	98%	100%	96%
Helena	98%	98%	94%	94%	88%	94%	98%	98%	98%	94%	94%	98%	98%
ITU	No data	No data	No data	69%	76%	100%	100%	94%	69%	94%	53%	51%	90%
MAU	91%	94%	92%	96%	98%	98%	94%	100%	100%	94%	96%	98%	100%
Midford	96%	98%	94%	98%	98%	100%	100%	100%	92%	100%	100%	100%	100%
MSSU	98%	97%	98%	98%	100%	96%	100%	98%	94%	98%	96%	96%	100%
Parry	94%	100%	98%	90%	100%	100%	100%	100%	100%	100%	96%	100%	98%
Philip Yeoman	100%	96%	94%	98%	90%	91%	96%	94%	95%	94%	98%	92%	98%
Pulteney (previously Waterhouse)	84%	96%	98%	94%	100%	100%	94%	96%	88%	92%	98%	90%	96%
Respiratory	100%	100%	96%	100%	96%	98%	98%	96%	100%	100%	100%	94%	100%
Robin Smith	98%	94%	94%	98%	100%	98%	90%	98%	98%	94%	96%	98%	98%
SAU	100%	98%	100%	100%	96%	100%	94%	100%	100%	100%	96%	100%	100%
SSSU	84%	90%	96%	100%	89%	88%	100%	96%	91%	100%	93%	98%	100%
Waterhouse (previously Pulteney)	94%	100%	92%	100%	96%	94%	96%	98%	94%	100%	94%	100%	100%
William Budd	No data	92%	93%	100%	96%	100%	100%	98%	98%	80%	94%	100%	96%
Violet Prince	No data	No data	No data	No data	No data	No data	65%	86%	94%	95%	94%	94%	94%
Grand Total	95%	96%	95%	95%	93%	96%	94%	95%	94%	96%	95%	95%	97%

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.

For March the overall scores have shown improvement with more areas achieving over 80%.

Table 2

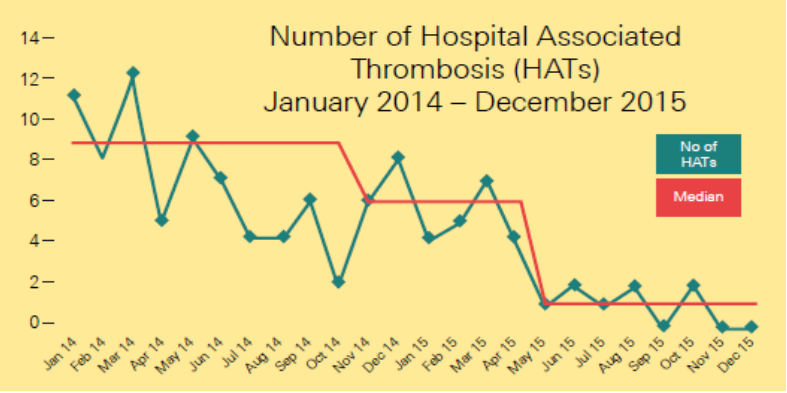
NEWS accuracy	Column												
	2014	2015									2016		
Ward	Nov	Feb	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
ACE OPU	89%	95%	86%	86%	87%	90%	86%	85%	96%	96%	90%	96%	94%
ASU	98%	85%	92%	91%	100%	98%	88%	96%	78%	96%	88%	98%	89%
Cardiac	65%	73%	81%	96%	94%	78%	67%	85%	82%	85%	81%	67%	79%
CCU	41%	69%	86%	82%	99%	74%	84%	86%	92%	83%	90%	80%	90%
Charlotte	94%	68%	95%	96%	98%	82%	85%	81%	87%	97%	77%	83%	81%
Cheselden	100%	79%	81%	No data	75%	92%	79%	71%	83%	76%	78%	96%	89%
Combe	88%	78%	76%	83%	85%	82%	78%	65%	84%	90%	88%	82%	79%
ED	68%	46%	84%	No data	87%	88%	No data	67%	100%	77%	71%	79%	93%
ED Obs	100%	88%	78%	100%	100%	80%	67%	76%	93%	100%	75%	55%	89%
Forrester Brown A	75%	98%	88%	86%	95%	82%	78%	90%	78%	80%	96%	90%	90%
Forrester Brown B	90%	80%	82%	92%	88%	90%	73%	75%	78%	73%	88%	84%	70%
Haygarth	94%	85%	82%	90%	81%	81%	88%	96%	81%	82%	96%	88%	88%
Helena	100%	96%	74%	88%	93%	88%	96%	94%	89%	83%	98%	94%	88%
ITU	No data	No data	No data	71%	80%	86%	73%	83%	78%	86%	77%	87%	80%
MAU	100%	89%	93%	81%	78%	100%	96%	86%	96%	84%	78%	93%	90%
Midford	88%	92%	85%	90%	96%	98%	80%	98%	97%	88%	92%	88%	86%
MSSU	92%	92%	90%	92%	93%	79%	77%	84%	87%	93%	94%	85%	85%
Parry	77%	100%	92%	82%	100%	100%	96%	100%	96%	100%	90%	98%	90%
Philip Yeoman	96%	100%	94%	84%	96%	100%	93%	78%	79%	87%	91%	89%	90%
Pulteney (previously Waterhouse)	79%	89%	90%	81%	76%	84%	91%	89%	93%	91%	87%	78%	91%
Respiratory	92%	82%	63%	84%	82%	71%	83%	74%	69%	90%	83%	67%	85%
Robin Smith	98%	89%	96%	94%	94%	86%	89%	88%	89%	87%	89%	87%	83%
SAU	96%	87%	81%	96%	90%	88%	98%	94%	94%	100%	98%	98%	100%
SSSU	80%	87%	94%	98%	93%	84%	90%	81%	84%	98%	93%	88%	97%
Waterhouse (previously Pulteney)	93%	98%	82%	90%	78%	83%	75%	84%	89%	74%	89%	71%	83%
William Budd	No data	89%	88%	88%	100%	90%	84%	98%	90%	90%	90%	94%	87%
Violet Prince	No data	No data	No data	No data	No data	No data	83%	91%	96%	94%	94%	93%	100%
Grand Total	87%	85%	86%	89%	88%	87%	83%	86%	87%	87%	85%	86%	87%

Legend	
Green	>=90%
Amber	80-89%
Red	<80%

Patient Safety - Venous Thromboembolism (VTE) work stream report

Background

Hospital Associated Venous Thrombo-Embolism (HAT) Data
For Q3 there were 2 HATs; 1 in medicine and 1 in surgery). The final data for Q4 will be available at the end of April. This is a significant reduction compared to 2014, see graph below.



Current Performance

A re-audit of NICE standards has shown areas that require more attention:-

1) Documentation in the medical notes that patient information / education has been given
2) Use of mechanical thromboprophylaxis by those patients where pharmacological thromboprophylaxis is contraindicated

Improvements made to address themes from the RCAs

- A 'clot stop' process is now established for elective surgical admissions. 100% of patients have a Venous Thrombo-Embolism (VTE) risk assessment completed prior to surgery. The admission suite team won RUH team of the month in January for their work and a Poster is being presented at the International Forum on Quality & Safety in Healthcare in Gothenberg, Sweden this month
- Mechanical thromboprophylaxis (pumps and anti-embolic stockings): training is ongoing and assessment of competencies recorded. A care bundle is being finalised
- Education of staff: the ward champions continue to meet 3 monthly

Next steps

- Determine a process to enable a census audit of VTE/risk assessment
- Extend audit, taking a qualitative approach looking specifically at missed and omitted doses of Dalteparin
- Education and training to all staff groups
- Patient information/education will be addressed during National Thrombosis Week 3rd - 6th May
- Development of a standardised operation note that includes VTE
- Monitor the actions remaining from the Safer Clinical Systems project via the Patient Safety Steering Group
- Submit business case for full time anticoagulation team

Patient Safety – Sepsis work stream report

Current RUH Performance: Delivery of Sepsis 6 in an hour

Whilst performance in January dropped for all measures due to pressures on admissions in the Emergency Department, there was improvement in February and March, meaning performance for Q4 overall was maintained as below and seen on graphs on next page.

- **Antibiotics in an hour**: 66% (n=71/108) of patients admitted with Severe Sepsis received antibiotics in an hour
- **Lactate in an hour**: This decreased slightly, 83% (n=89/108) patients with severe sepsis had a lactate taken in an hour
- **Blood cultures taken in an hour:** 85% (n=91/108) patients with severe sepsis had blood cultures taken in an hour
- **Intravenous fluids given in an hour:** 68% (n=72/108) patients with severe sepsis had IV fluids given within an hour of arrival
- **All 4 of the previous actions implemented in an hour:** 59% (n=62/108) patients had all the above 4 interventions in an hour of arrival
- **The number of patients admitted with severe sepsis:** 266 patients were admitted with severe sepsis on alternate day data collection (an average 88 patients per month) with 108 of these having severe sepsis (an average 36 patients per month)
- **Length of stay** for patients with severe sepsis has decreased from an average 11 days when work started in 2014 to an average of 8.4 days over the last 6 months
- The subgroups for Paediatrics, Maternity, and Surgery are developing baseline measures, work plans and screening tools, which will be used for the 2016/17 Sepsis CQUIN which extends to inpatients as well as emergency admissions
- Delivery of antibiotics in patients with suspected neutropenic sepsis has improved. Recent work to improve this further by developing a process for patients following chemotherapy having a prescription on discharge enabling them to receive antibiotics immediately on arrival if they develop an infection. This is awaiting final approval

CQUIN for Sepsis in 2015/16:

1. **All patients admitted to the hospital at risk of sepsis must be screened**. Achieved for both Q3 and Q4 with 90.4% patients being screened for sepsis on admission in Q4
2. **Percentage of patients with severe sepsis receiving antibiotics in an hour**. Q3 was achieved and Q4 has also been achieved with 66% patients receiving antibiotics in an hour (target 59%)

Links with the community

The regional community group are continuing to develop integrated pathways and linking to the AHSN Patient Safety work on NEWS, which has a strong focus on sepsis awareness. The RUH has worked with GPs in one practice and raised awareness, as well as introduced some supporting tools, which are being tested before being rolled out more widely

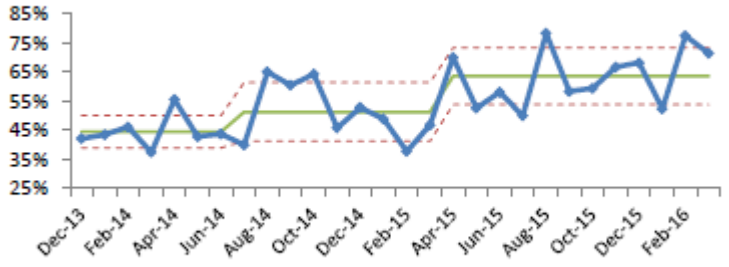
A third sepsis master class occurred in February 2016. This was jointly organised by the Regional Sepsis group, specifically the teams from Bath and Swindon, with support from the WEAHSN.

Next Steps

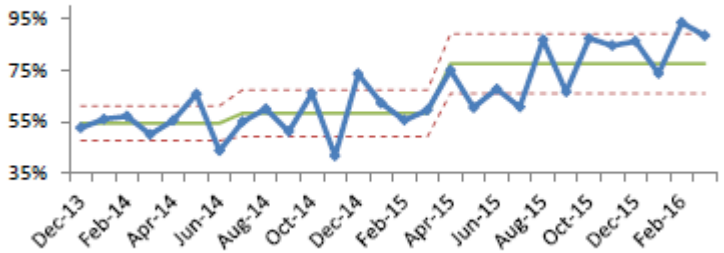
- Update training, assessment and management tools with NICE guidelines and roll out new training programme
- Update all sepsis link nurses in preparation for new guidelines
- Develop protocol for screening of inpatient areas in line with 2016/17 CQUIN and collect baseline measures
- A specific Sepsis/AKI utopia simulation training is scheduled for July 2016.
- New NICE guidelines on Sepsis are due to be published in July 2016.
- Teaching materials are being updated by the sepsis steering group and a new awareness campaign and training programme is planned

Patient Safety – Measures for Sepsis work stream

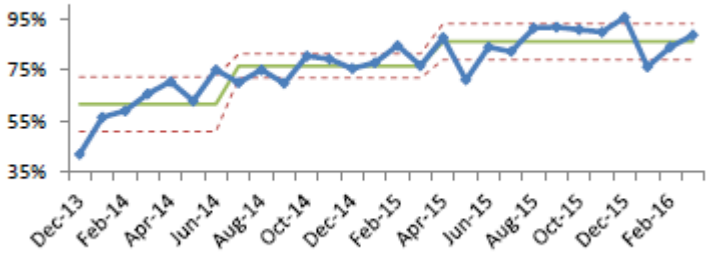
Antibiotics ≤1hr



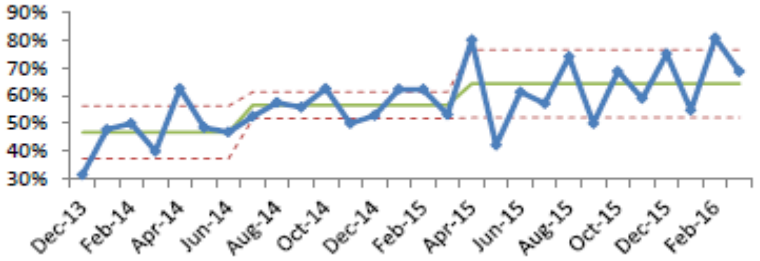
Blood Cultures ≤1hr



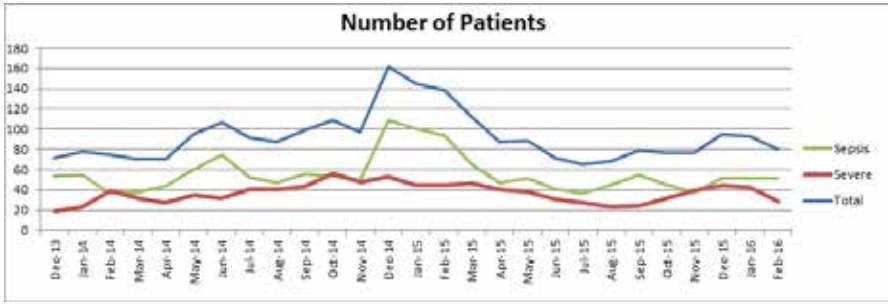
Lactate ≤1hr



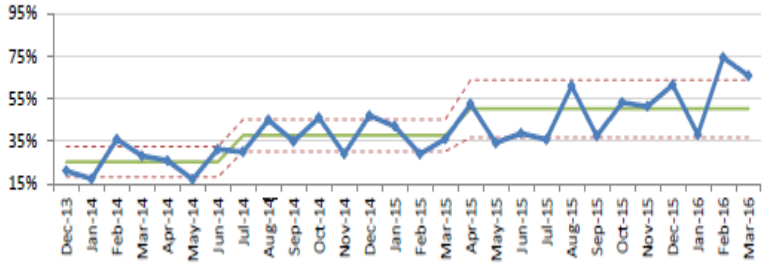
IV Fluids ≤1hr



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



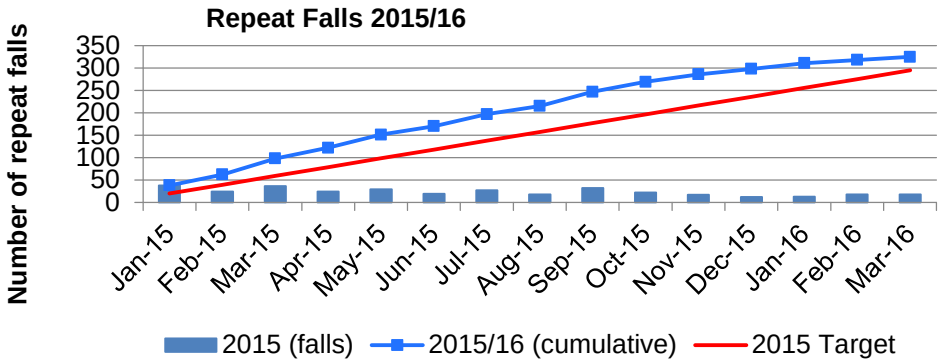
All 4 ≤1hr



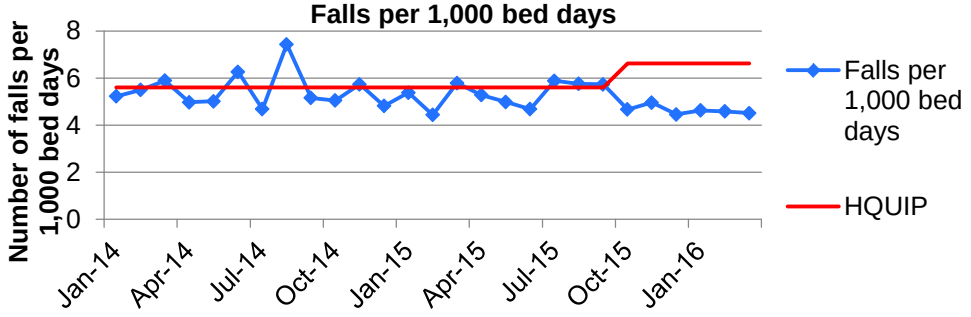
Patient Safety – Falls work stream report

Background

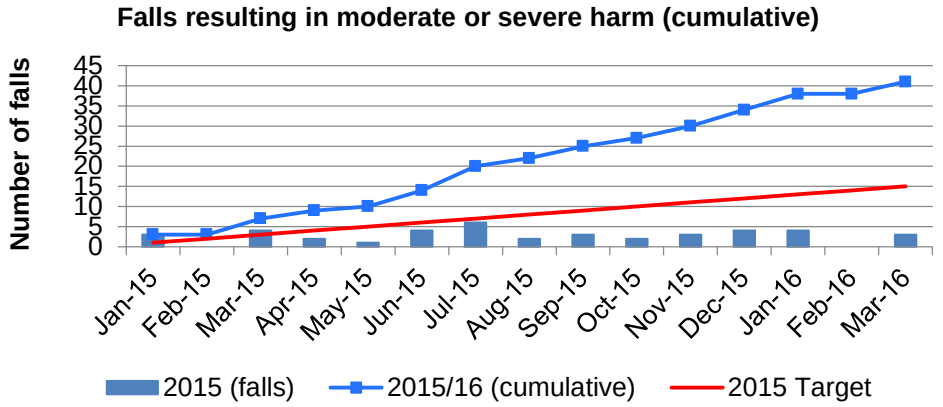
All ward areas, including the RNHRD site, have an identified ward falls lead, with evidence of embedding of active falls prevention and management strategies. The targets for this workstream are a 10% reduction in the number of repeat falls (the same patient falls more than once) and a 25% reduction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



The Trust is above the trajectory for repeat fallers although the gap has reduced. There were 18 repeat falls in March 2016 and is within the monthly target of 19.7. Repeat Falls continue to be a high priority for reduction and are being addressed through the ward falls leads.



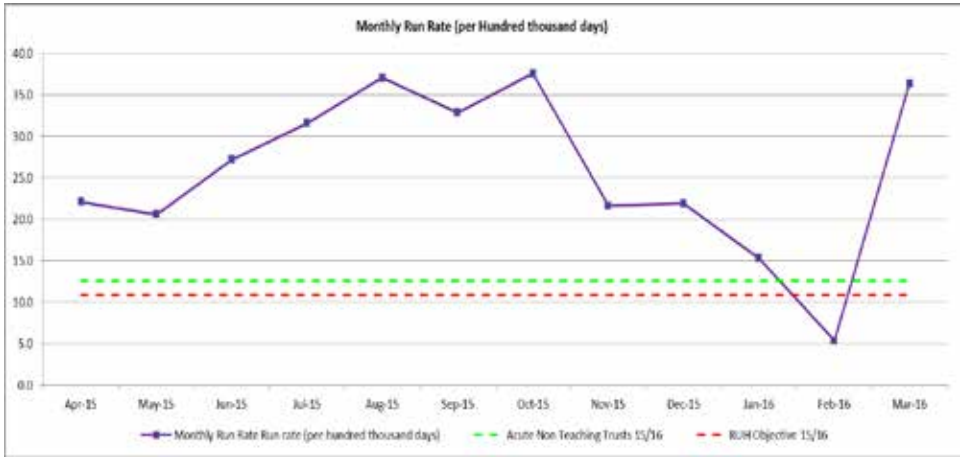
The Healthcare Quality Improvement Partnership proposed a benchmark of 6.63 falls/1000 bed days in October 2015.

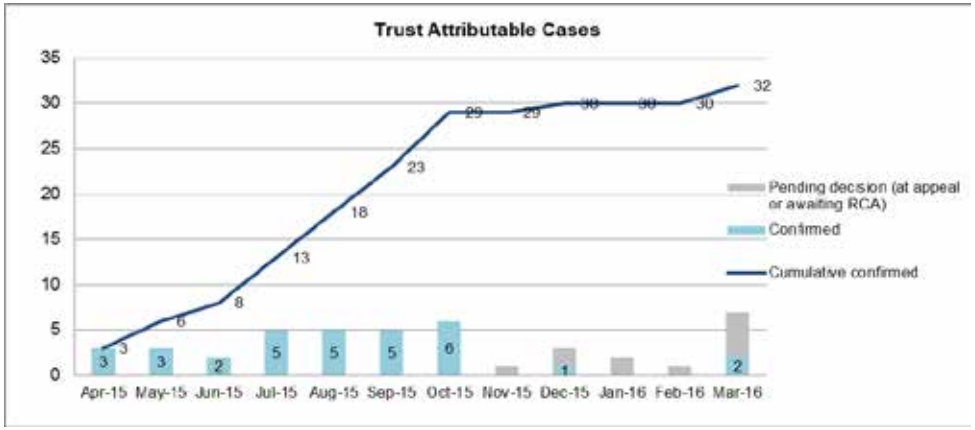


- Falls CQUIN for Q3 has been achieved. There continues to be concentrated support to identified clinical areas to facilitate ongoing achievement
- Falls work plan clearly identifies priority areas for input throughout 2016
- An thematic review is planned to see if there is a correlation between patient risk factors e.g. eyesight or hearing impairment with other risk factors e.g. environmental factors. This will be cross referenced with falls data around time, location, and previous fall history, to identify whether any themes or trends emerge
- The review will commence over a period of initially one week in April, and will consist of all falls regardless of severity of harm
- An initial search on Datix between 1 Sept 2015 and 22 March 2016 has highlighted the following:
  - Falls associated with commodes, toilets or bathrooms - 229 of 748 falls (31%)
  - Falls associated with bedside chairs - 156 of 748 falls (21%)
  - Falls associated with bedrails - 109 of 748 falls (15%)
- Since December 2015, 9 falls were reported as Serious Incidents and 4 of these patients had been assessed as medically fit for discharge (MFD). MFD patients will be captured as part of the Thematic review.

Patient Safety - *Clostridium difficile*

Background
The RUH target for 'Trust apportioned' *Clostridium difficile* in 2015/16 was 22 cases. *Clostridium difficile* toxin positive stool samples taken 3 or more days after admission are 'Trust apportioned'.





Analysis of RCAs received January-March 2016 (2 outstanding at time of report)

- 7/9 cases to be submitted to CCGs for appeal
- 2/9 patients with history of *Clostridium difficile*
- 8/9 patients had been on antibiotics (all deemed appropriate)
- 6/9 samples have been ribotyped; no evidence of cross-infection
- 2/9 lapses in care identified: stool sampling delays in both cases
- Low cleaning audit score on one ward (65%)

Actions from the *Clostridium difficile* peer review visit
An action plan was written following the *Clostridium difficile* peer review which took place in November 2015. Actions include:

- **Leadership** – Infection Prevention and Control Week planned for 25th April, additional training planned for link practitioners on 19th April and high risk ward areas during the Summer. The membership of the *Clostridium difficile* ward round is being revised
- **Microbiology support** – The role of the infection control doctor is to increase support to the Infection Prevention & Control team
- **Pharmacy and medicine optimisation** – antimicrobial pharmacist undertaking independent prescribing course, whole health economy medicines optimisation to be discussed at the HCAI Collaborative meeting
- **Education and training** – implementation of an e-learning programme for all staff on reducing antimicrobial resistance, Start Smart Then Focus toolkit is driving the work of the antibiotic stewardship group, *Clostridium difficile* workbook to be launched during Infection Control Week
- **Environmental cleanliness** – successful recruitment open day held, availability of cleaning staff overnight addressed by appointment to a twilight shift, business case written for replacement of Actichlor Plus with sporicidal wipes
- **Clinical effectiveness** – Trial of PCR testing for CDI completed, business case written. HCAI collaborative working towards a whole health economy approach to patient experience pre and post *Clostridium difficile* infection

Quality Improvement (CQUIN) – Carers of People with Dementia

Background
By 2015 there will be 850,000 people with dementia in the UK*

- One in six people aged 80 and over have dementia*
- A quarter of patients in hospital at any one time have dementia
- 47% of people with dementia who go into hospital are physically less well when they leave than when they went in*
- 54% of people with dementia who go into hospital are mentally less well when they leave than when they went in*

The RUH have a multi-professional, multi-agency strategy group who are actively striving towards supporting the 5 year Dementia vision. The patient and carer experience work stream updates are included in this report.

*Source: Alzheimer's Society 2013

Carers Survey
A carers survey is undertaken monthly as a part of the CQUIN, with themes reviewed by the Strategy Group and shared with the Clinical Lead for Older People, Senior Sisters and Charge Nurses.

Despite a number of different approaches to improve the survey returns and carers comments being sought at the dementia carers focus group, only 82 surveys were completed during April 2015 - end March 2016; this is lower than the number of surveys received in the previous year n=108.

To attempt to increase the survey returns, the content will be reviewed. Also a forthcoming visit to Wolverhampton hospital (Dementia Action Alliance buddy) where the team will review what they are doing and take away any learning.

The following table shows the survey results for 2015/16 compared to the previous year:

Standard	Compliance 2014 15	Compliance 2015 16
On admission, how satisfied were you with the RUH staff at recognising that your relative / friend has dementia?	80%	78%
How satisfied were you with the dementia knowledge of the RUH staff who cared for your relative/ friend during their stay at the RUH?	74%	76%
How satisfied have you been about the staff taking time to listen and act upon your relative / friends individual needs, likes and dislikes.	69%	68%
How satisfied were you with the level of information you were given about the treatment of your relative/friend during their stay at the RUH?	71%	82%
How satisfied have you been with the amount of involvement you have had in the care of your relative / friend whilst they have been at the RUH?	72%	73%
Thinking overall, how satisfied have you been with the level of communication you have had with staff about the care of your relative / friend?	69%	77%
How satisfied have you been with the degree of respect and dignity given to your relative / friend whilst they have been at the RUH?	88%	87%
How satisfied are you with the discharge plan for your relative / friend?	85%	76%
If you were contacted by a Dementia Coordinator, did you find their input helpful?	93%	96%

Key: Adherence ≥ 80% | Adherence 60% – 79% | Adherence ≤ 59%

Quality Improvement (CQUIN) – Carers of People with Dementia

Findings:

- *During 2015/16, 76% (n=62/82) of carers questioned were satisfied with staff knowledge about dementia, this is a slight improvement on the previous year.* Some comments from this section were:
  - Care has really improved since his last admission
  - The staff are so kind and supportive to me and they manage him very well and keep him calm
- Mandatory status was awarded to dementia awareness training in July 2015. A higher level of dementia training has been created for staff who regularly come into contact with people with dementia. This eLearning module commenced in April 2016. Going forwards a further eLearning module is currently being developed to provide dementia awareness, and there will be face to face sessions available at awareness and higher level from May 2016

	Training compliance report		
	Q2	Q3	Q4
Percentage Staff trained	43.6%	43.23%	53.11%
Number of staff trained	1779	1731	1910
Total number of staff to be trained	Training Needs Analysis (TNA) review undertaken		3596

- *82% (n=67/82) of carers stated that they were satisfied with the level of information given to them about their treatment, an improvement of 11% on the previous year.* Comments include:
  - I don't think he had any actual treatment. I hope he did some exercises, but he was always clean and comfortable and had something to drink
  - Staff have consistently explained things
  - Very useful meeting with nurses, social worker and dementia co-ordinator. Very impressed at the level of detail
- *72% (n=59/82) carers had been contacted by a Dementia Coordinator during the patients' admission. 96% (n=51/53) carers who answered this section found their input helpful, again an improvement on the previous year*

Areas for improvement:

- *66% (n=54/82) patients had a discharge plan in place or had been discharged at the time of the survey. 5 did not know whether there was a plan and 28% (n=23/82) patients did not have a plan in place. 76% (n=41/54) of carers surveyed were satisfied with the discharge planning for their relative, this has dropped from 85% satisfied the previous year*
- *There was a 1% reduction 2015/16 compared to previous year, to 68% (n=56/82) of carer satisfied that staff spent time listening and acting upon individual. Comments from this section were:*
  - The RUH was a really good hospital for my aunt and in coping with her dementia
  - Has a "This is me" - needs updating
  - No one has asked me about his food preferences. No "This is me"
  - Has "This is me" which is used well

Actions:

- The Dementia Coordinators are focusing on the use of the "This is me" document to encourage its completion and use. Initial results have been positive and usage has increased in particular within admission areas
- Increased staff communication, for example a feature on the front page of the intranet reminds staff to use the "This is me" document and why it is important for patients

Serious Incident (SI) summary

Current Performance

During March, one Serious Incident was reported and the incident remains under investigation.

The incident has been discussed with the patient and their family and they are aware of the investigation, in line with the Duty of Candour framework.

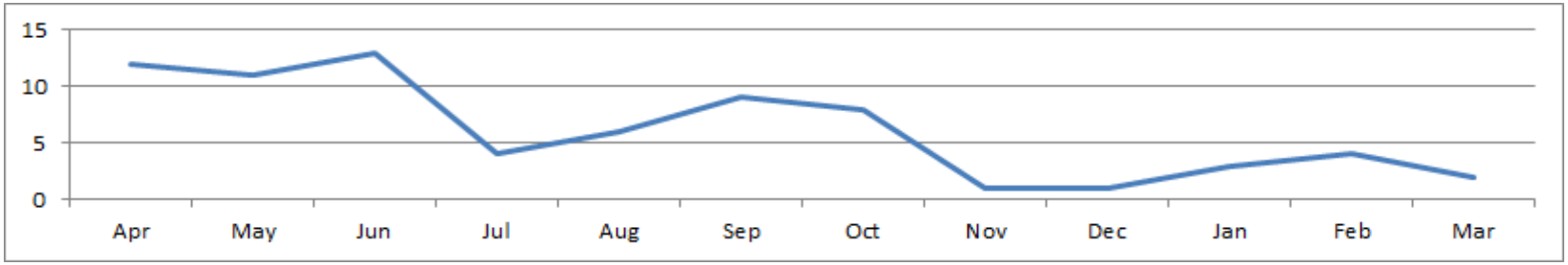
Date of Incident	Datix ID	Summary
31.03.16	**41798**	Fall resulting in a fracture

Serious Incident reports approved in March

Date of Incident	Datix ID	Summary	Learning/ Recommendations
13.10.15	36781	Delayed diagnosis	The report recommendations included: • The implementation of structured ward round checklists, to include the review of the VTE assessment • That clinical staff undertake the VTE training e-learning package that has been developed in-house
26.10.15	37033	Patient fall	The report recommendations included the need for a process whereby the laboratories develop a process to ensure that abnormal blood test results (in this case INR results) are communicated to the relevant ward/clinical team.
26.11.15	37988	Patient fall	The report recommendations included the need to ensure the use of a walking aid is communicated at staff handover
27.11.15	38100	Outbreak of Norovirus	The investigation identified that there were opportunities to improve fundamental infection prevention and control practices
20.01.16	39299	Pressure ulcer	The report recommendations included: • The requirement that a registered nurse only performs the patient skin check and completion of the relevant documentation • The development of a priority system for skin checks when a ward is in “amber” or “red” for staffing

Overdue Serious Incident reports summary

Trajectory	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual	12	11	13	4	6	9	8	1	1	3	4	2
Target				12	10	9	8	7	6	5	4	3



As of 8 March, there are 15 open Serious Incidents (SIs); of these, two are overdue.

The investigation has been concluded for seven of the open incidents and the reports will be submitted to the Operational Governance Committee for approval.

Progress has been made in providing completed investigation reports that are of a good quality within the required timescale. Any delay in providing a final report is escalated to the relevant Divisional Management team for them to identify what further support can be provided to the investigator to assist them in completing the report.

The Operational Governance Committee monitors the progress against the action plans developed following the investigation; as at 29 March 16 the status was:

- Number of action plans with overdue actions: 9
- Outstanding actions: 16

Both of these are an improvement of the previous month.

APRIL 2016 Nursing Quality Indicators Chart - (March data)

APPENDIX A

Ward Group	Ward Name	Report for March 2016 by ward/area triangulating FFT Score; PALS; Complaints; Cdiff; Falls; Pressure Ulcers; HR																				
		FFT (Net Promoter) Score	Response Rate %	Number of complaints received	Number of PALS contacts		Number of patients with CDiff	Number of patients who fell				Number of patients with pressure ulcers			Human Resources				Nurse Staffing Datix Reports	Safer Staffing % Fill rate			
															Sickness %		Appraisal %			Day		Night	
					Positive	Negative		Negligible harm	Minor harm	Moderate harm	Major harm	Grade 2	Grade 3	Grade 4	R/N	HCA	R/N	HCA		Registered Nurses/ Midwives	Care Staff	Registered Nurses/ Midwives	Care Staff
Emergency Department	A&E	86	7.22%		7	1		4	2						4.4	5.4	88.5	95.7		N/A	N/A	N/A	N/A
	SAU	73	31.5%	1		2	1								5.9	6.0	85.7	81.0		107.9%	93.1%	94.2%	119.0%
	MAU	58	9.5%			2		4							7.2	4.2	83.3	90.5	2	82.8%	109.0%	83.3%	112.7%
Inpatient Wards	ITU	N/A	0.0%					1							2.2	3.7	95.2	85.7		92.9%	118.9%	88.8%	64.5%
	NICU	100	* 200%												7.4	7.1	90.5	75.0		63.4%	96.2%	102.6%	87.1%
	CCU	100	33.3%					1							5.3	9.9	84.2	100.0		92.4%	86.3%	100.2%	94.0%
	Acute Stroke Unit	100	20.8%	1	1		1	3	1						0.8	13.7	94.1	82.4	9	82.0%	77.1%	968.0%	99.3%
	Cheselden	95	51.4%					2	1						12.3	4.7	80.0	90.0	1	77.4%	111.6%	100.0%	109.7%
	Medical Short Stay Unit	94	19.6%		2	1		3							10.0	6.3	78.6	66.7		87.0%	117.2%	94.9%	112.4%
	Robin Smith	93	38.3%		1			1	1						8.3	6.4	100.0	100.0		92.8%	75.1%	104.2%	98.9%
	Children	92	51.4%		1										3.6	5.8	77.3	81.8		85.8%	157.6%	103.6%	40.3%
	Waterhouse	91	52.4%					3	3						5.2	1.8	94.1	92.9	3	89.8%	88.6%	78.2%	138.4%
	Mary Ward*	91	25.3%												3.9	5.9	68.9	58.3	2	107.5%	84.0%	92.6%	94.4%
	Phillip Yeoman	89	42.8%	1	1	1		1							15.3	5.8	87.5	100.0		86.5%	115.2%	86.1%	88.5%
	ACE OPU	84	31.4%					7			1				5.4	10.0	91.3	100.0	1	78.2%	83.2%	98.3%	95.4%
	Respiratory	82	43.1%		1	1		6		1					7.4	6.4	88.9	77.8	2	70.4%	107.1%	79.7%	148.3%
	William Budd	82	36.1%	1				5	1			2			4.2	9.5	84.7	83.3	6	93.4%	118.4%	92.3%	125.9%
	Haygarth	80	69.2%					1	1			1			3.4	13.0	100.0	100.0	1	84.4%	93.3%	79.5%	92.3%
	Cardiac	77	41.3%		1	1	1	5	3						4.4	8.6	85.0	91.7	2	83.2%	93.6%	76.1%	151.6%
	Parry	77	18.8%			2		8	1			3			7.1	7.1	76.9	84.6		118.5%	101.1%	105.5%	95.9%
	Combe	74	73.9%				1	3							2.2	1.1	94.4	75.0	5	91.0%	111.6%	102.4%	126.0%
	Pulteney	70	36.3%												0.4	2.0	61.9	72.7	2	92.8%	114.1%	97.8%	127.6%
	Surgical Short Stay Unit	70	9.7%	1	1	1		2							2.2	19.9	81.0	77.8		79.3%	103.4%	98.5%	146.6%
	Forrester Brown	66	30.6%	2				8	2						8.1	10.2	94.1	90.6	2	81.2%	109.6%	97.6%	101.2%
	Charlotte	65	39.1%		1			2							2.2	19.9	81.0	77.8		100.2%	103.3%	99.7%	101.6%
	Helena	62	56.5%					5	1		1				7.8	11.2	93.8	84.6		110.2%	110.7%	73.1%	137.0%
	Midford	62	40.6%			1	3	2	1						1.8	2.4	92.3	85.7		77.3%	97.7%	83.8%	98.9%
	Violet Prince (RNHRD)	60	32.3%					1	1						-	-	-	-		100.2%	88.8%	98.4%	71.8%

* FFT data taken from Maternity FFT touchpoint 2-Labour Ward

*** = responses include those not eligible eg not discharged**

April 2016 - Ward by Ward Safer Staffing Exception Report – (March Data) **Appendix B**

Red = < 90% fill rate Blue = >120% fill rate

Ward Name	Day		Night		Summary
	Average fill rate RN/RM (%)	Average fill rate CA (%)	Average fill rate RN/RM (%)	Average fill rate - CA (%)	Explanation and Actions taken where fill rate <90% or >120%
ACE	78.2%	83.2%	98.3%	95.4%	RN hours during the day is due to sickness and secondments to others wards. HCA hours due to long term sickness. Band 4 Assistant Practitioner in post and Supervisory Sister covered shortfall of RNs.
Acute Stroke Unit	82.0%	77.1%	96.8%	99.3%	RN and HCA hours during the day are due to vacancies and long and short term sickness. Supervisory Sister and Matron worked clinically and staff deployed from other areas as required. Recruitment is active and sickness is being actively managed.
Cardiac Ward	83.2%	93.6%	76.1%	151.6%	RN hour's shortfall day and night is due to vacancies and sickness. Additional HCA hours supported the shortfall at night. Supervisory Sister supporting during the day. Recruitment and sickness being actively managed.
Charlotte Ward	100.2%	103.3%	99.7%	101.6%	
Cheselden Ward	77.4%	111.6%	100.0%	109.7%	RN vacancies during the day – additional HCA hours supported and Supervisory Sister covered the shortfall as required.
Children's Ward	85.8%	157.6%	103.6%	40.3%	RN hours shortfall day and HCA night hours are due to vacancies, long and short term sickness and maternity

Ward Name	Day		Night		Summary
	Average fill rate RN/RM (%)	Average fill rate CA (%)	Average fill rate RN/RM (%)	Average fill rate - CA (%)	Explanation and Actions taken where fill rate <90% or >120%
					leave. HCA day hours increased to offset RN shortfall. Supervisory Sister, Matron and NICU staff supported as required (not recorded).
Combe Ward	91.0%	111.6%	102.4%	126.0%	Additional HCA hours supported the dependency of patients and 1;1 specials as required.
Coronary Care Unit	92.4%	86.3%	100.2%	94.0%	HCA shortfall due to sickness. Supervisory Sister supported the ward clinically as required.
Forrester Brown Ward	81.2%	109.6%	97.6%	101.2%	RN day fill rate is due to vacancies and sickness. Band 4 Assistant Practitioners and additional HCA hours supported the shortfall. Supervisory Sister also supported during the day as required.
Haygarth Ward	84.4%	93.3%	79.5%	92.3%	The RN day and night shortfall is predominantly due to sickness. Sickness is actively being managed. Staff were deployed from other wards if required (not recorded).
Helena Ward	110.2%	110.7%	73.1%	137.0%	RN hours at night was due to sickness. Additional HCA hours supported the shortfall.
Intensive Therapy Unit	92.9%	118.9%	88.8%	64.5%	RN shortfall is due to vacancies and sickness and HCA shortfall is due to sickness and maternity leave. Usually 1 HCA at night. Sufficient staff were rostered to cover the acuity levels and numbers of patients on the unit. Recruitment and sickness is being actively managed.
Medical Assessment Unit	82.8%	109.0%	83.3%	112.7%	The RN day and night shortfall is due to vacancies and maternity leave. Supervisory Sister supported during the day and additional HCAs hours covered the

Ward Name	Day		Night		Summary
	Average fill rate RN/RM (%)	Average fill rate CA (%)	Average fill rate RN/RM (%)	Average fill rate - CA (%)	Explanation and Actions taken where fill rate <90% or >120%
					shortfall. Staff were deployed from other wards as required (not recorded). Recruitment is being actively managed.
Medical Short Stay	87.0%	117.2%	94.9%	112.4%	The RN hours were due to sickness, additional HCA hours supported the shortfall and Supervisory Sister supported clinically as required.
Midford Ward	77.3%	97.7%	83.8%	98.9%	RN shortfall in the day and night is due to vacancies and sickness. Supervisory Sister and Band 4 Assistant Practitioner support during the day. Active recruitment is on-going and sickness is being managed.
Neonatal Intensive Care Unit	63.4%	96.2%	102.6%	87.1%	Shortfall with RNs day and HCA night hours is due to vacancies, sickness and maternity leave. Other staff assist, including Supervisory Sister and nurses from Children's ward if required (not recorded). Actively recruiting and sickness being managed.
Parry Ward	118.5%	101.1%	105.5%	95.9%	
Phillip Yeoman Ward	86.5%	115.2%	86.1%	88.5%	The shortfall of RN hours day and night are due to vacancies and long term sickness. HCA night hours are also due to sickness. Supervisory Sister supported during the day and reduced inpatient numbers at night supported reduced staffing levels (elective surgical ward).
Pulteney Ward	92.8%	114.1%	97.8%	127.6%	Shortfall RN hours during the day due to vacancies and sickness. Additional HCA hours (day) support the RN hours and additional HCA hours at night support increased acuity of Head and Neck patients.

Ward Name	Day		Night		Summary
	Average fill rate RN/RM (%)	Average fill rate CA (%)	Average fill rate RN/RM (%)	Average fill rate - CA (%)	Explanation and Actions taken where fill rate <90% or >120%
Respiratory Ward	70.4%	107.1%	79.7%	148.3%	The RN day and night hour's is due to vacancies and sickness. Additional night HCA hours cover the RN shortfall and Supervisory Sister supports during the day. Active recruitment and sickness management is in place.
Robin Smith Ward	92.8%	75.1%	104.2%	98.9%	Shortfall HCA day hours were due to sickness and vacancies. Supervisory Sister supports clinically during the day as required.
Surgical Admissions Unit	107.9%	93.1%	94.2%	119.0%	
Surgical Short Stay Unit	79.3%	103.4%	98.5%	146.6%	RN shortfall during the day due to sickness and vacancies. Supervisory Charge Nurse supported during the day as required. Additional HCA hours at night supported increased overnight patient numbers during escalation.
Waterhouse Ward	89.8%	88.6%	78.2%	138.4%	Shortfall of RN days and nights and HCA days is due to vacancies and sickness. Supervisory Sister supported during the day and staff were deployed from other areas as required. Additional HCA hours supported RN shortfall at night.
William Budd Ward	93.4%	118.4%	92.3%	125.9%	Additional HCA hours supported increased dependency at night.
Mary Ward	107.5%	84.0%	92.6%	94.4%	MCA hours during the day is due to vacancies. Recruitment is being actively managed.
Paulton Birthing Centre	-	-	-	-	Paulton Birthing Centre closed this month

Ward Name	Day		Night		Summary
	Average fill rate RN/RM (%)	Average fill rate CA (%)	Average fill rate RN/RM (%)	Average fill rate - CA (%)	Explanation and Actions taken where fill rate <90% or >120%
Chippenham B.Centre	93.6%	88.3%	96.0%	70.4%	MCA hours during the day and night is due to vacancies. Recruitment is being actively managed.
RNHRD Violet Prince Ward	100.2%	88.8%	98.4%	71.8%	HCA hours during the day and night were increased to support receiving medical patients from RUH. HCA sickness and vacancies and unable to fill at short notice. (usually no HCAs at night).