Quality and Safety Report
July 2012

1.0 Nursing Care Metrics – February 2012 – June 2012

	Feb 2012	Mar 2012	Apr 2012	May 2012	Jun 2012
Medication Storage and Administration	89%	91%	97%	98%	99%
Infection Control and Privacy & Dignity	89%	87%	91%	95%	96%
Patient Observations	81%	79%	84%	83%	87%
Pain Management	72%	81%	84%	87%	91%
Tissue Viability	74%	79%	91%	90%	89%
Nutrition	82%	83%	91%	92%	91%
Fluid Management	64%	73%	85%	87%	82%
Falls assessment	92%	91%	98%	96%	98%
Continence	81%	83%	97%	93%	88%
Total	81%	83%	91%	92%	92%

A monthly process has been in place since 2011/12 whereby Senior Nurses/ Matrons review the care provided on their wards. By reviewing 10 sets of case notes per ward the senior nurse have an indication of aspects of care that need to be improved.

The metrics above provides the overview from all areas with ward specific details being available so that senior nurses or Board members if they wish could drill down into. Each ward will then have an action plan for making improvements in care. A process is in place where this is monitored through corporate nursing performance.

There are some clear improvements that require further improvement and these link with the clinical priorities set out in the Quality account approved in June 2012. The Board will note the fluid management score and the decrease in tissue viability score which are of concern as both these categories contribute to maintaining skin integrity and assist us to prevent hospital acquired pressure ulcers. These indicators will need to be actively performance managed by Matrons and Senior nurses and in addition the Director of Quality and Safety/ Chief Nurse and Deputy Chief Nurse are holding a monthly panel to provide detailed scrutiny to actions required to eliminate pressure ulcers. The Board should therefore be able to track improvements in this Metrics over the next 2-3 months.

A process of regular reviews for all patients (comfort rounds) was introduced last Autumn, the form has been through some changes to support these regular reviews and care interventions. The very positive improvements in the falls assessments (seen in the above metrics) and the interventions through the comfort rounds have contributed to a reduction of falls (reported in the annual Quality account in June ‘12). Further improvements in care planning documentation and improvements in advice and guidance for staff on falls management are being introduced to enhance care delivery and make the significant reductions in falls during 2012/13.

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1.1 Actions to improve overall scores across the trust

- SATH staff involved in two workshops to provide information as the future state of nursing required to support the frail and complex patient pathway
- Observation of care and executive walkabouts on the wards continue to highlight areas of good practice and areas in which improvement is required
- Revised Comfort round is being implemented during June and July
- There has been a delay in the process to review and revise the nursing documentation. This is a fundamental aspect to supporting care assessments and interventions and was raised by the CQC in 2011/12. This has now been picked up by the Chief Nurse and her Deputy to expedite the final requirements.
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2.0: Patient Experience Metrics – September 2011 to June 2012

	Sep 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012	Jun 2012
How clean is this ward (including toilets)?	95%	94%	91%	92%	97%	95%	94%	95%	95%	95%
As far as you know do the staffs wash or clean their hands between touching patients?	91%	92%	92%	91%	95%	93%	94%	95%	92%	95%
Do you feel informed about potential medication side effects?	72%	58%	65%	71%	60%	67%	62%	46%	57%	65%
Do you feel you have enough privacy when discussing your condition or treatment with staff?	91%	87%	82%	85%	86%	92%	85%	88%	89%	85%
Do you feel that you have been treated with respect and dignity while you are on this ward?	97%	96%	96%	90%	95%	97%	95%	91%	95%	98%
Do you feel involved in decisions about your treatment and care?	68%	77%	82%	80%	83%	82%	86%	80%	83%	77%
Have hospital staff been available to talk about any worries or concerns you have?	84%	86%	90%	81%	90%	89%	84%	82%	92%	90%
Do you get enough help from staff to eat your meals?	83%	86%	92%	83%	90%	90%	90%	92%	90%	98%
Whilst you have been on this ward have you ever shared a sleeping area with a member of the opposite sex?	100%	99%	100%	97%	99%	98%	98%	100%	96%	98%
Do you think hospital staff do everything they can to help control your pain?	96%	88%	90%	82%	90%	91%	89%	89%	93%	89%
When you use the call buzzer is it answered?	77%	81%	90%	82%	83%	85%	80%	88%	93%	89%
Have staff talked to you about your discharge from hospital?	32%	50%	61%	52%	55%	55%	62%	64%	74%	63%
Total	82%	83%	86%	82%	85%	86%	85%	83%	87%	86%

The above metrics provide monthly real time patient feedback with senior nurses talking to at least 10 patients per ward and provides an indicator against some key areas highlighted in our annual inpatient survey. This provides some key priorities for improvement and the PEIP (Patient experience and Involvement panel) and Senior nurses are working with an proactive work programme to build up this information and make the improvements.

2.1 Gaining wider patient experience feedback

- **Observations of Care-** A process whereby a Patient representative and senior nurse/ Director observe care provision in a ward or Outpatient Department. At the end of the observation they feedback their observations, their objective views about communication with patients and between the team and the wider atmosphere on the ward which all contribute to the patients experience.
- **Patient Stories/ Diaries-** Training has been provided and a small number of patient stories gathered this year which will provide rich data for wards and Departments on the direct impact of care provision on the patient. Patient stories are shared with the formal sub Committee's of the Board, the Board and PEIP so that these experiences whilst anonymous place the patient experience central to the business of the Trust
- **Complaints/ PALS-**There are clear indications through concerns raised by patients and in the metrics above which demonstrate that our support to patients through information and effective communication needs to improve particularly when discussing their care and their discharge. Whilst there is significant focus within the Trust on patient flow and discharge processes we clearly need to further these improvements so the patient feels included in the planning and implementation of their care needs.
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2.2 Actions to improve overall scores across the trust for patient experience

Several work streams are planned to deliver sustainable improvements across the patient experience spectrum

- Patient Status at a Glance ward information boards has been implemented across both sites with final installation due in August
- The trust has been awarded funding to support the implementation of the composite model of dementia care in an initiative funded by the WMSHA
- Dementia workshop series completed for the band 7 nurse during June
- Dignity Champion training continues for nominated staff with dates in July and August
- Patient Passports for learning disability Patients have been delivered to all wards along with a guidance sheet for staff on how to use the passport
- Learning Disability training workshops will commence in July for 72 Learning Disability Link nurses across the trust
- The patient experience real time patient feedback principles used on the wards are due to be rolled out to Outpatients, A&E over the summer providing on going month on month data, which will support the Outpatient survey improvement action plan reviewed by the Board recently.
- Outpatient patient satisfaction questionnaire has been finalised and will be given to patients attending outpatients in July and every month thereafter
- OPD Graffiti boards to ask our patients " how we are doing " against the Ten Point Dignity Challenge completed for RSH and will be completed by the 16/7/12 at PRH

3.0 Supporting improvements in care and experience

3.1 Observations of care completed as part of PEIP work programme

There have been four wards this month who have had an Observation of care completed

- Ward 10
- Ward 22E
- Ward 16
- Ward 28
- MAU (RSH)

Overall the outcomes of the observations were generally positive, where concerns were raised they are fed back to the nurse in charge on the day and a copy of the observation summary sheet is sent to the Ward Manager and Matron for action.

3.2 Patient environment action team (PEAT) visits

Three PEAT visits took place during June 2012:

- Wrekin Maternity Unit
- Telford Maternity Outpatients

- Treatment Centre & Waiting Area for the Mammography Unit at RSH

Reports from these areas are sent back to the clinical areas and actions for improvements identified.

3.3 Protected mealtime audit

During June audit was completed on ward 28 by a member of the facilities team and a PEIP member

3.4 Quality and Patient Safety walkabouts

Executive walkabouts took place on two areas in June, Ward 14 and Ward 7. Staff are aware in advance of these visits and the principles follow the National patient Safety Agency (NPSA) framework. This enables the Execs and Non Executive Directors to discuss with staff any concerns they may have and look at how they can support any areas identified.

3.5 NHS Shropshire County and Telford and Wrekin Quality Assurance visit to Outpatients at PRH

A team from NHS Shropshire County and NHS Telford and Wrekin visited the Out-Patients Department Princess Royal Hospital on 24th May 2012. The final report has not been received but the draft report has been reviewed and an interim action plan shared with PEIP.

3.6 Friends and Family test “The Net Promoter Question “

The net promoter provides a high level indicator of the range of confidence that patients have in the organisation at the point of discharge. The data analysis is now reported back to individual teams and clinical centres on a weekly basis and Centre Chiefs, Matrons and Ward Managers have received information highlighting the individual areas performance and asked them to address as a matter of priority ward and clinical areas who are not yet submitting data

Organisational NPS Response

	Week 1	Week 2	Week 3	Week 4	Week 5
START DATE	27/05/12	03/06/12	10/06/12	17/06/12	24/06/12
END DATE	02/06/12	09/06/12	16/06/12	23/06/12	30/06/12
3.1 Total number of inpatients in period (number of defined DISCHARGES within the period)	1313	1143	1218	1247	1242
3.2 Total number of responses in period (number of NPS responses from cohort in 3.1)	130	136	88	157	179
3.3 Number of promoters	99	101	59	102	133
3.4 Number of passives	26	31	21	40	40
3.5 Number of detractors	5	4	8	15	6

4.0 Net Promoter Score

4.1 Organisation NPS – weekly (automatically populates from data entered above)	72.30769231	71.32352941	57.95454545	55.41401274	70.94972067
4.2 Organisation Monthly (automatically populates from data entered above)	66.08695652				

Sample of data supplied to the wards

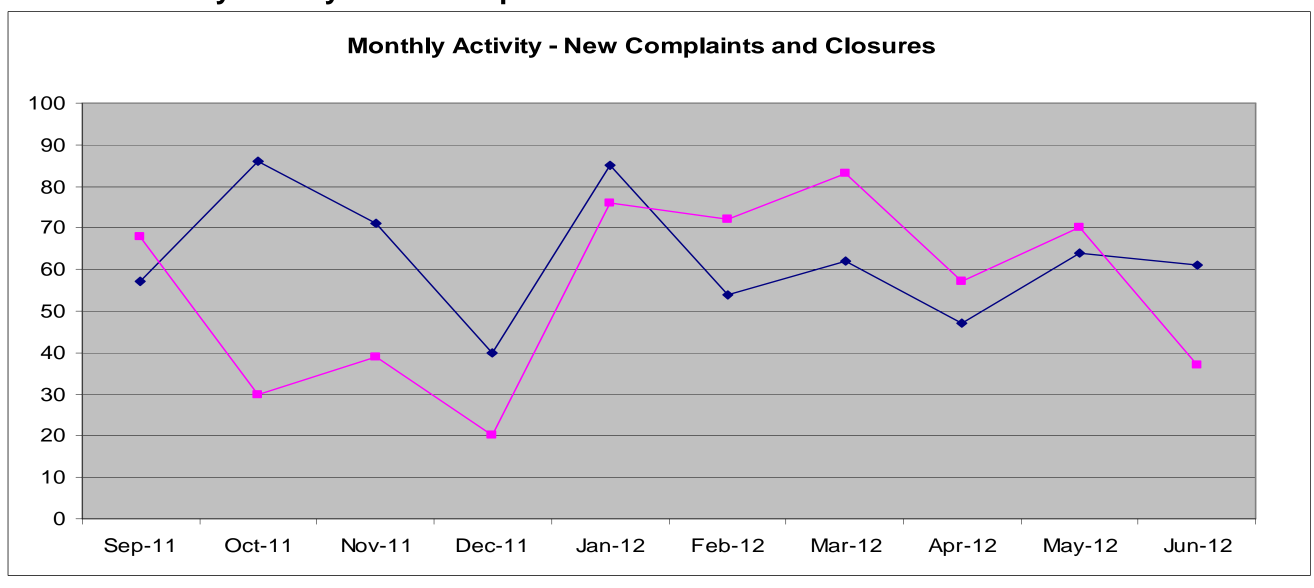
Week commencing 24th June 2012

Centre	**Number of Responses**	**Net promoter Score**
Emergency & Critical Care Centre Total	**9**	**77.78%**
Head & Neck Centre Total	**0**	
Medicine Centre Total	**97**	**61.86%**
Musculoskeletal Centre Total	**9**	**66.67%**
Oncology Centre Total	**0**	**0.00%**
Surgery Centre Total	**16**	**56.25%**

Women's & Children Centre Total	**48**	**93.75%**
Trust overall total	**179**	**70.95%**

4.0 Complaints, Incidents and Serious Incidents (SI's) Summary

Table 3: Monthly activity – new complaints and closures



4.1 Themes

In June 2012, the highest numbers of complaints received were in relation to the following themes:-

- Communication and Staff Attitude
- Missed and delayed diagnosis
- Delayed appointments and follow up

There was no overall theme identified regarding locations or services that were the subject of the complaint.

4.2 Complaints by Clinical Centre

The following table demonstrates the number of complaints received by Clinical Centre in June 2012 and YTD for 2012/13.

Table 5: Complaints by Centre

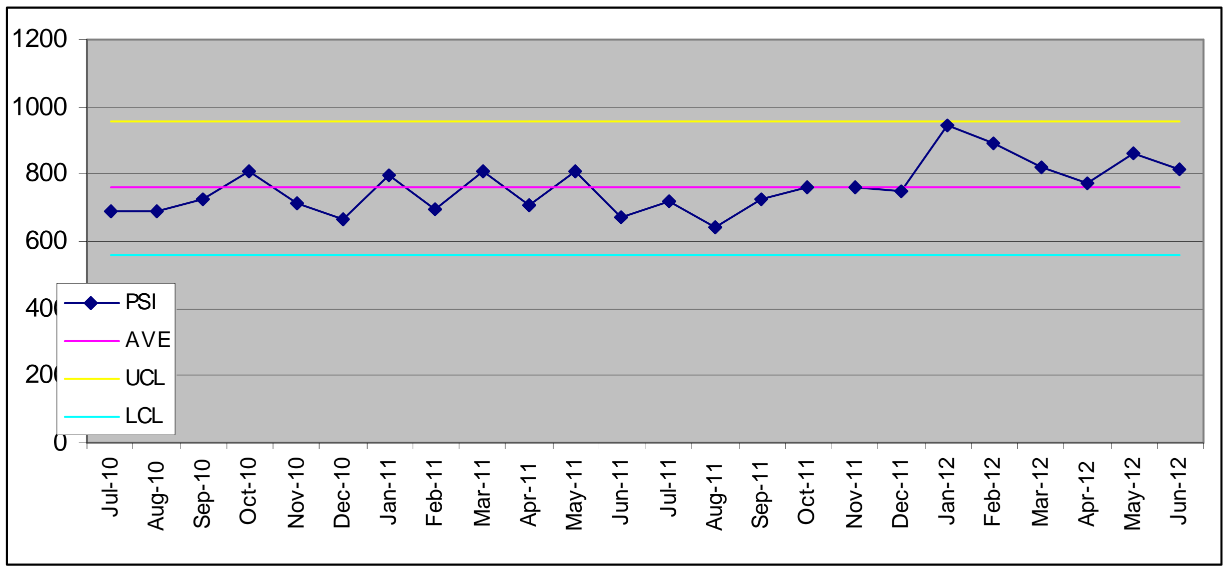
CLINCAL CENTRE	June 2012	YTD 2012/13
Medicine	7	30
Emergency & Critical Care	11	30
Estates/Facilities + Other	1	3 + 5
Surgery	13	29
Women & Children's	5	15
Ophthalmology/Patient Access (includes outpatients)	10	34
Head & Neck	2	5
Diagnostics	6	9
Musculoskeletal	6	11
Oncology	0	1
Pharmacy	0	1
Therapies	0	0
TOTAL	**61**	**173**

5.0 Patient Safety Summary – Key Indicators

5.1 Patient Safety Incidents

Overall there was a decrease in the number of patient safety incidents reported across the Centres in June 2012, as compared with May 2012. Emergency and Critical Care Centre were the highest reporting area in May 2012, in June the Medical Centre has submitted slightly more incidents. Ophthalmology and Oncology have also increased their reporting compared to May 2012, both centres have had an increase in reporting relating to Medical Records availability at Outpatients.

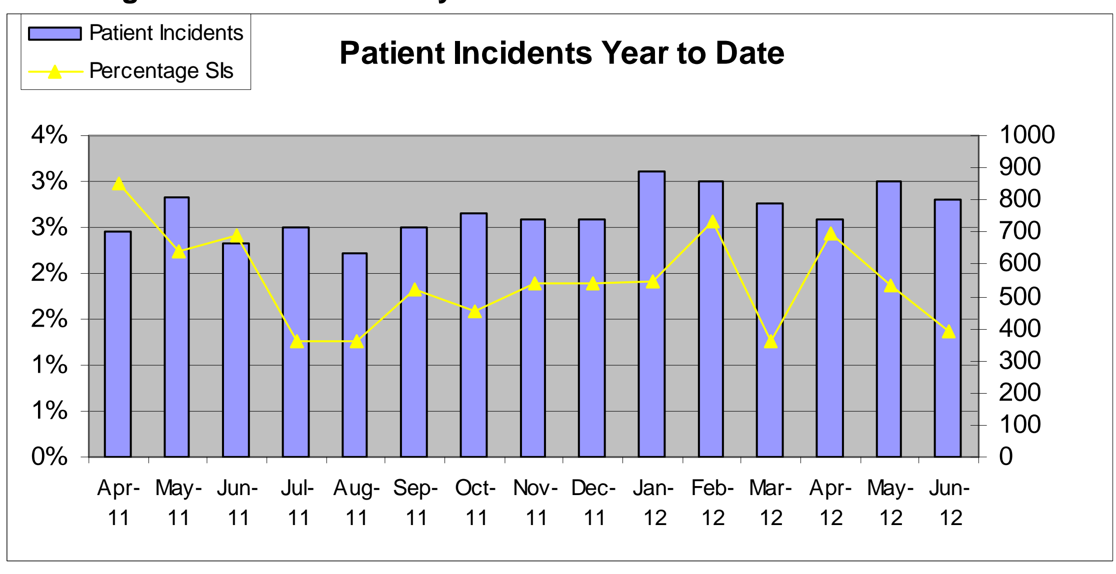
Patient Safety Incidents
Patient Safety Incidents from July 2010



800 patient related incidents were reported on Datix during June 2012, which is a decrease in reporting from May 2012. Over all the Trust has had an increase in patient safety incident reporting of 10.2% on the same reporting quarter last year. The ongoing increase in reporting is suggestive of an open reporting culture within the Organisation. Incident reporting is encouraged with all staff at Trust Induction, alongside the advice that the Trust operates a 'fair blame' culture.

The percentage of patient related reported incidents which were classified as Serious Incidents was 1.4%. This is a decrease of 0.5% from the percentage of incidents that were classified as Serious Incidents in May 2012.

Percentage SI's to Patient Safety Incidents



5.2 Centre performance June 2012
Not unexpectedly, the highest level of incident reporting activity lies within the Medical Centre (192) and the Emergency and Critical Care Centre (191).

For the Medical Centre, Falls (76) was the most common reporting category, followed by 31 pressure ulcers (of which 12 were identified as being acquired prior to admission and 2 classified as moisture lesions).

For Emergency and Critical care, of the 191 incidents reported, 97 were pressure ulcers. Of these 95 were identified on admission to one of the emergency portals. This is a positive reflection of the awareness within Emergency Care of the need for appropriate and timely patient skin integrity assessments.

5.3 Incident Monitoring

The High Risk Scrutiny Group monitors the number of patient safety incidents that breach the time scales applied from: initial identification on Datix to expected review and completion dates. All incidents that are out of date are reviewed and plans identified to ensure review and completion within a given time scale. These are monitored to ensure that they are addressed with the agreed timescales. There are some incidents that require more time to fully investigate the underlying root causes and dates for completion are adjusted accordingly, but action within the incident continues to be reviewed for appropriately and timely updates.

A total of 34 patient safety incidents were identified as being overdue during June 2012 (only 3 weeks were reported on for June due to cancellation of the meeting on 5th June due to the bank holiday).

Outpatients was the area with the highest number of outstanding incidents, and this was escalated to the Matron for the area. The incidents were reviewed and appropriate actions were implemented. There has been an increase in reporting in outpatients linked to the lack of medical records being available. The reporting is being encouraged to enable the Medical Records department to assess trends and themes in relation to this matter. No area was identified as having the same incident outstanding on consecutive weeks.

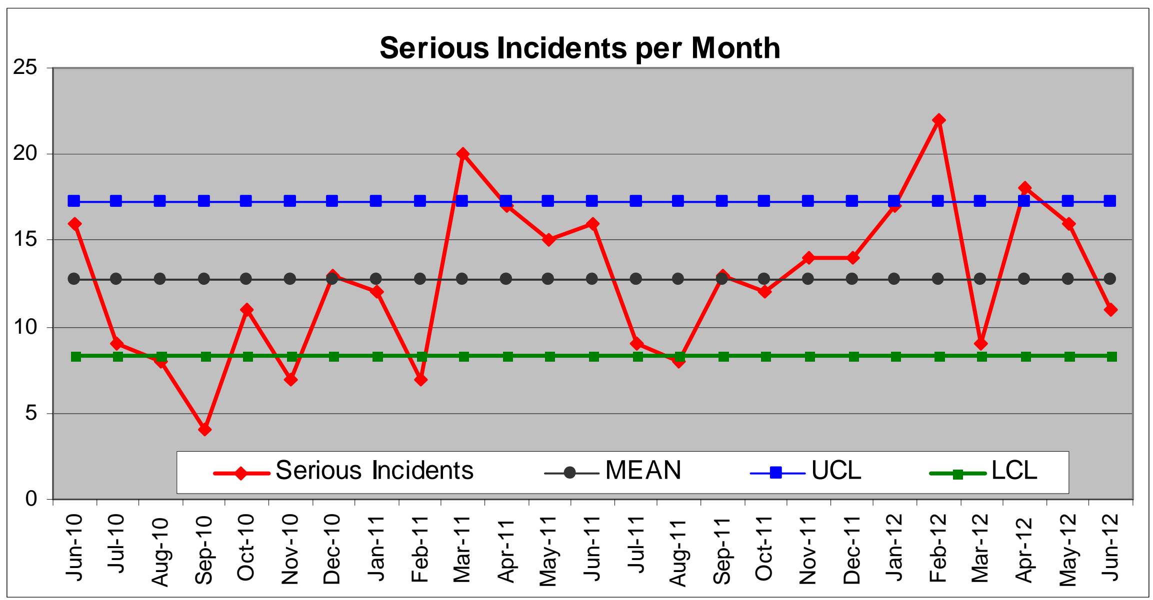
Weekly update on overdue Patient Safety Incidents by week/location

Location (exact)	11/06/2013	18/06/2013	25/06/2012	Grand Total
OPD	8	2		**10**
WAR12E	2	1	1	**4**
HEADNK	3			**3**
WARD9	1	1		**2**
WARD11	1	1		**2**
WREKIN	1	1		**2**
WAR22S		1	1	**2**
WAR22C			1	**1**
WARD21		1		**1**
WARD7		1		**1**
WARD4	1			**1**
CHEMO	1			**1**
WAR16P			1	**1**
DAYS	1			**1**
ONC	1			**1**
Grand Total	20	9	4	**33**

There were 11 Serious Incidents reported in June 2012 which is a decrease from May 2012 when 16 SI's were reported, this is also a decrease of 5 on the same reporting period last year. Of the 11 SI's reported, the PCT

have been requested to downgrade/remove 2 incidents which were instigated as ‘level 0’ incidents. The reason for the request is that in both cases, following review by the Centre Chief, that there was no harm associated with the incident (both incidents relate to Ophthalmology appointment delays). A summary of all the Serious Incidents reported in May 2012 is attached as Appendix 1.

Serious Incidents Performance Jul 2010-June2012



5.4 Location and Type of Serious Incidents

Of the 11 Serious Incidents reported, there were no new Never Events. There were three (3) Ophthalmology Outpatients delays, one of which has been confirmed as leading to a deterioration in the patient’s eyesight and 2 which, following further review, the delay has caused no adverse impact on the patients’ vision. The Centre is to review all delays within the service for the past 12 months and review trends and themes, identifying where performance measures and/or changes had been implemented in order to assess the impact. Areas for improvement will be identified and acted upon following this review.
There were a total of 3 reportable hospital acquired pressure ulcers reported, and no RIDDOR reportable falls, although there was a RIDDOR reportable incident identified, which was associated with a patient sustaining a pathological fracture during a manual handling procedure.

5.5 Serious Incidents by Centre

Ophthalmology were the highest reporting Centre of SI’s for June 2012 (however, it is expected that 2 of these will be downgraded following agreement by the PCT). All cases related to outpatient delays, only one of which had a deleterious effect on the patient’s eyesight.

Table **: Number of Serious Incidents by Clinical Centre - June 2012

Clinical Centre	June	SI YTD	2011/12
Women & Children's	2	10	29
Ophthalmology/Patient Access (includes outpatients)	3*	9*	11
Medicine	2	8	45
Emergency & Critical Care	0	7	25
Surgery	3	7	28
Musculoskeletal	1	2	10
Diagnostics	0	2	4
Head & Neck	0	0	3
Oncology	0	0	5
Therapies	0	0	2
Other	0	0	3
Total	11	45	165

*** 3 SI’s from April and 2 SI’s from June are for potential downgrading by the PCT/SHA***