

## Quality News

June 2011

### Incorporating Infection Prevention and Control Monthly Update

## LIPS: Improving Patient Safety at the heart of everything we do

Our ambition is always to Put Patients First. If we are putting patients first then we always provide the right care for our patients. But, all of us know that sometimes the Trust does not get it right.

Leading Improvement in Patient Safety (LIPS) is about being open about the challenges we face, and getting better at improving patient safety. It aims to give staff across the Trust the passion, confidence, skills and support to eliminate harm to patients.

Overall, LIPS will help us to:

- Identify our main priorities for improving patient safety
- Identify the factors that contribute to harm events, so that we can eliminate them
- Develop tools and techniques to make improvements that we can sustain
- Focus on areas that will have the greatest impact and that make sense for staff
- Measure the progress that we are making, so that we can demonstrate and share successes

We reached a major milestone in our journey to make our hospitals a safer place for patients in June, with over 100 clinicians and other hospital staff attending an intensive LIPS course.

The week-long event followed our LIPS taster event on 16 March. That event generated a lot of different ideas for improving patient safety. These ideas have been brought together into a draft high level Patient Safety Plan for the Trust that we are continuing to refine and develop.

The overall mission for the Trust's Patient Safety Plan is to reduce the number of people who die in our hospitals by 20% over the next two years. It focuses on six key themes, or "primary drivers", which are summarised in the diagram on the right.

#### LIPS ... Word of Mouth

If you were on the LIPS course, why not help to spread the word by talking to your colleagues about some of the issues and concepts introduced during the week. If you weren't at LIPS then why not find out more from someone who was. Here are some ideas to get you started:



- What does the **shirtless dancing guy** tell us about making change happen?
- What is the **Global Trigger Tool** and how can this help us improve patient safety?
- How can you use **patient stories** in your department?
- What is a **PDSA cycle** and how can it help us to deliver sustainable improvements?
- How does Ajzen's **Theory of Planned Behaviour** help us to engage people in improving care?
- What are **Human Factors** and what impact do they have on health care?
- What is a **BTCU (Borderline Tolerated Condition of Use)** and why is this important?
- How do you engage with the **Golden Triangle** and the **Waverers** when you are developing ideas for improvement?
- Why is the **number 7** important on a **run chart**?

#### Our Mission:

In the next 2 years we will reduce the number of people who die in our hospitals by 20%



**Quality and Safety**  
We will always provide the right care for our patients

Ensure that we learn from mistakes and embrace what works well

Design care around patient needs

Provide the right care, right time, right place, right professional

Deliver services that offer safe, evidence-based practice

Meet regulatory requirements and healthcare standards

Ensure our patients suffer no avoidable harm

For each of these “primary drivers” we have identified:

- an Executive Lead (the Medical Director, Chief Nurse, Chief Operating Officer or Chief Executive)
- two to three “secondary drivers” where we will focus our initial improvement efforts

These are summarised in the diagram at the bottom of the page.

At the LIPS course, participants worked together in multi-disciplinary groups, each focusing on one of these “secondary drivers”. The groups used the tools and skills developed during the course to develop an outline plan for improvement. With support and challenge from a named clinical lead, the groups are now beginning to bring these plans back to the Trust.

Examples of this work are already being shared across the Trust. For example the “deteriorating patient” primary driver groups are beginning to collect data on emergency calls and cardiac arrest calls to help them measure improvements made as a result of their work.

Participants are also bringing the LIPS tools and techniques to other aspects of their work, to help make sustainable improvements.

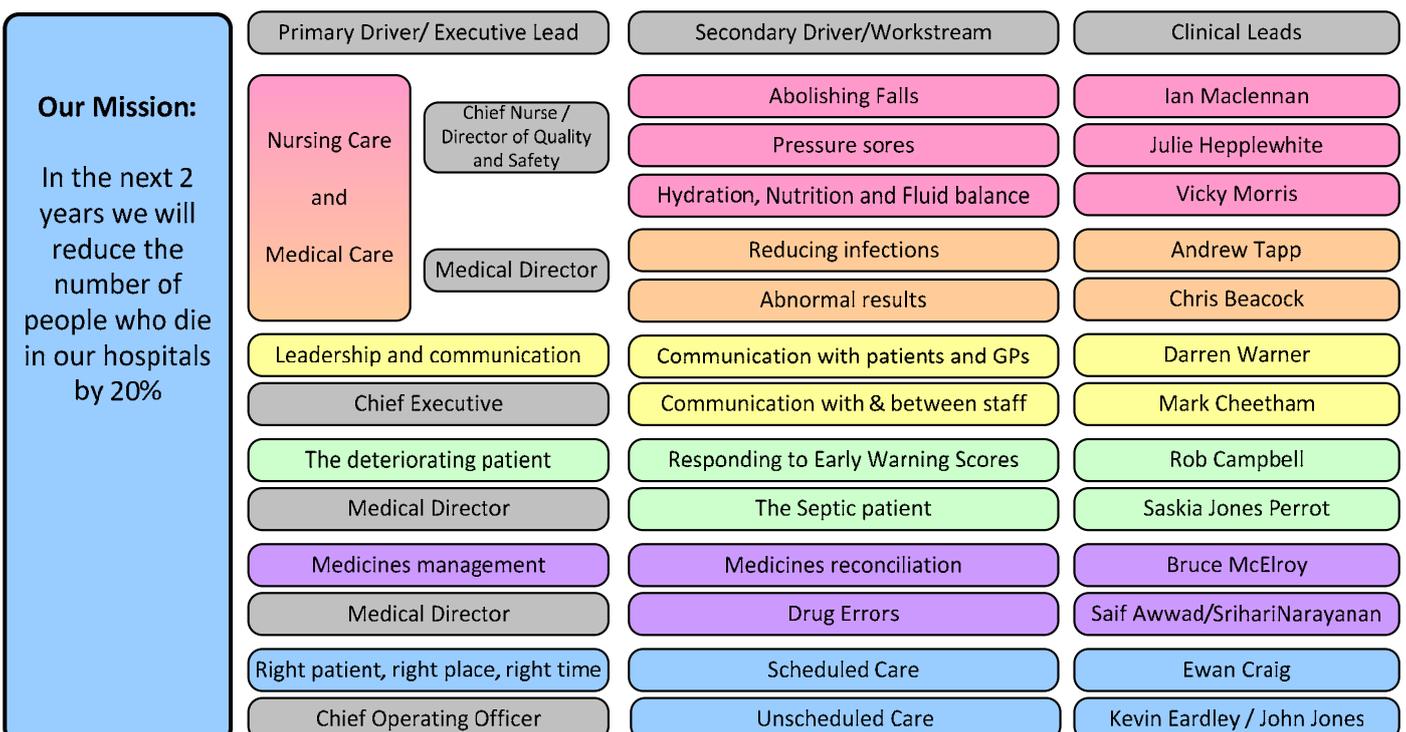
You should see more and more impact of LIPS over the coming weeks, and we will bring you a brief update from each workstream in the next edition of Quality News.

## The Essence of LIPS

- *Being open and honest about our problems*
- *Recognising that we CAN improve*
- *Learning from other organisations and industries*
- *Learning a new vocabulary*
- *Learning an improvement methodology*
- *Challenging “medical” thinking about numbers*
- *Making sustainable, planned changes that contribute towards a common goal*

### Reminder to LIPS Week participants Follow-Up Event, Thursday 21 July 6pm to 8pm

You are invited to the first LIPS follow up event which will be held on Thursday 21 July in SECC at RSH. We would like all the teams to provide a short (15 minutes) update on progress to date, using the same groupings as the final day of the LIPS week. You will not need to provide any preamble / or introduction to PDSA on your presentations, rather we would like you to focus on your data points and successes to date. The event will provide you with an opportunity to share learning and explore any difficulties which you have encountered with colleagues. Please feel free to invite any colleagues who have been assisting your teams but were not at the LIPS week.



## **Using patient experience to help provide quality services**

We are currently asking hundreds of our patients to share their experiences and help ensure the Trust continues delivering high quality services.

The National Outpatient Survey 2011 was launched this month and involves sending questionnaires to 850 patients aged 16 and above from across Shropshire, Telford & Wrekin and Mid Wales who attended the Outpatients Department in April.

Feedback provided by the survey is vital for bringing about improvements in the quality of services the Trust provides, as well as keeping patients at the heart of planning for the future of health services locally.

We will know the results of this survey early next year.

## **A change of name to reflect to a wide range of service provision**

The Dental Laboratory at the Royal Shrewsbury Hospital will now be known as the **Maxillo Facial and Orthodontic Laboratory** due to the diverse range of work it carries out and the mix of specialities it supports.

As well supporting the Oral Maxillo Facial and Orthodontic Department, the laboratory provides clinical support to ENT prosthetics, dermatology, radiotherapy, speech and language therapy, pre and post treatment photographs, among others.

The laboratory also provides clinical support for other hospitals such as The Robert Jones & Agnes Hunt Orthopaedic and District Hospital NHS Trust, Wrexham Maelor Hospital and Glan Clwyd Hospital.

## **Providing quality training in Shropshire to help improve cancer survival rates in Nepal.**

The Trust recently welcomed two nurses who travelled thousands of miles to learn the necessary skills they need to help reduce the number of people dying from cancer in Himalayan communities.

Sita Pariyar and Mamota Shrestha (pictured with Sister Sherryl Goodall and Dr Jane Panikkar) spent almost a month in the county to undergo specially-tailored training.

The visit was brought about through Dr Jane Panikkar, Consultant Gynaecologist and Obstetrician, and Sister Sherryl Goodall, who are both part of the Practical Help Achieving Self Empowerment (PHASE) Worldwide Colposcopy Group, which is working with doctors and nurses in Nepal to try and reduce the burden of cervical cancer.

In the UK, screening programmes help to greatly reduce the number of women dying from cervical cancer through early detection and treatment, whereas in countries like Nepal these services are greatly lacking.

While in Shropshire the two Nepali nurses spent time working in clinics at both PRH and RSH.



***Dr Panikkar said: "This whole thing has been designed to make sure they have the necessary skills they need to take back to Nepal and help develop screening and diagnostic clinics there.***

***"When we visited Nepal we found there was no effective screening and no facilities for colposcopy and treatment of precancerous lesions, hopefully we can now help to start addressing those problems.***

***"Screening does not detect and prevent all cancers, but sadly the biggest risk of getting cancer of the cervix and dying is not attending screening and colposcopy clinics."***

PHASE Worldwide is hoping to help address these problems by supporting the establishment of screening clinics in Nepal and training specialist nursing staff in gynaecology and colposcopy.

## An introduction from the new Health Access Nurse at RSH



My name is Denise Polhill and I am employed by South Staffordshire and Shropshire Healthcare NHS Foundation Trust as the Health Access Nurse for people with a learning disability, who access the Royal Shrewsbury Hospital for their healthcare needs.

I work full time, between the hours of 8.30am and 4.30pm from Monday to Friday, though this can be flexible dependent on need. I am based at the Mytton Oak Unit on the Royal Shrewsbury Hospital site and can be contacted on **01743 261181**. If I am not in the office, a message can be left for me and I will return your call at my earliest convenience.

I am a qualified nurse for people with learning disabilities and I am able to offer help, support and guidance to you and your staff around many issues presented by the person's learning disability. This may be something as simple as providing Easy Read material to help explain things, support with different methods of communication, giving an understanding of how a patient's learning disability may affect their presentation when they are physically ill, to helping provide ideas around what 'reasonable adjustments' can be made to make the persons stay in hospital as least stressful as possible for them, their carers and you and your staff. Part of my job also includes what 'reasonable adjustments' could be made to facilitate their attendance at Outpatient clinics or test appointments; this could include desensitisation visits or the provision of Easy Read 'Your Journey' leaflets.

I would appreciate it if you would contact me on the above number whenever:

- ***You have a patient admitted who has a learning disability; even if you do not feel that you need any active input from me at that moment in time.***
- ***Or if you are aware that a person with a learning disability will be accessing your department for tests or other appointments.***

I look forward to meeting some new faces and working closely with you all.

**Denise Polhill**  
**Health Access Nurse**



## Information Governance Training

The latest winner of the Information Governance Training draw for £20-worth of vouchers is Debby Waggett.

A draw has been taking place at the end of each month, and those people who have completed the mandatory training have been automatically entered.

After receiving her prize, Debby said she was delighted to have won.

All Trust staff must have completed the training before the end of June 2011. This is to support the way the Trust protects patient information and other data.



## Clinical Audit Workshop

The Clinical Governance Department will be running two half day clinical audit workshops on 19 and 20 July 2011 at RSH and PRH respectively.

The aim of the workshop is to give an overview of the Clinical Audit Process, illustrating the advantages and disadvantages of different data collection methods. It takes participants through the steps of carrying out an audit at the Trust, and briefly covers data analysis and presentation.

Any member of staff who is involved in clinical audit projects as part of their job will benefit from taking part in one of the workshops.

To book a place contact Vicky Lowe, Clinical Governance Administrator, on ext 3309 or email [vicky.lowe@sath.nhs.uk](mailto:vicky.lowe@sath.nhs.uk)

## Congratulations to...

Estates Department apprentice Dave Lewis, who has just received the TCAT award for "advanced engineering apprentice of the year".

**This edition of Quality News brings news from all three domains of quality—safety, effectiveness and patient experience.**

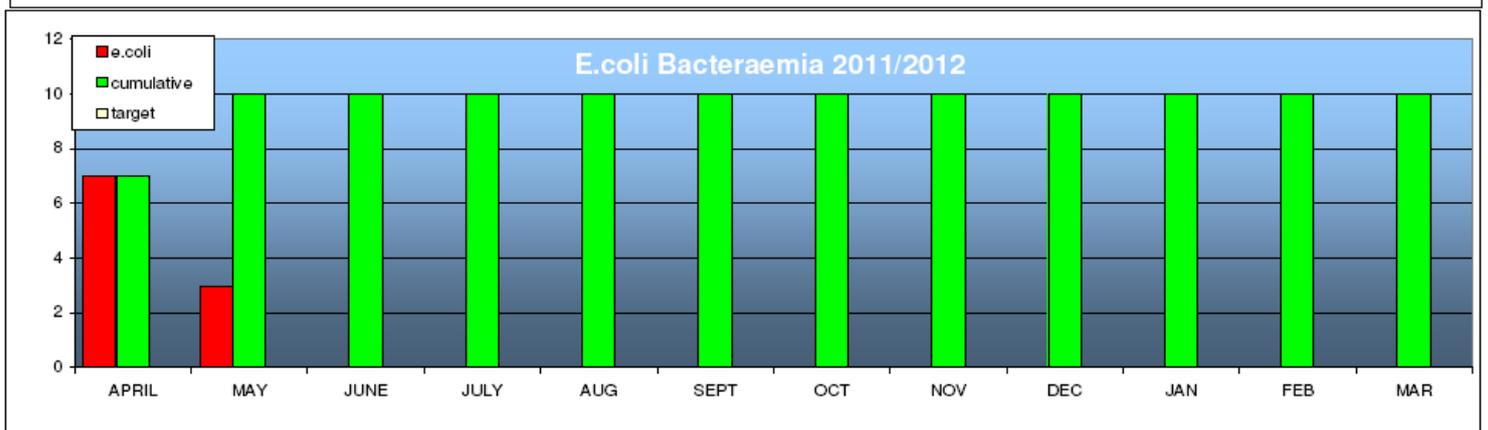
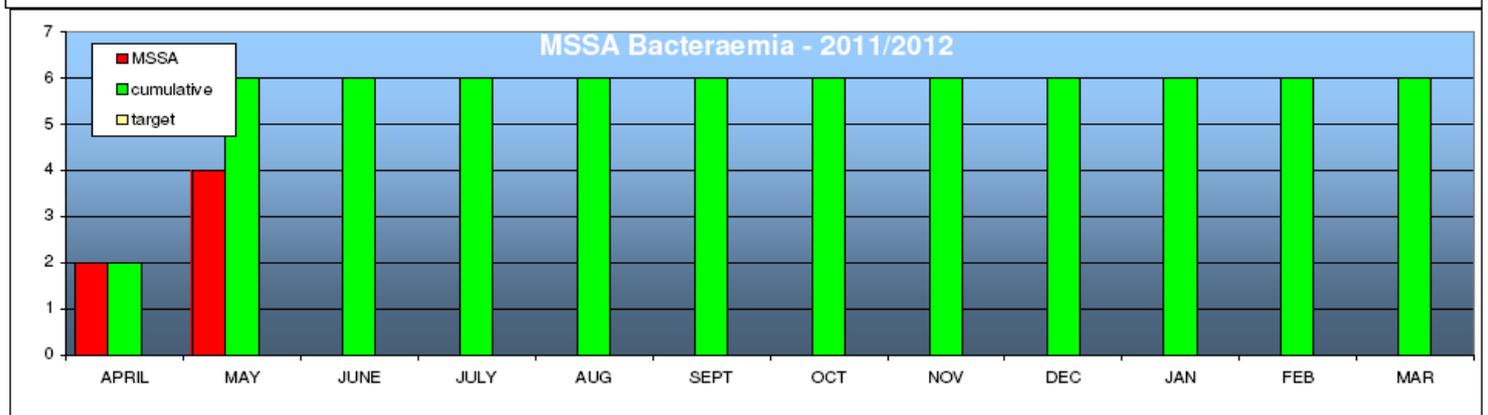
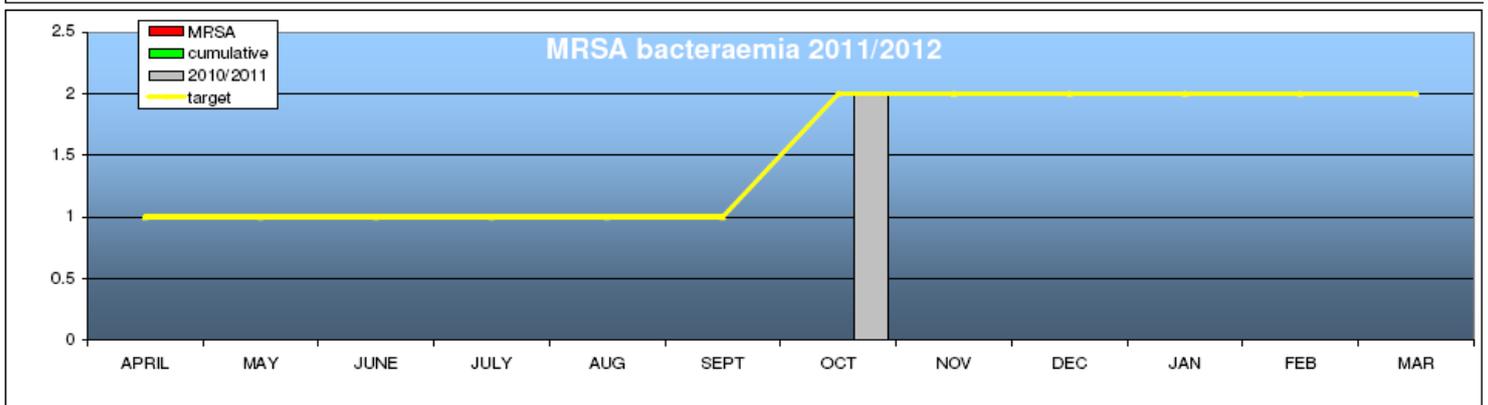
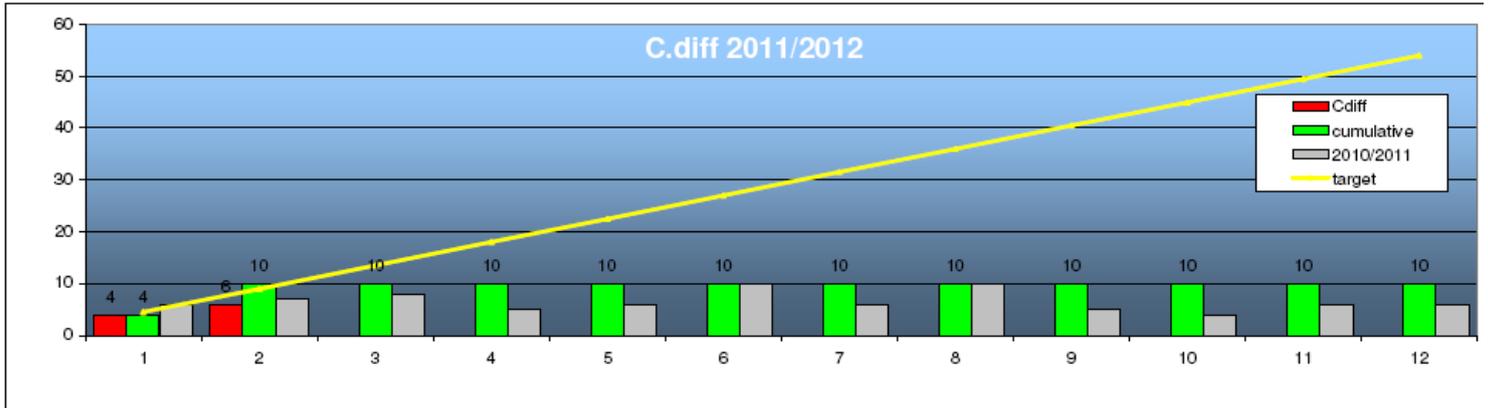
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or contact the Communications Team on 01743 261378

# Infection Prevention and Control Monthly Update

Our MRSA and C.diff targets have been agreed with the Strategic Health Authority for 2011/2012. In addition to the existing targets, we have also been tasked with achieving new targets for MSSA and E.coli bacteraemia. The final numbers for these new targets are yet to be agreed.

**Dr Patricia O'Neill,**  
 Director of Infection Prevention and Control

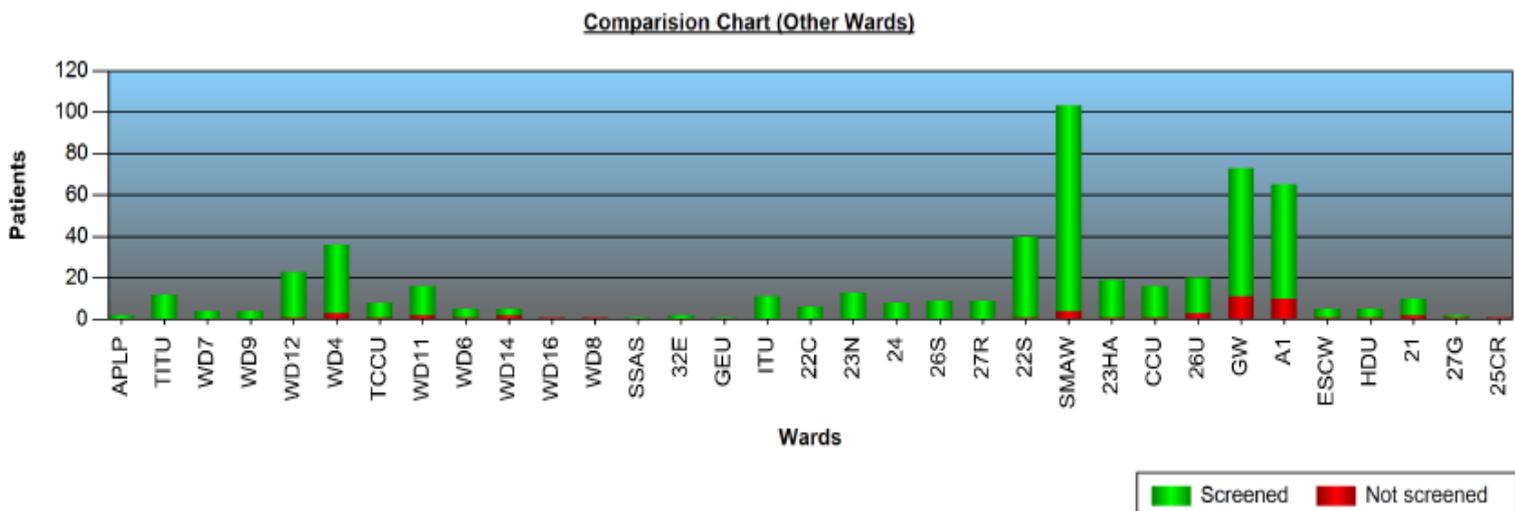
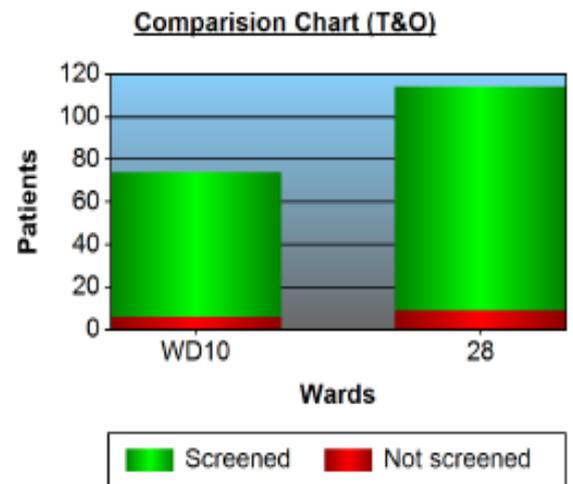
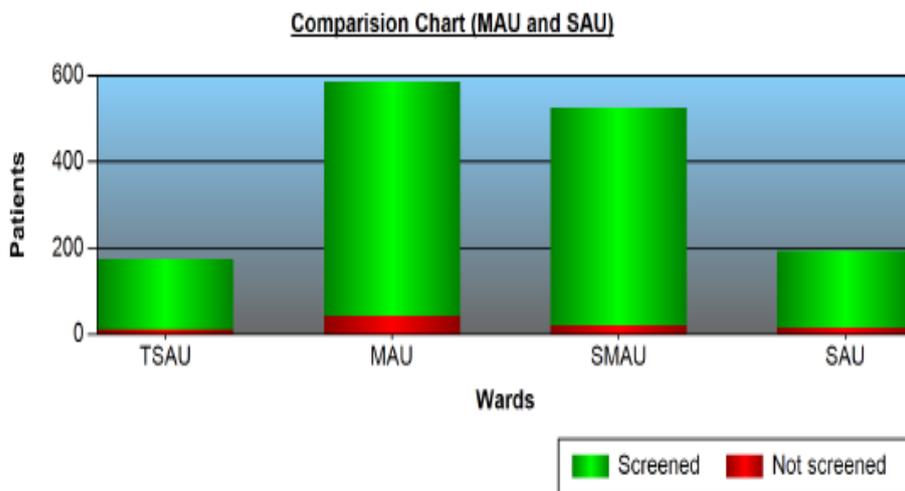
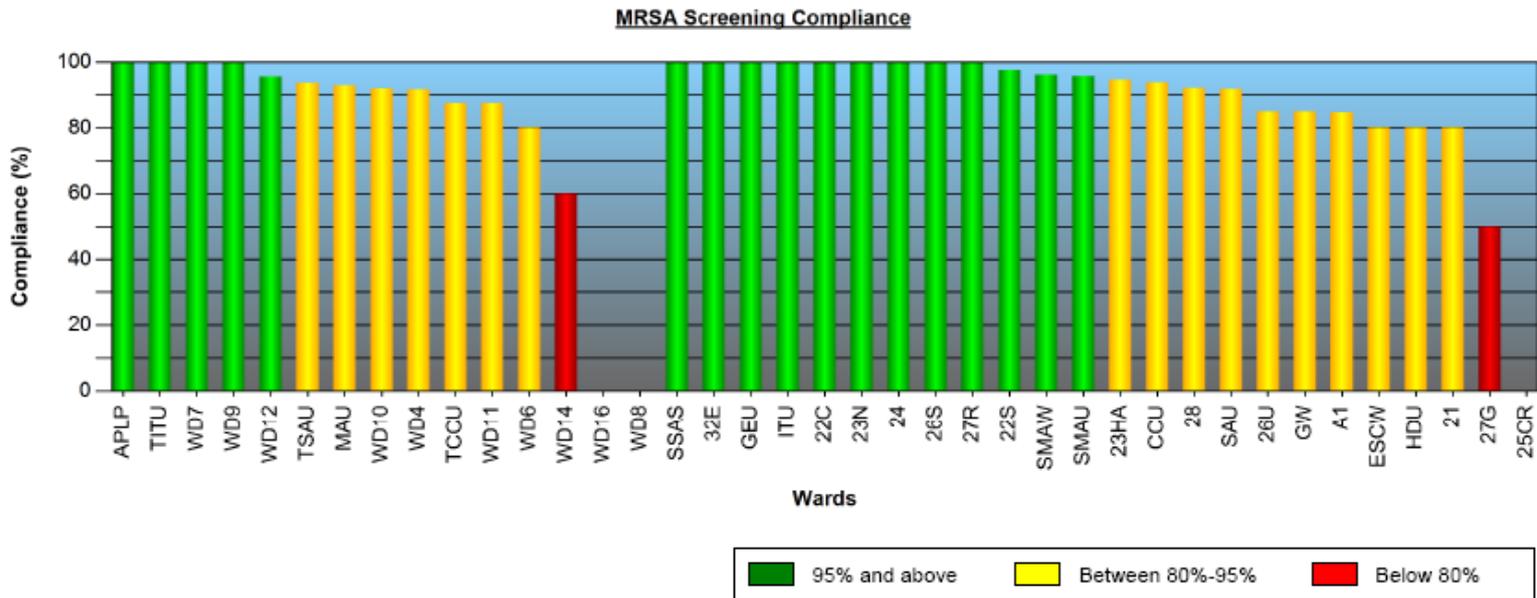
## Knowing how we are doing



# Knowing how we are doing

MRSA Emergency Admission Screening Compliance

Trust compliance: **92.95%**



# Hand Hygiene Results

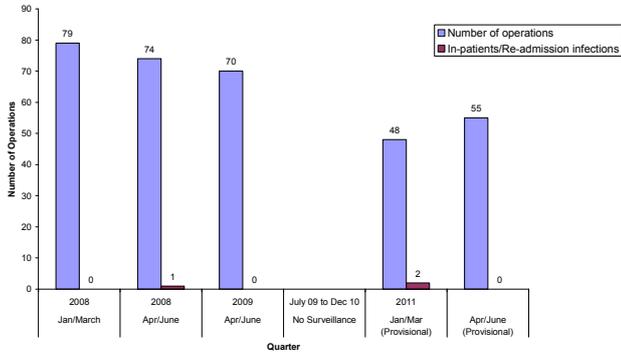
	Department	Compliance	Department	Compliance
Division 1 Emergency	A&E RSH	100%	Ward 28	78%
	A&E PRH	80%	MAU/MAW	90%
	Ward 10	100%	TMAU	100%
	Ward 11	100%	Fracture Clinic	NO RETURN
	<b>SDU TOTAL</b>	<b>92.6%</b>		
Division 1 Critical Care	Ward 6/CCU	100%	Ward 24/CCU	100%
	Ward 7	100%	Ward 23N	82%
	ITU/HDU PRH	100%	Renal Unit PRH	100%
	ITU/HDU RSH	98%	Renal Unit RSH	100%
	Ward 22C	100%		
<b>SDU TOTAL</b>	<b>97.8%</b>			
Division 1 General Medicine	Ward 4	100%	Ward 22s/r	100%
	Ward 8	100%	Ward 27	NO RETURN
	Ward 9	100%	Ward 32E	98%
	Ward 15	56%	Discharge Lounge PRH	NO RETURN
	Ward 16	100%	Paul Brown	100%
<b>SDU TOTAL</b>	<b>94.3%</b>			
Division 2 General Surgery	H&N	82%	Ward 12/SAU	87%
	Ward 26 S/U	100%	Ward 14	98%
	Ward 25	95%		
<b>SDU TOTAL</b>	<b>92.4%</b>			
Division 2 Cancer/Oncology	Ward 21	100%	Radiotherapy	97%
	Ward 23H	100%	Haematology PRH	100%
	Chemo day	100%	Haematology day RSH	100%
<b>SDU TOTAL</b>	<b>99.5%</b>			
Division 2 Womens/Paeds	Gynae	100%	Ward 2 Paeds	100%
	Ward 16 Paeds	100%		
<b>SDU TOTAL</b>	<b>100%</b>			
Division 2 Maternity Units	Antenatal RSH	100%	Ward 17 Neonates	100%
	PANDA RSH	100%	Ward 18	98%
	Antenatal PRH	100%	Ward 19	100%
	Ludlow Maty	100%	Ward 20	100%
	Bridgnorth Maty	NO RETURN	Midwife led unit RSH	100%
	Oswestry Maty	100%		
	Wrekin Maty	100%		
<b>SDU TOTAL</b>	<b>99.5%</b>			
Division 3 Patient Support	OPD RSH	100%	OPD PRH	100%
	<b>SDU TOTAL</b>	<b>100%</b>		
Division 3 Theatres	Theatres RSH	93%	Day Surgery PRH	100%
	Theatres PRH	100%	Day Surgery RSH	88%
	Pre admission	100%		
<b>SDU TOTAL</b>	<b>97%</b>			
Division 3 Imaging	Endoscopy RSH	100%	X-ray PRH	100%
	Endoscopy PRH	100%	Ultrasound	
	X-ray RSH	NO RETURN		
<b>SDU TOTAL</b>	<b>100%</b>			
Division 3 Private Practice	Apley Ward	100%		
	<b>SDU TOTAL</b>	<b>100%</b>		

# Surgical Site Surveillance

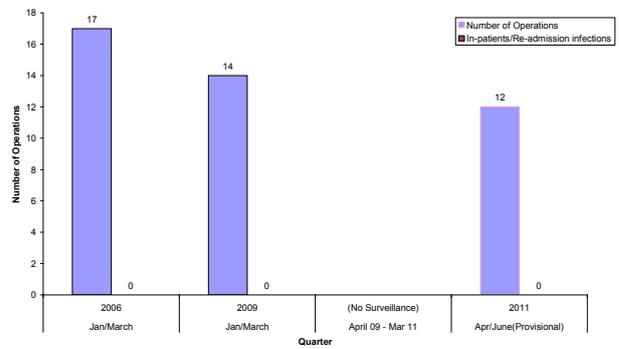
Each quarter, we submit our Surgical Site Surveillance data to a national database to be compared against other Trusts.

There is a rolling programme which covers many different categories. The graphs below show surveillance data for the last quarter, on the chosen category.

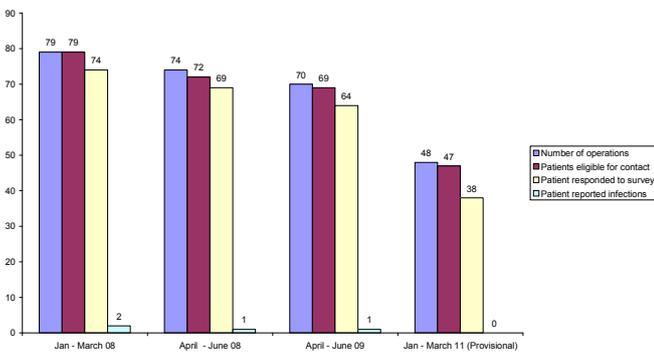
PRH - Total hip replacement



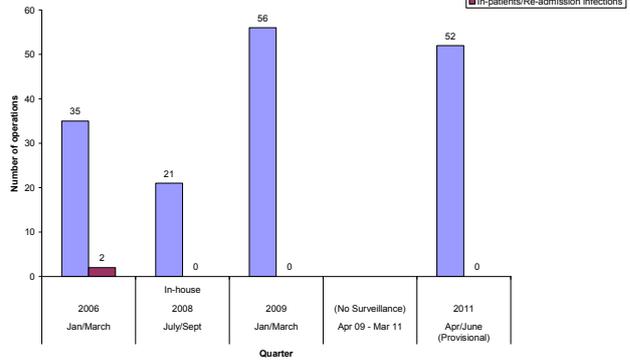
PRH - Vascular



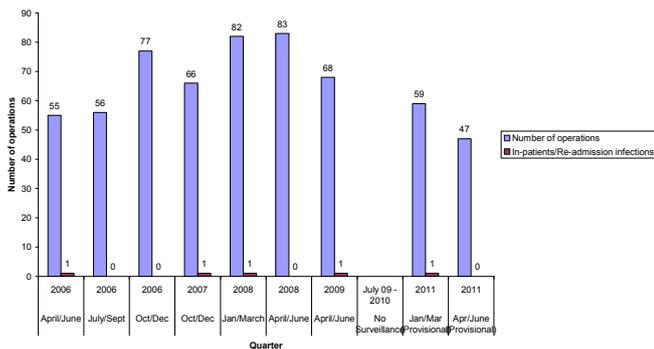
PRH - Total Hip Replacement Post Discharge



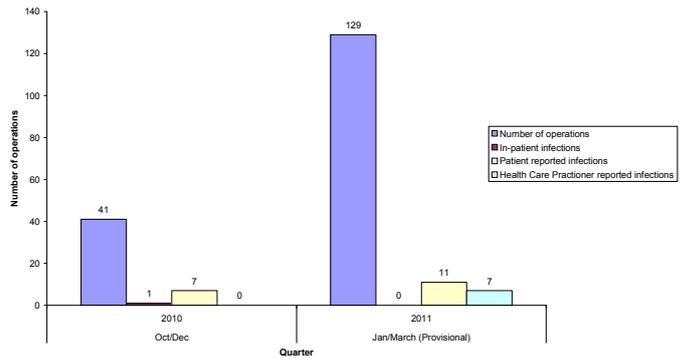
RSH - Vascular



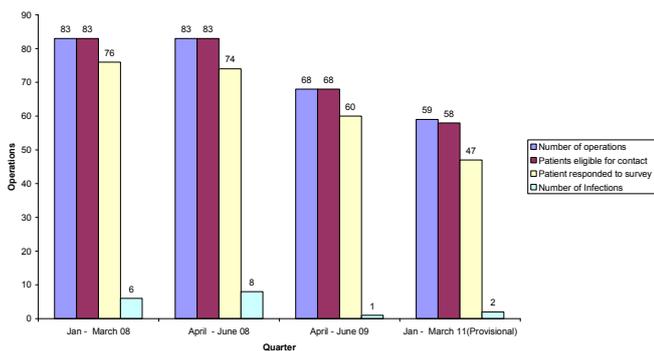
PRH - Total knee replacement



PRH - Breast Surgery



PRH - Total knee replacement Post Discharge



RSH - Repair of neck of femur

