Sherwood Forest Hospitals NHS
NHS Foundation Trust

**Agenda Item:**

# Board of Directors

# Meeting Report

**Subject:** **Monthly Quality & Safety Report**
**Date:** **Thursday 29th May 2014**
**Authors:** **Amanda Callow / Joanna Richardson/Jane Freezer**
**Lead Director:** **Susan Bowler - Director of Nursing & Quality**
**Dr Andrew Haynes – Medical Director**


**Executive Summary**

This monthly report provides the Board with a summary of important quality and safety items and our key quality priorities. In summary, the paper highlights the following key points:

- Three new quality priorities are reported for 2014/15. These will be reported every month for the next 12 months

- HSMR has come down significantly over the past 12 months, with us currently within the expected range. This improvement is due to the on-going work around improved healthcare pathways, patient care and also improvements in clarity of diagnosis and coding. We have investigated a review of Gastrointestinal Haemorrhage deaths (a Dr Foster Alert) and have identified there is no excess mortality in relation to GI bleeds.

- There are a number of Falls priorities for 2014/15. This is the first time we have extensively reported falls information to the Trust Board. As a consequence we have provided information for end of year position (2013/14) with a brief resume of the work that is currently being progressed to deliver this important priority for 2014/15.

- We have identified the need to improve the number of our family and friends responses and have initiated a number of actions to improve this return rate to 50% by October 2014. This includes pursuing an electronic support system as well as engaging the support services to liaise with patients and their carers the importance of feedback.

- During April there were 7 STEIS reportable incidents of which falls (2) was the highest reported group

- This report reminds the board of the tremendous amount of work that has been undertaken within the Trust since September 2013, to improve hydration management. The key focus for the next 4 weeks is to embed and strengthen accountability handover and documentation, as there is evidence that patients are being hydrated but documentation remains inadequate.

- New case law has been defined for Deprivation of Liberty. This has implications for the Trust in that a point prevalence audit has demonstrated that on one day, 39 patients were at risk of being deprived of their Liberty, under the new definition. This report offers an in-depth understanding of the changes defined, the implications and the options we need to consider going forward.

**Recommendation**

To note the information provided (particularly the changed priorities) and the actions being taken to mitigate the areas of concern.

To celebrate the successful (initial) implementation of VitalPAC

To understand the changes and consequence of the Deprivation of Liberty case law for the Trust

| **Relevant Strategic Objectives (please mark in bold)** | |
|---|---|
| **Achieve the best patient experience** | Achieve financial sustainability |
| **Improve patient safety and provide high quality care** | Build successful relationships with external organisations and regulators |
| Attract, develop and motivate effective teams | |

| | |
|---|---|
| **Links to the BAF and Corporate Risk Register** | BAF 1.3, 2.1, 2.2 2.3, 5.3, 5.5<br><br>Mortality on corporate risk register |
| **Details of additional risks associated with this paper** *(may include CQC Essential Standards, NHSLA, NHS Constitution)* | Failure to meet the Monitor regulatory requirements for governance- remain in significant breach.<br>Risk of being assessed as non-compliant against the CQC essential standards of Quality and Safety |
| **Links to NHS Constitution** | Principle 2, 3, 4 & 7 |
| **Financial Implications/Impact** | Potential contractual penalties for failure to deliver the quality schedule |
| **Legal Implications/Impact** | Reputational implications of delivering sub-standard safety and care |
| **Partnership working & Public Engagement Implications/Impact** | This paper will be shared with the CCG Performance and Quality Group. |
| **Committees/groups where this item has been presented before** | A number of specific items have been discussed Safeguarding Group, Nursing Care Forum, Clinical Governance & Quality Committee, Falls Steering Group and Mortality Group |
| **Monitoring and Review** | Monitoring via the quality contract, CCG Performance and Quality Committee& internal processes |
| **Is a QIA required/been completed? If yes provide brief details** | No |



**TRUST BOARD OF DIRECTORS – MAY 2014**

**MONTHLY QUALITY & SAFETY REPORT**

## 1. Introduction

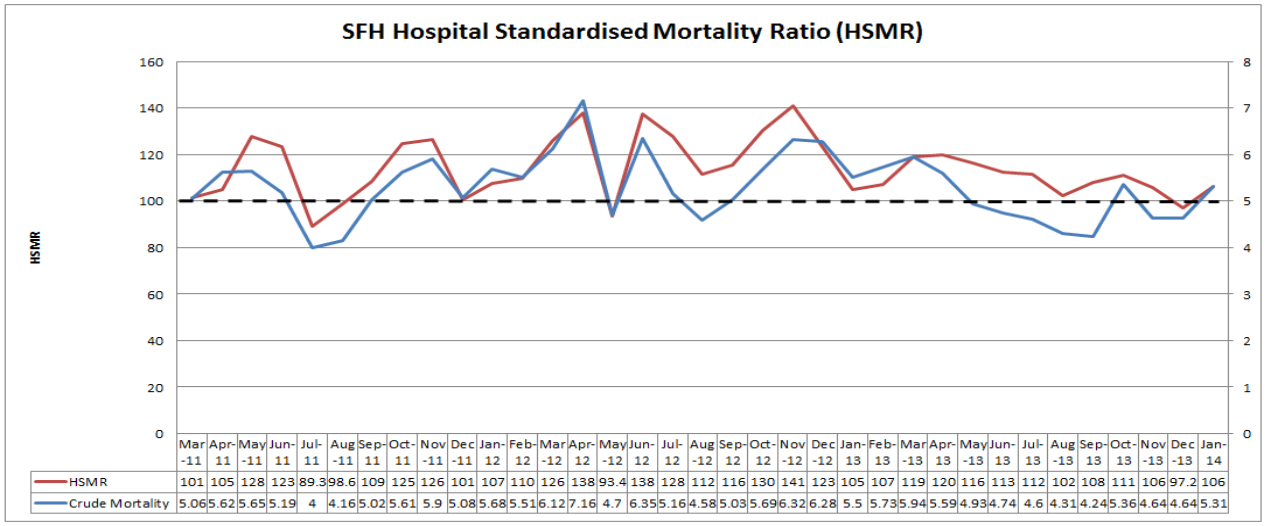
This monthly report highlights to the Board of Directors key areas in relation to quality and safety. It complements the quarterly quality report, which gives a more comprehensive review of progress against the Trust's quality and safety priorities. The monthly report includes updates on the Trust's top 3 quality priorities for 2014/15, which are:

| | | |
|---|---|---|
| **Key Priority 1** | **Reduce mortality as measured by HSMR** | Headline & specific **HSMR within the expected range**<br><br>To have an embedded mortality reporting system visible from service to board<br><br>**Eliminate** the difference in weekend and weekday HSMR |
| **Key Priority 2** | **Reduce harm from falls** | Total falls **< 7 per 1000 occupied bed days** by quarter 4 (quarter on quarter reduction)<br><br>Falls resulting in harm **<1.7 per 1000 occupied bed days** by quarter 4 (quarter on quarter reduction)<br><br>Reducing the number of patients who fall more than twice in hospital (baseline Q1 14/15)<br><br>Reduce the number of fractures from falls to **<25** for 2014/15 |
| **Key Priority 3** | **Improve response rates and scores in the patient and staff friends and family test** | Increase our F&F response rate to **50%** by October 2014<br><br>To improve the score to +**80** by March 2015 |

## 2. Reducing Mortality (Priority 1)

Overview

Our overall HSMR has come down significantly over the past 12 months.



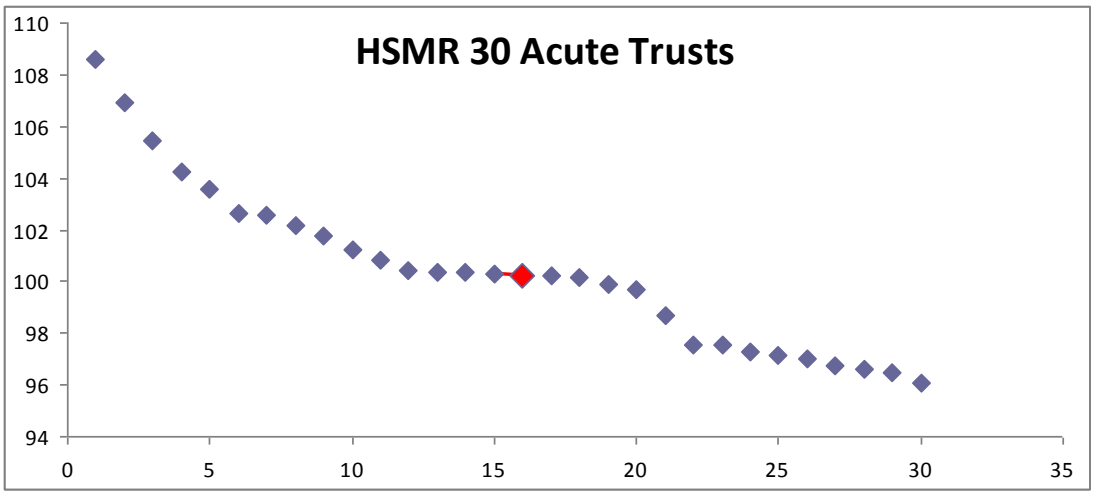

| | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 | Apr-12 | May-12 | Jun-12 | Jul-12 | Aug-12 | Sep-12 | Oct-12 | Nov-12 | Dec-12 | Jan-13 | Feb-13 | Mar-13 | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 | Jan-14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HSMR | 101 | 105 | 128 | 123 | 89.3 | 98.6 | 109 | 125 | 126 | 101 | 107 | 110 | 126 | 138 | 93.4 | 138 | 128 | 112 | 116 | 130 | 141 | 123 | 105 | 107 | 119 | 120 | 116 | 113 | 112 | 102 | 108 | 111 | 106 | 97.2 | 106 |
| Crude Mortality | 5.06 | 5.62 | 5.65 | 5.19 | 4 | 4.16 | 5.02 | 5.61 | 5.9 | 5.08 | 5.68 | 5.51 | 6.12 | 7.16 | 4.7 | 6.35 | 5.16 | 4.58 | 5.03 | 5.69 | 6.32 | 6.28 | 5.5 | 5.73 | 5.94 | 5.59 | 4.93 | 4.74 | 4.6 | 4.31 | 4.24 | 5.36 | 4.64 | 4.64 | 5.31 |

This improvement is due to the ongoing work around improved healthcare pathways, patient care and also improvements in clarity of diagnosis and coding.

The above chart is a comparison with crude mortality which demonstrates that the reduction in HSMR is related to real reduction in the expected mortality rate.

Our aim as a trust is to maintain a position close to the benchmark HSMR and in line with our peers. We have set a target that our HSMR will be within expected range and below 100.

Below is a chart that shows our position relative to the 30 acute trusts closest to us on the Dr Foster "league" table

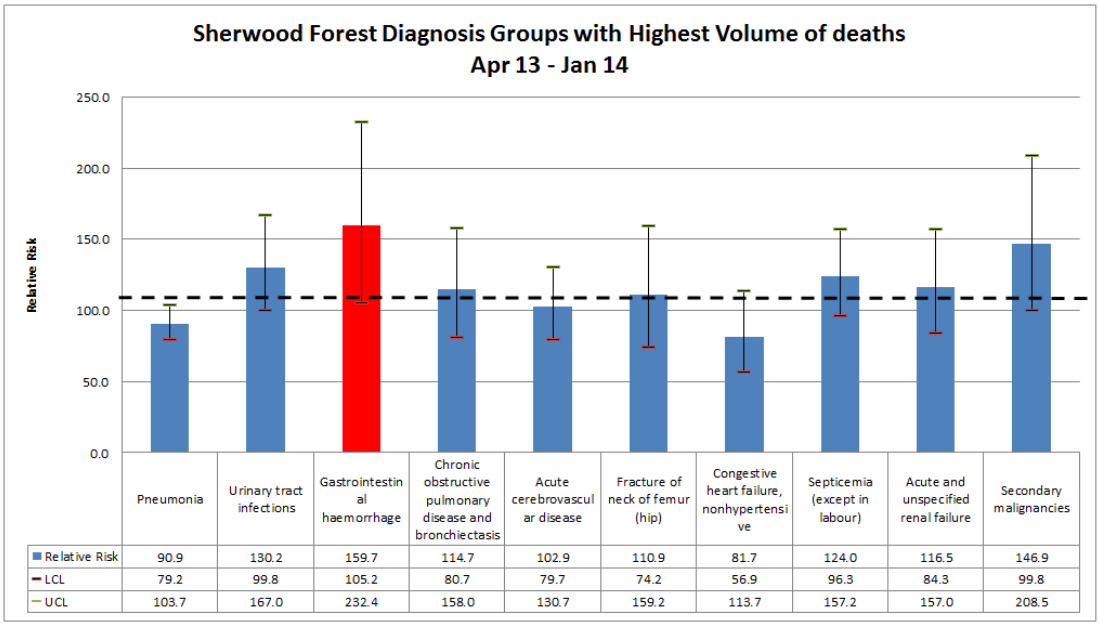



For the period 2012/13 SFH was the bottom of the table for HSMR. We have now risen to 16th from the bottom. However, it is important to note that the data has not yet been rebased and there are several other trusts with a similar HSMR to ours so our relative position may change, either down as low as 12th or up to 18th.

The list of the 30 trusts used for the above chart is shown below:

| | National table | Relative Risk |
|---|---|---|
| 1 | Medway NHS Foundation Trust | 108.6 |
| 2 | City Hospitals Sunderland NHS Foundation Trust | 106.9 |
| 3 | Blackpool Teaching Hospitals NHS Foundation Trust | 105.46 |
| 4 | South Tyneside NHS Foundation Trust | 104.23 |
| 5 | Northumbria Healthcare NHS Foundation Trust | 103.6 |
| 6 | Burton Hospitals NHS Foundation Trust | 102.63 |
| 7 | Wye Valley NHS Trust | 102.54 |
| 8 | Great Western Hospitals NHS Foundation Trust | 102.14 |
| 9 | Salisbury NHS Foundation Trust | 101.76 |
| 10 | Barnsley Hospital NHS Foundation Trust | 101.26 |
| 11 | University Hospital Southampton NHS Foundation Trust | 100.81 |
| 12 | Mid Cheshire Hospitals NHS Foundation Trust | 100.42 |
| 13 | Doncaster and Bassetlaw Hospitals NHS Foundation Trust | 100.38 |
| 14 | Southport and Ormskirk Hospital NHS Trust | 100.34 |
| 15 | North Tees and Hartlepool NHS Foundation Trust | 100.32 |
| 16 | Sherwood Forest Hospitals NHS Foundation Trust | 100.21 |
| 17 | Heart Of England NHS Foundation Trust | 100.2 |
| 18 | Royal Cornwall Hospitals NHS Trust | 100.16 |
| 19 | West Middlesex University Hospital NHS Trust | 99.9 |
| 20 | South Tees Hospitals NHS Foundation Trust | 99.7 |
| 21 | Worcestershire Acute Hospitals NHS Trust | 98.66 |
| 22 | Nottingham University Hospitals NHS Trust | 97.55 |
| 23 | Buckinghamshire Healthcare NHS Trust | 97.53 |
| 24 | University Hospitals Coventry and Warwickshire NHS Trust | 97.28 |
| 25 | Calderdale and Huddersfield NHS Foundation Trust | 97.12 |
| 26 | University Hospital Of South Manchester NHS Foundation Trust | 97 |
| 27 | The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust | 96.74 |
| 28 | South Warwickshire NHS Foundation Trust | 96.59 |
| 29 | The Royal Wolverhampton NHS Trust | 96.46 |
| 30 | Gloucestershire Hospitals NHS Foundation Trust | 96.1 |

Current Position




| | Pneumonia | Urinary tract infections | Gastrointestinal haemorrhage | Chronic obstructive pulmonary disease and bronchiectasis | Acute cerebrovascular disease | Fracture of neck of femur (hip) | Congestive heart failure, nonhypertensive | Septicemia (except in labour) | Acute and unspecified renal failure | Secondary malignancies |
|---|---|---|---|---|---|---|---|---|---|---|
| Relative Risk | 90.9 | 130.2 | 159.7 | 114.7 | 102.9 | 110.9 | 81.7 | 124.0 | 116.5 | 146.9 |
| LCL | 79.2 | 99.8 | 105.2 | 80.7 | 79.7 | 74.2 | 56.9 | 96.3 | 84.3 | 99.8 |
| UCL | 103.7 | 167.0 | 232.4 | 158.0 | 130.7 | 159.2 | 113.7 | 157.2 | 157.0 | 208.5 |

We are in the expected range currently for our top 10 highest HSMR areas, except for GI Haemorrhage.

**Gastrointestinal (GI) Haemorrhage**

One of the Gastroenterology consultants has now carried out a review of deaths attributed to GI Haemorrhage and the findings were as follows;

Of the 19 cases only 2 were deaths due to GI bleeding in his judgement. In one of those cases consideration should have been given to transferring the patient to Nottingham for embolization. In another case there was a delay in referral to the GI team on admission.

The other cases were incorrectly labelled as GI bleeds by the admitting team where there was little evidence to substantiate this – e.g. vomiting of brown material in a patient who was systemically unwell

This review is reassuring that there that there is no excess mortality from GI haemorrhage at this trust.

**Urinary Tract infections (UTI)**

A review of 54 deaths showing as UTI on Dr Foster is just being completed. First review of the data would suggest that the majority of these cases actually died of something completely different. In the main, the patients appear to be frail elderly patients admitted because of general deterioration, but given an initial diagnosis of UTI on admission.

**Acute Kidney Injury (AKI)**

The AKI group meets regularly and review is ongoing around identification and management of AKI on admission and during admission. AKI will remain an area of focus and we are building a robust system to continually monitor our management.

**Going Forward**

1. In the past we have carried out mortality reviews in response to alerts from Dr Foster about areas where we have had an above average HSMR. Our improved overall HSMR combined with some changes to the Dr Foster reporting system means that we will no longer be receiving these. Instead, we are focussing on maintaining an overview of our position on major diagnoses and looking for themes and trends.

2. This information needs to be relevant, up to date and correct. We will be able to monitor the data using Dr Foster to a certain extent. However, we are now moving the focus towards a robust, consistent and sustainable system of mortality review across the organisation. All the specialities currently hold Mortality and Morbidity meetings and review cases of deaths within their area monthly. The overall data from these is reported at the divisional governance meetings. Currently there is no sharing of lessons or themes & trends information beyond this forum.

3. Working through the Trust Mortality Group, which meets monthly, chaired by the Medical Director, the aim is to standardise as far as possible the mortality review format and have the data input by the specialities into a central database. This way, we will be able to see which deaths have already been reviewed to prevent duplication of work, identify themes and start to share the learning across the organisation. It will also form the base of a true bed to board reporting system for mortality. Any worrying trends or problems can be identified at speciality level and improvement work can be support by the Patient Safety Team under the aegis of the Patient Safety Steering Group.

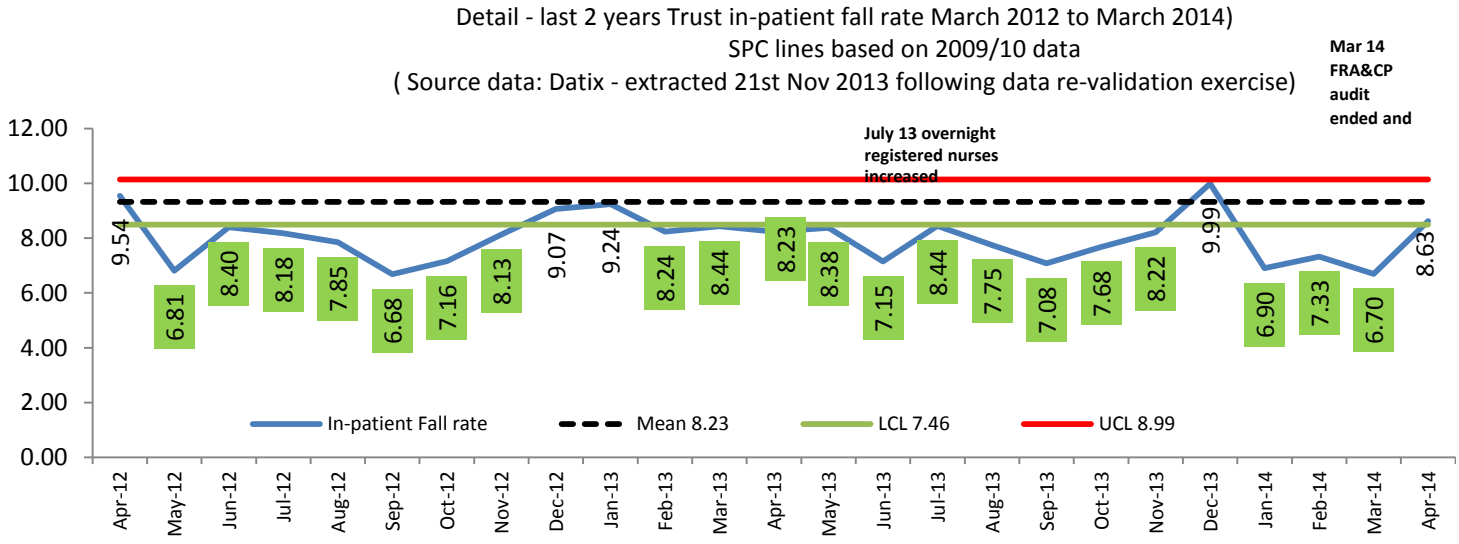
4. There remains an aim to review every death, but we do not yet have the resource for this. However, we have been reviewing 5 deaths a week, above those being reviewed for specific areas. We are increasing that to ten a week. In conjunction with a more centralised system of review, we will be closer to the goal of reviewing every death.

5. Over the next few months, we are going to organise training sessions around coding for doctors, initially consultants, then for juniors. The aim will be to educate them on the impact of the language used around diagnosis in the notes on the coding which goes on to inform Dr Foster and, of course, dictate financial payment.

6. One of the trust's aims as set out in the Quality report is to eliminate the difference between weekend and weekday HSMR. We have recently been invited to participate in a national project that aims to create a map of specialist intensity at weekends across the NHS. It is an evaluation of the impact of **H**igh-**I**ntensity **S**pecialist-**L**ed **A**cute **C**are (**HiSLAC**) on emergency admissions to NHS hospitals at weekends. The data collection will begin in June 2014.

### 3. Falls Reduction (Priority 2) – Dr Schokker and Gerrie Edwards

**Total falls < 7 per 1000 occupied bed days**

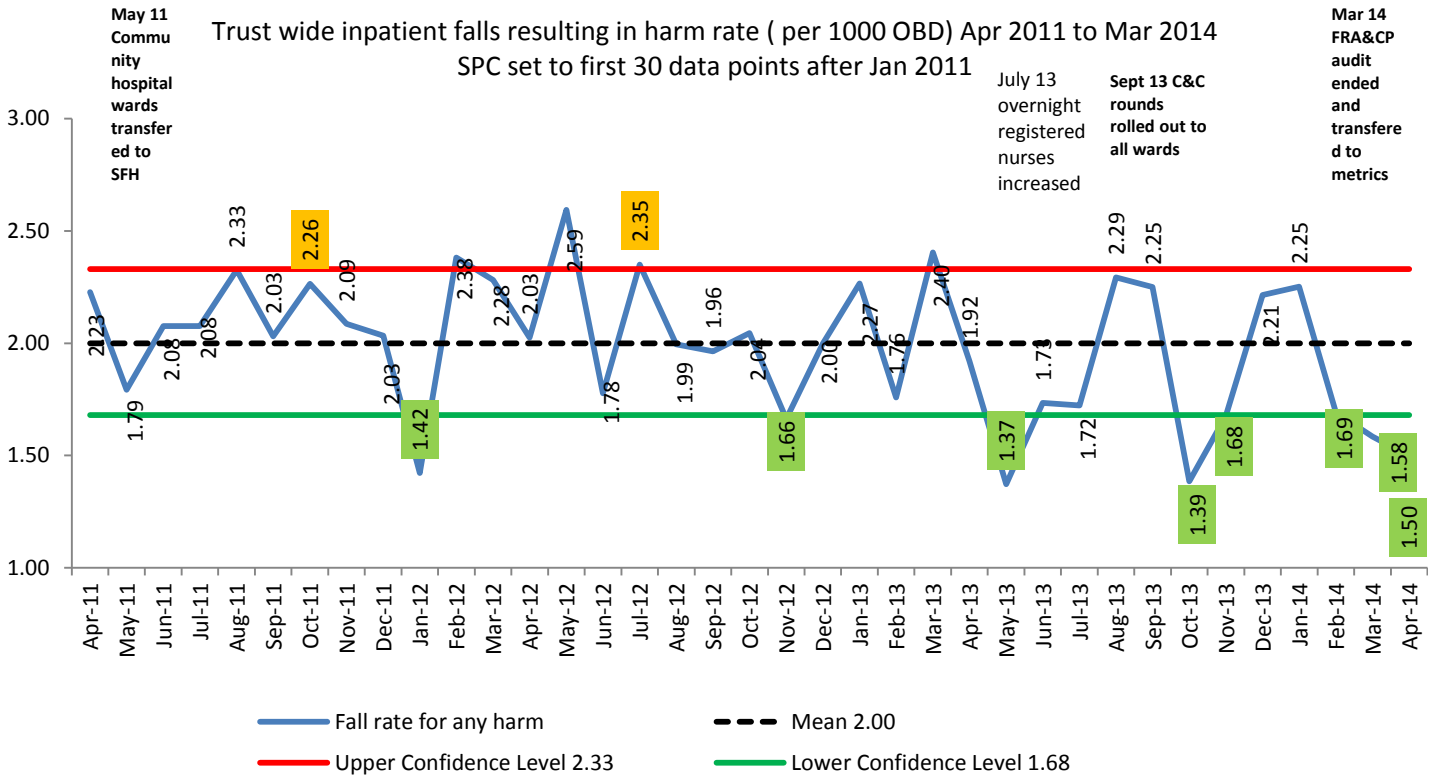



Target is < 7 per 1000 occupied bed days by quarter 4 ( quarter on quarter reduction)

- There has been a linear increase in occupied bed days and a linear decrease in our inpatient harms rate which shows that overall the Trust has made good progress during 2013/14.

- Falls prevention needs to be customised, each patient has a different set of risk factors so care must be taken to address each unique need.
- There is commitment from the Ward Leaders to give assurance that patients identified as being at risk will be assessed for enhanced observation.
- The ward assurance tool means there is continuous monthly monitoring of performance and this is reviewed with all Heads of Nurses and Divisonal Matrons.
- There has been a positive change in practice on the Emergency Admissions Unit to ensure patients at risk of Falls or who are admitted with falls have improved access to the physiotherapist and pharmacy.
- There has been the implementation of a new system to identify patients at risk of falls on the communications board which benefits the whole team but also supports the Nurse in Charge for monitoring the level of risk and implementing an escalation plan appropriately.
- In March 2014 the data in relation to the Falls Risk Assessment and Care Plan compliance is being taken from the Nursing Metrics.

**Falls resulting in harm**

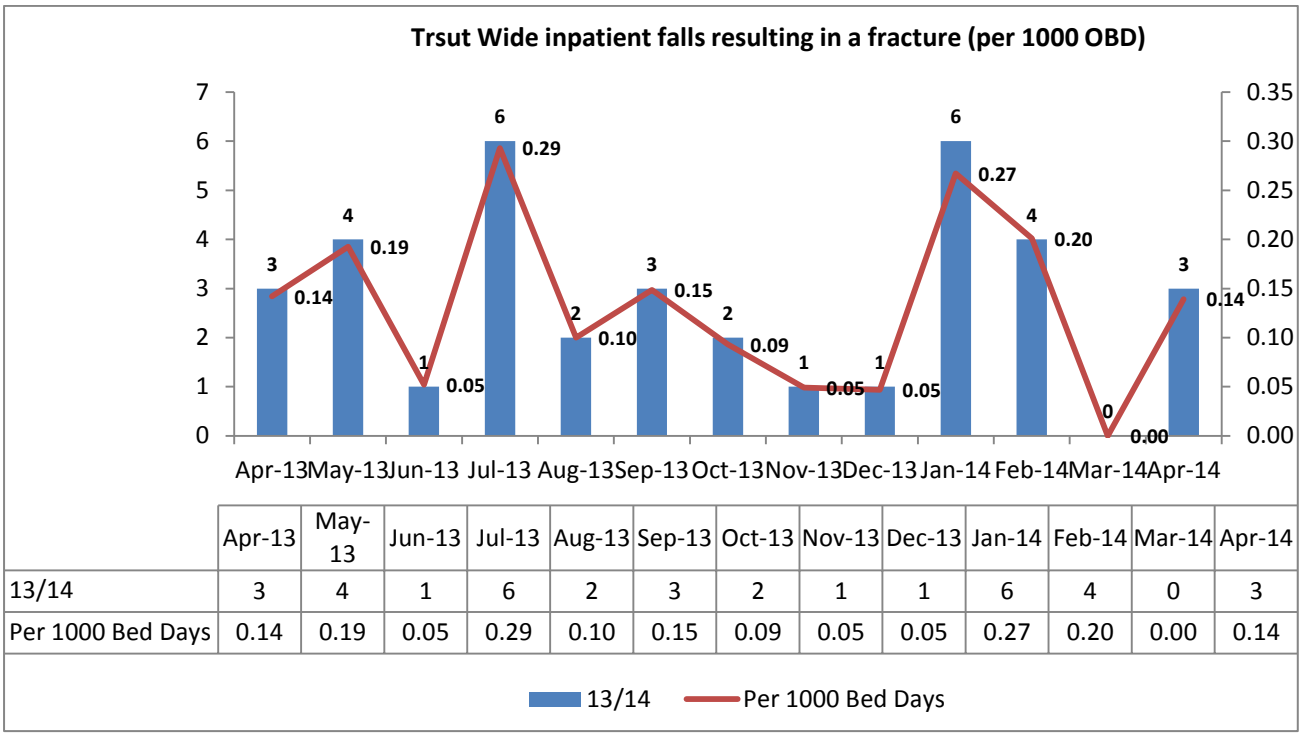



- Falls resulting in Harm < 1.7 per 1000 occupied bed days by quarter 4 (quarter on quarter reduction).
- There has been a consecutive reduction in the Harm rate in quarter 4, the above graphs show that in 2013/14 the trust has been below the lower confidence level for 6 months in comparison with 1 month in 2012/13.
- Earlier interventions for patients identified as being at risk may be a contributory factor, this has involved improved systems of working with the Emergency Admission Front Door Team.
- The commitment to assess patients at the earliest point whilst in ED or Emergency Assessment Units will strengthen the response rate in ensuring patients can be referred in a more prioritised manner that is based on the risk factors. Early access to physiotherapy to ensure assessment for abnormalities of gait /or balance. Pharmacy intervention for review of medication is taking place.
- Appropriate screening for urine or chest infections and measurement of a lying and standing blood pressure are the priority areas being targeted in this first phase of raising awareness and changing practice.
- Wards identified from the ward assurance that had falls with Harm have been prioritised and additional support form the Lead Nurse for falls put into place.
- Staff have been fully supported in their requests for additional staffing to increase the level of surveillance on the wards by being more visible to patients and having a faster response time to answering nurse call bells.

**Repeat fallers**

- Reducing the number of patients who fall more than twice in hospital (baseline Q1 14/15). This will be graphically reported next report.
- Monitoring for repeat falls is now a mandatory field on the Datix reporting system.
- Supportive teaching at ward level and ward checks to ensure the correct interventions have been put in place will be a priority.
- There is commitment from the Trust in recognition of the need to invest in additional falls team staffing to support this work at the patient's level and funding has been secured for a Band 6 Allied Health care Professional/Nurse.
- Over the next few months the links formed with the Emergency Assessment Unit will be strengthened by maintaining support in that area and promoting best practice.
- The Record of Assessment following fall proforma will be rolled out across the organisation ensuring that all patients receive a comprehensive review by a suitably qualified health care professional and a specific management of care is planned.

**The number of falls resulting in a Fracture**




| | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 | Jan-14 | Feb-14 | Mar-14 | Apr-14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 13/14 | 3 | 4 | 1 | 6 | 2 | 3 | 2 | 1 | 1 | 6 | 4 | 0 | 3 |
| Per 1000 Bed Days | 0.14 | 0.19 | 0.05 | 0.29 | 0.10 | 0.15 | 0.09 | 0.05 | 0.05 | 0.27 | 0.20 | 0.00 | 0.14 |

**Reduce the number of fractures from falls to <25 for 2014/15**

The above graph shows that the numbers of falls resulting in a facture are very variable, the work is on-going by the falls lead working with individual areas of concern, identifying the issues and helping support with educating to learn and support with the above target.

**Looking ahead**

- We are expecting with the DATIX changes, raised awareness of falls and 'near misses' that reporting will increase.
- The Record of Assessment following fall proforma will be rolled out across the organisation ensuring that all patients receive a comprehensive review by a suitably qualified health care professional and a specific management of care is planned.

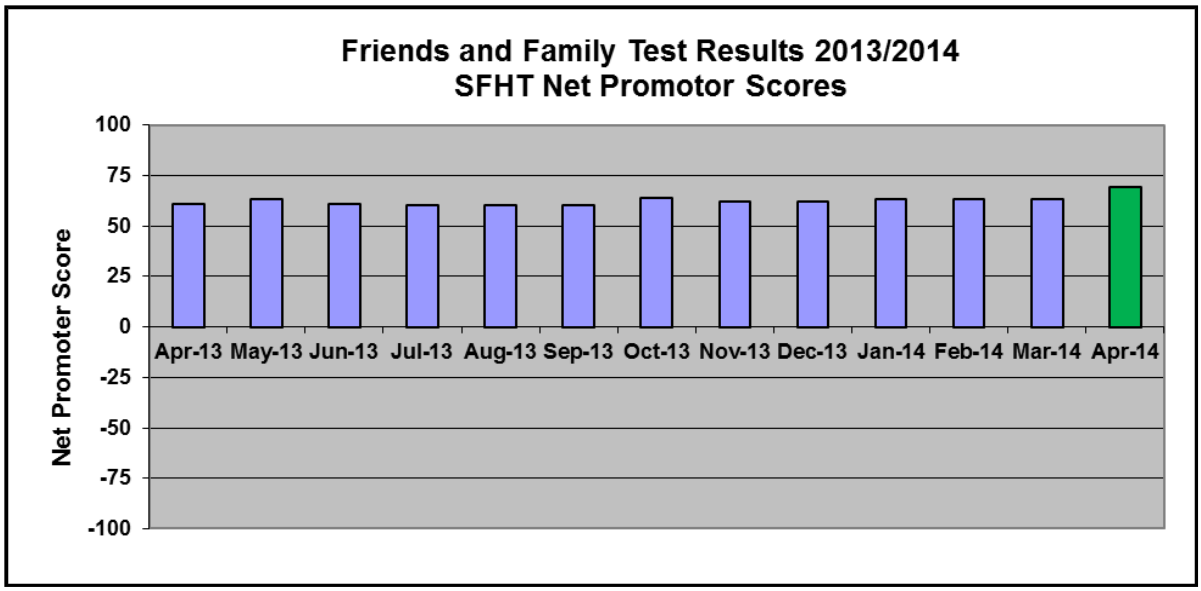
- We will focus on Falls Champions for ward based improvement work and this will further support the re-energising of the Falls agenda in the ward teams.
- Refinement of the RCA process to embed deep learning in ward teams – this initiative is being led through the Governance Support Unit.
- The Ward Assurance tool demonstrates "hot spot" areas and by using thematic review based upon results of RCA within divisions specialist input will be focused and targeted to aid improvement in these areas.
- Once an additional member of staff has been recruited to work with the Falls Nurse there will be a continued and more robust commitment to ensure on ward training is delivered to any areas identified as requiring additional support to promote the best standard of practice in falls prevention.
- Staff are encouraged to utilise the Enhanced Patient Observation tool to monitor the level of care needed and ensure supervision of patients at highest risk can be achieved through cohort nursing and provision of increases in the number of staff on the ward. This supports the patient by having a higher visibility and availability of staff to respond to the patient's needs.
- Care and comfort rounds continue to be promoted and in addition to this from the falls management perspective the ward teams will be encouraged to ensure patients at risk are highlighted to all appropriate staff on the ward. These patients should also be highlighted during the accountability handover.
- Work to centralise the Falls equipment is part of the plan so that supportive lifting equipment (slide sheets) is stored in a central location on all wards.
- Information about management of a patient who has sustained a fall will also be displayed at the same point on each ward thereby supporting a culture of safety.
- Head injury observations guidance cards that fit in a member of staffs ID badge have been circulated throughout the Trust to ensure compliance with the unwitnessed fall and Head Injury Policy.
- In Autumn the Falls and Safety Group are planning to launch a reducing falls campaign.
- Monitoring performance against CQUIN indicators.
- The Serious Falls group continues to meet to review serious incidents relating to in-patient falls.
- Action plans initiated by the Ward Leaders in response to serious falls are reviewed with the Lead Nurse for Falls.

**4. Improved response rates and scores in the patient and staff friends and family test (Priority 3)**

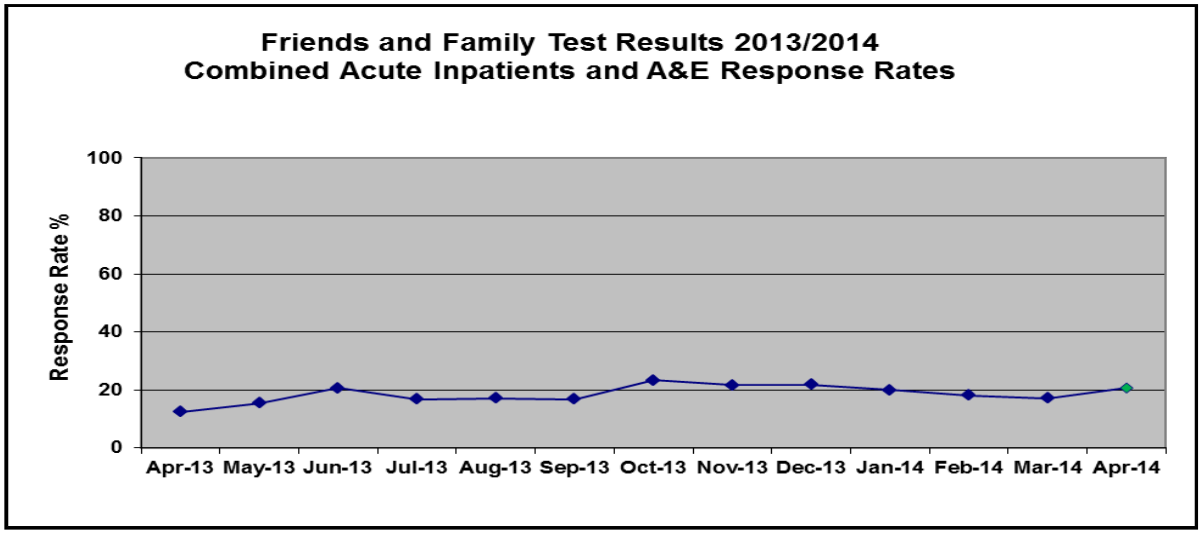
The Friends and Family Test (FFT) is a single question survey which asks patients whether they would recommend the NHS service they have received, to friends and family who need similar treatment or care. It was initially for providers of NHS funded acute services for inpatients (including independent sector organisations that provide acute NHS services) and patients discharged from A&E (type 1 & 2). As of 1st October 2013 the survey was extended to include all women of any age who use NHS funded maternity services. For 2014/15, there is a requirement to extend it to daycase and outpatients.

We currently perform adequately in terms of our patient's friends and family scores and achieved >15% response rates for inpatients and A & E during 2013/14, therefore met our CQUIN targets. However, our ambition for 2014/15 is to perform significantly better in terms of our scores (to+80) and response rates (to 50%).

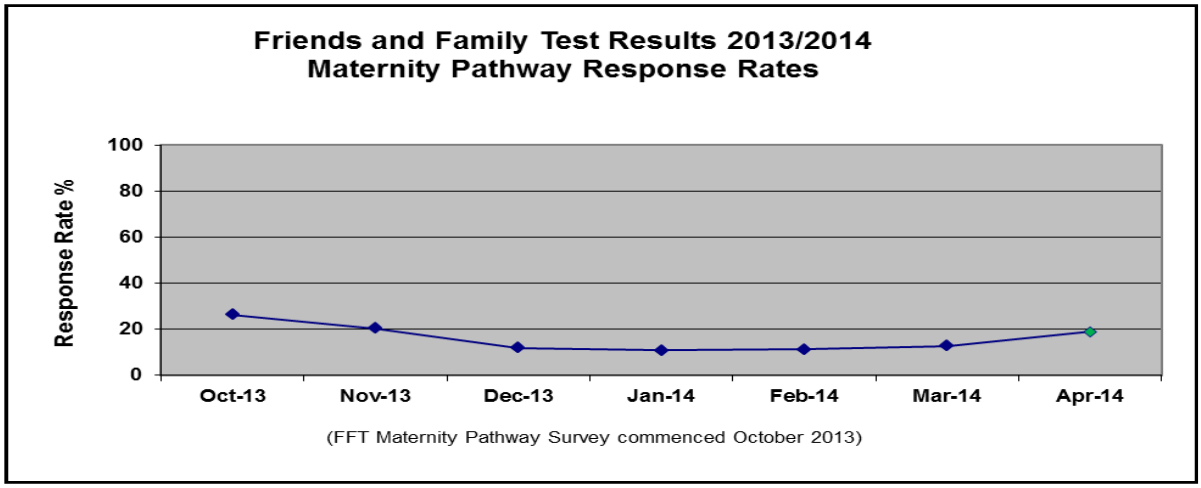
The graph below shows current feedback scores have been in the upper quartile.




The graph below shows the response rates from our patients in inpatient areas and A & E. It indicates we have further work during 2014/15 to ensure we gain as much feedback as we can.




The graph below shows response rates from our maternity areas. We ask our maternity patients the friends and family test at 4 separate parts of their patient journey (during their pregnany and post birth phase) and we continue to actively encourage women to povide us with this feedback. We are introducing additional ways for our patients to provide feedback to try and make this as easy as possible for them to give us this valuable information. Since putting some changes in place during March, our response rates have shown an increase in April but we still need to improve.



NHS England publishes data to indicate how acute Trusts are performing in the friends and family test. The latest information is available for March 2014 and the table below shows how we are doing against other regional Trusts.

**Friends & Family Scores – Selected Midlands Trusts**
**Combined A & E & Inpatient Data – March 2014 (source NHS England)**

| Area Team code | Trust Code | Trust name | Inpatient response rates | A&E response rates | Combined response rates |
|---|---|---|---|---|---|
| | | **England (including Independent Sector Providers)** | **34.8%** | **18.5%** | **24.0%** |
| | | **England (without Independent Sector Providers)** | **34.8%** | **18.5%** | **23.7%** |
| Q53 | RKB | University Hospitals Coventry And Warwickshire NHS Trust | 31.6% | 25.6% | 27.4% |
| Q53 | RWP | Worcestershire Acute Hospitals NHS Trust | 31.2% | 19.7% | 22.9% |
| Q54 | RR1 | Heart Of England NHS Foundation Trust | 10.9% | 18.4% | 16.2% |
| Q54 | RL4 | The Royal Wolverhampton NHS Trust | 36.3% | 18.7% | 23.4% |
| Q54 | RRK | University Hospitals Birmingham NHS Foundation Trust | 51.5% | 23.4% | 32.3% |
| Q54 | RBK | Walsall Healthcare NHS Trust | 50.8% | 7.7% | 19.7% |
| Q55 | RFS | Chesterfield Royal Hospital NHS Foundation Trust | 50.8% | 21.2% | 31.8% |
| Q55 | RTG | Derby Hospitals NHS Foundation Trust | 30.0% | 18.2% | 25.3% |
| Q55 | RX1 | Nottingham University Hospitals NHS Trust | 47.5% | 27.1% | 35.5% |
| Q55 | RK5 | Sherwood Forest Hospitals NHS Foundation Trust | 26.4% | 13.6% | 17.1% |
| Q56 | RM1 | Norfolk And Norwich University Hospitals NHS Foundation Trust | 29.4% | 23.6% | 26.4% |
| Q56 | RGN | Peterborough And Stamford Hospitals NHS Foundation Trust | 35.7% | 16.8% | 22.8% |
| Q57 | RDD | Basildon And Thurrock University Hospitals NHS Foundation Trust | 27.5% | 16.8% | 20.3% |
| Q58 | RNQ | Kettering General Hospital NHS Foundation Trust | 41.5% | 22.3% | 29.8% |
| Q58 | RC9 | Luton And Dunstable Hospital NHS Foundation Trust | 48.5% | 9.8% | 22.4% |
| Q58 | RD8 | Milton Keynes Hospital NHS Foundation Trust | 27.6% | 1.6% | 8.6% |
| Q58 | RNS | Northampton General Hospital NHS Trust | 47.8% | 11.6% | 21.3% |
| Q59 | RWD | United Lincolnshire Hospitals NHS Trust | 38.2% | 15.6% | 21.4% |
| Q59 | RWE | University Hospitals Of Leicester NHS Trust | 28.8% | 16.1% | 22.8% |
| Q60 | RJF | Burton Hospitals NHS Foundation Trust | 30.5% | 14.0% | 19.8% |
| Q60 | RJE | University Hospital Of North Staffordshire NHS Trust | 25.6% | 3.3% | 10.4% |

Currently we operate a paper system to collect this data. The form asks patients to answer the single question and also gives them opportunity to give us any general feedback/comments. These are reviewed and have enabled us to make improvements across a range of services over the past few years;

- Trust wide implementation of 'care and comfort rounds'
- Strengthening of protected meal times and an improved emphasis on hydration management. This was also part of our Keogh Action Plan.
- Our geriatric wards trialled extended visiting following relatives requests to visit more often to help support care, like falls prevention. This has now been introduced across the Trust
- New patient bedside boards are being implemented following numerous patient complaints and comments via friends and family data.

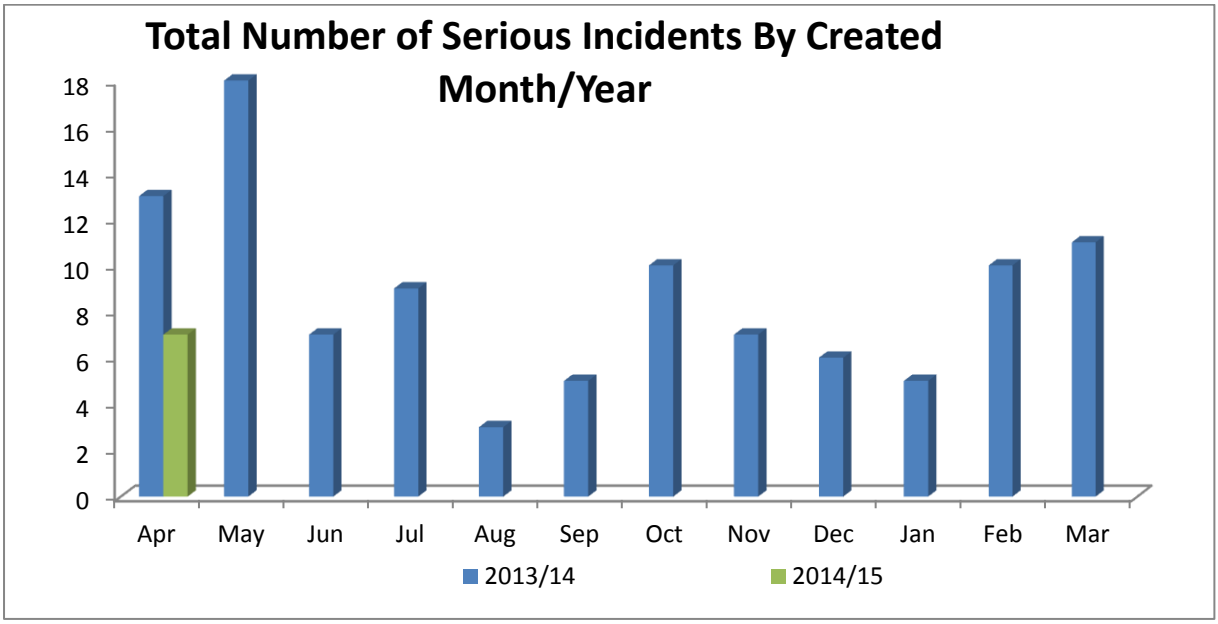
During 2013/14, we achieved an average of a 20% response rate from our patients. Throughout the year we expanded the areas where we asked patients this question. On average, in terms of the scores we achieved a score of +60 or 4.5 stars.

Our main action at the moment is to source an electronic system to support us in collecting and reporting the data. We are currently assessing a number of potential software suppliers, one of whom we have been working with over the past year. The electronic system will support the delivery of the patient friends and family test, the staff friends and family test and medical and nurse re-validation. It will provide our patients with expanded opportunities to give us their feedback through electronic means, as well as a paper system. Whilst we secure an electronic system the Director of Nursing has been working with ward hostesses and receptionists to involve them in discharge arrangements, driving the FFT to achieve better response rates, which in turn will give us both quantity and quality in terms of patient feedback. This is a primary aim for nursing over the next three months.

## 5.0 Serious Incidents

This report provides a summary of the Serious Incidents in April 2014 within Sherwood Forest Hospitals NHS Trust. A total of 104 STEIS reportable Serious Incidents were reported over the year 2013/14. There were 7 Serious Incidents reported during April 2014.

**Figure 1**

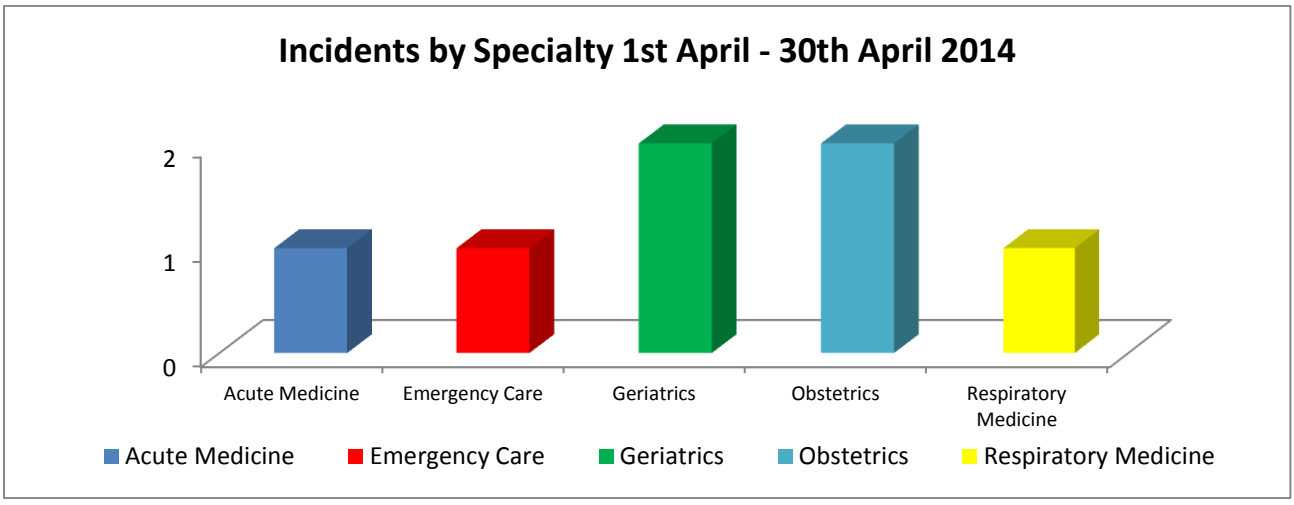



| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | YTD |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2013/14 | 13 | 18 | 7 | 9 | 3 | 5 | 10 | 7 | 6 | 5 | 10 | 11 | 104 |
| 2014/15 | 7 | | | | | | | | | | | | 7 |

The Trust reported 559 incidents to the NRLS (National Reporting and Learning System) for April 2014 this figure includes near misses and patient harms. Of the 559 incidents 1.25% was reported as a Serious Incident.

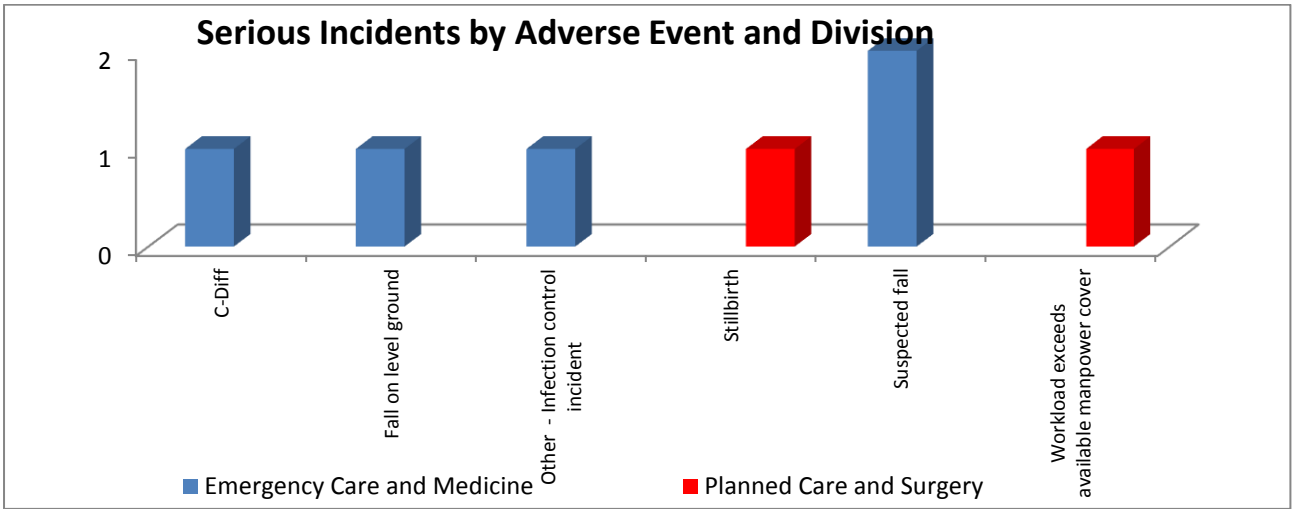
This report looks specifically at the 7 STEIS reportable incidents for April 2014. Of the Serious Incidents reported 7 occurred at Kings Mill Hospital, 0 occurred at Newark Hospital and 0 occurred at Mansfield Community Hospital.

**Figure 2: The number of incidents reported by specialty can be seen below**




Falls is the highest reported cause group and a detailed falls report was presented to the April Quality Committee.

**Figure 3: Serious Incidents by Adverse Event and Division**




All incidents are in the process of being investigated with any immediate actions / patient safety concerns that need to be taken prior to completion of the investigation, addressed.The process for Serious Incident investigation has recently been strengthened, with the introduction of a Serious Incident sign off group. The group will also scope the initial incident and agree the terms of reference for the investigation, as well as consider and recognise Duty of Candour requirements.

**Figure 4: Learning/Doing things differently from March 2014**

| | What has changed | Why has it changed | Evidence (when, what, how) |
|---|---|---|---|
| **Trust Wide Learning** | A spinal board is now available within the resuscitation back up area.<br><br>Further training for key on how to manage patients with potential spinal injuries is now planned.<br><br>Pathway for the management of potential spinal injuries and serious post falls alert is being agreed. | This is in response to 2 serious incidents where the management of these patients post trauma in hospital was inadequate. | The action plan is being led by the Patient Safety Lead with the support of the Resuscitation Officers and Manual Handling Trainer.<br><br>Discussed within the Trust wide Falls group. |
| | Arrangements with the Trust solicitors have been made to provide training on the Trusts obligations with the Duty of Candour. | Recognition that Trust wide there is an educational requirement with regards to the Duty of Candour. | Training dates to be confirmed. |

## 6.0 Patient Safety

## 6.1 Hydration Workstream Update

**Introduction**

This briefing aims to provide an update to the Board on the improvement work that has been undertaken since August 2013 in regards to hydration needs of patients and the current position.

**Background**

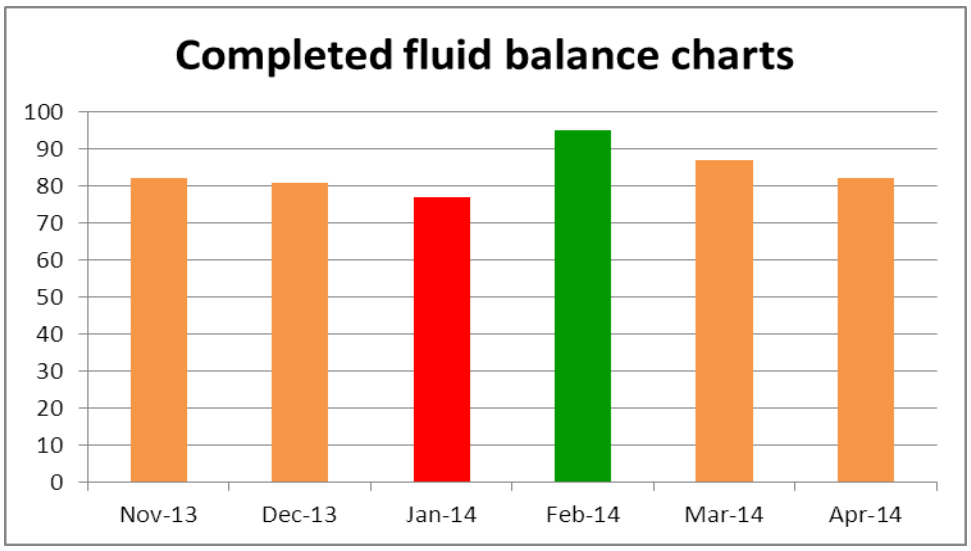
The hydration needs of patients are a key priority of care for clinical teams across the Trust. Following the findings of the review from the Keogh team, a service improvement programme was established that aimed to improve assessment and monitoring of fluid balance and to reduce the risk of fluid imbalance for all patients at SFHT. This included the development and implementation of a hydration toolkit which includes a hydration risk assessment tool, a two-tier monitoring system using the existing fluid balance charts and an additional hydration chart for patients at lower risk of fluid imbalance and a fluid volume guide. A mandatory training programme was also established for all registered nurses and healthcare support workers which included a one-hour taught classroom session and one-to-one or small group ward-based training from the critical care outreach team nurses.

**Hydration audit (Focus IT)**

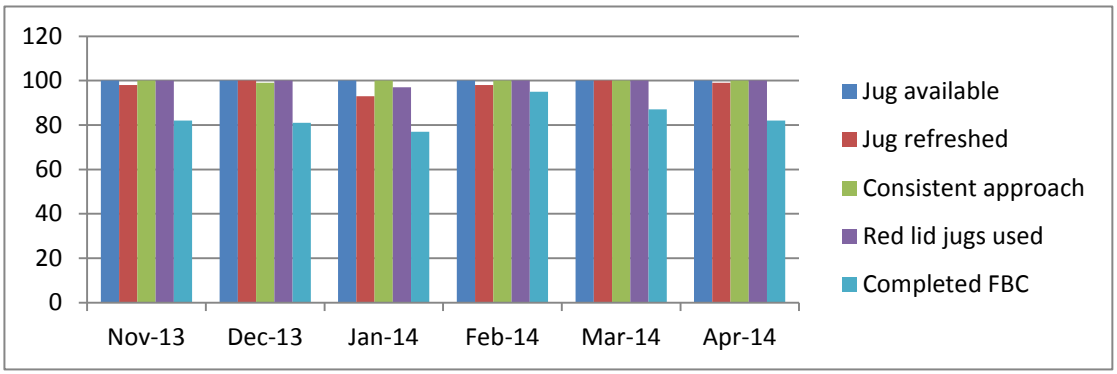
Standards for hydration were added to the FOCUS it quality metrics audit in October 2014.
Ten patients are reviewed on every ward each month.

| **Standards for the hydration audit** |
|---|
| Q1 Is there a jug of water near the patient? (If clinically appropriate) |
| Q2 Has the jug been refreshed? |
| Q3 Is there a consistent approach to measuring volumes of cups/beakers/glasses? |
| Q4 Are red lidded jugs available for patients that require them? |
| Q5 If a fluid balance chart is present is it completed correctly? |
| Q6 If a food chart is present is it completed correctly? |
| Q7 Does the patient have a glass/beaker/cup that can be reached? (exclude as NA as in item 9) |
| Q8 Ask the patient do they feel they can ask for a drink when they require one. (or NA as in b or c in item |

**The bar chart below shows compliance with completion of fluid balance monitoring over quarters 3 and 4.**



The chart below shows compliance with each of the components of the monthly hydration audit across the Trust.




| | Nov-13 | Dec-13 | Jan-14 | Feb-14 | Mar-14 | Apr-14 |
|---|---|---|---|---|---|---|
| Jug available | 100 | 100 | 100 | 100 | 100 | 100 |
| Jug refreshed | 98 | 100 | 93 | 98 | 100 | 99 |
| Consistent approach | 100 | 99 | 100 | 100 | 100 | 100 |
| Red lid jugs used | 100 | 100 | 97 | 100 | 100 | 100 |
| Completed FBC | 82 | 81 | 77 | 95 | 87 | 82 |

These results show excellent compliance with providing our patients with fresh water and a beaker at the bedside and in the majority of cases patients felt they could ask for extra drinks. Red lidded jugs were used as appropriate in 97-100% of cases. There was evidence that a consistent approach to fluid measurement was in place (charts are available on the wards in all three sites). Fluid balance charts however have been a key area of focus for improvement over the last six months. Ward leaders have presented their Heads of Nursing with action plans to articulate how this would be achieved when compliance was low.

Drill-down into Q5 from the audit in March 2014 showed that while the overall audit results showed that fluid balance charts were an area of concern, when data for individual wards was extrapolated there were six ward areas where urgent remedial action was required, namely ward 11, 22, 24, 31, 36 and 54. All other areas (22 wards) scored 100% compliance on this element of the audit.

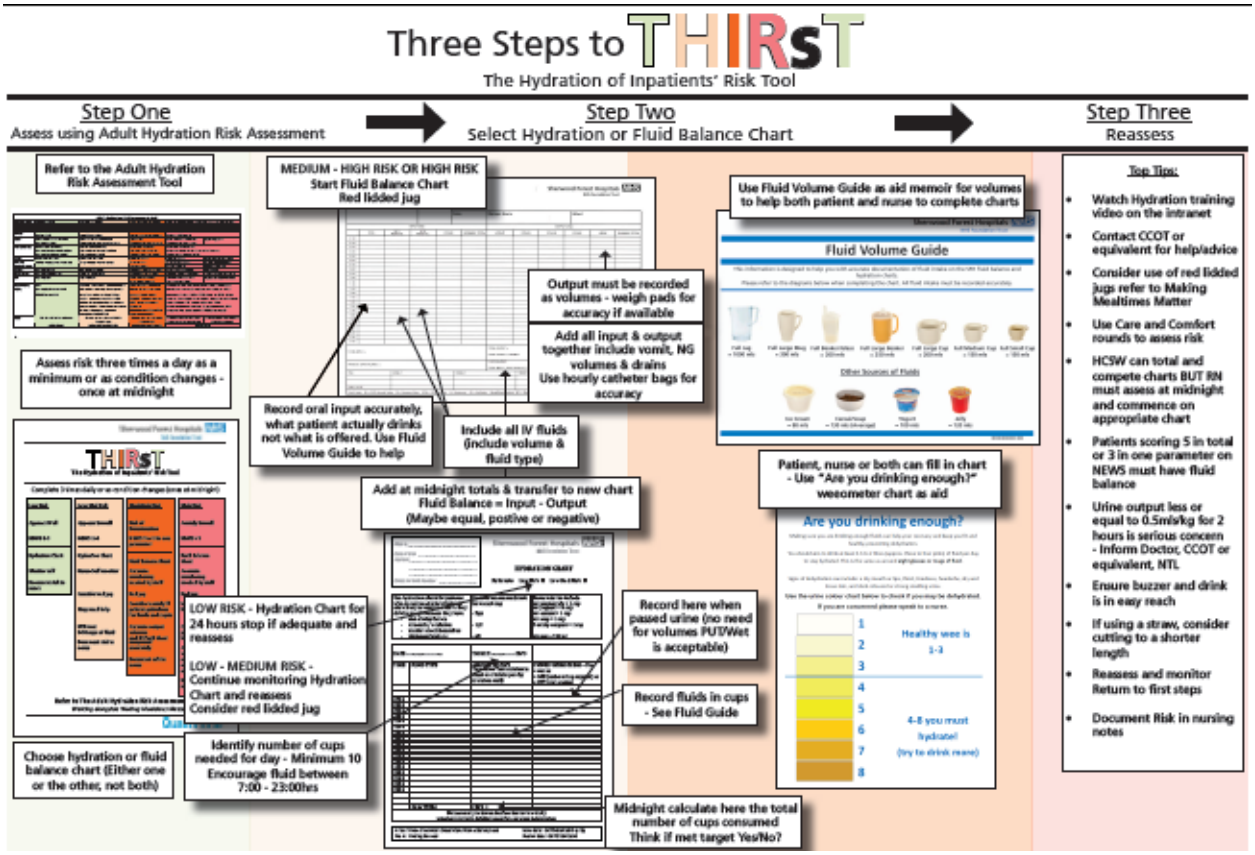
To support the wards that have been identified as requiring improvement they have now been allocated a buddy ward from the areas demonstrating compliance to encourage shared learning and the spread of good practice.

**Hydration risk Assessment and Fluid Balance Monitoring : A service evaluation (February 2014)**

A service evaluation where compliance with a recently implemented hydration risk assessment tool and fluid balance monitoring was measured at the Kings Mill site of Sherwood Forest Hospitals NHS Foundation Trust (SFHT). This was undertaken by the Consultant Nurse for Critical Care supported by members of the Critical Care Outreach Team during February 2014

Nurses have worked hard to establish the new risk assessment tool in practice, which aimed to improve hydration care for patients. Many have already adopted the tool and evidence indicates that it is used in 75% of cases. There is a need therefore to increase compliance with its use. In order to do so, ward leaders will be provided with clearer direction regarding what is required within the process, enabling them to support their teams accordingly. Large-scale change can take time and this evaluation is the first

of several planned to keep staff focussed on the goal and to support sustainability.




**Three Steps to THIRsT has been designed to provide instruction on how to use the risk assessment tool and monitoring charts.**

Improvements in patient hydration through compliance with this process will potentially positively influence a wide range of patient harms, for example pressure ulcers, venous thrombo-embolism, chest, wound and urinary tract infections, constipation, sepsis and acute kidney injury are all influenced by the patient's hydration and subsequent cardiovascular status.

**Current Priorities**

1. A 40-minute training video has been produced. This is available on the intranet for staff to view. All nurses and healthcare support workers who have not yet attended classroom teaching to be facilitated to watch.

2. Distribution of Three Steps to THIRsT (The Hydration of Inpatients' Risk Tool) that has been designed to market the tool more widely and reinforce the messages from the mandatory training.

3. Discussion and consideration by the documentation group regarding incorporating the hydration risk assessment tool into the nursing assessment booklet.
4. To expedite the delivery of weighing scales to all ward areas to facilitate accurate measurement of output

5. Care and Comfort rounds and accountability handover processes already in place .If these are followed meticulously the identified omissions in fluid balance recording will be captured and rectified.

## 7.0 Vitalpac

VitalPAC is a medical system using hand-held mobile technology that enables nurses to collect vital signs observations on admission and throughout an inpatient stay. Combined with data from patient administration,

pathology, microbiology and radiology systems, VitalPAC identifies high risk and deteriorating patients and immediately alerts the relevant doctor on their personal hand-held mobile device.
Key messages:

- Ward based staff have overwhelmingly welcomed the system on completion of their training. They have particularly welcomed the simplicity of use, the additional functions to a standard NEWS observation chart and the ease of tracking patient observation requirements.
- Doctors like the ease of the iPads – no more hunting for observation charts on ward rounds. They are also impressed with the ability to view/review a patient chart remotely.
- We have enjoyed some excellent publicity from the Health Service Journalist who visited in April and have a visit from the Chad this Thursday.
- The VitalPAC training team has done a phenomenal job, all ward based staff present during go live have been trained. The team are working closely with wards to ensure that any staff on leave get trained on return.
- Nursing Technology Fund money secured and utilised.

Phase one of the VitalPAC rollout involves the following:

1. Training all ward based Nurses and HCA's on the recording of observations on iPods using VitalPAC Nurse.
2. Training all Doctors, Nurses and allied professionals with the need to view observation charts and related data on the use of VitalPAC Clinical (windows based) and VitalPAC Ward (iPad based).
3. Switching wards to paper free observation recording.
4. All to be completed at Kings Mill hospital adult wards by the end of July 2014.

The current position is that on wards 51, 52, 41, and 53 we are fully live and paper observation charts removed. Wards 35 and 36 fully live and paper observation charts are being removed this week. The rollout program is continuing with wards 11 and 12 (the first surgical wards) and moving to 21 and 22 next week.

This is exactly as per the rollout plan so expected completion of phase one remains on track. We are also working on introducing extra functionality to the system alongside the rollout including the ability for clinicians to see pathology and radiology results on iPads and desktops without having to log into the various clinical systems – all data being pulled into VitalPAC along with the electronic observation charts.

Next steps:

1. Delivery of patient/visitor banners making it clear staff are not on their mobile phones (May)
2. Working with the company to develop Closing the Loop module - automatic escalation messages to doctors and critical care outreach (now onwards)
3. Testing, training and introducing Dementia module (August onwards)
4. Testing, training and introducing VTE module (August onwards)
5. Getting the iPods issued to doctors (VitalPAC doctor) in August to allow use of current functionality in readiness for launch of Closing the Loop (Q3 2014)
6. Localisation to trust protocols of the Nutrition module (now onwards) ready for testing, training and launch in Q3 2014.
7. Localisation to trust protocols of the Paediatrics and Maternity modules ready for testing, training and launch in early 2015.

**8.0 Infection Control Update**

As a part of HCAI prevention and control strategy, Trust participates in the national mandatory surveillance for MRSA & MSSA bacteraemia, E.coli bacteraemia, C.*difficile* infection. This monthly report provides a brief overview of the current situation in regards to these infections at SFH for the month of April 2014.

**C.difficile Infection**

As of 30th April 2014, the Trust has identified 5 cases of Trust acquired *C. difficile* infection against the monthly trajectory of 3 and annual trajectory of 37 cases. Detailed Root Cause Analysis (RCA) of all 5 cases has been

completed. All patients were prescribed appropriate antibiotics in accordance with trust guidelines. RCA's have suggested that there has been no evidence of cross infection and all of these cases were unavoidable, however there has been delay in isolation and sampling with one of the cases.

Actions being taken:

- Appropriate feedback was given to the clinical and nursing staff highlighting the importance of prompt sampling and isolation.
- Education and training sessions on various aspects of infection control were organised for the health care professionals.
- All the RCA's will be fed back to the respective divisional clinical governance meetings to share the lessons learnt.

**MRSA Bacteraemia:**

As of 30th April 2014, there has been no case of MRSA bacteraemia against the annual trajectory of zero.

**MSSA Bacteraemia**

As of 30th April 2014, the Trust has identified no cases of Trust acquired MSSA bacteraemia. There is no set national trajectory for MSSA bacteraemia.

***E. coli Bacteraemia***

As of 30th April 2014, the Trust has identified 7 cases of Trust acquired *E. coli* bacteraemia. There is no set national trajectory for *E. coli* bacteraemia.

**9.0 Safeguarding Update – Changes in Deprivation of Liberty Legislation**

Background

In 2009 the Mental Capacity Act (2005) was amended to provide safeguards for people who lack capacity specifically to consent to care or treatment. The Deprivations of Liberty (DOL) safeguards were introduced to prevent breaches of the European convention on human rights. These Safeguards provide legal authority only to detain the patient subject to certain strict criteria and they are to prevent arbitrary decisions that may deprive vulnerable people of their liberty.

On March 19th 2014 the Supreme Court has clarified the "acid test" to define a DOL as the person is:

***"Under continuous supervision and control and are not free to leave" and lacks capacity to consent to the care and residence arrangements.***

The Supreme Court made clear that a number of factors are **NOT** relevant to whether a person is deprived of their liberty including:

- *The nature of the person's disability or care needs or whether any restrictions are "relatively normal" for such a patient*.
  For example we cannot exclude the patient from being at risk of a DOL because they may have a disability e.g. not able to physically leave or a learning disability patient who already had 1:1 care in the community.
- *The "purpose" behind the care / residence placement (i.e. to meet their care needs)*
  For example even if it is in the patient's best interests to remain in hospital for care and treatment a DOL would still need to be considered.
- *Patient's compliance (i.e. whether or not they are trying to leave – the question is whether they would be free to do so if they tried – or if someone else such as a family member wanted to remove them).*
  It does not matter if the patient is settled in hospital, or whether they are trying to leave a DOL must be considered. Previously we have considered the effect having to remain in hospital was having on the patient.

Deprivation of liberty in the Trust

Since 2009 deprivation of liberty training has been part of the Trust's mandatory training programme.
At present the ward teams identify patients who are at risk of being deprived of their liberty and refer to the trusts safeguarding team, who will give advice. They support the ward staff to complete the deprivation of liberty paper work to apply to the Local Authority for assessment of the patient regarding deprivation of liberty. The safeguarding team maintain a register of patients deprived of their liberty and advise the CQC of these patients.
The numbers of patients that have been identified and applications completed to deprive a patient of their liberty for last year 2013 was four, and since 1st January 2014 there have been applications for three patients to be deprived of their liberty.

The process of depriving a patient of their liberty involves, identification of the patient who are at risk of being deprived of their liberty, an assessment of the patients capacity regarding if the patient can understand the need to remain on the ward for care and treatment are in place and if they are assessed as lacking capacity a plan care in the patients best interests is needs to be documented and implemented. Deprivation of liberty forms 1 and 4 need to be completed and faxed by safe haven fax procedures to the local authority. Form 1 allows the Trust to deprive the patient of their liberty for up to 7 days and must be signed by an executive. At the same time form 4 must be completed so that the local authority will ask two assessors a best interest assessor and Mental Health assessor to assess the patient.

This new case law will affect all other hospitals and the local authorities as they receive all the referrals and then assess the patients who are at risk of being deprived of their liberty.

What the new case law means for the Trust.

1. There will be an increased in the numbers of patients who are at risk of being deprived of their liberty, as the "new" definition of is likely to apply to a lot more patients than would previously have been recognised. The safeguarding team have scoped the in-patient wards and in one day 39 patients were at risk of being deprived of there Liberty, under the new definition. Most of the patients identified were being observed on a 1:1 basis or with in eyesight as they were at risk of falling. Out of the 39 patients 6 were on surgical wards, 2 patients were at MCH and 2 at Newark, 19 patients were on medical wards, mainly care of older people, gastroenterology and respiratory wards. This scope of patients did not include patients on ITU.

2. Where a patient is at risk of being deprived of their liberty and is under 18 or the patient does not have a mental disorder a Court of protection (COP) application would be needed as the deprivation of liberty safeguards would not cover these patients, e.g. Alcohol withdrawal, Permanent Vegetative state (PVS).

3. Trust staff will have to be aware and trained in the new case law. At present staff will not recognise if a patient is being deprived of their liberty under the new acid test.

The safeguarding team has met with Browne and Jacobson solicitors a summary of their advice is:

It may be hard now to explain why it would not catch many thousands of hospital patients, who lack capacity toconsent to the care and residence arrangements and are likely to be "under continuous supervision and control and not free to leave".

It is difficult to see how the "acid test" definition should not now catch a large proportion of patients on elderly care / dementia wards, in post stroke care and even patients in PVS etc. and those on ICCU. The threshold for referral under DOLS is that there need only be a "risk" that the person is DOL, according to the DOL's code of practice the Courts have put it in terms of a "risk that cannot sensibly be ignored" of there being a DOL .

It may be better to identify some test cases as representative of some key issues to get some guidance from the Court on the approach to be taken. Even some of the situations that might otherwise be covered by DOLS, rather than the COP, might still be usefully taken for a judicial opinion - e.g. if the Local authority (LA) assess as no DOL every ICCU case, and their reasons for this are not clear to the Trust – The Trust might wish to jointly fund an application to test this.

Before bringing any claims to COP in bulk, the Trusts solicitors would expect to discuss and develop an appropriate approach with the COP, Official Solicitor and others with a view to saving costs, but it may be easier to do so in concrete terms once suitable cases have been identified.

Compensation claims

Urgent action is required by all NHS bodies to review existing cases, and failure to do so promptly now could be increasingly difficult to defend, notwithstanding the resources implications.

But even immediate authorisation of any on-going Deprivation of liberty may not prevent claims for past periods (subject to any arguments about limitation / date of knowledge). The Supreme Court, in theory, has clarified rather than changed the definition. So patients may have been deprived of their liberty unlawfully in the trust they have not been not recognised as being at risk of being deprived of their liberty.

Even if the level of damages for this is relatively nominal the cost and resource implication of dealing with the claims at large scale (including the legal costs on both sides, and the process costs for the staff involved) could be very significant.

The solicitors anticipate that the specialist lawyers who act for patients and families may see this as an opportunity on a scale comparable with the Continuing Healthcare retrospective appeals (of which there are an estimated 60,000 pending), with prominent advertising likely to identify and encourage claims.

To manage those potential liabilities, the solicitors would advise the Board to consider inclusion in the corporate risk register, as well as having appropriate discussions with Insurers / the NHSLA.

Considerations/ work to be done.

1. Discussion will need to take place with the commissioners, local Trusts and local authority so the community is working together regarding DOL's.

2 A decision will need to be made regarding further discussion with the solicitors to consider taking representative cases to court for judicial opinion.

3 Considerations of inclusion in the corporate risk register, and have appropriate discussions with Insurers / the NHSLA.

4 Patients at risk of DOL will have to be identified and have applications completed for assessment. This will significantly increase the safeguarding team's current workload. The Trust has had only 3 DOL referrals so far this year but on scoping the patients there were 39 on that day who were at risk of being deprived of their liberty. Each time a patient needs an assessment for a deprivation of liberty will take the safeguarding team an hour and a half and the ward staff an hour to complete this work.

5 The safeguarding team keep a log of who is deprived of their liberty and report this to the CQC.

6 Staff News bulletin to go out regarding the new definition of DOL and what it means.

7 The Trust's DOL training will need to be revised and the programme of training DOL reviewed.

8 DOL policy to be updated.

Options

1. Continue with current practice, but the Trust would be at risk of unlawfully depriving patients of their liberty. This would need to be detailed on the risk register. Compensation cases may be a result for patients that are unlawfully detained in hospital.

2. Deprive the patients of their liberty as per new definition, this would mean the work load on the safeguarding team would increase and there would need to be 1 whole time equivalent post (this could be a temporary post while we wait for further case law and clarification in acute Trusts). This post would concentrate on DOL's, so that the increase in work load would not be put on the safeguarding and ward teams. This would result in better care for the patients with regard to the mental capacity act and would be a cheaper option as litigation may arise for patients that are unlawfully detained in hospital.

3. Be proactive and take some cases to the courts so that new case law will clarify DOL in the acute hospitals, and continue with current practice while we await new case law. The Trust would be at risk of unlawfully depriving patients of their liberty. This would need to be detailed on the risk register. Compensation cases may be a result for patients that are unlawfully detained in hospital.

4. Be proactive and take some cases to the courts so that new case law will clarify DOL in the acute hospitals and until we have new case law deprive the patients of their liberty as per the new definition. This would mean the work load on the safeguarding team would increase and there would need to be 1 whole time equivalent post (this could be a temporary post while we wait for further case law and clarification in acute Trusts). This post would concentrate on DOL's, so that the increase in workload would not be put on the safeguarding and ward teams. This would result in better care for the patients with regard to the mental capacity act and would be a cheaper option as litigation may arise for patients that are unlawfully detained in hospital.

Susan Bowler
Director of Nursing

Dr. Andrew Haynes
Medical Director