South Tees Hospitals NHS
NHS Foundation Trust

Meeting / Committee:	Board of Directors	**Meeting Date:**	24 April 2012

This paper is for: (Only 1 column to be marked with x as appropriate)	Action/Decision	Assurance	Information **X**

Title:	Safer Care North East: Evaluation report for patient safety programmes of work.

Purpose:	To provide Board of Directors with an overview of the programmes of work linked to the Safer Care North East initiative. The report template was provided by the SHA in order for us to provide a full overview of the objectives, milestones and outcomes of the work streams.

Summary:	For over ten years South Tees Hospitals NHS Foundation Trust has placed patient safety central to its agenda and shown commitment through the re-alignment of job roles / titles and organisational structures to reflect this focus. The Trust signed up to the then North East Strategic Health Authority's Safer Care North East Patient Safety Strategic Framework in 2008. The four year campaign identified 8 priority themes with safeguarding adults being added later. This report outlines the progress that has been made across the trust in these areas, highlights and acknowledges the direction of travel of the organisation in terms of a patient safety culture and how with the development of a separate Patient Safety Strategy launched July 2011 these priority themes will continue to be progressed, improved and monitored.

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Recommendation:	Report to be considered and support to given to the Patient Safety Programme Board to continue to identify and monitor progress in key areas of patient safety.

Implications (mark with x in appropriate column(s)	Legal	Financial **x**	Clinical **x**	Strategic **x**	Risk & Assurance **x**

Safer Care North East Project Feedback Report

1. Overall project goals

For over ten years South Tees Hospitals NHS Foundation Trust has placed patient safety central to its agenda and shown commitment through the re-alignment of job roles / titles and organisational structures to reflect this focus. Whilst having a long track record for the provision and delivery of high quality and safe care we also recognised that this is not always applied consistently across the organisation.

Building on the programmes of work included in the Safer Care North East project we have developed an over arching 'Patient Safety Strategy' (this includes the identification of priority work streams / engagement with front line staff and public / patients to strengthen culture of safety using approved tools and methodologies eg. MaPSaF and Human Factors):

Safety is a fundamental aspect of high quality, responsive and accessible patient care. Here at South Tees Hospitals NHS Foundation Trust we want to ensure that improving patient safety is an explicit objective of our organisation and that our actions match our aspirations. We take a proactive approach to patient safety within the context of an integrated shared governance framework, with safety considerations an important feature in management decision making and service delivery. We aim to deliver demonstrable higher standards of patient safety year on year, saving lives and minimising risk.

As part of this strategy a Patient Safety Programme Board was developed in August 2011. This facilitates the identification of emerging patient safety issues that relate to quality of care. A lead is then identified to take a programme of work forward reporting progress back to the Patient safety Programme Board to monitor progress against agreed measures.

Historically, as an active member within the Safer Care North East and Patient Safety First programmes individuals and teams have taken part in a number of service improvement initiatives over the last 5 years. Building on this previous work the Patient Safety Programme Board has identified the following programmes as key in the delivery and realisation of the Patient Safety Strategy. These are:

- Safe Guarding Adults / Children
- In-patient falls
- Managing the Deteriorating Patient
- Healthcare Associated Infections
- Prevention and Management of Pressure Ulcers
- Nutrition and Hydration
- Nurse Led Discharge
- Hospital Acquired VTE
- Safer Surgery
- Safer Medication
- Use of Global Trigger Tools
- QIPP : Safety Express programme

Work stream leads have been identified and have provided the Programme Board with written status reports mapping out previous achievements and a forward plan of priorities for the next 12 months. As an overarching support to the realisation of the projects all staff will be exposed to Service Improvement Methodologies. This will be threaded through all initiatives delivered either on a ward basis or through an e-learning package.

To provide an overview of the progress made so far previously facilitated by Safer Care North East and latterly by our Patient Safety Strategy the feedback has been provided per theme.

2. Key milestones for the projects

Safeguarding Adults

To ensure that the Trust has systems in place to integrate adult safeguarding into the established clinical governance frameworks
Milestones:

- To develop a safeguarding adult strategy to shape strategic and operational safeguarding arrangements.
- To maintain an internal safeguarding policy to manage safeguarding adults concerns in alignment with multi agency procedures.
- To ensure that the principles of the Mental Capacity Act (2005) are underpinned in all relevant Trust policies.
- To establish a process that reviews all reported clinical incidents and informal and formal complaints against safeguarding criteria and where indicated the incident and complaints are alerted into the safeguarding process.
- Completion of the Department of Health self assessment to identify an action plan to achieve compliance; the progression of which will be monitored through the Safeguarding Adults Governance Group and reported to Risk and Assurance.

To establish a workforce where safeguarding adults is recognised as everyone's business and integral to every day practice
Milestones:

- To provide leadership roles with specific adult safeguarding responsibilities.
- To provide a point of contact for support and advice for all Trust staff.
- To ensure that 100% of Trust staff are informed of their responsibility to safeguard adults.
- To ensure all job descriptions and staff development reviews (SDR) reflect the safeguarding responsibility of role.
- To develop a three year training strategy to ensure that all staff can meet the Teeswide and North Yorkshire safeguarding competencies.
- To establish a rolling training programme for Mental Capacity Act (2005) and Safeguarding Vulnerable Adults, accessible to all staff working across Trust localities.
- To establish a clinical supervision programme for organisational staff.

To deliver services working in partnership with patients, those involved in their care and partner agencies through multi-agency procedures
Milestones:

- To establish a system to obtain feedback from individuals going through the safeguarding process within the Trust.
- To establish and maintain Trust representation and active participation on Local Adults Safeguarding Boards and Committees.
- Protect vulnerable people from avoidable harm by learning lessons Trust wide

out of safeguarding processes.

- Review of current Trust wide of documentation to standardise so as to achieve care plans evidencing patient/carer involvement and additional safeguarding measures agreed upon.

Safe Guarding Children:
Milestones:

- Secure funding to increase Safeguarding Children team
- Secure funding for Specialist Midwife
- To deliver appropriate level of training appropriate to role
- Strengthen governance reports

In-patient falls
Milestones:

- To have a Trust policy in place that ensures appropriate patients undergo a multifactorial falls risk assessment.
- To have robust systems in place to measure compliance with risk assessment and individualised care planning.
- To review Post fall checklist in line with Rapid Response Report NPSA/2011/RRR001 Essential care after an in patient fall.
- Ensure reporting system reflects the need to measure number of patients who receive appropriate observations following a fall (CQUIN target)
- Improve reporting system that provides additional information to inform future improvements.
- Annual Falls report to be presented to Formal Management Group and Board of Directors
- Bed rails audit using NPSA tool to be undertaken

Managing the Deteriorating Patient:
Milestones:

- Employ senior Clinical Educator and Patient Safety Educator
- Gap analysis performed against NICE CG50: the Acutely Ill Patient in Hospital (Recognition of and response to Acutely Illness in Adults in Hospital)
- Compilation of locally adapted Acute Care Competency framework from the Department of Health Document- Competencies for Recognising and Responding to Acutely Ill Patients in hospital (2008).
- Inclusion of the Acute Care framework within the Preceptorship and Critical Care competency Frameworks
- Trust wide educational package to implement the competencies comprising of:
  -ward based education for all levels of nursing staff
  - Generic skills training for Foundation Year 1 doctors
  -Acute Illness Management course for Healthcare Assistants
- Development of a Trust Policy for the Recognition and Response to Acutely Ill Patient In Hospital defining the frequency and level of monitoring to take place for patients with diverse clinical conditions.
- Development of the EWS (Early Warning Score) chart to include the British Thoracic Society Guidelines (2008) Emergency Oxygen use in Adult Patients.
- Amendment and implementation of the SBAR communication tool for use to communicate the deteriorating patient's condition to the medical team and escalate care.
- CQUIN Target 2011-2012:
  -95% of all adult in-patients have the frequency of observations prescribed.

-90% of those for which frequency is prescribed have the prescription followed.

- Development of an e-learning module for the education of staff around the Early Warning Score Track and Trigger System.
- Root cause analysis template tool for the deteriorating patient developed.

Healthcare Associated Infections
Milestones:

- Implementation of a second, three year trust wide healthcare associated infection (HCAI) strategy.
- To include plans to reduce healthcare associated infection into the Trusts annual integrated business plan.
- Weekly surveillance data to be shared with key clinical and managerial staff and the board of directors.
- All MRSA bacteraemia cases to be reviewed by a panel including the medical director and/or director of nursing and patient safety. Root cause analysis to be completed on all MRSA bacteraemia cases. Where *Clostridium difficile* is detailed on a patients death certificate a review is completed.
- Root cause analysis to be completed on all Trust attributed *Clostridium difficile* cases.
- To implement monthly monitoring of the saving lives care bundles numbers 1-7.
- To implement monthly clean**your**hands monitoring.
- Introduce full programme of IPC audit on clinical areas.
- Annual IPC related audits to monitor policy compliance with urinary catheters, peripheral cannula, patient isolation audit, MRSA and *Clostridium difficile* policy.
- To provide extensive infection prevention and control training portfolio, ranging from induction to a University accredited IPC course.
- Implement a robust HCAI action repository to monitor the completion of the action plans.
- Implement a trust wide decontamination strategy.
- Implement HCAI related patient experience / information review.
- Intensive patient surveillance system for all alert organisms and includes daily review of *Clostridium difficile* positive patients.

Prevention and Management of Pressure Ulcers:
Milestones:

- To complete trust wide annual and six month Pressure Ulcer Point Prevalence audit
- To complete moisture lesion and management in the incontinent patient audit
- To complete trust wide chair audit
- To complete an updated trust wide pressure ulcer policy
- To disseminate agreed mattress ordering for clinical need tool
- To complete and disseminate a pressure ulcer/moisture lesion aid memoir
- To embed project nurse role for moisture lesions within organisation
- To achieve set criteria within implemented trust wide wound care strategy
- To complete and disseminate patient experience within wound care/pressure ulcers project
- To continue pressure ulcer training programme for all staff within the organisation
- To embed new formulary with pressure ulcer focus across the organisation

Nutrition and Hydration:
Milestones:

- To develop a Nutrition Strategy for Acute (by December 2011) and Community

(by August 2011) Services
- To develop Standard Operating Procedures for the delivery of Food and Nutrition in the Acute hospitals (December 2011)
- To undertake a ward based Nutrition Roadshow (acute hospitals) (December 2011)
- To revise and re-launch the Nutritional Screening tool for adults (MUST) in the acute hospitals (December 2011)
- To introduce nutritional screening within paediatrics (STAMP) (Summer 2011)
- To introduce the volunteer role to help patients who require assistance with feeding (Winter 2012)

Nurse Led Discharge

Milestones:
- To have Trust Policy which promotes Nurse Led Discharge
- To identify where Nurse Led Discharge will benefit patients
- To develop competency framework to support nurses to demonstrate appropriate skills to carry out Nurse Led Discharge safely
- To hold register for nurses carrying out this practice

Hospital Acquired VTE

Milestones:
- Reach and sustain CQUIN target of 90% of all in patients are risk assessed.
- Reach and sustain CQUIN target of 90% of all patients assessed as at risk receive appropriate Prophylaxis treatment.
- Trust VTE Policy to be ratified
- Medication chart amended to include risk assessment form
- Put in place robust system to identify confirmed VTE
- Put in place RCA process for all confirmed VTE

Safer Surgery:

Milestones:

Safer surgical checklist
- To achieve 100% of patients having a checklist by April 2012
- 95% of checklists are fully completed by April 2012
- Evaluate maternity specific checklist January 2012
- Pre-operative briefings
  Increase compliance of pre-operative briefings to 90% by April 2012
- De-briefings
  Evaluation February 2012
  Roll out to other lists following evaluation

Safer Medication

Milestones:
- Establish basic competence in the administration of medications
- Develop educational programme in the administration of IV drugs and Infusions
- Develop educational programme to support the healthcare assistant role in the checking of controlled drugs

Use of Global Trigger Tools:

Milestones:
- Fortnightly Global trigger tool audit to be undertaken by medical and nursing staff
- Data to be submitted via portal onto Institute of Innovation and Improvement

website

QIPP : Safety Express programme

Milestones:

- To include concept of 'Harm Free Care' as part of new Patient Safety Strategy
- To pilot 'Safety Thermometer' on four in patient wards
- To develop roll out plan for 'Safety Thermometer' across organisation to include Community Services by March 2012
- To roll out 'Intentional Rounding' across all in patient areas by January 2012
- To reach Safety Express target of 95% 'Harm Free Care' by April 2012

3. Key achievements during the projects

Safe Guarding Adults / Children:

Safeguarding Adults:

- 100% of Trust staff have been informed of their responsibility to safeguard adults in October 2011. This information is given to all new staff on their induction.
- Director of Nursing and Patient Safety identified as the executive safeguarding lead at Trust board level.
- The new role for Specialist Nurse for safeguarding vulnerable adults introduced to the Trust in June 2011.
- Trust safeguarding adult policy revised November 2011 (under ratification process)
- A rolling training programme for Mental Capacity Act (2005) and Safeguarding Vulnerable Adults commenced in October 2011. Training sessions provide 240 places a month on both the Mental Capacity Act and Safeguarding Vulnerable Adults across the services. In addition there is the delivery of these sessions performed on request at directorate and divisional level.
- A process to review all reported clinical incidents and informal and formal complaints against safeguarding criteria has been established since July 2011.
- Database established to monitor contact and support provided to Trust staff to utilise for thematic analysis in June 2011.
- Trust incident reporting software utilised to establish thematic analysis of safeguarding incidents and lessons learned.
- The Department of Health self assessment has been completed and an action plan identified to achieve compliance.
- Trust representation and active participation on Local Adults Safeguarding Boards and Committees established.

Safe Guarding Children:

- Funding secured to increase Safeguarding Children team to include a dedicated trainer who delivers programme in house
- Funding secured from current resources to appoint a Specialist Midwife
- The delivery of appropriate level of training appropriate to role through a number of modalities eg e-learning and Corporate Mandatory training
- Governance reporting arrangements have been strengthened with the development of a Child Protection Governance Committee which reports through to the Board of Directors on a Bi – Monthly basis.

- An annual report provides an overview of all serious case reviews, consultations and supervision undertaken which includes associated action plans
- Bespoke training has been delivered to Board of Directors
- Engaged with commissioners in providing overview report of activity to Clinical Quality and Review Group every quarter.

In-patient falls:

- Trust policy now in place that ensures appropriate patients undergo a multifactorial falls risk assessment.
- Robust audit system in place to measure compliance with risk assessment and individualised care planning.
- Post fall checklist reviewed in line with Rapid Response Report NPSA/2011/RRR001 Essential care after an in patient fall.
- Reporting system fields amended to reflect the need to measure number of patients who receive appropriate observations following a fall (CQUIN target)
- Reporting system fields amended to prompt staff to provide additional information to inform future improvements.
- Annual Falls report presented to Formal Management Group and Board of Directors
- Bed rails audit using NPSA tool undertaken
- Compliance with falls risk assessment and implementation of individualised care plans has improved year on year across all specialties
- The number of in patient falls has decreased by 16% and the number of fractures sustained by patients following a fall within the Trust decreased by 41% between April 2008 – March 2011
- The accuracy, completeness and classification of reported falls incidents have improved following the introduction of mandatory drop down fields within the Datix reporting system
- The percentage of patients who receive appropriate clinical observations following a fall is 97%

Managing the Deteriorating Patient:

- Compilation of locally adapted Acute Care Competency framework from the Department of Health Document- Competencies for Recognising and Responding to Acutely Ill Patients in hospital (2008).
- Development of a Trust Policy for the Recognition and Response to Acutely Ill Patient In Hospital defining the frequency and level of monitoring to take place for patients with diverse clinical conditions.
- Acute Illness Management course for Healthcare Assistants
- Development of an e-learning module for the education of staff around the Early Warning Score Track and Trigger System
- Deteriorating patient CQUIN measure:
  -enhanced monitoring of compliance in the frequency of physiological observations, escalation pathway and frequency of observations for the deteriorating patient
- Root cause analysis template for the deteriorating patient.

Healthcare Associated Infections:

All milestones achieved including:

- Year on year reductions in MRSA, MSSA bacteraemia and *Clostridium difficile* cases.
- Robust reporting and cascading of key HCAI related surveillance,

outbreaks/incidents both internally and externally.
- Increase in cleaning provision within high risk areas.
- Winner of a Department of Health HCAI technology award.
- Year on year improvement in MRSA and *Clostridium difficile* patient pathway compliance.
- Completion of the first non-financial related 'internal audit' relating to IPC strategy and leadership and action plan follow-up.
- Protected time for all IPC link practitioners to support the annual training and audit programme.

Prevention and Management of Pressure Ulcers:
- Continual reduction of grade one and two pressure ulcers by 25% annually
- Robust monitoring and reporting of hospital acquired pressure ulcers
- Awareness of hot spots of pressure ulcer acquisition for one to one support
- Implementation of the wound care strategy
- Recruitment of a project nurse to educate, audit and support moisture lesion care
- Increase (68)% of patients actual weight recorded at prevalence audit September 11
- Pressure ulcer policy review and adaptation to incorporate community services
- Continual work nationally on production of pressure ulcer/moisture lesion tool
- Wound care cupboards reviewed to ensure the right dressing for the right patient pressure ulcer with significant financial savings and nursing time

Nutrition and Hydration:
- Completion of Community Nutrition Strategy (August 2011)
- Employment of Volunteer co-ordinator for the Trust (Winter 2012)
- Draft Standard Operating Procedures (November 2011)
- STAMP nutritional assessment tool implemented in paediatrics (May 2011)
- Production of Nutritional Support pathways for community and acute (July 2011)
- Community Prescribing guidance pathways developed for use across South Tees (draft Sept 2011)
- Introduction of 'red jug lids' across all wards to identify patients who require assistance with hydration (November 2011)

Nurse Led Discharge:
- Work streams have been included in work plan and trust objectives as part of "transforming" care for 2011 /12

Hospital Acquired VTE:
- Establishment and appointment of Anti-coagulation team
- Link Nurse system in place to facilitate education in clinical areas
- E-learning package for VTE included in Mandatory training requirements
- Education included in Preceptorship programme for all new registrants
- Reached and sustained CQUIN target of 90% of all in patients are risk assessed 10 /11
- Reach and sustain CQUIN target of 90% of all patients assessed as at risk receive appropriate Prophylaxis treatment.
- Trust VTE Policy ratified and implemented
- Medication chart amended to include risk assessment form
- System in place to identify confirmed VTE
- Screening tool developed to identify hospital acquired VTE as per NICE definition
- RCA process for all confirmed VTE

Safer Surgery:
Safer Surgical Checklist

- Introduced in August 2009 as a pilot
- Used in all theatres by December 2009
- Current figures show that 98% of patients who come to theatre have a checklist completed
- Current figures show that 89% of checklists are fully completed
- Pilot of maternity specific checklist commenced November 2011

Briefings

- Introduced in August 2009 as a pilot
- Implemented in December 2009 to all theatres
- Current figures show that 80% of theatre lists start with a pre-operative briefing
- Current figures show that 70% of briefings are attended by the full team

De-briefings

- Pilot has started December 2011 in Facs/Max & ENT theatres on one list

Safer Medication:

- Established basic competence in the administration of medications and included in Preceptorship pack
- Competency based educational programme developed and delivered to all new registrants in the administration of IV drugs and Infusions or to those staff who have been involved in an incident
- Educational programme implemented to support the healthcare assistant role in the checking of controlled drugs
- Embedded use of the NPSA incident decision tree where a medication error has taken place
- SOPs introduced as part of trust Medicines Policy
- 10 steps to safer administration developed for paediatrics
- Implementation of 'do not disturb' tabards to facilitate the safe administration of medicines at ward level

Use of Global Trigger Tools:

- Fortnightly Global trigger tool audit is undertaken by medical and nursing staff form Corporate Practice Development
- Data is submitted via portal onto Institute of Innovation and Improvement website
- Visited peer organisations to review their processes

QIPP : Safety Express programme:

- 'Harm Free Care' concept now accepted as priority in four areas of harm, Pressure Ulcers, VTE, Catheters and UTI and patient falls.
- Achieved 95% harm free rate in four pilot wards.
- Patient Safety Team given an award of achievement by Department of Health QIPP team.

4. Key quantitative and qualitative outcomes measures

Falls

- 100% of patients aged 65 and over will undergo a multifactorial falls risk

assessment within 24 hours of admission
- 100% of patients who are assessed to have positive risk factors for falling will have an individualised care action plan implemented
- 100% of patients whose fall is unwitnessed or who sustain a head injury will receive appropriate clinical observations.
- To improve quality of incident reporting

Safer Surgery
Safer surgical checklist (5 steps to patient safety)

Quantitative
- 100% of theatre sessions are using the safer surgical checklist
- 98% of patient who attend theatre have a checklist
- 89% of checklists are fully completed (documentation)

Qualitative
- Still some resistance from some surgeons to engage fully in the check, despite a recent never event.

Briefings
Quantitative
- 80% of theatre lists start with a pre-operative briefing
- 70% of briefings are attended by the full team

Qualitative
- This is difficult to measure, would have been helpful to have an audit tool before implementation to assess the before & after. Anecdotally feedback from the HCA's is that they find them extremely useful and feel more involved with the team, so it has probably had a big impact on this group.
- The scrub team have voiced that they have more information about the patient as a whole instead of just the procedure.

De-briefings
- No data yet

Managing Acutely Ill Patient

- The funding for the clinical educators supported the teaching sessions, Sepsis Study days, and Acute Illness management days delivered and driven by critical care.
- Pre and post ward based education audits to track compliance with standards explicit in NICE CG 50.
- Inclusion in the Nursing and Midwifery key performance Indicators, compliance measured with regard to:
  - Appropriate frequency of observations prescribed and prescription followed with regard to level of care the patient requires.
  - All adult in-patients will have their observations competed accurately and their EWS calculated correctly
  - All patients have the SBAR communication tool used to escalate their care.
  Monitored by the Clinical Matrons monthly retrospective audit of notes.
- Annual regional point prevalence study. Audited parameters are as follows;
  - Level of care in terms of acuity of illness
  - Frequency of observations appropriate to level of care
  - Completion of all physiological observations
  - Accurate recording of EWS
  - Evidence of appropriate response to recognised deterioration in line with the recognition and response strategy

- Prescription of physiological observations
- Physiological observations conducted as prescribed

- Audit of emergency admissions to critical care units from ward areas
- Post ICU mortality audit
- Datix fields for acute & critical care quality indicators
- Acute Illness management course Healthcare Assistants- 144 Staff completed the 1 day course this year.
- Assessors for the Acute Care competencies- 182 assessors throughout the Trust cascading the Acute Care Competency Education.

VTE measures

- Achievement of 2009/2010 CQUIN targets re risk assessment
- All patients, on admission, receive an assessment of VTE and bleeding risk using the clinical risk assessment criteria described in the national tool.
- VTE risk assessment compliance monitored weekly by the anticoagulation team and monthly through safety thermometer as part of the QIPP agenda.
- 90%compliance achieved and maintained
- Patients assessed to be at risk of VTE are offered VTE prophylaxis in accordance with NICE guidance.
- This target is on track to be achieved. 84% achieved end Q2 (80% target). Trajectory target agreed, to achieve 90% compliance by end Q4.

NICE Quality Standards for prevention of VTE to be achieved in full by March 2012.

Healthcare Associated Infection

- Year on year reductions in MRSA, MSSA bacteraemia and *Clostridium difficile* cases.
- Achievement of HCAI related CQUIN target.

Nutrition and Hydration (MUST)

- MUST audit
- Nutritional Standards audit
- Essence of Care benchmark
- Assisted feeding audit
- Inpatient survey

Pressure Ulcers

- Achievement of CQUIN target 2011
- On target prevalence for 2012
- Year on year 25% reduction of hospital attributed grade one and grade two pressure ulcers

5. Progress made against quantitative and qualitative outcomes measures

Falls

- 16% reduction in the number of inpatient falls over the last 2 years
- Year on year increases in the percentage of patients who undergo multifactorial falls risk assessment with 97% of patients having an individualised falls care plan implemented within 24 hours of admission.
- 97% of patients receive appropriate observations post fall.
- The implementation of simple mandatory drop down fields within the datix reporting system has provided further information that has identified priorities for the following

year eg 41% of patients who fall are confused – the management of confused patients will be raised within the falls training.

Managing Acutely Ill Patient

- Pre and post ward based education audits to track compliance with standards explicit in NICE CG 50.
- Evidence of increased knowledge post educational strategy
- Inclusion in the Nursing and Midwifery key performance Indicators, compliance measured with regard to:
  - Appropriate frequency of observations prescribed and prescription followed with regard to level of care the patient requires.
  - All adult in-patients will have their observations competed accurately and their EWS calculated correctly
  - All patients have the SBAR communication tool used to escalate their care. Monitored by the Clinical Matrons monthly retrospective audit of notes.
- Increased compliance evidenced 2010/11
- Annual regional point prevalence study. Audited parameters are as follows;
  - Level of care in terms of acuity of illness
  - Frequency of observations appropriate to level of care
  - Completion of all physiological observations
  - Accurate recording of EWS
  - Evidence of appropriate response to recognised deterioration in line with the recognition and response strategy
  - Prescription of physiological observations
  - Physiological observations conducted as prescribed
- First point prevalence study conducted 2005. Evidence of significant improvement in completion of physiological observations & documented calculation of EWS. However, the point prevalence studies suggest that significant improvement is required in response to deterioration.
- Audit of emergency admissions to critical care units from ward areas
- Failure to recognise and respond to deterioration evidenced
- Post ICU mortality audit
- Evidenced cause for concern in ward management in a quarter of cases evaluated
- Datix fields for acute & critical care quality indicators
- Routinely monitored and investigated
- Acute Illness management for Healthcare Assistants- 144 Staff completed the 1 day course this year.
- Assessors for the Acute Care competencies- 182 assessors throughout the Trust cascading the Acute Care Competency Education.

VTE measures

- Currently on target to achieve CQINN target 2011/12

Healthcare Associated Infection

- 2011/12 MRSA bacteraemia target is four cases – to date the Trust has had one case. Compared to the first eight months of the 2010/11 financial year there has been an 80% reduction in trust-attributed cases.
- Compared to the first eight months of the 2010/11 financial year there has been a 35% reduction in trust-attributed cases.

Nutrition and Hydration (MUST)

- MUST Audit – completed March 2011 (acute), and being undertaken in community

hospitals during November 2011.
- Nutritional Standards audit – completed June and November 2011
- Essence of Care benchmarking: 5 key questions – February 2011; Full benchmark – July 2011
- Assisted Feeding Audit – May 2012
- Inpatient Survey

Pressure Ulcers
- Achieved target of 25% reduction of grade one and grade two pressure ulcers
- Achieved CQUIN target of hospital attributed grade 3 and grade 4
- Achieved 100% prevalence of completed wound care documentation
- Achieved 95% Braden prevalence completion
- Achieved 96% Must prevalence completion
- Achieved 97% repositioning chart prevalence completion
- Achieved 25% reduction of non hospital attributed pressure ulcers

6. Key learning

- Cohesive approach work streams
- Programme Board strengthening reporting and monitoring
- Education modes need to be flexible
- Ownership at local level to ensure practice is embedded
- Communication via a number of methods
- Role re-design and review of key job descriptions to focus on patient safety including statement around IPC and relating policies
- Embedding IPC as everyone's responsibility, such as the full implementation of the 'bare below the elbow' directive.
- Embedding wound care as everyone's responsibility across all specialities and patient groups with a strong visible clinical and educational focus.
- Introducing small changes using PDSA cycles to implement the change increased sustained change and helped embed in practice

5 steps to safer surgery:
Initial resistance by some medical colleagues to engage in the process, with varying degrees of engagement. Where there was involvement of medical colleagues prior to and at the point of implementation there was significantly more engagement however this did not translate into robust implementation in all specialities.
Where there was lack of engagement by medical colleagues this did impact on other theatre staffs ability to participate fully in the process.

7. Key challenges to the projects.

Limited non- recurring funding available for posts to lead education programme
Engage all levels of staff – regular bulletins in monthly magazine
Link Time to Care programme with Patient Safety : Knowing how we are doing boards, safety crosses
This promotes local ownership and focus on key aspects of patient safety

The launch of new separate Patient Safety Strategy along with linked KPIs to existing quality standards has enabled the trust to gain a full overview of patient safety work streams and align agendas through whole systems approach to quality improvement.

Healthcare Associated Infection
Maintaining the focus regarding the HCAI reduction agenda by continued vigilance, raising the profile, awareness at every opportunity and sharing lessons learnt.

Pressure Ulcer/moisture lesion (Wound Care Service)
Key challenges are limited resources with increasing pressures on service lead. Managed with strong leadership, visibility, sharing of evidence based knowledge and skill and continual support to all trust members. This has resulted in increased consistency and reduction of ritualistic practice across the organisation.

Vertical integration with community services has challenged our new larger organisation to look broader at some of the key patient safety issues that are emerging in the community setting.

8. Active involvement of Board of Directors in safety work.

- Include NED as member of Patient Safety Programme Board
- Held Patient Safety Culture event and included Directors
- Deputy Chair of Programme Board is Director of Nursing and Patient Safety
- DIPC is a board member
- All board members are provided weekly surveillance data.
- Lead Nurse Wound Care has presented achievements so far with respect to pressure ulcer and moisture lesion work to Board Members
- Annual workshop style training for Board of Directors on patient safety and quality

9. Approach to embedding the learning and changes into practice.

- Include any lessons learnt in all training programmes
- Sharing of lessons learnt at key groups and forums.
- Sharing change processes and achievements along with challenges to community colleagues and leads to ensure that change is embedded in a consistent approach enabling smooth transition within the integration processes relating to patient care
- Development of Patient Safety Strategy and relating key performance targets which align to trust objectives and other strategies in place eg. Nursing and Midwifery Strategy, Cancer, Patient Experience and Children's Strategy.
- Using patient experience stories at Board of Directors
- Continuous programme of communication with all levels of staff utilising different modalities

10. Contextual changes that have impacted on the programmes.

- Implementation of Intentional rounding has demonstrated reductions in falls rates in some areas and is to be rolled out Trust wide.
- South Tees highlighted as area of good practice within SCNE regional falls strategy
- Review of bed management systems planned

- Medication audit to be undertaken by pharmacy staff
- Provision of a corporate team focussed on patient safety and quality
- The alignment of initiatives eg Productive series / QIPP / Essence of Care / High Impact Actions
- Role re-alignment to Patient Safety agenda through the development of a Lead Nurse Role
- Development of Patient Safety Programme Board with medical staff engagement
- Identified champions in key areas such as human factors
- Vertical integration with community services

11. Evaluation/reflective processes

The trust has not undertaken an evaluation of the programme overall, however the benefits have been realised in terms of meeting quality targets and outcomes for patients.

12. Economic data

Over all the introduction in CQUIN targets associated with some of the quality improvement initiatives has given the trust focus in changing practice and improving in these key areas.

Further work needs to be done to establish cost benefit analysis of improvements. However some data is available.

HCAI
Previous estimated cost savings had been completed using the Department of Health 'productivity calculator'. The reduction in MRSA bacteraemia cases alone in 2009/10 compared to 2010/11 estimated a saving of £231,263 and 610 bed days.

Wound Care Service
Achievement of CQUIN target with a financial value of £366,660.00. (Governance report)
Achievement of wound dressing reviews with a saving of £170.00.00 (Procurement data)