

Date of Trust Board : 25th September 2013

ENCLOSURE NUMBER: 9

SUMMARY OF REPORT TO TRUST BOARD

NAME OF DIRECTOR:	Lindsey Webb Director of Nursing and Governance
SUBJECT:	Patient Safety and Experience Report

SUMMARY

This paper will update the Board on patient safety and experience issues during the month.

RISKS

Patient safety and experience must remain a high priority for the organisation and it is anticipated that this report will assist the Board in bringing together key patient safety and experience issues.

RECOMMENDATIONS

The Board is asked to:

- **discuss** the Patient Safety and Experience report
- **identify** areas of risk requiring further assurance
- **identify** any other patient safety and experience issues for inclusion in future reports

1. Serious Incidents requiring investigation (SIRI)

There were 4 SIRI's in month; an increase from 0 the previous month (see appendix 1)

2. Deaths

There was one unexpected death in the month of a female patient following a primary knee replacement. Cause of death was noted as 1a. Myocardial Infarction 1b. Ischaemic heart disease 2. Chronic renal failure. The patients past medical history includes angina, peripheral vascular disease, and angioplasty x2. The family have been fully informed under Duty of Candour of the subsequent investigation

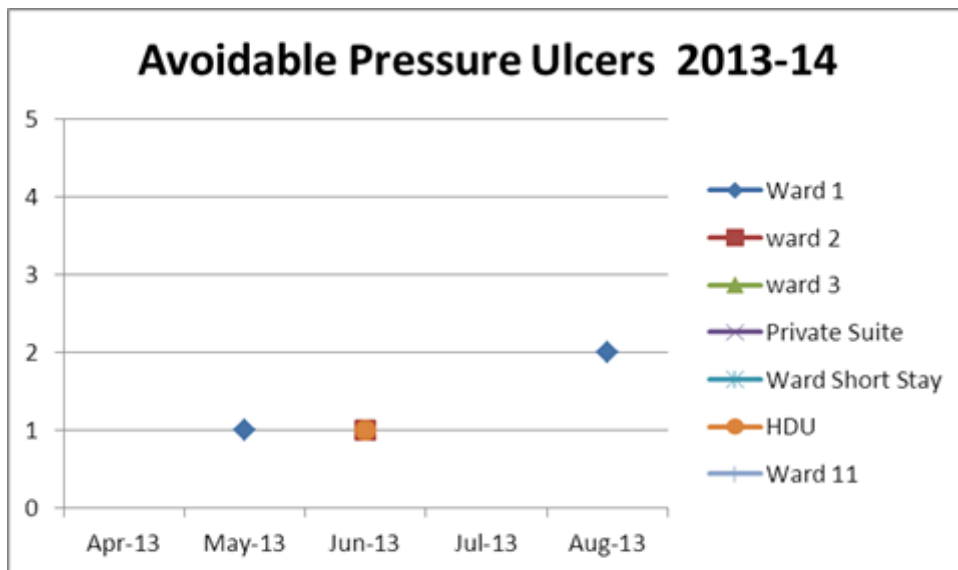
3. E-coli bacteraemia

The E-coli bacteraemia was identified in blood cultures from the patient that died. These were taken during the peri-mortem period in an attempt to identify the cause of the deterioration in her clinical condition. The Consultant Microbiologist has confirmed that the patient did not present a clinical picture of sepsis and that it would not appear to be a contributory factor in her death as confirmed by the post mortem report.

4. Incidents

Early anecdotal information from ADCU is suggesting that drug incidents as a result of patients not being prescribed their usual medication are falling. The new POAC process is also enabling early identification of clinical issues that previously would not have been picked up until the day of surgery therefore reducing cancellations. Data to support this will be presented in future reports.

5. Pressure ulcers



The two avoidable pressure ulcers occurred on Ward 1 which is a matter of concern. The subsequent investigations have identified a range of contributory factors including lack of appropriate skin inspections, lack of use of pressure relieving equipment, poor documentation, no referral to the tissue viability team and inadequate repositioning of the patient. The Matron and Ward Manager in this area have taken steps to address these issues with the staff concerned both in terms of addressing training needs as well as clarifying expectations re standards of care and consequences if these are not met.

Wider learning from this case has been shared across the organisation and additional training for Ward Managers on holding their staff to account and having difficult conversations has been provided on a recent away day.

The value of the financial penalty incurred via the contract for the avoidable grade 3 pressure ulcer is currently under discussion.

It should be noted that year to date there have been 5 avoidable pressure ulcers, a 50% reduction from the same period last year.

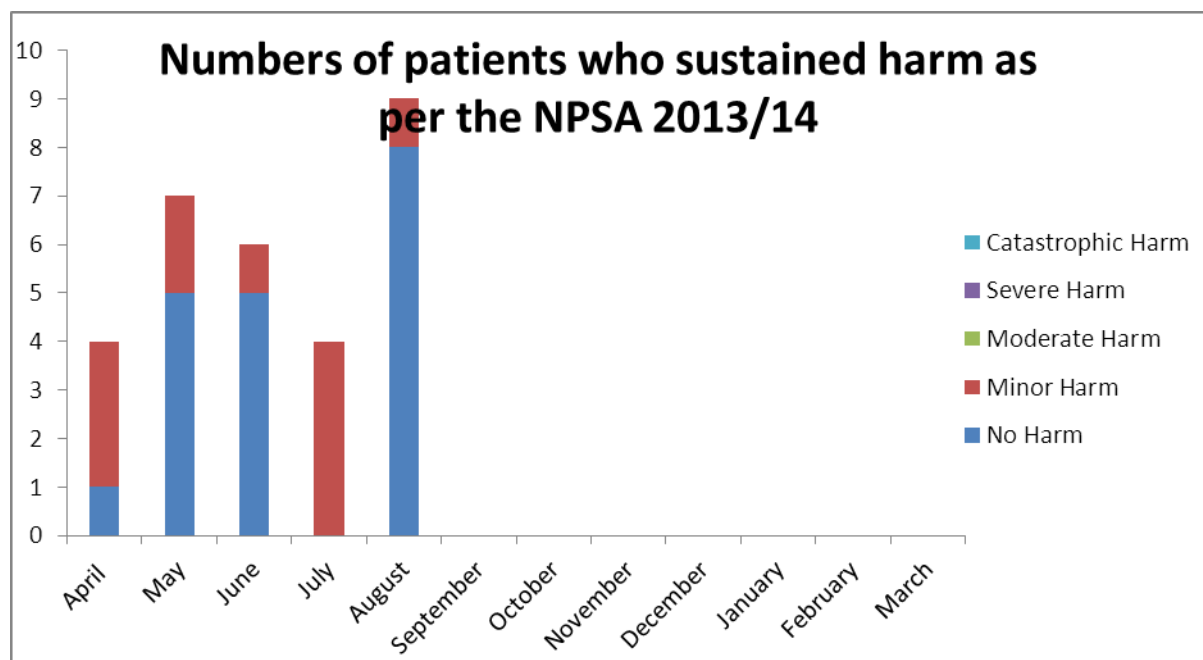
6. Vte risk assessment

The CQUIN target has not been achieved in month with two areas not meeting the required 95% target, ADCU and Ward 1. These returns are completed manually and, at the time of writing, opportunities to further review notes to more accurately identify completed risk assessments are being considered.

7. Falls

There has been a reduction in the number of reportable inpatient adult falls for the second consecutive month. Further details on level of harm is outlined in the table below.

The number of patients who have sustained harm as a result of a fall.



Number of falls reported in each area

Location of Falls	April	May	June	July	August
Ward 1			5	1	1
Ward 2	1	5		1	1
Ward 3	3	1	1	2	5
Ward 10		1			
Ward 12					2

		April	May	June	July	August
Q1.	Has the falls assessment been completed within 6 hours of admission?	100%	100%	95%	96%	96%
Q2.	If the patient is identified as high risk is a care plan in place?	95%	95%	95%	92%	84%

A review of the increased number of falls on ward 3 has been undertaken and has highlighted that of the 5, 3 occurred when patients chose not to follow advice from clinical staff and mobilised before anaesthetic blocks had worn off.

The fall with a fracture in OPD is not reportable externally into the Safety Thermometer as only inpatient falls are counted.

8. Ward dashboard

HDU continues to achieve in month improvements (despite an overall red rating) with safety moving to amber this month. Workforce and safety are expected to be green by September with training amber by October and green by January.

Ongoing management by the Matron with support from HR continues in Ward 12.

9. National cancer inpatient survey

The Trust has now received the results of the National Cancer In-patient Survey. The ROH was one of 155 acute hospitals, providing cancer services, to take part. We had 50 respondents, of whom 32 had sarcoma, 4 had haematological malignancies and 14 other cancers. The respondents were adults over 16 years of age diagnosed with cancer, who had been an in-patient or day case between September 1st 2012-November 30th 2012.

The survey included the whole patient experience both in primary and secondary care. Their overall NHS care experience was rated as 78%. This is significantly lower than 2011/12 (90%) but it not possible to say which particular area this appertains too in their patient journey.

As before, the ward environment has scored excellently with 100% of patients feeling their privacy was respected and 98% feeling their dignity was maintained.

The main areas where patients felt improvements could be made were information around diagnostic tests, who their specialist nurse was and how to contact them, support groups, financial help, inclusion in research and written information. This was disappointing as the M.D.T. had worked vigorously to improve patient information, as this was highlighted in the previous survey. This was in addition to the National Bone Sarcoma Information pathway that has been developed by the five Bone Sarcoma Centres across England.

We have also worked to raise the profile of our support group, ROHBTS, and to advise patients about Macmillan Cancer Support, which includes a Macmillan patient information hub and life sized posters. Since the survey there have been notable improvements to the environment on ward 3 including 2 side rooms sponsored by The Teenage Cancer Trust and the day room has been upgraded sponsored by ROHBTS.

The Trust is currently piloting a pre-diagnostic MDT which should improve waiting times for information, speedier access to the service and earlier introduction to their CNS(key worker) as they do at Stanmore who scored better than the ROH for the initial stages of the journey but not so well for ward/hospital doctors.

The Oncology specialist nursing team are developing an action plan to address the findings of this survey and this will be monitored via the Quality Committee.

10. Patient led assessments of the care environment (PLACE)

The PLACE assessments have replaced the previous PEAT inspections with the intention of greater patient involvement in assessing the care environment. These scores were released nationally on 18th September. The ROH scores are as follows:

Cleanliness	97.34%
Food	92.09%
Privacy, dignity and wellbeing	89.5%
Condition, appearance and maintenance	93.61%

The slightly lower score for privacy and dignity relates to Ward 7 (now closed and re-provided by ADCU) and some ongoing estates issues e.g. the open courtyard.

Benchmarking with other organisations will now take place and opportunities for using this feedback identified.

11. Complaints/PALS/Compliments

COMPLAINTS

There has been a decrease in the volume of complaints received this month from 12 to 7 (4 formal) representing a drop of 42%. This is in line with the usual pattern of a quieter month in the summer quarter.

Number of complaints responded to in agreed timescale in August is 11/12 or 92% which is above agreed KPI of 80%.

Areas for formal complaints received this month are broken down as follows:

- Poor communications
- Approach of healthcare professional x 2 (hand therapist and anaesthetist)
- Clinical care

PALS:

PALS contacts rose slightly this month to 73 (+7%) compared to 68 last month.

- Numbers of PALS received by Directorate:

Corporate	13
Small Joint	4
Large Joint	19
Oncology	6
Clinical Support	18
Paediatrics	0
Spinal	13
Theatres	0
Total	73

Highest areas of concern:

- Reimbursement of expenses, DLA enquiries
- Provision of disabled parking spaces
- Work experience requests
- Interpreter requests
- Update on care and treatment plans – large joint and spinal
- Copy medical records requests

The number of complaints and PALS with regard to administrative issues continues to reduce.

COMPLIMENTS

- Number of Compliments by Directorate:

Directorate	Compliments August 2013
Clinical Support	14
Small Joint	8
Large Joint	140
Oncology	35
Paediatrics	73
Spinal	5
Theatres	33
Corporate	12

Total **320** (17% down on last month's total of 386)

- Highest numbers of compliments received
Private Suite 33
Short Stay 70
Ward 11 72

APPENDIX 1

New SIRIs August 2013 – 4

Ref	Incident date	Date raised to commissioners	Description	Level of harm (prior to RCA completion)	Directorate	Progress	Final report due
11417	15/8/13	15/8/13	Unexpected death	None	Oncology (Orthopaedic)	Investigation underway	24/10/13
11265	16/7/13	19/8/13	Fracture following fall	None	OPD/Support Services	Investigation underway	22/10/13
11420	17/8/13	17/8/13	Grade 3 pressure ulcer - unavoidable	Moderate	Oncology	Final report submitted 4/9/13	23/10/13
11461	23/8/13	23/8/13	Grade 3 pressure ulcer - avoidable	Moderate	Spinal	Investigation underway	30/10/13

SIRI update report:

Ref No.	Description	Findings	Actions recommended / taken	Due date	Remove from Board report
11058/11061	Radiation exposure during pregnancy /Safeguarding concerns	Radiation exposure during pregnancy /Safeguarding concerns	Investigation on-going. Extension granted due to complexity of case. Draft report being prepared for review w/c 9/9/12.	6/9/13 extended to 18/9/13.	No
11103/11104/1113	Morphine overdose	This incident appears to have occurred due to high workload resulting in the nurses becoming distracted. This led to unsatisfactory care provision to the patient and resulted in an overdose of Morphine being administered to the patient.	Report submitted to commissioners 22/8/13. Professional discussion with both staff nurses involved as per drug error procedures Review of direct admissions late in the evening onto HDU and compliance with this Implementation of the Supernumerary Co-ordinator on all shifts to assist staff on busy shifts and ensure adequate supervision of junior team members.	23/8/13 (submitted 22/8/13).	Yes

July 2013							Large/Small joints			Spinal/Paed/ Oncology			Theatres/Anasethetics				OPD/POAC		
							Sarah Needham			Evelyn O'Kane			Lisa Pim				Stacey Keegan		
							Ward 2	Ward 12	Ward 10	Ward 1	Ward 11	Ward 3	HDU	Recovery	Day Unit	Ward 7	CCO	POAC	ROCS
1	Workforce: Overall RAG score	Matron scoring				Monthly	Green	Green	Green	Red	Yellow	Green	Red	Yellow	Yellow	Yellow	Yellow	Green	Green
2	Training: Overall RAG score	Matron scoring				Monthly	Yellow	Red	Yellow	Yellow	Green	Yellow	Red	Green	Green	Yellow	Yellow	Green	Yellow
3	Patient Experience /Feedback: Overall RAG	Matron scoring				Monthly	Green	Green	Green	Yellow	Green	Green	Yellow	Green	Yellow	Yellow	Yellow	Green	Yellow
4	Safety: Overall RAG score	Matron scoring				Monthly	Green	Red	Green	Yellow	Red	Green	Yellow	Red	Green	Yellow	Yellow	Green	Green
5	Efficiency: Overall RAG score	Matron scoring				Monthly	Green	Yellow	Green	Yellow	Yellow	Red	Green	Green	Yellow	Yellow	Yellow	Green	Green
6	Outcomes: Overall RAG score	Matron scoring				Monthly	Green	Yellow	Green	Yellow	Green	Yellow	Green	Yellow	Yellow	Yellow	Yellow	Green	Green
Matron and Managers overall score							Green	Red	Green	Yellow	↑	Green	Red	Green	Yellow	Yellow	Yellow	Green	Green

	TH 1	TH2	TH3	TH4	TH5	TH6	TH7	TH8	TH9	TH 10
Workforce	Green	Yellow	Yellow	Yellow	Green	Yellow	Yellow	Yellow	Yellow	Yellow
Training	Green	Yellow	Yellow	Green	Yellow	Yellow	Yellow	Yellow	Yellow	Green
Patient Experience	Green	Yellow	Green	Green	Green	Green	Yellow	Green	Yellow	Yellow
Safety	Green	Yellow	Green	Yellow	Green	Green	Yellow	Green	Green	Yellow
Efficiency: Overall RAG score	Red	Red	Green	Red	Red	Red	Red	Red	Red	Red
Outcomes: Overall RAG score	Green	Yellow	Green	Yellow	Green	Yellow	Yellow	Yellow	Yellow	Yellow