

<b>To:</b>	Trust Board
<b>From:</b>	Suzanne Hinchliffe, Chief Operating Officer/Chief Nurse
<b>Date:</b>	7 April 2011
<b>CQC regulation:</b>	4, 7

<b>Title:</b>	Care and Compassion – Older People’s Care within UHL										
<b>Author:</b>	Carole Ribbins, Director of Nursing										
<b>Responsible Director:</b>	Suzanne Hinchliffe, Chief Operating Officer/Chief Nurse										
<b>Purpose of the Report:</b>	<p>This paper provides an overview of the Parliamentary and Health Service Ombudsman report ‘Care and Compassion’ and highlights actions that have been implemented within the Acute Care Division in relation to elderly care provision.</p> <p>Secondly the paper will also outline Trust wide action/initiatives that are specifically aimed at improving the care of older people within the Trust.</p>										
<b>The Report is provided to the Board for:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Decision</td> <td style="width: 10%;"></td> <td style="width: 50%; text-align: center;">Discussion</td> <td style="width: 10%; text-align: center;">x</td> </tr> <tr> <td style="text-align: center;">Assurance</td> <td style="text-align: center;">x</td> <td style="text-align: center;">Endorsement</td> <td></td> </tr> </table>			Decision		Discussion	x	Assurance	x	Endorsement	
Decision		Discussion	x								
Assurance	x	Endorsement									
<b>Summary / Key Points:</b>	<p>In February 2011 the Parliamentary and Health Service Ombudsman published ‘Care and Compassion’. This report highlights ten investigations into complaints made about standards of care for older people in the NHS. The author of this report identified that the ten stories ‘illuminated the gulf between the principles and values of the NHS constitution and the felt reality of being an older person in the care of the NHS in England’. The main themes in the report are:</p> <ul style="list-style-type: none"> <li>• Poor pain management</li> <li>• Inadequate privacy and dignity</li> <li>• Inadequate hydration and nutrition</li> <li>• Poor discharge arrangements</li> <li>• Lack of compassion and care</li> <li>• Lack of family involvement</li> <li>• Poor end of life care</li> </ul> <p>The Ombudsman asks every Trust to pause and reflect upon the findings in this report and to examine older peoples care in their Trust.</p> <p>In response to the Care and Compassion report, on the 21 February 2011, the Leicester Mercury launched a campaign ‘Care for the Elderly’ to ensure that all elderly people get the care and respect they deserve from the NHS.</p> <p>In response to this key initiatives have been implemented within the Trust to bring about change in practice to ensure all our older patients within UHL receive compassion and caring at it’s best.</p>										

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<b>Recommendations:</b> Trust Board are asked to: <ul style="list-style-type: none"><li>• Receive this report for information.</li><li>• Support the implementation of the initiatives outlined in this paper.</li></ul>	
<b>Strategic Risk Register</b> Not applicable.	<b>Performance KPIs year to date</b> Not applicable.
<b>Resource Implications (eg Financial, HR)</b> None.	
<b>Assurance Implications</b> None.	
<b>Patient and Public Involvement (PPI) Implications</b> None.	
<b>Equality Impact</b> None.	
<b>Information exempt from Disclosure</b> None.	
<b>Requirement for further review ?</b>	

## Trust Board paper D

### University Hospitals of Leicester NHS Trust

**Report to:** Trust Board

**Report From:** Carole Ribbins, Director of Nursing

**Date:** 7 April 2011

**Title:** Care and Compassion – Older People’s Care within UHL

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#### **1. Introduction**

In February 2011 the Parliamentary and Health Service Ombudsman published ‘Care and Compassion’. This report highlights ten investigations into complaints made about standards of care for older people in the NHS. The author of this report identified that the ten stories ‘illuminated the gulf between the principles and values of the NHS constitution and the felt reality of being an older person in the care of the NHS in England’. The main themes in this paper are:

- Poor pain management
- Inadequate privacy and dignity
- Inadequate hydration and nutrition
- Poor discharge arrangements
- Lack of compassion and care
- Lack of family involvement
- Poor end of life care

The Ombudsman asks every Trust to pause and reflect upon the findings in this report and to examine older peoples care in their Trust.

In response to the Care and Compassion report, on the 21 February 2011, the Leicester Mercury launched a campaign ‘Care for the Elderly’ to ensure that older people get the care and respect they deserve from the NHS.

This paper provides an update on the initiatives that have been implemented within the Acute Care Division to address the themes identified about elderly care provision.

Secondly the paper outlines Trust wide action/initiatives that are specifically aimed at improving the care of older people within the Trust.

#### **2. Patient Feedback within Trust**

In the ‘Care and Compassion’ report, the Ombudsman identified that of the 9,000 complaints about the NHS last year, 18% were about the care of older people. The Ombudsman accepted 226 cases for investigation which was twice as many as for all other age groups put together. The Ombudsman identified that the issues of dignity, healthcare associated infection, nutrition, discharge from hospital and

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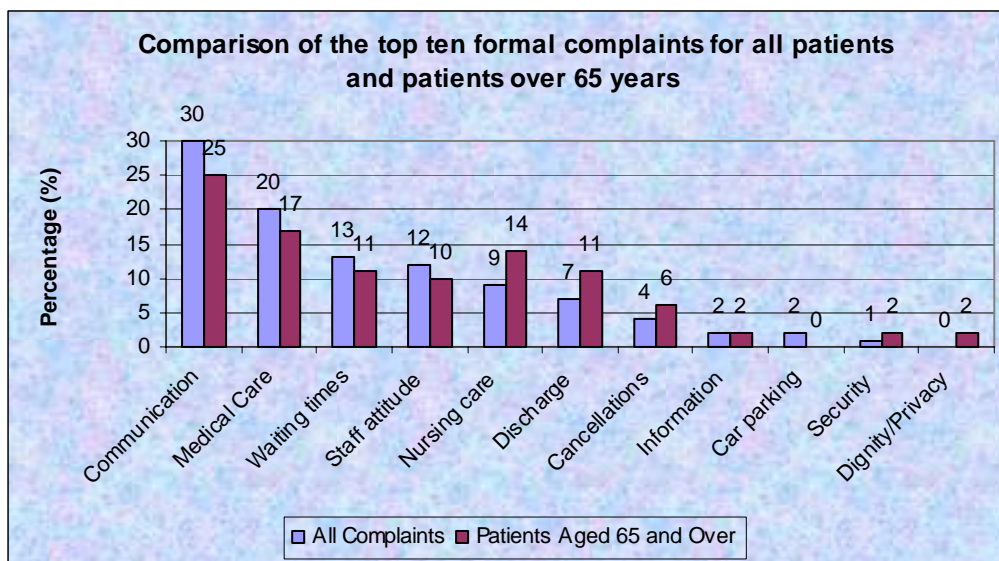
personal care feature significantly more often, in complaints about the care of older people.

Within the Trust during 2010 (calendar year) patients over 65 years old and over made up 36% of all Trust admissions and 58% of the occupied bed days. Within Outpatients 30% of attendees were 65 years or over.

The Trusts complaints data below illustrates that over the last 3 years complaints from people over 65 years of age have remained static. When examining the themes, people over 65 years of age highlight highest concerns regarding communication and medical care. It is important however given recent concerns to also explore in more detail nursing care elements.

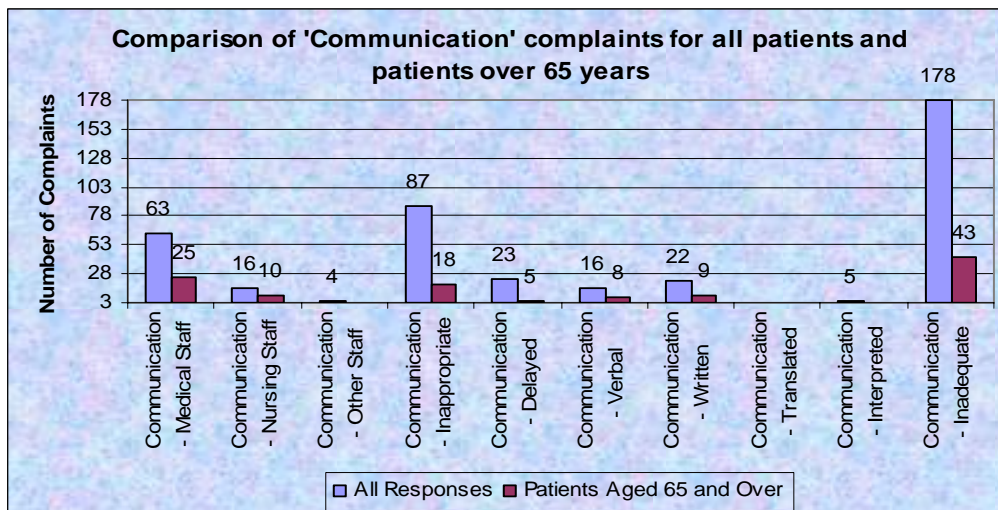
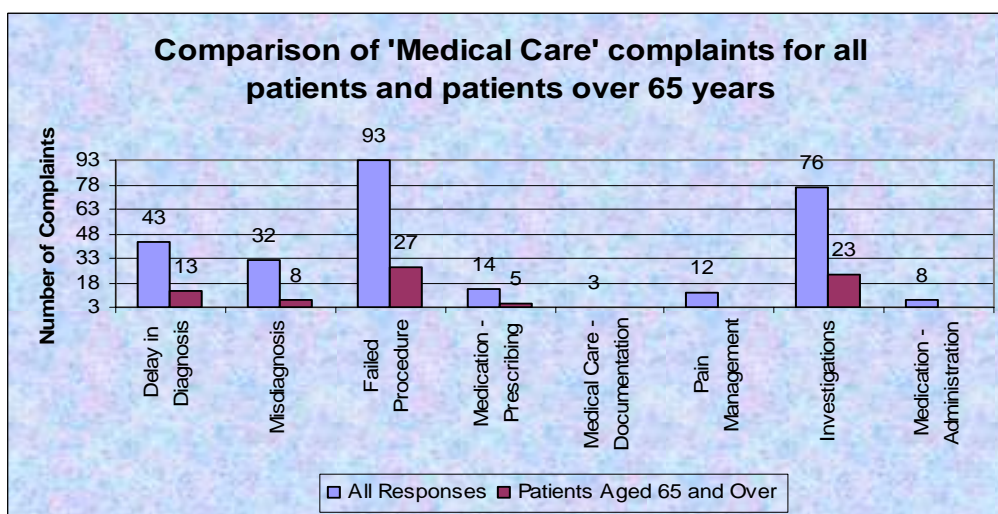
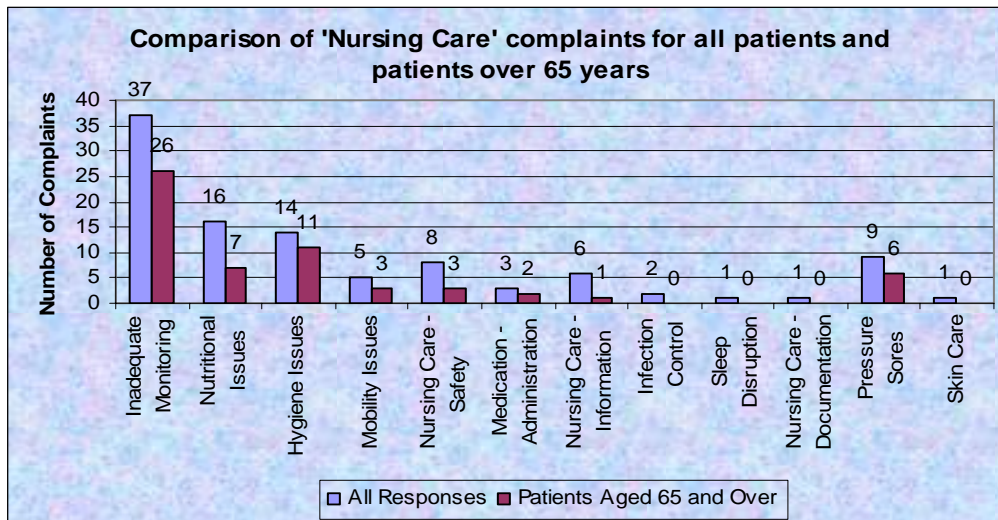
	Total number of formal complaints received	% of complaints relating to activity	No. relating to patients aged 65 and over
Mar 2010 to Feb 2011	1497	0.15%	516
Mar 2009 to Feb 2010	1393	0.14%	489
Mar 2008 to Feb 2009	1420	0.15%	462

The comparison data below is between dates March 2010 to February 2011.



Areas of key concern are being addressed individually in conjunction with the Medical Director, as well as actions identified within this paper.

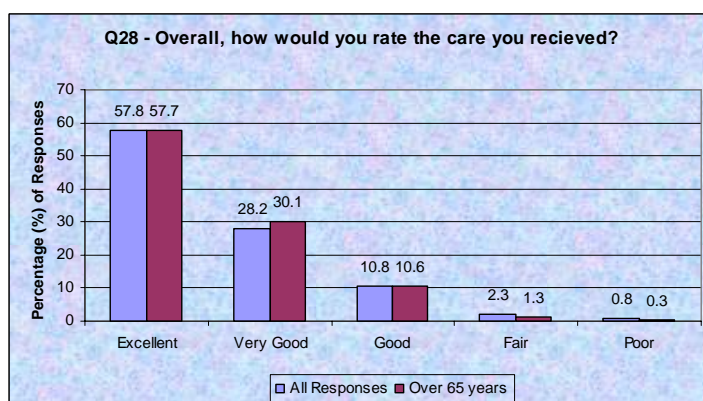
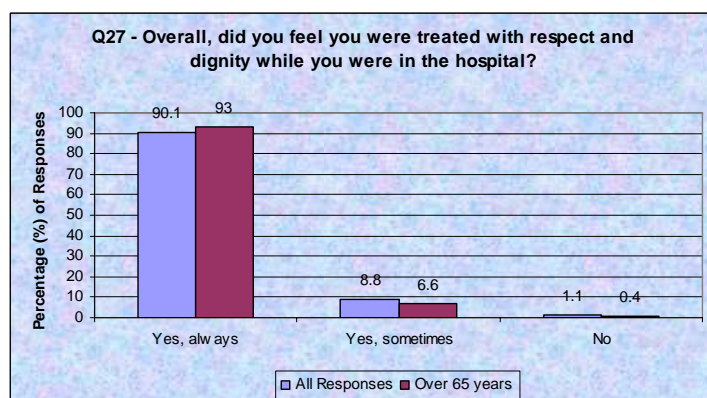
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The patient experience survey results illustrate that patients over 65 years generally mirror the same levels of satisfaction. For the purpose of this report we have selected some elements from patient survey results which are reflective of some aspects of the Ombudsman's report.

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This data is from May 2010 to January 2011.



From January 2011 the Divisions now receive the Patient Experience Survey results in the form of a dashboard that includes respondent composition details with results for age and gender included.

The Patient Experience Survey Results can be accessed by all staff through the staff intranet by clicking the patient experience quick-link.

### 3. Actions and Initiatives to Enhance Older People's Care

The following areas highlight a number of actions that have been implemented with a particular focus on the Trust's older people's wards. These include:

- Roll out of 'Vital' project across older people's care wards.
- Ensuring the Nurse in Charge can be easily identified by the wearing of a prominent red badge.
- Introduction of hourly rounds on older people's wards and then roll out across the Acute Division.
- Increasing the number of volunteers and focus duties to the needs of patients in the older people's wards.
- Ensuring daily Matron/Ward Sister rounds during visiting times.
- Holding Ward Sisters and staff to account where performance is not at the expected standard.
- Maintaining a regular review of patient acuity and required nurse staffing levels across older people's wards.

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- Introduction of a dashboard of data to assess each ward's performance in terms of quality and overall patient experience.
- Expanding the current staff awards within the Trust.
- Communicating the patient experience approach.

### **3.1 Learning Through Caring at its Best - VITAL (virtual interactive teaching and learning)**

In conjunction with Heart of England Foundation Trust this programme of self assessment of knowledge of the fundamentals of care is to be rolled out across the Trust, starting in the older people's wards at the LGH and LRI. These assessment modules include a range of topics (patient observations/EWS, falls, tissue viability, pain, end of life, continence, nutrition, medication, mentorship, discharge planning and diabetes) which will identify where education and training resource will need to be focused to address learning and development needs. The information will be aggregated for each ward and triangulated with other data to identify what actions need to be taken.

All staff in the Trust will be required to access the programme.

### **3.2 Nurse in Charge Badge**

Feedback from patients and relatives has highlighted the need to ensure it is clear which nurse is in charge at any given time. A red nurse in charge badge has been introduced in the Trust and the importance of this badge being worn has been emphasised to staff. In addition a red Matron badge will also be rolled out across the Trust.

There are daily informal audits to check compliance and results have shown that the red 'nurse in charge badges' are now being consistently used.

### **3.3 Hourly Nursing Rounds**

Nursing rounds are a system whereby the nursing team undertake a set number of interventions for each patient every hour. This is a proactive as opposed to reactive way of organising care on the ward. This originally started in the USA 4-5 years ago and is starting to be implemented in a few hospitals in the UK. We are initially rolling this system out in the older people's wards at the LGH with a plan to implement these across the Division and then through out the Trust.

It is anticipated that this system will ensure consistent levels of nursing care, improve patients' perceptions of caring and compassion in nurses, provide visible reassurance to relatives, improve patient's experience in relation to pain and discomfort and reduce staff stress.

Its effectiveness will be measured both informally through the Matron ward rounds and more formally through the number of complaints, patient falls, pressure ulcers, and patient experience and staff surveys as part of the Patient Experience Dashboard.

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To date the rounds have been introduced into the older people's wards at the Leicester General Hospital (LGH), with a plan to roll out over the remaining wards in the Medicine CBU in the next four weeks and then across the rest of the Division. The feedback so far has been very positive, for both patients and staff.

### **3.4 Volunteers**

UHL currently has over 1,000 members of the public who regularly give their time to the hospitals in roles as diverse as buggy driving to hairdressing. However whilst some areas of the Trust have lots of Volunteers support, others miss out. We will work with our Volunteers to design specific times and specific roles which support the needs of every ward and their patients.

### **3.5 Matron/Ward Sister Daily Ward Round**

Relatives have fed back that the Matron is not visible in the ward areas. To address this we are changing the way the Matrons organise their day and priorities, starting with the LGH older people's wards; each afternoon during visiting hours the Matron or Ward Sister undertakes a ward round speaking to relatives, seeking feedback and answering questions. In addition the Head of Nursing has undertaken rounds similarly on these wards. Over the next 4-6 weeks this will be rolled out across the Division and into the rest of the Trust.

### **3.6 Accountability**

As well as celebrating the many staff who do such wonderful jobs and who often go above and beyond for their patients we need to be clear about what the response is to staff who break with our values and behave in ways which are at odds with our desire to give patients the kind of care we would expect for ourselves. We will hold Ward Sisters/Charge Nurses to account for the performance of their wards and their staff who do not provide the expected standards of care for our patients.

### **3.7 Staffing Review**

Nursing establishments and staffing levels are monitored via Divisions and Corporate Nursing on a monthly basis with escalation processes in place to highlight staffing shortfalls. Annually there is a Trust wide acuity and establishment review, with benchmarking exercises undertaken with other teaching Trusts. Previous data has shown that we have comparable staffing levels and skill mix to other Trusts.

We will be undertaking a more frequent nurse staffing review for older people's wards which will look at nursing establishments, skill mix and the acuity and dependency of patients to ensure we have appropriate staffing levels to provide Caring at its Best within older people's wards.

### **3.8. Dashboard**

The Leicester Mercury campaign in response to the Health Service Ombudsman Report 'Care and Compassion' also asked that lessons had been learned from previous concerns raised by families.



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In support of existing measures the effectiveness of improvement plans will be measured on the older people's care wards by the introduction of a patient experience dashboard which will include staffing levels, complaints, compliments, metrics, serious untoward incidents, cleanliness, appraisals, patient polling and staff polling.

The dashboard will be presented together to ensure a rounded full picture of care and practice within older people's wards.

Age UK has agreed to provide external input and support to the initiatives surrounding older people's care.

### **3.9 Reward/Awards**

We currently hold annual staff awards and although this is a major event in the UHL social calendar, the goodwill and enthusiasm generated at the awards inevitably degrades in the twelve months until they come round again. We want to be able to celebrate the values and behaviours which make such a difference to patient experience more frequently. We will launch the 'Caring at its Best' quarterly awards, linked to the UHL values, with third party endorsement through Age UK. The plan for this will be agreed by the Executive Team.

### **3.10 Communication**

The original proposition for the 'Big Conversation' was to agree a set of values and their corresponding behaviours which when enacted would directly benefit our patients and our colleagues. An internal/external communication campaign will be created which supports the patient experience approach and underlines the Trust's values.

## **4. Trust Wide Action/Initiatives**

Older people receive care across the whole Trust and it is therefore important that best practice for older people is evident in all relevant Specialties/Clinical Business Units.

Maintaining present initiatives and driving new developments to ensure improvements and change across the Trust is key to improving care of older people.

These changes will need to be sustained over a period of time and many of these initiatives will result in long term changes which will need to be embedded and reviewed over time.

Ongoing Trust wide initiatives specifically aimed at older people to improve their experience include:

- Trust wide identified Older People's Champions
- Dignity in Care Training
- Improving Care for Patients with Dementia

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- Dementia Care Training
- Volunteer Mealtime Assistants
- Message for Matron

### **5. Progress to Date**

Since the introduction of these initiatives on the older people's wards there have been no serious untoward incidents reported which includes grade 3 and 4 pressure ulcers. There have been improvements noted regarding falls assessments, pain management and recording of patient observations. There have been no complaints reported regarding nursing or medical care. There have been 75 compliments received in March in the form of cards/thank you letters. The Ward Sisters have also initiated telephone calls to patients and relatives following discharge to discuss their experience of the older people's wards.

### **6. Recommendations**

The Trust Board are asked to:

- Receive this report for information.
- Support the implementation of the initiatives outlined in this paper.

### **Appendices**

Appendix 1 – Ward Healthcheck, Ward 2, LGH

Appendix 2 – Ward Healthcheck, Ward 4, LGH

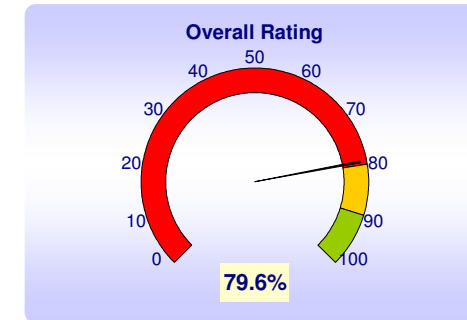
# Ward Healthcheck Report

Ward Name: LGH WD 2

Month: January 2011

## Ward and Patient Context

		Current Month	YTD	Trend on prev. month	YTD Monthly Avg	Variance against average
Primary Specialty	Integrated Medicine					
CBU	Medicine	0/100	0/100		-	-
Division	Acute Care					
Releasing time to care ward	Yes					
Number of beds	34 (flexing up from 28)					
Same sex compliance	100%					
Gender split (M/F)		0/100	0/100		-	-
Average age		75	73	↓	-	+2
Daycases		0	0		0	+0
Inpatients		0	3		1	+0
Emergency		90	893	↑	89	+1



Note: This rating does not yet include Productivity & Efficiency or Patient Feedback, Workforce and Skills data

## Productivity & Efficiency

	Current Month	YTD	Trend on prev. month	YTD Low	YTD High
Vacancies*	1	5	↑	0	2
Consultant per bed	-	-		-	-
Cost per bed	-	-		-	-
Maximiser*	95	64	↑	0	97.0
Avg LOS (nights) - IP	0	11		2	24
Avg LOS (hours) - DC	0	0		0	0
Avg LOS (nights) - EMG	9	10	↓	9	13

## Patient Feedback, Workforce and Skills

	Current Month	YTD	Trend on prev. month	YTD Month Low	YTD Month High
Sickness (%)*	7	10	↑	6	14
Compliments	0	36	↔	0	15
Complaints*	3	18	↔	3	3
Patient Exp. Polling data	80	80	↑	76	85
SUIs*	0	1	↔	0	1
Skill Mix %RN*	60	60	↔	60	60
Skill Mix %CSW*	40	40	↔	40	40
Funded nurse to bed ratio*	1	1	↔	1	1
Actual nurse to bed ratio*	0.89	0.89	↔	0.89	0.89
Appraisal*	100	95	↔	70	100

**Sickness:** Sickness was higher due to some long term sickness. Whilst this is improving slowly ( February 6%) the trend will improve as therapeutic returns and management cases are resolved over the next month.

**Complaints:** Following completion of the management of change process new teams have been established. Implementation of the elderly action plan will improve level of staff patient contact and interaction and senior interventions will improve staff attitude and ability to communicate effectively.

**Patient Experience:** Increased numbers of patient experience surveys being completed, patient advisers assisting in collection. Introduction of nursing rounds will assist in improvement in perception of care. The patient experience dashboard will triangulate factors supporting patient experience.

**Appraisal:** Good progress with all appraisals being completed.

**Vacancies:** Robust recruitment plan in place which will support full recruitment to vacancies, some of which have arisen due to career progression.

## Ward Performance Overview

### Areas to Maintain/ Strengths:

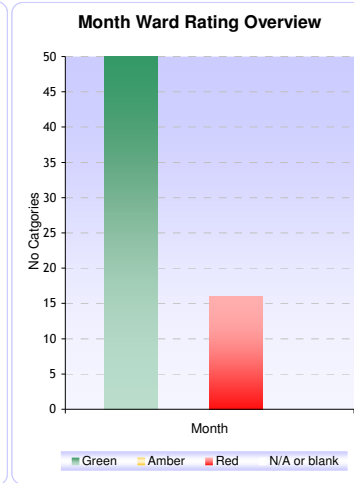
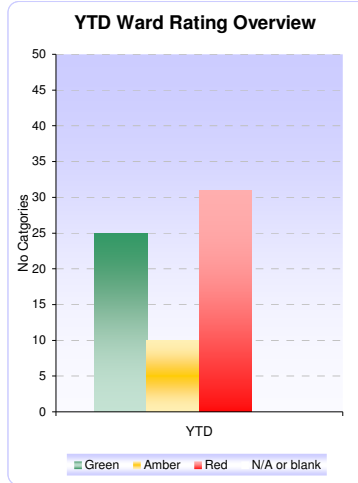
Core care plans are being utilised well and care planning should continue to improve as the new teams become established.

### Areas to Monitor:

Compliance with patient assessment is improving and care rounds supervised by Matron and Ward Sister should see a continued improvement in this area.

### Areas to Improve:

Overall documentation will be improved by the hourly care rounds which gives hourly focused attention to the patients and relatives and is recorded at the time. Implementation of the elderly care action plan will demonstrate an improvement in all elements of the health check as quality communication and documentation are delivered consistently.

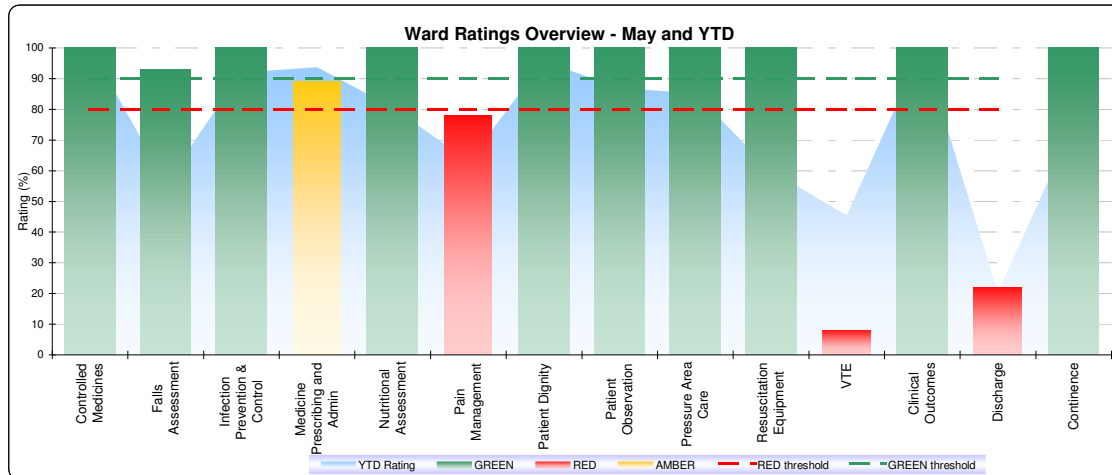


### RATINGS BY WORK THEME/ ACTIVITY

	Jan-11	YTD
Documentation	67	65
Patient Assessment	88	74
Adherence to Protocols/ Procedures	86	75
Care plans	95	64
Patient Identification & Communication	77	76
Other	80	74

Table 1

## Category Performance Overview


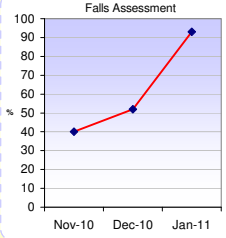



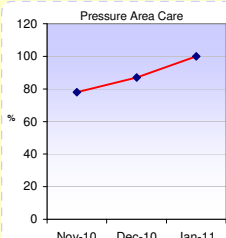
### CURRENT MONTH TRENDS AND RATINGS


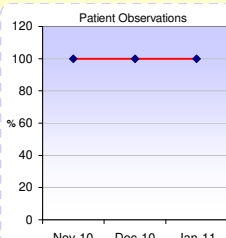
Controlled Medicines	Falls Assessment	Infection Prevention & Control
Medicine Prescribing and Admin	Nutritional Assessment	Pain Management
Patient Dignity	Patient Observation	Pressure Area Care
Resuscitation Equipment	VTE	Clinical Outcomes
Discharge	Continence	Patient Feedback

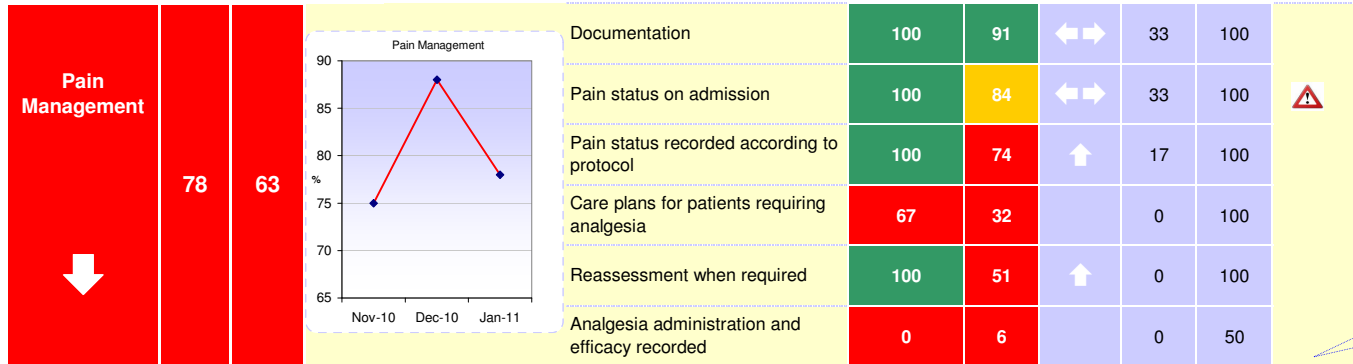
**Commentary:** Overall progress is good, key areas to improve relate to completion of VTE assessments and discharge proforma. In conjunction with the hourly care rounds, we expect to see steady progress with a remarkable improvement in these areas by the end of April. Medical staff have been made aware and are reminded of the requirement to complete the VTE assessment and nurses have the information leaflets available for patients. Doctors will be prompted to complete the assessment by nurses following their rounds. The discharge planning documentation has now been implemented in the new format. Familiarity with the new documentation will improve both recording of discharge planning and ease of access for auditors, visitors, relatives and patients who need to know how discharge planning is progressing.

Category Performance Overview

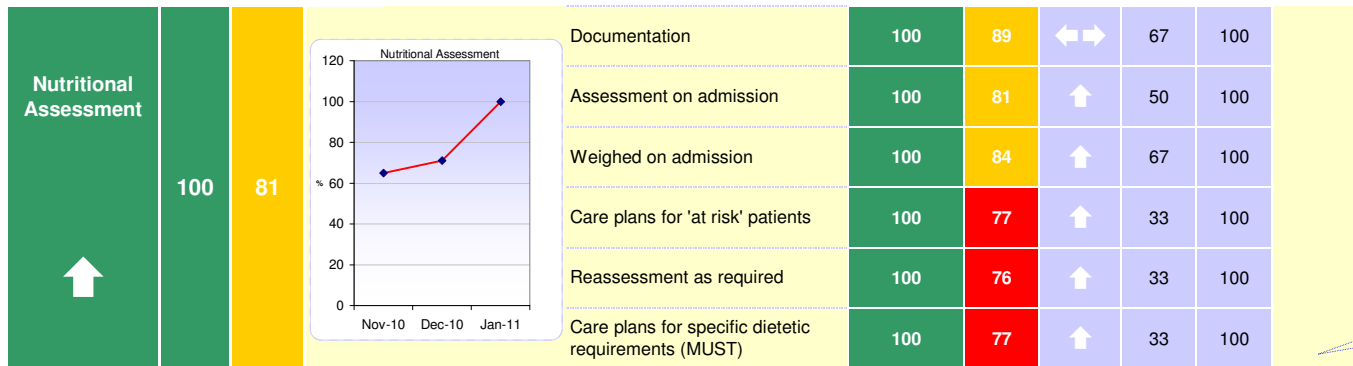
	Current Month	YTD	Trend	Indicator	Current Month	YTD	Trend on prev. month	YTD Month Low	YTD Month High	Borderline/Warning Indicators	Commentary
<b>Falls Assessment</b> 	93	56		Documentation	100	73	↔	11	100		Good progress in all areas with the need to ensure full compliance with bed rail assessment. The need for bed rail risk assessment has been clarified with staff and subsequent improvement has been realised (100% March 2011)
				Risk assessment on admission	100	88	↑	67	100		
				Care plan for 'at risk' patients	100	50	↑	0	100		
				Further assessment for 'at risk' patients	100	24	↑	0	100		
				Bed rail assessment for 'at risk' patients	67	47	↑	0	100		

<b>Pressure Area Care</b> 	100	85		Documentation	100	92	↔	60	100		Full compliance in month
				Risk assessment on admission	100	96	↔	78	100		
				Care plans for 'at risk' patients	100	77	↑	25	100		
				Reassessment in accordance with care plan	100	87	↔	50	100		
				Evidence of interventions for 'at risk' patients	100	75	↔	17	100		

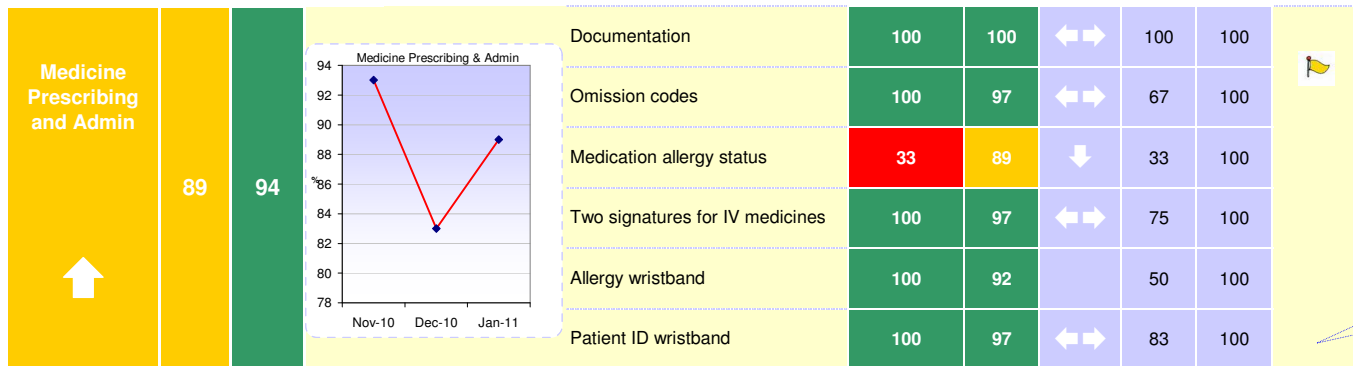
<b>Patient Observation</b> 	100	87		Documentation	100	98	↔	83	100		Full compliance in month
				Twice daily recording	100	100	↔	100	100		
				EWS	100	98	↔	80	100		
				24h cumulative fluid balance	100	44	↔	0	100		
				Referrals for 'at risk' patients	100	95		67	100		



Care planning and evaluation with regards to pain is vital. Hourly care rounds will focus on pain management and recording of actions taken therefore marked improvement over subsequent months with target with full compliance expected by the end of April, with improvement seen in recent audits.



Full compliance in month/year



Administration processes reviewed and new systems established. Further audits have demonstrated full compliance.

**Resuscitation Equipment**

100 60

Resuscitation Equipment

Equipment is checked and documented daily	100	60	↔	0	100

Full compliance in month

**Controlled Medicines**

100 100

Controlled Medicines

Storage	100	100	↔	100	100
Daily checks and evidence of two signatures, date	100	100	↔	100	100

Full compliance in month

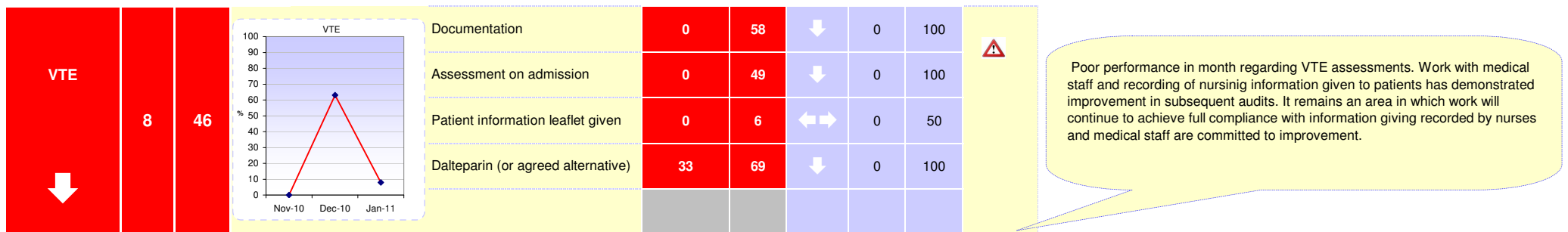
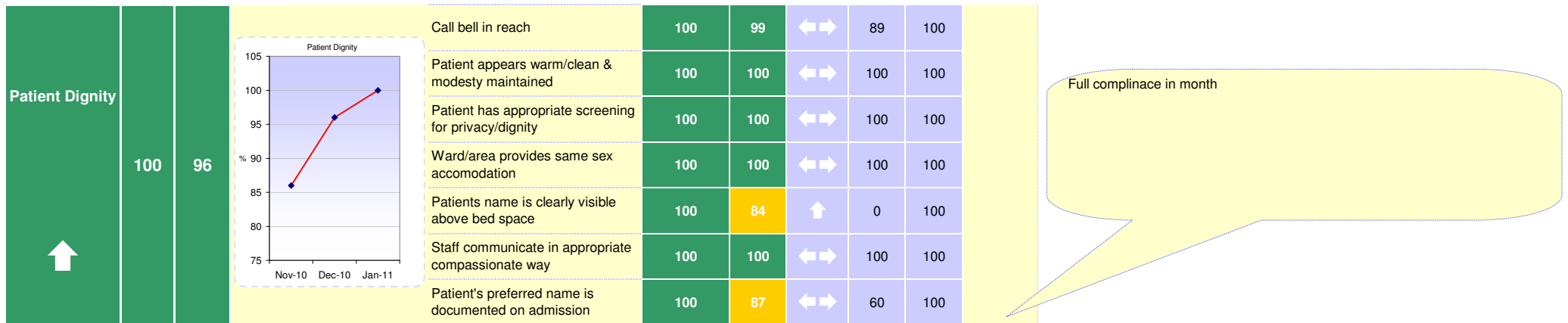
**Clinical Outcomes**

100 100

Clinical Outcomes


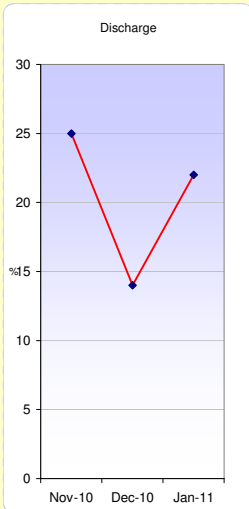

Hand Hygiene*	100	100	↔	100	100
MRSA Bacteraemias	0	0	↔	0	0
CDT Cases	0	3	↔	0	2

Low numbers of CDT in year  
Full compliance with Infection Prevention


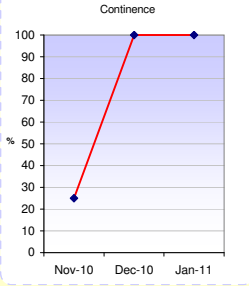


**NOTE: No data was available for Patient Dignity, Infection Prevention and Control, VTE for April or May**



<b>Discharge</b>  	<b>22</b>  <b>20</b>		Assessment form will provide details of ward, patient name, DOB, S number and date.	100	92	↔	75	100	
			Evidence of the discharge planning template being used.	33	36	↑	0	75	
			Estimated discharge date is recorded.	0	0	↔	0	0	
			Evidence of Letter A being given to the patient.	0	25	↓	0	50	
			Patient identified as requiring ongoing support following discharge.	33	19	↑	0	33	
			Relative/carer identified for involvement with discharge planning.	33	11	↑	0	33	
			Continuing healthcare checklist complete with section 2 notification to Social Services.	0	0	↔	0	0	
			Evidence of TTOs completed prior to day of discharge.	0	0	↔	0	0	
			Evidence of potential delays/issues identified and referred to discharge team	0	0	↔	0	0	

Further audits have indicated significant improvement in the use of the discharge template. The discharge planning documentation has been implemented in the new format. Familiarity with the new documentation will improve both recording of discharge planning and ease of access for auditors, visitors, relatives and patients who need to know how discharge planning is progressing. Full compliance expected by the end of April (76% February).

<b>Continance</b>  	<b>100</b>  <b>75</b>		Assessment form will provide details of ward, patient name, DOB, S number and date.	100	92	↔	75	100
			Evidence of a continance assessment as part of the patient assessment.	100	83	↔	50	100
			Continance care plan is evident for patients with a catheter in situ.	100	67	↔	0	100
			The catheter care plan is signed and dated.	100	67	↔	0	100
			Catheter bags are attached to a catheter holder.	100	67	↔	0	100

Full compliance in month

\* Denotes data items where Year to Data figures are for the last six months only.

## Ward Healthcheck Guidance and Definitions



This symbol indicates that the ward is red and on a declining trend. It is underperforming and action is needed.



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Arrows show the trend in the data compared to the previous month. Performance may have improved, stayed the same or declined.



## Calculation of the Overall Ward Rating

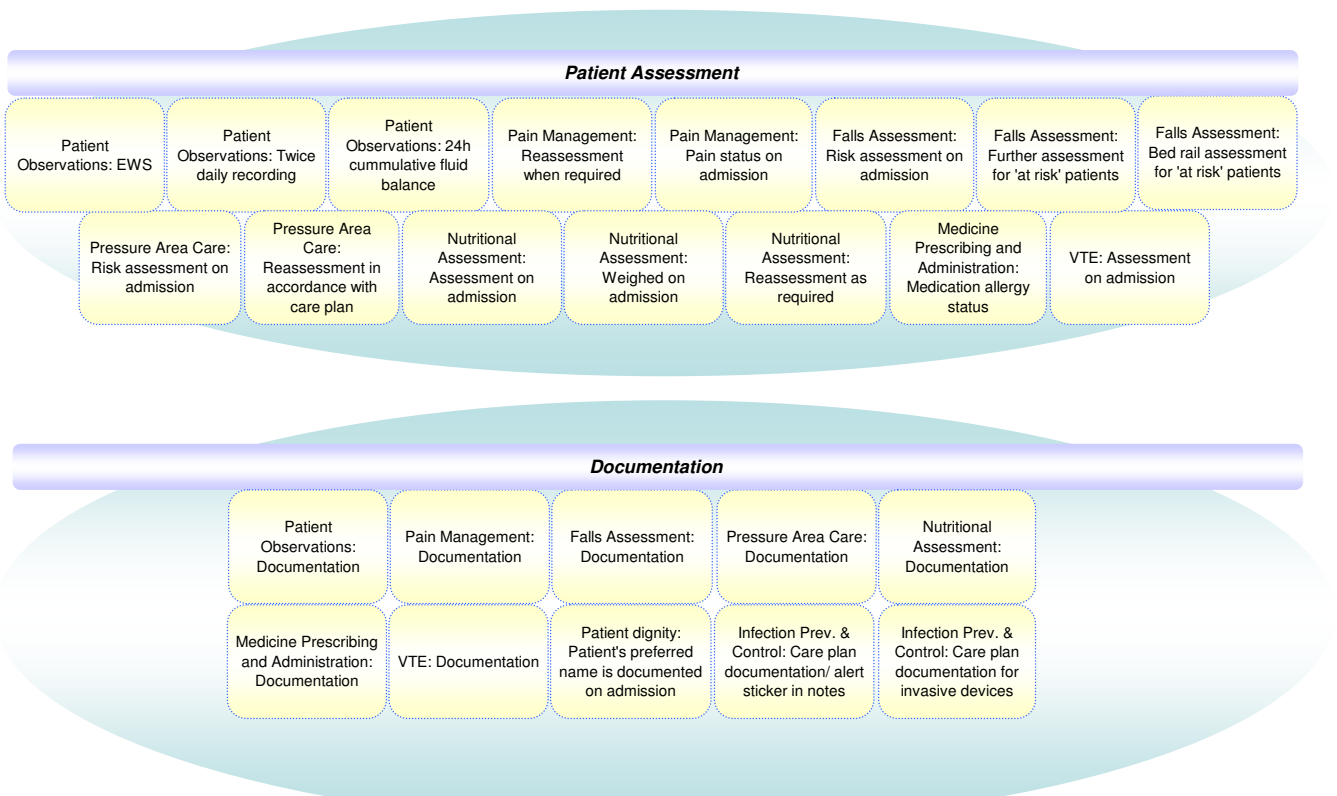
The Overall Ward Rating is calculated by averaging the values of all nursing metrics, but currently excludes the following indicators:

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	Compliments
	Complaints
Workforce & Skills	Patient Experience data
	Funded Vacancies
	Appraisal
	SUIs
	Skill Mix %RN
	Skill Mix %CSW
	Sickness
	Actual Vacancies

## Calculation of Ratings by Work Theme/ Activity (Table 1)

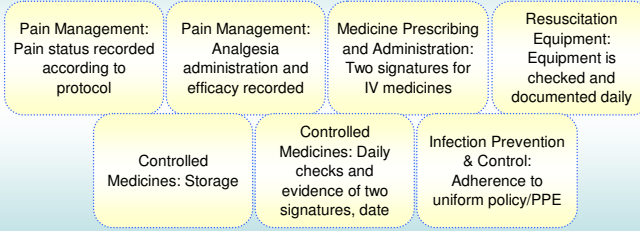
For the figures provided in Table 1 titled 'Ratings by Work Theme/ Activity' the data has been calculated by grouping each metric indicator into a group based on whether the indicator covered a similar work activity or theme. The aim of this was to identify performance variation based on a similar work activity, for example the completion of appropriate documentation.

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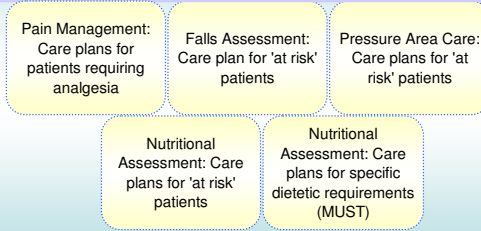




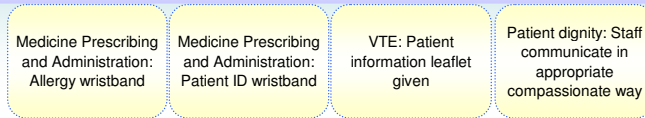
**Adherence to Protocols/ Procedures**



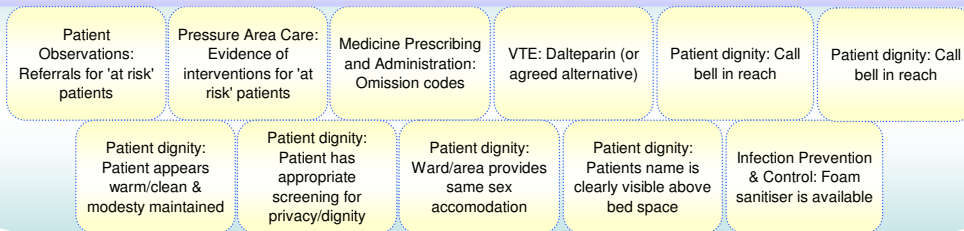
**Care Plans**



**Patient Identification and Communication**



**Other**



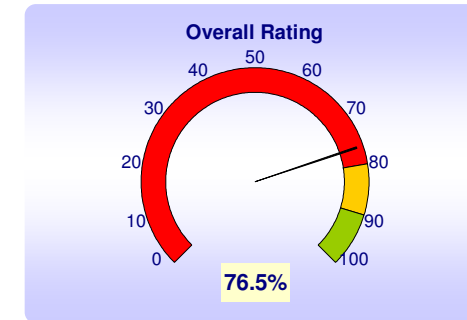
# Ward Healthcheck Report

Ward Name: LGH WD 4

Month: January 2011

## Ward and Patient Context

		Current Month	YTD	Trend on prev. month	YTD Monthly Avg	Variance against average
Primary Specialty	Integrated Medicine					
CBU	Medicine	100/0	97/2		-	-
Division	Acute Care			↑	-	+7
Releasing time to care ward	Yes				0	+0
Number of beds	34 (flexing up from 28)			↓	1	-1
Same sex compliance	yes			↓	89	-1
Gender split (M/F)		100/0	97/2		-	-
Average age		76	69	↑	-	+7
Daycases		0	0		0	+0
Inpatients		0	5	↓	1	-1
Emergency		88	887	↓	89	-1



Note: This rating does not yet include Productivity & Efficiency or Patient Feedback, Workforce and Skills data

## Productivity & Efficiency

	Current Month	YTD	Trend on prev. month	YTD Low	YTD High
Vacancies*	0	0.5	↔	0	0.5
Consultant per bed	-	-		-	-
Cost per bed	-	-		-	-
Maximiser*	97	96	↓	93	97.0
Avg LOS (nights) - Inpatient	0	24		1	97
Avg LOS (hours) - Daycase	0	0		0	0
Avg LOS (nights) - EMG	9	9	↑	6	10

**Sickness:** A combination of factors due to long term sickness including seasonal illness contributing to the unacceptably high levels of sickness. This has improved as expected (March 4.4%) and further work continues to manage long term sickness through appropriate use of policy.

**Complaints:** Following completion of the management of change process new teams have been established. Implementation of the elderly action plan will improve level of staff patient contact and interaction and senior interventions will improve staff attitude and ability to communicate effectively.

**Patient Experience:** With the assistance of the Patient Advisers the ward is meeting the target number of surveys to be returned.

**Appraisal:** Good progress with all appraisals completed.

**Vacancies:** Currently no vacancies.

## Patient Feedback, Workforce and Skills

	Current Month	YTD	Trend on prev. month	YTD Month Low	YTD Month High
Sickness (%)*	9	5	↑	0.25	8.90
Compliments*	13	68	↑	9	15
Complaints*	3	24	↔	3	6
Patient Exp. Polling data	-	78		67	83
SUIs*	0	0	↔	0	0
Skill Mix %RN*	60	60	↔	60	60
Skill Mix %CSW*	40	40	↔	40	40
Funded nurse to bed ratio*	1.1	1.1	↔	1.1	1.1
Actual nurse to bed ratio*	0.91	0.91	↔	0.91	0.91
Appraisal*	100	83	↑	58	100

## Ward Performance Overview

### Areas to Maintain/ Strengths:

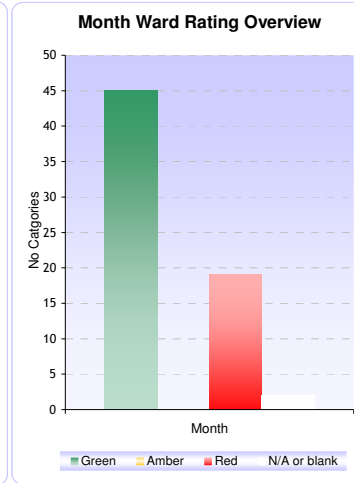
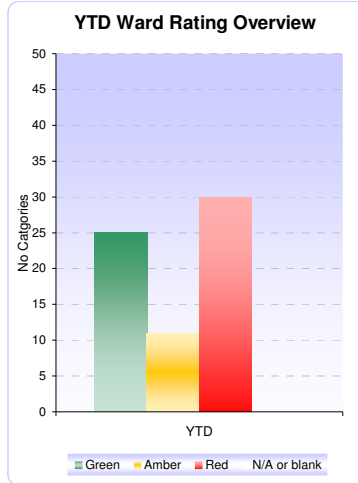
Patient assessments are being utilised well and care planning should continue to improve as the new teams become established.

### Areas to Monitor:

Utilisation of care plans and compliance with patient assessment is improving and care rounds supervised by Matron and Ward Sister should see a continued improvement in this area.

### Areas to Improve:

Senior input and support will impact on Care planning and evaluation which will be improved by the hourly care rounds which gives hourly focused attention to the patients and relatives and is recorded at the time. Implementation of the elderly care action plan will demonstrate an improvement in all elements of the health check as quality communication and documentation are delivered consistently.

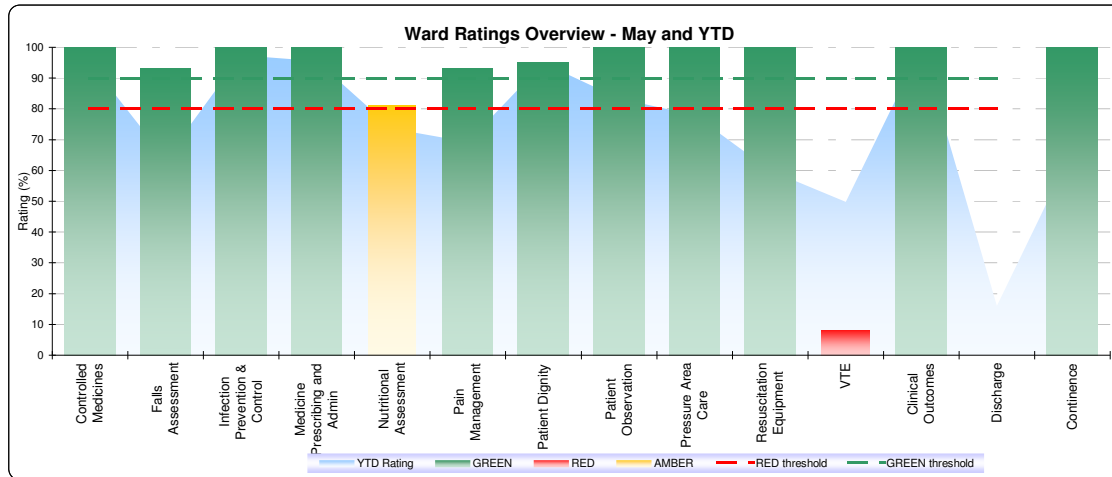


### RATINGS BY WORK THEME/ ACTIVITY

	Jan-11	YTD
Documentation	59	63
Patient Assessment	90	77
Adherence to Protocols/ Procedures	95	79
Care plans	86	44
Patient Identification & Communication	69	78
Other	73	73

Table 1

## Category Performance Overview


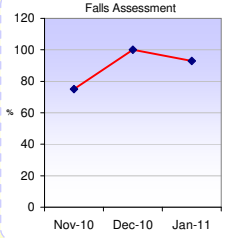



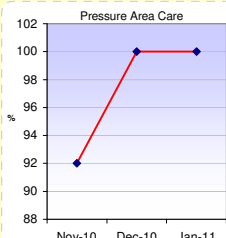
### CURRENT MONTH TRENDS AND RATINGS


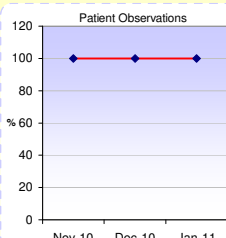
↔ Controlled Medicines	↓ Falls Assessment	↔ Infection Prevention & Control
↑ Medicine Prescribing and Admin	↑ Nutritional Assessment	↓ Pain Management
↓ Patient Dignity	↔ Patient Observation	↔ Pressure Area Care
↔ Resuscitation Equipment	↓ VTE	↔ Clinical Outcomes
↓ Discharge	↑ Continence	Grey Patient Feedback


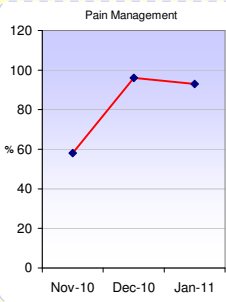
**Commentary:** There has been positive progress across all the main metrics over the year, key areas to focus upon include the discharge and VTE metrics. Part of the hourly care rounds are about monitoring standards of care and we expect to see steady progress with a remarkable improvement in this by the end of April. Medical staff have been made aware and are reminded of the requirement to complete the VTE assessment and nurses have the information leaflets available for patients. Doctors will be prompted to complete the assessment by nurses following their rounds. The discharge planning documentation has now been implemented in the new format. Familiarity with the new documentation will improve both recording of discharge planning and ease of access for auditors, visitors, relatives and patients who need to know how discharge planning is progressing.

Category Performance Overview


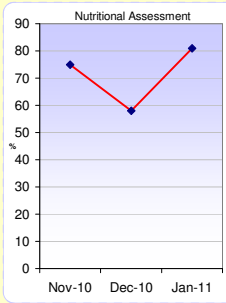
	Current Month	YTD	Trend	Indicator	Current Month	YTD	Trend on prev. month	YTD Month Low	YTD Month High	Borderline/Warning Indicators	Commentary
<b>Falls Assessment</b> 	93	64		Documentation	100	84	↔	43	100		Falls risk assessment is a key activity for an elderly ward. Initial assessments are completed however, the more detailed follow up assessment for those at high risk needs further embedding. This will be achieved through the increased input from senior nursing team members and the support and education around falls. The hourly care rounds allow nurses time to reassess patients needs and should ensure appropriate use of the care plans.
				Risk assessment on admission	100	88	↔	60	100		
				Care plan for 'at risk' patients	100	36		0	100		
				Further assessment for 'at risk' patients	67	38		0	100		
				Bed rail assessment for 'at risk' patients	100	56		0	100		

<b>Pressure Area Care</b> 	100	78		Documentation	100	97	↔	83	100		Good progress with waterlow assessments, with full compliance in month.
				Risk assessment on admission	100	100	↔	100	100		
				Care plans for 'at risk' patients	100	60	↔	0	100		
				Reassessment in accordance with care plan	100	67	↔	0	100		
				Evidence of interventions for 'at risk' patients	100	65	↔	0	100		


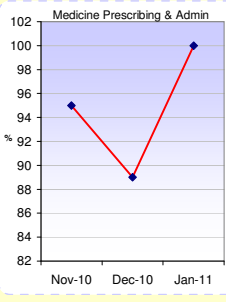
<b>Patient Observation</b> 	100	83		Documentation	100	88	↔	29	100		Full compliance in month
				Twice daily recording	100	95	↔	50	100		
				EWS	100	100	↔	100	100		
				24h cumulative fluid balance	100	45	↔	0	100		
				Referrals for 'at risk' patients		84		60	100		

<b>Pain Management</b> 	<b>93</b> <b>69</b>		Documentation	100	97	↔	83	100
			Pain status on admission	100	89	↑	60	100
			Pain status recorded according to protocol	100	90	↔	60	100
			Care plans for patients requiring analgesia		31		0	100
			Reassessment when required	100	61	↔	0	100
			Analgesia administration and efficacy recorded	67	21	↓	0	100

Pain assessments being completed, utilisation of care plan and evaluation requires further work. Care planning and evaluation with regards to pain is an area the ward needs to improve upon. Hourly care rounds expected to focus on pain management and recording of actions taken therefore marked improvement over subsequent months with target with full compliance expected by the end of April.

<b>Nutritional Assessment</b> 	<b>81</b> <b>74</b>		Documentation	100	89	↔	57	100
			Assessment on admission	100	86	↑	60	100
			Weighed on admission	100	87	↑	60	100
			Care plans for 'at risk' patients	50	51	↑	0	100
			Reassessment as required	67	63	↑	0	100
			Care plans for specific dietetic requirements (MUST)	67	63	↑	0	100

Initial assessments being completed, further work underway to ensure care plans for all at risk patients. Hourly care rounds focus on documenting care and recording of actions taken therefore marked improvement over subsequent months with target with full compliance expected by the end of April.

<b>Medicine Prescribing and Admin</b> 	<b>100</b> <b>96</b>		Documentation	100	98	↔	83	100
			Omission codes	100	93	↑	33	100
			Medication allergy status	100	96	↔	75	100
			Two signatures for IV medicines	100	98	↔	75	100
			Allergy wristband	100	92	↔	33	100
			Patient ID wristband	100	100	↔	100	100

Full compliance in month



**Resuscitation Equipment**

100 60

Resuscitation Equipment

Equipment is checked and documented daily	100	60	↔	0	100

Full compliance in month

**Controlled Medicines**

100 95

Controlled Medicines

Storage	100	100	↔	100	100
Daily checks and evidence of two signatures, date	100	90	↔	0	100

Full compliance in month

**Clinical Outcomes**

100 100 95

Clinical Outcomes

Hand Hygiene*	100	100	↔	100	100
MRSA Bacteraemias	0	0	↔	0	0
CDT Cases	1	5	↔	0	1


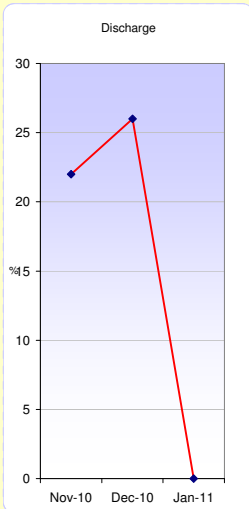
Compliance with hand hygiene. Low numbers of CDT year to date

<b>Infection Prevention &amp; Control</b> 	<b>100</b> <b>97</b>		Foam sanitiser is available	100	100		100	100
			Hand hygiene audits	100	95		67	100
			Care plan documentation/alert sticker in notes	100	100	↔	100	100
			Care plan documentation for invasive devices	100	93	↔	60	100
			Adherence to uniform policy/PPE	100	100	↔	100	100
			<p>Full compliance in month</p>					


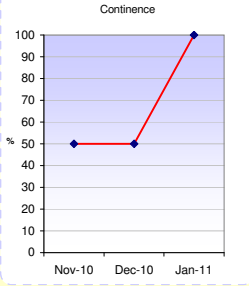
<b>Patient Dignity</b> 	<b>95</b> <b>95</b>		Call bell in reach	100	89	↔	33	100
			Patient appears warm/clean & modesty maintained	100	100	↔	100	100
			Patient has appropriate screening for privacy/dignity	100	100	↔	100	100
			Ward/area provides same sex accommodation	100	100	↔	100	100
			Patients name is clearly visible above bed space	67	88	↓	33	100
			Staff communicate in appropriate compassionate way	100	100	↔	100	100
			Patient's preferred name is documented on admission	100	89	↔	50	100
<p>All areas of dignity compliant, staff have been reminded to ensure patient's name is clearly above bed space. Full compliance currently.</p>								

<b>VTE</b> 	<b>8</b> <b>50</b>		Documentation	0	60	↓	0	100
			Assessment on admission	0	63	↓	0	100
			Patient information leaflet given	0	9	↔	0	33
			Dalteparin (or agreed alternative)	33	68	↔	33	100
			<p> Deterioration of performance in month regarding VTE assessments. Work with medical staff and recording of nursing information given to patients has demonstrated improvement in subsequent audits. It remains an area in which work will continue to achieve full compliance with information giving recorded by nurses (February 50%) medical staff are committed to improvement.</p>					

**NOTE: No data was available for Patient Dignity, Infection Prevention and Control, VTE for April or May**

Discharge			0		16		
		Assessment form will provide details of ward, patient name, DOB, S number and date.	0	50	↓	0	100
		Evidence of the discharge planning template being used.	0	17	↔	0	50
		Estimated discharge date is recorded.	0	0	↔	0	0
		Evidence of Letter A being given to the patient.	0	0	↔	0	0
		Patient identified as requiring ongoing support following discharge.	0	19	↓	0	33
		Relative/carer identified for involvement with discharge planning.	0	25	↓	0	50
		Continuing healthcare checklist complete with section 2 notification to Social Services.	0	8	↔	0	25
		Evidence of TTOs completed prior to day of discharge.	0	8	↓	0	25
Evidence of potential delays/issues identified and referred to discharge team	0	17	↓	0	25		

Non compliance - Further audits have indicated significant improvement in the use of the discharge template. The discharge planning documentation has been implemented in the new format. Familiarity with the new documentation will improve both recording of discharge planning and ease of access for auditors, visitors, relatives and patients who need to know how discharge planning is progressing. Early progress is demonstrated by 42% compliance in February and continued improvement is expected and monitored on a daily basis.

Continance			100		67		
		Assessment form will provide details of ward, patient name, DOB, S number and date.	100	100	↔	100	100
		Evidence of a continance assessment as part of the patient assessment.	100	100	↔	100	100
		Continance care plan is evident for patients with a catheter in situ.	100	33	↑	0	100
		The catheter care plan is signed and dated.	100	33	↑	0	100
		Catheter bags are attached to a catheter holder.	100	75	↑	100	50

Full compliance in month

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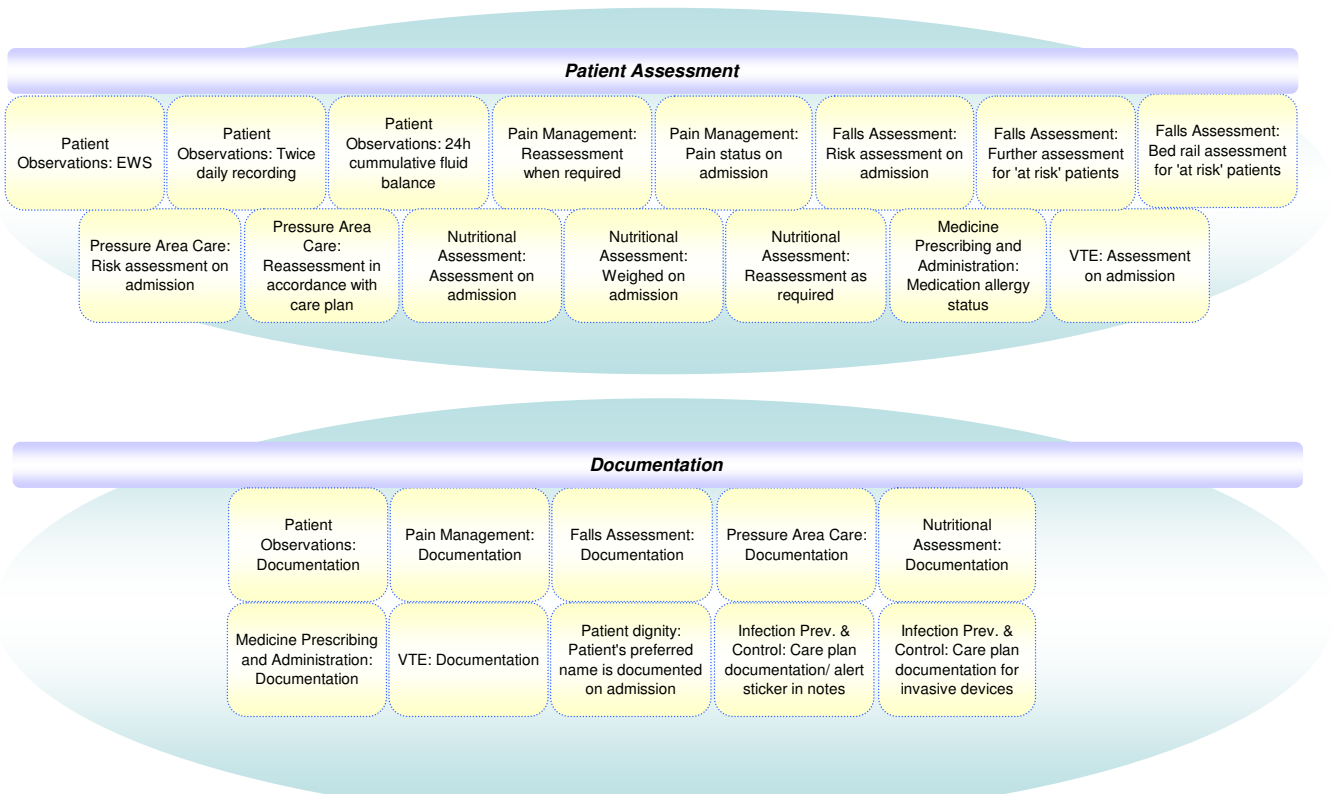
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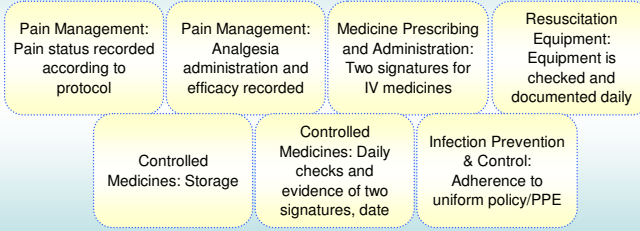
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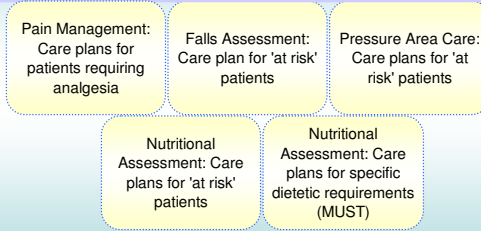




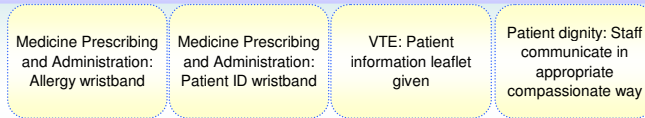
**Adherence to Protocols/ Procedures**



**Care Plans**



**Patient Identification and Communication**



**Other**

