## Agenda item:

8.2, Public  

## Date: 31st October 2012

## Title:

Ward to Board Report – Quarter 2

## Prepared by:

Ian Bramley, Deputy Director of Nursing and Patient Care

## Presented by:

Em Wilkinson-Brice, Director of Nursing & Patient Care/Acting Chief Operating Officer

## Responsible Executive:

Em Wilkinson-Brice, Director of Nursing & Patient Care/Acting Chief Operating Officer

## Summary:

Brief overview of issues addressed in the paper.

## Actions required:

For information

## Status (*):

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## History:

Previous Ward to Board (W2B) Drill Down Report was discussed in July 2012 Board of Directors Meeting.

## Link to strategy/Assurance framework:

Board Assurance Framework Strategic Risk 1C

### Monitoring Information

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Please specify CQC standard numbers and tick ✓ other boxes as appropriate.
1. PURPOSE

1.1 To provide the Board with the quarterly drill down report into the Ward to Board (W2B) quality framework.

2. BACKGROUND

2.1 This report monitors performance at acute inpatient ward and divisional level and provides a RAG rated outcome indicator based on scores for each indicator against the set trajectory and target.

This report forms part of the Integrated Performance report for scrutiny by the Board. The monthly report is scrutinised by the Director of Nursing and Patient Care and it is currently monitored on a monthly basis by the Deputy Director of Nursing and Patient Care. A rolling action plan is developed and maintained by the Divisions in response to the monthly reports. The Deputy Director of Nursing and Patient Care holds the Lead Nurses to account for performance against the action plan.

This information is presented with the Clinical Quality Assessment Tool (CQAT) data and with information from incidents and complaints. Information is triangulated with complaint and incident data to provide an overall evaluation of performance.

This month sees the presentation of the modified Ward to Board measures which have been developed in response to the Evaluation of the Ward to Board Reporting Tool which was received by the Board in April. Thresholds for the red, amber, green (RAG) ratings for each of the measures are being developed by the Safety and Risk Committee. These will be applied to the measures reported to the Board next month.

2.2 The individual directorate aggregate scorecards are presented at the end of the narrative report.

2.2.1 Medicine:

The division continues to face challenges as a result of a sustained increase in emergency activity over Q2. Lowman Ward has now been established as a permanent medical ward as part of the Trust’s plan to provide extra capacity. The division has been actively recruiting to enable Ashburn and Yealm Wards to open at the end of November as planned.

Safety Thermometer audits are now well established across the division showing a 95.4% absence of new harm which is delivering 90.5% harm-free care. It is of note that the majority of harms identified were as a result of harm caused before hospital admission. Several of the new harms identified were related to the reporting of VTE. The Senior Matron for Patient Safety has reviewed these and has identified that these were incorrectly categorised. Further training is required on the Safety Thermometer and this will be delivered during the next data collection. There is no evidence that any patients came to harm as the correct assessment and treatment had been given to each of the patients identified.

The Division has the highest rate of electronic recording of VTE assessment (91.4%). This is a significant achievement in response to leadership within the Division.

The Division achieved 88.3% for Initial MUST assessment and 96.1% for MUST assessment overall. Review by the Lead Nurse has identified that these assessments
are being completed and recorded in the patients’ care records; however these are not being captured electronically in a timely fashion. As this is a largely administrative problem, it is proposed that the IT system is modified to allow for retrospective entry. Clyst Ward is currently an outlier with a particularly low record of MUST assessments taking place. This ward is being closely monitored by the Lead Nurse and it is expected to see improvement in this measure.

The Division only achieved 79.8% compliance with the requirement to undertake a falls risk assessment. This is a poor result largely contributed to by non-submission of data from some areas. The Lead Nurse is working closely with Ward Matrons to ensure this improves. Steps have also been taken to simplify the data submission process to ensure that the Board receives a full return from the division in future.

This is the first month that Mardon has contributed to the Ward to Board report. The Matron was not able to meet all the deadlines for data submission this month. This has adversely affected the division’s aggregated position. Mardon will submit a full suite of results next month

2.2.2 Surgery:

The Division has performed well against the vast majority of indicators. The Safety Thermometer shows they had a 97.5% absence of new harm and delivered 94.3% harm free care.

If particular note is the MUST nutritional assessment where the initial assessment of patients is at 94.2%. A new measure this month is the compliance with MUST triggers – the Division have achieved 100% against these which shows that once assessed patients are receiving the correct help with their nutritional needs.

The division is only achieving 82.1% for the electronic recording of VTE Assessment. The Division is currently analysing those patients who are showing as not being assessed. It is believed this may be associated with patients who have a short length of stay. It is of note however the prevalence audit undertaken as part of the Safety Thermometer shows the Division is achieving 96.7%. This provides assurance that patients are not being put at risk through the failure to record this data electronically.

2.2.3 Women’s Health – Wynard Ward:

Wynard Ward has continued perform well against most of the measures. There are two however that need review; these are falls risk assessment and VTE assessment.

The falls risk assessment for September was incomplete. Therefore action has been taken to ensure that the Senior Matron and Ward Matron undertake all these assessments to ensure that compliance is achieved.

VTE assessments up until recently have been routinely recorded on the VitalPAC system which is unique to Wynard and on the whiteboard. This has led to confusion and has resulted in some patients’ assessments not being captured electronically. It has therefore been decided that from now on only one system will be used on the Ward to capture VTE assessment.

2.2.4 Cancer Services:
Cancer Services have continued to deliver excellent performance. They have delivered 100% harm free care. This must be applauded.

The Lead Nurse is working to improve the compliance with MUST Nutritional assessment on Yarty Ward.

2.2.5 Paediatrics:

The paediatric measures are showing excellent performance with 100% harm-free care and 100% compliance with the hand hygiene audit. This is fantastic and the department must be congratulated.

2.2.6 Trauma and Orthopaedics:

The Division have delivered a good set of results with the Safety Thermometer showing a complete absence of new harm and the delivery of 98.5% harm free care. This is also an impressive score representing sound practise.

The completion of falls assessments is problematic, but this anomalous result was as the result of Durbin Ward failing to submit the data. The Lead Nurse has reviewed the falls assessment for Durbin and it is 100%. The measures described previously in this report are being taken to simplify the submission of this data.

2.2.7 Other Issues

There are two new measures on the report which are indicators of good discharge planning. The Board of Directors previously received data on the Estimated Date of Discharge. In previous reports a number of wards were exempted as a result of the rationale that was applied when the measure was designed. The new measure includes all wards as the Trust’s understanding of how to work with Estimated Date of Discharge has improved. This has resulted in a reduction in the global percentage recorded for this measure. Similarly the percentage of patients discharged before midday is a new measure which will improve as the Trust’s work on discharge planning bears fruit.

There is no data recorded against the Early Warning Score (EWS) audit. This is a new audit which was not undertaken uniformly across the Trust this month. This will be rectified and reported next month.

4. PROPOSALS

4.1 None.

5. FINANCIAL/OTHER IMPLICATIONS

5.1 The reduction in Agency Nurse usage will reduce the cost pressures associated with temporary staffing.

The Trust is required to achieve 90% compliance with electronic VTE reporting during Quarter 3 and 4 in order to realise the associated CQUIN money.
6. **RECOMMENDATIONS**

6.1 The Board is requested to note the Quarter 2 Ward to Board drill down report.