

DECISION-MAKER:	MEMBERS OF THE OVERVIEW AND SCRUTINY COMMITTEE		
SUBJECT:	PATIENT SAFETY INQUIRY		
DATE OF DECISION:	14 OCTOBER 2010		
REPORT OF:	DIRECTOR OF NURSING, SOUTHAMPTON UNIVERSITY HOSPITALS NHS TRUST		
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STATEMENT OF CONFIDENTIALITY

The

SUMMARY

This report provides information on patient safety within Southampton University Hospitals NHS Trust to submit to the patient safety inquiry. It sets out: -

- The context of patient safety within the Trust,
- How safety is reported
- The infrastructure supporting it
- The current performance against the outcomes as set out in the consultation document "Transparency in outcomes"

RECOMMENDATIONS:

- (i) To receive performance information from SUHT in relation to patient safety and use the information provided as evidence in the inquiry.

REASONS FOR REPORT RECOMMENDATIONS

1. To enable the Panel to compile a file of evidence in order to formulate findings and recommendations at the end of the inquiry process.

CONSULTATION

2. None

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

3. None

DETAIL

Introduction and Setting the Context

4. Patient Safety is one of the highest priorities for Southampton University Hospitals NHS Trust. The safety key priorities, which reflect national and local agendas, are set out in the Integrated Safety Strategy. The Strategy contains the following work streams: -

- Reducing infection
- Reducing avoidable falls
- Reducing medication errors
- Reducing avoidable pressure ulcers
- Acuity and the deteriorating patient
- VTE
- Implementation of the WHO surgical checklist
- Implementation of the MUST nutritional assessment.

All the work streams have improvement plans in place with operational groups to ensure the actions are delivered. The Trust's Patient Safety Steering Group and ultimately Trust Board oversee progress on the delivery of work streams.

Trust Board receive monthly performance reports on patient safety and quarterly in-depth patient safety reports.

Each year the Trust sets out priorities for safety, patient experience, effectiveness and performance in the Patient Improvement Framework.

The Trust provides external assurance on patient safety to its Commissioners against the patient safety aspects contained within the Quality Contract (schedule 4a) and CQUIN (Commissioning for Quality Innovation and Improvement).

The Trust provides an annual self-assessment on Care Quality Commission (CQC) outcomes, which also contain safety domains. Compliance is regularly reviewed and reported on internally through the regulatory report, which is overseen by the Trust's Audit and Assurance Committee. The Trust can be subjected to randomised or selected visits against the CQC outcomes, such as Hygiene code visits.

The Trust is accredited at level 2 general and maternity through the NHS Litigation Authority (NHSLA) standards, which assess compliance of quality and safety standards ensuring that our policies are embedded in practice.

Year to date out of the 8 work streams there has been no deterioration from position with five showing improvement.

Overview of the draft Operating Plan – Transparency in Outcomes

5. The DH document, Transparency in Outcomes is currently subject to consultation and as a result the priorities and improvement measures have not been agreed. However encouragingly we are already measuring the majority of the improvement areas outlined in the report. Once the outcome improvement areas are agreed then the Trust will need to review the patient

pathways and organisational settings to ensure there is effective delivery.

The following section provides an overview of the Trusts current position against domain 5. “Treating and caring for People in a safe environment and protecting them from avoidable harm.”

Protecting People from Harm

6.
 - Through the patient safety work streams the Trust proactively seeks to reduce levels of avoidable harm
 - Patient safety incidents; incidents, Never Events and Significant Incidents Requiring Investigation SIRI’s) are reported into the National Reporting and Learning System (NRLS) and are subject to national reports.
 - There is a robust consent policy, reflecting national guidance to ensure that patients understand the risks associated with particular procedures and of their condition.

Open and Honest Culture

7.
 - The Trust promotes an open and honest culture demonstrated through the high reporting of incidents.
 - The Trust’s Being Open Policy has recently been reviewed and amended, in accordance with the NPSA Safety Alert and will be ratified in October 2010.
 - Safety culture surveys have been undertaken in all Divisions.
 - The Executive and Senior Nursing Team undertake weekly safety walk-about and there is a plan in place to provide further training to enhance the outcome of the walk-about in terms of openness and learning.

Learning from mistakes

8. The Trust has an incident management policy, which outlines how the Trust learns from incidents.
 - Incidents are analysed for trends and reported on.
 - The Significant Event Review Group reviews the outcomes of the investigation into all significant events to ensure that the investigation has been robust that the recommendations mitigate the risk and that lessons have been learnt both locally and organisationally.
 - Deep dive reviews are undertaken following significant incidents and panels are set up to review the Root Cause Analysis following MRSA, Clostridium Difficile, hospital acquired pressure ulcers, falls and thrombosis to ensure lessons are learnt.
 - In terms of the overarching indicator it should be noted that the severity of harm reporting as SIRI’s has increased rather than decreased, this is due the fact that the national categorisation of reporting such events has changed requiring the Trust to report all grade 4 pressure ulcers under the European Advisory Panel guidance and will increase further in the requirement to report pulmonary embolisms and deep vein thrombosis as SIRI’s.

Improvement Areas

9. Within the quarterly patient safety report (enclosed) the Trust reports on all the improvement areas with the exception of: -
- Number of **readmission episodes** is currently reported through performance reports and is contained in Appendix II
 - **Patient reported experience of medicines management** is reported through the patient experience report and has been added to the rolling program of local surveys. It is also a local CQUIN. The 2009 survey results are contained in Appendix 3. An action plan to improve compliance is in place
 - **Patient survey reported cleanliness** is contained within Appendix 3 demonstrated an improvement in compliance. This is reflected by the Infection Control hygiene code visits and reports that take place on a monthly basis demonstrating good standards of compliance.
 - **Number of central line infections:** General and Paediatric ICU are taking part in a South Central wide Matching Michigan audit. Results have not as yet been reported on.
 - **Incidence of ventilator associated pneumonia**
There is currently no agreed local or national definition for ventilator associated pneumonia. Currently the Trust undertakes the Saving Lives audits with compliance currently at 100%
 - **Incidence of urinary catheter related infections** There is no agreed national definition of urinary catheter related infections. However the Trust is focusing on a project to reduce the number of indwelling catheters, which are known to introduce infection. A point prevalence survey has recently been undertaken with the results to be reported in the near future.

10 **Next Steps**

- To secure sustainability following the implementation of the Turnaround project in reducing falls and pressure ulcers
- To launch the clinical accreditation dashboard in November providing assurance from Ward to Board on safety, experience and outcome and aligned to the Trust's 20:20 vision
- To further enhance the patient safety walls and culture
- To achieve the CQUIN and quality contract indicators
- To align future reporting to the outcome report once agreed.

11 **Conclusion**

Safety is one of the Trust's top priorities and we are working towards being in the top quartile for all the key safety priorities. Future reporting will also reflect the agreed Outcomes paper.

Members of the Health and scrutiny Committee should note the breadth and depth of the work being undertaken to support the safety agenda.

FINANCIAL/RESOURCE IMPLICATIONS

- 12 None

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

13. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public Involvement in Health Act 2007.

POLICY FRAMEWORK IMPLICATIONS

- 14 None.

SUPPORTING DOCUMENTATION

Appendices

1.	SUHT Quarterly Patient Safety Report
2.	Re-admission rates
3.	Patient reported experience of medicines management & Patient survey reported cleanliness 2009 survey results

Documents In Members' Rooms

1.	None
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Background Documents

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

1.	None	
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Background documents available for inspection a N/A

KEY DECISION? N/A

WARDS/COMMUNITIES AFFECTED:	all
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