

Joint HOSC CQC UPDATE November 2018

Deirdre Fowler

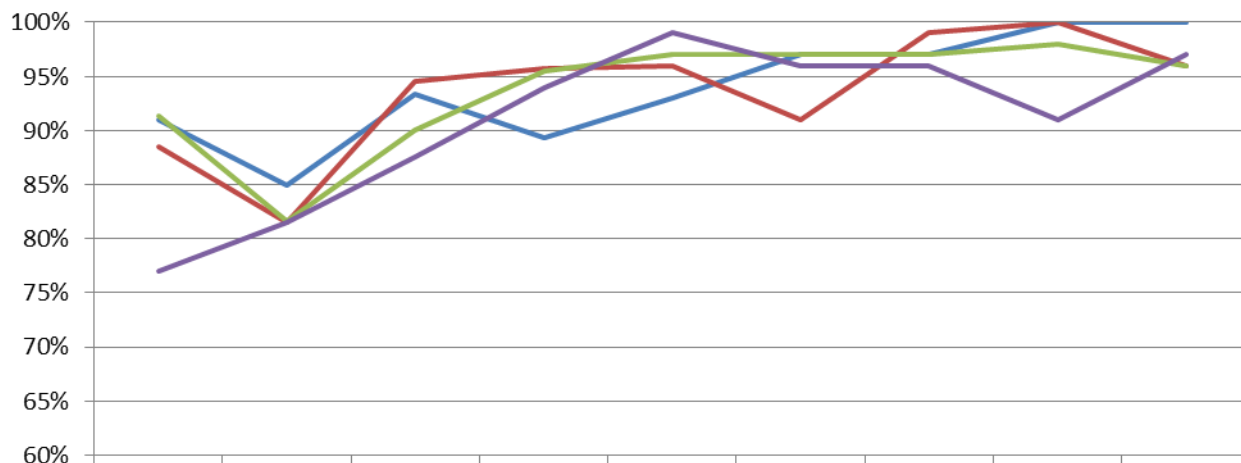
Director of Nursing Midwifery and Quality



Proud To **Care**
Make It **Happen**
We Value **Respect**
Together We **Achieve**

EDL Sepsis and Observations Bundle compliance

Sepsis and Obs Bundle Compliance



	w/c 06/09	w/c 13/09	w/c 20/09	w/c 27/09	w/c 04/10	w/c 11/10	w/c 18/10	w/c 25/10	w/c 01/11
RSH Obs %	91%	85%	93%	89%	93%	97%	97%	100%	100%
RSH Sepsis %	89%	82%	95%	96%	96%	91%	99%	100%	96%
PRH Obs %	91%	82%	90%	95%	97%	97%	97%	98%	96%
PRH Sepsis %	77%	82%	88%	94%	99%	96%	96%	91%	97%

Weekly ED Consultant audits to review

Week Commencing 19/10/– 25/10: 21 case notes reviewed, 2 cases of delay in treatment but no evidence of harm

Triangulated with complaints

No complaints re sepsis & delayed diagnosis* and delay in obs since August 2018 and no Moderate /Serious incidents

Datix's: delayed diagnosis

*

	SI/Harm Level	Sep	Oct	Grand Total	Comment
PRH	DEATH	0	1	1	Reporting as an SI due to treatment delay as blood results not reviewed and acted upon.
	LOW	2	1	3	
	MOD	0	1	1	Patient taken into Resus at Prh and seen straight away. Following 2 x CT scans and discussion with NMUH she was transferred. <i>Awaiting care group to confirm that this is no longer a moderate harm incident, as no delay in being seen/diagnostics, then this is likely to be re-classified to "none".</i>
		4	3	7	
	PRH Total	6	6	12	
RSH	NONE	5	1	6	
	RSH Total	5	1	6	
Both	Grand Total	11	7	18	

ED: Environment

No.	Summary	PRH					RSH				
		w/c 4/10	w/c 11/10	w/c 18/10	w/c 25/10	w/c 01/11	w/c 4/10	w/c 11/10	w/c 18/10	w/c 25/10	w/c 01/11
1	Are the Resus doors shut when not in use?	100%	60%	57%	71%	100%	77%	77%	78%	100%	100%
2	Resus - are all store rooms locked?	88%	80%	57%	57%	92%	100%	100%	100%	100%	100%
3	Resus - are all wall drug cupboards locked when not in use - and no medication left on work surfaces?	75%	100%	100%	100%	92%	100%	92%	100%	100%	92%
4	PRH ED Theatre Minor Injuries - is the cupboard locked?	100%	100%	100%	86%	100%	n/a	n/a	n/a	n/a	n/a
5	PRH Childrens Waiting room - is the door locked at all times?	100%	100%	100%	100%	100%	n/a	n/a	n/a	n/a	n/a
6	Ambulance Equipment required	100%	100%	71%	86%	92%	100%	100%	100%	100%	92%*
7	Is all ED Nitrous oxide stored in the Resus Storeroom (when not in use)?	88%	100%	100%	100%	100%	100%	100%	100%	100%	100%
8	Fit to Sit area - are there 4 or less patients in this area (seating for up to 4 patients only). Check SOP available for Staff.	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
9	Induction of agency staff - have all new agency staff received an induction into the department?	100%	100%	100%	100%	92%	92%	100%	100%	100%	92%
10	PRH Reception - are the doors from the main corridor closed at all times?	100%	100%	100%	86%	100%	n/a	n/a	n/a	n/a	n/a
11	Clean Utility - is the door locked (door to be locked at all times)?	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

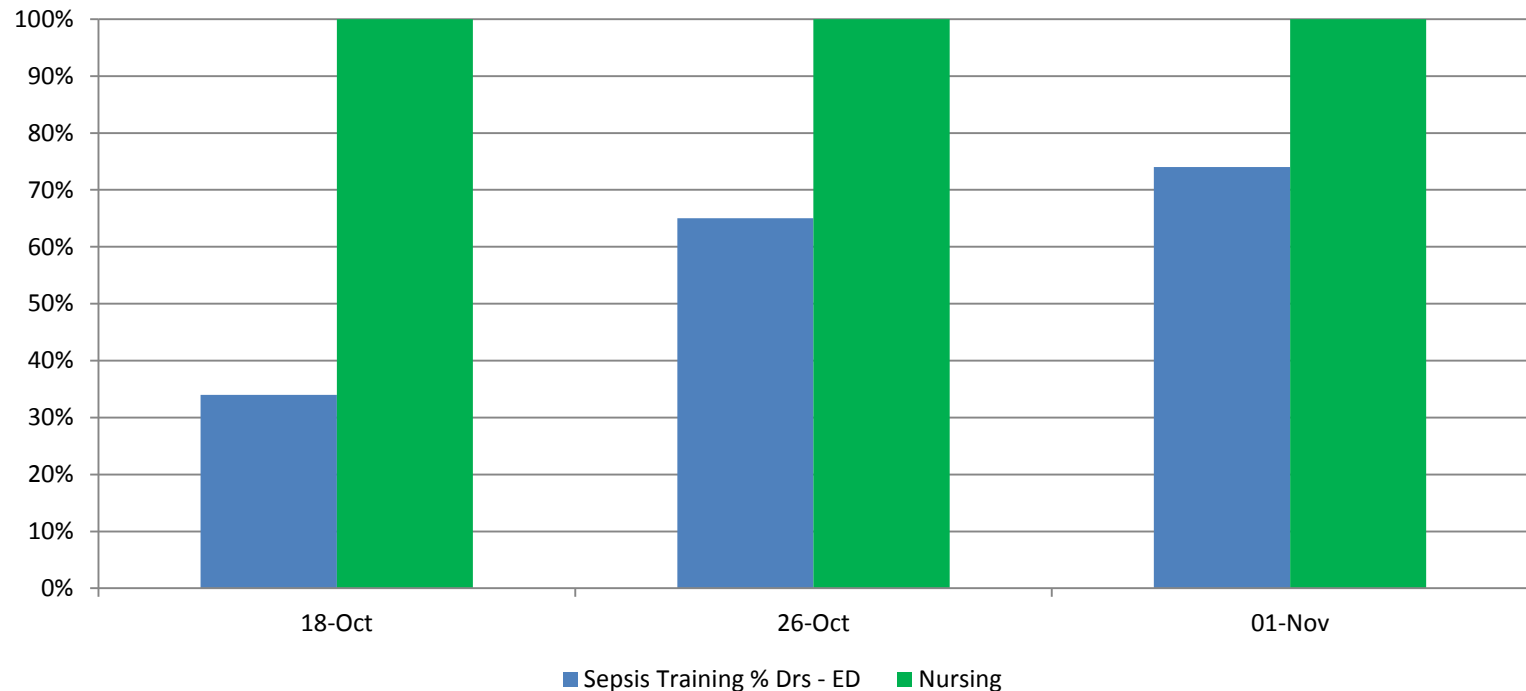
- n/a = questions not applicable to RSH
- * actioned immediately = 1 non-compliance

Audit Completion % by time and audit

		w/c 06/09	w/c 13/09	w/c 20/09	w/c 27/09	w/c 04/10	w/c 11/10	w/c 18/10	w/c 25/10	w/c 01/11
RSH	% 10am Checks	100%	100%	100%	100%	86%	86%	86%	100%	86%
	% 10pm Checks	100%	100%	100%	100%	71%	71%	57%	71%	71%
	% 2 hrly sweeps	100%	100%	84%	88%	64%	80%	92%	80%	92%
PRH	% 10am Checks	100%	100%	100%	86%	100%	100%	86%	86%	71%
	% 10pm Checks	100%	100%	100%	71%	57%	71%	71%	71%	57%
	% 2 hrly sweeps	100%	93%	96%	76%	95%	96%	100%	84%	88%

Sepsis Training Compliance – ED Nursing and Doctors

Sepsis Training Compliance Drs and Nursing - ED



Nursing Sepsis training delivered through:

- Study Days
- Induction (new staff)
- E-Learning

Doctors Sepsis training delivered through:

- Induction
- DEEP Dr sessions
- E-Learning
- On-site Sepsis training – consultant delivered

Section 29 Warning Notice (17/10/18) – Risk to health and safety of service users

CQC Found/Issue	We will /did:	Governance/ Assurance	Exec Lead	Timescale
<ul style="list-style-type: none"> Inconsistent recording of nursing documentation WARD 10 and 15 PRH 	<ul style="list-style-type: none"> Unannounced baseline 'Exemplar' visits to all wards which includes review of all nursing documentation (6 currently completed) Updated Tissue Viability referral form linked to datix Self assessment and peer review of documentation daily and weekly Trust wide roll-out of 'Exemplar' programme continues as commenced in 2017 	<ul style="list-style-type: none"> Results to Care Group Board meetings, Confirm and Challenge and NMF and in future to Clinical Gov Exec and by exception to Q&S Escalation to Matron, HoN and Director of Nursing and Midwifery as per SOP 	Director of Nursing, Midwifery & Quality	<ul style="list-style-type: none"> Current Complete December 2018 Ongoing April 2019

Governance of Baseline Exemplar Framework

Week 1-4

Week 4

Week 8

Red Wards

Matron and Ward Manager:
Responsible for undertaking weekly reassessment on the **RED** elements

Corporate Quality & Safety Team:
Undertake formal reassessment on **RED** elements @4 wks.



Head of Nursing:
Monitor for 30 days

Head of Nursing:
meet with
Director of Nursing & Midwifery

Corporate Q&S Team:
Repeat baseline assessment

Amber ?

Matron:
Support and monitor progression to **Green**

Amber Wards

Matron:
Support and monitor progression to **Green**

Matron:
Undertake baseline assessment to monitor progression to **Green**



Head of Nursing:
Monitor for 30 days

Matron:
Continue to monitor progression to **Green**

Green Wards

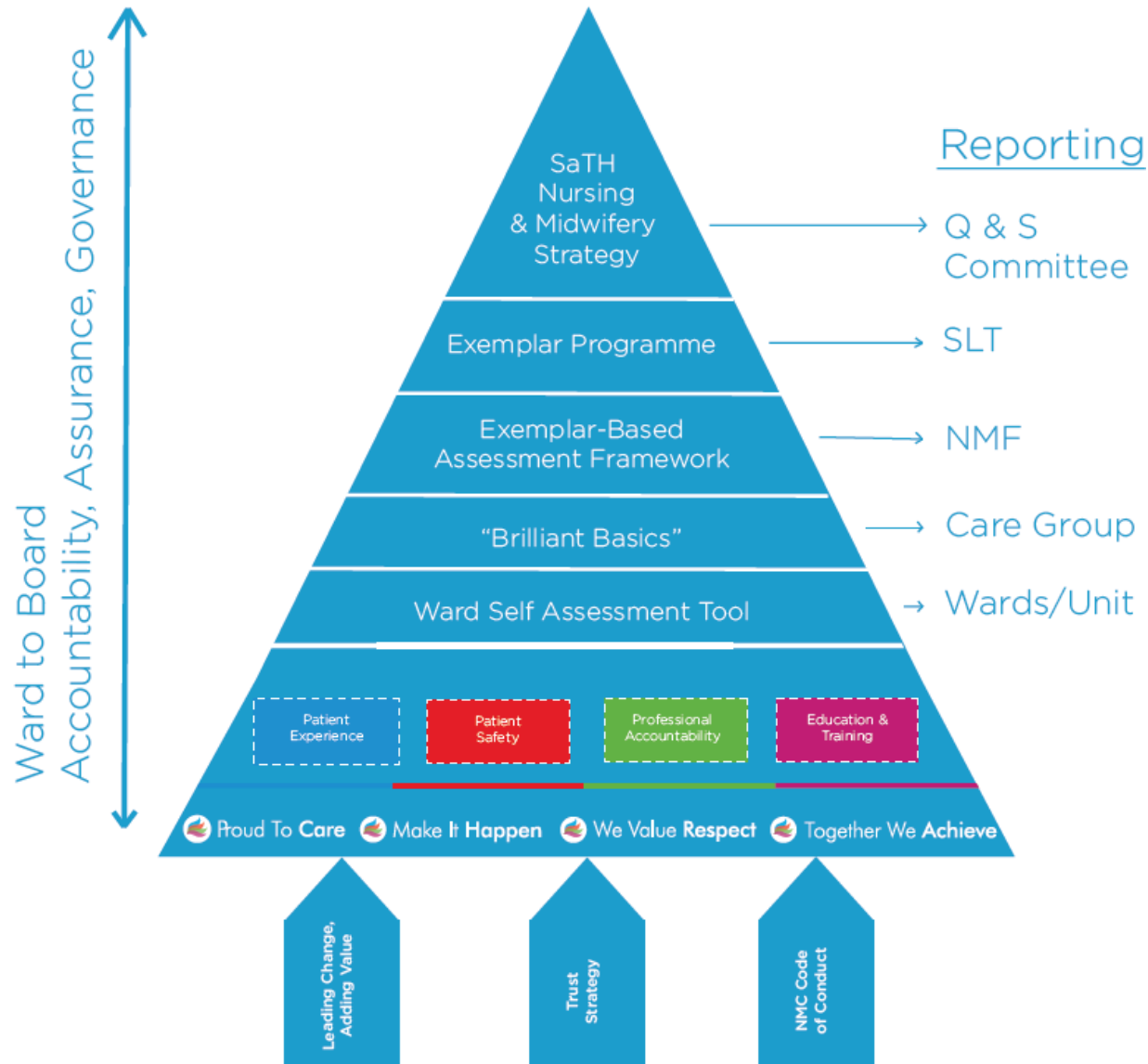
Can join the Exemplar trajectory for the Mock Exemplar Programme and will receive support from the **Corporate Quality and Safety Team**

Ward 10 and 15 Electronic (RaTE) assessments

2018 - Ward Self-Assessment Results (2 x sets of documentation checked monthly)										
WD10	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Documentation	89.5	100	90	95	90	79.3	90.5	Not completed	100	85
Falls	100	100	100	91.7	100	87.5	100		100	100
Nutrition and Hydration	88.2	94.7	68.4	100	87.5	73.1	70.6		100	81.3
Tissue Viability	92.3	100	76.9	100	92.3	66.7	92.3		100	92.3
WD15	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Documentation	84.2	90	89.3	82.1	93.9	94.7	95	92.9	88.9	94.1
Falls	71.4	100	93.3	100	100	100	100	100	100	87.5
Nutrition and Hydration	91.7	91.7	88.2	80	100	100	100	79.2	75	88.9
Tissue Viability	100	100	100	94.7	100	100	100	94.7	84.6	88.9

- The RaTE electronic tool is undertaken by Ward Managers and reviewed by Matrons and the HoN
- The Baselines Exemplar is undertaken using fresh eyes approach by the Corporate Quality and Safety Team.

Ward to Board Accountability



Trust Roll-out of Baseline Exemplar

Commenced pilot roll out of baseline Exemplar in October 2018.

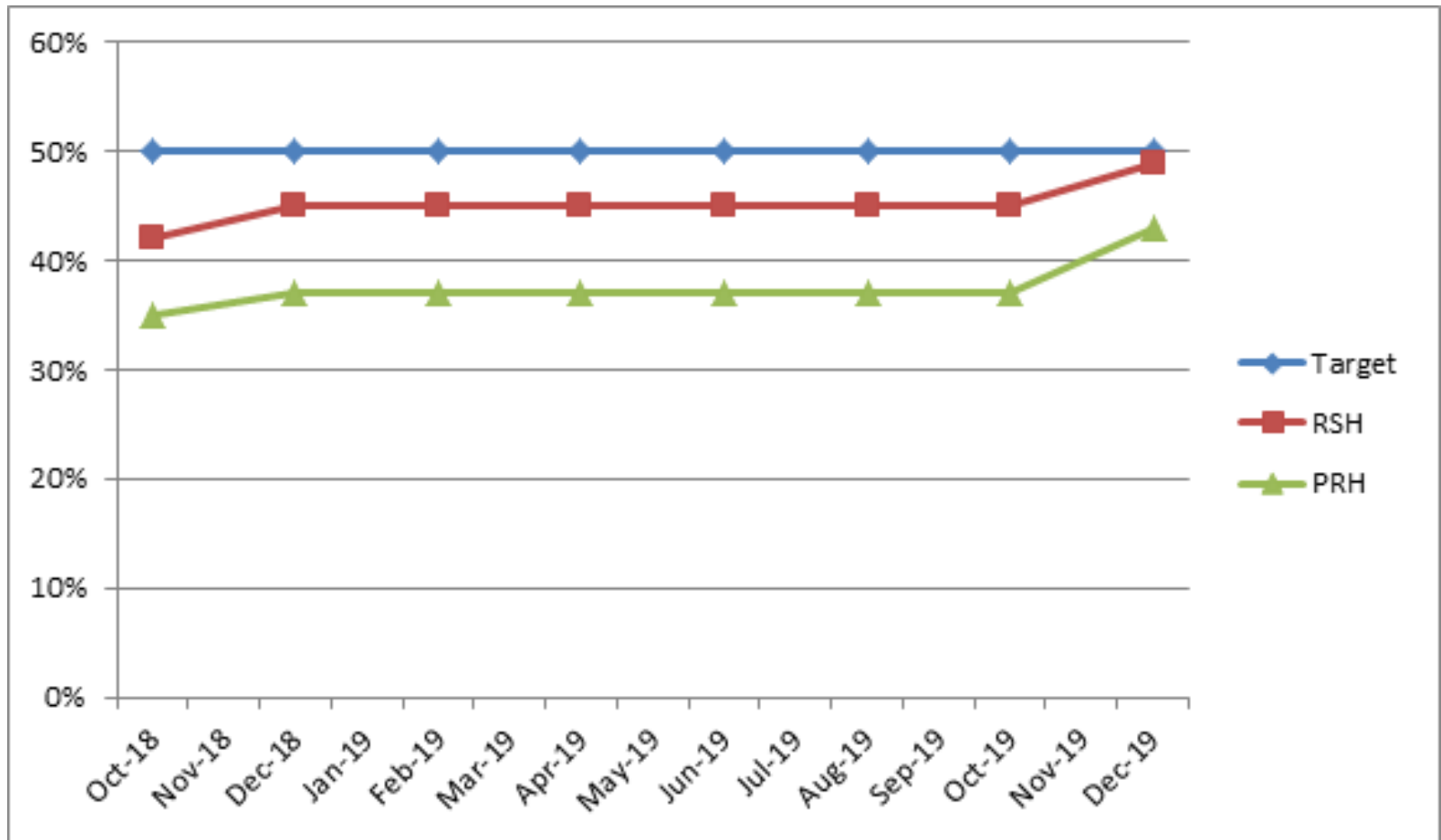
Initially based on review of one random selection of nursing documentation, and now increased to 3 sets of nursing documentation.

Ward	Last Assessed	Next Due	Environment	IPC	Documentation	Tissue Viability	Falls	Nutrition & Hydration	Leadership	Professional standards	Communication	Care & Compassion	Medicines Management
WD 7	20.10.18	Late Dec	57%	67%	58%	20%	75%	50%	72%	67%	63%	75%	50%
WD 10	13.10.18		73%	78%	75%	80%	88%	88%	72%	88%	100%	83%	86%
WD 23OC	26.10.18	09.01.18	80%	100%	70%	20%	33%	43%	83%	100%	50%	100%	79%
WD 26	29.10.18		94%	89%	91%	100%	100%	62%	70%	100%	100%	100%	71%
Gynae	07.11.18		88%	89%	100%	100%	100%	83%	78%	100%	100%	90%	85%

Section 29 Warning Notice (17/10/18) – Insufficient Number of competent, skilled and experienced persons within Critical Care

CQC Found/Issue	We Did:	Governance/ Assurance	Exec Lead	Timescale
<ul style="list-style-type: none"> Provision of Intensivist cover 24/7 (12 intensivist in post. To split the rota we would need 16 additional 4) 	<ul style="list-style-type: none"> Recruitment process in place for Consultant Anaesthetist cross site and funding for another 2. Business case in development 	<ul style="list-style-type: none"> Theatres, Anaesthetics & Critical Care Risk & Governance Meeting 	Workforce Director / Medical Director	March 19
<ul style="list-style-type: none"> Dedicated Pharmacist 5/days week Dedicated Physiotherapists 	<ul style="list-style-type: none"> Actions to progress via internal governance framework Physiotherapy Practitioners pilot project <ul style="list-style-type: none"> All trained by end Oct – met Competency assessment 13/11/18 Impact assessment on the 45 min standard – End Nov. Business case to be developed by end of Dec 	<ul style="list-style-type: none"> Care Group Board Workforce committee 		30/10/18 (Met) 13/11/18 30/11/18 30/12/18
<ul style="list-style-type: none"> Less than 50% of staff with a post registration award in Critical Care 	<ul style="list-style-type: none"> Succession plan already in place Critical Care training: <ul style="list-style-type: none"> Trajectory - 3RNs currently in training, 5 RNs due to complete and 6RNs to secure a place in 2019. Recruitment continues. 			

Critical Care Course Trajectory



Section 29 Warning Notice (17/10/18) – Insufficient Number of competent, skilled and experienced persons within the Emergency Department

CQC Found/Issue	We Did:	Governance/ Assurance	Exec Lead	Timescale
<ul style="list-style-type: none"> Requirement of RSCNs- 6WTE already in place **Requirement for 10 WTE Consultants **Middle grade Doctors High agency usage (both Drs and nursing) and ED nurse staffing and no formal risk assessment or staffing tool. 	<ul style="list-style-type: none"> Paediatric Simulations – held 25/10/18 @RSH (with further planned monthly) – attended by: <ul style="list-style-type: none"> Consultant Jnr Drs (ED and on-call) Resuscitation Officers Anaesthetist ED Nursing staff All nursing staff receive PILS training on a rolling programme. All band 6 and senior band 5 are EPLS and ALS trained: <ul style="list-style-type: none"> PRH x 12 RSH x 19 Derby programme: training our own doctors through to consultant level 7 wte substantive Consultants by March 2019 Aim to achieve another 5 appointments. CESR placement and fellowship roles to address gaps in rota (currently filled by agency). 	<ul style="list-style-type: none"> Daily Safety Huddle Weekly Safety call 7 day prospective nursing roster view NHSI workforce call bi weekly Weekly ED Workforce Steering Group Weekly ED Recruitment (Medical Staffing) Meeting Workforce Committee 	<p>Workforce Director</p>	<p>March 19</p>

ED Medical Staffing – current vs projection

**

Consultants (both sites)	Current	Feb-19
	4	6.5

	Current (WTE)		Dec (WTE)		Variance (WTE)	
	PRH	RSH	PRH	RSH	PRH	RSH
Middle Grade	5	6	5	4	0	-2

PRH	1 x long term leave
	2 x day shift only
RSH	1 x long term sick
	2 x day shift only + 2 trainees in numbers who work days only currently
	Interviews taken place this week with 4 offers made

CQC Found/Issue	We will /Did:	Governance/ Assurance	Exec Lead	Timescale
<ul style="list-style-type: none"> EOLC 7/7 service delivery 	<ul style="list-style-type: none"> Independent external review of service delivery model 	<ul style="list-style-type: none"> Steering group monthly meetings to review progress. Workforce Committee Clinical Gov Exec and by exception to Q&S 	Director of Nursing, Midwifery & Quality	Feb 2019
<ul style="list-style-type: none"> Central list of patients receiving palliative care. 	<ul style="list-style-type: none"> This data is already captured on SEMA 	<ul style="list-style-type: none"> Review at Steering group 	Director of Nursing, Midwifery & Quality	Dec 2019
<ul style="list-style-type: none"> Location of syringe Pumps 	<ul style="list-style-type: none"> New loan form on palliative care web Meeting with EBME to discuss tracking already in place – resolved 	<ul style="list-style-type: none"> Audit of loan forms to review compliance 	Director of Nursing, Midwifery & Quality	Jan 2019
<ul style="list-style-type: none"> Completion of EoLC care plan 	<ul style="list-style-type: none"> Pilot on 3 wards complete - full roll out to Trust 	<ul style="list-style-type: none"> Attendance at drop in workshops Audit of new EOLC planned for 1st April 2019 	Director of Nursing, Midwifery & Quality	Apr 19
<ul style="list-style-type: none"> Medicine- dirty utility in renal unit 	<ul style="list-style-type: none"> Planned refurbishment – 12th November 2018 - resolved 	<ul style="list-style-type: none"> Care Group Board IPCC Q&S by exception 	Finance Director	15 th November 2018
<ul style="list-style-type: none"> Lack of education and training of staff of MHA and MCA 	<ul style="list-style-type: none"> Work collaboratively with MPFT to meet the requirements of MHA - proposal received 	<ul style="list-style-type: none"> Workforce committee 	Director of Nursing, Midwifery & Quality	March 2019