
Public Board Meeting 31 January 2013

Quality Account Update on 2012/13 Priorities – Quarters Two and Three

Presented by: Maxine McVey, Interim Director of Nursing

1. Purpose

- 1.1 The Trust approved the 2011/12 Quality Account (QA) at the Board meeting in June 2012. Contained in the QA were a number of priorities for 2012/13. This paper provides the Board with an update on the position with the agreed priorities as at quarters two and three.

2. Background

- 2.1 Performance for quarters two and three of the QA priorities for 2012/13 are set out at appendix A. The RAG rating, relates to the quarter three performance only.

- 2.2 In summary, the QA has a total of three overarching themes from which 11 individual priorities were identified. Within each priority there are a number of actions totalling 31 in all. It is these actions that have been individually RAG rated where possible. Because data is either not available, still being evaluated or because of actions taking place in the final quarter of the year actions have not been rated at this time.

- 2.3 In terms of RAG rating current performance is:

Red	3 (5 at quarter 1)
Amber	5 (5 at quarter 1)
Green	15 (12 at quarter 1)
Not rated	8 (9 at quarter 1)

- 2.4 The following actions are being taken in respect of the red items:

- Pressure ulcers
 - Work streams lead by the Matrons for each of the four key areas within 'Harm Free Care' reporting to a Multidisciplinary Harm Free Group..
 - Standards of Care booklet providing expectations for staff in delivering the fundamentals of care
 - Reduced nursing documentation by nine pages with the introduction of the 72 hour care record

- Incorporated 'hourly rounding' within the 72 hour care record
 - Knowledge and expertise of the specialist nurses to provide education and training
 - Utilize the Nursing and Midwifery Quality indicators to drive improvements in practice at every level from board to ward
 - Reviewed the nutrition status of patients by implementing the MUST (Malnutrition Universal Screening Tool)
 - Launched 'Place Mats' in July to empower and prompt patient involvement in preventing pressure damage, eating well, and managing pain and as a form of communication.
 - Patient information leaflets.
 - Exhibitions in the Spice of Life- Moisture lesions V pressure ulcers, Ambition Launch, Pressure relieving equipment, World Stop the Pressure Day.
 - Positioning clocks
 - Check and Challenges
 - Validation of pressure ulcers weekly with TVN/ Matrons/ Senior staff
 - Implementing the Sskin Bundles
 - Joint RCA meetings to review Pressure Ulcers
 - Weekly Ambition meetings
- Patient Weights
 - There has been an improvement in Q3 compared to earlier quarters. However, corporate nursing are continuing to support wards to ensure that ensure that all patients are being weighed in line with requirements in order to ensure that the 100% target is achieved
- Screen of elderly care patients within 24 hours of admission and re screen them at least every 7 days thereafter in respect of food and nutrition
 - Indicator has deteriorated since Q1. The results for Q3 indicate that the Trust is now achieving 91% against an expectation of 100%. It has been identified that the reason for this is that the audit has been extended to a wider number of wards and that this has identified areas of work that are needed to ensure that these wards are delivering the expected levels of performance in relation to this indicator.
- Actions taken and monitored as a result of patient feedback
 - All wards are now receiving feedback on the Friends and Family surveys and have begun to identify specific actions that they will take to address the less positive comments. It should be noted, however, that the percentage of less favourable comments is very low. The significant majority of patients completing the survey make positive comments about their experience of the ward, staff and services provided.

- Increasing normal birth rates
 - This continues to remain below the expected target with little change over the three quarters of the year to date. The senior midwifery management team are working with obstetric colleagues to embed changes in clinical practice in both the Birth Centre and Delivery Suite

3. Recommendation

- 3.1 The Board is asked to note the progress being made in delivering the QA priorities.

Maxine McVey

Interim Director of Nursing
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