

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: BOARD OF DIRECTORS – 28 FEBRUARY 2014

SUBJECT: EXECUTIVE PATIENT SAFETY VISIT (EPSV) REPORT - UPDATE

REPORT FROM: CHIEF NURSE AND DIRECTOR OF QUALITY AND OPERATIONS DIRECTOR

PURPOSE: Information /Discussion

CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT

The Executive Patient Safety Visit (EPSV) programme first started in 2008 as executive 'Meet and Greet' walk-around following the National Patient Safety First Campaign on Leadership for Safety to connect executives with frontline staff www.patientsafetyfirst.nhs.uk. The EPSV provides opportunities for frontline staff to raise patient safety issues with Division and Executive Teams and to agree on actions to take forward improvements.

This six monthly progress report covers the period from 1 March 2013 to 31 August 2013. The previous EPSV report was received by the Joint Board of Directors and Council of Governors in October 2013 for the period 1 September 2012 to 29 February 2013, where recommendations for improvement were taken forward in an action plan for 2014.

SUMMARY:

- The number of areas visited has increased and includes more areas directly affecting patient care/safety covering over 120 departments during the year in 60 visits.
- Executives attended 73 per cent of visits; deputies 20 per cent, Governors 84 per cent, and NEDs/DLTs/Hospital Managers equally represented around 50 per cent. Cancellations/rescheduled visits were minimal.
- Seventy per cent of visits returned a completed record sheet
- Main themes captured during the visits included: environmental, equipment, organisational/strategic, manpower/staffing and safer clinical tasks/processes. Successful improvements were enabled locally in care, practice and culture.
- An action plan for 2014 has been developed to strengthen the:
 - pre-visit preparation;
 - the visit process, and;
 - post visit action to deliver the actions recorded.

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

The EPSV supports the common principles of continuous quality improvement that embrace teamwork and innovation through the involvement and contribution of all staff. The EPSV is a programme that demonstrates the commitment of Executive, Division, Corporate and Department leaders supported by Board and Governing Council members to ensure the safety of patients comes first.

FINANCIAL IMPLICATIONS:

Actions to improve patient safety, and general safety issues, may impact on Trust expenditure however failure to address safety concerns will also result in financial and reputational loss.

LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:

The Trust could face litigation if patient safety issues are not addressed effectively.

Discussed with Head of Equality and Engagement. As this paper is not relevant to the Trust's Public Sector Equality Duty no analysis has been undertaken as this is not required.

PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES

None

BOARD ACTION REQUIRED:

(a) to note the report

CONSEQUENCES OF NOT TAKING ACTION:

Cultural impact and consequences of not listening to safety concerns raised by staff is likely to increase the risk of patient safety incidents, complaints and claims

**EPSV SIX MONTH PROGRESS REPORT
FOR THE PERIOD 1 MARCH 2013 TO 31 AUGUST 2013**

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1. CONTEXT

- 1.1 The EPSV programme started in 2008 as an executive walk-around programme following the National Patient Safety First Campaign on Leadership for Safety to connect executives with frontline staff www.patientsafetyfirst.nhs.uk. An initial 'Meet and Greet' approach has evolved to the present day joint venture between leaders and frontline staff to focus on patient safety improvements locally. In 2011, following a re-organisation into divisions led by Divisional Leadership Teams (DLTs) and a revised Patient Safety Strategy, the walk-around was re-branded as the EPSV. The visit process is designed to integrate corporate, divisional and local elements to:
- 1.2 Increase awareness of patient safety issues among staff;
 - 1.3 Make patient safety a priority for leaders by dedicating time to promote a safety culture;
 - 1.4 Educate staff about safety concepts such as incident reporting, learning and a 'fair-blame' attitude;
 - 1.5 Obtain and act upon patient safety issues and drive improvements by actions.

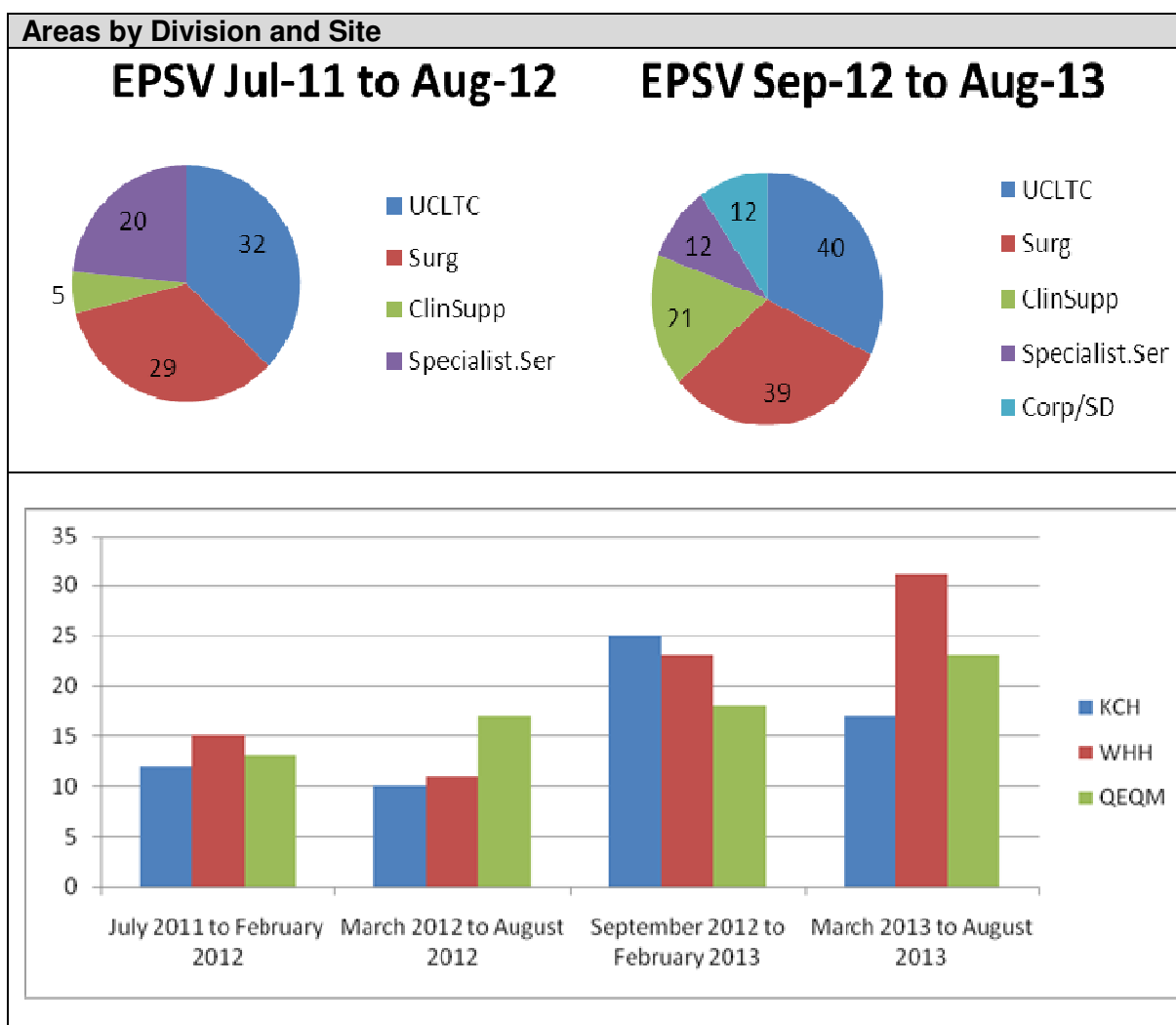
Ward/Department Staff	Prepare their patient safety concerns in advance & note these down on a draft Record Sheet. Contribute on the day.
Executives	Lead visit, ensures briefing and debriefing, summarises concerns, enables actions.
Governors & NEDs	Listens to concerns and gains assurance over actions. Sees through patients, visitors and staff eyes: asks questions, gains understanding
Divisional Leadership Team	Adds wider perspective. Agrees action plan with local department and ensures the delivery of the action plan via divisional governance mechanisms reporting to the DGB
Hospital Manager	Responds to environmental and Health & Safety issues raised and follows these up with the H&S Team, Estates Work Programmes and the Patient Environment and Investment Committee.
Corporate Patient Safety Team Representatives	Links with Trust-wide Patient Safety Programme and indicators - themes and analysis. Advises on improvement methods.
Corporate Administrator	Co-ordinates schedule, archives Record Sheet, themes actions. Supplies pre-visit data (previous action plan, Datix and other indicators as required).
Executive Assistants	Sets dates. Compiles visit pack and notifies department and visiting team of forthcoming visit. Distributes completed Record Sheet Re-arranges any rescheduled visits.

2. DISCUSSION

- 2.1 The number of areas visited has increased during this period to include more areas directly affecting patient care/safety covering over 120 departments during the year in 60 visits

Table 1. Areas visited July 2011 to August 2013

KCH. July 2011- Feb 2012 Areas 12 (visits 8)	WHH. July 2011- Feb 2012 Areas 15 (visits 8)	QEQM. July 2011- Feb 2012 Areas 13 (visits 8)
Clarke, Invicta, Kingston, Mount, McMaster, St Lawrence, Kent, Cardiology and Coronary Care, Children's Ambulatory Unit (Dolphin), ECC, Harbledown, Harvey	Cambridge J1 J2 K M1 M2, Kings C1 C2 D1, Kings D2, Maternity Wards, Critical Care, Richard Stevens Stroke Unit, Kings A1 A2 B, Theatres, A&E, CDU, Bethersden	Deal, Cardiology and Coronary Care, Sandwich Bay, St Augustines, St Margarets Bay, SCBU, Paediatrics, Minster, Critical Care, Seabathing, Quex, Bishopstone, A&E, CDU
KCH. March 2012-Aug 2012 Areas 10 (9 visits)	WHH. March 2012-Aug 2012 Areas 11 (10 visits)	QEQM. March 2012-Aug 2012 Areas 17 (11 visits)
Day Hospital – Haemophilia, Renal, Brabourne, Cathedral, Theatres, Day Hospital -Dermatology, Endoscopy, Day Surgery, Therapies, Outpatients	Cardiology, Coronary Care, Oxford Ward, Day Hospital, Endoscopy, Day Surgery, Renal, Celia Blakey (2 visits), SCBU/NICU/High Dependency, Padua, Anaesthetics in Main Theatres	Day Surgery, Theatres, Ambulatory Care, Cancer Unit, Renal, Cheerful Sparrows, Therapies, Birchington, Maternity Wards, Endoscopy, Fracture Clinic, T&O Admin, Ortho Appliances, Pre-Admission Clinic, Central Admissions Lounge, Nuclear Medicine/Radiology
KCH Sept-2012 to Feb 2013 Areas 11 (8 visits)	WHH Sept-2012 to Feb 2013 Areas 23 (11 visits)	QEQM Sept-2012 to Feb 2013 Areas 19 (11 visits)
Anaesthetics in Main Theatres, Pharmacy, Pain Services, Fracture Clinic , Pre-Admission Clinic, Waiting List Offices, Clinical Coding, Medical Records, Estates, EME, Pathology,	Estates, Linen Services (EKLS), EME, Fracture Clinic, T & O Admin, Pre-Admission Clinic, Central Admission Lounge, Pharmacy , Waiting List Offices , Clinical Codes, Medical Records, Nuclear Medicine, Radiology, Cross Sectional Imaging, Outpatients, Paula Carr Diabetes Centre , Pain Service, Maxillo-Facial, Rotary Suite	Pain Service, Waiting List Offices, Clinical Coding, Medical Records, Anaesthetics in Main Theatres, Fordwich Ward, Estates, Sewing/Linen Room, Supplies, EME, Pharmacy, PET, Relative Support Officers, Occupational Health, A+C Secretaries, Ambulatory Care Day Hospital,, Outpatients, Diabetes Centre
KCH Mar-2013 to Aug 2013 Areas 17 (8 visits)	WHH Mar-2013 to Aug 2013 Areas 28 (12 visits)	QEQM Mar-2013 to Aug 2013 Areas 24 (10 visits)
Centralised Booking Office, Nuclear Medicine, Radiology, Breast Screening, Critical Care, Kingston, Harbledown, Mount & McMaster, Taylor , Cardiology , Clarke, Urology Outpatients, ECC, MIU, Fracture Clinic, Endoscopy, Invicta	Pathology, Theatres, Surgical Pre-Admission, A&E, MIU , CDU Bethersden, Ambulatory Care , Kings A2, Kings B, Padua, NICU, Kings C1, Kings C2, Maternity (Folkestone Ward & Labour Suite), Obstetrics Theatre, Kennington, Richard Stephens Unit , Discharge Lounge , Day Hospital, ITU/HDU, Kings D1, Cambridge J, Cambridge L, Cambridge M1, Cambridge M2, Oxford	A&E, MIU, Ambulatory Care, Minster, CDU, QUEX, Seabathing, Cheerful Sparrows Male, Cheerful Sparrows Female, Endoscopy Unit, St Margarets, CCU, Cardiac Cath Lab, ITU, Theatres, Day Surgery, Pre-Assessment, Discharge Lounge, Fordwich, Rainbow, SCBU, Sandwich Bay, Deal Buckland: MIU, Carousel, Renal RVH: Paeds OPD, Day Hospital, Derry Unit
Areas in bold italic - Unconfirmed visit as Record Sheet not yet returned.		



- 2.2 Executives attended 73 per cent of visits, deputies 20 per cent, Governors 84 per cent and NEDs/DLTs/Hospital Managers equally represented between 47 per cent and 57 per cent. Cancellations/rescheduled visits were minimal. One visit was cancelled due to a major incident but was rescheduled for later in the year. Visits to the administration and clerical staff did not take place due to the administration review.

2.2 Visitors				
	Jul-11 to Feb-12	Mar-12 to Aug-12	Sep -12 to Feb-13	Mar-13 to Aug 13
No of Visits for Executives (n6)	24	30	30	22
				Deputy 6
				No Exec 2
No of visits Governor / NED*	19	23	Gov 8	Gov 27
			NED 16	NED 18
No of visits Pt Safety Rep (n5)	22	29	26	30
No of visits Hospital Manager/Estates	N/A	N/A	18	14
DLT member	N/A	N/A	15	14

Senior Matron/Senior Manager	33	27	23	17
Department Manager and/or Matron			20	30

- 2.3 Seventy per cent of visits returned a completed record sheet, though some included more than one area on the same sheet which was difficult to distinguish.

2.3 Visits & Record Sheets	Jul -11 to Feb-12	Mar-12 to Aug-12	Sep-12 to Feb-13	Mar-13 to Aug 13
Number of Visits/Areas Visited	24/40	30/40	30/53	30/71
Number of Areas Record Sheet returned	23(96%)	23 (77%)	37 (70%)	50 (70%)
Total Actions identified on Record Sheet	84	107	137	140
Visits rescheduled to a different date	7	8	6	2
Average number of areas visited a month	6.67	6.67	8.83	11.83

- 2.4 The issues raised most frequently during this period were related to environmental factors; the physical space and fabric of the area, accounting for almost 20 per cent of actions. The second most frequently reported was issues relating to equipment at 19 per cent. Organisational/strategic issues were reported at almost 14 per cent, followed by manpower/staffing at just over 12 per cent and safer clinical tasks/protocol processes just under 12 per cent.

2.4 Themes of actions from Record Sheets	Jul 11- Feb12	Mar 12 – Aug 12	Sep 12 – Feb 13	Mar 13 – Aug 13
C communication	10	8	22	17
E environment/Estates	13	31	17	26
EQ equipment	17	15	17	25
F factors of person affected	1	0	0	1
I individual knowledge/competence	0	1	1	1
M manpower/staffing	2	5	2	17
O organisational/strategic	20	21	18	19
P evidence of progress from previous AP	-	-	-	
T task/procedure/protocols (clinical)	12	9	18	16
Tr training & supervision	1	5	4	4
TW teamwork & leadership	6	11	10	8
W working conditions: hours/support	2	2	6	6
Total Actions	84	107	137	140

2.5 Themes of Ward/Department achievements to drive improvements locally in care, practice and culture were captured at visits:

Theme	Improvement	
Environment	Redesign Clinical Area Refurbishment work Ventilation systems Alarms/Security Improved relationship with Estates Facilities for the disabled and bariatric patients Piped gases Water filters Electric sockets	
Equipment	New Ventilators White Boards Standardisation of equipment - VitalPac™ Physiological monitoring equipment Computers on wheels Bladder scanners	Neonatal Intensive Care Unit WHH Theatres Trust wide Outpatients Trust wide Trust wide Outpatients Trust wide Various wards Outpatients Trust wide
Organisation and Leadership	Reduced length of stay initiatives (stroke, frail elderly, fractured neck of femur pathways) Setting up Best Interest meetings UK GTT developed in paediatrics Productive Ward measures Implementation of Weekly Safety Thermometer Implementation of Imaging guidelines	Trust wide
Manpower	New roles: Generic worker. Nurse Practitioner Revised rotas around service needed Research Nurse post Nursing Review focused on acuity, involving ward managers 24/7 Outreach Service Changing Ways of Working Focused ward manager Learning Culture Special measures removed Improved sickness High rate of compliments Matrons leading improvements	Endoscopy, A&E QEQM Outpatients, Gastro-intestinal Bleed, Pharmacy Fordwich Ward QEQM Trust wide Trust wide Trust wide D1 Ward, A1 Ward Oxford Ward, M2 Ward M2 Ward, Endoscopy KCH, Sandwich Bay Ward Special Care Baby Unit QEQM, D1 Ward Day Hospital WHH, Kennington WHH Kings, Cambridge floor

Safer Tasks/ processes	Reduced pressure ulcers, implemented SKINS WHO checklist Social Care Plans/rounds Paediatric Early Warning Score Identifying patients with same name Reduced HCAI Physiotherapy Enhanced Recovery Handover - SBAR Telephone follow ups Better pain management Standardisation of care plans Improved consent process Implemented Rounding Strategies to reduce falls Reducing drug errors - Red Tabards Positive Patient Identity Patient Pathway improvements Structured ward rounds Standardisation of scanning protocols Automation of cytotoxic service	M2 Ward, D1 Ward, Clarke Ward, C1 Ward, Cheerful Sparrows Ward Endoscopy KCH Special Care Baby Unit QEQM, Neonatal ICU WHH Rainbow Ward QEQM Fordwich Ward QEQM Clarke Ward C1 Ward NICU/Padua WHH Quex Ward Quex Ward Ambulatory Care WHH Ambulatory Care WHH Cheerful Sparrows Ward Cheerful Sparrows Ward Ambulatory Care QEQM Ambulatory Care QEQM A1 Ward, Chemotherapy Trust wide Harbledown Ward Radiology KCH Pharmacy KCH
Training	Competency logs Band 6 Development programme Learning resources Sharing learning from Incidents Venous-thromboembolism, Mental Capacity Act	SCUBU QEQM, NICU WHH, Outpatients Trust wide ITU QEQM Quex Ward Theatres. All sites Trust wide Trust wide

3. 2014 Action Plan

3.1 Following feedback from a survey of visitors in 2013, an action plan for 2014 was developed to specifically address: pre-visit preparation, the visit process and post visit action to improve the completion and delivery of record sheets/action plan.

	Action Plan 2014	Responsible persons	Time	Feb-14
1	Format new schedule Nov-12 to Apr-13 with EA's, DLT's, NEDs and Governors: Extend time to max 2hours, avoid 3 areas where possible. Concentrate visits to areas directly affecting patient care/safety.	Patient Safety Team	Oct-13	Achieved
2	Amend record sheet to include: <ul style="list-style-type: none"> • Confirmation of pre-visit publicity to staff inviting their input. • Itinerary guidance: Introductions, timings, writing up (division), tour, discussion, wrap up. • Guidance on patient safety topics • A section on human factors/culture • Question on 'We Care' • Update of previous AP (before meeting) 	Head of Patient Safety	Nov-13	Drafted, due to roll out in March
3	One visit sheet per area	Executive Assistants	Mar-14	With new proforma
4	Monthly feedback to Divisional co-ordinators of which of their areas had been visited, by whom and the visit report status.	Patient Safety Administrator	Dec-12	Awaiting New Admin Post
5	Revise Poster and Memo	Head of Patient Safety	Nov - 13	Achieved for March
6	Include additional quality indicators in pre-visit pack (QlikView, Complaints)	Patient Safety Administrator	Nov-13	Awaiting ew Admin Post
7	Divisions to set up mechanisms to review record sheets. Monitor at DGB's, evidenced in minutes submitted to RMGG.	Divisional Leadership Teams	Nov-13	Div.Gov report planned for RMGG
8	Secure email for NEDs/Gov with new company secretary	Corporate Secretariat	Feb-14	Underway
9	Create an annual schedule from Apr-14 to March-15	Patient Safety Administrator	Feb-14	Underway

3.2 Improvements are underway for 2014 to:

- Develop a process for the availability of more performance data i.e. complaints and QlikView.
- Strengthen process for completion of the record sheet and involve staff ahead of the visit.
- Set timescales for the return of completed record sheets.
- Ensure distribution of Trust data is over secure email accounts.
- Evidence that actions are followed up in the divisions and at revisits. Utilise existing channels to take forward actions depending on the level required, such as Change Registers, Estates Work Programmes, Divisional Patient Safety Work-plans, Risk Registers, Health and Safety Plans and Departmental meetings.