Meeting: Trust Board – 27th January 2011
Title: Patient Safety and Quality Report

Executive Summary: This report comprises:
- A summary of the Trust’s performance against key Patient Safety and Quality Indicators Section A.
- A briefing from the Patient Safety and Quality Committee (PSQ) comprising:
  1. Patient Safety and Clinical Risk Section B
  2. Clinical Effectiveness – Section C
  3. Regulation – Section D

Key Achievements
Indicators 34 – 35 Delayed transfers of care (DToC), page 3
Indicators 51 -52, Stroke patients spending time on stroke unit, page 3

Items for discussion: Key areas for focus
- Indicator 1 - MRSA Bacteraemias, page 3
- Indicators 41 – 42 – Infant health & inequalities & breastfeeding initiation, page 3
- Indicators 66-67 – Cancelled operations, page 3
- Indicator 71 - Reduce harm associated with medication errors, page 4
- Indicator 72 – Reduce patient falls in hospital, page 4
- Indicators 90 – 93 – Patient experience indicators – patient recommendations, privacy and dignity, information on discharge and call bell responses page 4
- Indicator 107b Ambulance handover delays, page 5
- Indicator 109 – Inpatient discharge summaries to be with GPs within 1 day of discharge, page 5
- Indicators 235 and 238 – Sickness absence and agency costs – page 6
- Indicator 246 – Reduce contaminated blood cultures to less than 5% by December 2010, page 6

Recommendations/decisions required:
- To note the exceptions. To acknowledge improvements where indicated
- To provide assurances that actions are being progressed where planned improvements are required.

Financial implications: The following areas to focus upon are CQUIN/Gateway indicators:
- 34 – 35 – Delayed transfers of care
- 66-67 – Cancelled operations on the day
- 107 – Ambulance handover delays over 20mins
• 109/110 – Clinical Correspondence/Clinic letters typed to GPs within 2 working days

Legal implications:
Regulatory implications for some indicators – Monitor and CQC (See dashboard Appendix A)

Impact upon patients and carers:
Improved communications, and faster access to services, promotes patient choice. Assurances of the quality of care provided.

Consultation/Communication:
• Monthly Directorate Performance Meetings
• Clinical Governance and Risk Committee

Risk issues:
Financial – CQUIN
Regulatory – Monitor and CQC

Name of Lead Executive Director: Alf Troughton, Medical Director
Name of Author: Ruth McCarthy, Associate Director of Quality and Patient Safety
Hilary Shand, Director of Operations
1. **Key Achievements**

**Indicator 34-35 Delayed Transfers of Care (DToC) Gateway**
**Target <3.5%**

There are 2 measures for assessing achievements both of which are improving as shown on the dashboard.

The daily conference calls are continuing. These include any patient with a Length of Stay over 25 days and as a result of this, many DToC patients are considered. The Discharge Coordinator for the Trust has now commenced and this person has facilitated along with the phone calls an improvement in performance.

**Indicator 51-52 Stroke patients spending 90% of time on stroke unit Gateway**

Performance has improved again in December to 91.2%. This is encouraging progress in order to achieve and sustain the 80% target for Q4.

2. **Key Areas for Focus**

**Indicator 1 MRSA Bacteraemias – To report no more than 5 2010/11**

There were 2 Acute Trust apportioned MRSA bacteraemias reported during December attributed to ICU. The total hospital apportioned MRSA bacteraemias is therefore 2 against the locally agreed target with the PCT of no more than 5 in 2010/11.

One patient had a previous history of MRSA carriage. Both patients had histories of previous admissions to hospital and both had undergone several invasive procedures early during their admissions. These cases are being investigated to determine the source of entry into the blood stream and to review and improve practice where indicated.

**Indicator 41-42 Infant health & inequalities: breastfeeding initiation (BFI)**

Performance has not been month by month and as a result Q3 performance is below target. The Trust has recently achieved Baby Friendly Initiative Level 1. A part-time breastfeeding co-ordinator is now in post and midwifery and some paediatric staff need training on the BFI. The post is funded until end of March 2011 and hence has been included within the directorate Business Plan 2011/12.

**Indicator 66-67 Cancelled Operations on the Day - Gateway**

Performance in December was impacted by a reduction in theatre capacity due to a failure in maintaining the appropriate theatre environment as a result of extreme cold weather freezing the air flow capabilities. This issue accounted for 15 of the 31 cancellations on the day during December. If this issue hasn’t arisen, the Trust would have been within target for the month and the year. A contingency plan is now in place shall this happen again.

**Indicator 71 – Reduce harm associated with medication errors – less than 15%**
There has been a rise in harm associated with drug errors during November 2010 ie 18.9%.

Total medicine incidents for April to November 338,
Total with harm - 38 low harm, 1 with moderate harm

Medicine incident numbers in November were the same as average for the year (37 compared with an average of 38), although the percent with harm was higher 17% compared with 9%. However all incidents have been reviewed promptly by a pharmacist, and there was no harm greater than low harm, and for almost all reports the low harm was related to the patient needing extra observations. Issues arising from the investigation of these incidents are being taken to the Trust Medicines Governance Group”

**Indicator 72 – To reduce the number of patient falls in hospital**

The falls measured per 1000 bed days were 5.97 for December which is average for the year to date.

The SAFE trial is ongoing on Jupiter ward (highest falls incident area in trust) with focus also on Linnet ward with the second highest reported falls.

The SAFE trial will be introduced in a planned care area shortly to develop the tool.

Many wards have now implemented safety briefings and comfort rounds are also in practice in some areas. This enables staff to identify those patients at risk each shift and can be prompted by the comfort round tool to meet patients needs such as toileting regularly, which is one of the most common reasons for falling.

The FRAT trust wide audit compliance is steadily improving from 50%, 3 months ago on commencement of the audit to 63% as most recent result.

**Indicators 90, 91, 92 and 93 - Patient recommendations, privacy and dignity, information on discharge and call bell responses (patient experiences).**

**Patient Recommendation to a friend**

The comment cards continue to be used as a measure to gather real time feedback from our patients. During quarter three, 77.4% of those patients that completed a comment card would recommend the Trust to a friend.

At the January Patient Safety and Quality meeting, there were discussions around the validity of the data due to the small number of comment cards that are being collected. The Unscheduled Care Directorate are reviewing the discharge planning process for patients across the Trust and a plan for incorporating the comment cards into this process will be presented at the next meeting on 2nd February 2011.

The increase in completed cards will offer assurance that the views shared give a representative view of our patients.

There were 249 comment cards completed during quarter three.
The graph below shows the number of cards completed during quarter three, by Directorate.

![Graph showing number of cards completed by Directorate]

Privacy and Dignity and Information on Discharge

Information on patients treated with dignity and care and patient information on discharge are collected through the quarterly PICKER Inpatient Results.

This information is not currently available to the Trust and will be included as soon as the data has been collated by the PICKER Institute.

Call Bells

Analysis of the call bell data identified an error with the way that the call bells were being reported for wards and the timeliness of responses. The data gathered was unreliable and interpretation misleading. The software appears to be rectified as of 11\textsuperscript{th} January 2011, and will be confirmed through data validation. The figures will be included within the February report after confirmation that this has been resolved.

Indicator 107b – Ambulance Handover Delays over 20 minutes - CQUIN

The action plan previously discussed through this committee continues to be implemented and monitored. Regular meetings have been established with GWAS to review effective handover processes and learn from previous delays.

Indicators 109/110 – Inpatient discharge summaries to be with GPs within 1 day of discharge and clinic letters to be typed and with GPs within 24hrs of discharge - CQUIN

Performance remains below 40% for inpatient discharge summaries. The target for November and December is 70% and 90% for Q4. The achievement of this target is being managed through the Clinical Communications Project led by the Women’s and Children’s Directorate. Actions in place to improve this performance include weekly EDS reports to all directorates and understanding of the indicator is being communicated by the Medical Director. Further actions to take place include providing consultant level reporting which in turn can facilitate better understanding of responsibilities for Junior Doctors. The next project board meeting will focus on further actions required to achieve this target.
Work continues to achieve the clinic typing target. An action plan is in place and implementation of the actions is monitored monthly through the Clinical Communication Project Board. Actions are being successfully taken forward in the following areas:

- Increase usage of G2 for all routine typing
- Investigate other applications for transcription of dictation
- Remove the letter typing backlog in all specialties
- Increase secretarial efficiency
- Increase time spent typing
- Improve the quality of clinical correspondence
- Reduce delays due to signing and approval of letters

**Indicator 235 – Sickness absence – Less than 4%**

The rate of sickness absence increased slightly in the month due to winter viruses. The performance varies across the Trust from a low of 1.18% in D&O to 5.3% in Unscheduled Care.

**Indicator 238 Agency Costs - less than 98k/month**

Total agency costs for December were 216k showing a reducing trend overall but remaining over the 98k monthly limit. There has been an increase in nursing agency spend this month of £35K over November’s figure. This has been driven by sickness and opening beds at short notice. Temporary medical staffing expenditure was £72K less than November.

**Indicator 246 – Reduce contaminated blood cultures to below 5% by December 2010**

The contamination rate remains higher than trajectory although has reduced to 5.3% during December. The significance of this indicator is that compromising the quality of clinical practice when obtaining blood samples for culture will lead to reporting false positive blood stream infections including MRSA infections which will directly impact on the achieving our MRSA improvement targets. Actions to address this are:

- Venepuncture and cannulation training for all new staff- including medical staff
- Training for staff at medical induction
- 1:1 refresher training for those staff who have repeated contaminated samples
- Venepuncture competency developed to include blood cultures and refresher training

**Indicators 240 - 244 – Finance Indicators – See finance report**
### B – Patient Safety

#### 3. Serious Incidents (SIs)

- 3 new serious incidents were reported in December 2010:

<table>
<thead>
<tr>
<th>Incident number</th>
<th>Detail</th>
<th>Serious Incident Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>38403</td>
<td>Maternal Death</td>
<td>Grade 2</td>
</tr>
<tr>
<td>34452</td>
<td>Neptune <em>Clostridium difficile</em> Outbreak</td>
<td>Grade 1</td>
</tr>
<tr>
<td>35155</td>
<td>Patient Fall – fractured right NOF (Neptune)</td>
<td>Grade 1</td>
</tr>
</tbody>
</table>

Investigation leads have been identified and progress against investigations will be monitored by Patient Safety and Quality Committee (PSQ).

- 2 final SI reports were presented by the lead investigators at the January 2011 PSQ:
  - 34099 – Patient fall – right fractured NOF (Neptune)
  - 32664 – Patient fall – right fractured NOF (Jupiter)

- Key learning/recommendations from serious incident investigations reported this month:

<table>
<thead>
<tr>
<th>Falls investigations</th>
<th>A review of the falls care plan and risk assessment tool and process is underway to ensure a comprehensive guide and record keeping method.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reiterate importance of good communication and documentation to ensure all staff are aware of falls risks.</td>
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<td></td>
<td>Implement daily falls assessment checks</td>
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<td></td>
<td>Awareness training to include SAFE tool training sessions for all staff, to be delivered by the falls avoidance link nurses with support of falls service team.</td>
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<tr>
<td></td>
<td>Documentation of decisions made with regards to best possible placement on the ward.</td>
</tr>
</tbody>
</table>

### South West SHA Quality and Patient Safety Improvement Programme

**Critical Care** – Excellent progress has been made in maintaining 100% compliance of VTE risk assessments on admission to critical care for the 3rd consecutive month.

5 months of data has now been recorded for a Ventilated Acquired Pneumonia (VAP) rate.
Peri-operative Team - Have increased compliance in peri-operative normothermia patients by identifying at what stage they become cold between leaving the ward and recovery then use various methods for warming.

We hope to see a further increase in compliance upon the introduction of the traffic light system to help identify patients who are at risk of becoming cold throughout the operation.

Leadership Team - Have successfully completed 8 walk rounds with positive feedback and learning to improve the process.

NHSLA Risk Management Standards

- A meeting is being arranged for the NHSLA Head of Risk Management to visit the Trust to agree/assess Level for acute and maternity post acquisition.
- All executive leads have been sent a copy of their criteria risk items.

4. Mortality

The Trusts HSMR for September has been updated by Dr Foster to 90.6 compared to a regional average of 82.1. Provisional data for October shows a local HSMR of 88.9 (Table 1).

The Trusts average HSMR for April to October (still provisional) is 86.6. This shows the Trust is currently 8th best in the region (Table 2).

Table 1 - Hospital Mortality following Dr Foster rebasing

Table 2 - HSMR Comparative date – SW region
Table 3 summarises the five SMRs. Performance in the first seven months of the current year is considerably improved on the previous financial year.

<table>
<thead>
<tr>
<th>Diagnosis group</th>
<th>Spells</th>
<th>Super spells</th>
<th>% of all</th>
<th>Deaths</th>
<th>%</th>
<th>Expected</th>
<th>%</th>
<th>RR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL</td>
<td>1428</td>
<td>1403</td>
<td>100.00</td>
<td>212</td>
<td>15.10%</td>
<td>256.6</td>
<td>18.30%</td>
<td>82.6</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>493</td>
<td>490</td>
<td>34.90%</td>
<td>97</td>
<td>19.80%</td>
<td>115.9</td>
<td>23.70%</td>
<td>83.7</td>
</tr>
<tr>
<td>Acute cerebrovascular disease</td>
<td>341</td>
<td>325</td>
<td>23.20%</td>
<td>65</td>
<td>20.00%</td>
<td>70.8</td>
<td>21.80%</td>
<td>91.9</td>
</tr>
<tr>
<td>Fracture of neck of femur (hip)</td>
<td>258</td>
<td>255</td>
<td>18.20%</td>
<td>14</td>
<td>5.50%</td>
<td>24.1</td>
<td>9.50%</td>
<td>58</td>
</tr>
<tr>
<td>Acute myocardial infarction</td>
<td>169</td>
<td>169</td>
<td>12.00%</td>
<td>18</td>
<td>10.70%</td>
<td>18.4</td>
<td>10.90%</td>
<td>97.6</td>
</tr>
<tr>
<td>Congestive heart failure, nonhypertensive</td>
<td>167</td>
<td>164</td>
<td>11.70%</td>
<td>18</td>
<td>11.00%</td>
<td>27.4</td>
<td>16.70%</td>
<td>65.8</td>
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</tbody>
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5. Infection Prevention and Control (IP&C)

MRSA Bacteraemia
- There were 2 Acute Trust apportioned MRSA bacteraemias reported during December attributed to ICU.
- The total hospital apportioned MRSA bacteraemias is therefore 2 against the locally agreed target with the PCT of no more than 5 in 2010/11.
- There was 1 Non-Acute Trust apportioned MRSA bacteraemia during December. There have therefore been 5 Non-Acute Trust apportioned cases reported this financial year. These will be included in all calculations by the Health Protection Agency to identify cases per bed days etc, but will not count against the locally agreed target with the PCT or Monitor.
• The quarterly rate for the Trust for all cases (including non-Acute Trust apportioned cases) was 0.43 per 10,000 bed days during July to September, which is higher than both the national (0.42) and regional (0.38) rates.

Table 4

<table>
<thead>
<tr>
<th>Month</th>
<th>Hospital Attributed Cases</th>
<th>Community Attributed Cases</th>
<th>Hospital Attributed Cumulative Number 2010-11</th>
<th>Hospital Attributed Trajectory</th>
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<tbody>
<tr>
<td>Apr</td>
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Table 4 demonstrates the actual MRSA bacteraemias reported this financial year against the Trust’s locally agreed trajectory.

Hospital Apportioned *Clostridium difficile* Infections

There were 3 Acute Trust apportioned cases of *Clostridium difficile* during December (Jupiter, Meldon and Woodpecker Wards), Table 5.

The cumulative total is 33 against the agreed indicator with the PCT to report no more than 69 hospital acquired infections in 2010/11. The Trust is therefore 18.75 cases under trajectory.

The unvalidated quarterly count for October to December 2010 is 10.

Table 5

<table>
<thead>
<tr>
<th>Month</th>
<th>Actuats 2008/09</th>
<th>Actuats 2009/10</th>
<th>Actuats 2010/11</th>
<th>Trajectory 2010-11</th>
</tr>
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<tbody>
<tr>
<td>April</td>
<td></td>
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<tr>
<td>May</td>
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<td>March</td>
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</tbody>
</table>
Community Summary

- There were 3 Non-Acute Trust apportioned cases of *Clostridium difficile* reported during December.
- 2 patients were admitted to the Trust for less than 4 days.
- 1 patient was not admitted and their sample was sent from a Swindon GP.
- The cumulative total is therefore 39 cases (26 attributed to NHS Swindon, 7 attributed to Wiltshire (and 6 other)).

IP&C - Mortalities

- There were no deaths with MRSA bacteraemia mentioned on Part 1 of the death certificate during December 2010 – the cumulative number for 2010/11 is 0 for the Trust.
- There were no deaths reported with *Clostridium difficile* on Part 1 of the death certificate during December. The cumulative number for 2010/11 is 4.

Outbreak Reports

- There was 1 ward closure during December affecting Saturn Ward resulting in the ward remaining closed for 11 days in total.

Extended Surveillance

- It is now a mandatory requirement for hospitals to monitor infections of Meticillin Sensitive Staphylococcus Aureus (MSSA) instances of which have been rising in recent years. To date the HPA have not advised whether apportionment will be implemented.
- The Trust has voluntarily reported MSSA since June 2010 (Table 6).

Table 6

<table>
<thead>
<tr>
<th>MSSA 2010</th>
</tr>
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<tbody>
<tr>
<td>8</td>
</tr>
<tr>
<td>7</td>
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<tr>
<td>6</td>
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<td>5</td>
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<td>4</td>
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<tr>
<td>3</td>
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<tr>
<td>2</td>
</tr>
<tr>
<td>1</td>
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<tr>
<td>0</td>
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</tbody>
</table>

Table 7 below demonstrates the numbers of E. coli bacteraemias detected this financial year. This is monitored on a voluntary basis.
Table 7

Actual Numbers of E. coli bacteraemia 2010-11.
C – Clinical Effectiveness (CA&E)

NICE Clinical Reporting

All publications have been disseminated to relevant directorates in accordance with the Trust’s dissemination policy and responses have been received.

311 responses (96%) have indicated that 142 of the publications are relevant to the Trust, of which, full compliance is assured with 129 guidance’s. There are 9 guidance’s that are currently being implemented using actions plans and are within time frame to become embedded into clinical practice. There are 2 guidance’s that, are being implemented using action plans, although they are out of time frame. There are 2 new drugs which are currently being discussed for implementation.

There are no exceptions to report. This reflects the Trusts Compliance rate of 100%.

Dr Foster Red Bells

New Alerts-

The “Red Bell” alerts outlined below are the reports from 3 & 12 months alert summary updated by Dr Foster in Jan 2011.

Length of Stay-Diagnosis:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Spells</th>
<th>Long LoS</th>
<th>%</th>
<th>Expected</th>
<th>%</th>
<th>Relative Risk</th>
<th>Low</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short gestation, low birth weight, and fetal growth retardation</td>
<td>41</td>
<td>25</td>
<td>61%</td>
<td>8.6</td>
<td>20.9%</td>
<td>291.4</td>
<td>188.5</td>
<td>430.1</td>
</tr>
</tbody>
</table>

Other outstanding investigations outlined in the previous meetings are underway and progressing well.

**Actions Include**-These alerts/areas will be investigated to identify any issues in management of patients, focussing on areas where local practice is at variance with the national picture. The outcomes will be presented at the next Patient Safety & Quality Committee.

**CQC Outliers**

1. **CQC outlier for ‘Emergency Maternal Re-admissions’ at GWH Case note review**

On 27th October 2010 the Chief Executive of The Great Western Hospitals received a letter from Care Quality Commission (CQC) stating the trust was an outlier for the number of Emergency Maternal re-admissions compared to the expected rate of re-admission for this group of patients. This analysis was undertaken on patients who were admitted during 2008. The CQC asked for a case note review to be carried out to identify areas for improvement and to explain the reason for the deviation beyond normal.
Results:
Analysis demonstrated that 31% of patients were attendees and not admissions. This suggests that the process for recording this accurately needs to be improved.

The review suggests that no women were discharged from the hospital too soon.

The number of postnatal contacts responded to the women’s individual needs as appropriate.

No themes emerged to suggest the Trust has issues concerning postnatal care.

Areas for improvement:
- Coding of patient attendances.
- Re-visit discharge information to see if enough emphasis is placed on seeking care from the GP rather than the hospital.

Dr Foster alert summary still suggests that this remains an issue. This will be investigated to identify any issues in management of patients/coding focussing on areas where local practice is at variance with the national picture.

2. CQC Dr Foster Mortality outlier for ‘Acute and Unspecified Renal Failure’

Review is underway to identify areas for improvement and explain the reason for deviation beyond apparent raised mortality in patients admitted with Acute and Unspecified Renal Failure at the GWH NHS Foundation Trust.

Results will be sent to CQC by 18th Jan and will be reported at the next committee meeting.

Progress with 2010/11 Clinical Audit and Effectiveness Plan

Out of 447 audits on the Trust wide audit plan, 122 are planned to be undertaken. 197/325 are progressing. 87 Clinical Audit Projects on the plan have led to change in clinical practice.
29 audits have provided assurance of compliance with standards and reports and (58/87-67%) have shown partial/non-compliance with the standards.

The audit results are shared with all relevant colleagues and any changes required as a result of an audit are implemented where necessary/possible and an action plan is devised after conducting gap analysis to ensure this happens. The action plans for partial/non-compliant audits will be monitored by the clinical leads prior to re-auditing.

The Trust has received an invite to participate in the following National Audits:
- National Audit of Services for People with Multiple Sclerosis-2011 (RCP)
- National Health Promotion in Hospitals-Re-Audit-2011 (Stockport NHS Trust)
- National Care of the Dying Audit-3rd Round-2011 (RCP)

The leads have been identified for participation in these audits.

Exception reports on the following outlined National audits reports (published recently) will be reported to PS & Q Committee with action plans from the recommendations.
- NOGCA
- BAUS
- NHFD
- BR Database
- National Cancer Survey
- National Audits from College of Emergency Medicine

**NCEPOD (National Confidential Enquiries into Patient Outcomes and Deaths)**

The trust is currently participating in the following NCEPOD studies –

**Cardiac Arrest**
All initial data has been collected and submitted. Requests for clinician questionnaires and case note extracts is due to commence in February 2011.

**Peri-op Care**
Data submission is still ongoing.

**Surgery in Children**
The trust has participated in the organisational questionnaire. We do not have any eligible patients that meet the criteria required for this study.
An Age Old Problem- Elective and emergency surgery in the elderly
The published report has now been received and will be disseminated accordingly.

Acute Kidney Injury- Written report provided by Dr Malcolm Watters (Critical Care Team)
The trust is compliant with the recommendations made by NCEPOD. Further Clinical Audits are underway incorporating criteria from NCEPOD and Society of Acute Medicine.

Caring to the End – Presentation-Dr Beverly Lee (Consultant in Palliative Care Medicine)
Trust compliance with this NCEPOD recommendation were presented with action plan to achieve full compliance.

Further plan includes monitoring of actions through End of Life Strategy Group.

Parenteral Nutrition-Presentation-Jade Dobson- Dietitian
Trust compliance with this NCEPOD recommendations were presented with action plan to achieve full compliance.

The Trust did not participate for this study; however a local audit is now being undertaken following the published report and the recommendations. The results of the audit and progress through action plan implementation will be presented in April 2011.

NCEPOD have confirmed the next study to be undertaken in 2011 will be for Bariatric Surgery.

All the above mentioned studies are closely monitored by the local NCEPOD reporters based in the Clinical Audit Department, throughout the different stages of the study. Action plans from the recommendations are monitored via the Patient Safety & Quality Committee. The trust has recently appointed an NCEPOD Ambassador, who will provide clinical input and support to the NCEPOD reporters.

Trust Participation for NCEPOD studies throughout 2010/2011 remains at 100%.

Emergency readmissions within 14 and 28 days
The 28 days & 14 days admission rates remain higher than expected.
Readmission Audit in General Medicine is underway based on readmissions in Sep 2010. The results will be presented to the committee in Mar/Apr and monitored via the Length of Stay work stream.
D – Regulation

Safeguarding Children and Adults

The prevention of abuse of vulnerable adults and children is a collective responsibility for everyone in society, and agencies, professionals, organisations, voluntary groups and independent services hold particular responsibility to the delivery of safe, effective services, to ensure that these individuals are protected, and the prevention and early detection of abuse is facilitated so that appropriate action is taken.

Dedicated leads are in place across Children and Adults services and Great Western Hospitals NHS Foundation Trust (GWH) link in with Swindon and Wiltshire’s Local Safeguarding Boards for Adults and Children. Education and Training packages are in place to support new starters and the current established workforce. Access to material is through Training Tracker, Trust Induction, Workbooks and local ward/unit delivery. GWH continues to support Swindon and Wiltshire plans in delivering vulnerable adults and safeguarding children training and education. Domestic Violence, Stalking and Honour Based Violence training for Midwives is currently being planned.

A dedicated Vulnerable Adults Intranet Page has been established for quick and easy access for GWH staff. Plans are in place to set up a dedicated child protection/safeguarding site on the intranet for staff information.

Internal monitoring is in place regarding vulnerable adult referrals, management and the decision making process. Annual peer review is undertaken in Children Services. An external audit was undertaken during 2010 and the outcome is that the Board can take adequate assurance that the processes, procedures and systems in place are effective.

There is work on-going regarding safe transition of both Adults and Childrens services from Wiltshire Community Health Services to GWH.