Welcome to Learning into Practice.

In this issue we focus on the learning we have taken from claims, incidents and patient experience. We also feature updates on local and national audits and learning from serious incidents.

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Local and National Audits

During 2018/19 East Cheshire NHS Trust has taken part in a range of National audits and undertaking local speciality audits.

There has been significant learning through the audit process which is driving change and improvement in clinical practice. Some examples include:

• National Emergency Laparotomy Audit – the trust achieved 89.6% in comparison to the national target of 82%. This was achieved by patients undergoing emergency surgery within appropriate time frames higher than the national average.

• National Lung Cancer Audit – reported an achievement of 92.4% which is above the national target of 80%. The trust has specialist lung cancer nurses in post which have demonstrated a positive improvement in patient care and assessment.

• Leaflets are being developed to signpost patients and families to local networks and charities in order to support the transition from children to adult therapy services

• The introduction of surgery listing forms in Ophthalmology has reduced waiting list times

For further information on the 2018/19 audits please visit the clinical effectiveness page on our Intranet. http://nw.eastcheshire.nhs.uk/clinicaleffectiveness/201819audit/default.aspx

Freedom to Speak Up

If you have any concerns which you wish to raise with the Freedom to Speak up guardian can be reported by using the 'Freedom to Speak up' icon within the Zenworks window.
Serious Incidents

An 8 month old baby had been unwell for a few days with vomiting and diarrhoea.

The parents brought the baby to the Emergency department (ED). The baby deteriorated whilst in the ED and was transferred to the resuscitation room.

The Paediatric team attended and attempted cannulation twice, both attempts were unsuccessful due to dehydration.

An intraosseous needle was inserted in order to administer fluids as per Advanced Paediatric Life Support guidelines. As rapid infusion of fluids via this route can be painful, and the child was conscious, Lidocaine was administered as pain relief. An overdose of Lidocaine was given causing a seizure and cardiac arrest.

The baby was successfully resuscitated and following a period of care in a tertiary centre, he was discharged home with no impact in terms of his developmental stage.

Actions in response to learning:

• All emergency department nurses to be trained in the Paediatric early warning score.
• All children to have access to rehydration fluids whilst in the waiting room.
• Trust policy to be updated to describe administration checking responsibilities and to outline the legal and professional responsibilities relating to safe prescribing and administration of medicines.
• Learning around the volumes of Lidocaine required in paediatric patients has been shared with the Advanced Life Support Group who have actioned this within their teaching material nationwide.

Research Team

The patient recruitment figures onto clinical research trials for 2018/19 surpassed the target agreed by the Greater Manchester Clinical Research Network and achieved 138.3%. As a result additional funding has been provided to enable new ways of working and the subsequent development of the Integrated Research team. This team is currently recruiting to clinical trials in Cardiology, Gastroenterology and Rheumatology and builds on the cancer and paediatric research which has been undertaken in the trust for many years.

The Integrated research team will provide the trust with greater scope to offer a wider portfolio of trials to patients and potential life changing treatments. To raise the profile of the research activity within the trust the research teams will be representing the organisation at the Greater Manchester Clinical Research Network International Clinical trials week. However to achieve a greater understanding about what a clinical trial involves and what it can mean to the potential participant and researcher, there will be an event hosted in the Waterhouse meeting room on Monday 20th May between 10 and 1pm and in the front reception from 10-2pm.
COMPLAINTS

There were 33 complaints and 395 proactive PALS contacts with patients and/or relatives from January to March 2019. The majority of complaints relate to ‘coordination of medical treatment’ and ‘unsatisfactory nursing care’. In the cases of coordination, complaints are usually due to a number of issues with no specific underlying themes. For unsatisfactory nursing care complaints have been shared with matrons.

The PALS outreach service comments include noise at night, night time ward moves and TV access amongst other general queries.

LEARNING OUTCOMES

Complaints are to be shared as part of the training sessions with junior doctors and a specific audit is to undertaken in ED regarding documentation by clinical and nursing staff to meet required standards.

Specialists palliative care nurses visit patients and carers regularly, where appropriate where a patient is nearing their end of life.

Staff are reminded to familiarise themselves with trust policy to improve incidents of poor staff performance.

Appointments letters and patient leaflets are to be revised where appropriate to provide extra patient information around sedation.

INCIDENTS

A total of 1,755 incidents occurred from January to March 2019. The highest incident categories include tissue viability incidents, slips trips and falls and medication incidents.

There is a high reporting rate of incidents as East Cheshire NHS Trust which is indicative of a healthy safety culture, within the organisation. The profile of incidents reported, resulted in a high level of no harm and near miss incidents and low levels of harm incidents. NHS England has provided an analysis of National Reporting and Learning Systems (NRLS) and this has indicated that fewer patients are being harmed as a result of incidents and staff are preventing more incidents occurring.

LEARNING OUTCOMES

Where incidents were avoidable the following learning has been identified:

Standardisation of the documentation used to document the care of peripheral cannulae would assist clinical staff to maintain documentation in one place. This may initially be on hard copies which are more accessible in real time for staff than Vital Pac.

Delays in vital sign recording, contemporaneous documentation and the commencement of IV fluids have been attributed to increased workloads. High acuity workload demands are to be escalated to the Senior Nurse on duty in order to source additional support/staffing where possible.

There are gaps in nursing documentation when assessing a patient’s skin integrity or documenting the care provided. Documentation for all wounds should be completed alongside appropriate assessment and care planning.

CLAIMS

Between January and March 2019 there were six new clinical negligence claims which were evenly spread across departments. There are no emerging trends in the types of clinical negligence claims being received.

Three ex-gratia payments were made totalling £1,313.50. Two claims related to lost or damaged property and one claim for private counselling.

LEARNING AND PREVENTION

Personal property such as spectacles, dentures and hearing aids are often retained by patients in hospital – including those patients who might lack the mental capacity either temporarily or permanently to take care of their property.

Such items are important to the patient. When this type of property is lost/damaged, it can cause great distress to the patient – also significant cost to the trust. For example did you know that a pair of miniaturised hearing aids may cost around £3,000 to replace?

Meetings with ward managers will be taking place to establish improvements in relation to property management and prevent losses.

PATIENT EXPERIENCE

The trust’s Patient Experience Strategy 2017-2020 aims to ensure that all patients, their families, carers and visitors have a positive experience.

SURVEY OUTCOMES

The inpatient surgery (304 respondents) reflected the winter pressures but reported positive improvements in:

- Having enough privacy when being examined
- Treated with dignity and respect
- Care and compassion

The outpatient survey (radiology 52 respondents) found the following improvements:

- Feeling involved in decisions about care and treatment
- Being treated with dignity and respect
- Having enough privacy when discussing treatment
- Being treated with care and compassion
The feedback below was provided by the Patient Experience team and relates to feedback from the end of the year.

“Very pleased with my whole experience from checking in, the Dr’s and nurses, during the procedure and aftercare. Can’t fault anything”

Patient
ETU

“I found the ward convivial, the food was good and staff friendly, efficient”

Inpatient
Ward 7

“Staff from the ward clerk, housekeeper, healthcare assistants, to staff nurses have provided exceptional individual care protecting dignity and respect”

Inpatient
Ward 3

“The radiographer was really nice, she told me what to do and when and made me feel relaxed. I was not kept waiting long. Very good experience”

Outpatient
Radiology

Excellence in Practice

Excellence reporting is accessible for all staff to report good practice and innovation. Acute and Integrated Care are the highest reporting directorate. Twenty seven excellences reports have been received to end of March 2019. There has been evidence of compassion, leadership and working together for patients.

The following excellence reports demonstrate the expected trust values and behaviours:

• A patient letter was received by the Acute Adult Therapies highlighting that the patient was only able to go through the experience and now enjoy life without restrictions due to the training, background and calm manner of the physiotherapist carrying out the treatment.

• A paediatric doctor reviewed patients in the Emergency department which ensured children were seen promptly when there was already a long delay. This improved patient flow for paediatric patients and reduced the impact on the emergency department.

• A cardiology patient’s wife complimented a staff member on their professional manner which gave the patient confidence in the care he was receiving.

• Due to a sudden deterioration of child’s condition the paediatrician acted promptly to save the child’s life and continued to be supportive to the family throughout the situation. She stayed beyond her contractual hours to support her colleagues and the family.

Compliments

At the end of the 2018/19 there were 8,679 compliments received.

★ In the Emergency department a patient was very pleased with her care and was delighted she was seen promptly

★ Obstetrics and Gynaecology the staff were kind and attentive and the surroundings were outstanding

★ General surgery received a star rating of 5 for staff being friendly and efficient, kind and genuinely caring

★ Breast surgery had a rating of 5 stars for a kind and efficient service during a difficult time for the patient and her husband.

Cleaning in Progress

Please observe a wet floor sign whilst cleaning is in progress. Reports to the risk management team have indicated that staff continue to walk on wet floors despite appropriate signage. Please take notice of wet floor signs and don’t put yourself at risk of slips, trips and falls.