Nursing Quality & Accountability
Ward to board assurance
putting systems and processes in place

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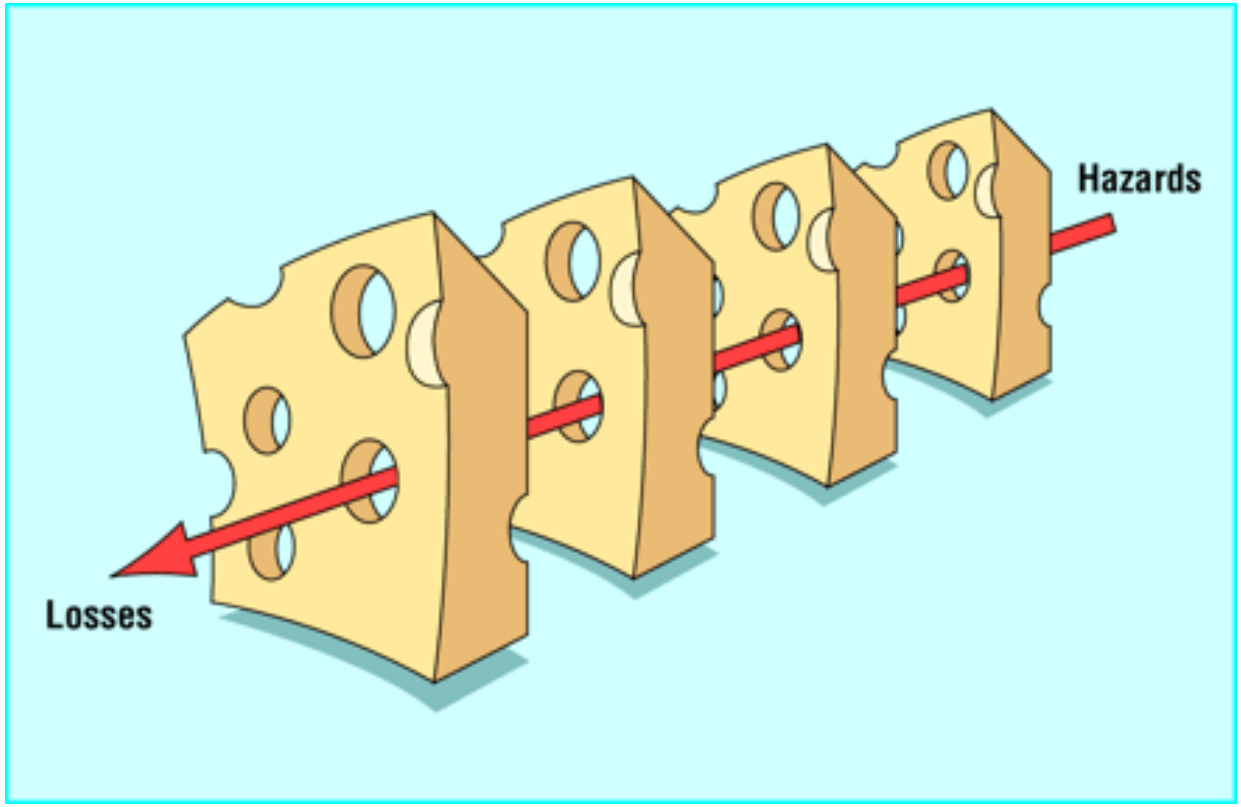
St George's Healthcare NHS trust

No system or process is perfect

The Swiss Cheese Model



James Reason

Will I be protected from healthcare-associated infections and avoidable accidents?

How will my clinical procedure be carried out?

What will its result be?

What about my quality of life after treatment?

What will my experience of the NHS be like?

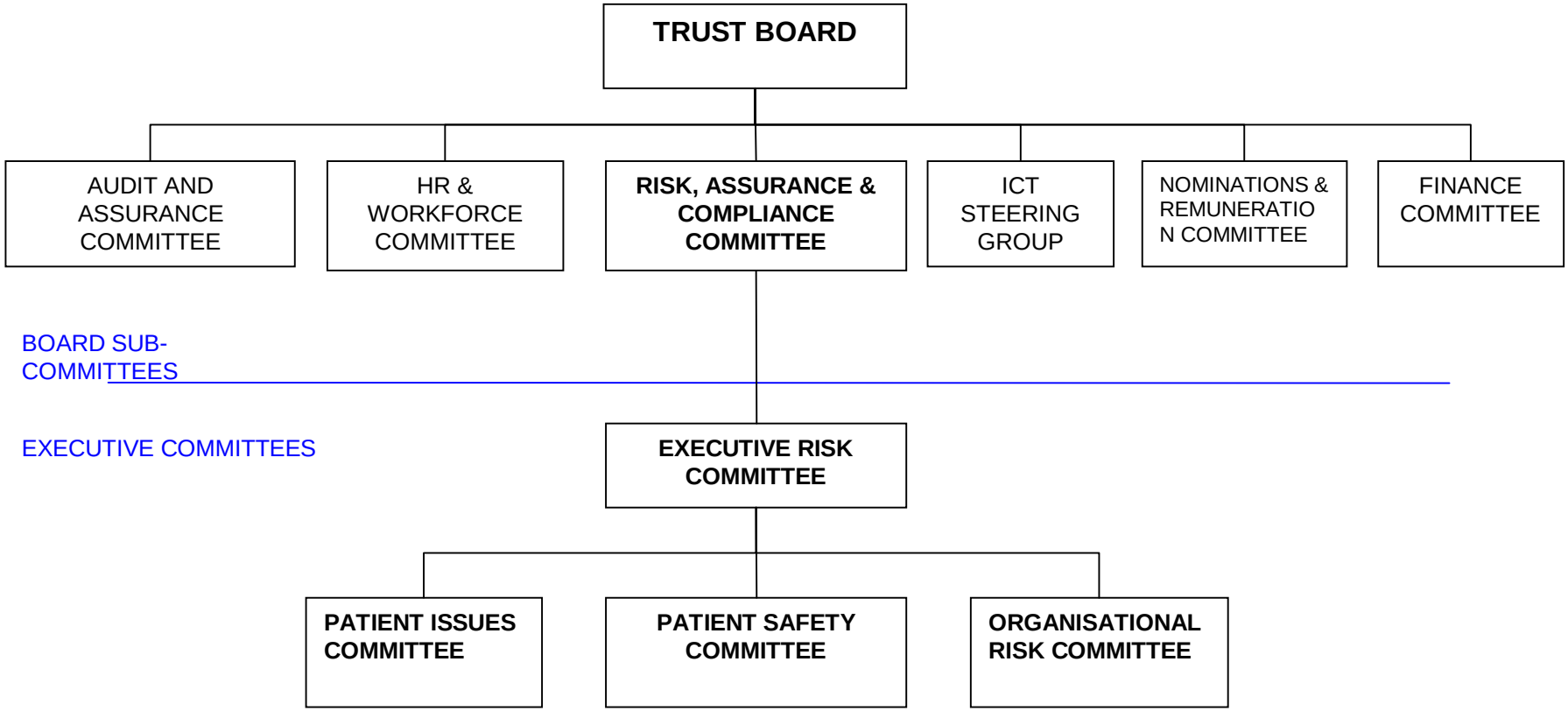
Will I be treated with compassion, dignity and respect in a clean, safe and well-managed environment?

Quality Governance

It is the responsibility of the board to create a culture within an organisation that enables clinicians + clinical teams to work at their best and to have arrangements in place for measuring + monitoring quality and for escalating issues included, where needed to the board.

The Trust's Governance Framework

Committee structure (Board and Executive committees – governance)



There are a lot of layers

Nursing Scorecard Overview

Location/Ward/Department name:

Ref	Indicator	Numertor / Denominator	Source of information	Guidance notes	Benchmark	Apr-11	May-11	Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12
1	Patient Experience	Compliments (number of)	Click here to send an e-mail to the Complaints Team	Monthly sent information to complaints office for collation	Number											
		Complaints (number of)	Click here to send an e-mail to the Complaints Team	Compare Monthly and Trend	Number											
		PALS contacts	Click here to send an e-mail to the PALS	Compare Monthly and Trend	Number											
		Number of patients with completed MUST out of 10	Snapshot local audit	Not applicable in Maternity services. Sample size to be 10 patients per ward	100%											
2	Infection Control	MRSA bacteraemias	Infection control		0											
		MRSA Acquisitions	Infection control		0											
		C Diff	Infection control		0											
		Hand hygiene	Local audit		95%											
		Saving Lives Audit 1 Name	Audit Folder	Audit for that month completed	N/A											
		Audit 1 Completed?			Yes / No / N/A											
		Audit 1 Score			Score											
		Saving Lives Audit 2 Name	Audit Folder	Audit for that month completed	N/A											
		Audit 2 Completed?			Yes / No / N/A											
		Audit 2 Score			Score											
		Saving Lives Audit 3 Name	Audit Folder	Audit for that month completed	N/A											
		Audit 3 Completed?			Yes / No / N/A											
		Audit 3 Score			Score											
		Monthly cleaning auditaudit	Cleaning Contractors		95%											
		Urinary catheters in situ <28 days	Catheter Audit		Number											
		Urinary catheters in situ >29 days	Catheter Audit		Number											
3	Incident Reporting	Drug errors	DATIX/PIES board	Locally set benchmark	Number											
		Falls	DATIX/PIES board	Locally set benchmark	Number											
		Pressure ulcers on admission grade 3/4	DATIX/weekly audit	Locally set benchmark	Number											
		Pressure ulcers acquired grade 3/4	DATIX/weekly audit	Locally set benchmark	0											

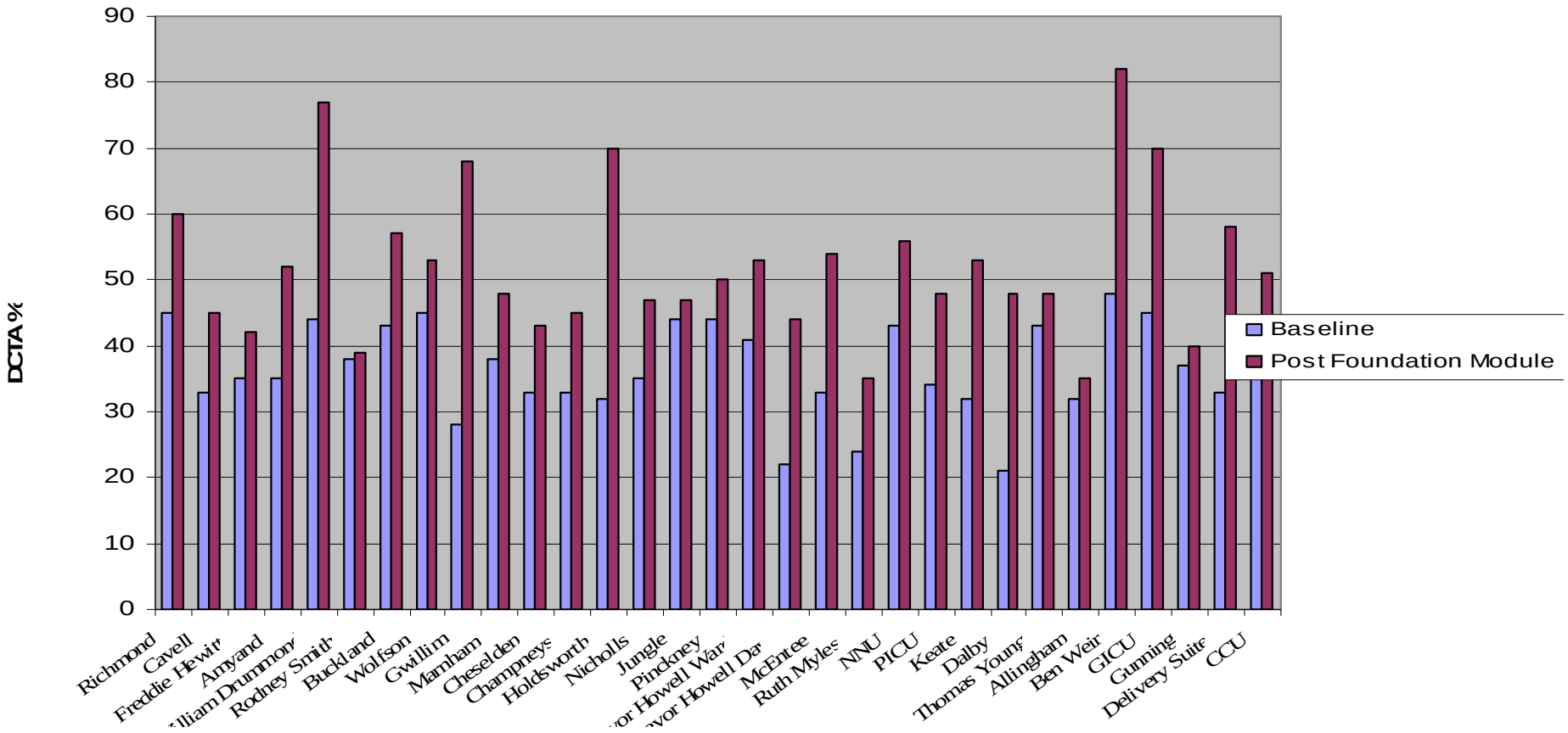
Summary | April 2011 | May 2011 | June 2011 | July 2011 | August 2011 | September 2011 | October 2011 | November 2011 | December 2011 | January 2012 | February 2012

Action plans

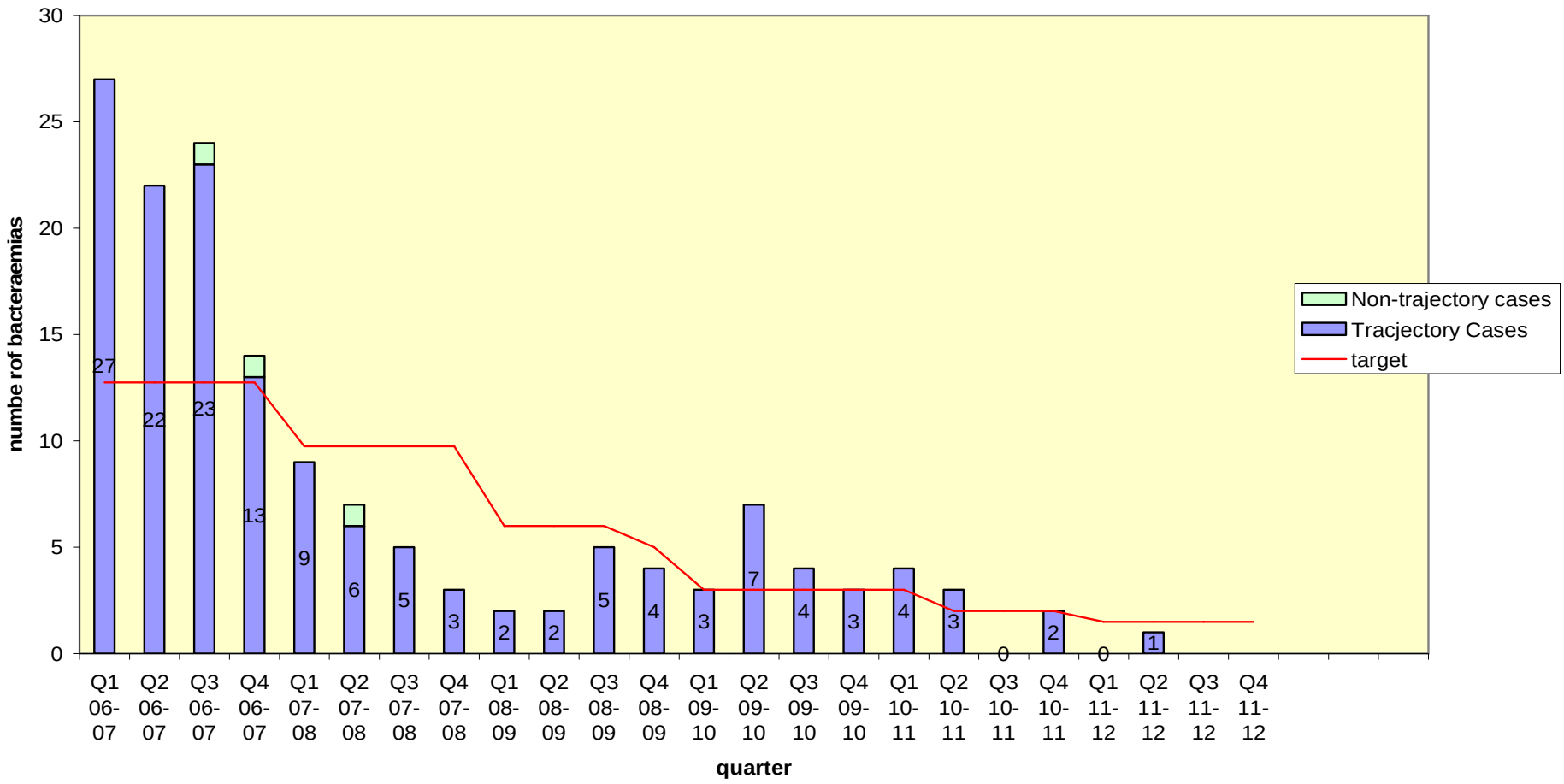
Ref	Indicator	Numertor / Denominator	Apr-10	Comments
				Action Plan
1	Patient Experience	Compliments		
		Complaints (number of)		
		PALS contacts		
		Number of patients with completed MUST		
2	Infection Control	MRSA		
		C Diff		
		Hand hygiene		
		Saving lives		
		monthly cleaning audit		
		urinary catheters in situ < 28 days		
		urinary catheters in situ > 28 days		

Summary | April 2011 | May 2011 | June 2011 | July 2011 | August 2011 | September 2011 | October 2011 | November 2011 | December 2011 | January 2012 | Februa

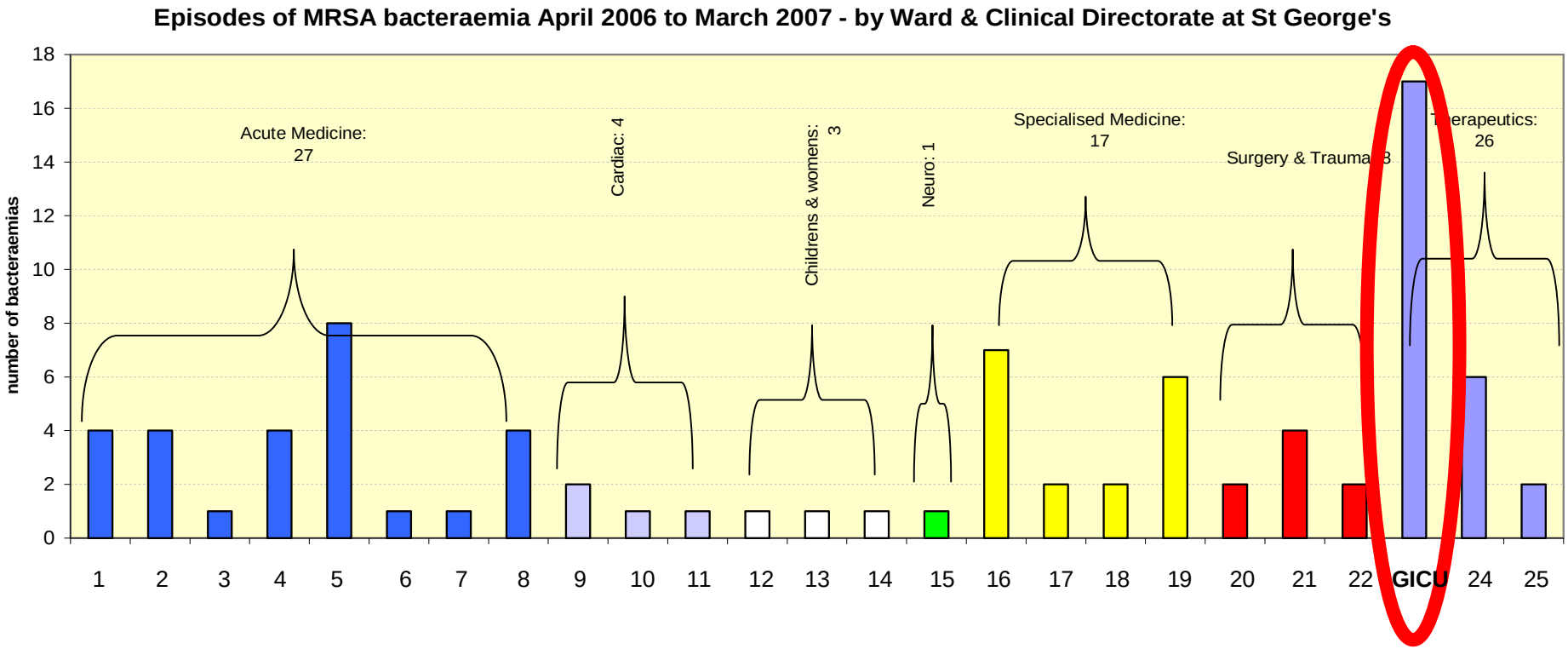
PRODUCTIVE WARD



MRSA bacteraemias by quarter at St George's Hospital at 1st October 2011

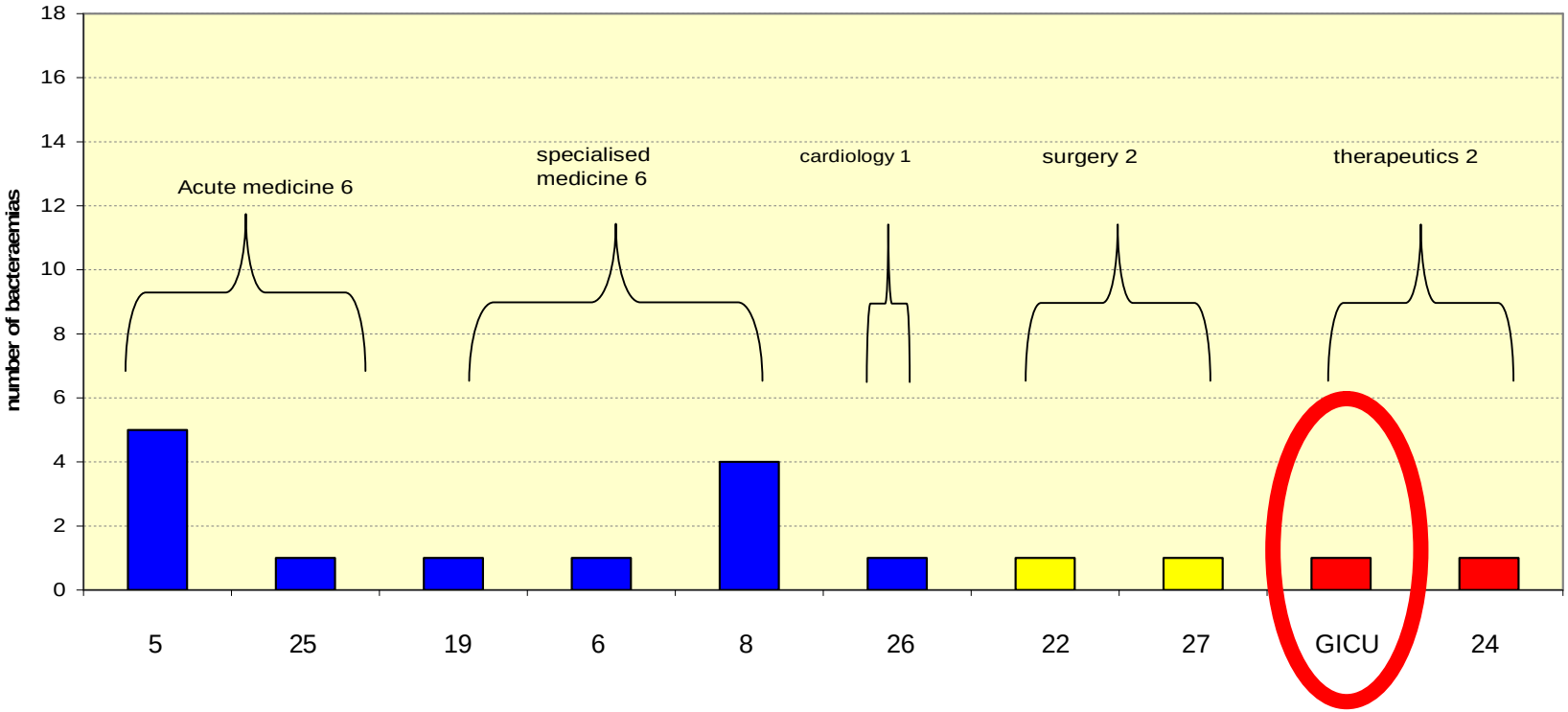


MRSA Bacteraemia by Ward 2006 - 2007



MRSA Bacteraemia by Ward 2009 - 2010

FIGURE 3. **MRSA bacteraemia by ward and directorate at St George's Hospital 2009-10**

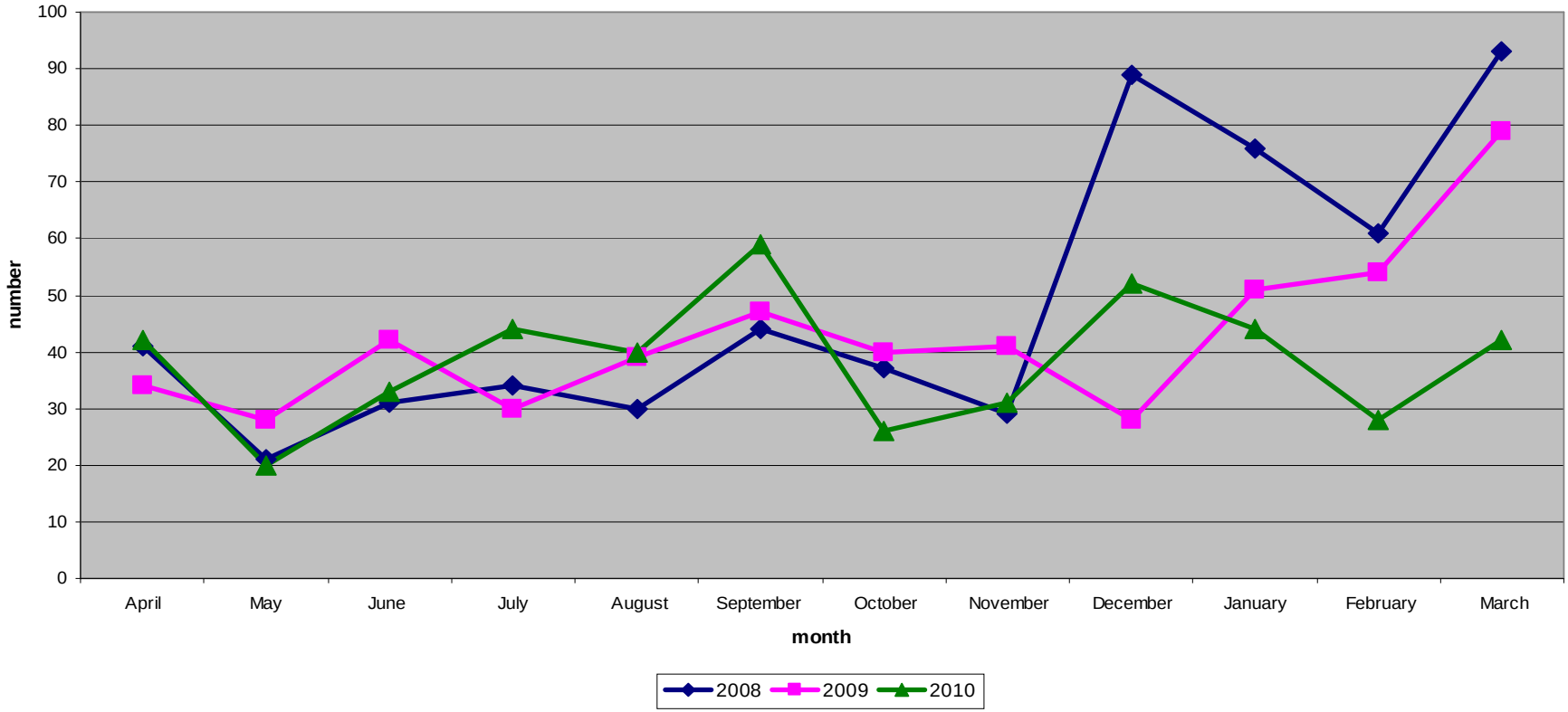


Staff Matter

- Safe recruitment
- Nurse induction
- Preceptorship
- Raising concerns
- Leadership
- Staff survey

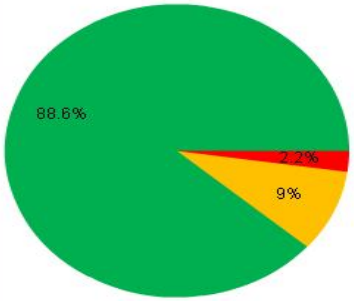
Safe Staffing Levels

Number of occasions on which unsafe staffing reported April 2008 - March 2011



Real-time patient feedback
Responses per day / week / month

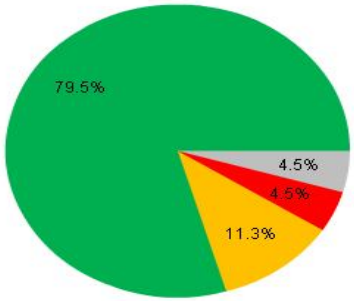
Were you as involved as much as you wanted to be in decisions about your care and treatment?



93.1%

Answer	Total
Yes definitely	39
Yes to some extent	4
No	1

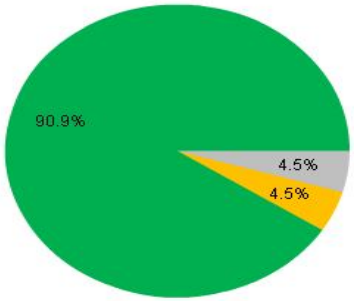
Did you find someone on the hospital staff to talk about your worries and fears?



89.2%

Answer	Total
Yes definitely	35
Yes to some extent	5
No	2
I had no worries or fears	2

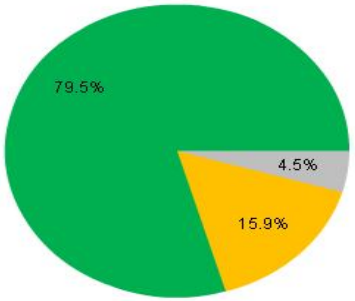
Do you think the hospital staff did everything they could to help control your pain?



97.6%

Answer	Total
Yes definitely	40
Yes to some extent	2
I haven't had any pain	2

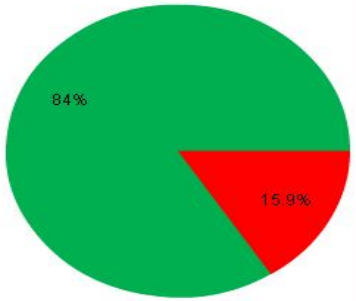
If you've received any medication have you been told about any possible side effects?



94.5%

Answer	Total
Yes completely	35
Yes to some extent	7
I haven't been given any	2

Were you bothered by noise at night from hospital staff?



84%

Answer	Total
No	37
Yes	7

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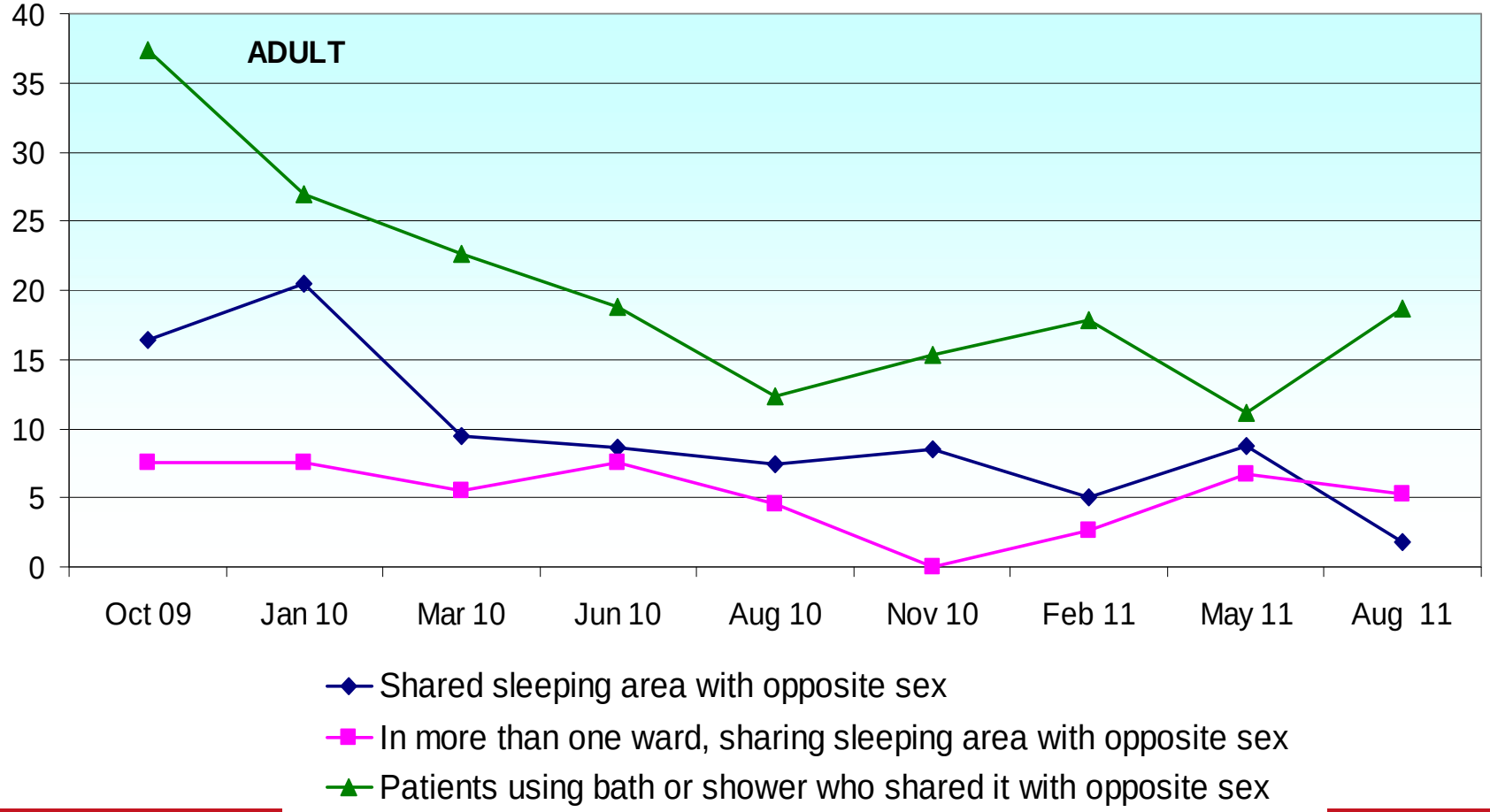
Eliminating Mixed Sex Accomodation



The role of the Director of Nursing

- Quality report
- Patient stories
- Monthly walkabout with chair
- Work closely with the quality champion (non-executive director)
- Ring-fenced clinical time

Key Messages

- Don't be complacent – never stop looking
- External assurance is important but not the whole picture
- Take action – use the information that is collected
- Close the accountability loop

Key Message continued

- Use context to lever change
- Focus efforts – prioritise
- Be open – when things go wrong
- Learn lessons – become a learning organisation
- Make friends with your clinical audit team

Thank you