

Report Title	Safety Plan Update.		
Sponsoring Executive	Paula Gardner – Chief Nurse		
Report Author	Helen Cope – Interim Associate Chief Nurse Debbie Talbot – Associate Chief Nurse		
Meeting	Trust Board (Public)	Date	5 March 2020

1. Suggested discussion points *[two or three issues you consider the Committee should focus on]*

Post Unity we now has sight of the 24hour and 48hour position of the checks contained within the safety plan.

Missed checks are shown by ward and by check with a click through into the specific patient(s) where the checks have not been completed. This provides a capability to take swift corrective action and provides a platform to re-launch the focussed effort towards 100% compliance at 48hours by the end of March.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	X	Public Health Plan		People Plan & Education Plan	
Quality Plan		Research and Development		Estates Plan	
Financial Plan		Digital Plan	X	Other <i>[specify in the paper]</i>	

3. Previous consideration *[where has this paper been previously discussed?]*

Quality and Safety Committee February 2020

4. Recommendation(s)

The Board is asked to:

- a. **ACKNOWLEDGE** the work being done to recover the Safety Plan position
- b. **SUPPORT** the regular reporting to Quality and Safety Committee on this topic.

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		n/a				
Board Assurance Framework		n/a				
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 5th March 2020

Safety Plan Update

1. Introduction

- 1.1 In 2016 we launched the Quality and Safety Plans. These plans are two important documents which set out ambitious goals and confirm the safety standards which are in place for every patient, all of the time. Within the safety plan we have promised to provide safe and compassionate care, because we will complete our ten out of ten safety checklist for every patient within 24 hours. This has been an integral part of the clinical work for the past 4 years.
- 1.2 Since the introduction of Unity some areas of the checklist have been superseded and other matrices have been included to create a 'one version of the truth' data set. Those additional matrices are from the consistency of care work stream and are a key contributor in ensuring patient safety. Care rounding continues to require some refinement in the data feed due to the individual nature of patient care needs.

2 Current Position

- 2.1 Back in July and August 2019 (prior to Unity goLive) the trust compliance with the standards was 97.65% in July and 99.62% in August. Compliance with these standards has significantly reduced; current compliance is 45.44%
- 2.2 Ward Managers and Matrons are able to view the compliance with the standards in real time using the PI explorer function. Using this tool and understanding the reports is being supported by the Informatics Matron who is facilitating in-depth training on its usage. It is positive to note that this additional training is at the request of the Ward Managers, demonstrating their commitment to ensuring the reporting reflects the outstanding care given. This training has highlighted areas of circumnavigation of a process which has resulted in incorrect results being reported. Anecdotally it has been reported that there has been a subsequent reduction in this.
- 2.3 To support with understanding of the reports a daily retrospective report has been created. This report allows for the Group Director of Nursing (GDoN) and the Chief Nurse to have oversight of any gaps which may have occurred. It continues to be the responsibility of the ward team to continually have oversight of the standards and ensure that they are achieved. This report has been built to currently deliver information at ward level only.
- 2.4 Working with the performance and improvement team, a combined group and corporate level collective data has been built and set to go live March 1st. Annex A is a sample of this report. The GDoN's, Associate and Chief Nurse routinely undertake ward visits where the safety plan standards are reviewed with the ward team in 'real time'. This

report will allow for the recognition of missed checks at 24 hours and at 48 hours, supporting the management team to ensure all checks are completed no later than 48 hours. This report is designed to show combined ward level data, and trust level data. The report also demonstrates which areas of compliance require an enhanced focus to support rapid compliance. During March all ward managers and matrons will be focusing on missed checks which link to incomplete tasks. Any area seen to be having missed checks at 24 and 48 hrs will be reviewed by the GDON and patient specific changes instructed via the Chief Nurse.

- 2.5** An additional summary report has been created which allows for extraction of information based on a specific time period.

3 Next Steps

- 3.1** Through March these data feeds will be used and a report provided to Q&S on any individual patients who are not compliant within 48 hours. This is to be a key focus of each ward with the support of the GDoN, Associate and Chief Nurse. Any problems identified will be escalated to the Chief Nurse to prevent non-compliance at 48 hours. There is to be an initial key focus on the falls standard and care plan and the checking of medicines on admission.
- 3.2** Work is to continue to overcome the challenges of the data collection challenges of the paediatric safety standards. These are being worked through with the paediatric team. It is anticipated that there will be a paediatric report available in April 2020 for ratification.

4 Recommendations

The Trust Board is asked to:

- (a) ACKNOWLEDGE work being done to recover the Safety Plan position and the focussed effort that will be deployed throughout March.
- (b) SUPPORT the regular reporting to Quality and Safety Committee on this topic.

Helen Cope
Interim Associate Chief Nurse

Debbie Talbot
Associate Chief Nurse

27th February 2020

Annex A: Sample combined group and corporate level data report

Annex A - Sample combined group and corporate level data report.

Real time data contained in report as of Thursday 27th February 2020.

Trust compliance in the last 48 hrs

	Falls	Falls Plan Initiated	MUST	MECC	Home Meds	MentalCapacityAssessment	MCA Vulnerable	MRSA Screen	Nurse Rounding	Pain Assessment	Positive Patient identification	Pressure Ulcer	Skin Assessment	TDD	Vital Signs Adult	VTE	Trust
Missed Checks	192	277	214	140	304	200	200	198	159	84	223	143	162	218	13	241	2968
Check Done	124	39	102	176	12	116	116	118	157	232	93	173	154	98	303	75	2088
Total Required	316	316	316	316	316	316	316	316	316	316	316	316	316	316	316	316	5056
Compliance	39.24%	12.34%	32.28%	55.70%	3.80%	36.71%	36.71%	37.34%	49.68%	73.42%	29.43%	54.75%	48.73%	31.01%	95.89%	23.73%	41.30%