



Health Scrutiny Panel

7 November 2013

Report Title	The Royal Wolverhampton NHS Trust Quality Accounts 2012 – 13 - Older People	
Classification	Public	
Cabinet Member with Lead Responsibility	Councillor Sandra Samuels Cabinet Member for Health and Well Being	
Wards Affected	All	
Accountable Strategic Director	Sarah Norman, Community	
Originating service	The Royal Wolverhampton NHS Trust	
Accountable officer(s)	Cheryl Etches Tel Email	Chief Nursing Officer 01902 695950 gayle.nightingale@nhs.net

Recommendation(s) for action or decision:

The Panel is recommended to:

1. Comment on progress made to improve the quality of care for older people – a key area for improvement in the Quality Accounts 2012-13

1.0 Purpose

1.1 The purpose of this report is to update the Scrutiny Panel on one of the key priority areas for the Trust – Care of the Older Person

2.0 Background

2.1 The population of Wolverhampton will change over the next 20 years with older age groups making up the a bigger proportion of the population for example the office for national statistics suggests by 2028 over 70s will comprise 36.5% of the city's population.

We know that the elderly use more health care services than any other group so it is essential that care is designed appropriately for our biggest service user.

3.0 What we set out to achieve

3.1 Care of the elderly encompasses a wide range of essential care standards that helps us to focus on keeping older people safe both in hospital and when being cared for at home therefore the trust has concentrated on four key areas as detailed below.

Falls	To reduce the number of patient falls resulting in serious harm to less than 10 in 2012/13
Pressure Ulcers	To reduce the number of health care acquired pressure ulcers both in the hospital and community settings
Nutrition	No patient unintentionally loses weight whilst in our care
Preventing Infections	Reducing the number of device related infections and patients who test positive for Clostridium Difficile

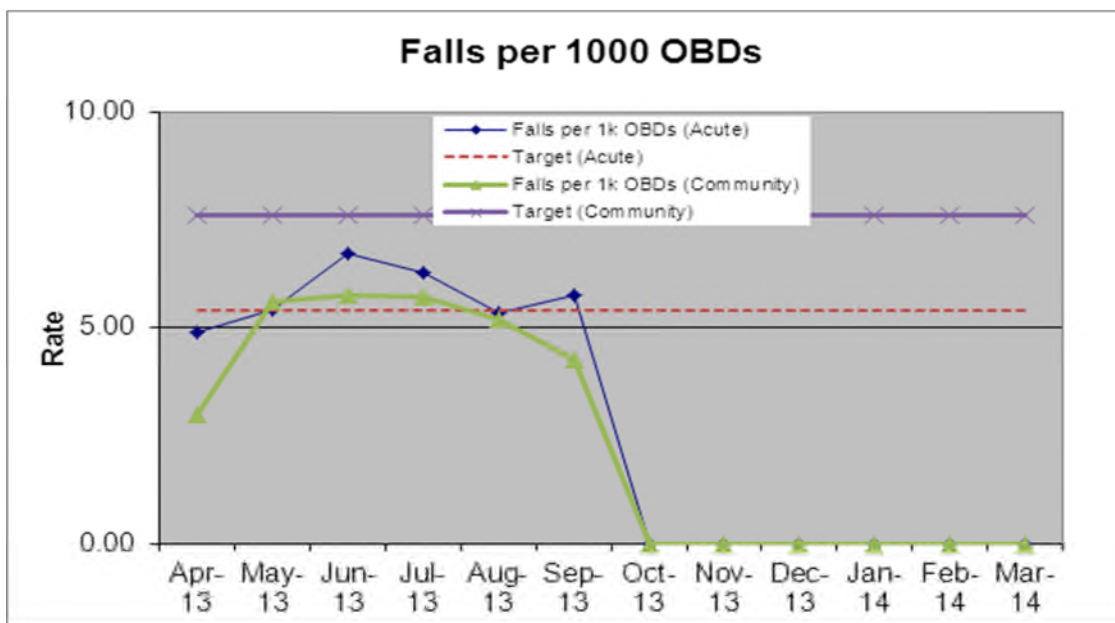
4.0 Key Achievements 2012/13

4.1 Falls

We have reduced the number of patients who fall by 20% and the number of unwitnessed falls has reduced to 23% which is a marked improvement of last year's figure of 40%

- Actions that have contributed to this reduction include.
- Ensuring that patients are risk assessed for falls within 6 hours of admission.
- The introduction of a falls care bundle.

- Changes to the ward environment that has allowed nurses to spend more time at the bedside.



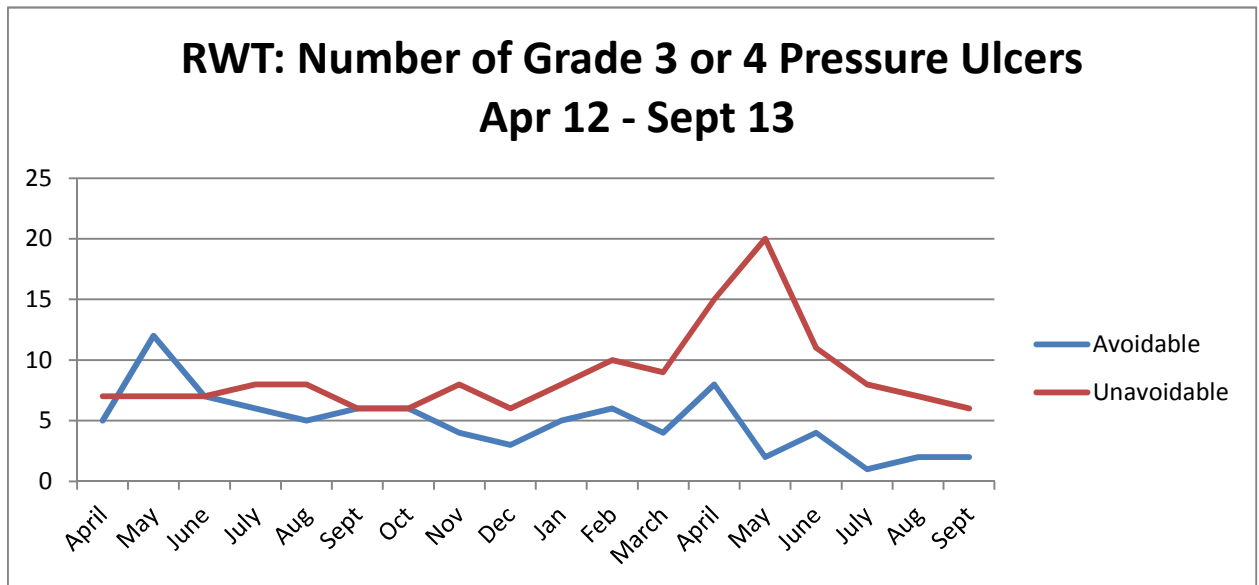
4.2 Pressure Ulcers

In 2011/12 there were 732 pressure ulcers and in 2012/13 there were 973.

It is highlighted that reporting systems year on year are quite different and so the two figures are not comparable and there has been an increase in activity.

The Trust is focused on reducing avoidable pressure ulcers and risk assessment and preventative processes are firmly embedded across the organisation. These include

- An accountability framework to hold matrons and ward managers to account when an avoidable pressure ulcer is identified.
- A dedicated tissue viability nurse working in the Acute Medical and Emergency Department resulting in risks being identified at the very start of the patient's hospital journey.
- Education and awareness programmes have facilitated earlier detection of skin damage which is now being successfully reported.
- The practice of comfort rounds is well established in the Trusts in patient areas.
- Easier access to pressure relieving equipment.
- Increased use of telemedicine, digital cameras.
- Implementation of an early warning system in community aimed at identifying patients with early pressure damage resulting in the teams ideas and actions being recognised by the Midlands and East Strategic Health Authority and winning them the most inspirational team award.



4.3 Nutrition

It has proved to be challenging to measure and achieve no unintentional weight loss given the variables involved in each patients care however in 2012/13 we have built on our previous work.

- We have met our target of 95% of hospital patients undergoing nutrition risk screening on admission and plans are in place to improve our % of rescreening with a target of 100% being set.
- All wards continue to operate a protected meal time policy and work is ongoing to audit compliance with pre – operative fasting.
- Artificial feeding – guidelines have been updated and training packages reviewed.

4.4 Infection Prevention

Specific achievements against last year’s objectives include

- Establishment of an Intravenous Resource Team.
- Additional electronic training packages.
- Development and initiation of plans to reduce the use of urinary catheters and chronic wounds.

- The set up and delivery of an Outpatient Parenteral Antibiotic Therapy (OPAT) Service to enable the monitoring and safe care of patients requiring long term antibiotic therapy that can be given in the community rather than hospital.

4.5 Working Closely With Our Partners

“If we are to meet the challenges ahead we must work collaboratively to revolutionise the way we organise and deliver care”

Royal College of Physicians 2012.

The Trust hosted an event to provide an opportunity for individuals from different organisations to meet and consider the older person’s experience across the whole health and social care system and identify a long term vision that will provide sustainable and effective services for the elderly population of Wolverhampton in both the acute and community setting.

In November 2012 representatives from Clinical Commissioning Groups, Local Authority, West Midlands Ambulance Service, the voluntary sector, Trust staff and Shadow Governors, came together and recognised both the need and desire for all agencies across the social and health economy to work more closely together.

It was agreed to develop a strategy that encompassed the themes identified throughout the stakeholder event and establish a programme board that will provide the strategic oversight for the Care of Older People programmes across the Trust.

- Person centred care
- The involvement of carers and family
- Effective collaborative working
- Development of intermediate care
- Safe hospital Care kindness and a respectful attitude
- Education training and innovation

5.0. Key Objectives for 2013/14

In November 2011 the Trust launched the Creating Best Practice programme, a programme that has looked at all the activities that take place on a ward during the night and daytime and made changes to ensure that the patient always comes first.

The programme continues during 2013/14 and includes prevention of falls and pressure damage, infection prevention and nutrition within its 11 work streams.

5.1 Falls – Plans for 2013/14

- To continue to identify measures which help reduce the incidence of falls and to work towards all wards introducing the practice of nurses based in bays.
- To reduce the number of patients falls resulting in serious patient harm to less than 15 in 2013/14.

5.2 Pressure Ulcers – Plans for 2013/14

- The Trust will continue to document evidence of fundamental elements of care which support pressure ulcer prevention.
- The Trust will evaluate early findings of early intervention within the Acute Medical and Emergency.
- Introduce a public campaign highlighting the need to “stop the pressure “for patients at home aimed at formal and informal carers.
- Continue formal education and training for all nursing home staff to reduce the risks of nursing home acquired pressure ulcers.

5.3 Nutrition – Plans for 2013/14

- To meet our target of 100% for re screening and care planning.
- Artificial feeding – to introduce mandatory training for Drs who join the trust.
- A new hospital menu will be launched in 2013/14 and all dishes will have undergone nutritional analysis.

5.4 Infection Prevention – Plans for 2013/14

- The implementation of an annual programme of infection prevention working towards 9 strategic aims focusing on surgical site infection, emerging infections, use of devices and investigation of new methods for treatment and control MRSA (meticillin-resistant staphylococcus aureus) and Clostridium Difficile.

5.5 Working closely with our partners – Plans for 2013/14

In addition to developing a draft strategy the Royal Wolverhampton NHS Trust began a process of collating existing projects / programmes of work that are either being planned or are in progress across the Trust and that underpin and can be aligned to the key objectives of the Care of Older People Programme.

CCG and Local authority colleagues were invited to contribute to this process with the clear objectives of

1. Providing an overarching directory of projects and schemes across the City.
2. Identify shared areas of interest and highlight opportunities to work together.

3. Providing a gap analysis against the programmes identified work streams.

This piece of work has clearly highlighted not only opportunities for colleagues across health and social care to work closely together but also the significant risk of duplication. in managing and reporting of projects through the established Local Authority's Older Peoples Partnership Board and the proposed RWT Older Peoples Programme Board.

Discussions are underway between the two organisations with a view to formulating an implementation plan for the strategies in the respective organisations and areas of joint working.

Background

23.5.13 Health Scrutiny Panel – The Royal Wolverhampton NHS Trust Quality Accounts/
Annual Report 2012/12