SIGN UP TO SAFETY CAMPAIGN

Q4 REPORT (JANUARY – MARCH 2017)

1.0 Participation in the campaign

Our Team

- *Jennifer Hollands joined the sign up to safety in January 2017 as the Local Safety Standard for invasive Procedures (LocSSIP's) Lead. Although this post is not funded as part of the original NHSLA bid the safety improvement work closely connects with both the consent and handover sign up to safety team.*
- *Candice Carstairs has now left her role as consent project lead, and Becky Smith has taken over this role*
- *We also welcomed Rachel Hitchman to our team in February. Rachel's role supports all the sign up to safety projects and the over aching aim to improve safety culture work.*

Communications

The Let's Talk 2 part podcast is now available online and focuses on what Victoria Murray our clinical handover lead has learnt over the first 2 years of the sign up to safety work, her experiences and how we can support other sign up to safety members in their safety improvement work

Part 1 – http://soundcloud.com/signuptosafety/lets-talk-part-1

Part 2 – http://soundcloud.com/signuptosafety/lets-talk-podcast-part-2

Vivienne Novis our perineal management project midwife has also recently written her second blog about 3rd/4th degree tears https://www.england.nhs.uk/signuptosafety/2017/01/04/vivienne-novis-2/

Although the 'Nudge' trial has ended the organisation is using 'Yammer' a social network for business which the sign up to safety team are utilising to help spread the topic of the week messages and advertise events such as National Kitchen Table Week and the Let's Talk 2017 conference.

Staff engagement

Sign up to Safety declared the week of the 27th March as the first National Kitchen Table Week. The aim of the kitchen table is to enable a different approach for hosting conversations, encouraging staff to talk about what they know about keeping patients and staff safe. It's an opportunity for people to stop for a few minutes and be listened to, to share their stories and experiences, enabling us to connect, learn and improve our practice and safety culture.

We want to promote a workplace environment where people are listened to and can talk openly and honestly, without judgement. Over the week we successfully ran our own Kitchen Table for staff across Frimley Health, at six different venues over four days.

The event was very exciting and great to be involved in. We were able to engage with a variety of staff and hear how they were feeling, their concerns and what makes them feel valued. The top overarching themes involved conversations around acknowledgement & recognition, morale & attitude, staffing & skill mix and feedback & support. Each theme had a mixture of both positive and negative comments.

Next Steps

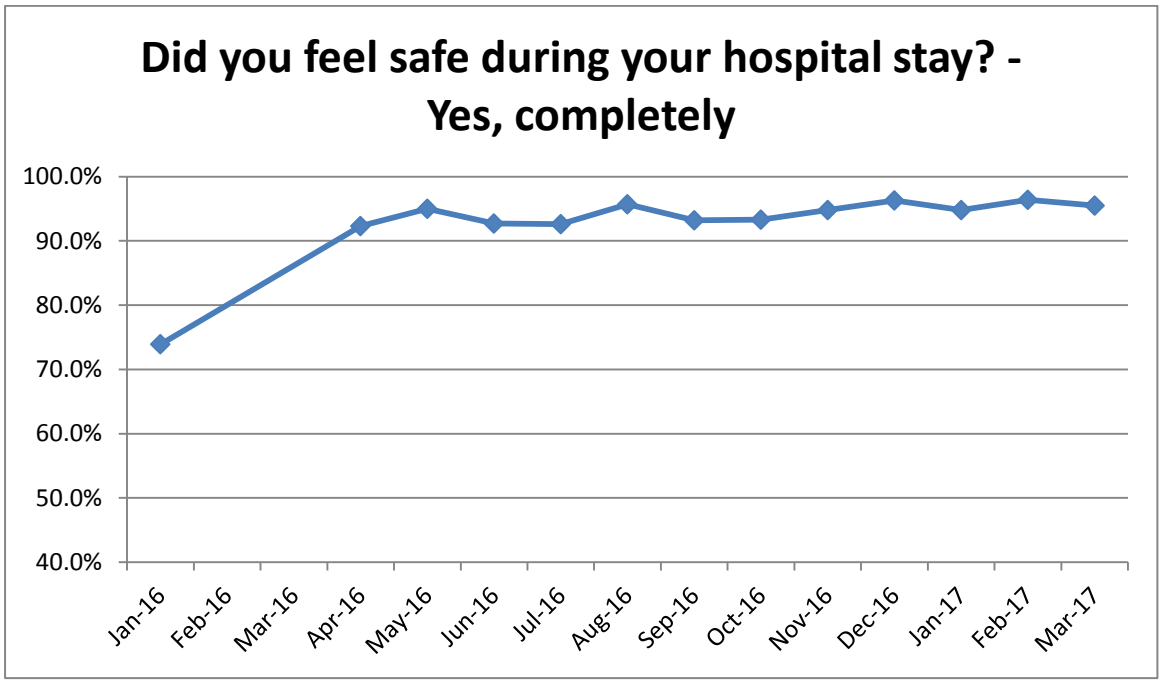
We are taking the opportunity to continue our kitchen tables at events throughout the year to use this platform to support staff having meaningful conversations where they can feel safe, cared for and listened to helping us build a stronger safety culture.

In April we plan to return the September-December 2016 personal safety pledges to staff along with a short thank you message and encourage staff to reflect and celebrate how they have progressed in achieving their safety pledges.

Public engagement

We continue to have a presence at local constituency events. The most recent evening was well attended and there were again positive comments from members of the public talking of their experience of our hospitals. The 'Top 10 Tips' banner and leaflets we well received, attendees felt it was useful to them as patients, relatives and carers to know what more they could be doing to stay safe in hospital.

Since January 2017 results have progressively improved from 73.9% to 96.4% in February 2017.



From April 2017 the in-patient survey will no longer include the question "did you feel safe during your hospital stay" this will be replaced with "*Did you feel threatened during your stay in hospital by other patients or visitors?"*

2.0 Collaboration

In February we hosted a handover sharing afternoon for South West London & St George's Mental Health Trust and Great Western Hospitals who had both asked for further information about Safety SBAR handover model and tips on improving their handovers. Instead of providing the usual

hospital tour and chat we instead ran a collaborative afternoon which was very well received by all and everyone went away with new ideas feeling very energised.

In March we were invited to visit Great Ormond Street hospital to enable us to share knowledge and experience around implementing Local Safety Standards for Invasive Procedures and the introduction of paediatric pregnancy testing for all invasive procedures. It was an invaluable morning allowing the collaboration of ideas and solutions to problems that had been seen in the alternative trusts. We left armed with new ideas and information and will be hosting a reciprocal visit from Great Ormond Street in May.

Next Steps

The Sign up to Safety team have organised at patient safety conference which will be held on the 18th May at Wexham Park PGMC. Tickets are free and can be booked through the eventbrite link https://www.eventbrite.co.uk/e/lets-talk-patient-safety-conference-tickets-32289404478 or by clicking on the QR code. The event is not only available to Frimley Health staff but also other local health care providers, students and sign up to safety members.

Let's Talk 2017 is a day focusing on the power of conversation to improve patient safety and will include presentations from HQIP and human factors specialists as well as Sign up to Safety project updates, a kitchen table, poster zone and well-being area. We are hoping that members of the national sign up to safety team will also be able to attend.

3.0 Clinical handover

Summary of planned actions

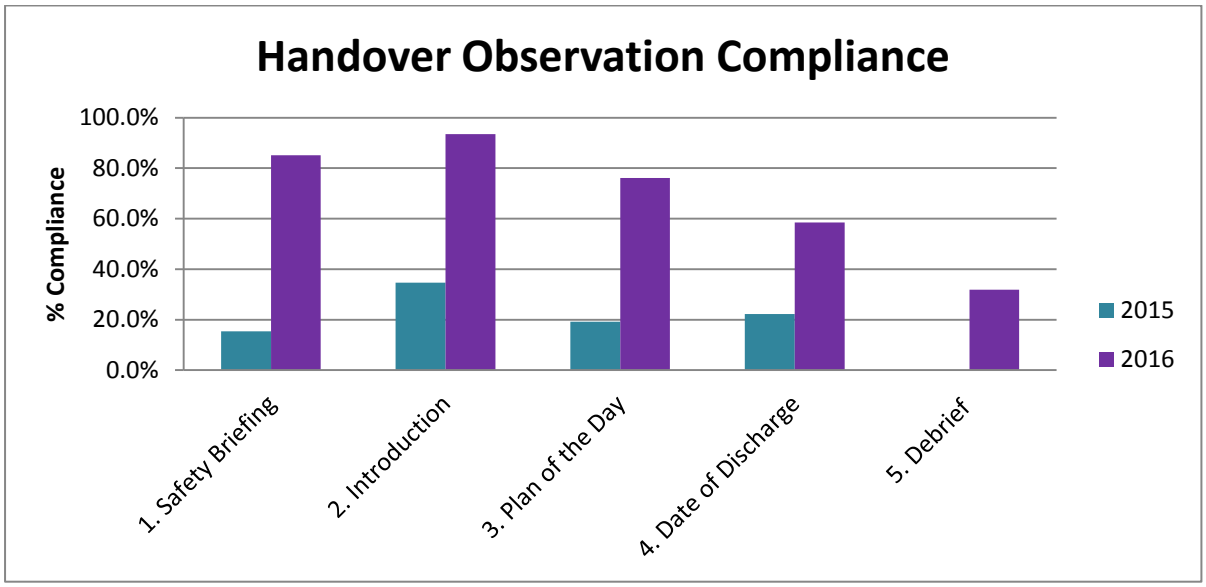
- ✓ Embed Safety briefings in remaining in-patients wards
- ✓ Support ward leaders in developing meaningful end of shift debriefs for their departments
- ✓ Create an internal transfer policy
- Further work on engagement and by-in from ICU for Hospital at Night meeting at Frimley Park

Update on Actions

Work continues with specific wards to develop their Safety SBAR handover. The focus is on local ownership and making change stick. This means that not all areas progress at the same speed, it is more important that the right change is made and staff understand why the change is beneficial to

themselves and their patients than it is achieved by a set deadline. The Sign up to Safety team are prioritising departments that have asked for assistance or have had a spike in patient safety events such as falls or pressure ulcers.

The handover observation audit which commenced in November has now been completed and the results show improvement across all the key measures



Routine handover observations are being carried out throughout the year by the Sign up to Safety to check that the improvements are sustained. Feedback will be provided to the nurse in charge at the time and ward leaders afterwards.

Little progress has been made with the hospital at night handover at Frimley Park but a visit is planned with Royal Surrey County Hospital (RSCH) to observe their whole hospital handover as multiple doctors given positive feedback about their experiences while working there on previous rotations. The chief registrar is also working with the critical care team to improve engagement.

Next Steps

- Focus on key wards/departments to support the complete implementation on Safety SBAR handover including satellite wards such as Bourne Ward at Farnham hospital.
- Present completed internal transfer policy to Nursing and Midwifery Board for ratification in May 2017
- Visit RSCH to observe hospital at night handover

- Develop a selection of Matrons and Senior Sisters to deliver handover training for preceptorship groups and Nurse in Charge master-classes as part of the long term sustainable solution to improve handover
- Support the IM&T and EDMS teams in selecting a unified electronic solution for specialist referrals including acceptable time limits and confirmation of transfer of care

4.0 Management of the perineum during labour

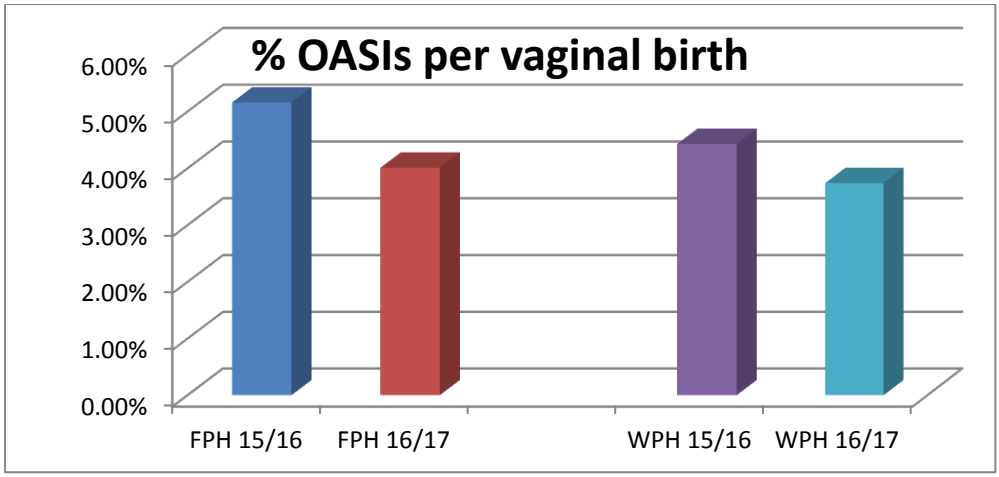
Summary of planned actions

- ✓ To improve care of the perineum at the time of childbirth with a focus on reducing the incidence of 3rd/4th degree tears
- ✓ To train midwifery, medical and student staff in management of the perineum in 2nd stage of labour
- ✓ To introduce specialist scissors for performing more accurate 60'episiotomy
- ✓ To develop patient literature
- ✓ To review/maintain associated guidelines
- ✓ To review associated complaints and claims
- ✓ To make national links and contacts

Update on actions

The main focus of the project remains at Wexham Park with on-going education and the implementation of the Episcissors-60. At Frimley Park the hands on practice and use of Episcissors-60 is now well embedded and we have not seen any detrimental effects from moving most of the sign up to safety recourses to Wexham Park.

Although the original post and funding was for Frimley Park Hospital and this work commences in September 2015 we are now able to see a marked reduction in percentage obstetric anal sphincter injuries (OASIs) across both our maternity units since the implementation of the Wexham phase of the project in May 2016. (All figures extracted from Euroking and CMIS data)



To improve the practice of the midwifery students we now have management of the perineum focused education slots with all university who send student midwives to Frimley Health including university of Surrey and University of West London.

The secondment post with the Royal College of Gynaecology/Royal College of Midwifery continues to go well with high profile events across the country promoting awareness and changes in practice for management of the perineum during childbirth.

Next steps

- Complete patient literature in relevant languages for WPH site
- Re-audit FPH site OASIS
- Continue teaching at both sited and all universities
- Continue roll out programme for RCOG/RCM

5.0 Consent

Summary of planned actions

✓ Trustwide Consent audit to be completed by end of January 2017. Results will be shared with the Quality Committee in April as a recommendation from a Never Event action plan. Recommendations to be shared with all specialties and actions implemented with specific target dates.

- Consent leads to collate learning from Never Events, claims and serious incidents to be presented at Clinical Governance meetings for high risk areas.

Update on actions

Trust wide consent audit complete. First draft of report in progress.

Following a review of never events, claims and serious incidents, five procedures for each phase will be identified, a combination of the most common and the high risk procedures. The information department have provided data to support identification of the procedures for phase one, Obs & Gynae in collaboration with Nick Elkington.

Phase One: Obs & Gyane Top 5 procedures, consent process' have been observed and documented and the Lower Segment Caesarean Section specific consent form has been reviewed and improvements identified. A further four Procedure specific consent forms for Gynaecological procedures are in draft, awaiting ratification and the accompanying patient information leaflets are being reviewed with the clinicians to ensure accurate and appropriate information is included and the new leaflets are in line with the patient information policy.

The existing consent policy is also being reviewed and reformatted.

Next steps

- Obs & Gynae Procedure specific consent forms to be ratified.
- Obs & Gynae Patient information leaflets to be ratified.
- Planning to commence for Phase Two: Orthopaedics.
    - Review claims and serious incidents for orthopaedics.
    - Meet with clinicians to identify top five procedures.
- Phase three speciality to be confirmed
- Work to commence with the EDMS team about safe practices for electronic consent documents

6.0 Local Safety Standards for Invasive Procedures (LocSSIPs)

Summary of planned actions

- ✓ *Vascular access and Haematology to commence collaborative design of LocSSIPs*
- ✓ *Radiology and theatres to present draft LocSSIPs at February 17 LocSSIP meeting*
- *Cardiology and Respiratory to have completed/ratified LocSSIPs by March 17*

Update on actions

Radiology and theatres presented their LocSSIPs at the February meeting, after multidisciplinary discussion suggested additions to the documents were made. These are to be acted upon and presented at the next LocSSIP meeting in April.

There have been some logistical difficulties concerning which team should be taking the lead for the vascular access LocSSIPs as they cross multiple specialities. This has been escalated to the LocSSIP clinical lead and the head of nursing and shall be discussed at the next implantation group meeting. Haematology now has a lead nurse undertaking their LocSSIPs. The procedures have been identified and the writing is underway.

Respiratory have identified a lead and a multidisciplinary discussion around a locSSIP for the insertion of chest drains has commenced. Cardiology are yet to identify a lead cross site.
Work is currently under way on LocSSIPs in the following areas:

- Haematology
- Vascular Access
- Intensive Care
- Maternity
- Paediatrics
- Neonates
- Emergency Department
- Resuscitation Team

Routine pregnancy testing of all females of child bearing age (11-55) undergoing invasive procedures to be introduced and standardised across all sites. This will ensure that there is no risk of unnecessary anaesthetic, surgical or radiological exposure to females in early stages of pregnancy. Routine testing on the day of procedure will enable females to ensure their pregnancy status before consenting to surgery. This will be rolled out cross site by end of May.

Intentionally retained product pathway in development to account for all items intentionally left within a patient for removal at a later date is be discussed at the nursing and midwifery board in April. This will ensure that there is standardised documentation and care of all products intentionally retained in our patients, including details for planned date and method of removal.

WHO checklist for theatres have been reduced and standardised cross site to be compliant with the LocSSIPs. The forms have been reduced from twelve on the Frimley site and 2 on the Wexham site to

3 standardised forms cross site. This is in line with the uniform workings of the safety checklist within theatres and to prevent the misuse of the previous surgery specific forms.

Next steps

Continue to develop the speciality LocSSIPs with the planned roll out with Paediatrics, Emergency Department and Intensive Care ready to present their LocSSIPs at the June meeting

Implementation of routine pregnancy testing cross site led by the heads of theatres in conjunction with the paediatric and pre-operative matrons, to be in place by the end of May

Bring intentionally retained product pathway to the nursing and midwifery board in April.

Roll out updated WHO forms by the end of April with a three month review date.