

Performance Exception Report

Indicator:

Number of falls - 50% reduction

Issue:

The number of falls has increased during year to date particularly on Cedar and Oak wards.

Proposed Actions:

The three ward managers from Oak, Cedar and Elm ward are leading a service improvement project to focus on reducing falls. This includes launching a "call dont fall" initiative. This includes increasing the amount of information we give to patients and their families regarding how they might help in reducing falls whilst in hospital. The DNS has discussed this with the clinical leads and explained that falls is not purely a nursing issue it is a multidisciplinary issue. It has been requested that medical teams review patients on clinical review that have fallen or could potentially fall (according to risk assessment). James McKeivith consultant has now become involved in the preventing falls working and is currently looking at medications, night sedation and discussing with consultant colleagues if there are any further interventions that we need to look at to prevent falls within the trust.

Assessing Improvement:

The service improvement project was further presented to the executive team on the 12th November 2014. The presentation from the ward managers highlighted the significant amount of work that is underway to educate and support patients and families in preventing falls. It was acknowledged that despite the increase in falls we are one of the best trusts in the incidence of falls that incur harm as the majority of the falls in LHCH are classified as no harm or minor harm. The emphasis on preventing falls continues with weekly meetings occurring with Ward Managers, ADNS and the Governance & Safety Lead. Meeting to be arranged between Dr McKeivith and Helen Martin to discuss any further actions/involvement to be taken by medical staff. Call dont fall campaign in evidence on wards with bedside leaflets, posters and warning triangles being utilised. Fall alarms being trialled on Elm Ward.

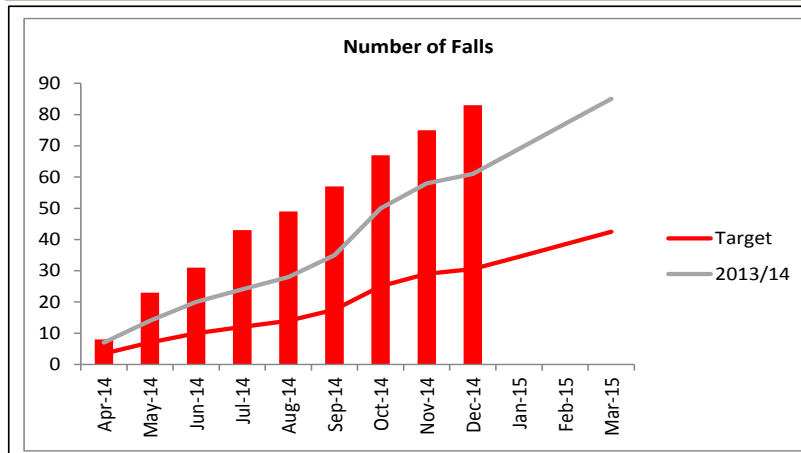
Expected Date of Performance Delivery:

2014- 2015

Rating	Target	Actual	Period
Red	31	83	14/15 YTD

PERFORMANCE

Historic Data:



Impact:

Increased numbers of falls can lead to harm for patients. All falls year to date have been mainly no harm with a small number relating to minor harm. The psychological impact of a fall on a patient is not measured but must also be considered. Falls that do incur harm can lead to increased length of stay for patients and impact on their general health.

Falls are monitored through our quality contract with commissioners and is one of our priorities set out in the quality account.

Executive Lead:

Sue Pemberton

Performance Exception Report

Indicator:

Number of in-hospital deaths - 4% reduction

Issue:

IN MONTH ABOVE TARGET -
December 2013 14 deaths
December 2014 20 deaths compared to target of 13
On review of the 20 deaths the findings are
CCA 14. Cedar 2, Birch 2, CIM 2

CCA – 11 Post-operative surgical patient's renal, respiratory, multi-organ failure-sudden deterioration – ceilings of care and DNAR applied
2 PCI patients ventilated not suitable for surgery
1 patient for optimisation became palliative

Cedar Ward 2 Palliative care patients
Birch Ward 2 Palliative care patients
CCU 1 PCI ventilated patient DNAR to be with family on CCU
1 PCI palliative care patient

Proposed Actions:

None -there was a high number of palliative care patients within the number of total deaths. we will continue to review all deaths as part of the mortality review process

Assessing Improvement:

Monitor learning and outcomes from mortality review process

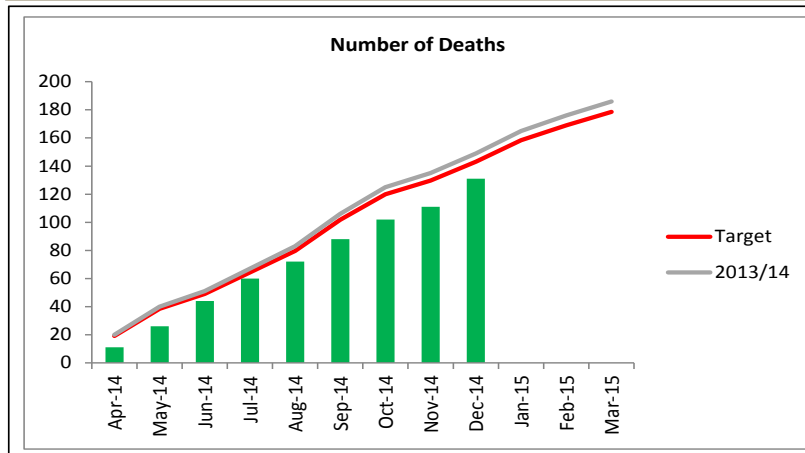
Expected Date of Performance Delivery:

On going

Rating	Target	Actual	Period
Red	13	20	Dec-14

PERFORMANCE

Historic Data:



Impact:

The trust has a robust process for reviewing all deaths.

Executive Lead:

Sue Pemberton

Performance Exception Report

Indicator:

Friends and family test response rate

Issue:

IN MONTH BELOW TARGET - December 2014 29% response rate compared to 37% target (rated red). YTD is 36% so 1% behind 37% target (rated amber).

The Trust response rate = $177 / 606 = 29\%$

It will be rated as red.

Year to date is rated as amber as we're 1% lower than expected by this point in the year.

Only Amanda hit the target this month (>40%). the numbers are directly related to the numbers of discharges, therefore we need to rely on big numbers from Birch Ward to get our Trust rate above 40%. work is ongoing with the ward manager in Birch ward to ensure that we reach the specified target.

We have also had problems with the Broad Green Wi-Fi and suggests we need (with IT support) to review the set-up of the I-Pads which is not uniform across the Wards. The same profile should be adopted by all wards and this should mitigate against issues with the Broad Green Wi-Fi.

Proposed Actions:

In order for Birch ward to drive forward our friends and family target. On each shift the Nurse in charge will allocate a 'friends and family' champion who will be responsible for ensuring that ALL patient discharges are offered the patient survey to complete. That person can then mark off on the board which patients have had the survey. Keeping a record of who has been given the survey is important as it should ensure no-one is missed out. Even if a patient refuses to do the survey, this can also be recorded as it appears they haven't been doing this to date be recorded

Assessing Improvement:

This will be assessed weekly by ADNS patient and family experience

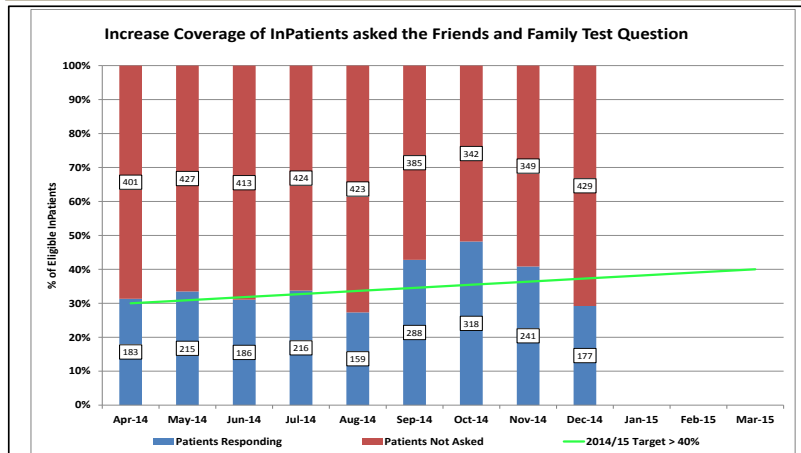
Expected Date of Performance Delivery:

Jan 2014

Rating	Target	Actual	Period
Red	37%	29%	Dec-14

PERFORMANCE

Historic Data:



Impact:

We will be able to assess the impact on a weekly basis. Each ward will receive an update position. We expect to be back on target in January.

Executive Lead:

Sue Pemberton