

15 December 2015

Board Nurse Director

**Healthcare Improvement Scotland Report: Older People in Acute Care Unannounced Inspection. Queen Elizabeth University Hospital and Langlands Hospital (7-11 September 2015)**

[http://www.healthcareimprovementscotland.org/our\\_work/inspecting\\_and\\_regulating\\_care/opah\\_greater\\_glasgow\\_and\\_clyde/qeuh\\_dec\\_15.aspx](http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/opah_greater_glasgow_and_clyde/qeuh_dec_15.aspx)

**1. Recommendation**

Board members are asked to:

- 1.1. Note the contents of the HIS report:
- 1.2. Note the improvements and actions taken
- 1.3. Agree an update report on Older People's Care come to the Board in 6 months

**2. Background**

Health Improvement Scotland (HIS) carried out an unannounced inspection to Queen Elizabeth University Hospital (QEUH) from Monday 7 to Friday 11 September 2015.

They visited 8 wards in the QEUH and 5 wards in the Langlands unit.

The inspectors spoke to 43 patients, received 84 completed questionnaires and reviewed 63 sets of notes.

The inspection process focused on the three national quality ambitions for person-centred, safe and effective care. The inspectors also looked at outcomes relating to one or more of the following areas:

- treating people with compassion, dignity and respect
- screening and initial assessment
- person-centred care planning
- safe and effective care
- managing the return home, and
- leadership and accountability

### 3. Summary

The inspectors noted a numbers of areas of good practice:

- The hospital having many of the dementia friendly design principles throughout the hospital
- The improvement work being undertaken supported by the Falls Co-ordinator

The Inspectors identified 18 areas for improvement around assessments being completed timeously, accurately and fully and around early referral to the Tissue Viability Service.

The inspection report focussed much of its attention on the Langlands Unit and in particular wards 56 and 57 where they had specific concerns.

#### 3.1 Langlands Unit

##### **Inspectors highlighted the following:**

- A lack of leadership in ward 56 : The SCN from that ward had recently been appointed acting lead nurse to support a secondment to HIS and GGC corporate nursing.
- Ward 56 was short staffed on the two days they visited; the ward was one member of staff short, this had not been addressed. Since then staffing controls have been re-emphasised and staffing is specifically reviewed at the daily safety huddle, staff are moved across the site to meet patient need and since mid November each ward is specifically asked if they are “ safe to start” There is a Lead nurse of the week who is responsible for taking an overview.

##### **Poor nutritional care –in wards 56 and 57**

- A full clinical review has been undertaken which confirms that the treatment the patients received was entirely appropriate for their clinical condition. The patients were reviewed medically for appropriateness of commencement of artificial feeding. This medical view was the patients had both suffered a severe stroke and had no ability to swallow and had been too unwell to be fed through a peg or a naso-gastric tube at the time.
- a lack of, or delayed, referrals to dieticians and delay in dietetic response
- A monitoring process is now in place

##### **Poor completion of documentation, - see below**

- Locked wards restricting patient access in and out of the wards
- There was a key pad in ward 57 which used to be the dementia ward which has now been disabled. Ward 52 the Dementia/Delirium ward does have a key pad entry/exit system. The patients in this ward if allowed to leave unescorted would be at significant risk of harm due to their highly vulnerable conditions. All patients are individually risk assessed and provided with a leaflet about the ward entry/exit to enable them to move freely around the

ward and garden environment. This is also referenced in their care plan. This has been reviewed as appropriate by the Mental Health Legislation Nurse.

### **3.2 Main Issues**

- Poor record and record keeping was a theme throughout the report with incomplete or out of date documentation. Risk assessments for falls, and pressure ulcers had not always been completed on admission and on occasion if the assessment had been completed the results had not been acted upon
- Of the 84 patient questionnaires returned 73 were positive reporting that staff responded quickly and treated them with consideration and respect. 24 of the 25 questionnaires returned by families stated that staff were friendly and approachable
- There were some comments regarding staff being too busy or not being helpful
- Many of the areas for improvement are based on the fundamentals of care including record keeping/documentation and, significant work is ongoing to make sustained improvement

## **4. Improvement Actions**

The actions necessary to address the recommendations are everyone's responsibility and a multidisciplinary approach is being adopted in order to ensure that the necessary actions and improvements are being taken forward across NHSGGC.

Below provides an outline of some of the improvement work that has been taking place prior to the inspection and is ongoing.

### **4.1 Documentation**

The Practice Development team are providing support to review documentation in ward areas and provide real time feedback and education to staff. This will be provided across all wards in the QUEH and Langlands. These have seen a significant improvement. Lead Nurses are completing documentation audits in their clinical sessions and reporting these monthly.

### **4.2 Falls**

- Ward 55 at Langlands has shown good reliability in the reduction of falls and this has been nationally recognised
- The new falls bundle is being implemented with local and corporate support and AHP, nursing and medical staff will all be involved

### **4.3 Pressure Area Care**

- Ward 51 at Langlands has been an SPSP pilot ward for tissue viability in the past and has demonstrated sustained progress in the prevention of avoidable pressure ulcers

The Lead Nurse for Tissue Viability is utilising this data to drive further improvements and trialling a suite of interventions. The new Pressure Ulcer Daily Risk Assessment will be in place in all wards in January

#### **4.4 Food, Fluid and Nutrition**

- Medical staff are developing an enteral feeding protocol for patients who have had a stroke
- Additional staff training has been delivered in all aspects of nutritional care
- Each ward has now reviewed practice to ensure that the meals bundle has been fully implemented
- A system is in place to ensure the accurate measurement of patients' heights and weights
- Registered staff review the food record and fluid balance charts of all patients with a high MUST on a daily basis with reference to the dietary intake within the nursing progress notes – this process is audited weekly and the outcomes are reviewed and actioned as necessary by the Lead Nurse within each area
- The number of patients waiting to be seen by a dietician and the length of the wait is monitored by the Chief AHP

#### **4.5 Person-centred care**

- All 7 wards within the Langlands Unit use '*What Matters to Me*' which has been recognised as best practice nationally. The corporate nursing team are supporting the roll out of this across the QEUH which will be complete early in 2016
- Lead Nurses are actively undertaking patient story work across Langland's wards with positive themes emerging in relation to patient care and communication
- All other wards are participating in the Universal Feedback System
- Attention paid to patient feedback to ensure improvement but also identify trends/emerging themes and action appropriately

#### **4.6 Delirium**

- Training has been provided on the Delirium Bundle in the Langlands Unit. The 4AT assessment form will be discussed timeously with medical staff to allow completion of the TIME checklist and to ensure early intervention – the checklist will be stored within the patient's medical notes. This work will then be spread across the QEUH

#### **4.7 AWI, DNACPR and Medicines Reconciliation**

- New capacity documentation amalgamating AWI and treatment plans is being 'tested' in Langlands and further work is taking place to ensure spread through all specialties
- Medical staff have been auditing medical documentation with a view to replacing the paper based medical documentation audit tool with an electronic version
- Medical staff, with the support of the Older People in Acute Hospitals (OPAH) improvement nurses, will 'test' the electronic tool over the next few weeks. Following the 'small test of change' model the electronic documentation audit tool will be rolled-out across the older people's wards, supported by the junior medical staff
- DNACPR uptake of STARS training has been reviewed and it being used to target uptake across specialties

#### **5. Nursing Workforce Planning**

A selection of wards in QEUH and Langlands are currently reviewing their workforce and workload using the nationally agreed tools. Initial information should be available in early January.

##### **5.1 Supporting our Staff**

Staff in Langlands in particular are very concerned by the findings of the report and the impact it might have on their patients and families. Senior staff are supporting them and putting in place positive interventions. Staff are very keen to make improvements and work in a multidisciplinary way to ensure quality care, outcomes and patient satisfaction

#### **6. Older People in Acute Hospitals Improvement and Development Group in NHSGGC**

In addition to the work identified in this paper, the existing Older People in Acute Hospitals Improvement and Development Group has been reviewed and a GGC wide Older Peoples Quality and Assurance Group which will be multidisciplinary in nature and focus on GGC quality of care and outcomes for older people is being established.

##### **The Board is asked to:**

- Note the contents of the HIS report
- Note the improvements and actions taken
- Agree an update report on Older People's Care to come to the Board in August 2016.