Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Trust Board Meeting in Public: Wednesday 18 January 2023

TB2023.09

Title:	**Harm Reduction Quality Improvement Plan**

Status:	**For Information**
History:	**New Paper**

Board Lead:	**Chief Nursing Officer**
Author:	**Joanne Bunyan, Senior Quality Improvement Manager, (Jenni Guest, Portfolio and Quality Improvement Team Lead)**
Confidential:	**No**
Key Purpose:	**Assurance**

Executive Summary

1. This purpose of this paper is for information and to provide assurance of ongoing Harm Reduction Quality Improvement plan, including the core Quality Priorities of Hospital Acquired Pressure Ulcers (HAPU) and Falls Prevention as supported by the Integrated Quality Improvement Team. The paper also includes the project progress and next steps for the wider Harm Reduction programme plan which will continue to evolve over the next two financial years.

   The final slide highlights the Harm Reduction productivity metrics that are being reported monthly for Hospital Acquired Pressure Ulcers and being further developed in conjunction with appropriate leads for the wider programme including Falls Preventions, staffing, PSIRF and other financial and balancing metrics.

   The key areas to note are that the learning from the HAPU work will inform the approach for Falls prevention and the wider improvement programme development, alongside the core priority for Q4 2022/23 of the development of a Harm Reduction Community of Practice.

Harm Reduction Programme

Oxford University Hospitals NHS Foundation Trust

Aim & Patient Impact

- 1. Reduce Incidence of Category 2 and above Hospital Acquired Pressure Ulceration (HAPU) by 30%
- 2. Reduce Incidence of Falls Causing Harm
- 3. Reduce Incidence of Health Care Acquired Infections (HCAI) across the organisation

Executive Sponsor: Sam Foster & Anny Sykes
Accountable Officer:
QI Lead: Jo Bunyan (Jenni Guest)

Deliverables - HAPU

- **Currently in Phase 2 moving in to Phase 3 of QI Framework:** design – plan change ideas – testing and implementing changes
  - HAPU reduction plan development ongoing with HAPU lead, collaborating with stakeholders who attended summit and others for clear next steps
  - HAPU showcase event for Stop the Pressure Day 17th November, 10 QI projects from across divisions presented and shared
    - **Common themes emerging** across projects: education, category 1 reporting, data availability and visibility, documentation
  - Senior Leadership development team completed final phase of their training, continuing to coach to support their HAPU reduction project work – primary focus of ward to board reporting and quality boards, ongoing actions needed post formal end of training programme
  - Invitation to community of practice first meeting
  - Support offered through QI clinics, QI training
  - Building overview of HAPU reduction QI projects trust wide

- **Next steps & priorities**
  - Continue working with Senior Leadership team and QP Lead to define the HAPU dashboard and to audit and standardise Quality Boards
  - Establishment of task and finish groups for HAPU projects
  - Community of practice initial meeting planning
  - Continue to offer coaching and training to support QI projects

Escalations

•QI Resource, band 6 vacancy (out for recruitment currently)

Step 1	Step 2	Step 3	Step 4	Step 5
Discover and Diagnose	Design - Plan Change Ideas	Delivery - Testing and implementing	Standardise and Sustain	Disseminate and Spread

Harm Reduction Programme - HAPU

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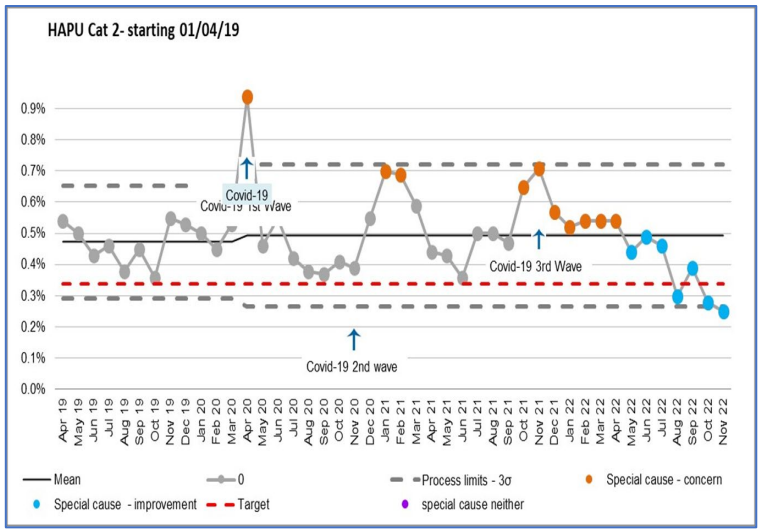
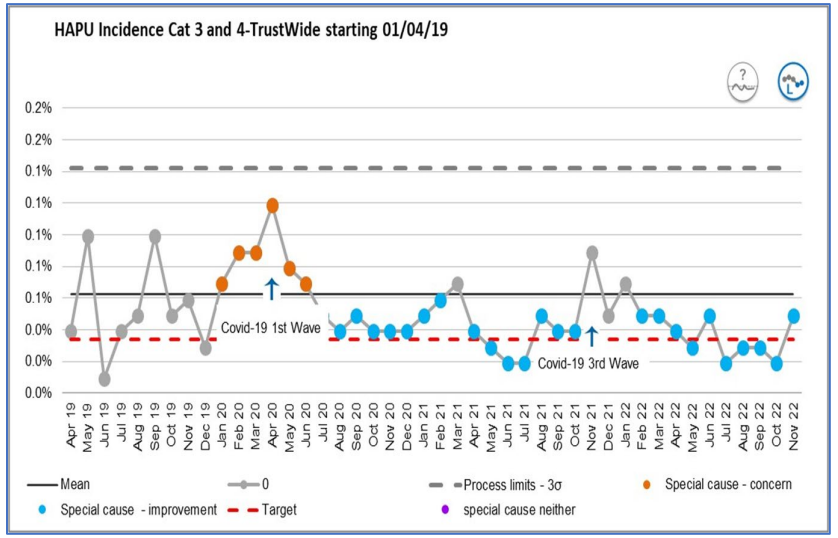
Hospital Acquire Pressure Ulcer Data, April 2018 to September 2022

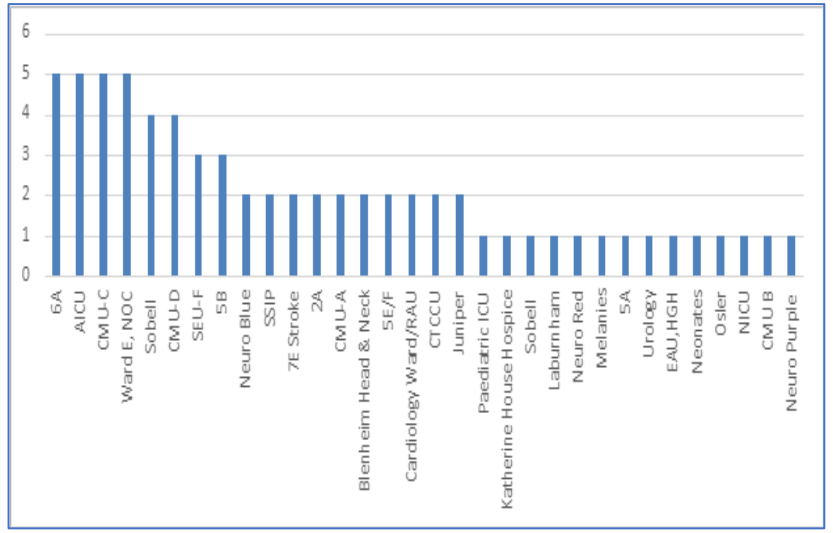
CAT 2



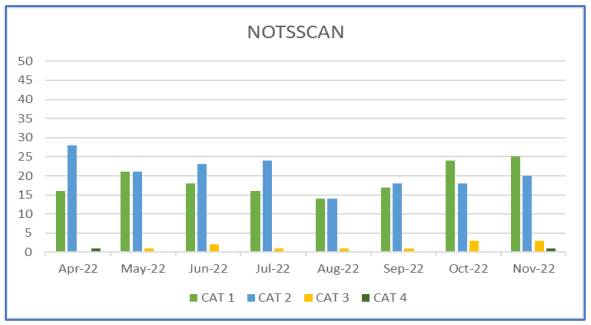
CAT 3-4 & Full Thickness Mucosal

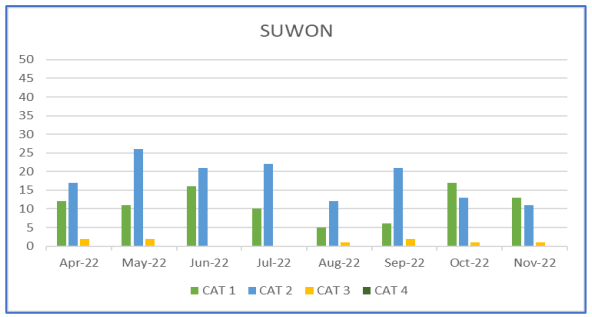


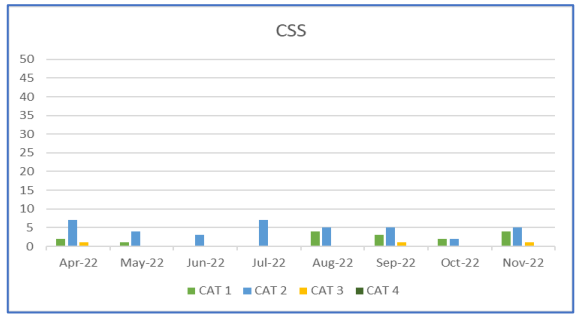
Moderate Impact Incidents by Clinical Area: Nov 2022

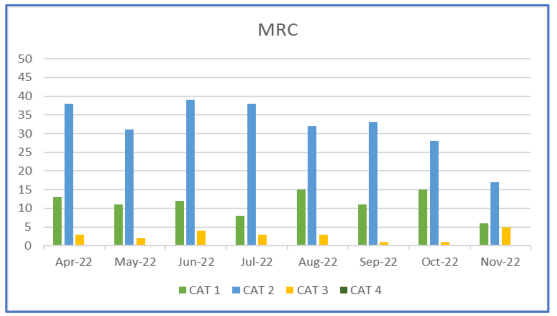


HAPU Incidents by Division 2022-23









Harm Reduction Programme

Oxford University Hospitals NHS Foundation Trust

Aim & Patient Impact

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Executive Sponsor: Sam Foster & Anny Sykes
Accountable Officer:
QI Lead: Jo Bunyan (Jenni Guest)

Deliverables – Falls

- **Currently in Phase 1 moving into Phase 2 of QI Framework**
  - Falls Prevention Programme in development with Terry Cordrey and Falls Prevention Practitioner, reviewing current systems learning and progress to inform future prioritisation Initial meeting for new Senior Leaders programme – QI project falls focused
  - Coaching Emerging Leaders Project to support development of falls related QI project – focus, improve documentation of falls risk assessments EAU
  - Working with SUWON supporting divisional level response to understanding priorities and learning from falls incidents, embedding QI in focused approach
    - Initial focus unwitnessed falls, 6 core areas with highest rates and deep dive on local factors impacting rates. Emerging themes and improvement areas / learning include: enhanced observation policy; capacity assessments; local determinants increasing risk of unwitnessed falls e.g. patient withdrawal; understanding falls and risk of dropped babies in maternity
    - IQI team working in collaboration with SUWON leads to support local and divisional level QI projects to capture divisional learning for wider sharing
- **Next steps & priorities**
  - Planning for Falls Summit February 2023 - informed by learning from HAPU summit event, leading towards refinement of workstreams / priorities and increased engagement
  - Capture comprehensive overview of all current falls-related improvement work, plans and prospective projects converging to a single point of oversight and coordination (where appropriate)
  - Support finalisation of falls prevention and management policy
  - Design for launch of longer term falls harm prevention programme
  - Commit to falls harm prevention quality priority 2023/24
  - Replicate SUWON work with other divisions

Escalations

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Harm Reduction Programme - Falls

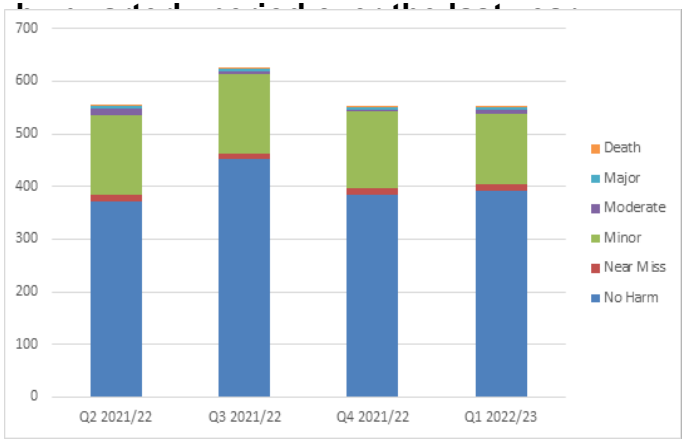
Oxford University Hospitals NHS Foundation Trust

Falls Data

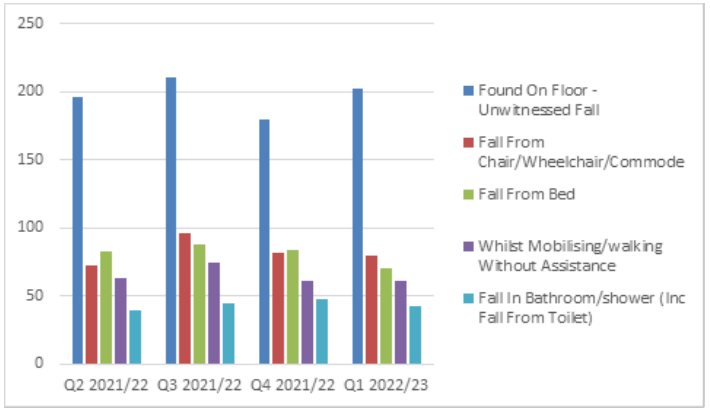
% of actual harm	2017/18	2021/22	+/-
No harm	77.76	71.92	-5.84
Near miss	-	1.71	1.71
Minor	21.65	24.17	2.52
Moderate	0.55	1.26	0.71
Major	0.04	0.81	0.77
Death	0.00	0.13	0.13
Total	100.0	100.0	100.0
% All harm (minor+)	22.24	26.37	4.13
% Harm Moderate+	0.59	2.20	1.61

Table 1. change in % of harm over 5 yr period

Reported falls by the level of actual harm



Top 5 Categories of Harm per Quarter



Recommendations

Category	Aim	Impact
Falls incidence	Reduce falls/1000 OBD to rate of 6.00 or below	TBC
	Reduce unwitnessed fall events by 5%	734 * 0.05 = 36 cases PA
Harm incidence	Reduce falls with harm by 5%	635 * 0.05 = 32 cases PA 8 days LOS reduction per case 256 BDS
	Reduce falls with moderate+ harm by 10%	50 * 0.01 = 5 cases PA
	Reduce hip fracture from inpatient fall by 20%	22 * 0.20 = 4 cases PA

Falls prevention, harm reduction, and productivity measures

Background

Falls incidence

- National data (2019) shows the incidence of falls at 6.63 falls per 1000 occupied bed days. For comparative Trusts (Shelford Group) this figure was 5.91.
- In 2019, OUH falls per 100 bed days was 6.35. We do not currently have an ongoing data feed reporting this information.
- A third of all falls at OUH are unwitnessed where patients are found on the floor.

Harm incidence

- Over a five-year period at OUH the proportion of falls with harm has increased by 4.13% and falls with moderate+ harm by 1.61%
- In 2019, the incidence of hip fracture from an inpatient fall was 1.8 per month (22 events per annum)

Productivity

- Between 20 – 30% of in hospital falls are preventable if a multifactorial falls prevention assessment and personalised plan is in place.
- Each fall with harm increases length of stay by a mean period of 8 days

Harm Reduction Programme

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Wider Programme

- **Deliverables**
  - Proposed productivity metrics for Harm Reduction programme submitted, refining with SRO and Executive Sponsor – continuing to build on these as developing programme to include working with finance colleagues and safe staffing lead to represent financial and workforce impact
  - CNO fellows started November 2022, 3 focused on Harm Reduction, introductory QI training session delivered, and QI coaching offered to support the next 6 months working in collaboration with Divisional Research leads and Helen Walthall
  - Early opportunity through PSIRF meeting attendance to consider how QI alignment and support feeds in
  - Ulysses Clinical Improvement Module, Quality Improvement project stakeholder engagement event and thematic analysis of event outputs

- **Next steps & priorities for the following month**
  - Linking with the identified QI and Audit directorate / CSU leads to review current process of registering and capturing harm reduction QI initiatives, and link them into Community of Practice
  - Developing high level driver diagram focused on Harm Reduction to inform 3 year plan, engaging with key stakeholders in defined areas of need, including Falls, Infection Prevention and Control, and Nutrition and Hydration and identify areas of synergy across a number of harm indices
  - Planning for Harm Reduction Community of Practice meeting on 23rd January 2023.
  - Offered Harm Reduction focused QSIR Fundamentals sessions in January and February
  - Development of Ulysses Clinical Improvement module improvement plan – short, medium, long term test of change.

Escalations

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Harm Reduction Improvement Programme
Productivity metrics

Improvement Productivity dashboard

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Objectives/ indicators	Performan	April	May	June	July	August	September	October	November	December
Increase reporting incidence of Category 1 Hospital Acquired Pressure Ulceration (HAPU) by 30% (based on all admission data)	*Target*	0.30%	0.30%	0.30%	0.30%	0.30%	0.30%	0.30%	0.30%	0.30%
	Performance	0.23	0.22	0.24	0.17	0.18	0.18	0.28	0.22	
	Per 1000 bed days	1.61	1.52	1.66	1.18	1.31	1.26	1.98	1.62	
Reduce Incidence of Category 2 and above Hospital Acquired Pressure Ulceration (HAPU) by 30% (based on all admission data)	*Target*	0.33%	0.33%	0.33%	0.33%	0.33%	0.33%	0.33%	0.33%	0.33%
	Performance	0.48	0.41	0.44	0.46	0.30	0.39	0.28	0.25	
	Per 1000 bed days	3.45	2.90	3.08	3.18	2.13	2.80	2.01	1.83	
Reduce Incidence of Category 3 and 4 Hospital Acquired Pressure Ulceration (HAPU) (based on all admission data)	*Target*	0.035%	0.035%	0.035%	0.035%	0.035%	0.035%	0.035%	0.350%	0.035%
	Performance	0.04	0.03	0.05	0.02	0.03	0.03	0.02	0.05	
	Per 1000 bed days	0.26	0.20	0.32	0.14	0.24	0.21	0.24	0.37	

Linking with Rachel Adams re staffing metrics, to correlate with other harm related measures - meeting to discuss 6/1/23

Working with Terry on Falls metrics to build in - will add in others (Nut & Hyd, HCAI as programme builds)

Highlight report

Aim: Reduce Incidence of Category 2 and above Hospital Acquired Pressure Ulceration (HAPU) by 30% (based on all admission data)

Progress:
- Improvement Framework progress - in Phase 2/3 design and plan change ideas post HAPU Summit End August 2022
- Identification of TV hot spot, proposed focused support in these clinical areas
-CNO Fellow with HAPU focus in post, to add support to testing phase with identified areas of highest indicated HAPU harm
-Uylesses Clinical Improvement Module (Audit and QI) thematic analysis of stakeholder event outputs to support improvement project plan developement
- HAPU Showcase Event 2022 aligning with Stop the pressure week. Shared QI projects with key stakeholders across divisions

Current gap:
- Awaiting accountable officer confirmation
- Reduced QI resource recruitment currently in progress for Band 6 vacancy
- Awaiting review and agreement for ongoing productivity metrics with Executive Sponsor

Notes:
PU reported one month in arears due to need for validation of category reported by TV team

Balancing measures	Target	April	May	June	July	August	September	October	November	December
Quality, Safety and Experience										
Compliance with My Assure pressure ulcer prevention SKINS audit	90%	95.78%	95.43%	96.27%	96.21%	95.87%	96.13%	96.16%	96.16%	96.22%
PU prevention eLearning training (identified staff) Nurses and Midwives	95%	N/A	N/A	N/A	N/A	69%	70%	71%	71%	71%
PU prevention eLearning training (identified staff) AHP's	95%	N/A	N/A	N/A	N/A	45.1%	52.2%	55.0%	55.0%	63.3%
Operational										
Average total LOS (in days) in identified patients with pressure ulcers (Cat 3 and above)	N/A	27	22	26	17	16	22	22	32	
Number of dynamic mattresses in use	N/A	580	581	579	576	567	596	606	614	
(£'000)	**Target**	**April**	**May**	**June**	**July**	**August**	**September**	**October**	**November**	**December**
Cat 2 Incidence: Actuals vs Target - bed days savings / (cost)	N/A	-40	-23	-30	-37	9	-17	15	25	
Cat 3 and above: bed day cost based on the ALOS in identified patients with with pressure ulcers	N/A	-72	-48	-69	-24	-35	-47	-32	-123	

Next steps:

- Broader sytem wide HAPU key themes (Research, productive ward/ fundamentsl of care / education and data) have been reviewed and next steps and leads being reviewd and agreed
- Launch of Harm Reduction Community of Practice
- Falls summit planned for February 2023
- Uylesses Clinical Improvement Module (Audit and QI) improvement project plan developement
- Developing further programme plan and metrics in conjuntion with Falls lead and safe staffing lead