

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO: **BOARD OF DIRECTORS - 30 JANUARY 2014**

SUBJECT: **CLINICAL QUALITY & PATIENT SAFETY**

REPORT FROM: **CHIEF NURSE & DIRECTOR OF QUALITY & OPERATIONS, DEPUTY CHIEF EXECUTIVE**

PURPOSE: **For information and discussion**

**CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT**

- The clinical metrics programme was agreed by the Trust Board in May 2008; the strategic objectives were reviewed as part of the business planning cycle in January 2013. Alignment with the corporate and divisional balanced scorecards has been reviewed.
- Performance is monitored via the Risk Management and Governance Group, Clinical Management Board and the Integrated Audit and Governance Committee.
- This report covers
  - Patient Safety
    - Harm Free Care
    - Nurse Sensitive Indicators
    - Infection Control
    - Mortality Rates
    - Risk Management
  - Clinical Effectiveness
    - Bed Occupancy
    - Readmission Rates
    - CQUINS
  - Patient Experience
    - Mixed Sex Accommodation
    - Compliments and Complaints
    - Friends and Family Test
  - Care Quality Commission
    - CQC Intelligent Monitoring Report

**SUMMARY:**

A summary of key trends and actions of the Trust's performance against clinical quality and patient safety indicators in 2013/14 is provided in the dashboard and supporting narrative.

**PATIENT SAFETY**

- Harm Free Care – The Safety Thermometer data shows the percentage of harm free care expressed as a one-day snap shot in each month. This month 91.7% of our inpatients were deemed 'harm free'. This figure includes those patients admitted with harms. The percentage of patients receiving harm free care during their admission with us (which we are able to influence) is 97.4%, above the national figure of 93%. Our Falls Prevention and Tissue Viability Teams are working closely with the ward staff to continue to improve the position and action plans are in place across the Trust.

- Nurse Sensitive Indicators - In December, there were 28 reported incidents of pressure ulcers developing during hospital stay. This is similar to last month (29 in November). Of these 10 were deemed avoidable. Twenty-two category 2 pressure ulcers were reported, of which 9 were deemed avoidable and the Trust remains below its 20% trajectory. Six grade 3 ulcers were reported of which 1 was deemed avoidable. There were no grade 4 ulcers reported. We are pleased to report a reduction in heel ulcers during December.  
There were 154 patient falls recorded for December compared to 149 in November. None were graded as severe or death/serious sequelae. Of these falls, 95 resulted in no injury, 54 in low harm and 5 in moderate harm.
- Infection Prevention and Control – Mandatory training performance for Infection Control is 82.7% Trust wide for December. This is a continued decline on previous months. The Divisions are working to action plans to improve the percentage plus there are plans to report these data via the Qlikview platform that will enable improved monitoring and support to improve compliance.
- HCAI - There was 1 Trust assigned MRSA in December, with the total at the end of December 2013 as 7 cases. There were 2 cases of C difficile (post 72 hours) during December. A comprehensive recovery plan is in place to ensure we are providing adequate prevention, screening and appropriate treatment at all times, particularly around identifying patients requiring a stool specimen on admission. The early alerting of patients developing diarrhoea via VitalPacs is enabling early management and treatment of these patients by the Infection Prevention and Control Teams. We are pleased to report a return to the low baseline achieved in 2012/13, and provide evidence that the C difficile recovery plan is working. We await the findings of the external review of this recovery programme that was scheduled for the first week of January 2014.

This month we report for the first time Ecoli cases. Ecoli is the most frequent cause of blood stream infection locally and nationally. The Ecoli rate/100,000 occupied bed days is high in East Kent (123 compared with the NHS average of 93). The reason for this high rate is unknown, but may be due to differences in population demographics. (In contrast to the high Ecoli rate/bed-day, the Ecoli rate/head of population is close to, or below, the national average).

More than 80% of cases of Ecoli bacteraemia are present at the time of admission to hospital and, therefore, in most cases represent community acquired infection. A high proportion of Ecoli blood stream infections are complications of either urinary tract infection or biliary sepsis. The Infection Prevention and Control Team are undertaking enhanced surveillance to determine the contribution made by urinary tract catheterisation, and this information will be included in subsequent reports when the data are available.

- Mortality Rates – In general the mortality rates remain good across the Trust, particularly since last winter's figures, although we are seeing a seasonal trend in line with previous years. Site comparison is being analysed, led by the Medical Director with appropriate action plans being developed.
- Risk Management – There were 998 clinical incidents, including patient falls, reported via Datix in December. Two serious incidents were

reported on STEIS. These were an unexpected death of a 48 year old epileptic lady with ischaemic bowel following her emergency operation, and the missed diagnosis in 2009 of leiomyosarcoma leading to inoperable lung metastases lung spread. There remain 30 Serious Incidents open at the end of December. The CCGs have agreed closure of 5 of these serious incidents pending an Area Team review.

This month we have seen an increase in reported incidents relating to staffing difficulties. This may be seasonal due to the opening of our contingency beds in December resulting in some shifts which have been short staffed. Please see the section below on Bed Occupancy for clarification of plans in place.

## CLINICAL EFFECTIVENESS

- Bed Occupancy – this is at 94.55% this month which is still above the 85% bed occupancy standard, and higher than last month. Seasonal pressures are now beginning to be evident and there are plans in place to manage safely the additional beds we need to open to meet demand. These plans include additional staff being recruited to minimise temporary staffing usage and to ensure that we maintain safety and quality; and the procurement of step-down re-ablement capacity. A recent overseas recruitment drive has yielded around 30 nurses for NHSP, our temporary nurse bank.
- Readmission Rates – The 30-day readmission rate has increased slightly to 8.52% for November as we enter the winter season. A change of protocol for recording transfers of A&E patients between sites is showing encouraging results and we anticipate readmissions to reduce.
- CQUINS - There is ongoing improvement in the August data reported in November for the Community Acquired Pneumonia (CAP) pathway which needs to be sustained to avoid missing the annual target. Improvement targets still need to be agreed for the Local CQUIN measures related to Respiratory (COPD) and Maternity, and in relation to the Specialised Services Contract related to the local CQUIN measure for Neonatal Total Parenteral Nutrition. 14/15 CQUINS are currently in discussion.

## PATIENT EXPERIENCE

- Mixed Sex Accommodation - During December 2013 there were 11 clinically justified occurrences of mixed sex accommodation; all complying with the commissioner agreed scenarios thereby not breaching the standard. Collaborative work is in progress with the CCGs with regard to the agreed scenarios in order to minimise mixed sex accommodation occurrences.
- Compliments & Complaints – This month the Trust achieved amber against the standard of responding to formal complaints within 30 working days. The percentage of responses sent to clients within this time frame was 83% which is an improvement on November (77%). Two of the 4 Divisions achieved greater than the standard of 85%. Monthly meetings are in place to offer support and also monitor the performance of the Divisions so that they can achieve the standard. The number of formal complaints received during December was 48. There were 213 informal contacts and 2054 compliments. During December for every 1

formal complaint the Trust received 43 compliments. This is an improvement on the previous 2 months. This does not include the compliments received via the Friends and Family Test and letters and cards sent directly to wards and departments. The number of returning clients during December was 3 where clients are seeking further resolution to their concerns. The Trust Complaints Steering Group continues to meet and oversee complaints management and the delivery of the improvement plan.

- Friends and Family Test - The Friends and Family Test (FFT) aims to provide a simple, headline metric which, when combined with follow-up questions, can be used to drive cultural change and continuous improvements in the quality of the care received by NHS patients. Nationally, Trusts are measured using the Net Promoter Score (NPS) where a score of approximately 50 is deemed good. EKHUFT's NPS was 56.5 in December. This is lower than previous months and maybe due to the marked increase in responses via the texting system for A&E attenders. The NPS is broken down as:
  - Inpatients – 70.2
  - A&E – 37.4
  - Maternity – 73.6

We can therefore see that satisfaction with our inpatient and maternity care is high. The low score for A&E is a concern, and we will be interrogating the qualitative data received from these patients, analyse the themes and implement corrective actions to improve these patients' experience.

The company '*iWantGreatCare*' which reports FFT data on behalf of the Trust have converted the NPS into a "star score" value (ranging from 0 to 5) thus making the interpretation of FFT results easier. The star score is calculated using an arithmetic mean, so a ward that scores 4 stars has an overall average rating of "likely" to be recommended. The Trust score for December is 4.48 stars out of 5 stars. In addition the Trust has seen improved response rates month on month and achieved the 15% standard for the second time this month, although we are awaiting validation via Unify2. Once again the wards exceeded the 15% standard with a 26.9% response rate. The A&Es achieved 15% which is the first month they have reached the standard. Maternity FFT achieved over 15% for touch points 2 and 3 (birth experience) at 31.5% and 30.4% respectively. However they remain under the standard for the antenatal question (5.4%) and the postnatal question (6.6%). Their overall combined response rate is 18.7%, again awaiting final validation via the Unify2 website.

The recovery plan continues to be delivered, overseen by the Task & Finish Group. This includes improving the antenatal and post-natal elements of the Maternity FFT and also embedding the texting service into the A&Es that has yielded an improved response rate. Action plans are being received from wards that reflect the improvements they are working on based on the FFT feedback they have received.

CARE QUALITY COMMISSION

CQC Intelligent Monitoring Report – In October 2013 the CQC introduced a new way of assessing risk within Trusts. The new system uses 169 metrics or indicators against which Trusts are assessed. This Trust was rated as a Band 3 organisation based on the risk scores calculated by the CQC in the newly published Intelligent Monitoring Report. This gave the Trust an overall score of eight, with each of the following risks being counted twice.

There were four areas assessed as showing a risk. These were:

- Mortality following hemi-arthroplasty repair of a fractured neck of femur – HMSR 125;
- Patient experience and functional outcome following elective knee arthroplasty (PROMs);
- Response rate against the Friends and Family test; and,
- Educational concerns reported to the CQC by the General Medical Council (GMC).

There is a multidisciplinary team programme of action to address mortality following fractured neck of femur; performance against PROMs is scheduled for publication at the end of the financial year and the response rate for the Friends and Family test is now in line with the national reporting requirement. Following review, the training has been retained whilst we still await feedback from the GMC. The CQC are due to visit the Trust early March.

#### **IMPACT ON TRUST'S STRATEGIC OBJECTIVES:**

Clinical quality, the patient safety programme and patient experience underpin many of the Trust's strategic and annual objectives. Continuous improvements in quality and patient safety will strengthen the confidence of commissioners, patients and the public.

#### **FINANCIAL IMPLICATIONS:**

Continuous improvement in quality and patient safety will make a contribution to the effective and efficient use of resources.

#### **LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:**

Reduction in clinical quality and patient safety will impact on NHSLA activity and litigation costs.

Most of the patient outcomes are assessed against the nine protected characteristics in the Equality & Diversity report that is prepared for the Board of Directors annually. The CQC embed Equality & Diversity as part of their standards when compiling the Quality Risk Profile.

#### **PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES**

None

#### **BOARD ACTION REQUIRED:**

- (a) to note the report
- (b) to discuss and determine actions as appropriate

**CONSEQUENCES OF NOT TAKING ACTION:**

Pace of change and improvement around the patient safety programme and patient experience will be slower. Inability to deliver a safe, high quality service has the potential to affect detrimentally the Trust's reputation with its patients and within the wider health economy.