

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: **BOARD OF DIRECTORS – DECEMBER 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 91.4% 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 just under 98%, 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 November, there were 29 reported incidents of pressure ulcers developing during hospital stay. This is the same as last month. Of these 9 were deemed avoidable. Twenty-one category 2 pressure ulcers were reported, of which 5 were deemed avoidable and the Trust remains below its 20% trajectory. Eight grade 3 ulcers were reported of which 4 were deemed avoidable. There were no grade 4 ulcers reported. There were 149 patient falls recorded for November compared to 180 in October. None were graded as severe or death/serious sequelae. Of these falls, 83 resulted in no injury, 64 in low harm and 26 in moderate harm.
- Infection Prevention and Control – Mandatory training performance for Infection Control is 84.3% Trust wide for November. This is a 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 November, with the total year to date at 6 cases. There was 1 case of C.difficile (post 72 hours) during November 2013. 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 external review of this recovery programme is scheduled for the first week of January 2014.
- Mortality Rates – In general the mortality rates remain good across the Trust, particularly since last winter's figures. Site comparison is being analysed, led by the Medical Director with appropriate action plans being developed.
- Risk Management – There were 1004 clinical incidents, including patient falls, reported via Datix. Three serious incidents were reported on STEIS; this includes one never event, a misplaced naso-gastric tube. The remaining two are unexpected deaths which are currently being investigated. There remain 33 Serious Incidents open at the end of November. The CCGs have agreed closure of 6 of these serious incidents pending an area team review.

CLINICAL EFFECTIVENESS

- Bed Occupancy – this is at 92.8% this month which is still above the 85% bed occupancy standard, but lower than last month. Given that we are now in winter, plans are underway 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 reduced for the second consecutive month to 8.12% for October. This is the lowest since April 2008 and exceeds the target of 8.3%. A change of protocol for recording transfers of A&E patients between sites is showing encouraging results and we anticipate readmissions to continue to reduce.

- CQUINS - Good progress continues in many of the pathways including Heart Failure. Improvement has been seen in the July data reported in October for the Community Acquired Pneumonia (CAP) pathway which needs to be sustained to avoid missing the annual target. Sustained improvement is also needed in the referral rate of COPD patients to the Community Rehabilitation Team and the number of stroke patients who are admitted to a stroke unit within 4 hours. 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.

PATIENT EXPERIENCE

- Mixed Sex Accommodation - During November 2013 there were 5 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 77% with 3 out of the 4 Divisions achieving greater than the standard of 85%. Fortnightly meetings are in place to offer support and also monitor the performance of the Division that has not achieved the standard this month. The number of formal complaints received during November was 67. There were 279 informal contacts and 1320 compliments. During November for every 1 formal complaint the Trust received 20 compliments. This is an improvement on October. 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 November was 8 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 recovery 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 is 66 in November, thus demonstrating overall satisfaction with Trust services, and is our highest NPS to date. 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 November is 4.7 stars out of 5 stars. In addition the Trust has seen improved response rates month on month and achieved the 15% standard this month, although we are awaiting validation via Unify2. Unfortunately, due to differences in the way the Trust was calculating the combined response rate and Unify2 calculate the combined response rate we erroneously over reported last month's results, which were

reported as 13.6% on Unify2 once validated. However, once again the wards exceeded the 15% standard with a 26.5% response rate. The A&Es are lower with a 7.6% response rate. Maternity FFT achieved over 15% for touch points 2 and 3 (birth experience) but remain under the standard for the antenatal and postnatal questions. Their overall combined response rate is 19.5%, 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 we have introduced a texting service into the A&Es that should yield 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 – Last month 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. Despite writing formally to the GMC, no response has yet been received from the GMC about the nature or scope of any educational concerns.

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.