EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO:	**BOARD OF DIRECTORS**
DATE:	**26 SEPTEMBER 2014**
SUBJECT:	**CLINICAL QUALITY & PATIENT SAFETY**
REPORT FROM:	**CHIEF NURSE & DIRECTOR OF QUALITY & OPERATIONS, DEPUTY CHIEF EXECUTIVE**
PURPOSE:	**Discussion** **Information**

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.

- This report also appends data relating to nurse staffing (Appendix 1). This is a new requirement that planned staffing versus actual staffing levels are reported to the Board of Directors.

SUMMARY:
A summary of key trends and actions of the Trust's performance against clinical quality and patient safety indicators in 2014/15 is provided in the dashboard and supporting narrative.

PATIENT SAFETY

- Harm Free Care – This month 93.7% of our inpatients were deemed 'harm free' which is lower than last month (95.3%). This figure includes those patients admitted with harms and those who suffered harm whilst with us. The national figure is also 93.7%, so we offer a similar percentage of harm free care to the national average. The percentage of patients receiving harm free care during their admission with us (which we are able to influence) is 98.1%, similar to last month (98.9%). Further analysis of these data shows that the prevalence of all elements of the safety thermometer had increased during August, except the number of hospital acquired pressure ulcers which had reduced.

- Nurse Sensitive Indicators – In August there were 17 reported hospital acquired Category 2 pressure ulcers (21 in July). Four Category 2 pressure ulcers were deemed avoidable. Of these ulcers, 1 was avoidable at KCH due to insufficient early intervention, 1 at QEH and 2 at WHH due to lack of documentary evidence for planned care. Intensive investigations and regular spot check audits continue with identified areas and learning shared with colleagues. These measures are proving successful at bringing us back towards the set trajectory.

- In August, no deep pressure ulcers were reported bringing us closer to our improvement trajectory. Celebrations were held to acknowledge the achievements of 26 ward areas in keeping their patients protected from pressure damage. The first wards to achieve 300 consecutive avoidable pressure ulcer free days were Kings C1, Oxford, ITU (QEH), CDU (KCH), Invicta and Kent; 10 wards achieved 200 days and 10 wards achieved 100 days. These areas were congratulated by the Chairman of the Board and the Deputy Chief Nurse, and presented with their certificates.

- There were 154 in patient falls in July compared with 152 in July. 1 was graded as severe and is currently under investigation; none were graded as death. There were 105 falls resulting in no injury, 44 in low harm and 4 in moderate harm. The top reporting wards were CDU (WHH) with 13 falls; Cambridge M2 (WHH), Kings D Male (WHH) and Deal (QEH) with 12 each; Harbledown (KCH) with 9 falls; Cambridge L (WHH) with 8 falls; Cheerful Sparrows Male (QEH) with 7 and CDU (QEH) with 6. The remaining wards reported 5 or less falls. Of the 4 moderate harm falls, 2 resulted in fractures on Richard Stevens Stroke Unit (WHH) and Kings C1 (WHH); 2 resulted in head injuries: 1 on Cambridge M2 (WHH) and the other, an outpatient, fell on the steps near Viking Day Unit (QEH). An RCA is carried out for all falls resulting in serious harm or fracture. To support the wards at WHH a member of the Falls Prevention Nursing Team has been deployed for a 3 month interim period. Support will include undertaking base line audits with ward teams, developing action plans, education and training, and evaluating the effectiveness of these measures.

- Infection Prevention and Control –Trust wide mandatory Infection Prevention and Control training compliance for August is 82.5%, less than July. All Divisions are expected to improve their compliance and achieve 95% by March 2015.

- HCAI – There were no MRSA bacteraemias in August. This means that at present this financial year the Trust has one assigned MRSA bacteraemia.

- There were 4 cases of Clostridium difficile infection in August, bringing the YTD total to 26, against a limit of 19. Two cases were within Specialist Services (1 case on Marlowe Ward at KCH, and 1 case on Birchington Ward at QEH; both RCAs will be undertaken in September), 1 case was within UCLTC (Harbledown Ward at KCH; RCA pending), and 1 case was within Surgical Services (Cheerful Sparrows Female Ward at QEH; the RCA deemed the case to be unavoidable/compliant). Given the Kent-wide agreement on "lapses of care" definitions (as per NHS England guidance), all RCAs undertaken between April and August are currently being reviewed retrospectively in conjunction with the Clinical Commissioning Group Quality Leads, in order to determine whether there were any lapses of care (i.e. indicating that best practice was not always followed) that may have contributed to the patient's infection. From September onwards, this will be undertaken as part of the RCA process. A Period of Increased Incidence (PII) was declared in August on Cheerful Sparrows Female at QEH, following 1 case in July and 1 case in August (and both cases occurred within 28 days). There was no evidence of cross-infection. A meeting was held, actions implemented via a robust action plan, and the ward underwent high-level disinfection using hydrogen peroxide vapour (Deprox).

  A PII was also declared on Harbledown Ward at KCH, following 1 case in July and 1 case in August, both cases occurred within 28 days. Ribotyping results are awaited. The ward has also been placed on "special measures" following concerns around compliance with infection prevention and control practice. The PII and "special measures" meeting will be held in September, but an action plan is already in place.

- The Infection Prevention & Control Team are now undertaking root cause analysis for E. coli bacteraemia cases occurring within 30 days of a surgical procedure. This is to identify the causes and address them as necessary. There were 31 cases of E.coli bacteraemia in August 6 of these were post 48-hour. Of these, 1 case at QEH may require RCA pending further enquiries.

  In addition, the Infection and Prevention & Control Team are now undertaking RCAs for all cases of Meticillin Sensitive Staphylococcus Aureus (MSSA) bacteraemias occurring within 30 days of a surgical procedure undertaken in the Trust, or those associated with an intravenous line. There were 11 cases in August, 4 of these were post 48-hour. Of these, 3 cases require an RCA (1 at QEH, and 2 at KCH).

- Mortality Rates – Performance at Trust level remains good across all mortality indicators with the 12 month rolling HSMR equalling 80.4 at the end of Apr-14 (that is, showing a 0.3 increase against March), and is in line with the trend demonstrated by the crude mortality metric. This is a reflection of seasonal fluctuations, although it is hoped rates will be more consistent during Q4. Elective crude mortality levels in August have reduced to 0.119.

- The Summary Hospital Mortality Indicator (SHMI) includes "in hospital" and "out of hospital" deaths within 30 days of discharge. These data are supplied by an external party and are updated on a quarterly basis. Data for Q2 2013/14 has now been published and shows a decrease on Q1, achieving 86.32% which demonstrates an improvement against previous quarters and is in line with the achievement of the other metrics.

- Risk Management – In Aug-14 a total of 1025 clinical incidents including patient falls were reported. This includes 3 incidents graded as death, and 4 graded as severe. All are under investigation. Unapproved incidents may be downgraded following investigation. In addition to these 7 serious incidents, 23 incidents have been escalated as serious near misses, of which all are under investigation. The incidents graded as moderate, serious and death have all been subject to review in order to confirm the consistency of the grading of harm across the Trust. The Board of Directors may see a change in this report to reflect the re-categorisation process undertaken. This is consistent with the data presented in the Quality Account and Quality Report.

- Five serious incidents were required to be reported on STEIS in August. These were: 2 unexpected admissions to NICU, 1 intrapartum death, 1 delayed diagnosis (compartment syndrome) and 1 adverse media coverage (CQC report). The Trust has had 2 notifications of closure from the CCGs. There were 10 incidents awaiting Area Team or other external body review. The Root Cause Analysis (RCA) reports have been presented either to the Risk Management Governance Group, Patient Safety Board or to the Pressure Ulcer Panel. These included the findings of the investigation and action plans to take forward recommendations, including mechanisms for monitoring and sharing learning. At the end of Aug-14 there were 59 serious incidents open on STEIS. Two cases have been closed since the last report; there remain 59 serious incidents open at the end of August. An extraordinary meeting is due to be set up to work with Divisions to close overdue and outstanding cases in a collaborative way.

- There were 19 incidents resulting in delay in providing treatment during August compared with 42 in July. None of these incidents have been graded as death or severe harm. Three have been graded as moderate harm, 7 have been graded as low and 9 resulted in no harm.

- There were 41 incidents relating to staffing recorded in August (60 in July). These included 27 incidents relating to insufficient nurses and midwives, 5 to inadequate skill mix, 2 to insufficient doctors and 7 to general staffing level difficulties. Top reporting locations were Kings D Male (WHH) with 7 incidents; Kings A2 (WHH) and Cambridge J (WHH) with 4 incidents each; CDU (WHH) and Singleton Unit (WHH) with 3 each. Other areas reported 2 or fewer incidents. Five incidents occurred at KCH, 7 at QEH and 29 at WHH. Eight incidents have been graded as moderate and 7 as low harm, the remaining 26 incidents have been graded as no harm.

  The ward staffing business case is being implemented with recruitment to vacancies and new posts in progress. This is being monitored on a monthly basis to ensure it remains on schedule and that the benefits are realised. The recruitment plan is aiming to reduce the number of vacancies. We are expecting 55 newly qualified nurses to commence with us by September/October and 25 nurses from Milan who have joined NHSP.

CLINICAL EFFECTIVENESS

- Bed Occupancy – The bed occupancy metric looks only at adult inpatient beds and excludes any ring fenced wards such as Maternity. Since Aug-13 occupancy steadily increased with levels becoming static from Oct-13 (99.7%) to May-14 (100.37%). However, occupancy for Aug-14 shows a continued decreased position at 84.3% against that seen in May, and represents the lowest level recorded during the previous 18 month period.

.

A key area of focus is the management of the Delayed Transfer of Care (DToC) list. Reducing this number enables us to care for patients within our established and funded bed base. In Aug-14, the number of patients on the DToC list decreased resulting in a position of 33.00, against 43.00 in July. The Trust now provides 60 reablement beds with the procurement of an additional 20 in progress.

- Readmission Rates – A structured approach to intervention identification has been set for readmissions. Three main specialities have been identified as having potential for improvement, namely Health Care Of the Older Person (HCOOP), Urology, and Vascular. Work is on-going within HCOOP and Urology specialities to reduce readmission rates, and diagnostic work is about to begin within the Vascular speciality. Overall, since 2008, the Trust wide readmission rate has been gradually reducing. There has been an in-depth data dive conducted on readmission data. A number of issues surrounding the working processes currently in place relating to the recording of readmissions have been identified, and these will form part of the readmission reduction programme refresh that is currently being undertaken.

- CQUINs – The 14/15 CQUIN programme is in place, with a 2.5% value of the general contract. Month 5 data shows an increase in the number of FFT responses received in Inpatient areas (nearly 40%) but also an increase in the number of negative FFT responses received in these areas, from 1% to 3%. This will be addressed at a Divisional level with local action plans in place. The previous increase in negative responses in Maternity to 2% has now dropped to <1%. NHS Safety Thermometer data demonstrates a YTD reduction in the prevalence of Falls, Catheter Associated Urinary Tract infections and Category 2-4 pressure ulcers exceeding the required reduction targets of 25%, 25% and 5% respectively. The reporting process for the referral of COPD patients to the Community Respiratory Team continues to be explored to ensure that all referrals are included. The CQUIN measures related to the Specialised Services contract have not yet been agreed for 14/15.

PATIENT EXPERIENCE

Mixed Sex Accommodation – During Aug-14 there were no reportable mixed sex accommodation breaches to NHS England via the Unify2 system. These were not reported as they complied with current agreed criteria, such as clinical need. There were 8 clinically justified mixed sex accommodation occurrences affecting 57 patients (Last month there were 12 occurrences affecting 86 patients). The high number of clinically justified occurrences reported in previous months in the CDU at WHH has reduced this month. However the Trust is still seeing a high level of activity through both A&E and CDU at the WHH. The Trust is working closely with the CCGs in order to ensure that mixed sex bathroom occurrences are minimised as much as possible. The new policy and revised justifications are due to be ratified collaboratively during September.

Compliments & Complaints – During August we received 90 complaints, which is an increase on July (85), and remains high. One formal complaint has been received for every 826 recorded spells of care in comparison to July's figures where 1 formal complaint was received for every 1031 recorded spells of care. During August there were 46 informal contacts, 245 PALS contacts and 3060 compliments. The number of compliments received increased by 1.9% compared to the previous month. This slight increase is

primarily due to the department continuing to actively encourage the Divisions to report on compliments received. The ratio of compliments to formal complaints received for the month is 34:1, similar to last month which was 35:1. This represents one compliment being received for every 24 recorded spells of care.

The number of returning clients seeking greater understanding to their concerns during August was 19, which is a slight increase on July's number which was 15. This is where clients were seeking further resolution to their concerns. There were 5 for Urgent Care and Long Term Conditions Division, and 14 for the Surgical Division.

This month the Trust did not achieve the standard of responding to 85% of formal complaints within the agreed date with the client. We sent 77.9% of the responses out on time to clients during August. This is similar to July. No Division who had a complaint to respond to achieved the standard. However, 4 out of 5 Divisions sent out 75% of their responses on time. Performance monthly meetings continue where support is offered and monitoring of the response rates to enable achievement of the standard takes place. In addition the Trust Complaints Steering Group continues to meet and oversee complaints management and the delivery of the Improvement Plan. The Steering Group have agreed a number of internal performance metrics to monitor turnaround times of letters, calls and emails received by the Patient Experience Team, Divisions and the CEO office. The baseline data is being developed and improvement trajectories set.

- 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 satisfactory. The Trust's NPS was 55 in August slightly higher than in July (52). This is the combined satisfaction from 3725 responses from inpatients and A&E. Maternity services achieved 317 responses. The average NPS for each area can be broken down as:

    - Inpatients – 68
    - A&E – 39
    - Maternity – 81.

  We can therefore see that satisfaction with our maternity care remains high, but the inpatient score is lower this month (75 in July). A close look at the individual wards and their comments will be undertaken to ensure we address any issues patients are raising about specific areas. Work continues with the A&Es regarding their low NPS. This month their combined score improved from 28 last month to 39 this month against a national average of 53 for A&Es. The QEQM A&E scored 50, KCH 53 and the WHH 28. The WHH site has been under considerable pressure which may explain their lower score. An action plan is in place across the sites that address the issues our patients are telling us about. These are regarding waiting times, pain management, staff attitude, and food and drink availability. The A&Es have implemented 'comfort rounds' and have improved communication regarding waiting times to help patients. Water coolers are installed at WHH and will be installed at QEQM in the next few weeks. We are also taking part in the national A&E survey which will also give valuable insights.

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 August was 4.4 stars out of 5 stars and is the same as last month.

The response rate for Aug-14 for inpatients and A&E combined achieved 28.8%. This awaits Unify2 validation. The wards achieved a 39.5% response rate. The A&E departments achieved 21% this month exceeding their 15% standard. Maternity services achieved 14.2% combined which is below a 15% expectation. Please see the Table 1 below that expresses this:

Table 1 - Response Rates by Department – July 2014

Response Rates – July 2014		
Department	**Standard**	**Response Rate**
Inpatients	20%	39.5%
A&E	15%	21%
Maternity	15%	14.2%

This year our target is to achieve 20% response rates in A&E and 30% response rates for inpatients, both by Quarter 4. Comparison of response rates for June across Kent & Medway (the most recent county data validated) are shown in the Table 2 below:

Table 2 - Kent & Medway Comparison Response Rate Data

NB: July 2014 Data		
	A&E	**Inpatients**
EKHUFT	25.2%	36.9%
Dartford	10.2%	35.7%
MTW	16.2%	51.3%
Medway	16.6%	26.4%
National	**20.2%**	**38%**

We are embarking on the implementation plan for Outpatients FFT and Day Case FFT. This is due for National implementation in October. We have begun introducing it in September for a shadow month to embed the process. Ward teams are displaying a summary of their feedback using '*Wordalls'* and '*You Said, We Did'* posters to inform patients and visitors. The staff FFT has been implemented led by the Human Resources Department. Those data will be reported when the survey is completed.

CARE QUALITY COMMISSION

The Trust was initially rated as a Band 3 organisation based on the risk scores calculated by the CQC in the first Intelligent Monitoring Report published in October 2013. The banding process is no longer being adopted by the CQC. Three further reports have been issued since this time; the most recent being in July 2014. There are eight areas showing as a risk; two of these are classified as "elevated". These are the composite scores for the Central Alert System (CAS) where at the time, the Trust had 15 outstanding Estates and Facilities alerts and the number of whistle-blowing alerts from Trust staff made directly to the CQC. The outstanding CAS alerts have been

closed and this will not flag as a risk in the next iteration of the Intelligent Monitoring Report. This is a new indicator in the July 2014 report. The whistle-blowing alerts are not quantified by the CQC.

The remaining areas are classified as "risk". The number of Never Events occurring is the annual figure from 01 May 2013 to 30 April 2014. We have sought clarification on 2 of the reported Never Events from NHS England. The chest aspiration is not considered to fulfil the criteria, as this was undertaken outside an operating theatre environment. The retained pack, because it was knowingly inserted as a pack, rather than an unaccounted item during surgery, is also not considered a Never Event. We have alerted the commissioners and are awaiting a response.

The GMC enhanced monitoring risk is invoked when there are one or more entries where the GMC status is not closed over a period from 1 March 2009 to 21 April 2014.

The risk around orthopaedic conditions is specifically around head of femur replacement following trauma. The time period covering the alert has been extended in this report to two years and the CUSUM alerts seen in 2013/13 are now included. The team centred rating score for the Sentinel Stroke National Audit is at level “D”; in the most recent report the overall team-centred score this level is only levied at the KCH; the ratings for QEQM and the KCH are both “C”. This area of risk may have been incorrectly attributed. The 62 day cancer screening referral compliance was below the 90% level for quarter 4 of 2013/14. This is the time period of the assessment. The Trust is currently performing at above the 90% level for quarter 1 2014/15.

The Trust was placed in ‘Special Measures’ by Monitor at the end of August following publication of the CQC Report. The High Level CQC Action Plan is being developed and will be submitted to the CQC on the 23rd September 2014. Divisions are undertaking many of the actions while the plan is in development.

Two previous areas of risk have not alerted in this report:

1. Friends and Family Test
2. Patient Reported Outcome Measures (PROM) for primary knee replacement.

RECOMMENDATIONS:

The Board of Directors are invited to note the report and the actions in place to continue patient safety and quality improvement.

NEXT STEPS:

None. The metrics within this report will be continually monitored.

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.

LINKS TO BOARD ASSURANCE FRAMEWORK:

This report links to AO1 of the BAF: Implement the third year of the Trust's Quality Strategy demonstrating improvements in Patient Safety, Clinical Outcomes and Patient Experience / Person Centred Care.

IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:

Identified risks include:

1. Ability to maintain continuous improvement in the reduction of HCAIs in particular C-difficile and not meet the limit set by the Department of Health. An action plan is in place which is being monitored via the Infection Prevention and Control Committee;
2. Achieving all of the standards set out in the Quality Strategy Year 3. Mitigation is assured via close monitoring of all of the metrics; specific action plans in place to address the individual elements which are being monitored via Divisions and also corporately;
3. Continuing to maintain safe staffing when additional unfunded beds are opened for operational reasons as well as being able to fully recruit into all of the vacancies across the workforce. A recruitment plan is in place and aims to reduce the number of nursing vacancies. Divisions are working to appoint into the medical vacancies using overseas recruitment and locum doctors to fill the current gaps. To address the use of additional beds being required, Divisions are working with the CCGs for support from primary and community care;
4. Successful delivery of the CQC Improvement Plan. The high level plan is in development and is due to be shared with the CQC on the 23rd September. Divisions are undertaking many of the actions while the plan is in development.

FINANCIAL AND RESOURCE 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

ACTION REQUIRED:

(a) Discuss and agree recommendations.

(b) To note

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.