EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO:	**BOARD OF DIRECTORS**
DATE:	**30 OCTOBER 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 2014. Alignment with the corporate and divisional balanced scorecards has been reviewed.

- Performance is monitored via the Quality Assurance Board, Clinical Advisory 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 93.8% of our inpatients were deemed 'harm free' which is similar to last month (93.7%). This figure includes those patients admitted with harms and those who suffered harm whilst with us. The national figure is 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 97.7%, similar to last month (98.1%). Further analysis of these data shows that the prevalence of VTE, falls with harm and pressure ulcers were slightly raised. The remaining areas have reduced.

- Nurse Sensitive Indicators – In September there were 12 reported hospital acquired Category 2 pressure ulcers (17 in August). Five Category 2 pressure ulcers were deemed avoidable. Of the 5 avoidable ulcers, 3 occurred at KCH, 1 at QEH and 1 at WHH. The avoidable ulcers at KCH and WHH were due to lack of care planning documentation and repositioning entries, and at QEH due to poor positioning of a patient on a catheter tube. Progress has been made this month and the continuation of this trend will bring our figures back under our 25% reduction trajectory.

- In September, 1 patient developed deep pressure damage at QEH. This is currently presenting as a suspected deep tissue injury, and care failings included a delay in the provision of an active (air) mattress and the lack of care planning documentation. "Intensive" support is continuing on all 3 sites to continue to facilitate improvement. Following the "Think Heel" campaign, the heel ulcer trajectory shows a reduction of 21% total acquired heel ulcers and 66% avoidable heel ulcers. A further campaign started in October to target heels and repositioning.

- There were 162 patient falls recorded for September (156 in August), 1 was graded as severe which is currently under investigation; none were graded as death. There were 78 falls resulting in no injury, 76 in low harm and 7 in moderate harm. Of the 7 moderate harm falls, 6 resulted in fractures of which 2 occurred on Cambridge L (WHH); 1 resulted in a head injury at ECC (KCH). A RCA is carried out for all falls resulting in serious harm or fracture.

- Infection Prevention and Control –Trust wide mandatory Infection Prevention and Control training compliance for September is 83.9%, which is an improvement on August (82.5%). All Divisions are expected to improve their compliance and achieve 95% by March 2015.

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

- There were 6 cases of Clostridium difficile infection in September, bringing the year to date total to 32, against a limit of 23. No lapses of care were identified at the RCAs of these cases as per the Kent-wide agreement on "lapses of care" definitions (NHS England guidance). To date, retrospective analysis of all cases this year have shown 4 lapses of care around prescribing, and 1 lapse of care with cross infection.

  A Period of Increased Incidence (PII) was declared on Harbledown Ward at KCH, following 1 case in July and 1 case in August. 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 was held in September, and an action plan is in place.

The team continue to monitor the rates of E.coli and Meticillin Sensitive Staphylococcus Aureus (MSSA) Bacteraemias undertaking RCAs on those cases occurring within 30 days of a surgical procedure or related to a line insertion (MSSA only). Of the cases in September 5 MSSA cases required RCA. We await the learning from the RCA meetings.

- 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. These data are now being provided by CHKS and will be included in next months report.

- 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 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. The CHKS SHMI dataset is currently being validated and will be reported once the validation is complete.

- Risk Management – In Sep-14 a total of 1069 clinical incidents including patient falls were reported. This includes 2 incidents graded as death, and 3 graded as severe. All these incidents are under investigation. In addition to these 5 serious incidents, 14 incidents have been escalated as serious near misses, and are being investigated.

- Six serious incidents were required to be reported on STEIS in September. Seven cases have been closed since the last report; there remain 58 serious incidents open at the end of September. The Trust has had 7 incidents (closed on STEIS by the CCGs and NHS England Area Team). In addition, Canterbury CCG have confirmed that 1 incident has been referred to the NHS England Area team to be removed from STEIS. This was an avoidable hospital acquired pressure ulcer that was initially unstageable, but then assessed as a category 2 ulcer. There were 9 incidents awaiting Area Team or other external body review at the end of Sep-14. RCA reports have been presented to the Trust Quality Assurance Board, Patient Safety Board or to the site based Pressure Ulcer Panels. These included the findings of the investigations and action plans to take forward recommendations, including mechanisms for monitoring and sharing learning.

- There were 39 incidents of staffing difficulties recorded in September (45 in August). Twenty four of these related to insufficient nurses, 2 were inadequate skill mix, and 5 were insufficient doctors. The remaining were general staffing level difficulties. Top reporting locations were Kings D Male (WHH) and ITU (QEH) with 4 incidents each; Cambridge L (WHH) and Fordwich Stroke Unit (QEH) with 3 incidents each. Other areas reported 2 or fewer incidents. These are areas that sometimes provide additional bed capacity and use temporary staffing to meet the demand. Appendix 1 shows the percentage of shifts filled for these areas.

  The ward staffing business case continues to be 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. In September we have welcomed a cohort of 50 newly qualified nurses and also 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. Occupancy for Sept-14 shows a continued decreased position at 88.5%. In addition the Trust has seen a drop in the number of patients being nursed in an area outside of their Division mirroring the reduction in occupancy and unfunded bed use over the past two months. We are continuing to focus on the management of the Delayed Transfer of Care (DToC) list working with our CCG colleagues and social services, as well as providing additional reablement beds.

- Readmission Rates – Overall, since 2008, the Trust wide readmission rate has been gradually reducing. A "deep data dive" has been completed which examined current readmission patterns. A Project Initiation Document has been drafted as part of the Transformation Redesign Service Improvement Programme to reflect the outcome of this deep dive and subsequent recommendations.

- CQUINs – The 14/15 CQUIN programme is in place, with a 2.5% value of the general contract. The FFT measures included in the programme have been updated in the report as per the contract to reflect national requirements. These measures focus on response rates. The Month 6 data shows a reduction in the number of FFT responses received in Inpatient areas (less than 35%) which continues to meet the requirement for at least 30% but indicates greater challenge in reaching 40% in March 2015. FFT response rates from A&E have also dropped to under 20%. This will be addressed at a Divisional level with local action plans in place. NHS Safety Thermometer data demonstrates a year to date 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 accuracy of the reporting process for the referral of COPD patients to the Community Respiratory Team and to the stop Smoking Service has been improved and the data for the full year and the 13/14 baseline data has been refreshed. The development of an Integrated Care Heart Failure Pathway is underway with audit of the existing pathway planned for later this year. A Clinically led internal working group is needed to progress developments in the COPD pathway and this is not yet in place, putting the CQUIN at risk. The CQUIN measures related to the Specialised Services contract have not yet been agreed for 14/15.

PATIENT EXPERIENCE

Mixed Sex Accommodation – During Sep-14 there were no reportable mixed sex accommodation breaches to NHS England via the Unify2 system. There were 6 clinically justified mixed sex accommodation occurrences affecting 47 patients. This compares to 8 occurrences affecting 57 patients last month. The Trust is working closely with the CCGs in order to ensure that mixed sex bathroom occurrences are minimised as much as possible. Collaborative work continues with the CCGs where the policy scenarios have been revised. This new policy and revised justifications are due to be ratified collaboratively. In addition, a review of the way we measure and report our mixed sex accommodation data is being undertaken during October by external auditors.

Compliments & Complaints – During September we received 134 complaints, which is the highest to date this year. One formal complaint has been received for every 627 recorded spells of care in comparison to August's figures where 1 formal complaint was received for every 826 recorded spells of care. During September there were 64 informal contacts (concerns), 242 PALS contacts and 2794 compliments. The ratio of compliments to formal complaints received for the month was 20:1, a decrease on last month (34:1). This represents one compliment being received for every 30 recorded spells of care.

The number of returning clients seeking greater understanding to their concerns during September was 12, which is a decrease on the previous 2 months. There were 4 for Urgent Care and Long Term Conditions Division, and 5 for the Surgical Division and 3 for the Specialist Services 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 76% of the responses out on time to clients during September. This is similar to the previous 2 months. Specialist Services and Clinical Support Services Divisions did achieve the standard this month.

Further work is underway with each of the Divisional leads where a recovery plan is in place to address the number of open complaints and concerns, as well as working within the Divisions to address the themes arising from the complaints and embed the learning. 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 have been agreed. The baseline data is being developed and improvement trajectories set.

- Friends and Family Test – This month we received 3363 responses from inpatients and A&E patients. Maternity services achieved 526 responses. The response rates and satisfaction scores are depicted in the table below:

Table 1 - Response Rates & Net Promoter Score – September 2014

Response Rates & Net Promoter Score – September 2014				
	Department	**Standard**	**Response Rate**	**NPS**
	Inpatients	20%	34.5%	66
	A&E	15%	19.4%	28
	Maternity	15%	23.4%	78

Both the response rates and the NPS for Inpatients and A&E have reduced this month. This provides us with a Trust response rate (A&E and Inpatients combined) of 25.9% and a Trust NPS of 49 which is the lowest NPS we have received. Our star rating for this month equals 4.3 out of 5.0, again marginally lower than last month. We can, however, see that satisfaction with our maternity care remains high. These data have been shared with the wards and departments where the individual comments are being scrutinised so that we can make improvements in response to the feedback. Local action plans are in place across all areas, with a specific focus on A&E at WHH.

Outpatients and Day Cases came on line during the latter part of September ahead of the 'go live' date of October. Their feedback will be reviewed in a similar way to ensure continuous improvement takes place.

This year our target is to achieve 20% response rates in A&E and 40% response rates for inpatients, both by Quarter 4. Comparison of response rates for August 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: August 2014 Data		
	A&E	**Inpatients**
EKHUFT	21.09%	39.5%
Dartford	14%	26.3%
MTW	14.5%	42.5%
Medway	14.3%	25.1%
National	**19.9%**	**36.3%**

The staff FFT has been implemented led by the Human Resources Department. This asks staff how likely they are to recommend this organisation to friends and family if they require care or treatment, and how likely they are to recommend this organisation to friends and family as a place to work. There were 2442 responses representing a 34% response rate. The percentage of staff saying they would recommend the Trust to their friends and family if they needed care or treatment was 70% against a Picker Survey average of 79%. The percentage of staff that would recommend the Trust as a place to work was 45% against a Picker Survey average of 64%. Divisions are working on specific responses to their data and the Trust wide cultural change programme is being developed and will incorporate the roll-out of the 'We Care' Programme.

CARE QUALITY COMMISSION

We await the next refresh on October 21st 2014 of the Intelligent Monitoring Report. Following the CQC Report the Improvement Plan has been submitted to the CQC and Monitor during September and continues to be progressed. Our Improvement Director Sue Lewis has been appointed by Monitor to provide us with advice, to observe progress on the implementation and embedding of the improvements, and to liase with the Monitor Regional Team as part of the performance review requirements. The first monthly report on progress has been submitted to NHS Choices and has been published on our website.

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 meeting 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. The maintenance and improvement in patient satisfaction as depicted by the deterioration in the Friends and Family Test score, and the increase number of complaints received by the Trust during September. Divisions are addressing specifically the feedback and developing plans to address these concerns;
4. Successful delivery of the CQC Improvement Plan. The high level plan has been shared with the CQC on the 23rd September. Divisions are progressing the actions and monthly meetings with Monitor are in place.

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.

East Kent Hospitals University NHS
NHS Foundation Trust

Appendix 1 - The Publication of Nurse Staffing Data – September 2014

Introduction

In accordance with National Quality Board requirements to provide assurance on safe staffing the Trust is now publishing staffing data in the following ways:

- Information about nurses, midwives and care staff deployed, by shift, against planned levels has been displayed at ward level since April. The levels are displayed using a red, amber green status; green depicts staffing levels are as planned; amber depicts that the ward is slightly short staffed but not compromised; red rag rating depicts an acute shortage for that shift. The display allows staff to explain the reasons for any shortage and also what actions they have taken to mitigate the situation, thereby offering assurance to patients and visitors;
- The April ward staffing review was reported to the June Board of Directors and will be repeated every 6 months. The next review will also include A+E departments, Theatres and Midwifery;
- Monthly reports detailing planned and actual staffing on a shift by shift basis for the previous month has been presented monthly to the Board since May. This report is also published on the Trust website and to the relevant hospital webpage on NHS choices.

Planned and actual staffing

Revised National Quality Board guidance published in May 2014 outlined the requirement for % fill of planned and actual hours to be identified by registered nurse and care staff, by day and by night, and by individual hospital site. Reported data is derived from the E-Rostering and NHS-Professionals systems and aggregated fill rates in September are over 99% at QEQM, almost 99% at WHH and over 95% across K&C, shown in Figure 1.

Figure 1. % hours filled planned against actual by site during September 2014

	% Hours filled - planned against actual Sept 2014				
	DAY		NIGHT		
Hospital site	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Overall % hours filled
Kent & Canterbury	96.8%	86.9%	96.4%	111.3%	95.65%
Queen Elizabeth the Queen Mother	94.1%	103.5%	102.4%	102.1%	99.09%
William Harvey	95.7%	104.7%	97.7%	102.6%	98.83%

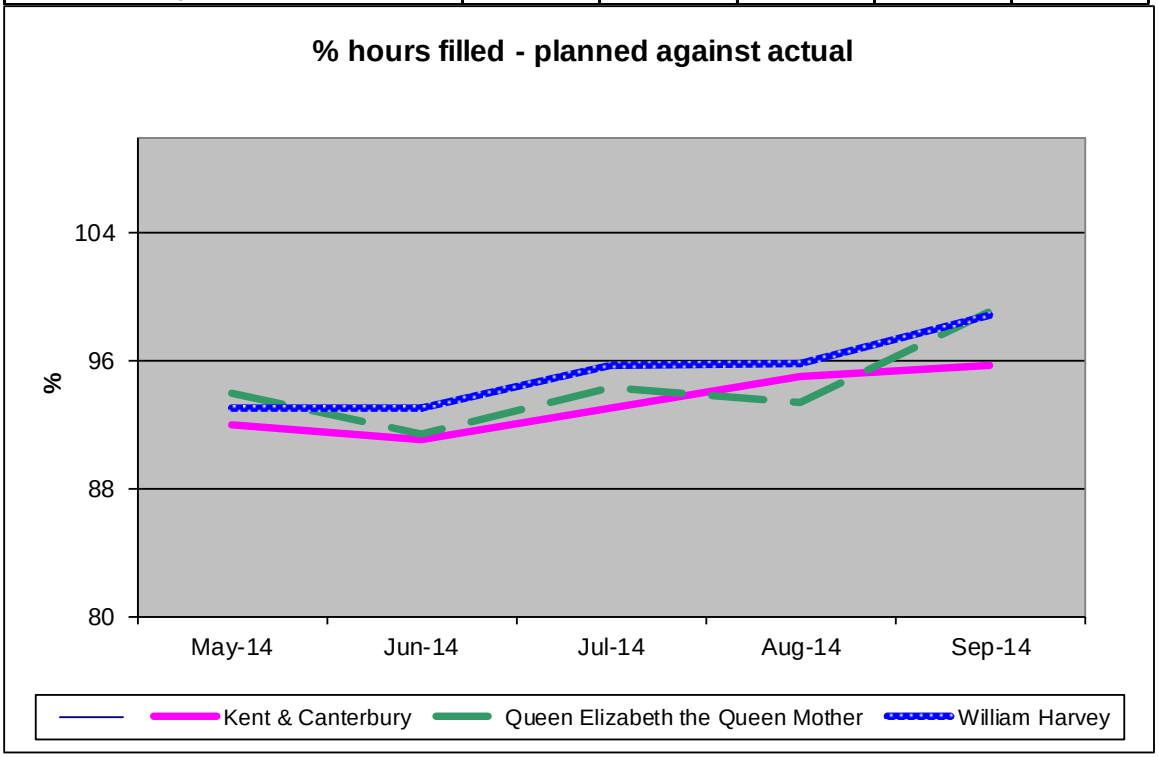
It should be possible to fill 100% of hours if:

- There are no vacant posts;
- All vacant planned shifts are covered by overtime or NHS-P shifts;
- Annual leave, sickness and study leave is managed within 22%.

Gradual improvement has been seen over the first 5 months of reporting, shown in figure 2. Work to ensure that roster templates closely reflect the budgeted establishments and include shifts necessary for additional beds has supported the increased fill rates seen.

Figure 2. % hours filled planned against actual 2014/15

% Hours filled - planned against actual 2014/15					
Hospital site	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Kent & Canterbury	92	91.08	93.05	94.97	95.65
Queen Elizabeth the Queen Mother	94	91.34	94.26	93.37	99.09
William Harvey	93	93.16	95.66	95.82	98.83



External senior nursing leaders have reported that:

- It is still too soon to say which organisations have concerning levels of staffing using this data;
- Some Trusts may achieve high % fill rates but have planned for what are already sub-optimal levels;
- Many Trusts reporting the lowest fill rates have invested in to nursing in the last year;
- There may be inconsistencies in the methodology as those Trusts using E-Rostering tend to report lower fill rates.

Figure 3 shows total monthly hours actual against planned and % fill during September 2014 by ward. Work has been undertaken to explore the reasons for the gap, the impact and the actions being taken to address the gap. Some wards achieve higher than 100% due to additional shifts worked through NHS-P during times of increased demand and additional bed use.

No national RAG rating tolerances have been determined, but wards achieving under 80% have been RAG rated Red, in Figure 3, and detail is provided on contributory factors.

Data validation and sign-off steps have been implemented and the data will be reported externally via Unify/NHS Choices on 15th October. The national data will be published representing each hospital site on the NHS Choices website.

Figure 3. Total monthly hours actual against planned and % fill by ward during September 2014

	DAY				NIGHT				DAY		NIGHT		
	Registered nurses		Care staff		Registered nurses		Care staff						
Division / Ward	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Comments
Urgent Care & LongTerm Conditions													
Cambridge J	1700.00	1773.98	844.00	1220.60	696.50	1006.75	690.00	901.50	104.35	144.62	144.54	130.65	
Cambridge K	2039.50	1680.50	791.50	811.00	690.00	690.00	690.00	655.50	82.40	102.46	100.00	95.00	
Cambridge M2	1269.00	1302.86	847.00	763.14	720.00	721.34	360.00	364.00	102.67	90.10	100.19	101.11	
Coronary Care Unit (K&C)	1077.50	955.51	119.00	0.00	690.00	690.00	0.00	0.00	88.68		100.00		HCA .66 WTE Vacancy
Coronary Care Unit (QEQMH)	1377.50	1295.50	572.50	435.00	600.00	600.00	300.00	295.25	94.05	75.98	100.00	98.42	HCA 28% AL
Coronary Care Unit (WHH)	1869.00	1614.00	360.00	392.50	1380.00	1204.00	232.00	230.00	86.36	109.03	87.25	99.14	
Minster	1483.50	1307.16	1344.00	1134.55	630.00	620.00	630.00	729.00	88.11	84.42	98.41	115.71	
Oxford	1047.50	1108.00	662.50	604.50	690.00	534.00	345.00	418.25	105.78	91.25	77.39	121.23	RN 1.3 vacancy
Sandwich Bay	1240.00	1077.70	1005.00	1424.92	630.00	631.75	535.50	530.00	86.91	141.78	100.28	98.97	
St Margarets	1342.50	1165.77	1345.00	1514.57	600.00	537.00	340.00	554.00	86.84	112.61	89.50	162.94	
Deal	1716.00	1773.75	1164.00	1047.58	600.00	625.75	600.00	483.75	103.37	90.00	104.29	80.63	
Harvey	972.50	881.50	1112.00	1007.00	690.00	610.50	345.00	415.00	90.64	90.56	88.48	120.29	
Invicta	1296.50	1443.41	1045.50	865.98	720.00	696.00	360.00	520.00	111.33	82.83	96.67	144.44	
Cambridge L	2065.00	1713.00	1167.50	1090.44	690.00	678.50	690.00	905.25	82.95	93.40	98.33	131.20	
Treble	1234.50	1124.05	1172.50	1084.75	690.00	701.50	345.00	574.83	91.05	92.52	101.67	166.62	
Mount/McMaster	1065.00	1154.50	1359.00	1084.26	720.00	720.00	360.00	426.75	108.40	79.78	100.00	118.54	HCA 7% sickness
Fordwich Stroke Unit	2118.50	1956.67	934.50	1132.50	945.00	999.00	630.00	706.50	92.36	121.19	105.71	112.14	
Kingston Stroke Unit	1670.50	1605.67	1055.50	849.50	1035.00	1035.00	690.00	725.00	96.12	80.48	100.00	105.07	
Richard Stevens Stroke Unit	1942.00	1617.50	1049.00	1243.50	1035.00	955.00	690.00	656.50	83.29	118.54	92.27	95.14	
Harbledown	1267.50	1386.18	1170.00	1136.17	720.00	720.00	720.00	745.00	109.36	97.11	100.00	103.47	
QE CDU	2226.00	2297.81	1560.00	1349.26	1320.00	1179.75	660.00	663.25	103.23	86.49	89.38	100.49	
WH CDU/Bethersden	3068.00	3290.25	1742.00	1406.00	2412.00	2241.75	852.00	756.50	107.24	80.71	92.94	88.79	
Surgical Services													
Rotary Suite	1584.00	1587.09	1042.50	876.52	660.00	660.00	330.00	337.58	100.20	84.08	100.00	102.30	
Cheerful Sparrows Female	1172.50	1711.43	897.00	944.31	600.00	587.17	600.00	579.25	145.96	105.27	97.86	96.54	
Clarke	2352.50	2001.58	1435.00	1429.36	660.00	649.00	660.00	661.75	85.08	99.61	98.33	100.27	
Cheerful Sparrows Male	1182.00	1047.01	873.00	1063.92	660.00	724.33	660.00	759.00	88.58	121.87	109.75	115.00	
Kent	1489.66	1445.16	978.75	914.08	690.00	690.00	387.00	340.00	97.01	93.39	100.00	87.86	
Kings B Ward - WHH	1380.00	1245.55	1213.50	1284.49	690.00	691.33	547.50	513.96	90.26	105.85	100.19	93.87	
Kings A2	1051.00	1156.81	954.25	871.58	690.00	682.50	345.00	427.50	110.07	91.34	98.91	123.91	
Kings C1	1449.55	1482.50	1122.39	1430.15	690.00	703.50	690.00	705.50	102.27	127.42	101.96	102.25	
Kings C2	1618.00	1335.51	1143.50	1048.00	690.00	624.00	598.00	713.00	82.54	91.65	90.43	119.23	
Kings D male & Female	2516.00	2040.68	1807.75	2133.17	1380.00	1341.50	1035.00	1320.23	81.11	118.00	97.21	127.56	
Quex	1508.00	1077.68	359.50	600.08	600.00	591.00	300.00	294.00	71.46	166.92	98.50	98.00	RN 3.2 vacancy
Seabathing / Bishopstone	2701.50	3004.17	2475.00	2628.83	1230.00	1317.50	1230.00	1224.50	111.20	106.22	107.11	99.55	
Critical Care - WHH -	2896.50	3692.26	596.50	990.83	2760.00	3382.00	172.50	172.50	127.47	166.11	122.54	100.00	
Critical Care - KCH	2400.00	2240.25	196.50	305.00	2070.00	1865.25	58.50	58.50	93.34	155.22	90.11	100.00	
Critical Care - QMH	3162.00	2809.01	351.50	332.00	1977.00	2190.00	0.00	0.00	88.84	94.45	110.77	N/A	
Specialist Services													
KC Marlowe Ward	2849.00	2789.91	1629.50	1188.33	1344.00	1264.00	719.50	701.50	97.93	72.93	94.05	97.50	HCA 5.07 vacancy
WH NICU	3744.00	3091.40	274.00	510.82	3450.00	2836.75	138.00	138.00	82.57	186.43	82.22	100.00	
WH Padua Ward	2765.00	2940.00	815.00	795.50	1380.00	1414.50	207.00	172.50	106.33	97.61	102.50	83.33	
QE Rainbow Ward	2230.00	2096.84	696.00	815.00	1034.00	990.00	0.00	0.00	94.03	117.10	95.74	N/A	
QE Birchington Ward	1395.00	1080.03	672.50	848.09	660.00	640.50	330.00	351.75	77.42	126.11	97.05	106.59	RN 30% AL
WH Kennington Ward	737.30	800.89	727.30	744.58	720.00	587.50	118.50	118.50	108.62	102.38	81.60	100.00	
KC Brabourne Haematology Ward	948.00	991.50	301.50	195.26	720.00	721.50	0.00	0.00	104.59	64.76	100.21		1 of 2 HCAs on ML
WH Maternity Labour and Folkestone+ M	4307.50	4187.35	1905.00	1374.00	3105.00	2950.00	1380.00	782.00	97.21	72.13	95.01	56.67	MCA 4.9 vacancy
MLU WHH	782.50	825.75	395.00	363.50	690.00	614.50	345.00	322.00	105.53	92.03	89.06	93.33	
QE Maternity Wards + MCA	3265.00	3180.59	2020.00	1366.80	2362.50	2157.17	1012.50	843.75	97.41	67.66	91.31	83.33	MCA 3.9 vacancy
QE MLU	757.50	788.00	380.00	388.50	337.50	641.25	337.50	315.00	104.03	102.24	190.00	93.33	
QE SCBU	1410.50	1043.17	292.45	247.50	1035.00	1001.50	0.00	0.00	73.96	84.63	96.76	N/A	RN 2.21 vacancy

CLINICAL QUALITY & PATIENT SAFETY PERFORMANCE SUMMARY

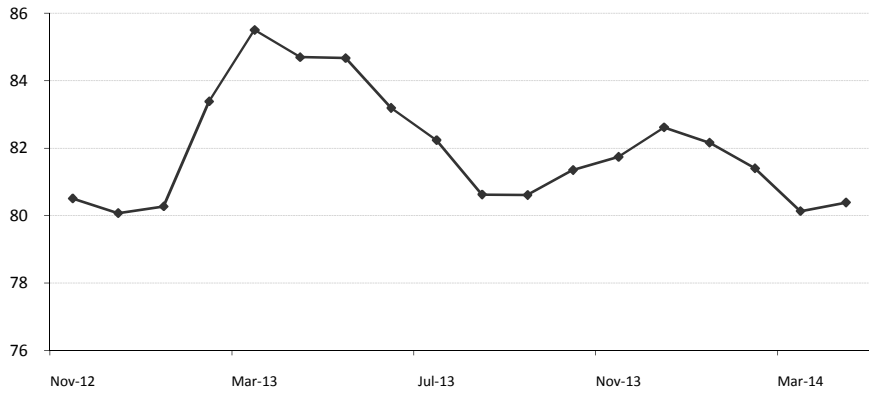
Introduction

A summary of key trends and actions of the Trust's performance against the clinical quality and patient safety indicators is provided together with supporting narrative. The report is structured around the key themes of the annually published Quality Report/Account; Patient Safety, Patient Experience and Clinical Effectiveness.

	Measure	Improvement Metric		Target 14/15	Mar-14	Mar-13	vs Mar-13	YTD
Patient Safety	Mortality Rates	HSMR		-	80.4	84.7	↓	80.4
					Q2 13/14	Q2 12/13	vs Q2 12/13	YTD
		SHMI (%)		-	86.32%	88.78%	↓	-
					Sep-14	Sep-13	vs Sep-13	YTD
		Crude Mortality: All Ages (Per 1 000)	Non-Elective	-	24.560	27.684	↓	26.807
			Elective	-	0.324	0.000	↑	0.279
	Risk Management	Serious Incidents (STEIS)	New Incidents	-	6	1	↑	-
			Open Incidents	-	58	23	↑	Cumul.
	HCAI	MRSA	Attributable	5	1	5	↓	Cumul.
		C. difficile	Post 72h	47	32	28	↑	Cumul.
	Infection Prevention	Mandatory Training Compliance (%)		95.0%	83.9%	87.1%	↓	83.1%
	Harm Free Care (HFC)	Safety Thermometer HFC (%) - Old & New Harm	EKHUFT	93.0%	93.8%	91.0%	↑	94.1%
			National	-	93.7%	93.2%	↑	-
	Nurse Sensitive Indicators	Pressure Ulcers: Category 2,3 and 4	Acquired	-	13	29	↓	110
			Avoidable	99	6	10	↓	40
		Falls		-	162	163	↓	977
	Clinical Incidents	Total Clinical Incidents		-	1069	1009	↑	6481
Patient Experience	Compliments and Complaints	Compliments:Complaints		-	20:1	15:1	↑	-
		No. Care Spells per Formal Complaint		-	627	1091	↓	-
	Experience	Friends and Family Test (Star Rating)		5.0	4.3	4.6	↓	-
		Adult Inpatient Experience (%)		80.00%	87.84%	89.50%	↓	-
		Mixed Sex Accommodation Occurrences		-	6	2	↑	52
Clinical Effectiveness	Readmission				Aug-14	Aug-13	vs Aug-13	YTD
		7 Day (%)		2.00%	4.37%	4.15%	↑	4.37%
		30 Day (%)		8.32%	8.81%	8.78%	↑	8.92%
	CQUIN				Sep-14	Sep-13	vs Sep-13	YTD
		Standard Contract CQUIN		Multiple			↔	
		Specialist CQUIN		Multiple			↔	
	Bed Usage	Bed Occupancy (%)		-	88.45%	91.64%	↓	-
		Extra Beds (%)		-	5.21%	6.98%	↓	5.67%
		Outliers		-	16.77	30.00	↓	141.87
		Delayed Transfers of Care (Average)		-	32.25	41.25	↓	36.30
Care Quality Commission	Intelligent Monitoring Report	Outcome Measures	Risks	-	6	-		-
			Elevated Risks	-	2	-		-

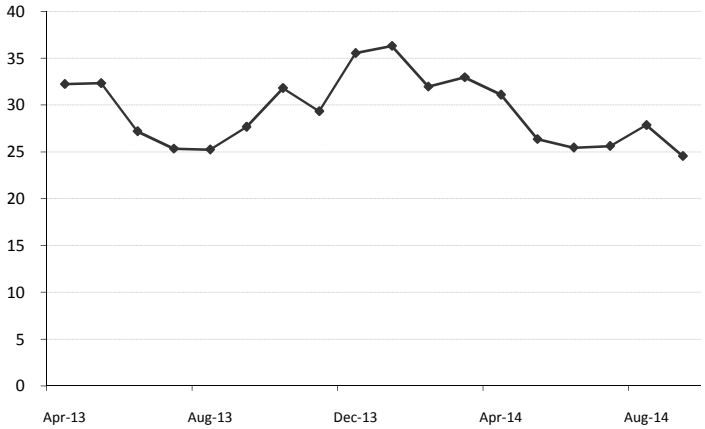
CLINICAL QUALITY & PATIENT SAFETY
PATIENT SAFETY: MORTALITY RATES

Hospital Standardised Mortality Ratio (HSMR) - All Discharges



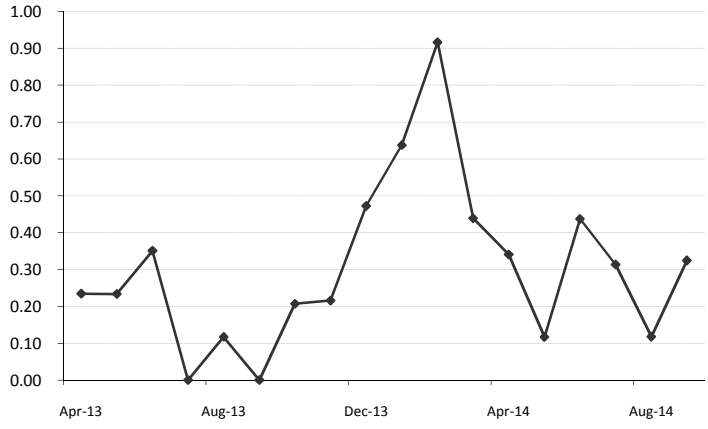
Performance at Trust level remains good across all mortality indicators with the 12 month rolling HSMR equalling 80.4 at the end of Apr-14 (that is, showing a 0.3 increase against March), and is in line with the trend demonstrated by the crude mortality metric. This also is a reflection of seasonal fluctuations, although it is hoped rates will be more consistent during Q4. HSMR for recent months is not yet reported due to the change in systems from Dr Foster to CHKS, however this will be updated in next month's report.

Crude Mortality - Non-Elective per 1 000



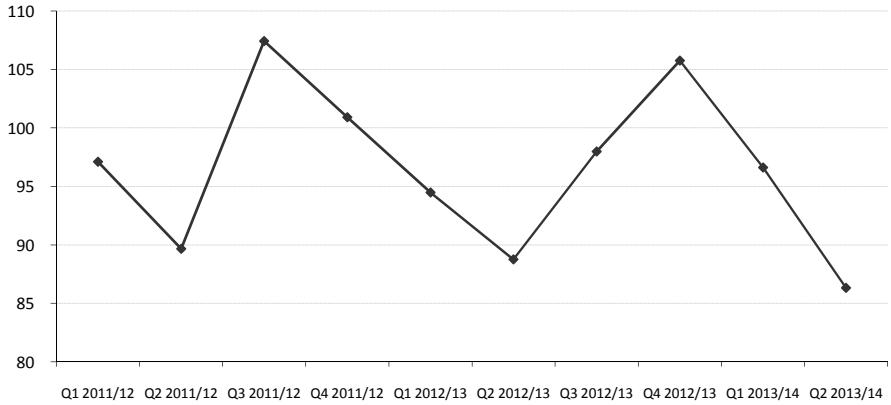
Crude mortality for non-elective patients shows a fairly seasonal trend with deaths higher during the winter months. The winter peak during 2013/14 has since faded, and following this trend the performance in Sep-14 equalled 24.560 deaths per 1 000 population against August's position of 27.859. This trend appears to have stabilised through the summer months.

Crude Mortality - Elective per 1 000



During February elective crude mortality was 0.916 deaths per 1 000 population, which dropped back to expected levels as seen in March at a rate of 0.439. April's position stabilised this once more, achieving 0.341 and again in May, achieving 0.117. Since May levels appear to be following seasonal trends with the position in Sep-14 equalling 0.324 deaths per 1 000 population, which is higher than the previous month (i.e. 0.118 deaths per 1 000 population).

Summary Hospital Mortality Indicator (SHMI)



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. During the latter part of 2011/12 SHMI for EKHUFT was higher than other mortality indicators at over 100. Improvements have been made over the last year. Data for Q2 2013/14 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.

Serious Incidents - Open Cases

Date		Summary of Serious Incident & Remedial Action Taken	IX lv	Division	Timely Submit?
Incident	STEIS Report				
11-Aug-14	12-Sep-14	Fall - arm weakness	1	UCLTC	Not Due
25-Aug-14	12-Sep-14	Delayed Diagnosis	1	UCLTC	Not Due
29-Aug-14	12-Sep-14	Unexpected Admission - NICU	2	Specialist	Not Due
2-Sep-14	5-Sep-14	Hospital Transfer Issue	1	UCLTC	Not Due
3-Jul-14	2-Sep-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	Surgical	Not Due
15-Jun-14	1-Sep-14	Delayed Diagnosis	1	UCLTC	Not Due
21-Aug-14	29-Aug-14	Unexpected Admission - NICU	2	Specialist	72h report sent
24-Aug-14	29-Aug-14	Delayed Diagnosis	1	Surgical	Extension
27-Aug-14	29-Aug-14	Intrapartum Death - term infant	2	Specialist	72h report sent
3-Aug-14	13-Aug-14	Unexpected Admission - NICU	2	Specialist	72h report sent
13-Aug-14	13-Aug-14	Adverse Media Coverage - CQC report and breach of licence as Foundation Trust	2	Trust	Not Due
23-Jul-14	30-Jul-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	Breach
19-Jul-14	23-Jul-14	Unexpected Death - neonatal	2	Specialist	Stop the Clock
7-Jul-14	18-Jul-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	Breach
7-Apr-14	10-Jul-14	Fall - resulting in permanent harm	1	UCLTC	Yes
3-May-14	10-Jul-14	Fall - contributing to death	1	UCLTC	Yes
27-Jun-14	4-Jul-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	Yes
3-Jul-14	4-Jul-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	Yes - dwngd
17-Jun-14	1-Jul-14	Intrauterine Death	2	Specialist	Yes
26-Jun-14	27-Jun-14	Unexpected Death - neonatal	2	Specialist	Stop the Clock
16-Jun-14	26-Jun-14	C. diff and Healthcare Acquired Infections	1	UCLTC	Yes
23-Jun-14	26-Jun-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	Breach
28-May-14	16-Jun-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	Surgical	Yes
20-Mar-14	13-Jun-14	Fall - resulting in subdural haematoma	1	UCLTC	Yes
20-May-14	2-Jun-14	Missed Diagnosis - meningitis	2	Specialist	Yes
27-May-14	2-Jun-14	Unexpected Death	1	UCLTC	No
19-May-14	21-May-14	Unexpected Admission - NICU	2	Specialist	Extension
7-Mar-14	13-May-14	Unexpected Death - endoscopic bleed	1	UCLTC	Yes
10-Mar-14	13-May-14	Unexpected Admission - term baby to NICU	2	Specialist	Yes
11-May-14	12-May-14	Suboptimal Care - deteriorating patient	1	UCLTC	No
5-May-14	9-May-14	Unexpected Admission - NICU	2	Specialist	Yes
6-May-14	8-May-14	Unexpected Death - displacement of tracheostomy tube	1	UCLTC	No
31-Mar-14	1-May-14	Serious Injury - upper limb infarction following cannulation	1	UCLTC	Yes
28-Apr-14	29-Apr-14	Surgical Error - agency surgeon		Surgical	No
27-Mar-14	28-Apr-14	Category 4 hospital acquired pressure ulcer (avoidable)	1	UCLTC	No
13-Jan-14	24-Apr-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	No
18-Mar-14	11-Apr-14	Unexpected Death - transfer/missed diagnosis	1	UCLTC	No
7-Apr-14	11-Apr-14	Category 3 hospital acquired pressure ulcer (avoidable)		UCLTC	No
8-Apr-14	10-Apr-14	Unexpected Death - post debridement	1	Surgical & UCLTC	No
3-Apr-14	3-Apr-14	Never Event - retained vaginal swab post delivery	2	Specialist	No
3-Apr-14	3-Apr-14	Intrapartum Death - placental abruption	2	Specialist	Yes
10-Mar-14	24-Mar-14	Suboptimal Care - deteriorating patient		Surgical	No
19-Feb-14	13-Mar-14	Unexpected Death - pericardial effusion	1	UCLTC	No
1-Mar-14	10-Mar-14	Never Event - wrong site pleural aspiration	2	UCLTC	No
9-Jan-14	25-Feb-14	Unexpected Death - venous thomboembolism at 6 weeks postoperative		Surgical	Yes
11-Oct-13	30-Oct-13	Allegation against a member of staff	1	UCLTC	Not Due
Aug-13	14-Aug-13	Media Interest - delayed implementation of PACS/RIS replacement resulting in a backlog of patient bookings across all modalities	0	Clinical Support	Stop the Clock
22-Jan-13	24-Jan-13	Never Event - wrong site surgery: pleural aspiration	2	UCLTC	Yes
7-Jan-13	11-Jan-13	Never Event - wrong site surgery: Ophthalmology	2	Surgical	Yes

Serious Incidents - Partially Closed Cases

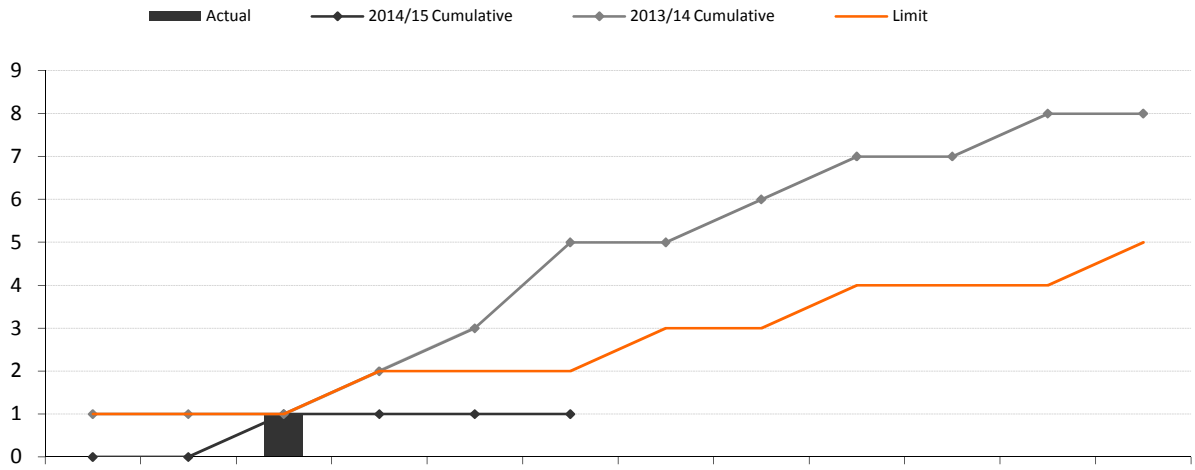
Serious Incidents closed by KMCS but remaining open on STEIS pending review by external bodies.

Date		Summary of Serious Incident & Remedial Action Taken	IX lv	Division
Incident	STEIS Report			
8-Mar-14	13-May-14	Missed Diagnosis - meningitis	2	UCLTC
16-Apr-14	22-Apr-14	Unexpected Admission - NICU	2	Specialist
5-Apr-14	10-Apr-14	Unexpected Admission - NICU	2	Specialist
19-Mar-14	20-Mar-14	Neonatal Death - home birth	2	Specialist
24-Jan-14	24-Jan-14	Neonatal Death - unexpected breach delivery at home, taken to QEH	2	Specialist
6-Nov-13	11-Nov-13	Never Event - misplaced nasogastric tube	2	UCLTC
17-Jun-13	27-Jun-13	Screening Issue - diabetes eye screening programme and Hospital Eye Services (HES)	1	UCLTC
28-Nov-12	14-Feb-13	Unexpected Death	1	Surgical
4-Sep-12	13-Sep-12	Neonatal Death - following shoulder dystocia	1	Specialist

Six serious incidents were reported on STEIS during Sep-14. These were: 2 delayed diagnoses, an avoidable hospital acquired Category 3 pressure ulcer, a hospital transfer issue, a fall (considered to have caused permanent harm), and an unexpected admission to NICU. The Trust has had 7 incidents closed on STEIS by the CCGs and NHS England Area Team. In addition, Canterbury CCG have confirmed that 1 incident (an avoidable hospital acquired unstageable pressure ulcer) has been referred to the NHS England Area team to be removed from STEIS as it did not result in serious harm. There were 9 incidents awaiting Area Team or other external body review at the end of Sep-14. Root Cause Analysis (RCA) reports have been presented either to the Trust Quality Assurance Board, Patient Safety Board or to the site based Pressure Ulcer Panels. These included the findings of the investigations and action plans to take forward recommendations, including mechanisms for monitoring and sharing learning. At the end of Sept-14 there were 58 serious incidents open on STEIS.

CLINICAL QUALITY & PATIENT SAFETY
PATIENT SAFETY: HOSPITAL ACQUIRED INFECTIONS

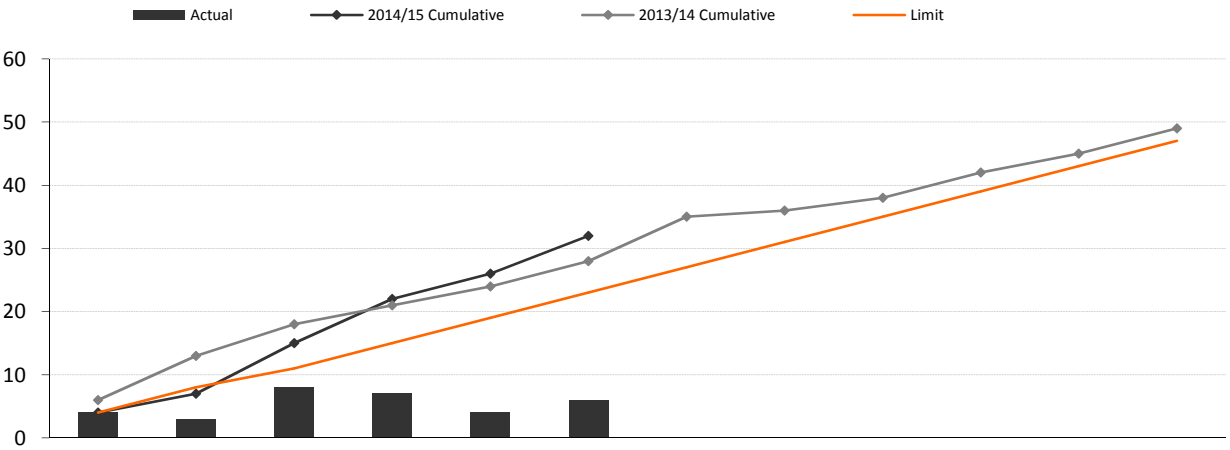
MRSA Bacteraemia - Trust Assigned Cases



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Actual	0	0	1	0	0	0						
2014/15 Cumulative	0	0	1	1	1	1						
2013/14 Cumulative	1	1	1	2	3	5	5	6	7	7	8	8
Limit	1	1	1	2	2	2	3	3	4	4	4	5

There were no cases of MRSA bacteraemia in September. The number of Trust assigned cases to date is 1.

Clostridium difficile - Incidents Post 72h



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Actual	4	3	8	7	4	6						
2014/15 Cumulative	4	7	15	22	26	32						
2013/14 Cumulative	6	13	18	21	24	28	35	36	38	42	45	49
Limit	4	8	11	15	19	23	27	31	35	39	43	47

There were 6 cases of C. difficile infection in Sep-14, bringing the YTD total to 32 against an annual objective of 47, and breaching the Q2 2014/15 trajectory of 23 cases. One case occurred within Specialist Services Division (Marlowe Ward at KCH); 2 cases within UCLTC (Cambridge K Ward at WHH and Minster Ward at QEH), and 3 within the Surgical Services Division (Cheerful Sparrows Female Ward and Bishopstone Ward at QEH, and Kings D Male Ward at WHH). No lapses of care were identified at RCA. To date, retrospective analysis of all RCAs associated with C. difficile infection have identified 5 lapses of care; 4 were associated with prescribing, and 1 with cross-infection. A Period of Increased Incidence (PII) was declared on Harbledown Ward at KCH on the 18 Aug-14, and the ward was placed in "Special Measures" due to on-going infection control concerns. A PII/Special Measures meeting was held on the 15 Sep-14 and an action plan is in place.

The Diarrhoea Assessment Tool (DAT) has been revised and was re-issued on the 26 September, along with the Alternative (Chocolate) Stool Chart and the Competency Assessment Tool for the Management of Patients with Diarrhoea. Over the coming weeks the IPC Specialist Nurses will be working with the nursing staff/IPC Link Practitioners to embed these tools into working practices.

The 6 month trial/pilot of Deprox (i.e. high level disinfection with hydrogen peroxide vapour) will be moving into the second phase of the roll out, with implementation of Deprox at WHH from the 6 Oct-14.

PATIENT SAFETY: HOSPITAL ACQUIRED INFECTIONS

Escherichia coli Bacteraemia - Incidents Pre and Post 48h

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly Average	Total YTD
2014/15	Pre 48h	32	36	32	37	25	39							33.5	201
	Post 48h	9	1	8	7	6	5							6.0	36
2013/14	Pre 48h	30	33	41	37	28	42	36	36	26	31	29	33	33.5	30
	Post 48h	4	3	4	12	3	12	10	4	8	8	6	11	7.1	4

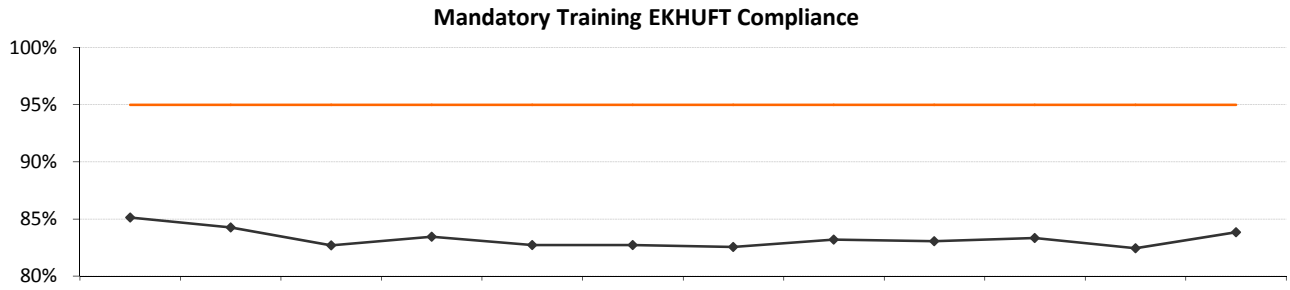
There were 44 E. coli bacteraemias in September, that is, 39 cases pre 48h and 5 cases post 48h. None require RCA.

Meticillin Sensitive Staphylococcus Aureus (MSSA) Bacteraemia

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly Average	Total YTD
2014/15	Pre 48h	7	6	6	7	7	9							7.0	42
	Post 48h	1	1	3	0	4	2							1.8	11

There were 11 MSSA bacteraemias in September; 9 cases pre 48h and 2 post 48h. Five cases require RCA.

PATIENT SAFETY: INFECTION PREVENTION & CONTROL



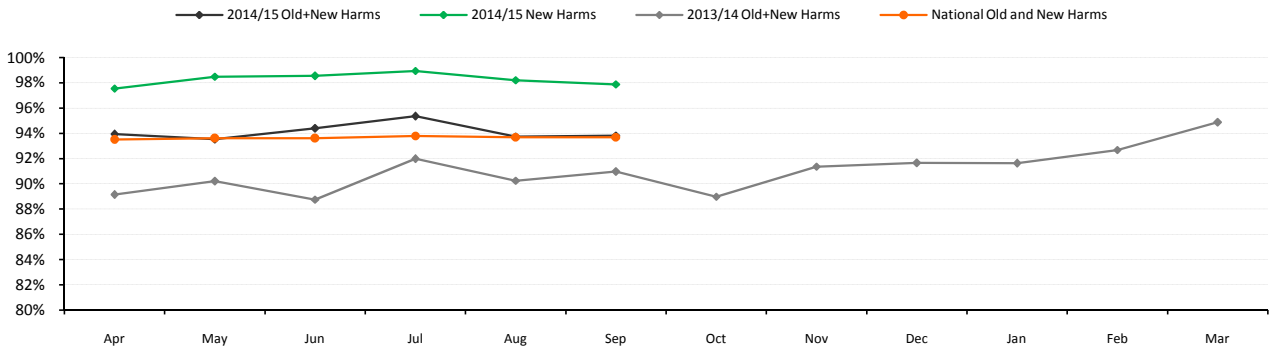
	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Compliance	85.1%	84.3%	82.7%	83.5%	82.7%	82.7%	82.6%	83.2%	83.1%	83.3%	82.5%	83.9%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

	Sep-14								
	Target	Trust	Clinical Support Services	Corporate	Specialist Services	Strat Dev & Capt Pln	Surgical Services	UCLTC	SERCO
Mandatory Comparative Data for Biennial Training Compliance	95%	83.9%	88.9%	84.8%	77.9%	93.0%	84.5%	81.6%	90.6%

Compliance Against Performance	
	Achieving or exceeding performance metric
	0-10% underperformance against metric
	10-20% underperformance against metric

Trust compliance has increased marginally from 82.5% in August to 83.9% in September. Increases have been seen in all 6 Divisions, Corporate Services (from 83.8% to 84.8%); Strategic Development and Capital Planning (from 92.1% to 93.0%); Clinical Support Services (from 86.9% to 88.9%); Specialist Services (from 76.2% to 77.9%); Surgical Services (from 82.7% to 84.5%), and finally UCLTC (from 81.3% to 81.6%). Within SERCO, mandatory training compliance has increased from 85.0% to 90.6%.
All Divisions are required to achieve 95% compliance by the end of Q4 2014/15 (Mar-15) via a phased attainment approach, achieving 87% by the end of Q2 (Sep-14); only 2 Divisions to have achieved this, these being Strategic Development and Capital Planning, and Clinical Support Services. All Divisions are required to have achieved 91% by the end of Q3 (Dec-14). It is understand that there have been problems with the e-learning system and that these are being addressed.

Safety Thermometer Harm Free Care



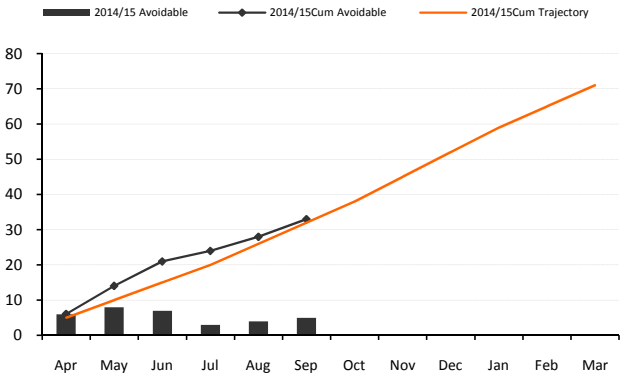
The chart above shows the percentage of Harm Free Care expressed as a one-day snapshot in each month. It is known as the NHS Safety Thermometer and is a quick and simple method for surveying patient harms. The aim of the Safety Thermometer is to identify, through a monthly survey of all adult inpatients, the percentage of patients who receive Harm Free Care. Four areas of harm are currently measured:

- All categories of pressure ulcers whether acquired in hospital or before admission;
- All falls whether they occurred in hospital or before admission;
- Urinary tract infection (inpatients with a catheter);
- Venous thromboembolism, risk assessment and appropriate prevention.

The strength of the NHS Safety Thermometer lies in allowing front line teams to measure how safe their services are and to deliver improvement locally. There are several different ways in which harm in healthcare is measured and there are strengths and limitations to the range of approaches available. The NHS Safety Thermometer measures prevalence of harms, rather than incidence, by surveying all appropriate patients on one day every month in order to count all occurrences of harms.

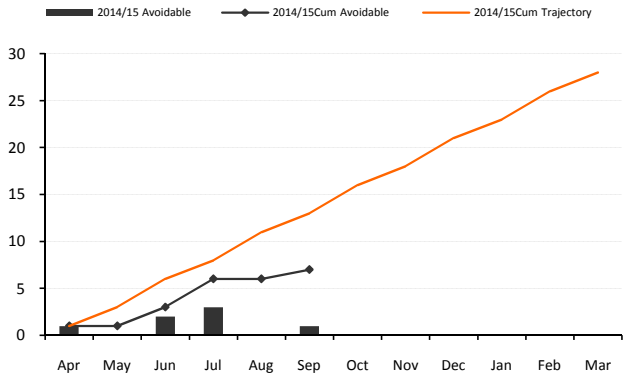
Harm Free Care includes both harms acquired in hospital ("new harms") and those acquired before admission to hospital ("old harms"). There is limited ability to influence "old harms" if a patient is admitted following a fall at home, or with a pressure ulcer, but these are included in the overall performance reported to the Health and Social Care Information Centre. "New harms only" are included separately when reporting performance to Divisional teams to enable success to be celebrated and to incentivise improvement. Harm Free Care performance is incorporated within the monthly ward quality dashboard and is triangulated with the existing funded establishment, acuity and dependency of patients, and effectiveness of rostering to enable analysis of influencing factors and thereby focusing improvement actions. In Sep-14, 93.8% of our inpatients were deemed "harm free" which is equal to last month. This figure includes those patients admitted with harms and those who suffered harm whilst with us. The national figure is 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 97.9%, again similar to last month (98.2%). Further analysis of these data shows that the prevalence of VTE, falls with harm and pressure ulcers were slightly raised. The remaining areas had reduced. Given the Trust's higher Harm Free Care percentage, this emphasises the importance of the work we are undertaking with the Area Team to develop Kent and Medway wide improvements that should positively impact on these indicators across the whole of the patient pathway prior to their admission with the Trust.

Category 2 Incidence Trajectory 2014/15 25% Reduction



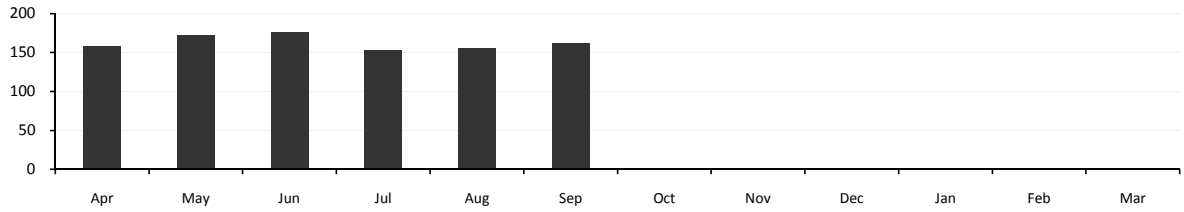
In September there was a reduction in reported hospital acquired Category 2 pressure ulcers by 5, making a total of 12 . Of the 5 avoidable ulcers, 3 occurred at KCH, 1 at QEH and 1 at WHH. The avoidable ulcers at KCH and WHH were due to lack of care planning documentation and repositioning entries, and at QEH due to poor positioning of a patient on a catheter tube. A "Repositioning" group is being set up to improve current processes. Progress has been made this month and the continuation of this trend will bring our figures back under our 25% reduction trajectory.

Category 3 and 4 Incidence Trajectory 2014/15 25% Reduction



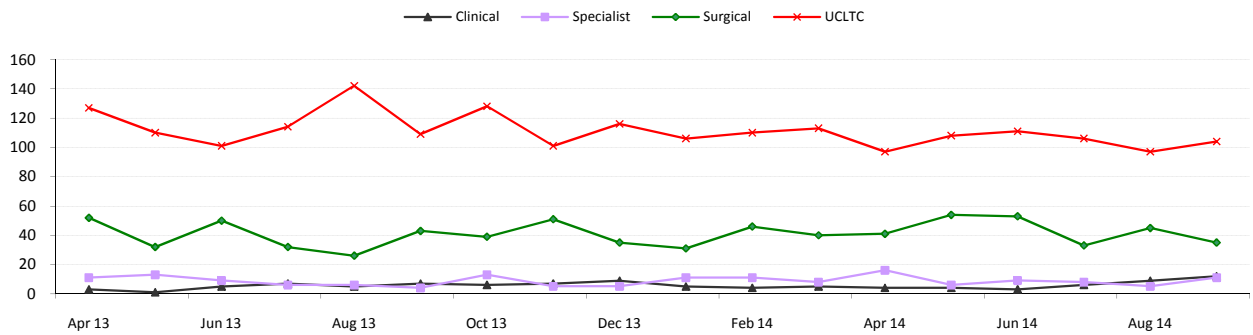
In September, 1 patient developed deep pressure damage at QEH. This is currently presenting as a suspected deep tissue injury, and care failings included a delay in the provision of an active (air) mattress and the lack of care planning documentation. "Intensive" support is continuing on all 3 sites and deep ulcer reductions are demonstrated in outcomes under the set reduction trajectory. Following the "Think Heel" campaign, the heel ulcer trajectory shows a reduction of 21% total acquired heel ulcers and 66% avoidable heel ulcers. A further campaign is planned in October to target heels and repositioning.

Patient Falls - Injurious and Non-Injurious



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
2014/15	158	172	176	153	156	162						
2014/15 Cum	158	330	506	659	815	977						

Patient Falls - Injurious and Non-Injurious By Division

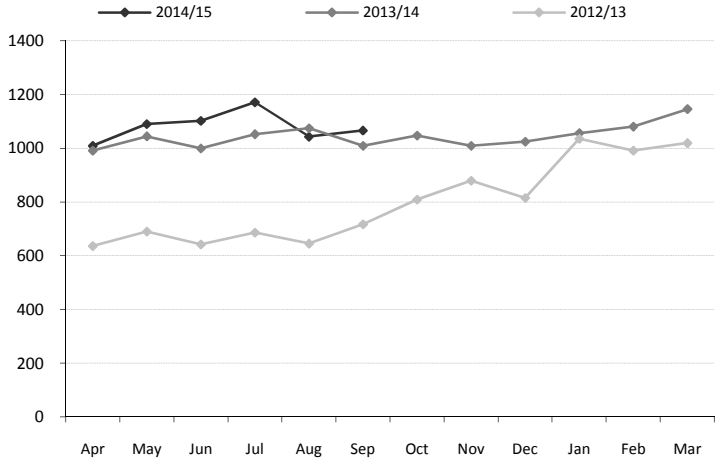


In September in adult in patient areas there were 42 falls at KCH, 68 at QEH and 52 at WHH. Of these, 3 patients at KCH, 2 at QEH and 3 at WHH sustained a moderate injury as a result of the fall. All are being investigated with either an after action review or root cause analysis. The 3 falls occurring at KCH were all unavoidable. Wards with the most reported falls were CDU and St Margaret's at QEH with 11 falls and Cambridge M2 at WHH with 10. On Cambridge L at WHH 2 falls resulted in moderate injuries and an action plan has been developed to address this.
As a result of a previous RCA which identified lack of a low level bed as the root cause, the Trust will be taking delivery of an additional 30 low level beds in the week commencing 21 Oct-14.

CLINICAL QUALITY & PATIENT SAFETY
PATIENT SAFETY: CLINICAL INCIDENTS

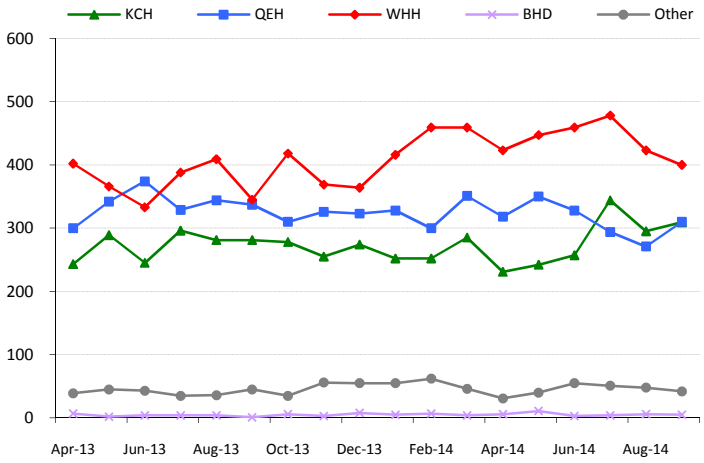
In Sep-14 a total of 1069 clinical incidents including patient falls were reported. This includes 2 incidents (which are under investigation) graded as death, and 3 (which are under investigation) graded as severe. Incidents may be regraded following investigation. In addition to these 5 serious incidents, 14 incidents have been escalated as serious near misses, of which all are under investigation.
Six serious incidents were required to be reported on STEIS in September. Seven cases have been closed since the last report; there remain 58 serious incidents open at the end of September.

Overall Incident Rates by Year



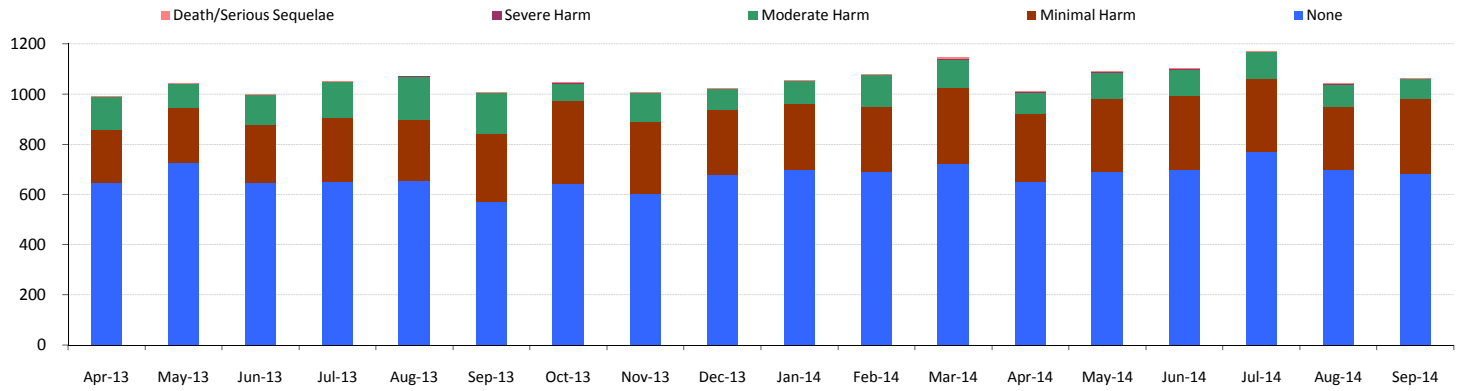
A total of 1069 clinical incidents have been logged as occurring in September compared with 1043 recorded for Aug-14.

Overall Incident Rates by Site



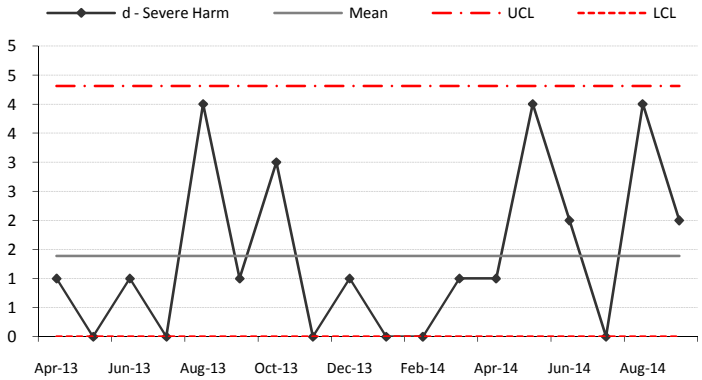
Numbers of clinical incidents have dropped at WHH for the second consecutive month, but increased at QEH and KCH.

Clinical Incidents by Severity

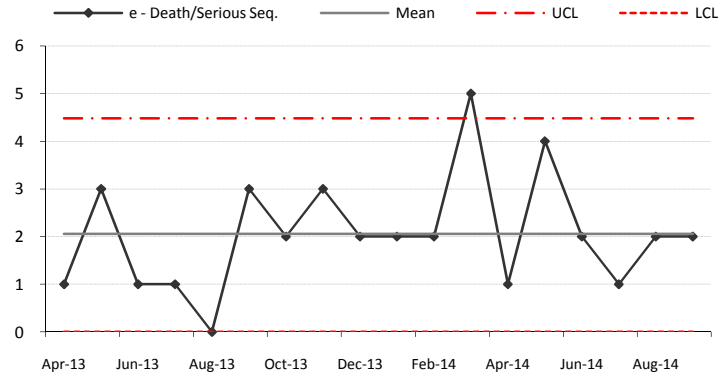


The incidents graded as moderate, serious and death have all been subject to review in order to confirm the consistency of the grading of harm across the Trust. The Board of Directors may see a change in this report to reflect the re-categorisation process undertaken. This is consistent with the data presented in the Quality Account and Quality Report.

Severe Harm

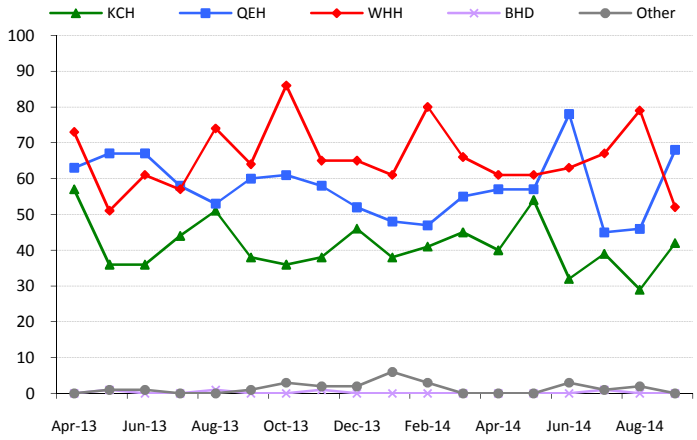


Death/Serious Sequelae



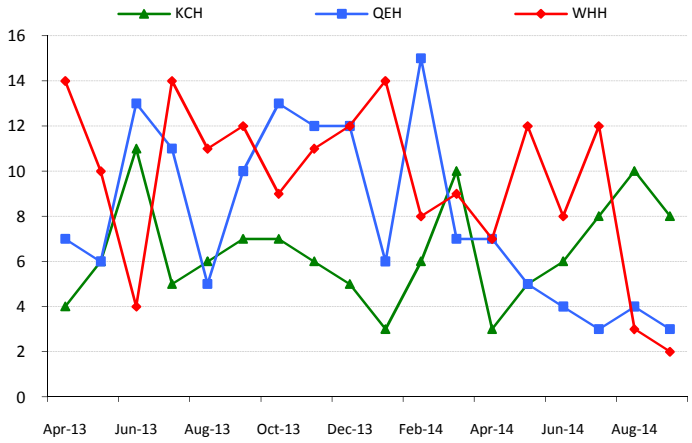
The number of death/serious and severe harm incidents reported in Sep-14 remains subject to the usual RCA investigation and review. It is possible that the severity of these cases will be downgraded once the investigation process is completed. In Sep-14, the number of incidents graded as death or severe are on a par with previous months; these are currently under investigation.

Patient Slips, Trips and Falls



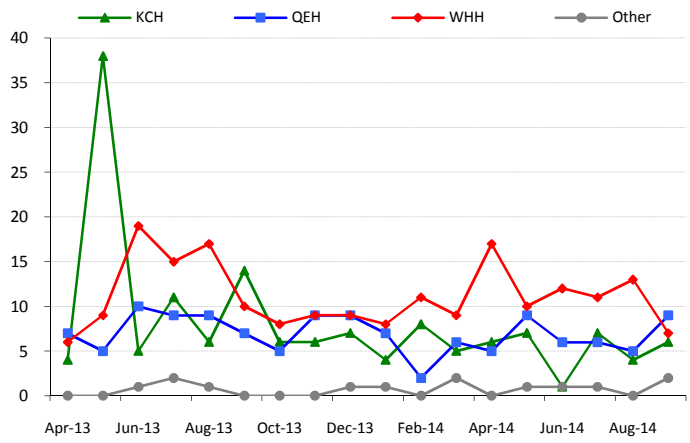
Of the 162 patient falls recorded for September (156 in August), 1 was graded as severe which is currently under investigation; none were graded as death. There were 78 falls resulting in no injury, 76 in low harm and 7 in moderate harm. The top reporting wards were CDU (QEH) and St Margaret's (QEH) with 11 falls each; Cambridge M2 (WHH) with 10; CDU (WHH) with 8; Kingston Stroke Unit (KCH), Cambridge L (WHH) and Deal (QEH) with 7 falls each; Harbledown (KCH), Marlowe (KCH) and Minster (QEH) with 6 falls. The remaining wards reported 5 or less falls. Of the 7 moderate harm falls, 6 resulted in fractures of which 2 occurred on Cambridge L (WHH); 1 resulted in a head injury at ECC (KCH). A RCA is carried out for all falls resulting in serious harm or fracture.

Hospital Acquired Pressure Ulcers



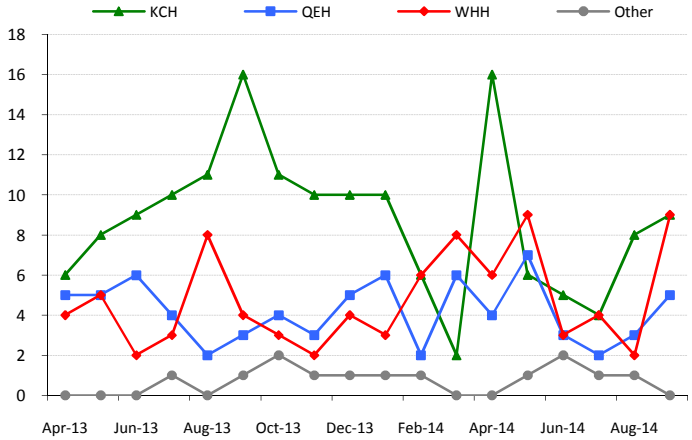
In September there were 13 reported incidents of pressure ulcers developing in hospital (17 in August), and is lower than the same period last year. This included 12 Category 2 pressure ulcers and 1 Category 3 (reported on STEIS). No category 4 ulcers were reported. Six have been assessed as avoidable and 7 as unavoidable. The highest reporting wards were Kent (KCH) and Kingston Stroke Unit (KCH) with 3 incidents each. Both wards have met with the Pressure Ulcer Panel to share learning and agree preventative actions.

Delay in Providing Treatment



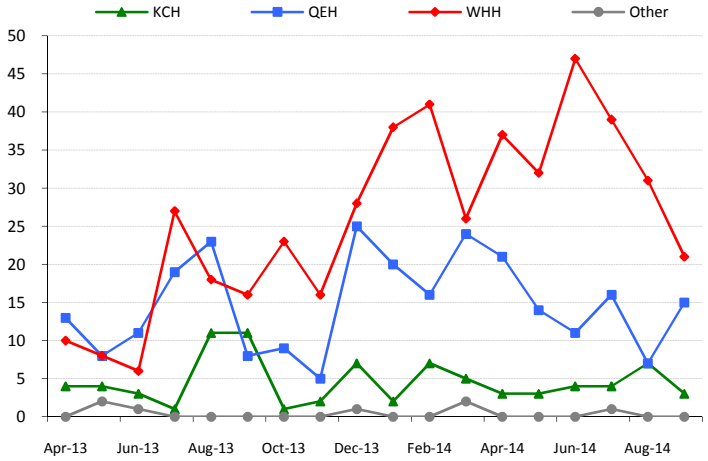
There were 24 incidents resulting in delay in providing treatment during September compared with 22 in August. No incidents have been graded as death or severe harm. One has been graded as moderate harm, 4 have been graded as low and 19 resulted in no harm. Themes in location: 4 incidents in ITU (QEH) and 3 incidents in A&E (QEH); 2 incidents each in Padua (WHH), Dolphin (KCH) and ECC (KCH); all other areas reported 1 or no incidents.

Incorrect Data in Patient Notes



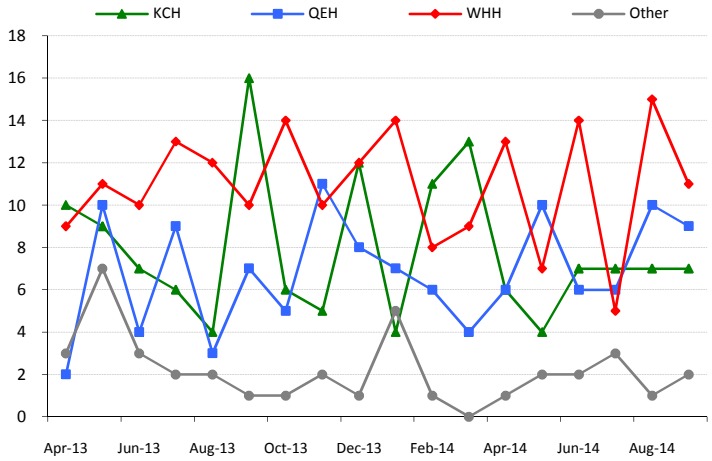
There were 23 incidents of incorrect data in patients' notes reported as occurring in September (14 in August), of which 21 were graded as no harm and 2 as low harm. Fifteen incidents related to incorrect data in paper notes, 4 to incorrect data in electronic discharge notifications (eDN), and 4 to incorrect data in electronic patient record (PAS). Of the incidents reported, 9 were identified at KCH, 5 at QEH and 9 at WHH. Themes in the location of these incidents: 4 occurred in Outpatients (KCH) and 4 in Outpatients (WHH).

Staffing Level Difficulties



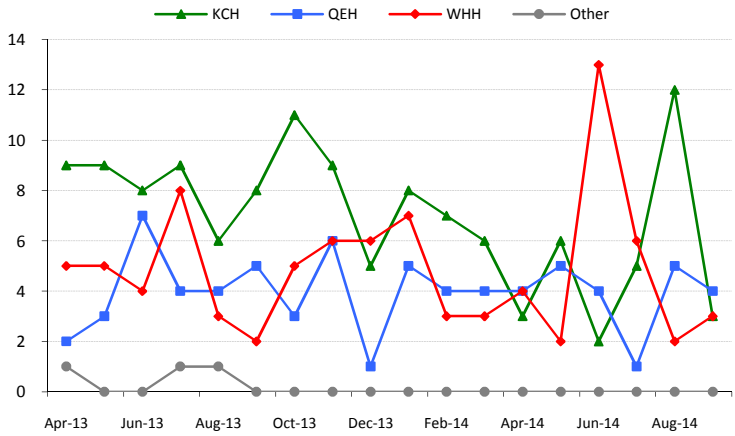
There were 39 incidents recorded in September (45 in August). These included 24 incidents relating to insufficient nurses, 2 to inadequate skill mix, 5 to insufficient doctors, 1 to insufficient doctors and nurses, and 7 to general staffing level difficulties. Top reporting locations were Kings D Male (WHH) and ITU (QEH) with 4 incidents each; Cambridge L (WHH) and Fordwich Stroke Unit (QEH) with 3 incidents each. Other areas reported 2 or fewer incidents.
Three incidents occurred at KCH, 15 at QEH and 21 at WHH. Seven incidents have been graded as moderate and 6 as low harm due to delays in providing treatment and suboptimal care being identified. These are being investgated so that corrective actions can be implemented. The remaining 26 incidents have been graded as no harm.

Communication Breakdowns



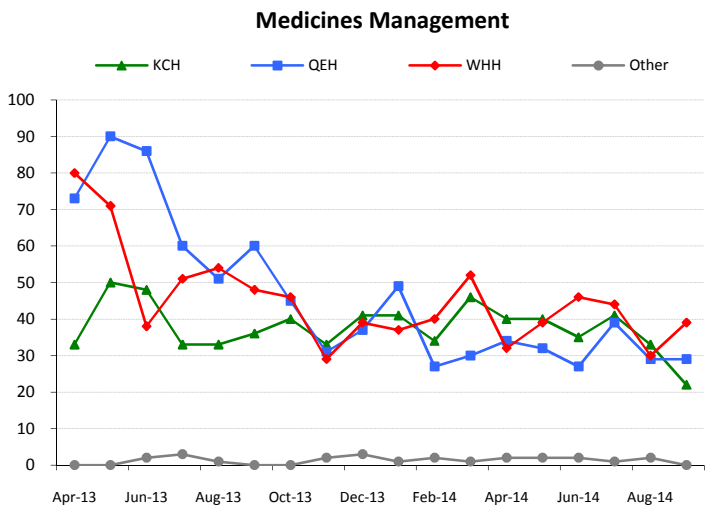
In Sep-14 there were 29 incidents of communication breakdown (33 in August). Of these, 21 involved staff to staff communication failures and 8 were staff to patient. Of the 29 incidents reported, 7 were reported as occurring at KCH, 9 at QEH, 11 at WHH and 2 in the community. Themes by location: Outpatients (WHH) and A&E (WHH) reported 3 incidents each; Discharge Lounge (QEH) reported 2 incidents; other areas reported 1 or none. Incidents in September were graded as follows: 24 as no harm and 5 as low harm. The Transfer of Care and Handover Policy was presented to the Clinical Advisory Board to set the standard of practice required with communications between teams.

Blood Transfusion Errors



In September, there were 10 blood transfusion errors reported (19 in August). There were no themes arising in the period other than 2 incidents of delayed provision of blood products/components. All 10 incidents were graded no harm. Reporting by site: 3 at KCH, 3 at WHH and 4 occurred at QEH.

CLINICAL QUALITY & PATIENT SAFETY
PATIENT SAFETY: CLINICAL INCIDENTS



Medicines Management

Category	Sep-14
Prescribing	15
Dispensing	15
Administering	37
Missing (lost or stock discrepancy)	14
Shortage (drug unavailable)	1
Suspected adverse reaction	3
Infusion problems (drug related)	1
Infusion injury (extravasation)	4
TOTAL	**90**

There were 90 medication incidents reported as occurring in September (94 in August). Of the 90 incidents reported, 72 were graded as no harm (including 2 serious near misses), 17 as low harm and 1 as moderate harm. Top reporting areas were: Kingsgate (QEH), Celia Blakey Centre (WHH), ITU (WHH), Kings D Male (WHH), Richard Stevens Stroke Unit (WHH) with 4 incidents each; Padua (WHH), A&E (QEH), Cheerful Sparrows Male (QEH), Seabathing (QEH) and Pharmacy (QEH) with 3 incidents each; other areas reported 2 incidents or fewer. Twenty two incidents occurred at KCH, 29 at QEH and 39 at WHH.

The increase in missing drugs is broken down as follows: 6 incidents where drugs had been dispensed by Pharmacy but could not be found on the ward or with the patient, 4 stock discrepancies, 1 missing but later found, 1 where drugs were found unboxed and unlabelled, 1 delay in transporting drugs from pharmacy to the ward, and 1 where the wrong drug was supplied by Pharmacy (to be recategorised to dispensing error).

CLINICAL QUALITY & PATIENT SAFETY

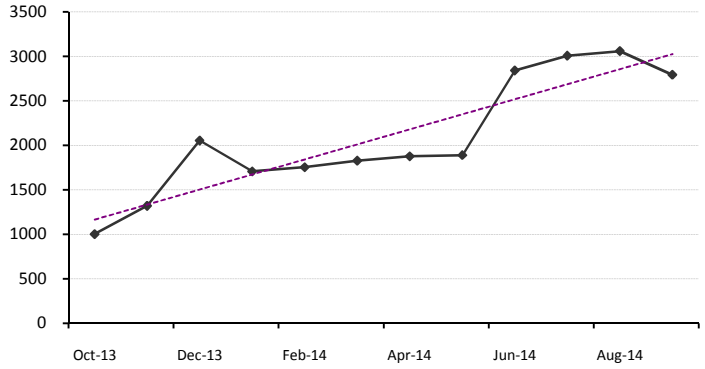
PATIENT EXPERIENCE: CONCERNS, COMPLAINTS & COMPLIMENTS

The experience of the patients and their families is of paramount importance to the Trust. Patient views are sought via a number of ways including the Patient Opinion website, the Friends and Family Test, via NHS Choices and also through the Trust's formal systems. This report provides the Board of Directors with activity and performance information about the complaints, concerns, comments and compliments during Sep-14. The information reported is for cases received in September and formal cases with target dates due that month.

• Activity: Formal complaints - 134; informal concerns - 64; compliments - 2794; PALS contacts - 242.

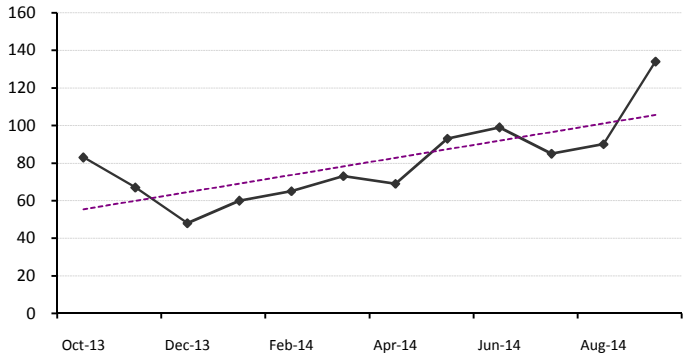
The charts below show the number of complaints and compliments received on a monthly basis. One formal complaint has been received for every 627 recorded spells of care in comparison with August's figures where 1 formal complaint was received for every 826 recorded spells of care.

Number of Compliments



The number of compliments received has decreased by 9% compared to the previous month. The ratio of compliments to formal complaints received for the month is 20:1. There has been 1 compliment being received for every 30 recorded spells of care.

Number of Formal Complaints



The number of formal complaints received has significantly increased by 49% compared to Aug-14. The number of formal complaints has significantly increased by 116% compared to Sep-13 (62 compared to 134). The number of informal concerns has also increased by 39% compared to last month.

Top Five Concerns Expressed in Formal Complaints September 2014

Concerns		No.
Problems with Communication	Doctor communication issues	18
	Misleading or contradictory information given	15
	Nursing communication issues	9
	Lack of information/explanation of procedure outcome	6
	Unhappy with information on medical records	3
	Other staff communication issues	2
	Unable to contact department/ward	1
Problems with Attitude	Problems with Doctor's attitude	19
	Problems with Nurse's attitude	18
	Problems with other staff's attitude	8
Problems with Clinical Management	Unhappy with treatment	14
	Incomplete examination carried out	12
	Referral issues	5
	Lack of/inappropriate pain management	4
	Blood tests not carried out	3
	Scans/X-rays not taken	3
	End of life/palliative care issues	2
	Inappropriate ward	1
Problems with Diagnosis	Misdiagnosis	12
	Delay in receiving diagnosis	6
	Missed fracture/or other medical problem	3
	Delay for results	2
	Test incomplete	1
	Delay for results	1
Delays	Delays in receiving treatment	6
	Delays in allocation of outpatient appointment	5
	Delay in referral	4
	Delays in being seen in A&E	4
	Delay with elective admission	3
	Delay in receiving X-ready results	2
	Delays being seen in outpatient appointment	1

The common themes raised within the top 5 informal concerns are led by delays, problems with communication, problems with attitude, problems with appointments, and cancellations.

With regards to formal complaints, the highest recurring subjects raised in Sep-14 were problems with communication, problems with attitude, problems with clinical management, problems with diagnosis, and delays.

In comparison to Aug-14, problems with communication have remained the top concern. Problems with attitude has replaced problems with discharge arrangements. Problems with clinical management, diagnosis and delays all remain in the top 5 subject areas. Divisions are being requested to provide their plans to address these themes, in order to reduce the number of complaints and frequency of the recurring themes.

Concerns, Complaints and Compliments - Divisional Performance

September 2014

Division	Divisional Activity				Divisional Performance	
	Formal Complaints	Compliments	Informal Concerns	Compliments: Complaints	Response Date Agreed with Client	Returning Complaints
Clinical Support	8	193	8	24:1	7 of 8	0
Specialist Services	21	892	4	42:1	5 of 5	3
Surgical Services	45	370	31	8:1	17 of 24	5
UCLTC	59	1328	20	22:1	19 of 25	4
Corporate	1	11	0	11:1	1 of 2	0
Other	0	0	1	0:0	0	0
TOTAL	**134**	**2794**	**64**	**20:1**	**49 of 64**	**12**

Compliance Against First Response Met	
	≥85 - 100%
	75 - 84%
	<75%

The table above shows the monthly Divisional activity and performance for Sep-14, reporting on the percentage of cases where target dates falling within the month have been met. The response date is the date agreed with the client for the receipt of a substantive response to their complaints; this will either be via a letter or at a meeting. During Sep-14 the data show that 76.5% of these responses were sent out on target. Specialist Services and Clinical Support sent out a minimum of 85% of their responses on target, UCLTC sent out a minimum of 75% of their responses on target, and Surgical Services sent out less than 75% of responses on target.
The PET has identified that some target dates have been missed due to extensions not being agreed prior to the target date. A process will be implemented in early October in order to ensure that these anomalies be kept to a minimum in future.
There has been an increase in the number of formal complaints received in August (49%) compared to last month. However, there has been a decrease in the number of returning complaints received in September (36.8%) compared to last month.

Parliamentary and Health Service Ombudsman (PHSO) Cases - Latest Action

Status of Cases	Actions in Sep-14
Cases carried over from previous month	18 *
New cases referred to the Trust	2
Cases closed by PHSO	4
Cases upheld by PHSO	1
Current open cases with the PHSO	20

The PHSO is the second and last stage of the National Complaints process and it is open to all clients to approach the Office if they are dissatisfied with the way their formal complaint has been handled.
In September, the PHSO have been in contact with the Trust with regards to 2 new cases brought to their attention. One of the cases relate to the Specialist Services Division (Renal), and the remaining case is linked to the UCLTC Division (General Medicine). Four cases were closed by the PHSO in Sep-14. One case was referred back to the Trust for local resolution. One case related to the Surgical Services Division (Trauma and Orthopaedic) and was not upheld by the PHSO. A further case related to the Surgical Services Division (Urology) and was not upheld by the PHSO. The final case, attributed to the Surgical Services Division (General Surgery), was upheld by the PHSO. The complaint primarily related to the patient being unhappy with the Consultant's attitude, and a lack of communication/information regarding what was to happen during and after surgery. As a result of the failings identified in the report (i.e. failure to provide adequate pain relief, and also a failure to advise the patient of the likely occurrence of significant post operative pain), a letter of apology has been sent to the client. The letter included:
• An explanation of how the Trust will prevent this event re-occurring.
• Reassurance that the need to provide adequate information outlining suitable pain relief following hospital discharge has been reinforced with Day Surgery staff, that is, for reflection and learning in order to prevent this happening to other patients in the future. The letter also instructed that the case was to be shared as a learning point at the next audit meeting with staff (Sep-14).

*The 2 oldest PHSO cases currently open with the Trust were first received from the PHSO in Dec-13. The Trust has received the final report on 1 case and is in the process of completing the PHSO's recommendations. The Trust awaits the final report from the PHSO regarding the other case.

Friends and Family Test (FFT)

The Friends and Family Test asks the patient how likely they are to recommend the ward or A&E department to their friends or family. The scoring ranges from:

- Extremely likely;
- Likely;
- Neither likely nor unlikely;
- Unlikely;
- Extremely unlikely.

There is also a "don't know" option which isn't scored, and an opportunity to write further comments. Nationally, Trusts are measured using the Net Promoter Score (NPS) where a score of approximately 50 is deemed good. This is the last month we will reporting the NPS as the scoring system is being simplified. The Trust's NPS was 49 in September, the lowest it has been. This is the combined satisfaction from 3363 responses from inpatients and A&E. Maternity services achieved 526 responses. The NPS for inpatients was 66, for A&E it equalled 28, both lower than August. Maternity was 78. The scores are below the national average of 73 and 57 (A&E). We can, however, see that satisfaction with our maternity care remains high. These data have been shared with the wards and departments where the individual comments are being scrutinised so that we can make improvements in response to the feedback. Local action plans are in place across all areas, with a specific focus on A&E at WHH.

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 September was 4.3 stars out of 5 stars lower than last month.

The response rate for inpatients and A&E combined in Sept-14 achieved 25.9%. Inpatients achieved 34.9% this month, and the A&E departments achieved 19.4% thus exceeding the standard. Maternity services achieved 23.4% combined which is higher than last month. Staff FFT has been implemented with 70% of the 2442 responses saying they would recommend the Trust to their family or friends if they required care or treatment. Only 45% said they would recommend the Trust as a place to work. This is a reduction on the last survey. FFT for Outpatients and Day Cases is being planned for October this year, and commenced roll out during September.

We Care Programme

In order to improve the experience for patients and their visitors, as well as ensuring we look after one another, the Trust is working on the "We Care" Programme. After listening to over 1500 patients and members of staff 3 Trust values and behaviour standards have been developed. They describe how the Trust employees aim to interact with patients, family members and each other. These values and standards also outline the Trust's ambition to "show that we care" and to provide an excellent experience for everyone who works within the Trust. They will become an integral part of the Trust's working practices and will be used to guide staff recruitment and appraisal processes, illustrate how both patients and colleagues will be cared for, and how improvements in their experience will be measured.

The values and behaviours are:

- CARING: People will feel cared for as individuals. Because we are welcoming and polite; attentive and helpful; we respect people, their dignity and their time, and we have the courage to speak up when others don't.
- SAFE: People will feel safe, reassured and involved. Because we are consistently safe and reassuringly professional, we listen and communicate clearly, and we work as an effective team.
- MAKING A DIFFERENCE: People will feel confident we are making a difference. Because we take responsibility for delivering the best outcomes, act as leaders where we can, and we look to improve and develop ourselves and our services.

Events have taken place across the Trust during the past 12 months led by frontline staff. These have sought feedback from patients and families, as well as having discussions about the We Care values within teams. We have undergone a "branding" piece of work that ensures our communications with each other and the public are empathetic and sensitive. This has been labelled the "Tone of Voice" work led by Human Resources. In addition, work has taken place to embed the values as part of job advertisements, the recruitment process, and our engagement with staff. A number of "We Care" Champions are in place, and Champion events have occurred during September.

The Tender document for the programme has gone out to market and a number of bidders were met with in order to appoint an external partner to take forward the programme. This will progress apace and will enable the embedding of the values and behaviours into everyday practice.

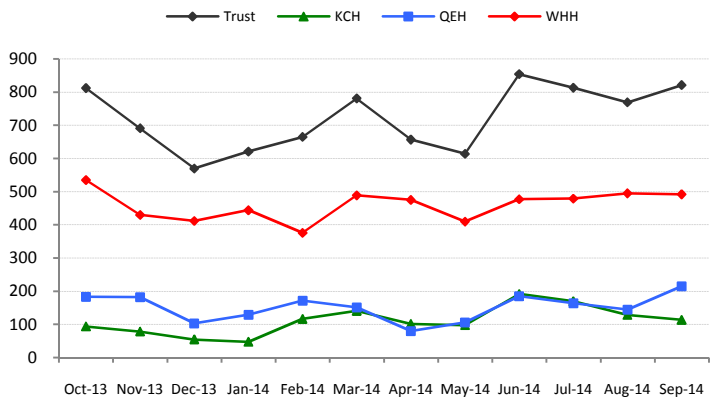
PATIENT EXPERIENCE: REAL-TIME MONITORING QUESTIONNAIRE

Real time patient experience monitoring using iPads have captured data since 1 Apr-13. During Sep-14, 821 adult inpatients were asked about their experiences of being an inpatient; 114 responses were received from patients treated at KCH, 215 from QEH patients, and 492 responses from patients based at WHH. (Compared with the previous month the number of responses were 129, 145 and 495 respectively). The combined result from all submitted questionnaires in Sep-14 was that of 87.84% satisfaction.

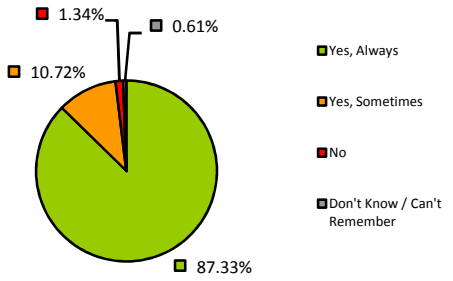
Overall Adult Inpatient Experience September 2014

Experience (%)	No. of Responses
87.84	821

Number of Adult Inpatient Survey Responses

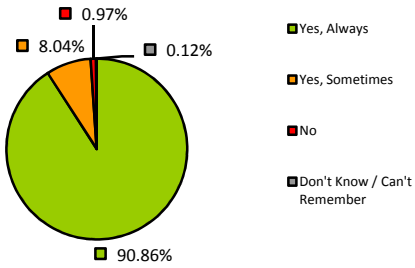


Were you given enough privacy when discussing your treatment?



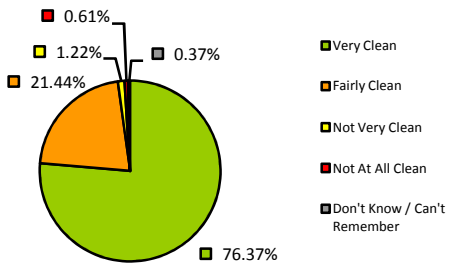
Overall Score = 93.26%

Overall, did you feel you were treated with respect and dignity while you were in hospital?



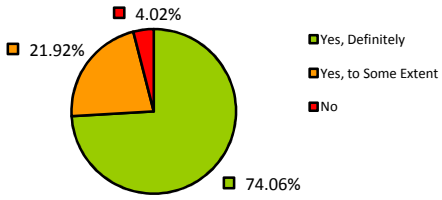
Overall Score = 95.00%

In your opinion, how clean was the hospital room or ward that you were in?



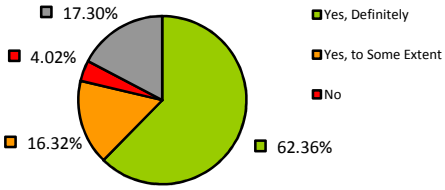
Overall Score = 91.40%

Were you involved as much as you wanted to be in the decisions about your care and treatment?



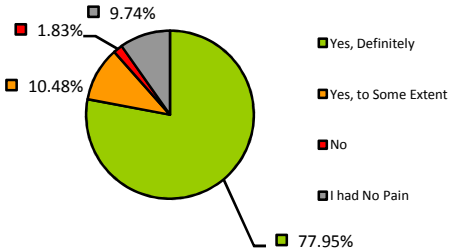
Overall Score = 85.02%

Did you find someone on the hospital staff to talk about your worries and fears?



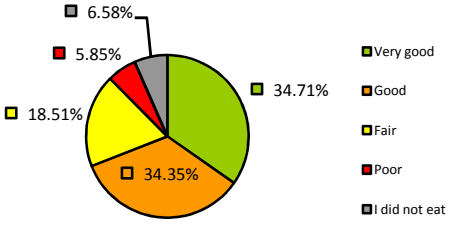
Overall Score = 85.27%

Do you think the hospital staff did everything they could to help control your pain?



Overall Score = 92.17%

How would you rate the hospital food?

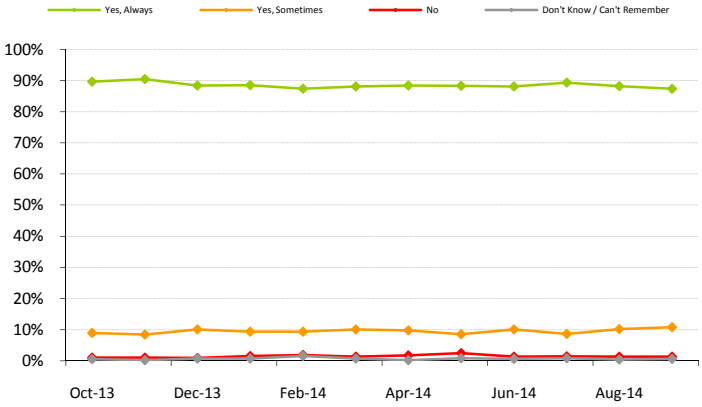


Overall Score = 68.27%

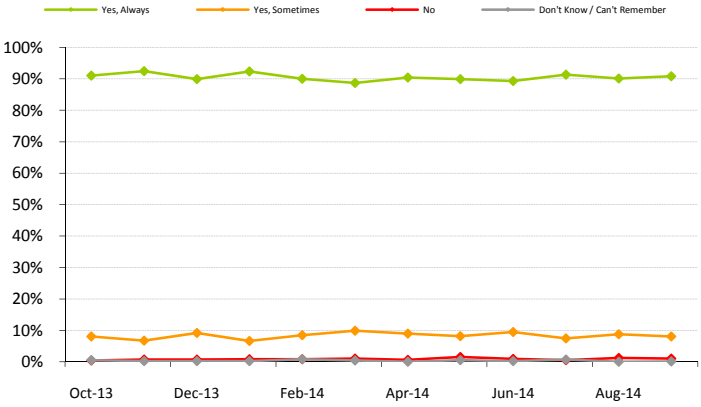
Each ward reviews their real-time monitoring data regularly. They are also shared as "heat maps" with other teams. From this actions are taken to address the themes which are considered with the Friends and Family Test feedback, and compliments and complaint information. A particular focus at present is around improving the catering and cleaning standards. The Trust is working closely with Serco to ensure high standards are maintained at all times. The Pain Team are working closely with ward teams to improve this aspect of care, and the wards continue their comfort rounds to ensure that at all times patients and families have their needs met.

PATIENT EXPERIENCE: REAL-TIME MONITORING QUESTIONNAIRE

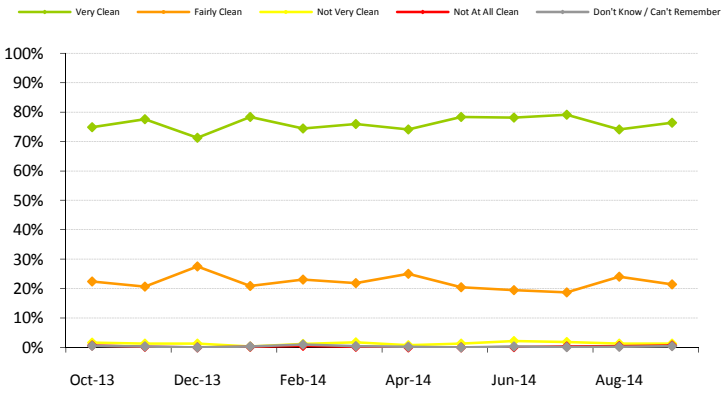
Were you given enough privacy when discussing your treatment?



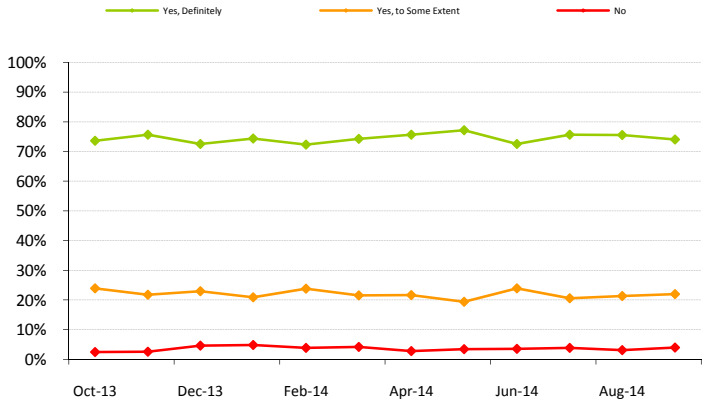
Overall, did you feel you were treated with respect and dignity while you were in hospital?



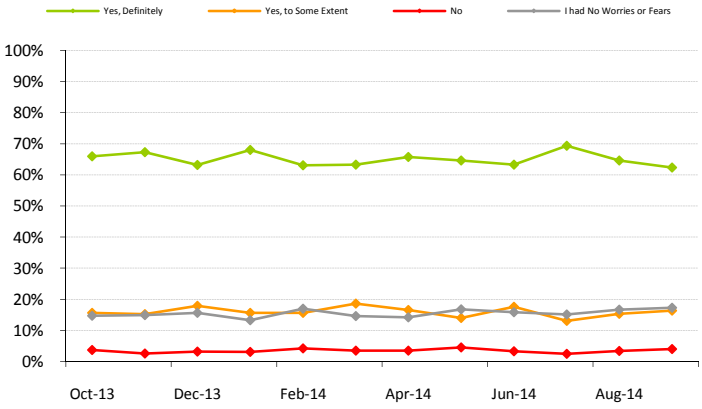
In your opinion, how clean was the hospital room or ward that you were in?



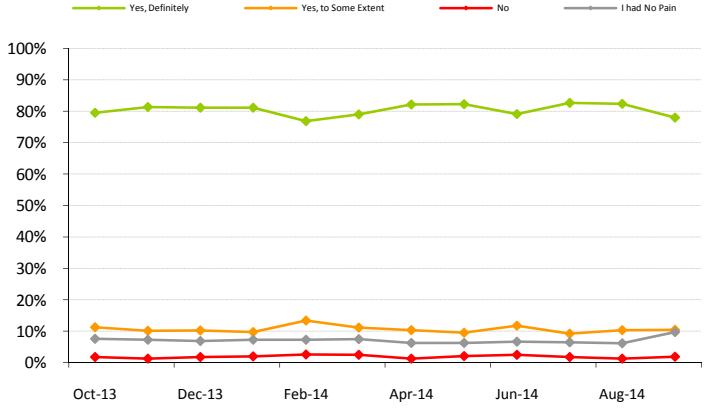
Were you involved as much as you wanted to be in the decisions about your care and treatment?



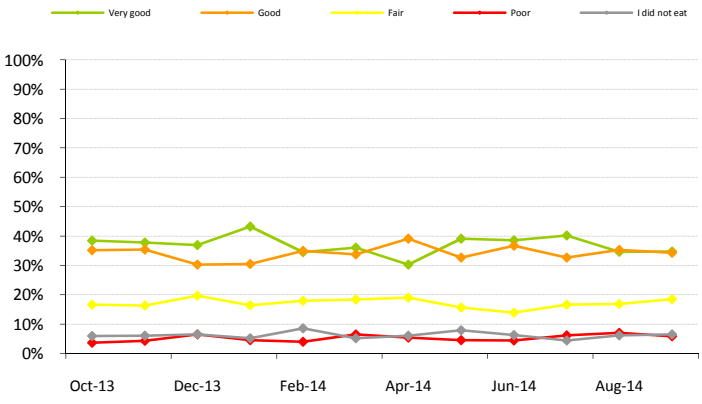
Did you find someone on the hospital staff to talk about your worries and fears?



Do you think the hospital staff did everything they could to help control your pain?



How would you rate the hospital food?

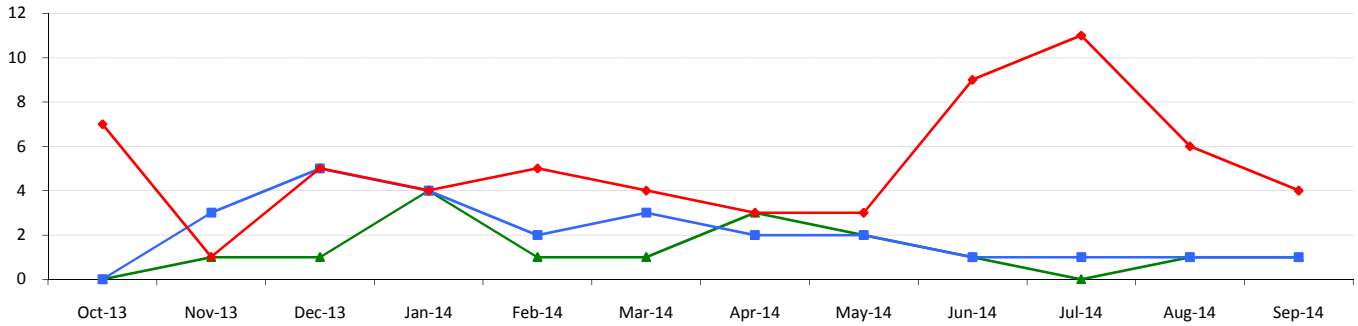


The Trust received its PLACE results during August showing an improvement against the cleanliness, food and condition, appearance and maintenance elements. There was a decrease on last year's results on the privacy, dignity and well-being metric mainly due to the inclusion of criteria around Wi-Fi, entertainment and aspects of the toilet facilities. Nationally the Trust compares less well in cleanliness and privacy, dignity and well-being categories, but more favourably in the food and condition, appearance and maintenance elements.

Wards have received their own results and are being asked to address the issue of involving patients in decisions about their care as well as ensuring the comfort rounds take place to enable patients to have the opportunity to discuss their worries and fears. The Ward Peer Review process and We Care Events use emotional touch points methodology to interview patients about their experiences and discuss their worries and fears.

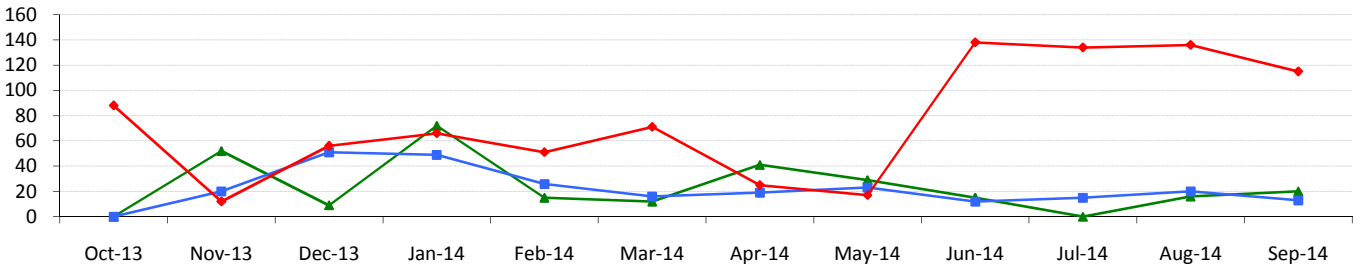
CLINICAL QUALITY & PATIENT SAFETY
PATIENT EXPERIENCE: MIXED SEX ACCOMMODATION

Number of Episodes of Mixed Sex Occurrence



	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
KCH	0	1	1	4	1	1	3	2	1	0	1	1
QEH	0	3	5	4	2	3	2	2	1	1	1	1
WHH	7	1	5	4	5	4	3	3	9	11	6	4

Number of Hours of Mixed Sex Occurrence



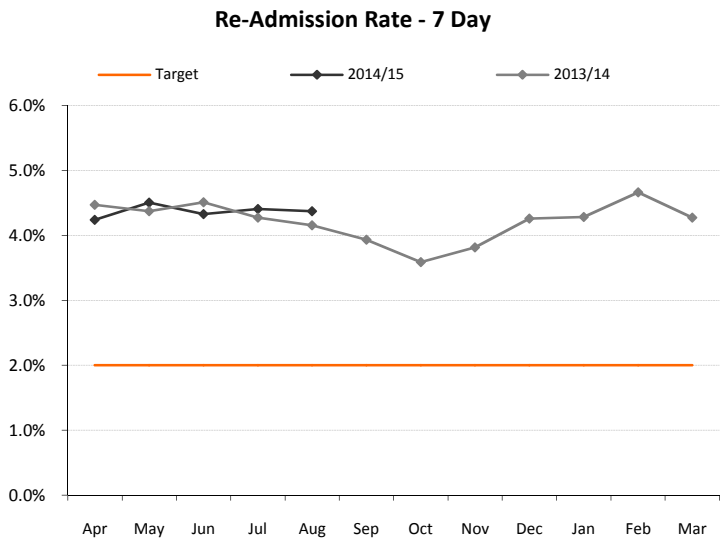
	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
KCH	0	52	9	72	15	12	41	29	15	0	16	20
QEH	0	20	51	49	26	16	19	23	12	15	20	13
WHH	88	12	56	66	51	71	25	17	138	134	136	115

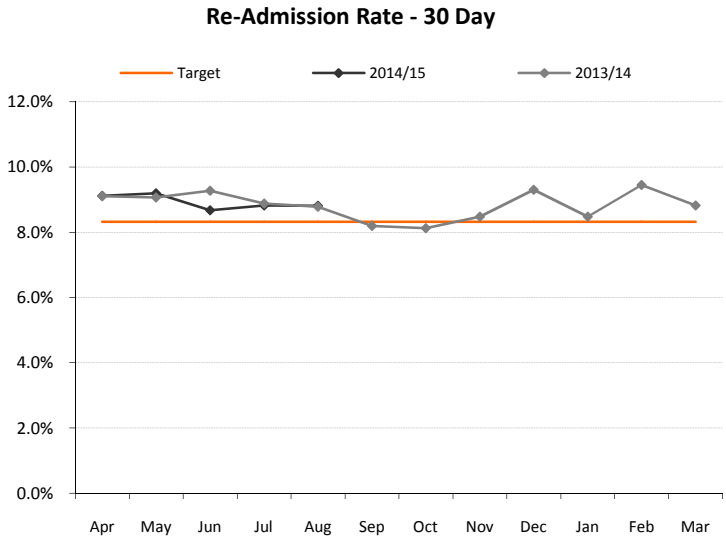
Mixed Sex Accommodation Occurrrences September 2014

Site	Clinical Area	Total No. of Occurrences	Total No. of Patients Affected
KCH	Kingston	1	4
QEH	CCU	1	4
WHH	CDU	4	39
TOTAL		**6**	**47**

During Sep-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 6 clinically justified mixed sex accommodation occurrences affecting 47 patients. (Last month there were 8 occurrences affecting 57 patients). The high number of clinically justified occurrences reported in previous months at 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 WHH. The Trust is working closely with the CCGs in order to ensure that mixed sex bathroom occurrences are minimised as much as possible. Collaborative work continues with the CCGs where the policy scenarios have been revised. The new policy and revised justifications are due to be ratified collaboratively. In addition, a review of the way we measure and report our mixed sex accommodation data is being undertaken during October by external auditors.

CLINICAL QUALITY & PATIENT SAFETY
CLINICAL EFFECTIVENESS: READMISSION RATES





When comparing the monthly position over the past 3 years, the 7 day readmission rate has remained reasonably static. In Aug-12 the validated position was 4.3%, whilst Aug-13 showed an initial position of 4.3% (2012/13 graph), which subsequently reduced to 4.1% (2013/14 graph). The Aug-14 7 day readmission position currently shows as 4.37% which suggests a slight increase against last years' position. However, it is unclear whether this will reduce slightly over the next few months, as per last year. Furthermore, NEL bed pressures have remained consistently high throughout the summer months, which could impact on the apparent slight increase in readmissions.
The 30 day readmission position does appear to have improved slightly over the same 3 year period. The readmission rate in Aug-12 equalled 9.3%, whilst Aug-13 showed an initial position of 9.1% (2012/13 graph), but this subsequently reduced to 8.8% (2013/14 graph). Therefore, the starting position of 8.81% for Aug-14 would suggest that 30 day readmissions overall, have reduced year on year.
A "deep data dive" has been completed which examined current readmission patterns, comparing the index admission LoS with the readmission LoS, as well as the duration between index discharge and readmission. Zero day LoS readmissions have also been analysed to identify key areas for improvement, such as reporting processes for QEH "E-Beds" within A&E. A Project Initiation Document has been drafted as part of the Transformation Redesign Service Improvement Programme to reflect the outcome of this deep dive and subsequent recommendations.

			CQUIN	2013/14 Baseline	2014/15 Target	YTD Status	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Q1	Q2	Q3	Q4	Year End Position
			National CQUINS																				
Performance	Friends and Family Test	1a	Implementation of FFT to staff	N/A	Implemented by Jul-14																		
		1b	Implementation to Outpatient and Day Case Units	N/A	Implemented by Oct-14																		
		1c	Increased Response Rates in A&E	Q1 2014/15 - 20.7%	Improvement from at least 15% in Q1 to at least 20%, or higher than Q1 baseline if higher than 20% by Q4	21.9%	19.6%	18.7%	23.9%	28.5%	21.1%	19.4%							20.7%	23.0%			
		1d	Increased Response Rates in Inpatient Areas	Q1 2014/15 - 33.1%	Improvement from 25% in Q1 to 30% by Q4, or maintaining a response rate of 30%	34.7%	35.2%	29.6%	34.4%	35.0%	39.5%	34.6%							33.1%	36.4%			
		1e	Increased Response Rates in Inpatient Areas	Q1 2014/15 - 33.1%	Improvement in response rate to 40% in Mar-15	34.7%	35.2%	29.6%	34.4%	35.0%	39.5%	34.6%							33.1%	36.4%			
	NHS Safety Thermometer	2a	Reduction in Falls - Risk Assessment/Care Plan	2013/14 audit - 20%.	50% compliance with completion of falls risk assessment and care plan																		
		2a	Reduction in Falls - Improvement in Prevalence	Apr-13 to Jan-14 - 1.13%	25% improvement in prevalence of falls with harm - NHS Safety Thermometer in Q4	18	2	1	0	3	5	7							3	15			
		2b	Reduction in UTIs in Patients with Urinary Catheters	Apr-13 to Jan-14 - 1.98%	25% improvement in prevalence of UTIs in patients with urinary catheters - NHS Safety Thermometer in Q4	57	5	12	12	7	13	8							29	28			
		2c	Reduction in Pressure Ulcers - New	Apr-13 to Jan-14 - 1.09%	5% improvement in prevalence of new pressure ulcers - NHS Safety Thermometer in Q4	40	16	10	3	3	2	6							29	11			
		2c	Reduction in Pressure Ulcers - Old	Apr-13 to Jan-14 - 5.01%	Leading the Pressure Ulcer Work Stream																		
	Improving Diagnosis of Dementia		Dementia Case Finding	98.8%	Average of 90% in each of the elements of the indicator each month for any 3 consecutive months	99.5%	99.7%	99.4%	99.7%	99.4%	99.2%								99.6%				
		3.1	Dementia Assessment within 72h	90.1%		94.1%	94.7%	94.7%	93.2%	93.3%	94.50%								94.0%				
			Appropriate Referral	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%								100.0%				
		3.2	Staff Training/Leadership	20.0%	35% of appropriate staff trained	23.9%	22.3%	23.3%	25.0%	25.0%									23.5%				
		3.3	Care for People with Dementia	N/A	Self assessment of person-centred care in wards																		

			CQUIN	Commentary
Commentary	Friends and Family Test	1a	Implementation of FFT to staff	FFT for staff implemented in June 14 via a Picker Survey. All staff will receive the survey 3 times/year and the second survey was completed at the beginning of September.
		1b	Implementation to Outpatient and Day Case Units	Implementation of FFT to Outpatients and Day Case Surgery has commenced.
		1c	Increased Response Rates in A&E	Reporting includes A&E areas at WHH and QEH. There has been an increase in responses YTD, however there has been a drop in Month 6 which will be monitored closely.
		1d	Increased Response Rates in Inpatient Areas	ECC at KCH included within inpatient areas. Month 6 response rates have dropped to below 35%. This demonstrates instability in on-going improved response rates, but continues to maintain a level of responses over the required 30%.
		1e	Increased Response Rates in Inpatient Areas	Month 6 response rates have dropped to below 35%. This demonstrates instability in on-going improved response rates, and an added risk as to whether it will be possible to achieve at least a 40% response rate in Mar-15.
	NHS Safety Thermometer	2a	Reduction in Falls - Risk Assessment/Care Plan	The risk assessment / care plan has been updated and has been implemented as part of the Risk Assessment Booklet. Link workers were trained in Jul-14, plus other staff. Audit of compliance in risk assessments is planned for Q3 2014/15.
			Reduction in Falls - Improvement in Prevalence	YTD NHS Safety Thermometer data - 18 falls with harm, against a trajectory of up to 48. Prevalence 0.75% in Month 6, against a 1.13% 2013/14 baseline prevalence and against a Q4 2014/15 target of no more than 0.85% prevalence.
		2b	Reduction in UTIs in Patients with Urinary Catheters	YTD NHS Safety Thermometer data - 57 UTIs in patients with catheters, against a trajectory of up to 78. Prevalence 0.85% in Month 6, against a 1.98% 2013/14 baseline prevalence and against a Q4 2014/15 target of no more than 1.49% prevalence.
		2c	Reduction in Pressure Ulcers - New	YTD NHS Safety Thermometer data - 40 new Category 2 - 4 pressure ulcers, against a trajectory of up to 63. Prevalence 0.64% in Month 6, against a 5.01% 2013/14 baseline prevalence and against a Q4 2014/15 target of no more than 4.76% prevalence.
			Lead Pressure Ulcer Work Stream	The first meeting of the Work stream Collaborative group took place in May-14, and regular meetings have taken place since to progress this work.
	Improving Diagnosis of Dementia	3a	Dementia Case Finding	Q1 has met the year target for average of 90% for 3 consecutive months.
			Dementia Assessment within 72h	Q1 has met the year target for average of 90% for 3 consecutive months.
			Appropriate Referral	Q1 has met the year target for average of 90% for 3 consecutive months.
		3b	Staff Training/Leadership	This measure will be reported 1 month retrospectively. Numbers remain provisional; reporting includes Pharmacy staff but SERCO staff also need to be added.
		3c	Care for People with Dementia	The ability to survey carers of dementia sufferers via the Meridian web based system is being launched (paper based) in Oct-14.

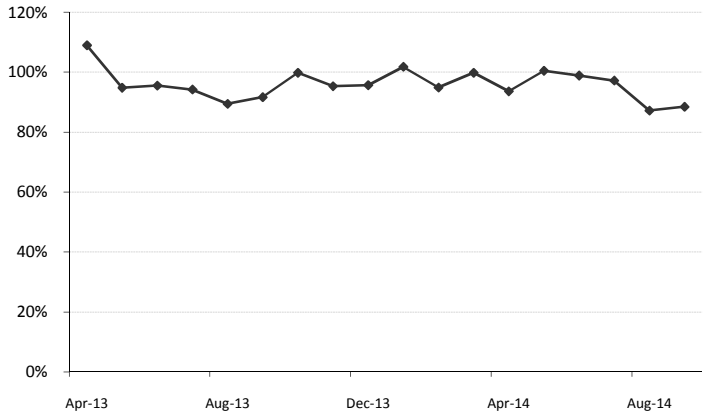
Compliance Against Performance	
	On target
	Monthly target missed; quarterly/annual target at risk
	Monthly target missed; annual target at risk

	Local CQUIN			2013/14 Baseline	2014/15 Target	YTD Status	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Q1	Q2	Q3	Q4	Year End Position
Performance	Heart Failure	4a	Develop an Integrated Care Pathway	N/A																			
		4b	EQ Pathway Measures (Jan-14 to Dec-14)	74.21%	Maintain 2013/14 levels	75.3%	78.3%	81.1%	70.6%	71.4%									76.4%				
	COPD	5a	Develop an Integrated Care Pathway	N/A																			
		5b	Improved referral rate to the Community Respiratory Team	19.8%	Improved referral rate in 2014/15- Improvement rate TBA	23.4%	26.1%	28.3%	28.9%	19.4%	19.3%	18.2%							27.8%	19.0%			
		5c	Improved referral rate to the Stop Smoking Service	8%	Improved referral rate in 2014/15- Improvement rate TBA	9.7%	8.6%	12.0%	9.9%	9.8%	7.6%	10.4%							10.2%	9.3%			
	Diabetes	6	Develop an Integrated Care Pathway	N/A																			
	Over 75 Frailty Pathway	7	Develop an Integrated Care Pathway	N/A																			

Commentary	Heart Failure	4a	Develop an Integrated Care Pathway	This measure was agreed within the CQUIN programme after the start of the financial year. A collaborative Cardiology Task and Finish Group is in place and are meeting regularly. HF and AF have been identified as separate work streams. The development of an Integrated Care Heart Failure Pathway is underway with audit of the existing pathway planned for later this year.
		4b	EQ Pathway Measures	This measure will be reported Month 1 - 12, Jan-14 to Dec-14. March and April data indicate lower compliance with LV function evaluation, and issuing of discharge instructions. This is being reviewed. A failed measures case review has identified cases where the required care was provided leading to an outcome of 71.43% for April. Further improvement is still required.
	COPD	5a	Develop an Integrated Care Pathway	This measure was agreed within the CQUIN programme after the start of the financial year. A collaborative COPD Task and Finish Group has come to a close. Discussions are due to take place with the CCGs to understand how this work should progress. The development work will need an internal working group, however response to request for Consultant lead and engagement has not yet been received and is becoming urgent. This CQUIN measure requires Project, Clinical and Information Team support to ensure that it will progresses.
		5b	Improved referral rate to the Community Respiratory Team	All previous months referral rates are revised as patient data is updated. Both 2013/14 baseline and 2014/15 data has been refreshed further as the process of ensuring that all referrals are being captured in the reporting process has progressed. Current data indicate that the referral rates have reduced in Q2 2014/15 and these will be explored with the Division.
		5c	Improved referral rate to the Stop Smoking Service	All previous months referral rates are revised as patient data is updated. Both 2013/14 baseline and 2014/15 data has been refreshed further as the process of ensuring that all referrals are being captured in the reporting process has progressed. Current data indicate that greater stability in improved referral rates is required. This is likely to tie in with the COPD integrated pathway development work.
	Diabetes	6	Develop an Integrated Care Pathway	A CCG led Project group has been developing an Integrated Diabetes Pathway. A CCG led meeting took place 3 Sep-14 to discuss the many outstanding issues that need to be resolved to enable the pathway development to progress, including resolution of the contractual structure, specific details around the new pathway delivery, and funding. The Trust is due to identify numbers (by the end of Sep-14) of diabetic patients who would fall into each level of service within the new pathway. The Clinical Audit Team are fully supporting an audit which is in plan but will take longer to provide data than original deadline of Sep-14.
	Over 75 Frailty Pathway	7	Develop an Integrated Care Pathway	A third CCG led multi provider Pathway Development meeting took place 2 Sep-14. The Trust is due to conduct an audit to identify the proportion of patients who would be identified as frail if the Prisma frailty tool was applied. This audit is being supported by the Clinical Audit Team and the results are due to be fed back to the next CCG led meeting at the end of October. This CQUIN measure requires Project, Clinical and Information Team support to ensure that it remains on track.

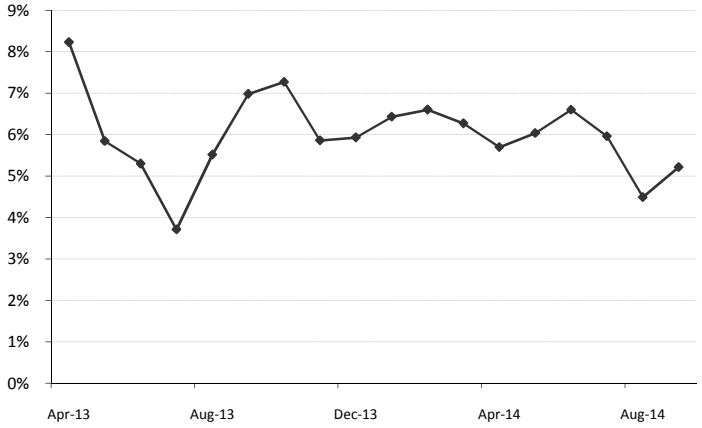
Compliance Against Performance	
	On target
	Monthly target missed; quarterly/annual target at risk
	Monthly target missed; annual target at risk

Bed Occupancy



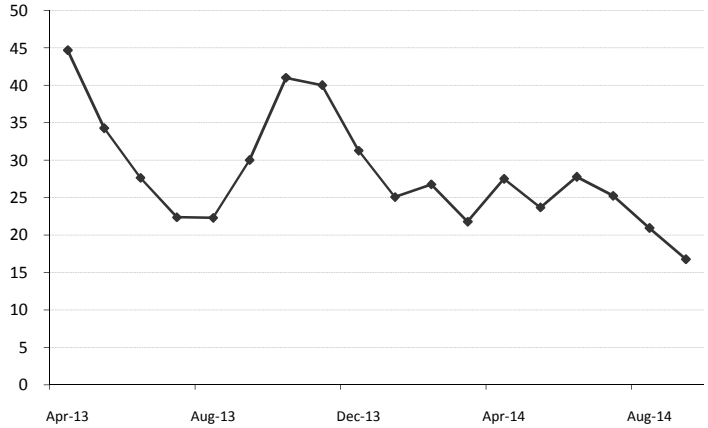
The bed occupancy metric looks only at adult inpatient beds and excludes any ring fenced wards such as Maternity. Since Aug-13 occupancy steadily increased with levels becoming static from Oct-13 (99.78%) to May-14 (100.44%). However, occupancy for Sept-14 shows a continued decreased position, although up from August's lowest position, it still remains comfortable at 88.45%.

Extra Beds



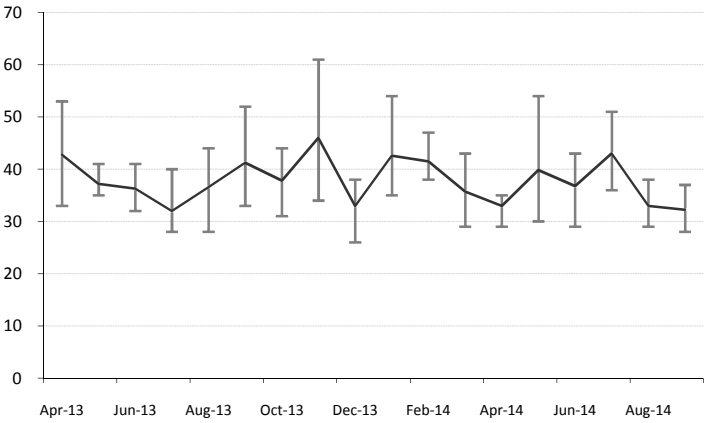
This metric is built up using the number of funded beds on each ward and reviewing those occupied on a daily basis. Where the number of occupied beds exceeds the funded bed base for the ward these are classified as "extra". Following on from months of fluctuation the position in May-14 showed consistency against Apr-14. In Jun-14 however, this value increased to 6.60%, subsequently dropping thereafter to a value of 4.49% in Aug-14, thus indicating further fluctuation in the use of extra beds. In Sep-14 the position, although remaining below average, has increased slightly to 5.21% and links with the shift in bed occupancy.

Outliers



The outliers data show the average number of patients bedded in a ward outside of the relevant Division over a given month. In line with the number of extra beds, the number of outliers peaked in Apr-13 when the Trust, and local health economy, was under extreme pressure with unseasonably high emergency flows. The position stabilised at approximately 25 extra beds per month from Jan-14 to Jul-14. It is hoped this position will stabilise further, and as predicted, the Outliers position has decreased in Sep-14. This correlates with the drops in Occupancy and Extra Beds, and by achieving a value of 16.77 shows a considerable reduction.

Average Delayed Transfers of Care

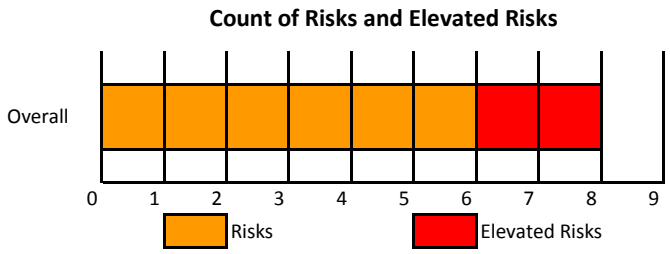


In Sept-14, the number of patients on the Delayed Transfer of Care (DToC) list decreased resulting in a position of 32.25, against 33.00 in August and 43.00 in July.

The Trust now provides 60 reablement beds, 20 of which became operational on 31 Jan-14. The primary issues for DToC remain, that is, continuing health care, pending assessment by Social Services, and care provision and community resources.

CARE QUALITY COMMISSION: INTELLIGENT MONITORING REPORT

Trust Summary



Priority Banding for Inspection	Recently Inspected
Number of Risks	6
Number of Elevated Risks	2
Overall Risk Score	10
Number of Applicable Indicators	96
Percentage Score	5.21%
Maximum Possible Risk Score	192

Elevated Risk	Composite of Central Alerting System (CAS) safety alerts indicators (1 Apr-04 to 30 Apr-14)
Elevated Risk	Whistle blowing alerts (22 Mar-13 to 2 Jun-14)
Risk	Never Event incidence (1 May-13 to 30 Apr-14)
Risk	Composite indicator: In-hospital mortality: Trauma and Orthopaedic conditions and procedures
Risk	SSNAP Domain 2: overall team-centred rating score for key stroke unit indicator (1 Oct-13 to 31 Dec-13)
Risk	All cancers: 62 day wait for first treatment from NHS cancer screening referral (1 Jan-14 to 31 Mar-14)
Risk	Composite of PLACE indicators (1 Apr-13 to 30 Jun-13)
Risk	GMC: Enhanced Monitoring (1 Mar-09 to 21 Apr-14)

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 Oct-13. 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 Jul-14. There are 8 areas showing as a risk; 2 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 Jul-14 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 1 May-13 to 30 Apr-14. 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 1 or more entries where the GMC status is not closed over a period from 1 Mar-09 to 21 Apr-14.
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 2 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 QEH 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 Q4 of 2013/14. This is the time period of the assessment. The Trust is currently performance at above the 90% level for Q1 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 Improvement Plan was submitted to the CQC on 23 Sep-14.