

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: **BOARD OF DIRECTORS - 28 FEBRUARY 2014**

SUBJECT: **CLINICAL QUALITY & PATIENT SAFETY**

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

PURPOSE: **For information and discussion**

CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT

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

SUMMARY:

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

PATIENT SAFETY

- Harm Free Care – The Safety Thermometer data shows the percentage of harm free care expressed as a one-day snap shot in each month. This month 91.6% of our inpatients were deemed 'harm free'. This figure includes those patients admitted with harms. The percentage of patients receiving harm free care during their admission with us (which we are able to influence) is 97.5%, above the national figure of 93%. Our Falls Prevention and Tissue Viability Teams are working closely with the ward staff to continue to improve the position and action plans are in place across the Trust. In addition, during Jan-14 we have also reviewed the way we collect these data to ensure accuracy so that we

can make the quality improvements we need to.

- Nurse Sensitive Indicators - In January there were 23 reported incidents of pressure ulcers developing in hospital (28 in December). Fifteen grade 2 pressure ulcers, were reported, and of these 7 were deemed avoidable. There were also 7 grade 3 pressure ulcers, and 1 grade 4. Of these 2 were deemed avoidable. There are 6 incidents of pressure ulcers yet to be assessed via the root cause analysis meetings.

There has been significant progress towards the Trust Wide Action Plan. This includes enhancing multidisciplinary team working to improve patient pressure ulcer prevention plans and commencing roll out of the SKINS bundle to all other areas, such as A&E. In addition a task and finish group has been set up to undertake a meta-analysis of all deep ulcers during 2013/14. Learning and actions from this review will be rolled out.

Of the 149 patient falls recorded for January (156 in December), none were graded as severe or death sequelae. Of these falls 84 resulted in no injury, 58 in low harm and seven in moderate harm. The Falls team have set up the root cause analysis meetings to include a range of professionals who can offer different insights into the possible root cause, and therefore strengthening the learning. A particular action in progress at present is updating and refreshing the assessment and screening of risk when a patient is admitted. This is to ensure that the correct interventions and protection are taken and is being piloted in time for a 'go live' date in February.

- Infection Prevention and Control – Trust wide mandatory Infection Prevention and Control training compliance has improved slightly this month from 82.7% in December to 83.5% in January. This is encouraging as there had been a month on month decline over the previous 3 months. All Divisions have improved apart from Specialist Services who had 81.3% compliance in January compared with 82.4% in December.
- HCAI - There were no Trust assigned MRSA bacteraemias in January, with the total remaining 7 cases at the end of the month. There were 4 cases of C-difficile (post 72 hours) during January. However, the overall trend since quarter 2 has been a return to the low baseline established in the previous 2 years.

The recovery plan in place continues to be delivered and ensures we are providing adequate prevention, screening and appropriate treatment at all times. The early alerting of patients developing diarrhoea via VitalPACs is enabling early management and treatment of these patients by the Infection Prevention and Control Teams. We await the findings of the external review of this recovery programme that took place during the first week of January 2014.

This is the second month we have reported the number of Ecoli cases. Indeed, in January there were 31 pre and 8 post 48 hour Ecoli infections. Ecoli is the most frequent cause of blood stream infection locally and nationally. The Ecoli rate/100,000 occupied bed days is high in East Kent (123 compared with the NHS average of 93). The reason for this high rate is unknown, but may be due to differences in population demographics. (In contrast to the high Ecoli rate/bed-day, the Ecoli rate/head of population is close to, or below, the national average).

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

- Mortality Rates – In general the mortality rates remain good across the Trust, particularly since last winter's figures. We are seeing a seasonal trend in line with previous years. Although during January there was another sharp increase in month, mortality remains in line with previous good performance and follows seasonal trend. However, this increase is currently under review and is being investigated.
- Risk Management – There were 1042 clinical incidents, including patient falls, reported via Datix in January compared to 1014 in December. Five serious incidents were reported on STEIS. In January, the number of incidents graded as death is higher than in previous months, but are still under full investigation and subject to a root cause analysis. The learning will be shared and actioned following the RCA meetings. There remain 26 serious incidents open at the end of January of which 4 have been closed by the CCGs pending Area Team review before closure on STEIS.

This month we have seen another increase in reported incidents relating to staffing difficulties at the WHH. In particular the Singleton Unit have reported staffing difficulties. This is due to staff sickness and midwives themselves being on maternity leave. The Division is currently advertising to recruit to cover maternity leave.

CLINICAL EFFECTIVENESS

- Bed Occupancy – Occupancy in January has increased slightly on the previous month with a position of 97.9% and still sits it above the Trust target which is to achieve 85% bed occupancy. Seasonal pressures are now beginning to be evident and there are plans in place to manage safely the additional beds opened to meet demand. During January, 5.53% of the Trust's bed days were delivered using extra "unfunded" beds. This is a slight increase on previous months and is linked to the extra capacity that was re-opened to meet demand.
- Readmission Rates – The 30-day readmission rate has increased slightly to 9.3% for December which is in line with seasonal pressures. A meeting is planned for the end of March with the Medical Director and the Chief Nurse to review the opportunities to further reduce the 30-day readmission rate.
- CQUINS - In 2013/14 CQUIN schemes are applied to both the General Contract and the Specialised Services Contract as a 2.5% component of the financial value. The four national CQUIN areas are applicable to both contracts and good progress is being made in these areas with all four CQUINs currently on target. Within the locally agreed CQUINs the referral rate of COPD patients to the Community Respiratory Team needs to further improve with YTD data as at Nov-13 only showing an increase from 3.6% baseline to 3.9% and the data capture of these referrals is being explored to ensure that all referrals made are being

reported. Discussions are in progress with the CCGs and Clinicians to agree next years CQUINs. These are being designed around patient pathways so that continuous improvement is clearly articulated.

PATIENT EXPERIENCE

- Mixed Sex Accommodation - During January there were 12 clinically justified occurrences of mixed sex accommodation; all complying with the current commissioner agreed scenarios thereby not breaching the standard. Building works are commencing in the CDU at KCH in order to provide additional toilet and shower facilities. This will ensure patients do not have to pass by a person of the opposite gender when they require the bathroom. It is worth noting that none of January's occurrences were in the CDU at KCH. Collaborative work continues with the CCGs where the policy scenarios are being revised. This is due to be discussed at the Quality Meeting in February where the policy will be refreshed and agreed collaboratively.
- Compliments & Complaints – This month the Trust achieved amber against the standard of responding to formal complaints within 30 working days. The percentage of responses sent to clients within this time frame was 84% which is an improvement on December (83%). Two of the 4 Divisions achieved greater than the standard of 85%. Monthly meetings are in place to offer support and also monitor the performance of the Divisions so that they can achieve the standard. The number of formal complaints received during January was 60. There were 277 informal contacts and 1707 compliments. During January for every 1 formal complaint the Trust received 28 compliments. This is a slight decrease on last month. This does not include the compliments received via the Friends and Family Test and letters and cards sent directly to wards and departments. The number of returning clients during January was 4 where clients are seeking further resolution to their concerns. The Trust Complaints Steering Group continues to meet and oversee complaints management and the delivery of the improvement plan.
- Friends and Family Test - The Friends and Family Test (FFT) aims to provide a simple, headline metric which, when combined with follow-up questions, can be used to drive cultural change and continuous improvements in the quality of the care received by NHS patients. Nationally, Trusts are measured using the Net Promoter Score (NPS) where a score of approximately 50 is deemed good. EKHUFT's combined inpatient and A&E NPS was 54 in January. This is lower than previous months, but similar to last month where the increase in response rate via the texting system for A&E may have lowered our overall combined NPS. The NPS for January is broken down as:
 - Inpatients – 70
 - A&E – 35
 - Maternity – 75

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

The company '*iWantGreatCare*' which reports FFT data on behalf of the Trust have converted the NPS into a "star score" value (ranging from 0

to 5) thus making the interpretation of FFT results easier. The star score is calculated using an arithmetic mean, so a ward that scores 4 stars has an overall average rating of "likely" to be recommended. The Trust score for January is 4.5 stars out of 5 stars. The combined inpatient and A&E response rate this month is 18.32%, once again achieving the 15% standard. The wards exceeded the 15% standard with a 26.53% response rate. The A&Es achieved 13.45%. Maternity FFT achieved over 15% for touch points 1 (antenatal care), 2 and 3 (birth experience) at 19.71%, 37.68% and 42.31% respectively. They remain under the standard for the postnatal question (12.85%), although this has doubled compared to last month. Their overall combined response rate is 28.37%, awaiting final validation via the Unify2 website.

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

CARE QUALITY COMMISSION

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

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

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

There is a multidisciplinary team programme of action to address mortality following fractured neck of femur; performance against PROMs is scheduled for publication at the end of the financial year and the response rate for the Friends and Family Test is now in line with the national reporting requirement. Following review, the training has been retained whilst we still await feedback from the GMC. However, in preparation for the March CQC visit, the GMC have forwarded them their report. In the meantime the Trust is busy preparing for the CQC visit which is due to take place from Monday 3rd March.

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

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

FINANCIAL IMPLICATIONS:

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

LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:

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

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

PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES

None

BOARD ACTION REQUIRED:

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

CONSEQUENCES OF NOT TAKING ACTION:

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