

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: **COUNCIL OF GOVERNORS – 9 MAY 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 – This month 94.8% of our inpatients were deemed 'harm free'. This figure includes those patients admitted with harms and, for the first time, is higher than the national figure of 93%. The percentage of patients receiving harm free care during their admission with us (which we are able to influence) is 98.4%, which again is above the national figure of 93%. Both the Tissue Viability Team and the Falls Prevention Team are working towards developing action plans to reduce these incidents occurring in our care. In addition, during 2014/15 the

Infection Prevention and Control Team will be reviewing catheter care using a new protocol they are working with. It is hoped that this will result in improvements in risks associated with acquiring a urinary tract infection. The way we collect these data has been reviewed to ensure greater accuracy so that we can make the necessary quality improvements.

- Nurse Sensitive Indicators – In March there were 27 reported incidents of pressure ulcers developing in hospital (29 in February). This included 16 grade 2 pressure ulcers, (8 deemed avoidable), 10 grade 3 (2 deemed avoidable), and 1 grade 4. Nine have not yet been assessed and are awaiting RCAs. Learning included ensuring early intervention is taken, and that patients are repositioned regularly and appropriately. The Tissue Viability team are working with high risk areas to support quality improvements and facilitating bespoke action plans to address particular needs of the client group. A protocol to ensure availability of high risk equipment has been issued and 21 new active mattresses have been purchased.

The roll out of the SKINs Bundle continues and the Task & Finish Group that has been set up to address the incidence of deep ulcers has agreed its priorities. This includes strengthening assessment on arrival in the hospital, launching a campaign on heel protection entitled 'Think Heel', providing more focused education, and reviewing the number of link nurses in each ward and department. The Tissue Viability Team is working closely with the Patient Safety Team to improve the timeliness of the RCA process. A draft pressure ulcer reporting flowchart has been devised along with a rapid RCA assessment proforma so that we can report on STEIS deep ulcers that may be deemed avoidable more quickly. This will also ensure learning is shared in a timely manner. These documents are due to be discussed at the Patient Safety Board in April.

Of the 166 patient falls recorded for March (171 in February), none were graded as severe or death. There were 98 falls resulting in no injury, 65 in low harm and 3 in moderate harm. The RCA process has been strengthened to include professionals from other disciplines in order to provide a holistic and range of insights to the root cause and learning. The Falls Team continues to raise awareness and implement the assessment and screening process when a patient is admitted. This is to ensure the correct preventative and protective interventions are implemented.

- Infection Prevention and Control – Trust wide mandatory Infection Prevention and Control training compliance has improved this month from 82.7% in February to 87.2% in March. It was agreed at the Infection Prevention and Control Committee that all Divisions will identify those people within their teams who are not compliant and set each person a date for completion. This will ensure a significant improvement in this standard in order to meet the compliance level.
- HCAI – There were no MRSA bacteraemia cases during Mar-14. The cumulative total of Trust assigned MRSA bacteraemia cases for 2013/14 is 8. This represents an increase in the number of cases seen in the 2 previous years where 4 post 48hr cases each year were attributed to the Trust. The Lyon clone of MRSA, which has been present in East Kent since 2011 was responsible for 4 other MRSA bacteraemia cases during

the past 11 months (Trust and community cases, combined).

- There were 4 post 72hr C. difficile cases in Mar-14, and the end of year total equalled 49 cases. The increase in the number of cases during Q1 2013/14 (18) returned to the baseline of the previous 2 years of 10 per quarter, with the exception of Q4 where there were 11 cases. The target for the forthcoming year is 47 cases. 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.
- 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.

There were 33 pre 48hr and 8 post 48hr Ecoli infections in Mar-14. This is similar to the monthly totals reported during the previous 11 months. Cases were evenly distributed between hospital sites and provide no evidence of hospital acquired infection.

- Mortality Rates – In general the mortality rates remain good across the Trust, particularly since last winter's figures. Crude mortality for non-elective patients shows a fairly seasonal trend with deaths higher during the winter months. Following this trend, Feb-14 performance equalled 32.156 deaths per 1 000 population, with March consistent at 32.400, and as such shows a constant decrease on the previous months. During February elective crude mortality was 0.923 deaths per 1 000 population, which dropped back to expected levels seen in March at a rate of 0.443 thereby slowing the increase evident during previous months. It is expected that the levels will reduce to those seen pre Nov-13 and follow seasonal trends. This increase, however, is currently under review and is being investigated.
- Risk Management – In Mar-14 a total of 1120 clinical incidents including patient falls were reported. This includes 6 incidents graded as death and 1 graded as severe. These particular cases are currently under investigation and are subject to a root cause analysis that will determine whether they are STEIS reportable, or whether their severity needs to be downgraded. This will depend on the outcome of the RCA .

This is the highest number of incidents reported and we are also seeing an increasing number resulting in no harm over the year. Other unapproved incidents may also be downgraded following investigation. In addition to these 7 serious incidents, 18 incidents have been

escalated as serious near misses, of which 7 have been finally approved.

Eight serious incidents were required to be reported on STEIS in March. These were 2 unexpected deaths, 1 drug incident in which PCA medication was given via epidural route, 2 pressure ulcers, 1 Never Event, 1 unexpected neonatal death and 1 suboptimal care of a deteriorating patient. The Trust has been notified that 3 incidents have been closed; 2 unexpected deaths and 1 intrauterine death. There remain 33 serious incidents open at the end of March of which 6 have been closed by the KMCS pending review of external bodies before closure on STEIS.

Staffing difficulties continue to be reported but have reduced this month, including the number of reports from the Singleton Unit, who have taken corrective action to address their previously reported numbers. The top reporting area this month is A&E. This was due to sickness, and waiting for new staff to begin in post. The Division have put in place a number of actions around recruitment, off duty management and sickness management to prevent reoccurrence.

There was a rise in the number of medication errors reported during March-14 (124 compared with 102 in February). Ninety-seven of these were graded as no harm including 3 serious near misses, 26 as low harm and one as moderate harm. No serious incidents were reported. Most incidents occurred at the time of administration or dispensing of the medication. The Medicines Management Group is in place and reviews all aspects of medicines management and reports actions and progress against plans to the Patient Safety Board and Clinical Management Board for dissemination of learning and actions required by the Divisions. However, compared to last year the numbers of incidents reported is less.

CLINICAL EFFECTIVENESS

- Bed Occupancy – Bed occupancy has been steadily increasing since Aug-13. In March bed occupancy increased slightly to 95.34%, in line with January and October positions after a decrease in Feb-14 (90.94%). It therefore continues to sit above the Trust target of 85%. During March 5.77% of the Trust's bed days were delivered using extra "unfunded" beds. This position has decreased from 6.34% in February. Seasonal pressures continue to be evident and there are plans in place to manage safely the additional beds that are opened to meet demand. Teams are endeavouring close the contingency beds as soon as possible.

A key area of focus is the management of the Delayed Transfer of Care (DToC) list. Reducing this number enables us to care for patients within our established and funded bed base. In Mar-14 the number of patients on the DToC list is similar to that seen in Oct-13 and has reduced on February's position, with overall reportable delays being lower when compared to the same period last year. The Trust now provides 60 reablement beds, 20 of which became operational on 31st Jan-14. The primary issues for DToC remain, that is, continuing health care, pending assessment by Social Services, and care provision and community resources.

- Readmission Rates – This month shows an increase in readmission rates. The 30 day readmission rate for February equalled 9.42%, displaying a seasonal spike very similar to that of 2012/13. The readmission goal of 8.32% by the end of Mar-14 is unlikely to be achieved. A meeting has taken place with Julie Pearce and Paul Stevens and a plan to analyse the data to ensure the correct target groups are identified is in place. Identification of similar Trusts in England who fall below the national average for readmissions has taken place so that shared learning can be achieved.
- 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 4 CQUINs currently on target.

Within the local CQUINs, data for the Stroke pathway target on admitting 85% stroke patients to a Stroke Unit within 4 hours has been revalidated for the year taking into account waiting time in A&E and has confirmed a much lower performance than previously reported. The 12/13 baseline data will be re-run on the same basis to fully understand the level of improvement achieved in 13/14 and at that point the RAG rating for the monthly figures will be reviewed.

Validated Q4 data is awaited for the Stroke measure of 'door to needle' time. The last month's data for the EQ measure for Community Acquired Pneumonia is awaited - currently this is 0.2% off achieving the full target, partial payments are also applicable. All other 13/14 local CQUINs are on target to achieve by the end of Q4.

The 14/15 CQUINs programme is currently being finalised and will include 3 National indicators; Friends and Family Test, Dementia and NHS Safety Thermometer, plus 4 local indicators; Heart Failure, COPD, Diabetes and Over 75s. More details of these measures can be found in the attached summary document and copies of the schedules will be available on Sharepoint once they have been fully approved.

PATIENT EXPERIENCE

- Mixed Sex Accommodation – During Mar-14 there were no reportable mixed sex accommodation breaches to NHS England via the Unify2 system. These were not reported as they complied with CCG criteria, such as clinical need. There were 8 clinically justified mixed sex accommodation occurrences affecting 49 patients. The Trust is working closely with the CCGs in order to ensure that mixed sex accommodation occurrences are minimised as much as possible. This includes reviewing the local policy for delivering same sex accommodation and refreshing the acceptable justifiable criteria as outlined in the 2010 national guidance. Building works are continuing in the CDU at KCH in order to provide additional toilet and shower facilities. It is worth noting that none of March'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 with the CCGs where the policy will be refreshed and agreed collaboratively.
- Compliments & Complaints – This month the Trust achieved green against the standard of responding to formal complaints within 30

working days. The percentage of responses sent to clients within this time frame was 88% against a standard of 85%. This is an improvement on February. Surgical Services, Specialist Services and Corporate Divisions achieved the standard. Performance monthly meetings continue where support is offered and monitoring of the performance to enable achievement of the standard takes place. The number of formal complaints received during March was 73. There were 301 informal contacts and 1828 compliments. In Mar-14 the number of compliments received increased by 4% compared to the February. The ratio of compliments to formal complaints received for the month is 25:1. There has been 1 compliment being received for every 46 recorded spells of care. 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 March was 9, where clients are seeking further resolution to their concerns. This is a decrease on February's figures. 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. The Trust's NPS was 48 in March which is lower than in Feb-14. This is the combined satisfaction from 3444 responses from inpatients and A&E. Maternity services achieved 363 responses. The NPS can be broken down as:
 - Inpatients – 68
 - A&E – 25
 - Maternity – 74.

We can therefore see that satisfaction with our inpatient and maternity care is high. The decreasing score for A&E remains a concern, and we are interrogating the qualitative data received from these patients, analysing the themes and implementing corrective actions to improve these patients' experience. We are also about to partake in the national A&E survey which will also give valuable insights. We have also benchmarked our scores nationally and with our local Trusts for inpatients and A&E. The latest data we have is for January. These are shown in the table below:

NB: January Data		
	A&E	Inpatients
EKHUFT	35	74
Dartford	84	70
Maidstone	70	78
Medway	0	27
National	57	72

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 March was 4.4 stars out of 5 stars and is lower than last month.

The response rate for Mar-14 for inpatients and A&E combined exceeded the 15% standard this month at 22.03%, which is the highest to date. The wards achieved a 32.59% response rate. The A&E departments achieved 16.01% this month, and Maternity services achieved 16.68% (combined) both areas exceeding the 15% standard. Comparison of response rates across Kent & Medway are shown in the Table below:

NB: January Data		
	A&E	Inpatients
EKHUFT	13.4	26.53
Dartford	9.4	20.38
Maidstone	13.1	19.9
Medway	20.9	25.83
National	17.4	31

The recovery plan continues to be delivered, overseen by the Task & Finish Group. This includes improving the antenatal and post-natal elements of the Maternity FFT and also improving the 'texting' service into the A&Es that has yielded the 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. They are also displaying a summary of their feedback using 'Wordalls' to inform patients and visitors.

As we move into the new financial and reporting year, the response rates for A&E and inpatients will be set at 20% and 30% by Q4 respectively. The Task & Finish Group will work with Divisions to improve the response rates to achieve this by year end. The staff FFT is about to be implemented led by the Human Resources Department.

CARE QUALITY COMMISSION

CQC Intelligent Monitoring Report – The Trust was 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. Two further reports have been issued since this time; the most recent being on 13 Mar-14. There are changes to the risk reported in the previous iterations of this document.

There are 5 areas showing as a risk; 1 of these is classified as "elevated". This is the Cumulative Sum (CUSUM) for an emergency readmission following an elective admission; the comparative data shows the Trust is performing in line with indicator. The control limits set by the CQC for CUSUM alerting are not clear within the methodology and this alert may have triggered as a result of random variation, particularly as the other indicator is within the expected range.

The remaining areas are classified as "risk". The number of never events occurring is calculated using the calendar, rather than the financial year; this gives the number as 4. The remaining 3 areas are the same as in the previous Reports, but with a reduced level of risk. There is an improving position for the Friends and Family Test, the Patient Reported Outcome Measures (PROM) for primary knee replacement is alerting for the composite of the Visual Analogue Scale only. This relates

to general patient well-being rather than any functional improvement following the surgery. The year end figures are currently being compiled. The GMC enhanced monitoring risk is invoked when there is one or more entries where the GMC status is not closed over a period from 1 Mar-09 to 4 Oct-13.

The CQC undertook their inspection at the beginning of March. Their initial feedback has resulted in some immediate actions around tissue viability equipment and cleanliness improvements. Their positive feedback was around how caring and compassionate they found the staff. We await their draft report that is due during April.