EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: **BOARD OF DIRECTORS - 28 MARCH 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 92.7% of our inpatients were deemed 'harm free'. This figure includes those patients admitted with harms and has improved again this month from 91.6% in January, almost meeting 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 97%.

Our Falls Prevention and Tissue Viability Teams are working closely with the ward staff to continue to improve the position and action plans are in place across the Trust.

- Nurse Sensitive Indicators – In February there were 28 reported incidents of pressure ulcers developing in hospital (23 in January). This included 19 grade 2 pressure ulcers, 9 grade 3 and no grade 4 ulcers. Six have been assessed as avoidable, 16 as unavoidable and 6 not yet assessed (awaiting RCAs). STEIS is currently being updated for the avoidable deep pressure ulcers and will show on next months report.

  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, 'Think Heel', providing more focused education, reviewing the number of link nurses and an investment of £100K to provide more pressure relieving devices for use across the Trust.

  Of the 160 patient falls recorded for February (150 in January), none were graded as severe or death. There were 89 falls resulting in no injury, 64 in low harm and 7 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 decreased this month from 83.5% in January to 82.7% in February. All Divisions are working towards a significant improvement in this standard in order to meet the compliance level.

- HCAI – There was 1 post-48h MRSA bacteraemia during Feb-14. This case is awaiting assignment by the Post Infection Review process. The bacteraemia resulted from parotid infection. This is a recognised complication of the Staphylococcal bacterium being carried by the patient. The cumulative total of Trust assigned MRSA cases remains at 7 (pending assignment of the new case). This does represent an increase in the number of cases seen in the 2 previous years when 4 post-48h cases each year were attributed to EKHUFT. The most recent case belongs to the Lyon clone of MRSA which has been present in East Kent since 2011 and has been responsible for 3 other MRSA bacteraemia cases during the past 11 months.

- There were 3 post-72h C difficile cases in February following 4 cases in January. The overall trend since Q2 has been a return to the low baseline established in the 2 previous years. The Infection Prevention and Control Team expect that the Q1 - Q4 total will be below the NHS average rate for acute Trusts, despite being above the Department of Health local target. The cumulative number of cases for Apr-13 to Feb-14 (currently 45) is close to the recently published DH target for EKHUFT of 47 cases for the coming year 2014/15.

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.

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 29 pre-48h and 6 post-48h Ecoli infections in Feb-14. This is similar to the monthly totals reported during the previous 10 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 and as such shows a slight decrease on January. During February elective crude mortality was 0.923 deaths per 1 000 population. This continues the increase seen in previous months. This increase is currently under review and is being investigated.

- Risk Management – In Feb-14 a total of 1057 clinical incidents and patient falls were reported. These include 5 incidents graded as death (which are under investigation) and 1 graded as severe (which is also under investigation). Unapproved incidents may be downgraded following investigation. In addition to these 5 serious incidents, 26 incidents have been escalated as serious near misses, of which 4 have been finally approved.

  Three serious incidents were reported on STEIS in Feb-14. These include a death due to a VTE 6 weeks post knee surgery, and a neonatal death at 24 weeks. The Trust has been notified that the 3rd incident has been closed. This was an intrauterine death of a term baby. Root Cause Analysis reports have been presented to the Risk Management Governance Group by the Divisions responsible. These included the findings of the investigation and action plans to take forward recommendations, including mechanisms for monitoring and sharing learning. At the end of Feb-14 there were 28 serious incidents open. The CCGs have agreed closure of 4 of these serious incidents pending an area team review.

Staffing difficulties continue to be reported but have not risen. The Singleton Unit continues to be the highest reporter. This is due to sickness absence and midwives on maternity leave. The team are in the process of recruiting to maternity leave and also have increased their establishment to meet the 1:28 ratio required.

CLINICAL EFFECTIVENESS

- Bed Occupancy – Bed occupancy has been steadily increasing since Aug-13, but in February decreased on the previous month with a position of 90.94% (against 97.97% in Jan-14), and remains above the Trust target of 85%. Seasonal pressures continue 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 position increased slightly to 6.34% in February thus demonstrating a slight increase on the previous 3 months and is linked to extra capacity being re-opened to meet demand.

- Readmission Rates – This month shows a slight improvement in readmission rates. The 30-day readmission rate for Jan-14 at 8.41% is 0.03% better than January last year. The YTD position shows a 0.04% improvement on last month. Delivery of the readmission target rate of 8.32% by the end of Mar-14 remains a significant challenge with an overall downward trend forecast for Mar-14.

- 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 have either achieved or are on track to achieve against target.

  Within the locally agreed CQUINs the EQ CAP measure is currently 0.2% below the end of year target to receive full payment. March results could still enable this to happen. The referral rate of COPD patients to the Community Respiratory Team dropped to 3.8% in February, against a baseline of 3.6%. An improvement target was not set, but an increase in referrals is needed in March to show more significant improvement YTD (currently 4.3%).

  The Stroke measure for admission to a stroke unit within 4hrs requires 85% performance in Q4 – Jan-14 data is 87% but a drop to 77% in December leads to a cautious approach as to whether this target will be achieved. Discussions continue 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 Feb-14 there were no reportable mixed sex accommodation breaches to NHS England via the Unify2 system. These were not reported as they complied with clinically justified criteria, such as clinical need. There were 8 clinically justified mixed sex accommodation occurrences affecting 42 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. 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 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 84.8% against a standard of 85%. This is an improvement on January. Urgent Care and Long Term Conditions Division was the only clinical Division to achieve greater than 85%. Monthly meetings continue, these offer support and also monitor the performance of the Divisions to enable achievement of the standard. The number of formal complaints received during February was 65. There were 287 informal contacts and 1754 compliments. During February, for every 1 formal complaint the Trust received 27 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 February was 15where clients are seeking further resolution to their concerns. This is an increase of January'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. EKHUFT's combined inpatient and A&E NPS was 54 in February, the same as in January. The increase in response rate via the texting system for A&E may have lowered our overall combined NPS compared to last calendar year. The NPS for February is broken down as:

    - Inpatients – 70
    - A&E – 32
    - Maternity – 77

  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. We are also about to partake in the national A&E survey which will also give valuable insights.

  The company '*iWantGreatCare*' which reports FFT data on behalf of the Trust have converted the NPS into a "star score" value (ranging from 0 to 5) thus making the interpretation of FFT results easier. The star score is calculated using an arithmetic mean, so a ward that scores 4 stars has an overall average rating of "likely" to be recommended. The Trust score for February is 4.5 stars out of 5 stars. The combined inpatient and A&E response rate this month is 20.72%, once again achieving the 15% standard, and an improvement on last month. The wards exceeded the

15% standard with a 32.81% response rate. The A&Es achieved 13.61%. Maternity FFT achieved over 15% for touch points 1 (antenatal care), 2 and 3 (birth experience) at 10.3%, 26.8% and 28.3% respectively. They remain under the standard for the postnatal question (5.5%), which is lower than last month. Their overall combined response rate is 20.99%, 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, but is not achieving the 15% yet. 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.

CARE QUALITY COMMISSION

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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. The next Intelligent Monitoring Report will be published by the CQC in March and will be reported in the March report.

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.