

**EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST**

**REPORT TO:** COUNCIL OF GOVERNORS

**DATE:** 7 NOVEMBER 2014

**SUBJECT:** SUMMARY PERFORMANCE - CLINICAL QUALITY & PATIENT SAFETY REPORT PRESENTED TO THE OCTOBER BOARD OF DIRECTORS

**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

<b>Response Rates &amp; Net Promoter Score – September 2014</b>				
	<b>Department</b>	<b>Standard</b>	<b>Response Rate</b>	<b>NPS</b>
	<b>Inpatients</b>	20%	34.5%	66
	<b>A&amp;E</b>	15%	19.4%	28
	<b>Maternity</b>	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

<b>NB: August 2014 Data</b>		
	<b>A&amp;E</b>	<b>Inpatients</b>
<b>EKHUFT</b>	21.09%	39.5%
<b>Dartford</b>	14%	26.3%
<b>MTW</b>	14.5%	42.5%
<b>Medway</b>	14.3%	25.1%
<b>National</b>	<b>19.9%</b>	<b>36.3%</b>

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 21<sup>st</sup> 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 liaise 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 HCAs 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 23<sup>rd</sup> 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.