

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: **BOARD OF DIRECTORS - 22 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.
- 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. We plan to report these data as part of the Clinical Quality & Patient Safety Report in future months.

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 93.9% of our inpatients were deemed 'harm free'. This figure includes those patients admitted with harms and, for the second month running is higher than the national figure of 93.6%. The percentage of patients receiving harm free care during their admission with us (which we are able to influence) is 97.6%. Falls (in total and those with harm) and catheter related urinary tract infections were less prevalent in April. The remaining indicators showed a higher prevalence this month compared to last month. 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. It is hoped that this will result in improvements in risks associated with acquiring a urinary tract infection.
- Nurse Sensitive Indicators – In April there were 17 reported incidents of pressure ulcers developing in hospital (27 in March). This included 14 category 2 pressure ulcers, (6 deemed avoidable), 2 category 3 ulcers (one was deemed avoidable) and 1 category 4. The incidence of deep pressure ulcers (category 3 & 4) has reduced from 10 reported in March. Focused work has taken place with the Task & Finish Group that has been set up to address the incidence of deep ulcers. Specific interventions have been implemented including 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 implementation of the SKINs Bundle continues. This includes strengthening assessment on arrival in the hospital, the April 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.

In April there were a total of 156 in patient falls compared to 166 in March and 171 in February. None were graded as severe or death. There were 78 falls resulting in no injury, 71 in low harm and seven in moderate harm. One fall at KCH resulted in a hip fracture and 6 of the falls at WHH resulted in a fracture or head injury. It has been noted that there have been significantly more falls at WHH over the past year which have resulted in moderate injuries. The Falls Team are planning an "Engagement Event" at WHH to include senior nursing staff, ward staff, consultants and therapists. Its purpose is to explore the assessment process, barriers to effective interventions, cultural factors, and to develop joint solutions. The Deputy Chief Nurse will be supporting this work in a facilitative role.

The RCA process continues 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 is shown as March 2014 data due to the timing of the Board meeting this month. In next month's report we will show both April and May data. In the meantime 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 bacteraemias in Apr-14. The Government's "Zero tolerance approach" to all MRSA bloodstream infections continues for 2014/15 as set out in the planning guidance "Everyone Counts: Planning for Patients 2013/14".
- There were 4 post 72h C. difficile cases in Apr-14 against a trajectory of 4 and an annual limit of 47. Root Cause Analysis has been completed on 3 of the 4 cases. Two cases occurred in the same ward but it was concluded that there was no connection between them. The RCAs completed to date have concluded that 2 out of the 3 cases were unavoidable. Decisions with regard to whether there were "lapses of care" described in the *'Clostridium difficile infection objectives for NHS organisations in 2014/15'* and guidance on sanction implementation will be made when the precise definitions for "lapses of care" have been agreed with commissioners. The recovery plan continues to be delivered to ensure 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 Team.
- Ecoli is the most frequent cause of blood stream infection locally and nationally. 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.

The Infection Prevention & Control Team are now undertaking Root Cause Analysis for Ecoli bacteraemia cases occurring within 30 days of a surgical procedure undertaken in EKHUFT to identify the causes and address as necessary. There were 32 pre 48hr and 9 post 48hr Ecoli infections in April-14. This is similar to the monthly totals reported during the previous 12 months.

- Mortality Rates – In general the mortality rates remain good across the Trust. The 12 month rolling HSMR equalled 80.1 at the end of March which represents the lowest HSMR reported since Dec-12.

Crude mortality for non-elective patients shows a fairly seasonal trend with deaths higher during the winter months. Following this trend, Apr-14

performance equalled 31.295 deaths per 1 000 population, which shows an improved position against the last quarter.

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. April's position stabilises this position once more, achieving 0.346. As predicted it is expected that the levels will reduce to those seen pre Nov-13 and follow seasonal trends.

- Risk Management – In April a total of 990 clinical incidents and patient falls were reported (1120 in March). This includes 6 incidents graded as death and 2 graded as severe which are currently under investigation. Unapproved incidents may be downgraded following investigation. In addition to these 8 serious incidents, 13 incidents have been escalated as serious near misses, of which all are under investigation.

Eleven serious incidents were reported on STEIS during Apr-14. These were: 4 pressure ulcers (3 Category 3 and 1 Category 4), 2 surgical errors, 2 unexpected deaths, 2 unexpected admissions to NICU and 1 Intrapartum death. At the end of Apr-14 there remain 44 serious incidents open on STEIS. The CCGs have agreed closure of 6 of these serious incidents pending review by the Area Team.

Staffing difficulties continue to be reported and the number reported is similar to last month. The maternity areas have reported difficulties once again. This was due to higher levels of sickness combined with high levels of activity over the month. This was addressed later in the month by the use of agency staff and the situation is now improved. There remain extra unfunded beds open in the general ward areas for which temporary staff are requested. The ward staffing business case is being 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.

CLINICAL EFFECTIVENESS

- Bed Occupancy – Bed occupancy has been steadily increasing since Aug-13. Occupancy for April-14 shows a reduced position against that seen in March (95.34%), with 89.61% although it still sits above the Trust target of 85%. During April 5.3% 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 to 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 Apr-14, the number of patients on the DToC list has reduced again compared to the March 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 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.

- Readmission Rates – The Trust's 30 day readmission rate at the end of March has been achieved with 8.09% performance against a goal of 8.32%. In February it equalled 9.42%, displaying the usual seasonal spike, but showing an improved position for April. The overall trend for the year continues to reduce. Going forward into 2014/15 a goal to further reduce the Trust's readmission rates through improvement work is underway. Accurate data analysis and the identification of specialities where support to reduce readmission rates would be beneficial are key aspects of this improvement work.
- CQUINs – Year end data is not yet fully available for all the 13/14 CQUIN programme measures. However, it is anticipated that 8 of the 9 measures will be fully achieved. Within the Stroke Pathway, one of the 4 measures, admission to a stroke unit within 4 hours, may not meet the target of improvement to 85% of patients by Quarter 4. This measure is worth 2% of the overall programme (approximately £188k).

The 14/15 CQUIN programme is in place, with a 2.5% value of the general contract. The Month 1 NHS Safety Thermometer data indicates for new Category 2-4 pressure ulcers, a prevalence above trajectory to achieve a reduction of 5% in Quarter 4 (17 against a limit of no more than 10). This will need to be monitored closely and responded to if this continues. FFT data is likely to be reported one month retrospectively in most months due to the timing of the availability of validated data. Month 1 FFT data shows a good performance in both response rates and in reducing the number of negative responses. The CQUIN measures related to the Specialised Services contract have not yet been agreed for 14/15. The Quality Metrics for 2014/15 have been developed in collaboration with the CCGs and are currently in the process of being signed off.

PATIENT EXPERIENCE

- Mixed Sex Accommodation – During Apr-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 40 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 April'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. Testing of the scenarios has commenced.
- Compliments & Complaints – This month the reporting of informal complaints will include PALS (Patient Advice and Liaison Service) issues. Previously only formal and informal complaints were reported, anything which was 'just' advice and signposting being classed as 'informal'. This will mean that the informal complaints should reduce in number. A re-launch of PALS is considered to be a practical and sensible way forward as we will be able to provide advice and support

face to face, by telephone and email in a much more timely fashion. A collation of PALS issues will provide a much quicker method of identifying where something is going wrong.

This month the Trust achieved amber against the standard of responding to formal complaints within the first agreed date with the client. The percentage of responses sent to clients within this time frame was lower in April than in March at 78.8% against a standard of 85%. 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 April was 69. There were 74 informal contacts, 205 PALS contacts and 1877 compliments. In Apr-14 the number of compliments received increased by 2.6% compared to March. The ratio of compliments to formal complaints received for the month is 27:1; this is also an improvement on the previous month. There has been one compliment being received for every 42 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 April was 14 (9 in March), where clients were seeking further resolution to their concerns. This is an increase on March'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 56 in April which is higher than in March. This is the combined satisfaction from 3743 responses from inpatients and A&E. Maternity services achieved 380 responses. The NPS can be broken down as:
 - Inpatients – 71
 - A&E – 37.9
 - Maternity – 81.

We can therefore see that satisfaction with our inpatient and maternity care remains high. The score for A&E has improved this month but remains a concern. The qualitative data shows the common themes to be waiting times, pain control, food and drink and the attitude of some staff. The A&E staff are implementing corrective actions to improve these patients' experience which we will evaluate through the NPS each month. We are also about to partake in the national A&E survey which will also give valuable insights.

The company '*iWantGreatCare*' which reports inpatient 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 April was 4.5 stars out of 5 stars and is higher than last month.

The response rate for April-14 for inpatients and A&E combined

exceeded the 15% standard at 25.11%, which is the highest to date. The wards achieved a 35.17% response rate. The A&E departments achieved 19.58% this month, and Maternity services achieved 16.57% (combined). This year our target is to achieve 20% response rates in A&E and 30% response rates for inpatients, both by Quarter 4. The inpatient response rate already exceeds the Q4 target this month. Comparison of response rates for March across Kent & Medway are shown in the Table below:

NB: March Data		
	A&E	Inpatients
EKHUFT	16	32.59
Dartford	9.7	25.87
MTW	7	17.15
Medway	16.8	34.32
National	18.5	34.8

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 embarking on the implementation plan for Outpatients FFT and Day Case FFT. Ward teams are displaying a summary of their feedback using 'Wordalls' to inform patients and visitors. The staff FFT is about to be implemented led by the Human Resources Department.

CARE QUALITY COMMISSION

No further changes have been received since the last report to the Board in April 2014.

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.