

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: BOARD OF DIRECTORS - 27 JUNE 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.

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 93.5% of our inpatients were deemed 'harm free'. This figure includes those patients admitted with harms and, for the second month running is the same as the national figure. The percentage of patients receiving harm free care during their admission with us (which we are able to influence) is 98.5%. This is higher than last month. The prevalence of old and new (combined) falls, pressure ulcers and catheter related urinary tract infections rose this month compared to last month. This demonstrates that collaborative quality improvement work across the whole health economy and patient pathways is required. The Kent & Medway Area Team are addressing these improvements via their county wide Patient Safety Collaborative work streams. However, new falls with harm, new pressure ulcers, new VTE and new catheter related urinary tract infections demonstrated an improvement on last month reflecting improvements in the care we give in the Trust.
- Nurse Sensitive Indicators – In May there were 20 reported incidents of pressure ulcers developing in hospital (17 in April). This included 14 category 2 pressure ulcers, (8 deemed avoidable), 6 category 3 ulcers (one was deemed avoidable) and no category 4 ulcers. 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 May there were a total of 171 inpatient falls compared to 158 in April. None were graded as severe or death. There were 101 falls resulting in no injury, 64 in low harm and seven in moderate harm. Five of the patients with moderate harm suffered a fracture, and one patient suffered a dislocation. KCH saw an increase in falls during May. The Falls Team are planning an "Engagement Event" 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 for May shows a marginal improvement on April, but still below the 95% standard. The Infection Prevention and Control Committee are monitoring Divisional performance and working with them to make improvements.
- HCAI – There was one MRSA bacteraemia in May that has been provisionally assigned to the CCGs. This means that at present this financial year the Trust has no assigned MRSA bacteraemias to date. 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 3 post 72h C. difficile cases in May-14 against a trajectory of 4 and an annual limit of 47. Two of these cases are associated with Minster Ward. A 'Period of Increased Incidence' meeting is arranged in June to establish the facts. The Ward remains on 'special measures' and has the daily support of the Infection Prevention & Control Specialist Nurses to monitor practice and support the improvement in compliance to the required standards. 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. This is currently being discussed.
- 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. This is to identify the causes and address them as necessary. There were 36 pre 48hr and 1 post 48hr Ecoli infections in May-14 which shows a reduction on Apr-14 where there were 9 post 48hr cases. Of the 5 surgical cases that met the 30-day criteria occurring in April and May, findings of the root cause analysis investigations on 3 of the cases so far concluded that they were considered clinically significant and unavoidable. We await the findings of the remaining RCAs.
- Mortality Rates – In general the mortality rates remain good across the Trust. The 12 month rolling HSMR equalled 80.4 at the end of April. Crude mortality for non-elective patients shows a fairly seasonal trend with deaths higher during the winter months. Following this trend, May-14 performance equalled 26.277 deaths per 1 000 population, which shows an improved position against both the last quarter and last month.

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. May's position stabilises this position once more, achieving 0.118, improving on April's position. As predicted it is expected that the levels will reduce to those seen pre Nov-13 and follow seasonal trends.

- Risk Management – In May a total of 1074 clinical incidents and patient falls were reported (996 in April). This includes 3 incidents graded as death and 5 graded as severe which are currently under investigation. Unapproved incidents may be downgraded following investigation. In addition to these 8 serious incidents, 19 incidents have been escalated

as serious near misses, of which all are under investigation.

Eight serious incidents were reported on STEIS during May-14. These were: 1 sub-optimal care of a deteriorating patient, 2 unexpected deaths, 3 unexpected admissions to NICU, 1 missed case of meningitis and 1 patient developing a limb infarct. At the end of May-14 there remain 47 serious incidents open on STEIS. The CCGs have agreed closure of 8 of these serious incidents pending review by the Area Team.

Staffing difficulties, although continues to be reported has reduced in number during May (48 compared to 61 in April), although William Harvey Hospital remains the highest reporting site. The maternity areas have reported fewer difficulties this month with 4 occasions raised as incidents. 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. Although in April-14 there was a reduced position against that seen in March (95.34%), during May-14 it has once again risen to 96.21%, which sits above the Trust target of 85%. During May 5.57% of the Trust's bed days were delivered using extra "unfunded" beds. This position is similar to April. 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 May-14, the number of patients on the DToC list increased compared to the April position. The Trust now provides 60 reablement beds. The primary issues for DToC list remain, that is, continuing care pending assessment by Social Services, and care provision and community resources.

- Readmission Rates – The readmission data shown this month is the Trust's 30 day readmission rate as at the end of March. This has achieved an 8.09% performance against a goal of 8.32%. The Information Team are embedding a new process which requires realignment of the data sources. We will report both April and May's readmission data in next month's report due to delays in implementing the new validation process.

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 – The 14/15 CQUIN programme is in place, with a 2.5% value of the general contract. In month 2 the NHS Safety Thermometer data for new Category 2-4 pressure ulcers, continues with prevalence above trajectory to achieve a reduction of 5% in Quarter 4 (26 against a

limit of no more than 21). However, this was due to high prevalence in month 1 and there has been a reduction in month 2 which indicates improvement. 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 reducing the number of negative responses. The reporting process for the referral of COPD patients to the Community Respiratory Team continues to be explored to ensure that all referrals are included. 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 May-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 7 clinically justified mixed sex accommodation occurrences affecting 39 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 year the reporting of informal complaints includes 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 means 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 the standard of responding to 85% of formal complaints within the agreed date with the client. 85.9% of the responses met this standard, which is an improvement on April. Performance monthly meetings continue where support is offered and monitoring of the response rates to enable achievement of the standard takes place.

The number of formal complaints received during May was 93. This is the highest number received by the Trust during the previous 12 months and represents a 35% increase in number compared to last month. During May there were 58 informal contacts, 228 PALS contacts and 1890 compliments. In May-14 the number of compliments received increased by 0.7% compared to April. The ratio of compliments to formal complaints received for the month is 20:1 which is lower than last month. There has been one compliment being received for every 43 recorded spells of care, which is similar to 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 seeking greater understanding to their concerns during May was 20 (14 in April), where clients were seeking further resolution to their concerns. There were 14 for Urgent Care and Long Term Condition Division, and 6 for the Surgical Division. This is an increase on April'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 satisfactory. The Trust's NPS was 53 in May which is lower than the national average of around 70. This is the combined satisfaction from 3573 responses from inpatients and A&E. Maternity services achieved 480 responses. The NPS can be broken down as:
 - Inpatients – 70
 - A&E – 38
 - Maternity – 78.

We can therefore see that satisfaction with our inpatient and maternity care remains high. The score for A&E remains similar to April. The qualitative data shows the common themes continue to be waiting times, pain control, food and drink and the attitude of some staff. The A&E staff have implemented corrective actions to improve these patients' experience which we will evaluate through the NPS each month. We are also taking part 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 May was 4.42 stars out of 5 stars which is similar to last month.

The response rate for May-14 for inpatients and A&E combined is 22.59%. The wards achieved a 29.65% response rate. This is measured against a new 20% inpatient rate standard for Quarter 1. The A&E departments achieved 18.66% this month, and Maternity services achieved 20.27% (combined), against a 15% expectation. This year our target is to achieve 20% response rates in A&E and 30% response rates for inpatients, both by Quarter 4. Comparison of response rates for April across Kent & Medway (the most recent county data validated) are shown in the Table overleaf:

Table - Kent & Medway Comparison Response Rate Data

NB: April Data		
	A&E	Inpatients
EKHUFT	19.6	36.17
Dartford	14.6	32.1
MTW	18.4	41.63
Medway	16.8	28.54
National	18.6	34.8

The Task & Finish Group continue to meet. 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 has been implemented led by the Human Resources Department. Those data will be reported when the survey is completed.

CARE QUALITY COMMISSION

No further changes have been received regarding the risk rating since the last report to the Board in May 2014. We have sought external clarification on two of the reported never events. NHS England have confirmed both of these never events have not met the required criteria.

The CQC Inspection Draft Report was received on 10th June 2014, and is being checked for factual accuracy prior to publication.

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.