EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: **BOARD OF DIRECTORS - 29 AUGUST 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 95.3% of our inpatients were deemed 'harm free' which is an improvement on last month (94.3%). This figure includes those patients admitted with harms and those who suffered harm whilst with us. The national figure is 93.8%, so we offer a higher percentage of harm free care than the national average. The percentage of patients receiving harm free care during their admission with us (which we are able to influence) is 95.3%. This is lower than last month. The prevalence of new pressure ulcers and number of falls with harm rose this month compared to last month. The remaining areas improved this month. We are working closely with the Area Team to develop Kent and Medway wide improvements that should positively impact on these indicators across the whole of the patient pathway. This is via the Kent and Medway Patient Safety Collaboratives.

- Nurse Sensitive Indicators – In July there were 21 reported incidents of pressure ulcers developing in hospital (17 in June). These included 17 hospital acquired Category 2 pressure ulcers. Three Category 2 pressure ulcers were deemed avoidable, which is a 50% reduction from last month. Two of these incidents were due to the tubing becoming positioned under the patient and the other due to lack of evidence of sufficient repositioning. The Matrons undertook a workshop exercise at their recent Forum focusing on driving up standards in repositioning care. This work is being taken forward by the Pressure Ulcer Steering Group over the coming months.

- In July, there were 4 reported deep acquired ulcers (Categories 3 and 4). Of these ulcers, 3 were agreed as avoidable. All of these ulcers were located at the heel and root cause investigation identified similar learning points for all three incidents. Initially the high risk of heel pressure ulcers was not recognised and appropriate interventions were delayed or inconsistent. The areas involved in these incidents are undertaking an 'Intensive Investigation' exercise supported by specialist teams. This is a new initiative where additional support, training, and audit work is carried out in wards where they have reported 2 or more deep ulcers in the previous 3 months. Pressure Ulcer Panels have been introduced to ensure the learning from these pressure ulcer incidents are fully embedded with ward teams and the ward teams are held to account for any lapses in care.

- There were 152 in patient falls in July compared with 176 in June. Three of these resulted in fractures, 1 to the wrist and 2 to the hip. Two fractures occurred at QEH and these were both deemed unavoidable. The further fracture occurred at WHH and is awaiting an root cause analysis (RCA) meeting to clarify the circumstances. The wards with the most falls were CDU at WHH (17), Cambridge M2 (13), Richard Stevens Stoke Unit (9) and Treble (8). Last month a concern was reported regarding the number of falls at WHH resulting in fractures and serious head injuries. Although the total number of falls is similar to that at the other sites, the number of fractures and head injuries was disproportionately high in the first quarter of this year. A meta-analysis of these incidents was undertaken and core contributory factors were identified. These include lack of assessment, lack of equipment to prevent harm, delayed discharge and delayed escalation of delirium and deterioration. An action plan is currently being developed which will include core elements to form actions from all falls related RCAs. To support the wards at WHH a member of the Falls Prevention Nursing Team has been deployed for a 3 month interim period. Support will include undertaking base line audits with ward teams, developing action plans, education and training, and evaluating the effectiveness of these measures.

- Infection Prevention and Control –Trust wide mandatory Infection Prevention and Control training compliance for June and July are reported this month. They both remain at similar levels to previous months at 83.1% and 83.3% respectively. All Divisions are expected to improve their compliance and achieve 95% by March 2015.

- HCAI – There were no MRSA bacteraemias in July. This means that at present this financial year the Trust has one assigned MRSA bacteraemia. The bacteraemia case from May that was provisionally assigned to the CCG has been successfully allocated to a 'third party' following arbitration in line with new guidance from NHS England for 2014/15.

- There were 7 post 72h C. difficile cases for the first month of Q2, bringing the year to date number as 22 cases against a limit of 15. Three of the cases were deemed to be unavoidable following the root cause analysis meetings, the remaining 4 RCAs are pending. The Kent-wide definitions of 'lapses of care' now have been finalised and the Infection Prevention and Control Team are working with the CCGs to retrospectively review all the completed RCAs to determine whether there have been any lapses. These assessments are now undertaken as part of the RCA process.

  Regarding the 8 cases reported in June, 7 were deemed unavoidable following completion of the RCAs. Following the Period of Increased Incident and serious incident reported on Minster Ward at QEQM, sub-typing of the isolates identified as ribotype 0126 did reveal that these were identical, and that cross-infection had occurred. However there have been no further cases of C. difficile on the ward since June. It still remains under 'special measures' and enhanced support from the IPC Specialist Nurses continues.

- The Infection Prevention & Control Team are now undertaking root cause analysis for E. coli bacteraemia cases occurring within 30 days of a surgical procedure. This is to identify the causes and address them as necessary. There were 37 pre 48hr and 7 post 48hr E. coli infections in July. Of these, 1 case (located at QEQM) met the criteria for an RCA which is pending.

  In addition, the Infection and Prevention & Control Team are now undertaking RCAs for all cases of MSSA bacteraemias occurring within 30 days of a surgical procedure undertaken in the Trust, or those associated with an intravenous line. In July there were 7 cases, all of which were post 48 hour. However, none of the cases met the criteria for an RCA.

- 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. The winter peak during 2013/14 has since faded and following this trend, Jul-14 performance equalled 25.512 deaths per 1 000 population, against June's position of 25.465. This trend looks to stabilise throughout the Summer months.

  During February elective crude mortality was 0.916 deaths per 1 000 population, which dropped back to expected levels seen in March at a rate of 0.439. April's position stabilises this once more, achieving 0.341 and again in May, achieving 0.117. As predicted it is expected that the levels will reduce to those seen pre Nov-13 and follow seasonal trends. Levels in July have reduced to 0.317.

- Risk Management – In Jul-14 a total of 1188 clinical incidents were reported which is a higher number reported than in June (1095). This includes 1 incident graded as death (and which is under investigation). Incidents may be downgraded or

upgraded following investigation. Thirty incidents have been escalated as serious near misses, of which all are under investigation. The number of death/serious and severe harm incidents reported in Jul-14 remains subject to the usual RCA investigation and review. It is possible that the severity of these cases may be amended once the investigation process is completed. In Jul-14, the numbers of incidents graded as death or severe are on a par with previous months; these are currently under investigation.

- Eight serious incidents were reported on STEIS during Jul-14. These were: Four Category 3 hospital acquired pressure ulcers, 2 falls, 1 neonatal death and 1 intrauterine death. The Trust has had 4 notifications of closure from the CCGs or NHS(E) Area Team. There were 8 incidents awaiting Area Team or other external body review. The RCA reports have been presented to the Risk Management Governance Group by the Divisions responsible. Pressure Ulcer RCAs have been presented to the newly formed Pressure Ulcer Panel. 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 Jul-14 there were 56 serious incidents open on STEIS.

  This month there were 50 incidents relating to delays in treatment recorded compared to19 reported in June. A large proportion (11) were recorded in Recovery at WHH. No incidents have been graded as death or severe harm. Six have been graded as moderate harm, 12 have been graded as low harm and 32 resulted in no harm, (which included 1 serious near miss).

  There were 58 incidents related to staffing difficulties recorded in July, a similar number to June. These included 33 incidents relating to insufficient nurses and midwives, 9 to inadequate skill mix, 5 to insufficient doctors and 11 to general staffing level difficulties. Top reporting locations were Cheerful Sparrows Female (QEH) with 7 incidents; ITU (WHH) with 6 incidents; Kings D Male (WHH) and Haematology (WHH) with 4 incidents each, and Folkestone (WHH) and Kennington (WHH) with 3 each. Other areas reported 2 or fewer incidents. This month Singleton Unit did not report difficulties. ITU at WHH has taken corrective action in reducing their bed base by closing the winter pressure beds. They are also reviewing their skill mix and actively recruiting staff similar to other wards and departments. Cheerful Sparrows Female Ward reported difficulties due to the unfunded beds being open coupled with some vacancies. This is being addressed with the teams by the Division and the Chief Nurse. Six incidents have been graded as moderate and 6 as low harm due to delays in providing treatment and suboptimal care being identified. The remaining 46 incidents have been graded as no harm.

  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. There is also a recruitment action plan in place which includes overseas recruitment drives as well as working closely with the Resourcing team to smooth the recruitment process. We are expecting 55 newly qualified nurses to commence with us by September/October.

CLINICAL EFFECTIVENESS

- Bed Occupancy – The bed occupancy metric looks only at adult inpatient beds and excludes any ring fenced wards such as Maternity. Occupancy peaked at over 100% during Apr-13, but has since reduced. However, since Aug-13 occupancy has steadily increased with levels becoming static since Oct-13 onwards.

Occupancy for Jul-14 again shows a decreased position at 90.89% against that seen in June and May (94.10% & 96.89% respectively), and returns to the level seen in at this point last year.

Following several months of fluctuation in extra unfunded bed use and a rise to 6.31% of the Trust's bed days were delivered using extra unfunded beds in June, the position has dropped however in July to 5.62% and remains stable. Teams are endeavouring to close the extra beds and this has been escalated to our CCG colleagues for extra community and social care support.

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 Jul-14, the number of patients on the DToC list has increased slightly resulting in a position of 43, against 37 in June. This is the highest position reported since Nov-13 and is being investigated further with the Community.

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 – A structured approach to intervention identification has been set for readmissions. Three main specialities have been identified as having potential for improvement, namely Health Care Of the Older Person (HCOOP), Urology, and Vascular. Work is on-going within HCOOP and Urology specialities to reduce readmission rates, and diagnostic work is about to begin within the Vascular speciality. Overall, since 2008, the Trust wide readmission rate has been gradually reducing.

- CQUINs – The 14/15 CQUIN programme is in place, with a 2.5% value of the general contract. Month 4 data shows a reduction in negative FFT responses received in inpatient areas from 2% to 1%, but an increase in negative responses in Maternity from a 1% baseline to 2%. This will be addressed at a Divisional level with local action plans in place. Improvements will enable us to meet the CQUIN target of no increase in the volume of negative responses received in inpatient areas. In month 4 the NHS Safety Thermometer data for new Category 2-4 pressure ulcers demonstrates performance within the trajectory to achieve a reduction of 5% in Quarter 4 (32 against a limit of no more than 42). 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.

PATIENT EXPERIENCE

Mixed Sex Accommodation – During Jul-14 there were no reportable mixed sex accommodation breaches to NHS England via the Unify2 system. These were not reported as they complied with current agreed criteria, such as clinical need. There were 12 clinically justified mixed sex accommodation occurrences affecting 86 patients (Last month there were 11 occurrences affecting 69 patients). 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 signed off at the Quality Meeting in August with the CCGs and will be ratified collaboratively.

Compliments & Complaints – During July we received 85 complaints, which is a decrease on June (99). One formal complaint has been received for every 1031 recorded spells of care in comparison to June's figures where 1 formal complaint was received for every 842 recorded spells of care. During July there were 91 informal contacts, 277 PALS contacts and 3008 compliments. This month the number of compliments received increased by 6% compared to June. The ratio of compliments to formal complaints received for the month has improved to 35:1. This represents one compliment per 29 recorded spells of care. These figures do 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 July was 15, which is a slight increase on June's number which was 10. This is where clients were seeking further resolution to their concerns. There were 7 for Urgent Care and Long Term Conditions Division, and 8 for the Surgical 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 78% of the responses out on time to clients during July. This is a decrease on June. The Surgical Services Division were the only clinical Division who achieved the standard. Performance monthly meetings continue where support is offered and monitoring of the response rates to enable achievement of the standard takes place. In addition the Trust Complaints Steering Group continues to meet and oversee complaints management and the delivery of the improvement plan. The Steering Group have agreed a number of internal performance metrics to monitor turnaround times of letters, calls and emails from the Patient Experience Team, Divisions and the CEO office to clients. The baseline data is being developed and improvements trajectories set.

- 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 52 in July similar to June. This is the combined satisfaction from 4087 responses from inpatients and A&E. Maternity services achieved 456 responses. The NPS can be broken down as:

    - Inpatients – 75
    - A&E – 28.5
    - Maternity – 77.

  We can therefore see that satisfaction with our inpatient and maternity care remains high. Further work is underway regarding the low A&E NPS to take a close look at the feedback and to also set an improvement plan to address the issues our patients are telling us about regarding waiting times, pain management, staff attitude, and food and drink availability. The A&Es have implemented 'comfort rounds' and have improved communication regarding waiting times to help patients. We are also taking part 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 July was 4.4 stars out of 5 stars and is similar to last month.

The response rate for July-14 for inpatients and A&E combined achieved 30%, which is higher than June. This awaits Unify2 validation. The wards achieved a 36.9% response rate. The A&E departments achieved 28.5% this month exceeding their 15% standard, and their highest response rate to date. Maternity services achieved 19.5% combined against a 15% expectation. Please see the Table 1 below that expresses this:

Table 1 - Response Rates by Department – July 2014

Response Rates – July 2014		
Department	**Standard**	**Response Rate**
Inpatients	20%	36.9%
A&E	15%	28.5%
Maternity	15%	19.5%

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 June across Kent & Medway (the most recent county data validated) are shown in the Table 2 overleaf:

Table 2 - Kent & Medway Comparison Response Rate Data

NB: June 2014 Data		
	A&E	**Inpatients**
EKHUFT	20.8%	34.3%
Dartford	23.9%	31.2%
MTW	10.8%	46.4%
Medway	15.5%	27.3%
National	**17.5%**	**37.7%**

We are embarking on the implementation plan for Outpatients FFT and Day Case FFT. This is due for National implementation in October. We are introducing it in September for a shadow month to embed the process. 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

The Trust was initially rated as a Band 3 organisation based on the risk scores calculated by the CQC in the first Intelligent Monitoring Report published in October 2013. The banding process is no longer being adopted by the CQC. Three further reports have been issued since this time; the most recent being in July 2014. There are eight areas showing as a risk; two of these are classified as "elevated". These are the composite scores for the Central Alert System (CAS) where at the time, the Trust had 15 outstanding Estates and Facilities alerts and the number of whistle-blowing alerts from Trust staff made directly to the CQC. The outstanding CAS alerts have been closed and, this will not flag as a risk in the next iteration of the Intelligent Monitoring Report. This is a new indicator in the July 2014 report.

The whistle-blowing alerts are not quantified by the CQC.

The remaining areas are classified as "risk". The number of Never Events occurring is the annual figure from 01 May 2013 to 30 April 2014. We have sought clarification on 2 of the reported Never Events from NHS England. The chest aspiration is not considered to fulfil the criteria, as this was undertaken outside an operating theatre environment. The retained pack, because it was knowingly inserted as a pack, rather than an unaccounted item during surgery, is not considered a Never Event either. We have alerted the commissioners and are awaiting a response.

The GMC enhanced monitoring risk is invoked when there are one or more entries where the GMC status is not closed over a period from 1 March 2009 to 21 April 2014.

The risk around orthopaedic conditions is specifically around head of femur replacement following trauma. The time period covering the alert has been extended in this report to two years and the CUSUM alerts seen in 2013/13 are now included. The team centred rating score for the Sentinel Stroke National Audit is at level “D”; in the most recent report the overall team-centred score this level is only levied at the KCH; the ratings for QEQM and the KCH are both “C”. This area of risk may have been incorrectly attributed. The 62 day cancer screening referral compliance was below the 90% level for quarter 4 of 2013/14. This is the time period of the assessment. The Trust is currently performance at above the 90% level for quarter 1 2014/15. The PLACE score for the indicator “cleanliness of the environment” is 88% against a national average of 95%. A PLACE Steering Group has been established to address the actions, led jointly by the Deputy Chief Nurse/Deputy Director of Quality and the Assistant Director of Estates. Results and action plans from each site will be drawn together and Trust-wide priorities and actions and developed into a consistent programme. The Steering Group is also considering use of additional informal sample PLACE self-assessments during the year, subject to the availability of suitable patient volunteers, to help reinforce on-going improvements.

Two previous areas of risk have not alerted in this report:

1. Friends and Family Test
2. Patient Reported Outcome Measures (PROM) for primary knee replacement.

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.

Appendix 1 – The Publication of Nurse staffing Data – July 14

Introduction

In accordance with National Quality Board requirements to provide assurance on safe staffing the Trust is now publishing staffing data in the following ways:

- Information about nurses, midwives and care staff deployed, by shift, against planned levels has been displayed at ward level since April. The levels are displayed using a red, amber green status; green depicts staffing levels are as planned; amber depicts that the ward is slightly short staffed but not compromised; red rag rating depicts an acute shortage for that shift. The display allows staff to explain the reasons for any shortage and also what actions they have taken to mitigate the situation, thereby offering assurance to patients and visitors.
- The April ward staffing review was reported to the June Board of Directors and will be repeated every 6 months. The next review will also include A+E departments, Theatres and Midwifery.
- Monthly reports detailing planned and actual staffing on a shift by shift basis for the previous month has been presented monthly to the Board since May. This report is also published on the Trust website and to the relevant hospital webpage on NHS choices

Planned and actual staffing

Revised National Quality Board guidance published on 16th May outlined the requirement for % fill of planned and actual hours to be identified by registered nurse and care staff, by day and by night, and by individual hospital site. This report is the third of the monthly reports to the Board and the aggregated fill rates by site are 95.6% at WHH, 94% across QEQM and 98% K&C in July, shown in Figure 1.

Figure 1. % hours filled planned against actual by site during July 2014

% Hours filled - planned against actual July 2014

	DAY		NIGHT		
Hospital site	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	**Overall % hours filled**
Kent & Canterbury	91.0%	84.8%	97.5%	113.0%	**93.05**
Queen Elizabeth the Queen Mother	92.5%	93.4%	95.7%	99.9%	**94.26**
William Harvey	92.4%	100.8%	94.9%	99.8%	**95.66**

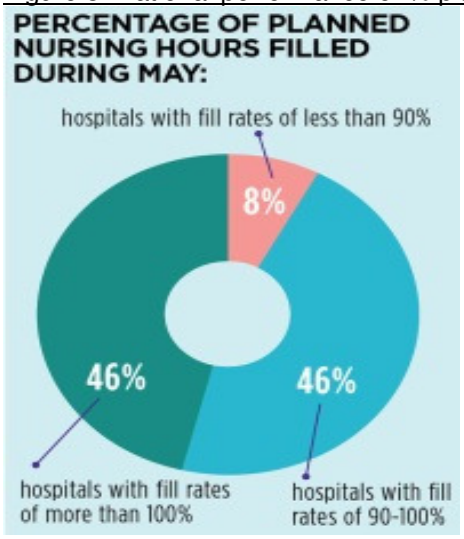
An improvement has been seen over the first 3 months of reporting, shown in figure 2.

Figure 2. % hours filled planned against actual 2014/15

% Hours filled - planned against actual 2014/15			
Hospital site	May-14	Jun-14	Jul-14
Kent & Canterbury	92	91.08	93.05
Queen Elizabeth the Queen Mother	94	91.34	94.26
William Harvey	93	93.16	95.66

The national profile, reported in June, of this data indicates that 8% Trusts fall below 90%, 46% exceed 100% and 46% achieve between 90 – 100% of planned v actual shift hours.

Figure 3. National performance of % planned hours filled.



Senior nursing leaders have reported that:

- It is still too soon to say which organisations have concerning levels of staffing using this data;
- Some Trusts may achieve high % fill rates but have planned for what are already sub-optimal levels;
- Many Trusts reporting the lowest fill rates have invested in to nursing in the last year;
- There may be inconsistencies in the methodology as those Trusts using E-Rostering tend to report lower fill rates.

It should be possible to fill 100% of hours if:

- There are no vacant posts
- All vacant planned shifts are covered by overtime or NHS-P shifts
- Annual leave, sickness and study leave is managed within 22%

Figure 4 shows total monthly hours actual against planned and % fill during July 2014 by ward. Work has been undertaken to explore the reasons for the gap, the impact and the actions being taken to address the gap. Some wards achieve higher than 100% due to additional shifts worked through NHS-P during times of increased demand and additional bed use.

No national RAG rating tolerances have been determined, but wards achieving under 80% have been RAG rated Red, in Figure 4, and detail is provided on contributory factors.

Data validation and sign-off steps have been implemented and the data will be reported externally via Unify/NHS Choices on 15th August. The national data will be published representing each hospital site on the NHS Choices website.

Figure 4. Total monthly hours actual against planned and % fill by ward during July 2014

	DAY				NIGHT				DAY		NIGHT		
	Registered nurses /Midwives		Care staff		Registered nurses /Midwives		Care staff						
Division / Ward	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Comments
Urgent Care & LongTerm Conditions													
Cambridge J	1845.5	1632.68	864	1170.98	914.5	766.25	976.5	982.5	88.47	135.53	83.79	100.61	
Cambridge K	2137	1820	779.5	717	713	713	713	702.5	85.17	91.98	100.00	98.53	
Cambridge M2	1312	1437.0167	877	820.94	744	693.26	372	522.83	109.53	93.61	93.18	140.55	
Coronary Care Unit (K&C)	1124.5	887.28	133	0	713	713.5	0	0	78.90	0.00	100.07		1.42 RN vacancy. Only 0.6 HCA and post vacant
Coronary Care Unit (QEQMH)	1400	1315	602.5	316.5	620	623	310	301.5	93.93	52.53	100.48	97.26	Of the 4.0 HCA posts 1.0 is vacant and 2.0 ML
Coronary Care Unit (WHH)	1936.5	1747.75	372	408	1426	1290.75	356.5	253	90.25	109.68	90.52	70.97	4.0 HCA and 1.0 on AL each week - 25% AL
Minster	1528.5	1367.92	1371	1352	651	640.5	651	663.75	89.49	98.61	98.39	101.96	
Oxford	986.5	1117.21	687.25	569.25	713	681.5	356.5	369	113.25	82.83	95.58	103.51	
Sandwich Bay	1282.5	1309.85	1091	1146.14	651	657.75	651	524.25	102.13	105.05	101.04	80.53	
St Margarets	1382.5	1204.85	1395	1297.34	620	534	350	469.5	87.15	93.00	86.13	134.14	
Deal	1575	1788.5	1207.5	1053.5	620	627.5	620	681.5	113.56	87.25	101.21	109.92	
Harvey	1176.5	1058.67	1178	1150	713	713	356.5	356.5	89.98	97.62	100.00	100.00	
Invicta	1357.5	1404	1047	1031	744	692.75	372	719.5	103.43	98.47	93.11	193.41	
Cambridge L	2261.5	1928.17	1219	967.83	713	667	713	734.5	85.26	79.40	93.55	103.02	HCA sickness 7%. Nights covered as priority
Treble	1328.5	1432.8567	1462.5	1012.85	713	713	356.5	464	107.86	69.25	100.00	130.15	HCA sickness 9.5%. 1.4 HCA vacancy
Mount/McMaster	1149	1197.5	1387.5	1170.52	744	756	372	393.5	104.22	84.36	101.61	105.78	
Fordwich Stroke Unit	2205	2046.2533	975	1031.1667	976.5	985.17	651	698	92.80	105.76	100.89	107.22	
Kingston Stroke Unit	2066.5	1524.02	1145.5	1045.09	1069.5	1023.5	713	909.25	73.75	91.23	95.70	127.52	1.67 RN vacancy
Richard Stevens Stroke Unit	1768	1555.5	1186.5	1493.75	1069.5	908.5	713	698	87.98	125.90	84.95	97.90	
Harbledown	1267.5	1344.5	1176	1122.5	744	730	744	751.5	106.07	95.45	98.12	101.01	
CDU	2491.5	2125.82	2005.5	1583.99	1023	1254.5	1023	841.5	85.32	78.98	122.63	82.26	HCA sickness 13%
CDU/Bethersden	3171	3347.42	1631	1922	2418	2500.5	930	785.5	105.56	117.84	103.41	84.46	
Surgical Services - Enohi													
Rotary Suite	1646	1588.92	1072.5	1036.08	682	682	341	481.25	96.53	96.60	100.00	141.13	
Cheerful Sparrows Female	1242.5	1564.59	884.5	982.25	620	610.33	620	597	125.92	111.05	98.44	96.29	
Clarke	2485	2052.85	1487.5	1365.36	682	656.5	682	616.25	82.61	91.79	96.26	90.36	
Cheerful Sparrows Male	1242	1176.6033	912	930.74	682	620.75	682	842.25	94.73	102.05	91.02	123.50	
Kent	1498.75	1419.75	1063.92	960	713	713	356.5	325.5	94.73	90.23	100.00	91.30	
Kings B Ward - WHH	1432	1368.9833	1348.75	963.42	713	726.75	565.75	520.5	95.60	71.43	101.93	92.00	0.84 HCA vacancy. HCA sickness 25%
Kings A2	1113.5	1065.81	1040	1027.21	713	672.75	356.5	346	95.72	98.77	94.35	97.05	
Kings C1	1496.72	1407.17	1157.21	1360.75	713	713	713	891.5	94.02	117.59	100.00	125.04	
Kings C2	1768.5	1350.44	1108	1122.34	713	659.5	621	653	76.36	101.29	92.50	105.15	3.78 RN vacancy. RN sickness 8.7%
Kings D Female	2600	2129.5	1881.25	1993.76	1426	1393.73	1069.5	1225	81.90	105.98	97.74	114.54	
Quex	1413	1396.26	763.5	563.25	620	621.5	310	260	98.82	73.77	100.24	83.87	HCA sickness 13%
Seabathing / Bishopstone	3429.5	2849.16	2673.5	2616.77	1271	1249.75	1271	1168.58	83.08	97.88	98.33	91.94	
Critical Care - WHH -	2999	3405.1	753.5	612.5	2852	3333.17	149.5	206	113.54	81.29	116.87	137.79	
Critical Care - KCH	2498	2044.51	207.5	265.5	2139	1956.25	5	57.5	81.85	127.95	91.46	1150.00	
Critical Care - QMH	3439.5	2783.75	435	285	2728	2255	0	0	80.93	65.52	82.66		Only 2.8 HCA and 1.0 post vacant.
Specialist Services													
KC Marlowe Ward	2994.98	2766.16	1714.98	1267.42	1392	1289	744	720.5	92.36	73.90	92.60	96.84	4.0 HCA vacancy
WH NICU	3796	2935.9967	345	770.5	3565	3204.43	0	0	77.34	223.33	89.89		5.87 RN vacancy
WH Padua Ward	2831	2674	974	1061.5	1426	1391.5	46	11.5	94.45	108.98	97.58	25.00	Introduced HCA night cover as part of restructure
QE Rainbow Ward	2327.5	1935.92	894	867	1067	1023	0	0	83.18	96.98	95.88		
QE Birchington Ward	1447.5	1114.27	697.5	1006.2533	682	675.25	341	299.25	76.98	144.27	99.01	87.76	1.0 RN ML being recruited to
WH Kennington Ward	840.65	745.4	723.15	822.94	775	568.5	387.5	283.75	88.67	113.80	73.35	73.23	2.03 RN vacancy
KC Brabourne Haematology Ward	1136	1153	465	188.5	620	752.23	0	0	101.50	40.54	121.33		2.0 HCA posts. 1.0 on ML /under recruitment
WH Maternity Labour and Folkestone+ MCA	4277.5	4264.17	1950	1662.5	3208.5	2916.75	1426	1044.5	99.69	85.26	90.91	73.25	4.96 MCA vacancy. MCA sickness 11%
MLU WHH	814.5	827.5	417.5	322	713	606.5	356.5	287.5	101.60	77.13	85.06	80.65	High MCA leave - 20% AL, 6.5% study, 3.8% other
QE Maternity Wards + MCA	3377.5	3368.39	2065	1481	2441.25	2166.25	1046.25	1046.25	99.73	71.72	88.74	100.00	5.0 MCA vacancy
QE MLU	782.5	869.5	395	365	348.75	686.25	348.75	292.5	111.12	92.41	196.77	83.87	
QE SCBU	1453	1210.51	285	252.33	1069.5	1023.5	0	0	83.31	88.54	95.70		

CLINICAL QUALITY & PATIENT SAFETY PERFORMANCE SUMMARY

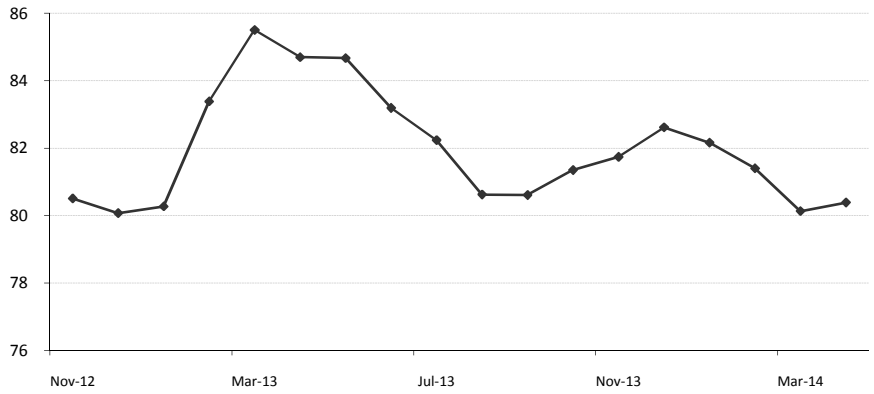
Introduction

A summary of key trends and actions of the Trust's performance against the clinical quality and patient safety indicators is provided together with supporting narrative. The report is structured around the key themes of the annually published Quality Report/Account; Patient Safety, Patient Experience and Clinical Effectiveness.

	Measure	Improvement Metric		Target 14/15	Mar-14	Mar-13	vs Mar-13	YTD
Patient Safety	Mortality Rates	HSMR		-	80.4	84.7	↓	80.4
					Q2 13/14	Q2 12/13	vs Q2 12/13	YTD
		SHMI (%)		-	86.32%	88.78%	↓	-
					Jul-14	Jul-13	vs Jul-13	YTD
		Crude Mortality: All Ages (Per 1 000)	Non-Elective	-	25.512	25.342	↑	27.083
			Elective	-	0.317	0.000	↑	0.306
	Risk Management	Serious Incidents (STEIS)	New Incidents	-	8	0	↑	-
			Open Incidents	-	56	21	↑	Cumul.
	HCAI	MRSA	Attributable	5	1	2	↓	Cumul.
		C. difficile	Post 72h	47	22	21	↑	Cumul.
	Infection Prevention and Control				Jun-14	Jun-13	vs Jun-13	YTD
		Mandatory Training Compliance (%)		95.0%	83.1%	87.9%	↓	83.0%
					Jul-14	Jul-13	vs Jul-13	YTD
		Mandatory Training Compliance (%)		95.0%	83.3%	87.7%	↓	83.0%
	Harm Free Care (HFC)	Safety Thermometer HFC (%) - Old & New Harm	EKHUFT	93.0%	95.3%	92.0%	↑	94.3%
			National	-	93.8%	92.8%	↑	-
	Nurse Sensitive Indicators	Pressure Ulcers: Category 2,3 and 4	Acquired	-	21	30	↓	75
			Avoidable	99	6	10	↓	29
		Falls		-	152	159	↓	658
	Clinical Incidents	Total Clinical Incidents		-	1188	1052	↑	4381
Patient Experience	Compliments and Complaints	Compliments:Complaints		-	35:1	14:1	↑	-
		No. Care Spells per Formal Complaint		-	1031	1091	↓	-
	Experience	Friends and Family Test (Star Rating)		5.0	4.4	4.5	↓	-
		Adult Inpatient Experience (%)		80.00%	89.39%	88.60%	↑	-
		Mixed Sex Accommodation Occurrences		-	12	5	↑	38
Clinical Effectiveness	Readmission				Jun-14	Jun-13	vs Jun-13	YTD
		7 Day (%)		2.00%	4.30%	4.51%	↓	4.33%
		30 Day (%)		8.32%	8.51%	9.28%	↓	8.90%
	CQUIN				Jul-14	Jul-13	vs Jul-13	YTD
		Standard Contract CQUIN		Multiple			↔	
		Specialist CQUIN		Multiple			↔	
	Bed Usage	Bed Occupancy (%)		-	90.89%	91.70%	↓	-
		Extra Beds (%)		-	5.62%	3.71%	↑	5.86%
		Outliers		-	23.03	22.35	↑	100.25
		Delayed Transfers of Care (Average)		-	43.00	32.00	↑	38.14
Care Quality Commission	Intelligent Monitoring Report	Outcome Measures	Risks	-	6	-		-
			Elevated Risks	-	2	-		-

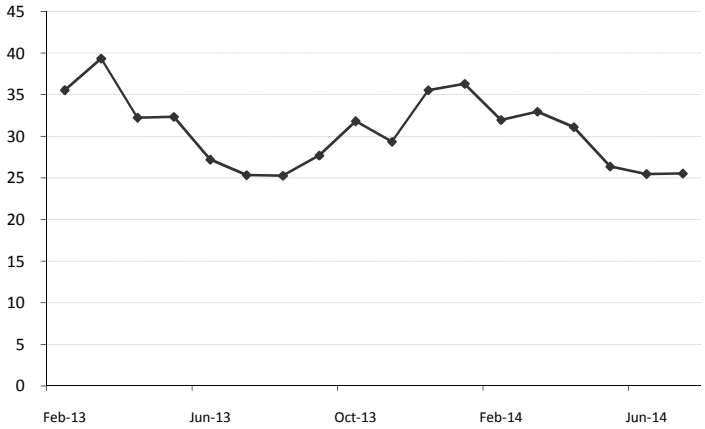
CLINICAL QUALITY & PATIENT SAFETY
PATIENT SAFETY: MORTALITY RATES

Hospital Standardised Mortality Ratio (HSMR) - All Discharges



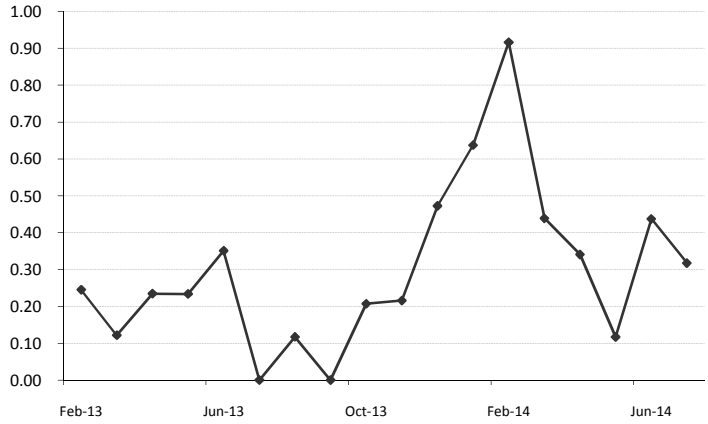
Performance at Trust level remains good across all mortality indicators with the 12 month rolling HSMR equalling 80.4 at the end of Apr-14 (that is, showing a 0.3 increase against March), and is in line with the trend demonstrated by the crude mortality metric. This also is a reflection of seasonal fluctuations, although it is hoped rates will be more consistent during Q4. HSMR for recent months is not yet reported due to the change in systems from Dr Foster to CHKS, however this will be updated when available.

Crude Mortality - Non-Elective per 1 000



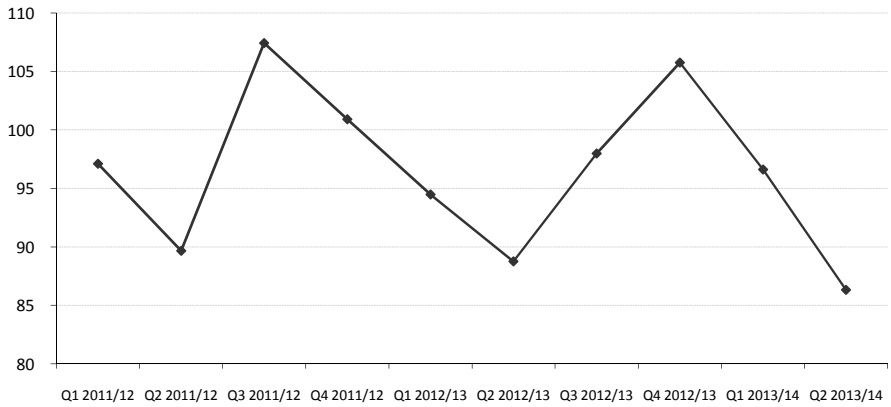
Crude mortality for non-elective patients shows a fairly seasonal trend with deaths higher during the winter months. The winter peak during 2013/14 has since faded, and following this trend performance in Jul-14 equalled 25.512 deaths per 1 000 population against June's position of 25.465. This trend looks to stabilise throughout the summer months.

Crude Mortality - Elective per 1 000



During February elective crude mortality was 0.916 deaths per 1 000 population, which dropped back to expected levels seen in March at a rate of 0.439. April's position stabilises this once more, achieving 0.341 and again in May, achieving 0.117. As predicted it is expected that the levels will reduce to those seen pre Nov-13 and follow seasonal trends. Levels in July have reduced to 0.317.

Summary Hospital Mortality Indicator (SHMI)



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. During the latter part of 2011/12 SHMI for EKHUFT was higher than other mortality indicators at over 100. Improvements have been made over the last year. Data for Q2 2013/14 data has now been published and 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.

Serious Incidents - Open Cases

Date		Summary of Serious Incident & Remedial Action Taken	IX lv	Division	Timely Submit?
Incident	STEIS Report				
23-Jul-14	30-Jul-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	Not Due
19-Jul-14	23-Jul-14	Unexpected Death - neonatal	2	Specialist	72h report sent
7-Jul-14	18-Jul-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	Not Due
7-Apr-14	10-Jul-14	Fall - resulting in permanent harm	1	UCLTC	Not Due
3-May-14	10-Jul-14	Fall - contributing to death	1	UCLTC	Not Due
27-Jun-14	4-Jul-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	Not Due
3-Jul-14	4-Jul-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	Not Due
17-Jun-14	1-Jul-14	Intrauterine Death	2	Specialist	72h report sent
26-Jun-14	27-Jun-14	Unexpected Death - neonatal	2	Specialist	72h report sent
16-Jun-14	26-Jun-14	C. diff and Healthcare Acquired Infections	1	UCLTC	Not Due
23-Jun-14	26-Jun-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	Not Due
28-May-14	16-Jun-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	Surgical	Not Due
20-Mar-14	13-Jun-14	Fall - resulting in subdural haematoma	1	UCLTC	Not Due
20-May-14	2-Jun-14	Missed Diagnosis - meningitis	2	Specialist	Not Due
27-May-14	2-Jun-14	Unexpected Death	1	UCLTC	Not Due
19-May-14	21-May-14	Unexpected Admission - NICU	2	Specialist	Not Due
7-Mar-14	13-May-14	Unexpected Death - endoscopic bleed	1	UCLTC	Yes
8-Mar-14	13-May-14	Missed Diagnosis - meningitis	2	UCLTC	Not Due
10-Mar-14	13-May-14	Unexpected Admission - term baby to NICU	2	Specialist	Yes
11-May-14	12-May-14	Suboptimal Care - deteriorating patient	1	UCLTC	Breached
5-May-14	9-May-14	Unexpected Admission - NICU	2	Specialist	Yes
6-May-14	8-May-14	Unexpected Death - displacement of tracheostomy tube	1	UCLTC	No
31-Mar-14	1-May-14	Serious Injury - upper limb infarction following cannulation	1	UCLTC	Yes
28-Apr-14	29-Apr-14	Surgical Error - locum surgeon	1	Surgical	No
27-Mar-14	28-Apr-14	Category 4 hospital acquired pressure ulcer (avoidable)	1	UCLTC	Yes
13-Jan-14	24-Apr-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	No
17-Mar-14	24-Apr-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	Surgical	Yes
16-Apr-14	22-Apr-14	Unexpected Admission - NICU	2	Specialist	Yes
18-Mar-14	11-Apr-14	Unexpected Death - transfer/missed diagnosis	1	UCLTC	No
7-Apr-14	11-Apr-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	No
8-Apr-14	10-Apr-14	Unexpected Death - post debridement	1	Surgical & UCLTC	Yes
3-Apr-14	3-Apr-14	Never Event - retained vaginal swab post delivery	2	Specialist	Yes
3-Apr-14	3-Apr-14	Intrapartum Death - placental abruption	2	Specialist	Yes
10-Mar-14	24-Mar-14	Suboptimal Care - deteriorating patient		Surgical	Breached
7-Mar-14	20-Mar-14	Unexpected Death	1	UCLTC	No
19-Mar-14	20-Mar-14	Neonatal Death - home birth	2	Specialist	No
1-Mar-14	19-Mar-14	Category 3 hospital acquired pressure ulcer (avoidable)	1	UCLTC	Yes
19-Feb-14	13-Mar-14	Unexpected Death - pericardial effusion		UCLTC	No
1-Mar-14	10-Mar-14	Never Event - wrong site pleural aspiration	2	UCLTC	No
28-Feb-14	3-Mar-14	Medication Administration Error - administered via wrong route	1	Surgical	Yes
9-Jan-14	25-Feb-14	Unexpected Death - venous thomboembolism at 6 weeks postoperative		Surgical	Yes
10-Dec-13	5-Feb-14	Unexpected Death - retroperitoneal haematoma	1	Surgical & UCLTC	Yes
18-Jan-14	24-Jan-14	Unexpected Death - sepsis	1	UCLTC	Yes
24-Jan-14	24-Jan-14	Neonatal Death - unexpected breach delivery at home, taken to QEH	2	Specialist	Yes
11-Oct-13	30-Oct-13	Allegation against a member of staff	1	UCLTC	Not Due
Aug-13	14-Aug-13	Media Interest - delayed implementation of PACS/RIS replacement resulting in a backlog of patient bookings across all modalities	0	Clinical Support	Extension requested
22-Jan-13	24-Jan-13	Never Event - wrong site surgery: pleural aspiration	2	UCLTC	Yes
7-Jan-13	11-Jan-13	Never Event - wrong site surgery: Ophthalmology	2	Surgical	Yes

Serious Incidents - Partially Closed Cases

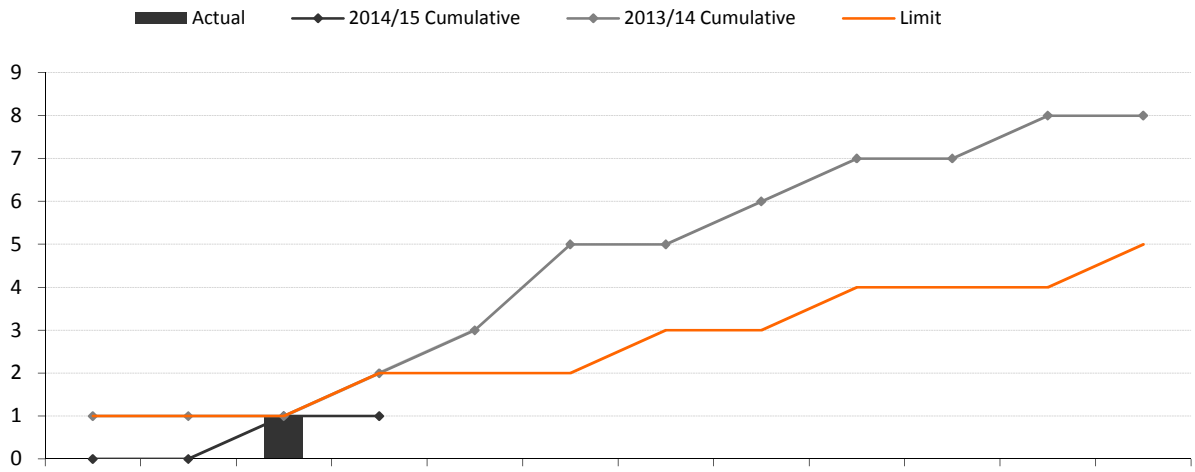
Serious Incidents closed by KMCS but remaining open on STEIS pending review by external bodies.

Date		Summary of Serious Incident & Remedial Action Taken	IX lv	Division
Incident	STEIS Report			
5-Apr-14	10-Apr-14	Unexpected Admission - NICU	2	Specialist
6-Nov-13	11-Nov-13	Never Event - misplaced nasogastric tube	2	UCLTC
17-Jun-13	27-Jun-13	Screening Issue - diabetes eye screening programme and Hospital Eye Services (HES)	1	UCLTC
21-May-13	21-Jun-13	Induction of Labour - term baby developed seizures at 36h	2	Specialist
27-Feb-13	1-Mar-13	Maternal Death - 6 days postpartum	1	Specialist
28-Nov-12	14-Feb-13	Unexpected Death	1	Surgical
22-Nov-12	22-Nov-12	Unexpected Admission - NICU	2	Specialist
4-Sep-12	13-Sep-12	Neonatal Death - following shoulder dystocia	1	Specialist

Eight serious incidents were reported on STEIS during Jul-14. These were: 4 Category 3 hospital acquired pressure ulcers, 2 falls, 1 neonatal death and 1 intrauterine death. The Trust has had 4 notifications of closure from the CCGs or NHS(E) Area Team. There were 8 incidents awaiting Area Team or other external body review. The Root Cause Analysis (RCA) reports have been presented to the Risk Management Governance Group by the Divisions responsible. Pressure Ulcer RCAs have been presented to the newly formed Pressure Ulcer Panel. 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 Jul-14 there were 56 serious incidents open on STEIS.

PATIENT SAFETY: HOSPITAL ACQUIRED INFECTIONS

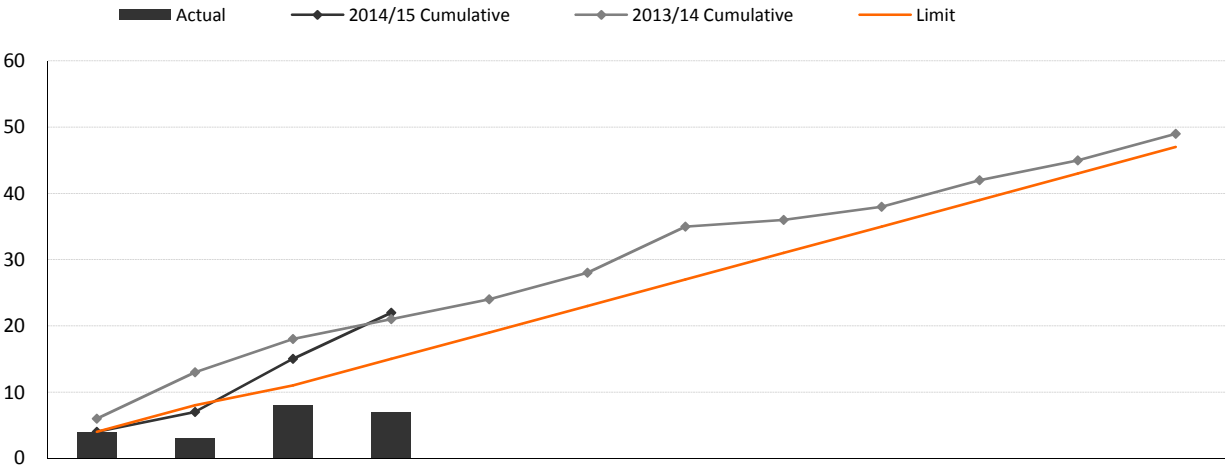
MRSA Bacteraemia - Trust Assigned Cases



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Actual	0	0	1	0								
2014/15 Cumulative	0	0	1	1								
2013/14 Cumulative	1	1	1	2	3	5	5	6	7	7	8	8
Limit	1	1	1	2	2	2	3	3	4	4	4	5

There have been no cases of MRSA in July. The outstanding case from May-14, provisionally assigned to NHS Thanet CCG, has been successfully allocated to a "third party" following arbitration in line with new guidance from NHS England for 2014/15.

Clostridium difficile - Incidents Post 72h



	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Actual	4	3	8	7								
2014/15 Cumulative	4	7	15	22								
2013/14 Cumulative	6	13	18	21	24	28	35	36	38	42	45	49
Limit	4	8	11	15	19	23	27	31	35	39	43	47

There were 7 cases of C. difficile infection for the first month of Q2, bringing the YTD total to 22 against a limit of 15. There were 3 cases at KCH, 3 at QEH and 1 at WHH, all of which were on different wards. Of these, 3 were in UCLTC, 3 were in Surgical Services, and 1 was in Specialist Services. Three of the cases were deemed to be unavoidable at RCA; the other 4 RCAs are pending. Kent-wide definitions of "lapses of care" have now been finalised and the IPC Team are working with the CCGs to retrospectively review all completed RCAs to identify whether there were any lapses, and also to undertake "lapses of care" assessments as part of the RCA process from Aug-14.

Regarding the 8 cases reported in June, 7 were deemed to be unavoidable following completion of all RCAs. Following the Period of Increased Incidence and SUI on Minster Ward, sub-typing of the isolates identified as ribotype 0126 did reveal that these were identical, and that cross-infection had occurred. However, there have been no further cases of C. difficile on the ward since the 16 Jun-14. The ward remains under "special measures" and enhanced support from the IPC Specialist Nurses continues.

PATIENT SAFETY: HOSPITAL ACQUIRED INFECTIONS

Escherichia coli Bacteraemia - Incidents Pre and Post 48h

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly Average	Total YTD
2014/15	Pre 48h	32	36	32	37									34.3	137
	Post 48h	9	1	8	7									6.3	25
2013/14	Pre 48h	30	33	41	37	28	42	36	36	26	31	29	33	33.5	30
	Post 48h	4	3	4	12	3	12	10	4	8	8	6	11	7.1	4

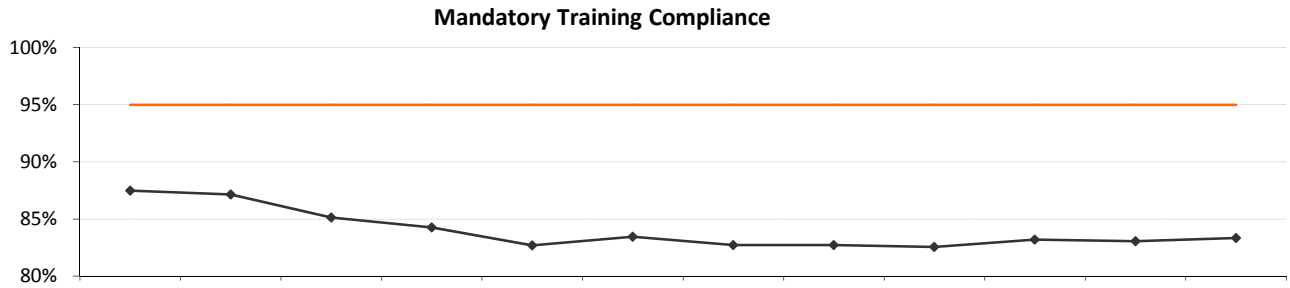
The IPC Team are now undertaking RCA for all E.coli bacteraemia cases occurring within 30 days of a surgical procedure undertaken within EKHUFT, in order to identify causes and address as necessary. There were 44 cases of E.coli bacteraemia in Jul-14, that is, 37 pre and 7 post 48h. Of these, 1 case (located at QEH) met the criteria for a RCA (which is pending). No learning was identified from the RCA conducted on the 1 case recorded at KCH in Jun-14.

Meticillin Sensitive Staphylococcus Aureus (MSSA) Bacteraemia

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Monthly Average	Total YTD
2014/15	Pre 48h	7	6	6	7									6.5	26
	Post 48h	1	1	3	0									1.3	5

The IPC Team are now undertaking RCA for all cases of MSSA bacteraemia occurring within 30 days of a surgical procedure undertaken within EKHUFT, or associated with an intravenous line. There were 7 cases of MSSA bacteraemia in July and all were pre 48h cases. However, there were none that met the criteria for RCA.
From the cases reported in June, there are actions for the Intensive Care Units concerning the insertion, management and on going care of arterial lines, and actions for NICU around the development of a NICU specific “Record of Blood Culture Collection” label, and documentation in relation to line management.

PATIENT SAFETY: INFECTION PREVENTION & CONTROL

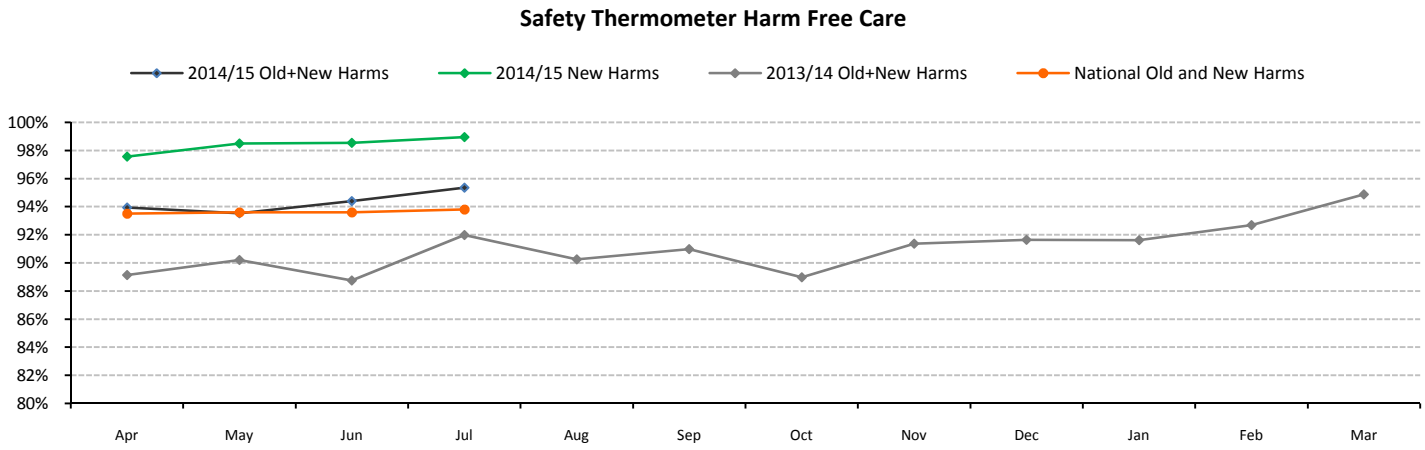


	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14
Compliance	87.5%	87.1%	85.1%	84.3%	82.7%	83.5%	82.7%	82.7%	82.6%	83.2%	83.1%	83.3%
Target	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

		Target	Trust	Clinical Support Services	Corporate	Specialist Services	Strat Dev & Capt Pln	Surgical Services	UCLTC	SERCO
Mandatory Comparative Data for Biennial Training Compliance	Jun-14	95%	83.1%	86.7%	83.8%	77.6%	91.8%	83.0%	82.9%	95.9%
	Jul-14	95%	83.3%	87.8%	83.0%	77.9%	91.6%	83.1%	82.8%	90.0%

Compliance Against Performance
Achieving or exceeding performance metric
0-10% underperformance against metric
10-20% underperformance against metric

Trust compliance has increased from 83.1% in Jun-14 to 83.3% in July. Within the Divisions, minor increases have been seen within Clinical Support Services (from 86.7% to 87.8%), Specialist Services (from 77.6% to 77.9%), and Surgical Services (83% to 83.1%). Minor decreases have been seen within Corporate Services (from 83.8% down to 83.0%), Strategic Development and Capital Planning (from 91.8% to 91.6%), and Urgent Care and Long Term Conditions (from 82.9% to 82.8%). Compliance within Serco has decreased from 95.9% to 90.0%. All Divisions have been asked to improve compliance and achieve 95.0% by Mar-15.



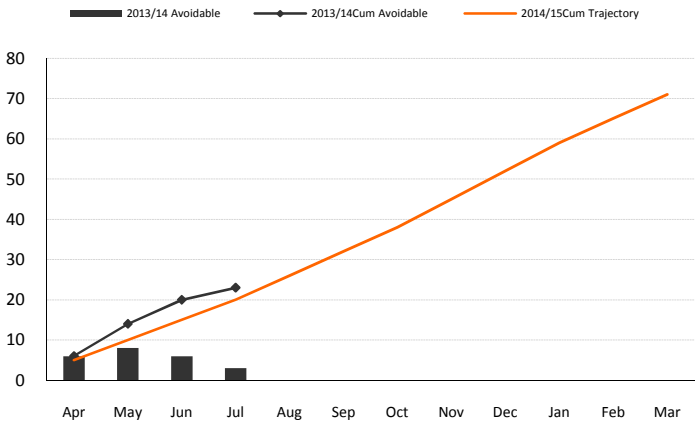
The chart above shows the percentage of Harm Free Care expressed as a one-day snapshot in each month. It is known as the NHS Safety Thermometer and is a quick and simple method for surveying patient harms. The aim of the Safety Thermometer is to identify, through a monthly survey of all adult inpatients, the percentage of patients who receive Harm Free Care. Four areas of harm are currently measured:

- All categories of pressure ulcers whether acquired in hospital or before admission;
- All falls whether they occurred in hospital or before admission;
- Urinary tract infection (inpatients with a catheter);
- Venous thromboembolism, risk assessment and appropriate prevention.

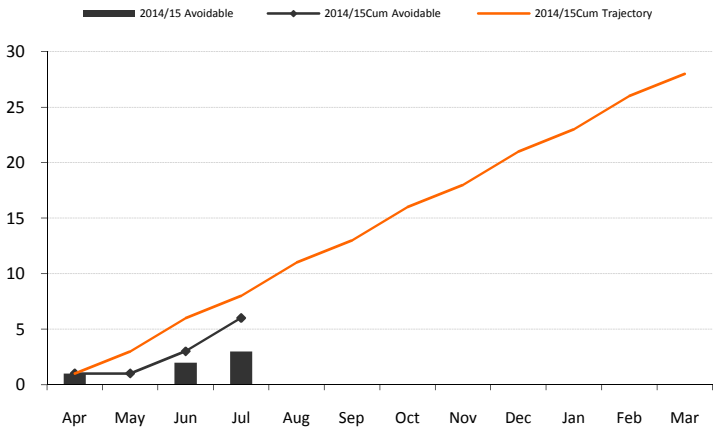
The strength of the NHS Safety Thermometer lies in allowing front line teams to measure how safe their services are and to deliver improvement locally. There are several different ways in which harm in healthcare is measured and there are strengths and limitations to the range of approaches available. The NHS Safety Thermometer measures prevalence of harms, rather than incidence, by surveying all appropriate patients on one day every month in order to count all occurrences of harms.

Harm Free Care includes both harms acquired in hospital ("new harms") and those acquired before admission to hospital ("old harms"). There is limited ability to influence "old harms" if a patient is admitted following a fall at home, or with a pressure ulcer, but these are included in the overall performance reported to the Health and Social Care Information Centre. "New harms only" are included separately when reporting performance to Divisional teams to enable success to be celebrated and to incentivise improvement. Harm Free Care performance is incorporated within the monthly ward quality dashboard and is triangulated with the existing funded establishment, acuity and dependency of patients, and effectiveness of rostering to enable analysis of influencing factors and thereby focusing improvement actions. In Jul-14, the Trust's own score was 98.9% showing that those patients in our care have a greater harm free experience. This is above the national figure of 93.8% and is the area we can influence the most. The total percentage of Harm Free Care ("old and new harms") is 95.3%, and is above the national figure. We are working closely with the Area Team to develop Kent and Medway wide improvements that should positively impact on these indicators across the whole of the patient pathway. This is via the Kent and Medway Patient Safety Collaboratives.

Category 2 Incidence Trajectory 2014/15
25% Reduction



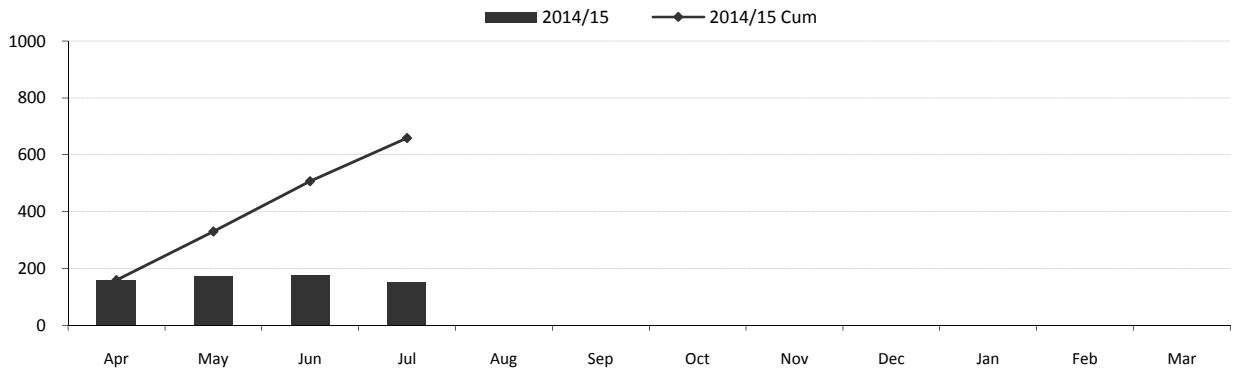
Category 3 and 4 Incidence Trajectory 2014/15
25% Reduction



In July there were 17 hospital acquired Category 2 pressure ulcers. Three Category 2 pressure ulcers were deemed avoidable, a 50% reduction from last month. Two of these incidents were due to the tubing becoming positioned under the patient and the other due to lack of evidence of sufficient repositioning. The Matrons undertook a workshop exercise at their recent Forum which focussed on improving standards in repositioning care. This work generated a number of innovations which will be taken forward led by the Pressure Ulcer Steering Group over the coming months.

In July, there were 4 reported deep acquired ulcers (Categories 3 and 4). Of these ulcers, 3 were agreed as avoidable. All of these ulcers were located at the heel and root cause investigation identified similar learning points for all 3 incidents. Initially high risk of heel pressure ulcers was not recognised and appropriate intervention was delayed or inconsistent. The areas involved in these incidents are undertaking an "Intensive Investigation" exercise supported by specialist teams. Pressure Ulcer Panels have been introduced to ensure the learning from these pressure ulcer incidents are fully embedded with ward teams.

Patient Falls - Injurious and Non-Injurious

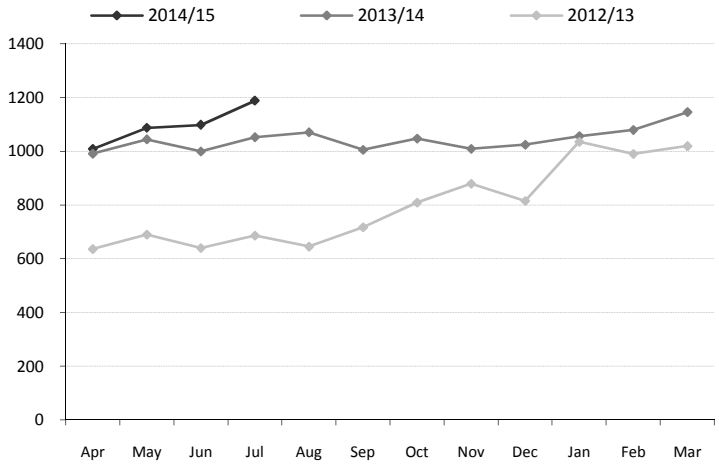


There were 152 in patient falls in July compared with 176 in June. Three of these resulted in fractures, 1 to the wrist and 2 to the hip. Two fractures occurred at QEH and these were both deemed unavoidable. The further fracture occurred at WHH and is awaiting a RCA meeting to clarify the circumstances. The wards with the most falls were CDU at WHH (17), Cambridge M2 (13), Richard Stevens Stoke Unit (9) and Treble (8). Last month a concern was reported regarding the number of falls at WHH resulting in fractures and serious head injuries. Although the total number of falls is similar to that at the other sites, the number of fractures and head injuries was disproportionately high in the first quarter of this year. A meta analysis of these incidents was undertaken and core contributory factors were identified. These include lack of assessment, lack of equipment to prevent harm, delayed discharge and delayed escalation of delirium and deterioration. An action plan is currently being developed which will include core elements to form actions from all falls related RCAs. To support the wards at WHH a member of the Falls Prevention Nursing Team has been deployed for a 3 month interim period. Support will include undertaking base line audits with ward teams, developing action plans, education and training, and evaluating the effectiveness of these measures.

CLINICAL QUALITY & PATIENT SAFETY
PATIENT SAFETY: CLINICAL INCIDENTS

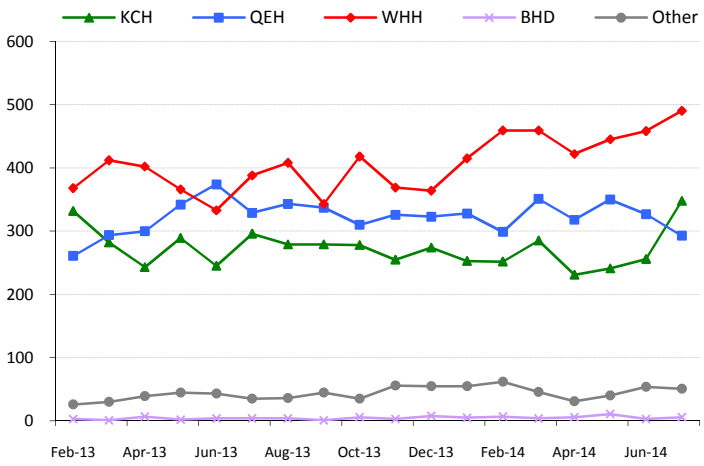
In Jul-14 a total of 1188 clinical incidents were reported. This includes 1 incident graded as death (and which is under investigation). Incidents may be downgraded or upgraded following investigation. Thirty incidents have been escalated as serious near misses, of which all are under investigation.
Eight serious incidents were reported on STEIS in July. Four cases have been closed since the last report; there remain 56 serious incidents open at the end of July.

Overall Incident Rates by Year



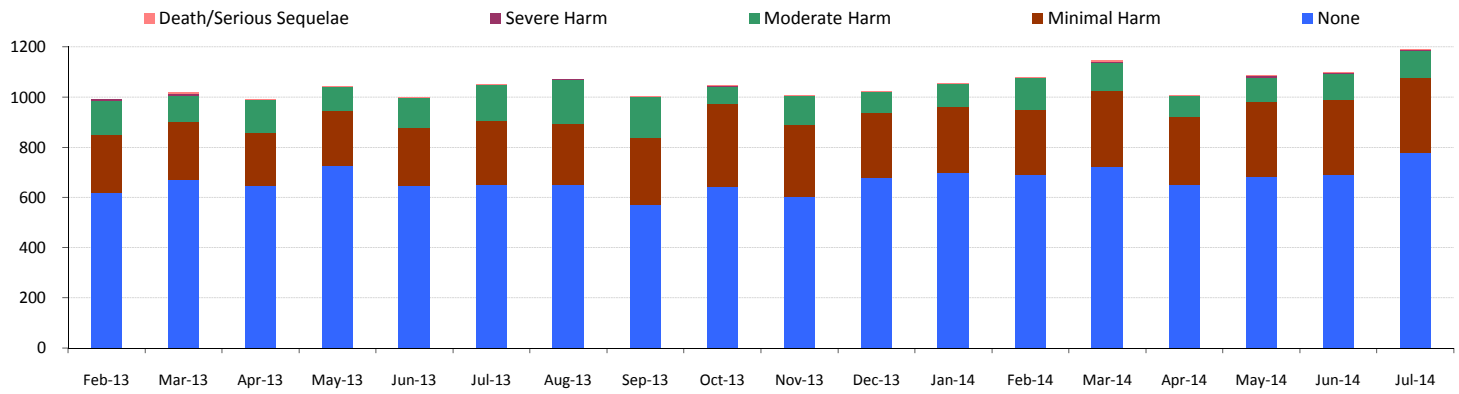
A total of 1188 clinical incidents have been logged in as occurring in July compared with 1098 recorded in Jun-14.

Overall Incident Rates by Site



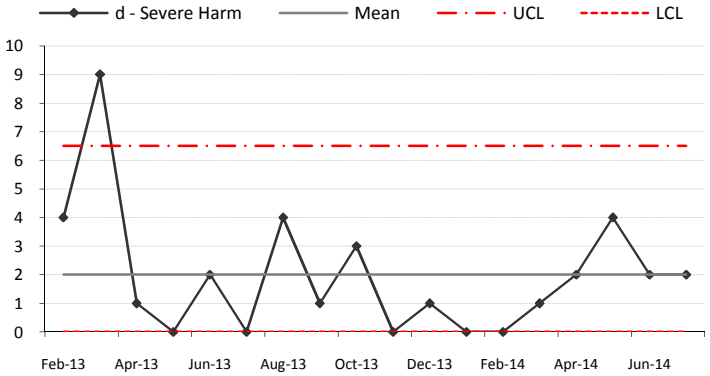
Numbers of clinical incidents have risen at KCH and WHH, but dropped at QEH

Clinical Incidents by Severity

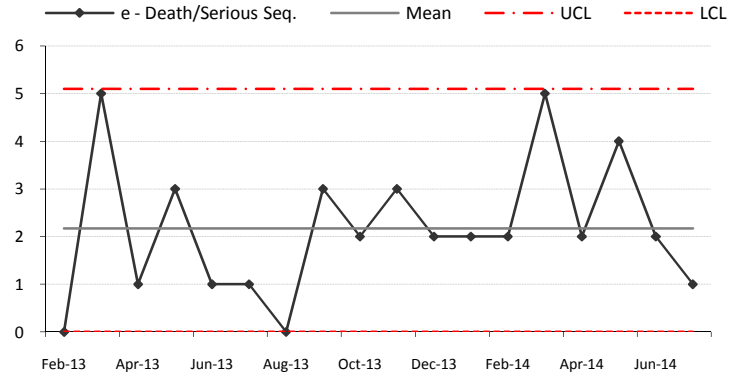


The incidents graded as moderate, serious and death have all been subject to review in order to confirm the consistency of the grading of harm across the Trust. The Board of Directors may see a change in this report to reflect the re-categorisation process undertaken. This is consistent with the data presented in the Quality Account and Quality Report.

Severe Harm

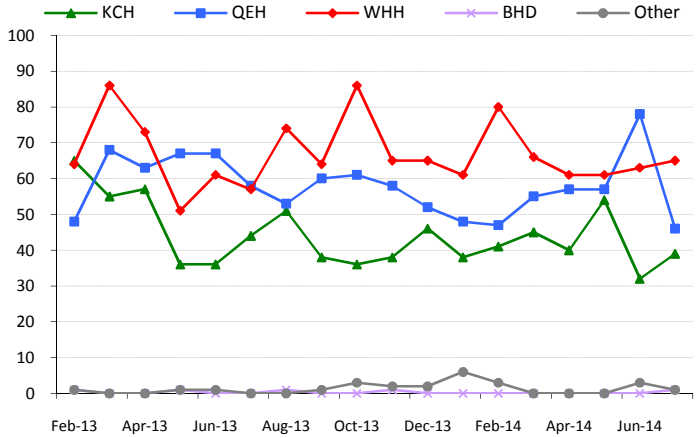


Death/Serious Sequelae



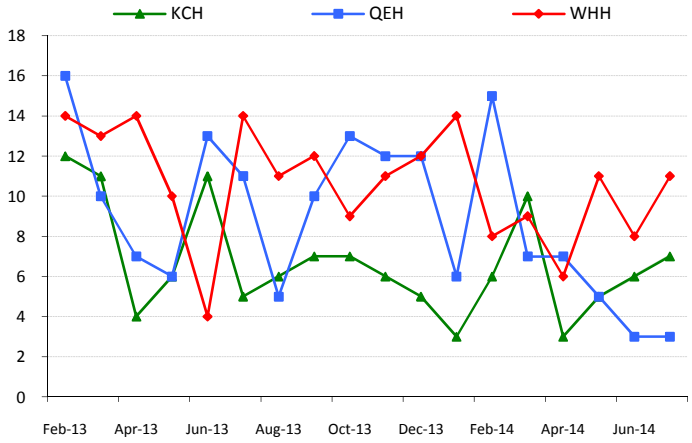
The number of death/serious and severe harm incidents reported in Jul-14 remains subject to the usual RCA investigation and review. It is possible that the severity of these cases will be amended once the investigation process is completed. In Jul-14, the numbers of incidents graded as death or severe are on a par with previous months; these are currently under investigation.

Patient Slips, Trips and Falls



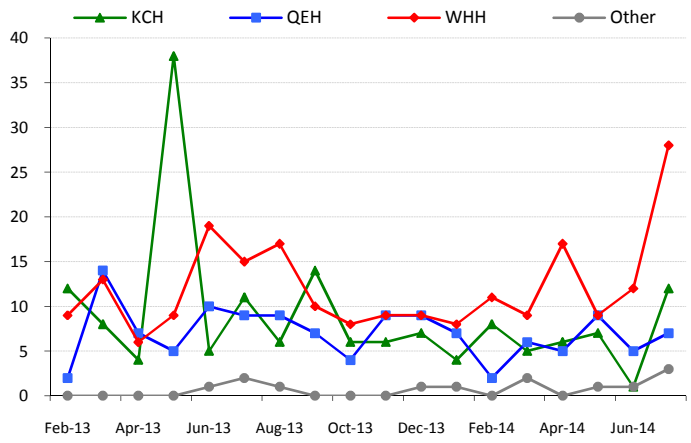
Of the 152 patient falls recorded for July (176 in June), none were graded as severe or death. There were 92 falls resulting in no injury, 56 in low harm and 4 in moderate harm. The top reporting wards were CDU (WHH) with 17 falls; Cambridge M2 (WHH) with 13 falls; Richard Stevens Stroke Unit (WHH) with 9 falls; Treble (KCH) with 8 falls; St Margaret's (QEH), Cambridge J (WHH) and Kings D Male (WHH) with 7 each; Invicta (KCH) and St Augustine's (QEH)with 6 each. The remaining wards reported 4 or less falls. The 4 moderate harm falls resulted in 1 patient sustaining a broken nose (CDU QEH) and the remaining 3 suffered fractured hips (Cambridge J - WHH, Richard Stevens Stroke Unit, and Quex). A RCA is carried out for all falls resulting in serious harm or fracture.

Hospital Acquired Pressure Ulcers



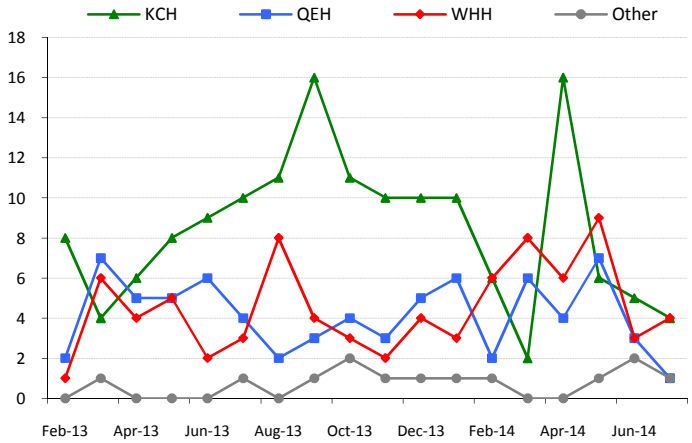
In July there were 21 reported incidents of Category 2 and above pressure ulcers developing in hospital (17 in June). This included 17 Category 2 and 4 Category 3 pressure ulcers. No Category 4 ulcers were reported. Six have been assessed as avoidable, 14 as unavoidable with 1 not yet assessed. The ward reporting the highest number of avoidable pressure ulcers was Cambridge L with 2 incidents.

Delay in Providing Treatment



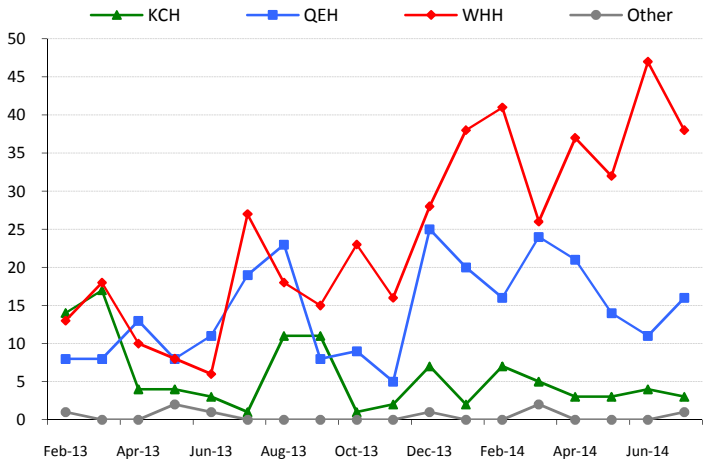
There were 50 incidents resulting in a delay in providing treatment during July compared with 19 in June. No incidents have been graded as death or severe harm. Six have been graded as moderate harm, 12 have been graded as low harm and 32 resulted in no harm, (which included 1 serious near miss). Themes in location: 11 incidents occurred in Recovery (WHH), 3 at the Celia Blakey Centre (WHH) and Cathedral Day Unit (KCH); all other areas reported 2 or fewer incidents.

Incorrect Data in Patient Notes



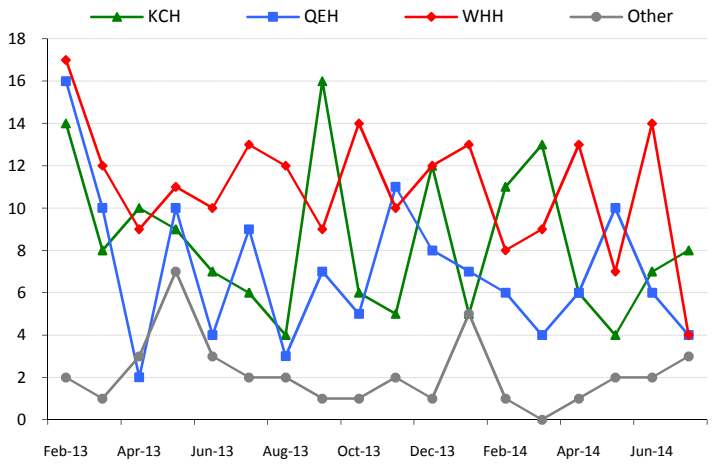
There were 10 incidents of incorrect data in patients' notes reported as occurring in July (13 in June), all of which were graded as no harm. All 10 incidents related to incorrect data in paper notes. Of the incidents reported, 4 were identified at KCH, 1 at QEH ,4 at WHH and 1 at the Rainbow Centre Ashford. Three incidents were reported by Outpatients (KCH).

Staffing Level Difficulties



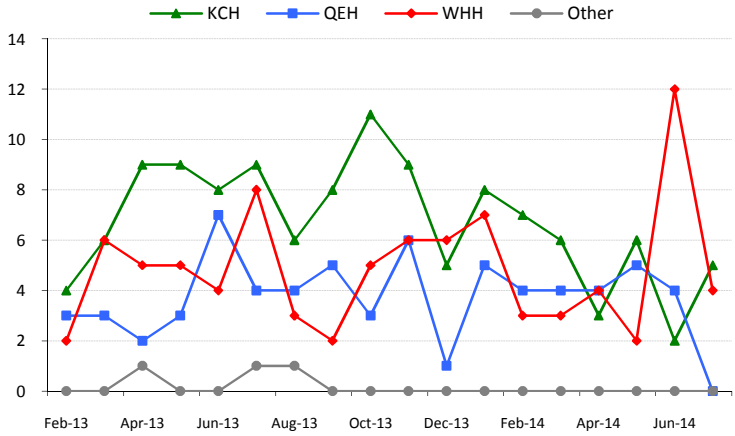
There were 58 incidents recorded in July (62 in June). These included 33 incidents relating to insufficient nurses and midwives, 9 to inadequate skill mix, 5 to insufficient doctors and 11 to general staffing level difficulties. Top reporting locations were Cheerful Sparrows Female (QEH) with 7 incidents; ITU (WHH) with 6 incidents; Kings D Male (WHH) and Haematology (WHH) with 4 incidents each, and Folkestone (WHH) and Kennington (WHH) with 3 each. Other areas reported 2 or fewer incidents. Three incidents occurred at KCH, 16 at QEH, 38 at WHH and 1 at BHD. Six incidents have been graded as moderate and 6 as low harm due to delays in providing treatment and suboptimal care being identified. The remaining 46 incidents have been graded as no harm.

Communication Breakdowns



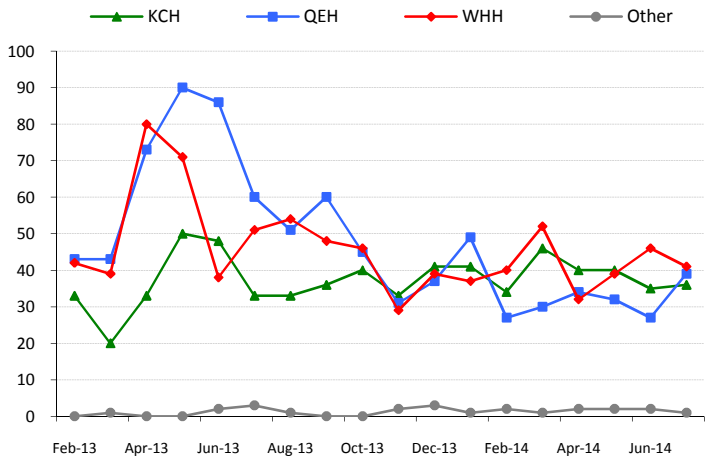
In Jul-14 there were 19 incidents of communication breakdown (29 in June). Of these, 8 involved staff to staff communication failures, 9 were staff to patient and 2 were staff to relative (or other visitor). Of the 19 incidents reported, 8 were reported as occurring at KCH, 4 at QEH, 4 at WHH and 3 in the community. Themes by location: Outpatients (WHH) and Day Surgery (KCH) reported 2 incidents each; other areas reported 1 or none. Incidents in July were graded as follows: 13 as no harm, 2 as low harm and 4 as moderate harm.

Blood Transfusion Errors



In July, there were 9 blood transfusion errors reported (18 in June). Only 1 main theme arose in the period: 3 incidents related to delay in provision of blood component/product. Of the 9 incidents reported, 8 were graded no harm and 1 as low harm. Reporting by site: 5 at KCH (of which 2 were in ECC), none at QEH, and 4 occurred at WHH (of which 5 were in CDU).

Medicines Management



There were 117 medication incidents reported as occurring in July (110 in June).

Medicines Management

Category	Jul-14
Prescribing	35
Dispensing	23
Administering	35
Missing (lost or stock discrepancy)	11
Shortage (drug unavailable)	1
Suspected adverse reaction	4
Infusion problems (drug related)	4
Infusion injury (extravasation)	4
TOTAL	**117**

Of the 117 reported, 95 were graded as no harm including 11 serious near misses, 20 as low harm and 2 as moderate harm. Top reporting areas were: CDU (WHH) with 8 incidents; Cheerful Sparrows Male (QEH) with 6, CDU (KCH) and Celia Blakey Centre (WHH) with 5, Cathedral Day Unit (KCH) with 4 whilst other areas reported 3 incidents or fewer. Thirty six incidents occurred KCH, 39 at QEH, 41 at WHH and 1 in the community.

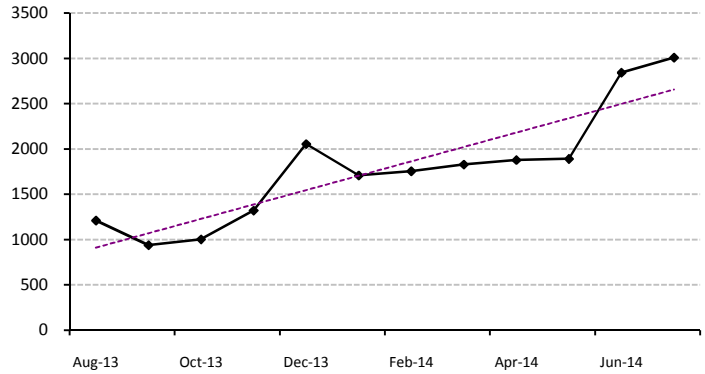
PATIENT EXPERIENCE: CONCERNS, COMPLAINTS & COMPLIMENTS

The experience of the patients and their families is of paramount importance to the Trust. Patient views are sought via a number of ways including the Patient Opinion website, the Friends and Family Test, via NHS Choices and also through the Trust's formal systems. This report provides the Board of Directors with activity and performance information about the complaints, concerns, comments and compliments during Jul-14. The information reported is for cases received in June and formal cases with target dates due that month.

• Activity: Formal complaints - 85; informal contacts - 91; compliments - 3008; PALS contacts - 277.

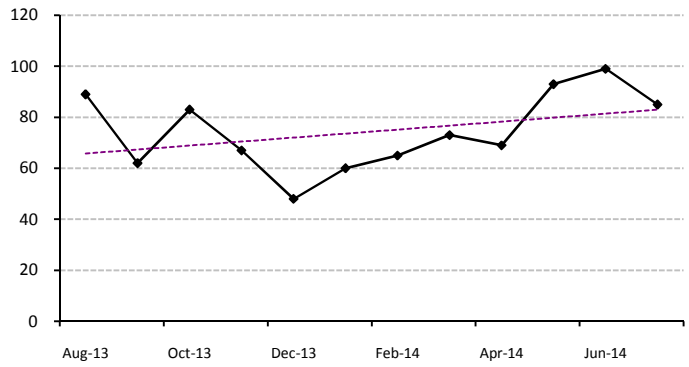
The charts below show the number of complaints and compliments received on a monthly basis. One formal complaint has been received for every 1031 recorded spells of care (0.1%) in comparison to June's figures where 1 formal complaint was received for every 842 recorded spells of care (0.1%).

Number of Compliments



The number of compliments received increased by 6% compared to the previous month. This slight increase is primarily due to the department continuing to actively encouraging the Divisions to report on compliments received. The ratio of compliments to formal complaints received for the month is 35:1. There has been 1 compliment being received for every 29 recorded spells of care.

Number of Formal Complaints



The number of formal complaints received has decreased by 14% compared to Jun-14. However, the number of formal complaints has increased by 21% compared to Jul-13.

Top Five Concerns Expressed in Formal Complaints
July 2014

Concerns		No.
Problems with Communication	Doctor communication issues	12
	Misleading or contradictory information given	7
	Nursing communication issues	4
	Unhappy with information on medical records	3
	Lack of information/explanation of procedure outcome	2
	Unable to contact department/ward	1
Problems with Discharge Arrangements	Unfit for discharge/or poor arrangements	8
	Problems with going to another hospital	2
	Unhappy about follow up arrangements	2
	Incomplete/illegal discharge letter	1
	Lack of information given on discharge	1
Delays	Delay in referral	4
	Delays in allocation of outpatient appointment	4
	Delays in receiving treatment	2
	Delay with elective admission	1
	Delays in being seen in A&E	1
	Delays in being seen in outpatient department	1
Problems with Clinical Management	Unhappy with treatment	5
	End of life/palliative care issues	3
	Inappropriate ward	2
	Referral Issues	2
	Incomplete examination carried out	1
	Lack of/inappropriate pain management	1
Problems with Nursing Care	Problems with nursing care	8
	Delay in receiving treatment	3
	Inappropriate physical handling	2
	Pressure ulcer care	1
Problems with Diagnosis	Delay in receiving diagnosis	6
	Misdiagnosis	4
	Missed fracture/or other medical problem	3
	Test incomplete	1

The common themes raised within the top 5 informal concerns are led by problems with appointments, followed by problems with delays, problems with communication, problems with attitude and diagnosis.

With regards to formal complaints, the highest recurring subjects raised in Jul-14 were problems with communication, problems with discharge arrangements, delays, problems with clinical management, problems with nursing care, and problems with diagnosis.

In comparison with Jun-14, problems with communication have remained the top concern. Problems with nursing care, delays and problems with diagnosis remain in the top 6 subject areas. Problems with discharge arrangements and problems with clinical management have replaced problems with attitude.

Concerns, Complaints and Compliments - Divisional Performance

July 2014

Division	Divisional Activity				Divisional Performance	
	Formal Complaints	Compliments	Informal Contacts	Compliments: Complaints	Response Date Agreed with Client	Returning Complaints
Clinical Support	6	32	16	5:1	5 of 8	0
Specialist Services	16	1191	12	74:1	6 of 9	0
Surgical Services	31	586	36	18:1	32 of 37	8
UCLTC	31	1199	25	38:1	32 of 43	7
Corporate	1	0	2	0:1	1 of 1	0
Other	0	0	0	0:0	0	0
TOTAL	**85**	**3008**	**91**	**35:1**	**76 of 98**	**15**

Compliance Against First Response Met	
	≥85 - 100%
	75 - 84%
	<75%

The table above shows the monthly Divisional activity and performance for Jul-14, reporting on the percentage of cases where target dates falling within the month have been met. The response date is the date agreed with the client for the receipt of a substantive response to their complaints; this will either be via a letter or at a meeting. During Jul-14 the data show that 77.6% of these responses were sent out on target, and 2 out of 5 Divisions sent out a minimum of 75% of their responses on time.
There has been a decrease in the number of formal complaints received in July (14%), and there has been a slight increase in the number of returning complaints received in July (50%).

Parliamentary and Health Service Ombudsman (PHSO) Cases - Latest Action

Status of Cases	Actions in Jul-14
Cases carried over from previous month	19
New cases referred to the Trust	3
Cases closed by PHSO	9
Current open cases with the PHSO	22

The PHSO is the second and last stage of the National Complaints process and it is open to all clients to approach the Office if they are dissatisfied with the way their formal complaint has been handled.
In July, the PHSO have been in contact with the Trust with regards to 3 new cases brought to their attention. Two of the cases relate to the Surgical Division (Trauma and Orthopaedics, and Head and Neck), and the remaining case is linked to the Clinical Support Services Division. Nine cases were closed by the PHSO in Jul-14.

Friends and Family Test (FFT)

The Friends and Family Test asks the patient how likely they are to recommend the ward or A&E department to their friends or family. The scoring ranges from:

- Extremely likely;
- Likely;
- Neither likely nor unlikely;
- Unlikely;
- Extremely unlikely.

There is also a "don't know" option which isn't scored, and an opportunity to write further comments. Nationally, Trusts are measured using the Net Promoter Score (NPS) where a score of approximately 50 is deemed good. The Trust's NPS was 52 in July similar to June. This is the combined satisfaction from 4087 responses from inpatients and A&E. Maternity services achieved 456 responses. The NPS for inpatients was 75 for A&E it equalled 28.5, and for Maternity it was 77. The inpatient score is at the national average, but the A&E score is below national average (54). Further work is underway regarding the low A&E NPS to take a close look at the feedback and achieve the improvement plan to address the issues our patients are telling us about regarding waiting times, pain management, staff attitude, and food and drink availability.

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 July was 4.4 stars out of 5 stars and is similar to last month.

The response rate for Jul-14 for inpatients and A&E combined achieved 30%, which is higher than June. This awaits Unify2 validation. The A&E departments achieved 28.5% this month exceeding their 15% standard, and their highest response rate to date. Maternity services achieved 19.5% combined. Staff FFT is being implemented and FFT for Outpatients and Day Cases is being planned for October this year.

We Care Programme

In order to improve the experience for patients and their visitors, as well as ensuring we look after one another, the Trust is working on the "We Care" Programme. After listening to over 1500 patients and members of staff 3 new Trust values and behaviour standards have been developed. They describe how the Trust employees aim to interact with patients, family members and each other. These values and standards also outline the Trust's ambition to "show that we care" and to provide an excellent experience for everyone who works within the Trust. They will become an integral part of the Trust's working practices and will be used to guide staff recruitment and appraisal processes, illustrate how both patients and colleagues will be cared for, and how improvements in their experience will be measured.

The values and behaviours are:

- CARING: People will feel cared for as individuals. Because we are welcoming and polite; attentive and helpful; we respect people, their dignity and their time, and we have the courage to speak up when others don't.
- SAFE: People will feel safe, reassured and involved. Because we are consistently safe and reassuringly professional, we listen and communicate clearly, and we work as an effective team.
- MAKING A DIFFERENCE: People will feel confident we are making a difference. Because we take responsibility for delivering the best outcomes, act as leaders where we can, and we look to improve and develop ourselves and our services.

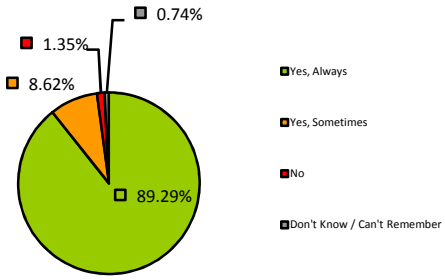
Events have taken place across the Trust during the past 12 months led by frontline staff. These have sought feedback from patients and families, as well as having discussions about the We Care values within teams. We have undergone a "branding" piece of work that ensures our communications with each other and the public are empathetic and sensitive. This has been labelled the "Tone of Voice" work led by Human Resources. In addition, work is in progress to embed the values as part of job advertisements, the recruitment process, and our engagement with staff. The roll out of the "We Care" Champions has commenced following the approval by the Board of Directors of the Trust values with around 85 Champions in place. A second event focusing on developing listening skills took place in June. In addition, the behaviours linked to the values were shared with staff during June in a separate publication.

The Tender document for the programme has gone out to market and the appointment an external partner to take forward the programme will progress apace. This will enable the embedding of the values and behaviours into everyday practice.

PATIENT EXPERIENCE: REAL-TIME MONITORING QUESTIONNAIRE

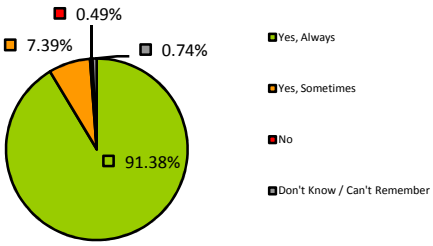
Real time patient experience monitoring using iPads have captured data since 1 Apr-13. During Jul-14, 812 adult inpatients were asked about their experiences of being an inpatient; 170 responses were received from patients treated at KCH, 163 from QEH patients, and 479 responses from patients based at WHH. (Compared with the previous month the number of responses were 192, 185 and 476 respectively). The combined result from all submitted questionnaires in Jul-14 was that of 89.39% satisfaction.

Were you given enough privacy when discussing your treatment?



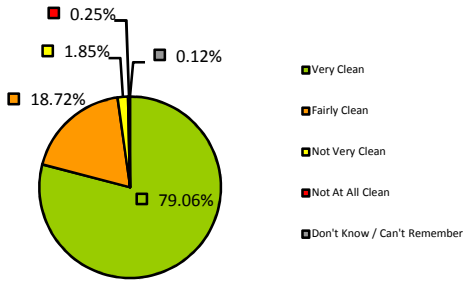
Overall Score = 94.29%

Overall, did you feel you were treated with respect and dignity while you were in hospital?



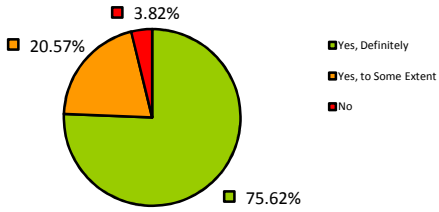
Overall Score = 95.78%

In your opinion, how clean was the hospital room or ward that you were in?



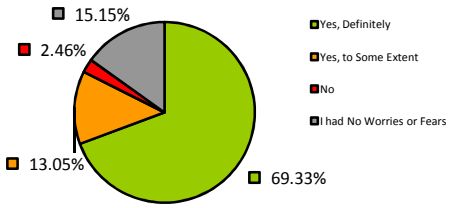
Overall Score = 92.27%

Were you involved as much as you wanted to be in the decisions about your care and treatment?



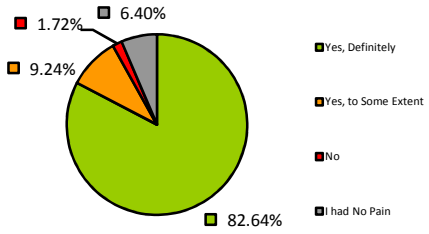
Overall Score = 85.90%

Did you find someone on the hospital staff to talk about your worries and fears?



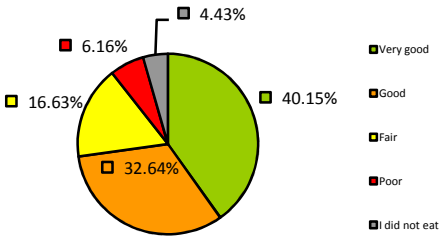
Overall Score = 89.40%

Do you think the hospital staff did everything they could to help control your pain?



Overall Score = 93.22%

How would you rate the hospital food?



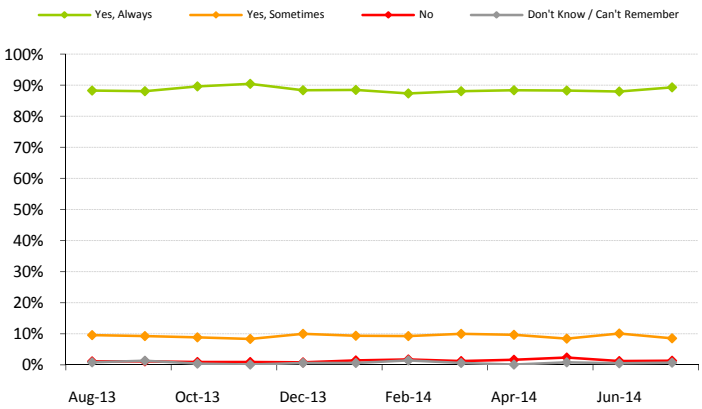
Overall Score = 70.58%

Overall Adult Inpatient Experience Jul-14	
Experience (%)	**No. of Responses**
89.39	812

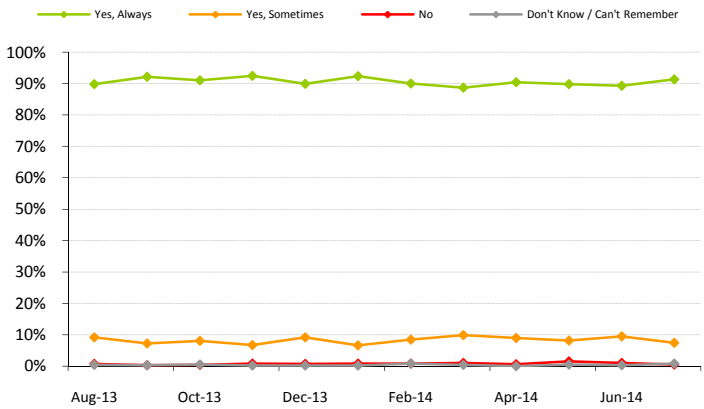
Each ward reviews their real-time monitoring data regularly. They are also shared as a "heat maps" with other teams. From this actions are taken to address the themes which are considered with the friends and family feedback and compliments and complaint information. A particular focus at present is around improving the catering and cleaning standards. The Trust is working closely with Serco to ensure high standards are maintained at all times. The pain team are working closely with ward teams to improve this aspect of care, and the wards continue their comfort rounds to ensure at all times patients and families have their needs met.

PATIENT EXPERIENCE: REAL-TIME MONITORING QUESTIONNAIRE

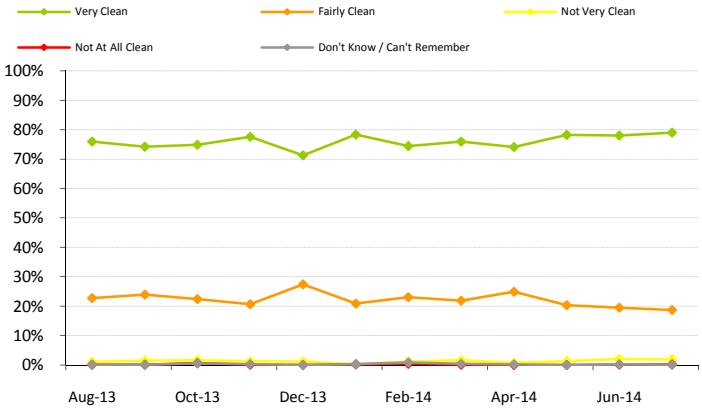
Were you given enough privacy when discussing your treatment?



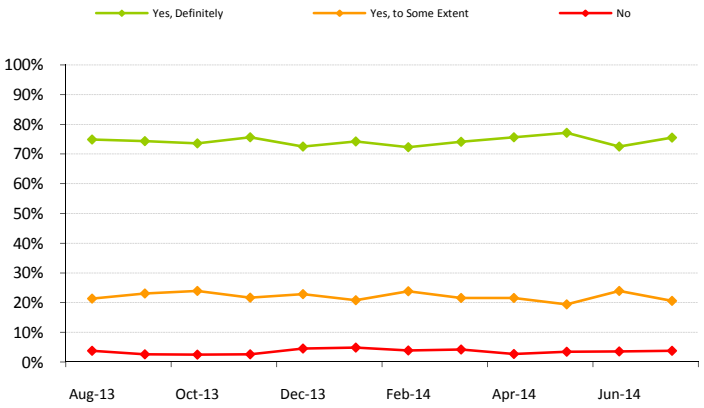
Overall, did you feel you were treated with respect and dignity while you were in hospital?



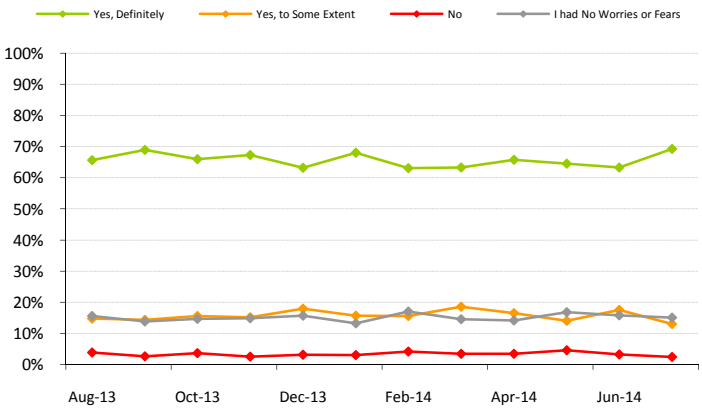
In your opinion, how clean was the hospital room or ward that you were in?



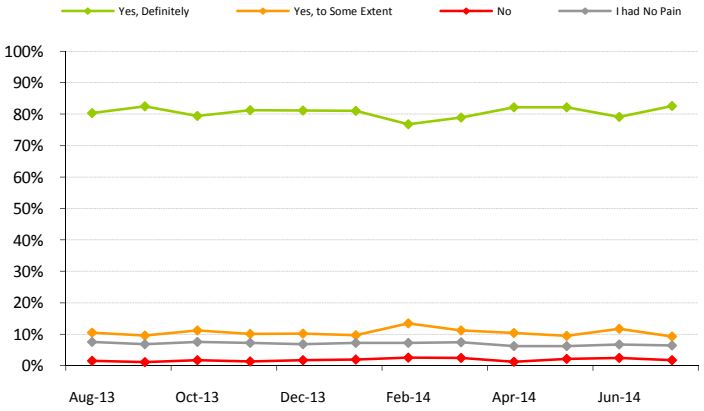
Were you involved as much as you wanted to be in the decisions about your care and treatment?



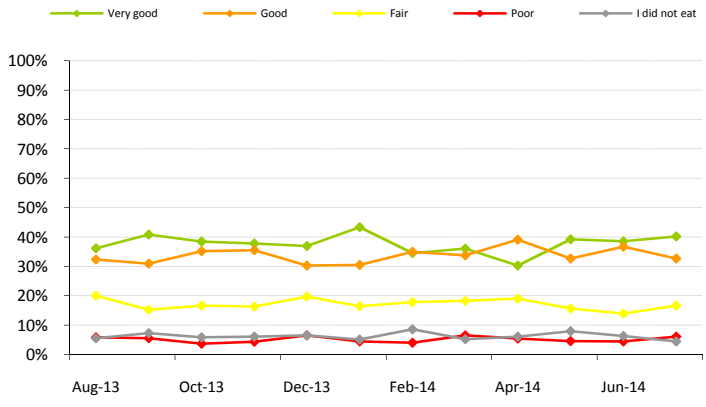
Did you find someone on the hospital staff to talk about your worries and fears?



Do you think the hospital staff did everything they could to help control your pain?



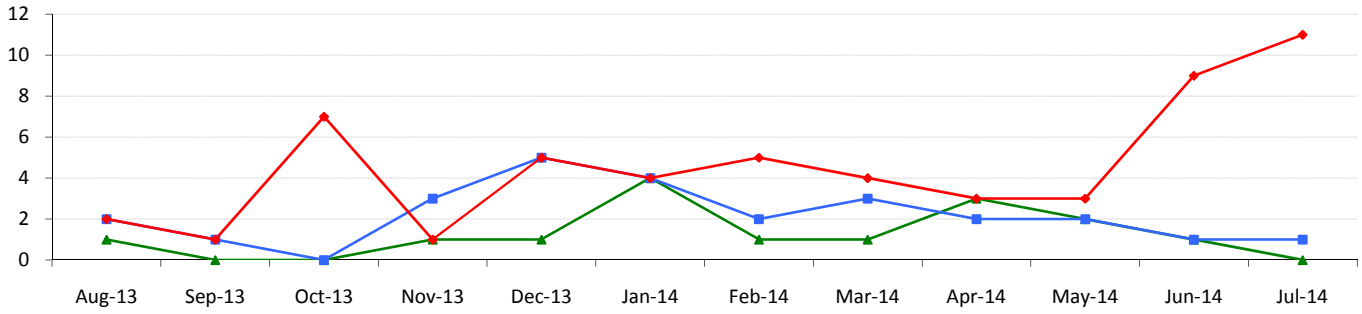
How would you rate the hospital food?



Initiatives are in place to improve nutrition for the Trust's patients, such as a choice of 23 different hot meal options per lunchtime menu, finger foods for those who can not use cutlery, puréed meals, picture menus and assistance when needed. We are working closely with our cleaning teams to ensure that the environment, both clinical and communal, are of a high standard.

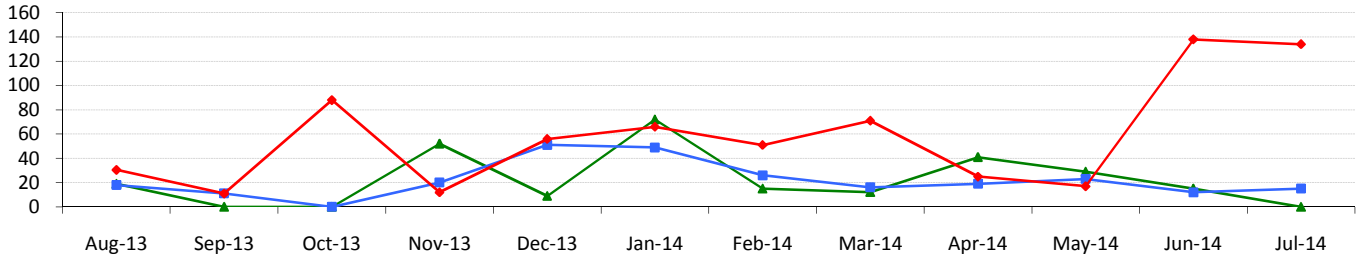
CLINICAL QUALITY & PATIENT SAFETY
PATIENT EXPERIENCE: MIXED SEX ACCOMMODATION

Number of Episodes of Mixed Sex Occurrence



	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14
KCH	1	0	0	1	1	4	1	1	3	2	1	0
QEH	2	1	0	3	5	4	2	3	2	2	1	1
WHH	2	1	7	1	5	4	5	4	3	3	9	11

Number of Hours of Mixed Sex Occurrence



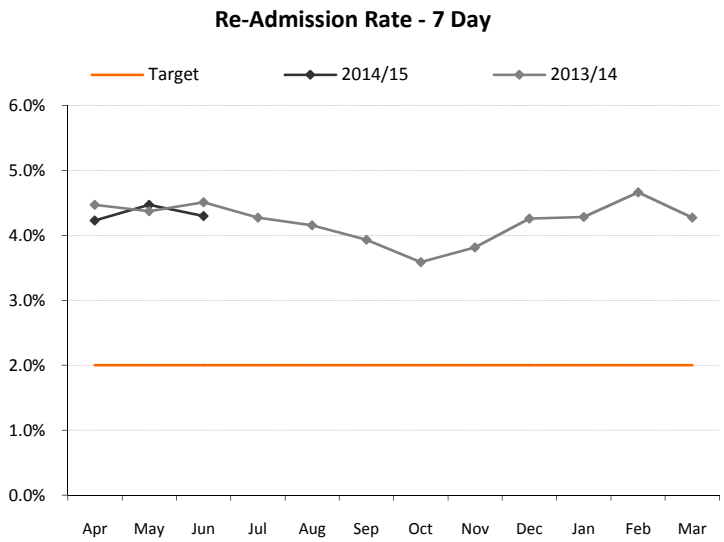
	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14
KCH	19	0	0	52	9	72	15	12	41	29	15	0
QEH	18	11	0	20	51	49	26	16	19	23	12	15
WHH	30.5	11	88	12	56	66	51	71	25	17	138	134

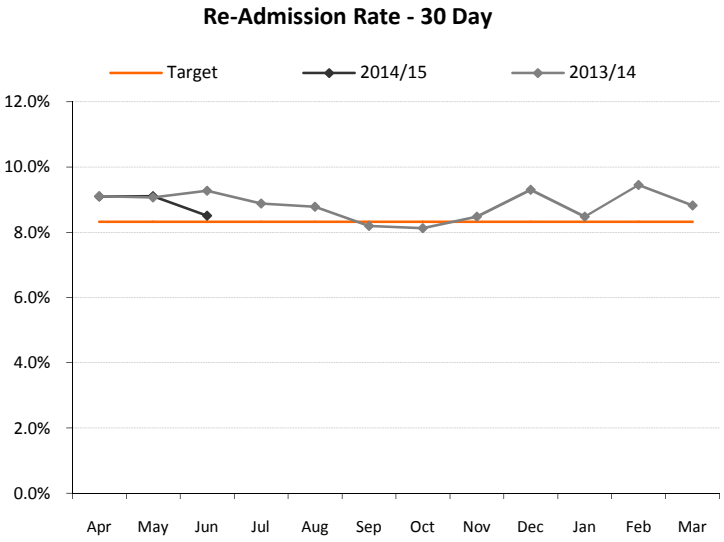
Mixed Sex Accommodation Occurrrences July 2014

Site	Clinical Area	Total No. of Occurrences	Total No. of Patients Affected
QEH	CDU	1	7
WHH	CDU	10	75
WHH	RSU	1	4
TOTAL		**12**	**86**

During Jul-14 there were no reportable mixed sex accommodation breaches to NHS England via the Unify2 system. These were not reported as they complied with the current agreed criteria, such as clinical need. There were 12 clinically justified mixed sex accommodation occurrences affecting 86 patients (Last month there were 11 occurrences affecting 69 patients). 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 signed off at the Quality Meeting in August with the CCGs and will be ratified collaboratively.

CLINICAL QUALITY & PATIENT SAFETY
CLINICAL EFFECTIVENESS: READMISSION RATES





A structured approach to intervention identification has been set for readmissions. Three main specialities have been identified as having potential for improvement, namely HCOOP, Urology, and Vascular. Work is on going within HCOOP and Urology specialities to reduce readmission rates, and diagnostic work is about to begin within the Vascular speciality.

Overall, since 2008, the Trust wide readmission rate has been gradually reducing.

			CQUIN	2013/14 Baseline	2014/15 Target	YTD Status	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Q1	Q2	Q3	Q4	Year End Position
			National CQUINS																				
Performance	Friends and Family Test	1a	Implementation of FFT to staff	N/A	Implemented by Jul-14																		
		1b	Implementation to Outpatient and Day Case Units	N/A	Implemented by Oct-14																		
		1c	Increased Response Rates in A&E	Q1 2014/15 - 20.7%	Improvement from at least 15% in Q1 to at least 20%, or higher than Q1 baseline if higher than 20% by Q4	22.7%	19.6%	18.7%	23.9%	28.5%									20.7%				
		1d	Increased Response Rates in Inpatient Areas	Q1 2014/15 - 33.1%	Improvement from 25% in Q1 to 30% by Q4, or maintaining a response rate of 30%	33.6%	35.2%	29.6%	34.4%	35.0%									33.1%				
		1e	Reduced Negative Responses in A&E, Inpatient and Maternity Areas (Aggregate Measure - Full Payment)	Q4 2013/14 - 9%	Reduction in negative responses as a proportion of total responses in A&E, Inpatient and Maternity areas	7.0%	7.0%	6.0%	8.0%	7.0%									7.0%				
		1e	Partial Payment - Negative Responses in Inpatient Areas	Q4 2013/14 - 1%	No increase in negative responses in Inpatient areas	1.5%	1.0%	2.0%	2.0%	1.0%									1.6%				
		1e	Partial Payment - Negative Responses in A&E Areas	Q4 2013/14 - 16%	Reduction in negative responses in A&E areas	13.8%	13.0%	12.0%	15.0%	15.0%									13.3%				
		1e	Partial Payment - Reduction in Negative Responses in Maternity Areas	Q4 2013/14 - 1%	No increase in negative responses in Maternity areas	1.3%	1.0%	1.0%	1.0%	2.0%									1.0%				
	NHS Safety Thermometer	2a	Reduction in Falls - Risk Assessment/Care Plan	2013/14 audit - 20%.	50% compliance with completion of falls risk assessment and care plan																		
		2a	Reduction in Falls - Improvement in Prevalence	Apr-13 to Jan-14 - 1.13%	25% improvement in prevalence of falls with harm - NHS Safety Thermometer in Q4	6	2	1	0	3									3				
		2b	Reduction in UTIs in Patients with Urinary Catheters	Apr-13 to Jan-14 - 1.98%	25% improvement in prevalence of UTIs in patients with urinary catheters - NHS Safety Thermometer in Q4	36	5	12	12	7									29				
		2c	Reduction in Pressure Ulcers - New	Apr-13 to Jan-14 - 1.09%	5% improvement in prevalence of new pressure ulcers - NHS Safety Thermometer in Q4	32	16	10	3	3									29				
		2c	Reduction in Pressure Ulcers - Old	Apr-13 to Jan-14 - 5.01%	Leading the Pressure Ulcer Work Stream																		
	Improving Diagnosis of Dementia	3.1	Dementia Case Finding	98.8%	Average of 90% in each of the elements of the indicator each month for any 3 consecutive months	99.6%	99.7%	99.4%	99.7%										99.6%				
			Dementia Assessment within 72h	90.1%		94.2%	94.7%	94.7%	93.2%										94.2%				
			Appropriate Referral	100.0%		100.0%	100.0%	100.0%	100.0%										100.0%				
		3.2	Staff Training/Leadership	20.0%	35% of appropriate staff trained	23.5%	22.3%	23.3%	25.0%										23.5%				
		3.3	Care for People with Dementia	N/A	Self assessment of person-centred care in wards																		
Commentary	Friends and Family Test	1a	Implementation of FFT to staff	FFT for staff implemented in June 14 via a Picker Survey. All staff will receive the survey 3 times/year with the next survey commencing mid September.																			
		1b	Implementation to Outpatient and Day Case Units	Task and Finish group in place. Business case for implementation is being presented to SIG Jul-14. Draft DH guidelines available, and final DH guidelines which were due on 30 Jun-14 have been delayed to 16 Jul-14. This therefore makes implementation by 1 Oct-14 challenging. The project has been scoped on draft guidelines factoring at worst expectations.																	
		1c	Increased Response Rates in A&E	Reporting includes A&E areas at WHH and QEH.																			
		1d	Increased Response Rates in Inpatient Areas	ECC at KCH included within inpatient areas.																			
		1e	Reduced Negative Responses in A&E, Inpatient and Maternity Areas	The Q1 aggregate score, on which the CQUIN is based, demonstrates an overall reduction in negative comments in A&E, inpatient and maternity areas. This reduction continues in month 4.																			
		1e	Negative Responses in Inpatient areas	An increase in negative comments within the inpatient area was evident during Q1 and will need addressing. However, negative responses have reduced in month 4.																			
		1e	Negative Responses in A&E Areas	Q1 - there continues to be a reduction in negative responses compared to the Q4 2013/14 baseline. However, negative responses have risen in months 3 and 4 to near 13/14 baseline.																			
		1e	Reduction in Negative Responses in Maternity Areas	Data for Q1 are static at 1% compared to the Q4 2013/14 baseline. An increase in negative responses was, however, evident in month 4.																			
	NHS Safety Thermometer	2a	Reduction in Falls - Risk Assessment/Care Plan	The risk assessment/care plan has been updated and has been implemented as part of the Risk Assessment Booklet. Link workers plus other staff are to be trained in Jul-14. An audit of compliance with risk assessments is planned for Q3.																			
			Reduction in Falls - Improvement in Prevalence	YTD NHS Safety Thermometer data - 6 falls with harm, against a trajectory of up to 32.																			
		2b	Reduction in UTIs in Patients with Urinary Catheters	YTD NHS Safety Thermometer data - 36 UTIs in patients with catheters, against a trajectory of up to 52.																			
		2c	Reduction in Pressure Ulcers - New	YTD NHS Safety Thermometer data - 32 new Category 2 - 4 pressure ulcers, against a trajectory of up to 42.																			
			Lead Pressure Ulcer Work Stream	The first meeting of the Work stream Collaborative group took place in May-14, with a further meeting on 24 Jun-14.																			
	Improving Diagnosis of Dementia	3a	Dementia Case Finding	Q1 has met the year target for average of 90% for 3 consecutive months.																			
			Dementia Assessment within 72h	Q1 has met the year target for average of 90% for 3 consecutive months.																			
			Appropriate Referral	Q1 has met the year target for average of 90% for 3 consecutive months.																			
		3b	Staff Training/Leadership	This measure will be reported 1 month retrospectively. Numbers remain provisional; reporting will include appropriate non-clinical staff to be trained (and not yet incorporated).																			
		3c	Care for People with Dementia	Initial discussions have taken place on how to approach this and a plan is due to be developed.																			

Compliance Against Performance		On target
		Monthly target missed; quarterly/annual target at risk
		Monthly target missed; annual target at risk

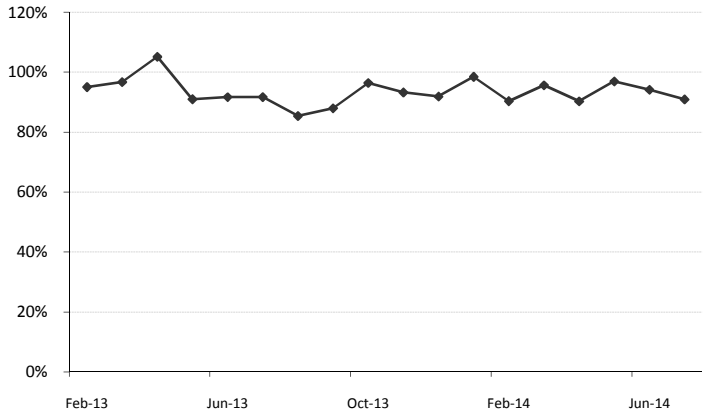
	Local CQUIN			2013/14 Baseline	2014/15 Target	YTD Status	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Q1	Q2	Q3	Q4	Year End Position
Performance	Heart Failure	4	EQ Pathway Measures (Jan-14 to Dec-14)	74.21%	Maintain 2013/14 levels	76.9%	78.3%	81.1%	70.6%														
	COPD	5a	Improved referral rate to the Stop Smoking Service	9%	Improved referral rate - Improvement rate TBA	10.3%	8.1%	13.3%	9.5%	11.0%									10.3%				
		5b	Improved referral rate to the Community Respiratory Team	4.6%	Improved referral rate - Improvement rate TBA	5.6%	4.5%	6.7%	4.8%	4.2%													
	Diabetes	6	Develop an Integrated Care Pathway	N/A																			
	Over 75 Frailty Pathway	7	Develop an Integrated Care Pathway	N/A																			
Commentary	Heart Failure	4	EQ Pathway Measures	This measure will be reported Month 1 - 12, Jan-14 to Dec 14. Data will be reported 1 month retrospectively. Data from Jan-14 and Feb-14 confirm ongoing improvements in this pathway, but March data indicate lower compliance with LV function evaluation.																			
	COPD	5a	Improved referral rate to the Stop Smoking Service	Improvements in the referral rate have been sustained in months 2 to 4.																			
		5b	Improved referral rate to the Community Respiratory Team	The reporting processes for these referrals continues to be investigated to ensure all data is being captured. Data will be reported 1 month retrospectively.																			
	Diabetes	6	Develop an Integrated Care Pathway	A CCG led Project group has been developing an Integrated Diabetes Pathway. A shared meeting took place 20 May-14 and implementation planning is due to start. There are many outstanding issues that need to be resolved to enable the pathway development to progress, including resolution of the contractual structure, specific details around the new pathway delivery, and funding. These concerns have been raised with the CCGs for discussion and resolution.																		
	Over 75 Frailty Pathway	7	Develop an Integrated Care Pathway	The second CCG led multi provider Pathway Development meeting took place 3 Jul-14. A Trust wide internal group has been established and has met twice to feed into the CCG led group. Regular CCG led meetings, as well as internal meetings have been planned up to Mar-15. This CQUIN measure requires both Project and Information Team support to ensure that it remains on track.																		

Compliance Against Performance	
	On target
	Monthly target missed; quarterly/annual target at risk
	Monthly target missed; annual target at risk

	Specialist CQUIN		2013/14 Baseline	2014/15 Target	YTD Status	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Q1	Q2	Q3	Q4	Year End Position
	National CQUINS																					
Performance	**ODNs**	Support the Operational Delivery Networks (ODNs)	N/A	Provide financial support to ODNs																		
Performance	**Quality Dashboard**	Regular Submission of Data via a Specialised Services Quality Dashboard	N/A	Submit data to Specialty Dashboard as per reporting schedule																		
Commentary	**ODNs**	Support the Operational Delivery Networks (ODNs)																				
Commentary	**Quality Dashboard**	Regular Submission of Performance Data via a Quality Dashboard																				
	Local CQUINS																					
Performance	**Dental Dashboard**	Submit Data to the Dental Dashboard	N/A	Submit data to Dental Dashboard as per reporting schedule																		
Performance	**Hand Held Patient Records**	TBC	TBC																			
Performance	**Neonatal**	TBC	TBC																			
Performance	**Public Health Screening**	TBC	TBC																			
Commentary	**Dental Dashboard**																					
Commentary	**Hand Held Patient Records**																					
Commentary	**Neonatal**																					
Commentary	**Public Health Screening**																					

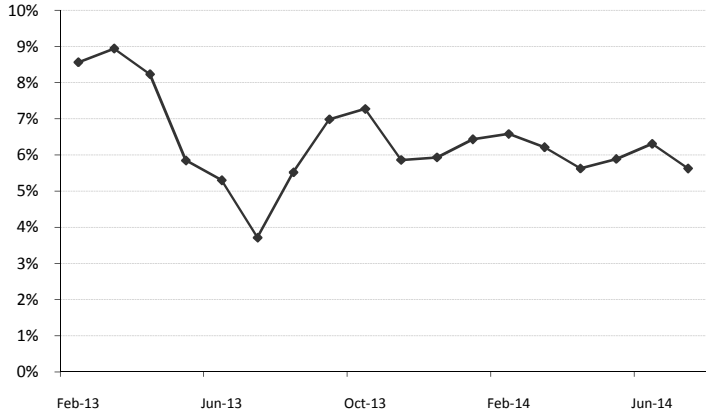
Compliance Against Performance		On target
		Monthly target missed; quarterly/annual target at risk
		Monthly target missed; annual target at risk

Bed Occupancy



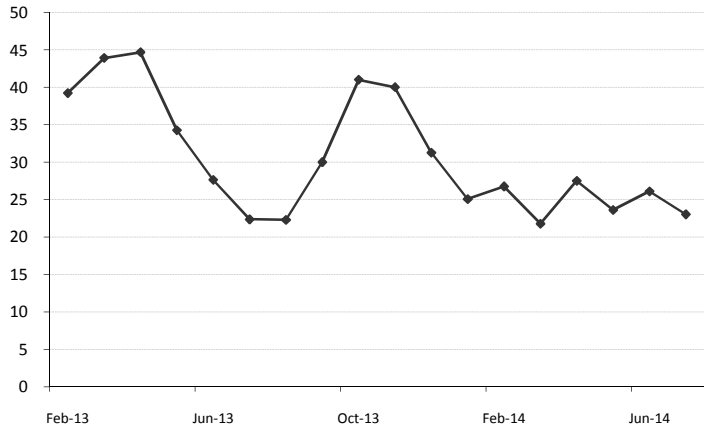
The bed occupancy metric looks only at adult inpatient beds and excludes any ring fenced wards such as Maternity. Occupancy peaked at over 100% during Apr-13, but has since reduced. However, since Aug-13 occupancy has steadily increased with levels becoming static since Oct-13 onwards. Occupancy for Jul-14 again shows a decreased position at 90.89% against that seen in June and May (94.10% and 96.89% respectively), and returns to the level seen in at this point last year.

Extra Beds



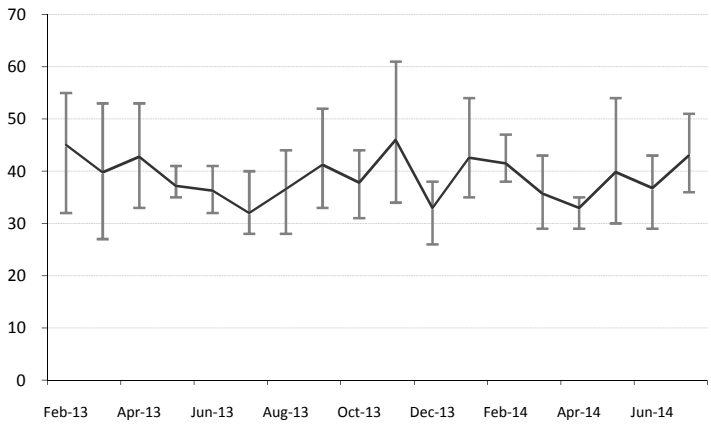
This metric is built up using the number of funded beds on each ward and reviewing those occupied on a daily basis. Where the number of occupied beds exceeds the funded bed base for the ward these are classified as "extra". Following on from months of fluctuation, May's position showed consistency against April, however June increased to 6.31% and again indicated that the position and use of extra beds is fluctuating. This position has dropped however in July to 5.62% and remains stable.

Outliers



The outliers data show the average number of patients bedded in a ward outside of the relevant Division over a given month. In line with the number of extra beds, the number of outliers peaked in Apr-13 when the Trust, and local health economy, was under extreme pressure with unseasonably high emergency flows. The position has now been stable at approximately 25 for the last 6+ months. July shows another stable month at 23.03, and it is hoped this position will stabilise further moving into 2014/15 being, as it is, underpinned by a reduction in extra beds and the current stable bed occupancy performance.

Average Delayed Transfers of Care

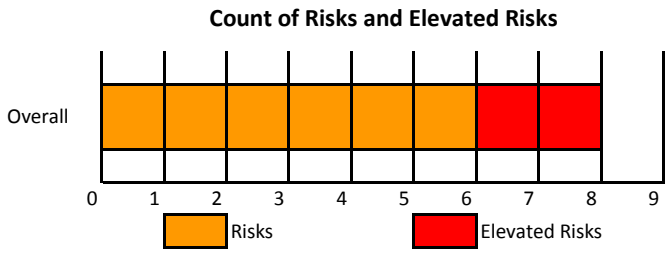


In Jul-14, the number of patients on the Delayed Transfer of Care (DToC) list has increased slightly resulting in a position of 43.00, against 36.75 in June. This is the highest position reported since Nov-13 and is being investigated further with the Community.

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.

CARE QUALITY COMMISSION: INTELLIGENT MONITORING REPORT

Trust Summary



Priority Banding for Inspection	Recently Inspected
Number of Risks	6
Number of Elevated Risks	2
Overall Risk Score	10
Number of Applicable Indicators	96
Percentage Score	5.21%
Maximum Possible Risk Score	192

Elevated Risk	Composite of Central Alerting System (CAS) safety alerts indicators (1 Apr-04 to 30 Apr-14)
Elevated Risk	Whistle blowing alerts (22 Mar-13 to 2 Jun-14)
Risk	Never Event incidence (1 May-13 to 30 Apr-14)
Risk	Composite indicator: In-hospital mortality: Trauma and Orthopaedic conditions and procedures
Risk	SSNAP Domain 2: overall team-centred rating score for key stroke unit indicator (1 Oct-13 to 31 Dec-13)
Risk	All cancers: 62 day wait for first treatment from NHS cancer screening referral (1 Jan-14 to 31 Mar-14)
Risk	Composite of PLACE indicators (1 Apr-13 to 30 Jun-13)
Risk	GMC: Enhanced Monitoring (1 Mar-09 to 21 Apr-14)

The Trust was initially 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. Three further reports have been issued since this time; the most recent being in Jul-14. There are 8 areas showing as a risk; 2 of these are classified as "elevated". These are the composite scores for the Central Alert System (CAS) where at the time, the Trust had 15 outstanding Estates and Facilities alerts and the number of whistle-blowing alerts from Trust staff made directly to the CQC. The outstanding CAS alerts have been closed and, this will not flag as a risk in the next iteration of the Intelligent Monitoring Report. This is a new indicator in the Jul-14 report. The whistle-blowing alerts are not quantified by the CQC.
The remaining areas are classified as "risk". The number of Never Events occurring is the annual figure from 1 May-13 to 30 Apr-14. We have sought clarification on 2 of the reported Never Events from NHS England. The chest aspiration is not considered to fulfil the criteria, as this was undertaken outside an operating theatre environment. The retained pack, because it was knowingly inserted as a pack, rather than an unaccounted item during surgery, is also not considered a Never Event. We have alerted the commissioners and are awaiting a response.
The GMC enhanced monitoring risk is invoked when there are 1 or more entries where the GMC status is not closed over a period from 1 Mar-09 to 21 Apr-14.
The risk around orthopaedic conditions is specifically around head of femur replacement following trauma. The time period covering the alert has been extended in this report to 2 years and the CUSUM alerts seen in 2013/13 are now included. The team-centred rating score for the Sentinel Stroke National Audit is at level “D”; in the most recent report the overall team-centred score at this level is only levied at the KCH; the ratings for QEH and WHH are both “C”. This area of risk may have been incorrectly attributed. The 62 day cancer screening referral compliance was below the 90% level for Q4 of 2013/14. This is the time period of the assessment. The Trust is currently performing at above the 90% level for Q1 2014/15. The PLACE score for the indicator “cleanliness of the environment” is 88% against a national average of 95%. A PLACE Steering Group has been established to address the actions, led jointly by the Deputy Chief Nurse/Deputy Director of Quality and the Assistant Director of Estates. Results and action plans from each site will be drawn together and Trust-wide priorities and actions will be developed into a consistent programme. The Steering Group is also considering use of additional informal sample PLACE self-assessments during the year, subject to the availability of suitable patient volunteers, to help reinforce on going improvements.
Two previous areas of risk have not alerted in this report:
1. Friends and Family Test
2. Patient Reported Outcome Measures (PROM) for primary knee replacement.