

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: BOARD OF DIRECTORS

DATE: 29 JANUARY 2015

SUBJECT: CLINICAL QUALITY & PATIENT SAFETY

REPORT FROM: CHIEF NURSE & DIRECTOR OF QUALITY

PURPOSE: Discussion
Information

CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT

- The clinical metrics programme was agreed by the Trust Board in May 2008; the strategic objectives were reviewed as part of the business planning cycle in January 2014. Alignment with the corporate and divisional balanced scorecards has been reviewed.
- Performance is monitored via the Quality Assurance Board, Clinical Advisory Board and the Integrated Audit and Governance Committee.
- This report covers
 - Patient Safety
 - Harm Free Care
 - Nurse Sensitive Indicators
 - Infection Control
 - Mortality Rates
 - Risk Management
 - Clinical Effectiveness
 - Bed Occupancy
 - Readmission Rates
 - CQUINS
 - Patient Experience
 - Mixed Sex Accommodation
 - Compliments and Complaints
 - Friends and Family Test
 - Care Quality Commission
 - CQC Intelligent Monitoring Report.
- This report also appends data relating to nurse staffing (Appendix 1). This is a requirement that planned staffing versus actual staffing levels are reported to the Board of Directors.
- This month's report also contains a detailed report on Complaints, Concerns, Comments and Compliments. The Appendix covers complaint management performance and describes themes by site, Division and specialty (Appendix 2).

SUMMARY:

A summary of key trends and actions of the Trust's performance against clinical quality and patient safety indicators in 2014/15 is provided in the dashboard and supporting narrative.

PATIENT SAFETY

- Harm Free Care – This month 91.9% of our inpatients were deemed 'harm free' which is lower than last month (93.1%) and lower than the national figure which is 94.1%. This figure includes those patients admitted with harms and those who suffered harm whilst with us. The percentage of patients receiving harm free care during their admission with us (which we are able to influence) is 98.1%, similar to last month (98.4%). Further analysis of these data show that the prevalence of patients with a catheter and a urinary tract infection, had suffered a fall and those with pressure ulcers were raised this month. The prevalence of patients with a new catheter and a urinary infection were reduced. Patients admitted with a VTE and those developing a VTE in hospital were also reduced during December.
- Nurse Sensitive Indicators – In December there were 31 reported incidents of pressure ulcers developing in hospital (19 in November); there were 29 in the same period last year. For December these include 27 Category 2 pressure ulcers and 4 category 3 ulcers yet to be debrided, but reported on STEIS. Ten ulcers have been assessed as avoidable (8 category 2 ulcers and 2 of the deep ulcers). Twenty-one were assessed as unavoidable. Although disappointing, the figures remain under the 25% trajectory by 4 incidents. Following concerns being escalated regarding a number of patients reported as having pressure ulcers on discharge, close monitoring and further investigations have been undertaken of one ward at KCH.
- There were 157 patient falls recorded for December (151 in November), no incidents were graded as severe or death. There were 89 falls resulting in no injury, 61 in low harm and 7 in moderate harm. A Root Cause Analysis (RCA) is carried out for all falls resulting in a head injury or fracture. As of 1 Jan-15 all falls resulting in a fracture of a major long bone will be reported on STEIS.
- Infection Prevention and Control – Trust wide mandatory Infection Prevention and Control training compliance for December was 80.2% (81.5% in November). All Divisions are expected to improve their compliance and achieve 95% by March 2015.
- HCAI – There were no MRSA bacteraemias in December. The case reported in November still remains provisionally assigned to NHS Canterbury Clinical Commissioning Group pending Post Infection Review. There has been 1 Trust assigned case to date.
- There were 3 cases of C. difficile infection in December, bringing the year to date total to 43 against an annual limit of 47. This breaches the trajectory by 8 cases. Root Cause Analysis meetings are pending and "lapse of care" decisions will be agreed with the Clinical Commissioning Groups.
- The team continue to monitor the rates of E.coli and Meticillin Sensitive Staphylococcus Aureus (MSSA) Bacteraemias undertaking RCAs on those cases occurring within 30 days of a surgical procedure or related to a line insertion (MSSA only). In December there were 10 cases of MSSA bacteraemia: 8 pre-48h and 2 post 48h. One pre-48h case at KCH and 1 post-

48h case at the QEH may meet the criteria for RCA pending further investigation. There were 38 cases of E.coli bacteraemia in Dec-14; 29 pre-48h and 9 post-48h. None met the criteria for RCA.

- Mortality Rates – Performance at Trust level remains good. HSMR equalled 84.2 at the end of July-14, compared to 90.8 in July-13. Crude mortality for non-elective patients shows a fairly seasonal trend with deaths higher during the winter months. Performance in Dec-14 shows an increase on Nov-14, but similar to Dec-13. Elective crude mortality has fallen since last month. All elective deaths are reported on Datix and discussed at the Morbidity and Mortality meetings. Any points of learning are highlighted as part of this process.
The SHMI data remains elevated and may require additional investigation by the patient safety committee.
- Risk Management – In Dec-14 a total of 1116 clinical incidents including patient falls were reported. This includes 1 incident of deterioration relating to a misplaced catheter (which is under investigation) graded as death. Incidents may be re-graded following investigation. In addition to this incident, 7 incidents have been escalated as serious near misses, of which 6 are under investigation.
- Seven serious incidents were required to be reported on STEIS in December. The Trust has had 7 incidents closed on STEIS by the CCG or Area Team. At the end of Dec -14, there remain 16 incidents awaiting Area Team or other external body review. RCA reports have been presented either to the Trust Quality Assurance Board, Patient Safety Board or to the site based Pressure Ulcer Panels. These included the findings of the investigations and action plans to take forward recommendations, including mechanisms for monitoring and sharing learning. At the end of Dec-14 there were 62 serious incidents open on STEIS.
- There were 57 incidents recorded in December relating to staffing difficulties (28 in November and 61 in Dec-13). These included 22 incidents relating to insufficient nurses or midwives, 7 to inadequate skill mix, 1 to insufficient doctors and 25 to general staffing level difficulties. Please see the attached Appendix 1 for greater detail on nursing staffing levels.

CLINICAL EFFECTIVENESS

- Bed Occupancy – The bed occupancy metric looks only at adult inpatient beds and excludes any ring fenced wards such as Maternity. In Dec-14 bed occupancy equalled 93.53% approximating the levels reported in September and October (as of 8 Jan-15 and sourced from the Trust's Balanced Scorecard). The use of extra unfunded beds has increased slightly to 5.2%. However, the number of outliers during December increased markedly and is the highest reported for 18 months. We are continuing to focus on the management of the Delayed Transfers of Care (DToC) list working with our CCG colleagues and Social Services, as well as providing additional reablement beds.

Readmission Rates – Readmission rates for Dec-14 have increased for the 7-day readmission rate, but show an overall decrease in 30-day readmissions. This may be reflective of the extreme operational pressures during December, plus the impact of the Surgical Emergency Assessment Unit (SEAU) at WHH. The Service Improvement Team are working with Finance and Information Management to assess the impact of the changing reporting (due to the SEAU)

on activity and financial flows.

- CQUINs – The December data shows Friends and family Test (FFT) responses received for inpatients continue to meet the requirement for at least 30%, with a remaining need to achieve 40% in March 2015. NHS Safety Thermometer data continues to demonstrate a reduction in the prevalence of falls, catheter associated urinary tract infections and Category 2- 4 pressure ulcers exceeding the required reduction targets of 25%, 25% and 5% respectively. The reporting process for the referral of COPD patients to the Community Respiratory Team continues to be reviewed. The development of an Integrated Care Heart Failure Pathway is underway with audit of the existing pathway. A Clinically led internal working group is needed to progress developments in the COPD pathway and this is scheduled to meet with work underway in the meantime. Rapid progress is needed and this, together with the referral rate COPD CQUIN measures, remains at risk. The CQUIN measures related to the Specialised Services contract have been agreed for 14/15 and now being reported.

PATIENT EXPERIENCE

- Mixed Sex Accommodation – The Trust has been working closely with the CCG Chief Nurses to agree the new Delivering Same Sex Accommodation Policy. A key area was to refresh the justifiable agreed clinical scenarios that were previously agreed with the PCT. Reporting to date has been in line with this policy.
- During December there were 10 mixed sex occurrences affecting 57 patients. Six of these occurrences were in the Clinical Decision Units across the Trust. The remaining occurred in the Stroke Units which is a justifiable mixing based on clinical need. The CCGs have requested that the new policy removes all justifiable criteria, apart from critical care areas and Stroke. They have requested this change to be invoked immediately. Therefore, there were 6 reportable mixed sex breaches to NHS England via the Unify2 system during December. A review of the way we measure and report our mixed sex accommodation data was undertaken during October by external auditors. The draft report has been issued and indicates that the policy, the way we collect and report on mixed sex compliance meets the National Guidance. A review of bathroom mixed sex compliance has been undertaken and is being taken forward by the Trust.
- Compliments & Complaints – During December we received 62 complaints, similar to November. One formal complaint has been received for every 1268 recorded spells of care (0.07%) which is again an improvement on recent months in comparison to November's figures where 1 formal complaint was received for every 1186 recorded spells of care (0.08%). During December there were 61 informal contacts (concerns), 211 PALS contacts and 2249 compliments. This is a decrease of 20% compared to November. The ratio of compliments to formal complaints received for the month was 36:1 which is decreased from last month. This represents one compliment being received for every 34 recorded spells of care.

The number of returning clients seeking greater understanding to their concerns during December was 12, seven of these were for the Surgical Services Division. Three were for Urgent Care and Long Term Conditions Division, and one each for Specialist Services and Clinical Support Services Division.

This month the Trust did achieve the standard of responding to 85% of formal complaints within the agreed date with the client. We sent 88% of the responses out on time to clients during December (87% in November).

Themes remain similar to previous months and are being triangulated with other patient feedback data and addressed at Divisional level. Please see Appendix 2 for a more detailed review of the complaints themes and actions in place.

- **Friends and Family Test** – This month we received 3520 responses from inpatients and A&E patients. Maternity services achieved 335 responses. The response rates and satisfaction scores are depicted in the table below:

Table 1 - Response Rates, Net Promoter Score and Percentage Recommended – December 2014

Department	Standard	Response Rate		NPS	Percentage recommended	
Inpatients	20%	36.7%	↑	73	93%	↑
A&E	15%	22.8%	↑	54	80%	↑
Maternity	15%	16.7%	↑	81	95%	↑
Outpatients	-	20.5%	↑	63	89%	↑
Day Case	-	30%	↑	74	92%	↓

In December we have received the highest percentage recommended and NPS so far this year for inpatients, A&E, and Outpatients. This provides us with a reportable Trust response rate (A&E and Inpatients combined) of 28.8% and a Trust NPS of 64, the highest satisfaction year to date. Our star rating for this month equals 4.4 out of 5.0, the same as last month. These data have been shared with the wards and departments where the individual comments are being scrutinised so that we can make improvements in response to the feedback. Local action plans are in place across all areas.

This year our target is to achieve 20% response rates in A&E and 40% response rates for inpatients, both by Quarter 4. Comparison of response rates for November across Kent & Medway (the most recent county data validated) are shown in the Table 2:

Table 2 - Kent & Medway Comparison Response Rate Data

NB: November 2014 Data		
	A&E	Inpatients
EKHUFT	24%	34.1%
Dartford	7.8%	25.1%
MTW	20%	40%
Medway	17.8%	26.7%
National	18.7%	36.8%

It is encouraging to see that our response rates are the highest in Kent & Medway. MTW is higher for inpatients – it is the highest for A&E and second highest for in-patients

The staff FFT will be repeated at the end of this quarter and will be reported when the results are received.

CARE QUALITY COMMISSION

The latest Intelligent Monitoring Report was received on the 1st December. The High Level CQC Improvement Plan was submitted to the CQC on 23rd September which is being progressed. The Trust's Improvement Director Sue Lewis has been appointed by Monitor to provide us with advice, to observe progress on the implementation and embedding of the improvements, and to liaise with the Monitor Regional Team as part of the performance review requirements. The third monthly report on progress has been submitted to NHS Choices and has been published on our website.

RECOMMENDATIONS:

- The Board of Directors are invited to note the report and the actions in place to continue patient safety and quality improvement.
- The Board of Directors are asked to consider whether Appendix 2 of the report should be received as a separate Agenda item and if s, at what frequency.

NEXT STEPS:

None. The metrics within this report will be continually monitored.

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

Clinical quality, the patient safety programme and patient experience underpin many of the Trust's strategic and annual objectives. Continuous improvements in quality and patient safety will strengthen the confidence of commissioners, patients and the public.

LINKS TO BOARD ASSURANCE FRAMEWORK:

This report links to AO1 of the BAF: Implement the third year of the Trust's Quality Strategy demonstrating improvements in Patient Safety, Clinical Outcomes and Patient Experience / Person Centred Care.

IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:

Identified risks include:

1. Ability to maintain continuous improvement in the reduction of HCAs in particular C-difficile and not meeting the limit set by the Department of Health. An action plan is in place which is being monitored via the Infection Prevention and Control Committee;
2. Achieving all of the standards set out in the Quality Strategy Year 3. Mitigation is assured via close monitoring of all of the metrics; specific action plans in place to address the individual elements which are being monitored via Divisions and also corporately;
3. The delivery of same sex accommodation in all clinical areas in the Trust given the change in reporting due to CCG concerns of the previously agreed justifiable criteria based on clinical need. Work is in progress within the Divisions to ensure we meet these standards;
4. The maintenance of the improvement in patient satisfaction as depicted by the FFT and the decreased number of complaints received by the Trust over the

<p>past two months. Divisions are addressing specifically the feedback and developing plans to address patients' concerns;</p> <p>5. Successful delivery of the CQC Improvement Plan. Divisions are progressing the actions and monthly meetings with Monitor are in place.</p>
<p>FINANCIAL AND RESOURCE IMPLICATIONS:</p> <p>Continuous improvement in quality and patient safety will make a contribution to the effective and efficient use of resources.</p>
<p>LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:</p> <p>Reduction in clinical quality and patient safety will impact on NHSLA activity and litigation costs.</p> <p>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.</p> <p>The CQC embed Equality & Diversity as part of their standards when compiling the Quality Risk Profile.</p>
<p>PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES</p> <p>None</p>
<p>ACTION REQUIRED:</p> <p>(a) Discuss and agree recommendations.</p> <p>(b) To note</p>
<p>CONSEQUENCES OF NOT TAKING ACTION:</p> <p>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.</p>