

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO: **COUNCIL OF GOVERNORS**

DATE: **8 MAY 2015**

SUBJECT: **SUMMARY REPORT FROM THE CLINICAL QUALITY & PATIENT SAFETY PRESENTED TO THE BOARD ON 24 APRIL 2015**

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.

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 94.3% of our inpatients were deemed ‘harm free’ which is lower than last month (95%) but meets the national figure which is 94%. 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 (98.7%). However, KCH performance is of particular note, being the only site to achieve 99% harm free care of new harms. Further analysis of these data show that the prevalence of patients with a catheter and a new urinary infection or who have developed a new VTE had decreased this month, the remainder were slightly increased.
- Nurse Sensitive Indicators – In March there were 20 reported incidents of pressure ulcers developing in hospital (21 in February). These include 16 Category 2 pressure ulcers and four Category 3 ulcers. Five Category 2 and two Category 3 pressure ulcers have been assessed as avoidable. Both of the avoidable Category 3 incidents have been reported on STEIS. Due to the good progress of the improvement plan, the reduction targets of a 25% reduction of avoidable category 2 ulcers and a 50% reduction internal stretch target for avoidable deep ulcers has been achieved. Both trajectories have finished the year below their set limit.
- There were 185 patient falls recorded for March (153 in February). One fall resulted in a hip fracture (Fordwich Ward, QEQM). This is reported on STEIS. Data outlining falls per 1000 patient bed days are now available and demonstrate a slight rise in falls rate during March. The link worker audit tool is live on ward iPads and enables assessment of compliance with the Falls Risk Assessment and Care Plan and highlights areas to focus improvement. The new Falls Steering Group will meet in April in order to steer a Trust wide improvement plan and to share and implement Trust wide learning. The Trust CQUIN target to reduce falls by 25% was achieved with a total number of 42 against a limit of 94 as measured by the monthly snapshot Safety Thermometer.
- Infection Prevention and Control – Trust wide mandatory Infection Prevention and Control training compliance for February was 79.9%, similar to January (80.2%). The March data will be reported in May -15. Divisions are working on a phased improvement trajectory to meet the 95% standard.
- HCAI – There were no cases of MRSA bacteraemia in March. There has been 1 Trust assigned case for the year 2014/15.
- There were four cases of C. difficile occurring within the Trust during March resulting in 47 cases for the year, An additional case that occurred under Hospital at Home was not recognised by the PHE as being attributed to the Trust as it was community acquired. We have thereby reached but not exceeded our limit. Two of the cases were deemed unavoidable at RCA with no lapses in care.
- There were 39 cases of E.coli bacteraemia in March. Thirty-five cases occurred pre-48h and 4 occurred post-48h. None met the criteria for RCA. There were 11 cases of MSSA bacteraemia in March. Seven cases occurred pre-48h and 4 cases post 48h. One case met the criteria for RCA.

- Mortality Rates – The most recent HSMR performance was reported in December 2014 and equalled 78.6 compared to 83.7 in December 2013. Crude mortality for non-elective patients shows a seasonal trend with deaths higher during the winter months. Performance in Mar -15 continues to show a reduction on January's elevated position, but similar to February 15. Elective crude mortality rose in March compared to the previous month and is similar to that of January. 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 most recent data for Q1 2014/15 indicate a SHMI value of 95.3 lower than the position reported in Q4 2013/14.
- Staffing – The revised National Quality Board guidance published in May 2014 outlined the requirement for % fill of planned and actual hours to be identified by registered nurse and care staff. This is expressed by day and by night, and also by individual hospital site. Gradual improvement was seen over the first months of reporting. The slight reductions seen in December and February reflect the requirement for additional shifts during winter pressures not always being filled by NHSP. Work to ensure that roster templates closely reflect the budgeted establishments and include shifts necessary for additional beds has supported the increased fill rates seen over time. March fill rates have seen a reduction at the QEQM and WHH due to slightly higher annual leave taken at year end. March has seen a slight fall in actual fill rates at QEQM and at WHH. Analysis of the quality indicators does not show a correlation with the staffing levels reported, although Harbledown and Richard Stevens Wards reported the highest number of falls. Please see the attached Appendix 1 for greater detail on nursing staffing.
- Risk Management – In Mar-15 a total of 1091 clinical incidents including patient falls were reported. Eight serious incidents were required to be reported on STEIS in March. Six cases have been closed since the last report. There remain 70 serious incidents open at the end of March. Incidents may be re-graded following investigation. Update Never Event and Serious Incident guidance has been released by NHS England for implementation from 1 Apr-15. This guidance firmly places the focus on a case by case approach to identify serious incidents in order to focus resources on learning from the most serious of incidents. The AIR (Adverse Incident Reporting) policy is currently being updated to reflect this new guidance.
- During March there was an increase in the number of incidents relating to delays in providing treatment. One incident has been graded as death and one as severe harm. Both are under investigation. The remaining metrics reported show similar levels to previous months.

CLINICAL EFFECTIVENESS

- Bed Occupancy – The bed occupancy metric looks only at adult inpatient beds and excludes any ring fenced wards such as Maternity. In Mar-15, bed occupancy equalled 93.2% similar to the levels reported in Oct-14, and is lower than the position reported in Mar-14 (i.e. 99.7%).
- In Mar-15 the degree of extra beds used within the Trust recorded at 6.7%. This is similar to February's figure (7%), and is higher than that recorded in Mar-14.
- Readmission Rates – Readmission rates (reported 2 months in arrears) for

Feb-15 is lower than this time last year. The 30-day readmission rate for February is below the target set within month, similar to last month.

- CQUINs – March 2015 data shows a significant increase in the percentage of Friends and Family Test responses received in A&E areas to 27.9%. Response rates in inpatient areas have also increased to over 45%, and all Friends and Family Test CQUINs have therefore been met. NHS Safety Thermometer data demonstrate a year to date reduction in the prevalence of falls, catheter associated urinary tract infections and also Category 2- 4 pressure ulcers. All have exceeded the required reduction targets. Development of the Integrated Care Heart Failure, COPD, Diabetes and Over 75s pathways are progressing and will continue into 2015/16 as local CQUINs.

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. The new policy has been agreed and implemented.
- During March there were 2 reportable mixed sex accommodation breaches to NHS England via the Unify2 system, occurring in the CDU at WHH. The remaining cases occurred in the Stroke Units which is a justifiable mixing based on clinical need. There were 3 mixed sex accommodation occurrences in total, affecting 16 patients. (Last month there were 7 occurrences affecting 26 patients).
- Compliments & Complaints – During March we received 73 complaints, which is similar to February. One formal complaint has been received for every 1178 recorded spells of care in comparison to February's figures where 1 formal complaint was received for every 1099 recorded spells of care. During March there were 73 informal concerns, 251 PALS contacts and 2755 compliments received. This represents a ratio of compliments to formal complaints of 37:1, and one compliment being received for every 31 recorded spells of care. We are now showing the number of formal complaints related to activity, i.e. complaints per 1000 bed days. This allows a comparison to be made across sites as well a rate throughout the year. It can be seen that the rate of formal complaints is similar to last month with WHH showing the lowest number of formal complaints per 1000 bed days.

The number of returning clients seeking further resolution of their concerns during March was 15 (7 in February and 15 in January). Surgical Services Division have the highest number of returning clients.

This month the Trust achieved the standard of responding to 85% of formal complaints within the agreed date with the client. We sent 95% of the responses out on time to clients during February (64% in February, 67% in January). Every Division achieved the required standard this month. Focussed work continues with the teams to address themes, reduce the number of complaints and ensure compliance to the response time standard.

Themes remain similar to previous months and are being triangulated with other patient feedback data and addressed at Divisional level. With regards to formal complaints, the highest recurring subjects raised in Mar-15 were concerns about clinical management, problems with discharge arrangements and issues around nursing care and Doctor communication.

- Friends and Family Test – This month we received 4397 responses from inpatients and A&E patients. Maternity services achieved 440 responses. The response rates and satisfaction scores are depicted in the table below:

Table 1 - Response Rates, Net Promoter Score and Percentage Recommended – March 2015

Department	Standard	Response Rate		Percentage recommended	
Inpatients	40%	45.8%	↑	93%	↓
A&E	20%	27.9%	↑	79.4%	↓
Maternity	15%	19.7%	↑	95.7	-
Outpatients	-	22.8%	-	89.8%	-
Day Case	-	37.2%	↑	94%	↑

The reportable Trust response rate (A&E and inpatients combined) is 35.4% with 93% of respondents who would recommend the Trust to their friends and family. Our star rating for this month equals 4.5 out of 5.0, similar to 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. We have exceeded this standard. Comparison of response rates for February across Kent & Medway (the most recent county data validated) are shown in the Table 2:

Table 2 - Kent & Medway Comparison Response Rate Data

NB: February 2015 Data		
	A&E	Inpatients
EKHUFT	21.6%	36.9%
Dartford	2.8%	24.9%
MTW	18%	39.4%
Medway	20.3%	52.6%
NATIONAL	21.2%	39.8%

It is encouraging to see that our A&E response rates remain the highest in Kent & Medway and are above the national average.

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 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. Monthly reports on progress are submitted to NHS Choices and are published on our website. In the meantime the Trust is preparing for our re-inspection on the 15th July 2015.

RECOMMENDATIONS:

The Board of Directors are invited to note the report and the actions in place to continue patient safety and quality improvement.

NEXT STEPS:

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

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

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

LINKS TO BOARD ASSURANCE FRAMEWORK:

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

IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:

Identified risks include:

1. Ability to maintain continuous improvement in the reduction of HCAs in particular C-difficile although we met 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. This is reported separately;
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 consistent achievement of the response rate standard for formal complaints. The Complaints Steering Group oversees the delivery of the Improvement Plan;
5. The maintenance of the improvement in patient satisfaction as depicted by the FFT. Divisions are addressing specifically the feedback and developing plans to address patients' concerns;
6. Successful delivery of the CQC Improvement Plan. Divisions are progressing the actions and monthly meetings with Monitor are in place.

FINANCIAL AND RESOURCE IMPLICATIONS:

Continuous improvement in quality and patient safety will make a contribution to the effective and efficient use of resources.

LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:

Reduction in clinical quality and patient safety will impact on NHSLA activity and litigation costs.

Most of the patient outcomes are assessed against the nine protected characteristics in the Equality & Diversity report that is prepared for the Board of Directors annually.

The CQC embed Equality & Diversity as part of their standards when compiling the Quality Risk Profile.

PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES

None

ACTION REQUIRED:

- (a) Discuss and agree recommendations.
- (b) To note

CONSEQUENCES OF NOT TAKING ACTION:

Pace of change and improvement around the patient safety programme and patient experience will be slower. Inability to deliver a safe, high quality service has the potential to affect detrimentally the Trust's reputation with its patients and within the wider health economy.