

Board of Directors

Meeting

Report

Subject: Monthly Quality & Safety Report
Date: Thursday 25th September 2014
Authors: Susan Bowler/ Andrew Haynes
Lead Director: Susan Bowler - Director of Nursing & Quality
 Dr Andrew Haynes – Medical Director

Executive Summary

This monthly report provides the Board with a summary of important quality and safety items and our key quality priorities. In summary, the paper highlights the following key points:

- Our HSMR position is stable. The most recent validated quarterly data for SHMI is within the expected range. The position for uncoded episodes at first submission deteriorated in April, May and June due to staffing issues but has now been recovered back in trajectory.
- The total number of patients who have fallen remains within our target but for July 2014 the harm rate for falls was 2.4%. This is the highest recorded rate for 18 months. Our falls nurse is leading our falls reduction programme. We will monitor these rates very closely
- Disappointingly our *C. difficile* rates are still outside of our trajectory and we have failed our Q1 and July target. Full RCA's have been conducted and molecular typing is available on 25 cases. All of the patients were at a high risk of C diff but were prescribed antibiotics appropriately. There have been no deaths attributable to C diff. There was no clinical evidence of cross infection. We have instigated the recommendations from our independent expert, which includes more enhanced cleaning
- We have experienced increased incidence of MRSA colonisation. This has not resulted in MRSA bacteraemia, but we have instigated deep cleaning and increased infection control support and training within these clinical environments.

Recommendation

To note the information provided (particularly the changed priorities) and the actions being taken to mitigate the areas of concern.

Relevant Strategic Objectives (please mark in bold)

Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	BAF 1.3, 2.1, 2.2 2.3, 5.3, 5.5 Mortality on corporate risk register
Details of additional risks associated with this paper <i>(may include CQC Essential Standards, NHSLA, NHS Constitution)</i>	Failure to meet the Monitor regulatory requirements for governance- remain in significant breach. Risk of being assessed as non-compliant against the CQC essential standards of Quality and Safety
Links to NHS Constitution	Principle 2, 3, 4 & 7
Financial Implications/Impact	Potential contractual penalties for failure to deliver the quality schedule
Legal Implications/Impact	Reputational implications of delivering sub-standard safety and care
Partnership working & Public Engagement Implications/Impact	This paper will be shared with the CCG Performance and Quality Group.
Committees/groups where this item has been presented before	A number of specific items have been discussed; Clinical Governance & Quality Committee, Falls Steering Group and Mortality Group
Monitoring and Review	Monitoring via the quality contract, CCG Performance and Quality Committee & internal processes
Is a QIA required/been completed? If yes provide brief details	No



TRUST BOARD OF DIRECTORS – AUGUST 2014

MONTHLY QUALITY & SAFETY REPORT

1. Introduction

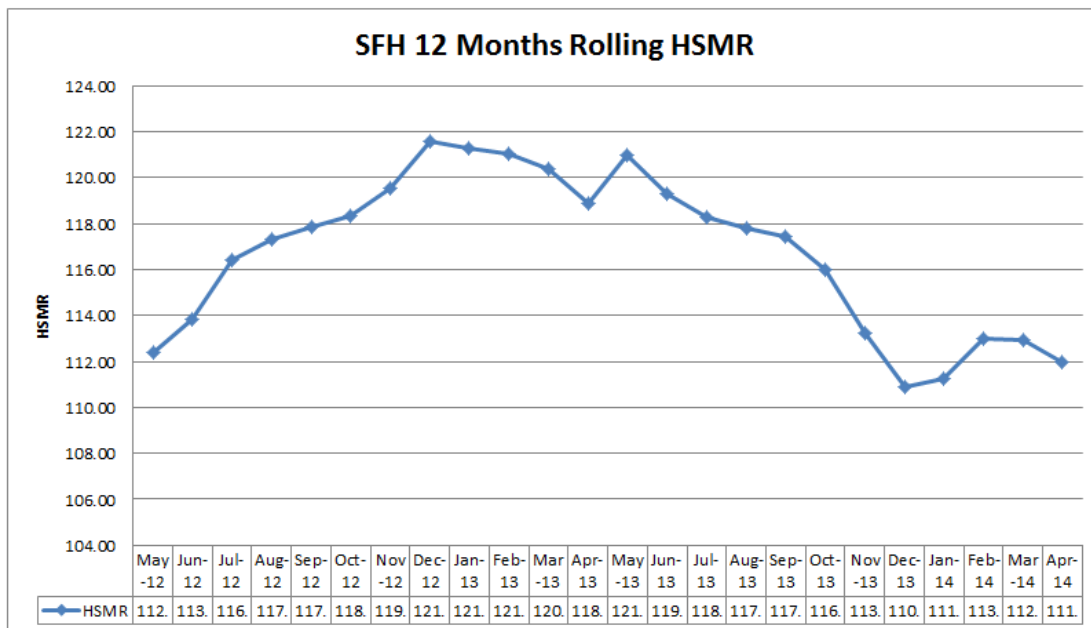
This monthly report highlights to the Board of Directors key areas in relation to quality and safety. It complements the quarterly quality report, which gives a more comprehensive review of progress against the Trust's quality and safety priorities. The monthly report includes updates on the Trust's top 3 quality priorities for 2014/15, which are:

<p>Key Priority 1</p>	<p>Reduce mortality as measured by HSMR</p>	<p>Headline & specific HSMR within the expected range</p> <p>To have an embedded mortality reporting system visible from service to board</p> <p>Eliminate the difference in weekend and weekday HSMR</p>
<p>Key Priority 2</p>	<p>Reduce harm from falls</p>	<p>Total falls < 7 per 1000 occupied bed days by quarter 4 (quarter on quarter reduction)</p> <p>Falls resulting in harm < 1.7 per 1000 occupied bed days by quarter 4 (quarter on quarter reduction)</p> <p>Reducing the number of patients who fall more than twice in hospital (baseline Q1 14/15 – to be reported each quarter)</p> <p>Reduce the number of fractures from falls to < 25 for 2014/15</p>
<p>Key Priority 3</p>	<p>Improve response rates and scores in the patient and staff friends and family test</p>	<p>Increase our F&F response rate to 50% by October 2014</p> <p>To improve the score to +80 by March 2015</p>

2. Reducing Mortality (Priority 1)

2.1 HSMR

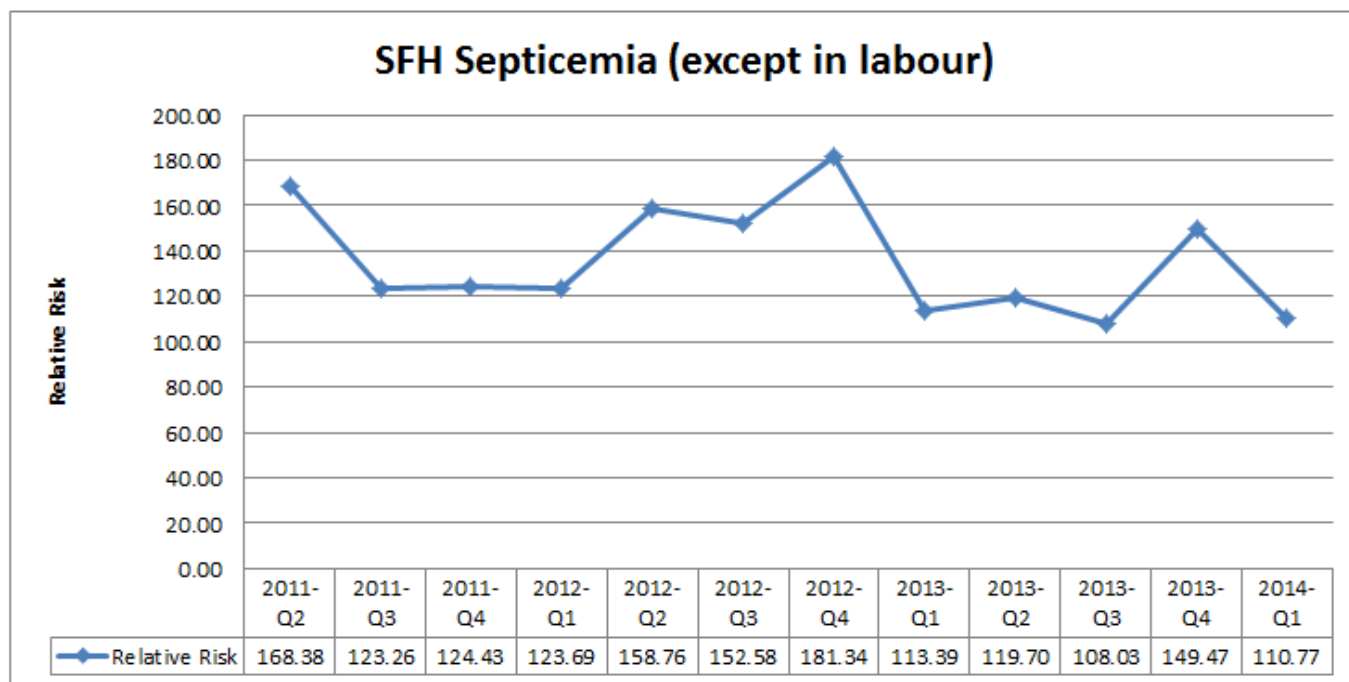
Our position is stable.



Note: Dr Foster has not yet rebased their data so a 10% adjustment has been included here to reflect the expected figures.

The number against each month is the average of the last 12 months and will differ from the individual monthly HSMR. This representation gives a good representation of the trend.

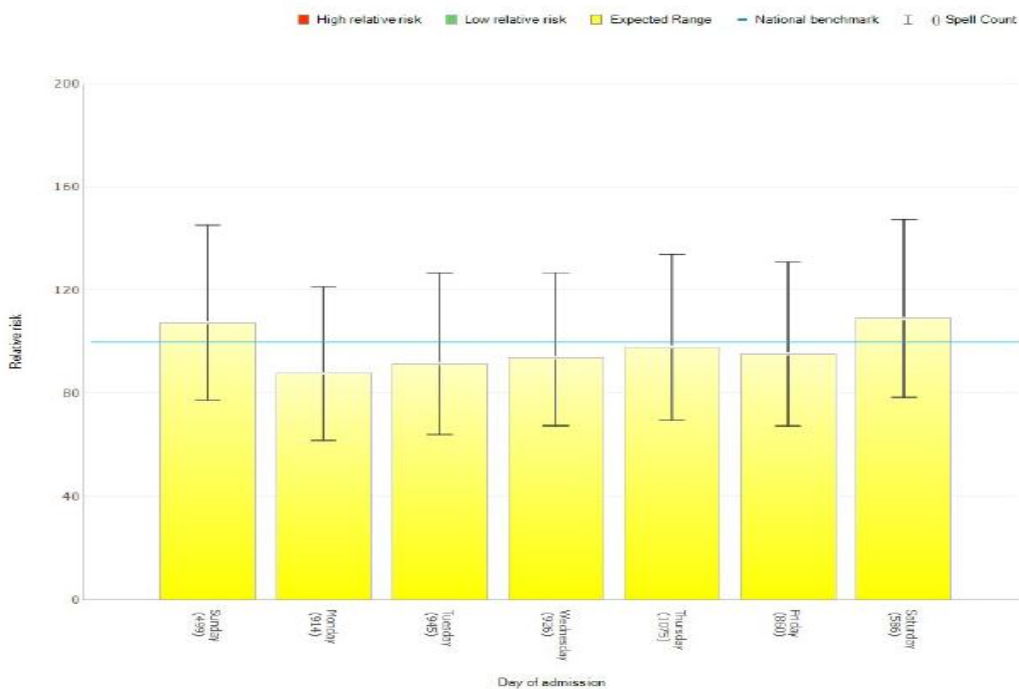
It is now recommended that we include monthly updates on the SHMR for sepsis which has continued to be much improved with the ongoing work which has helped inform the recent NHS England recommendations.



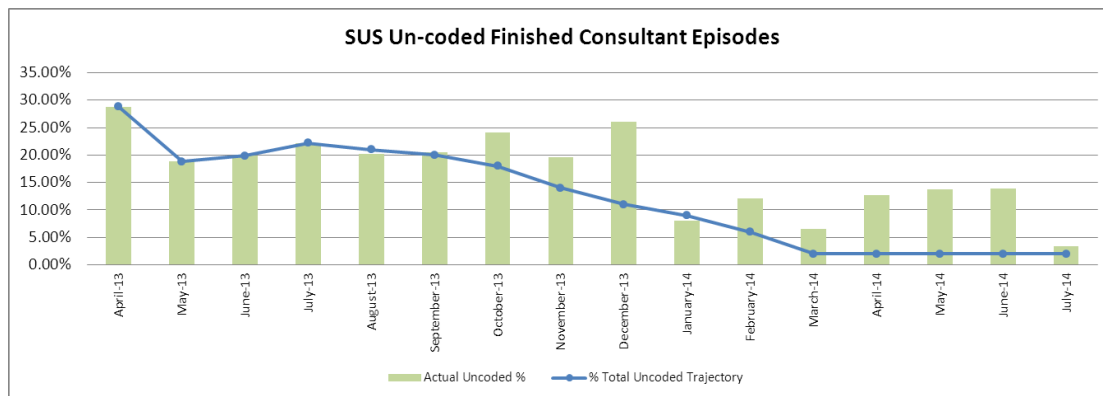
The most recent validated quarterly data for SHMI is within the expected range.

2.2 Weekend Mortality

Data for March to May 2014 (the most up to date fully validated data) is stable.



2.3 Coding



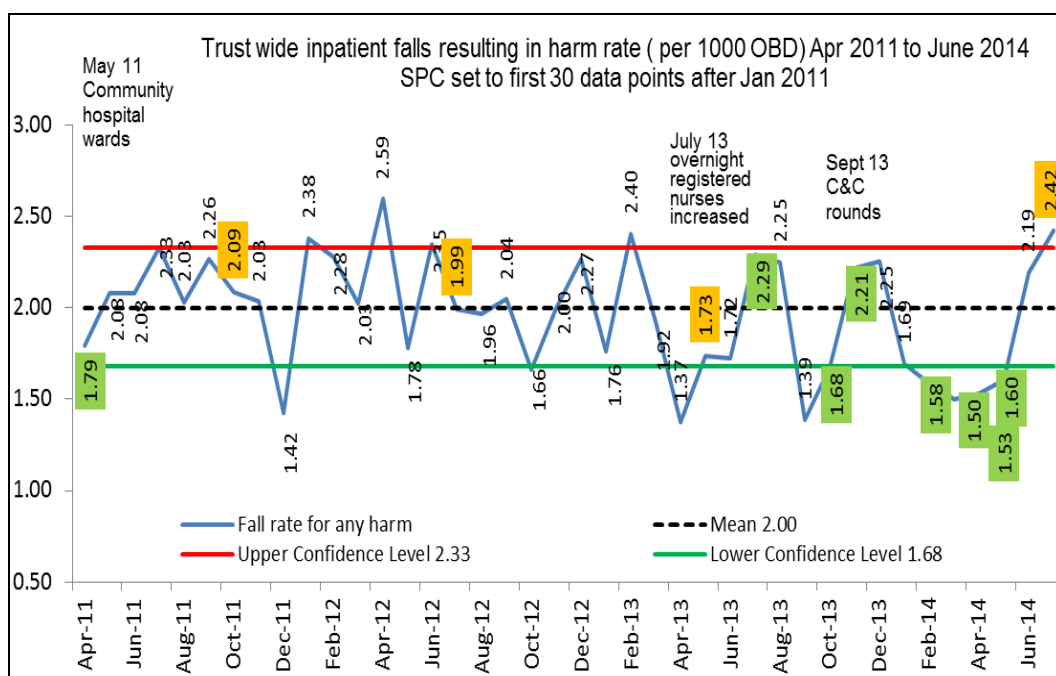
The position for uncoded episodes at first submission deteriorated in April, May and June due to staffing issues but has now been recovered back in trajectory.

3. Falls Reduction (Priority 2) – Dr Schokker and Gerrie Edwards

3.1 Reduce the number of patients who fall resulting in harm to <1.7 per 1000 occupied bed days by quarter 4

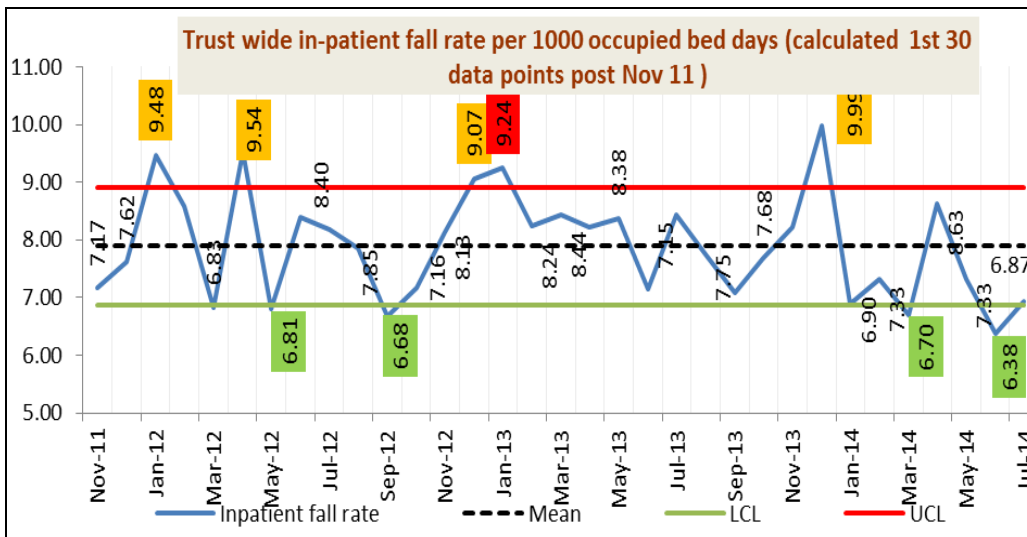
For July 2014 the harm rate for falls was 2.4%. This is the highest recorded rate for 18 months and although there is an increase in the severity coding for this harm the data has been validated by the Clinical Governance Lead. After being on track to meet this target we are currently failing it. We do suspect that the introduction of DatixWeb with improved coding has contributed to this deterioration. The data indicates that the majority of the unwitnessed falls did have some harm with the description for examples being ‘bangs to the head/ skin abrasions/bruising’. Guidance on severity coding has been sent out to the ward sisters from Governance Support Unit (GSU) and there is an ongoing review within the GSU with targeted training on coding. Clarity is being sought from RLS in regards to whether an unwitnessed fall with no injury but minimal observations is LOW or NO harm.

However, the falls work is being driven to ensure any real deterioration (outside of coding) is quickly addressed.



3.2 Reduce the total number of patients who fall to < 7 per 1000 occupied bed days by quarter 4 (quarter on quarter reduction)

The total number of patients who fall during July 2014 was 6.87 per 1000 occupied bed days. We are currently meeting this target. Using the information derived from the Ward Performance Matrix the commitment to provide focused support and training to high risk areas remains a priority. The Lead Falls Nurse is working with the Practice Development Team and Clinical Educators to target any poor performing areas but equally to share good standards and examples of excellent practice.



3.3 Reduce the number of fractures from falls to <25 for 2014/15

Up until July 2014 we have had 11 Fractures. For 2013/14 there were 35 patients who sadly sustained fractures whilst inpatients at our Trust so this is a challenging target we have set ourselves, particularly as over the winter period there is usually an increase in the number of elderly, frail patients with co-morbidities who are at risk of falling. Using the Falls Champions and working with the Practice Development Team the emphasis will be on earlier recognition of the risk and implementing robust action plans. Focused work is on-going to identify patients at highest risk to implement appropriate interventions.

To reduce falls we are:

- Driving learning and improvement through planned education and training. The Lead Falls Nurse and the Practice Development Team now lead on the Trust Induction Programme
- Following our external Fall Management Audit which will focus on providing an independent assurance regarding the implementation of care plans designed to reduce the risk and incidence of falls amongst the 'at risk' population of patients, a full examination of the documentation and evidence of implementation will be gathered and this report will be used to address any issues of variability throughout the Trust and adapt new ways of working to improve the effectiveness based against the challenges we face.
- Implementing Falls champions on all wards. The new Falls Champions meetings commence on September 16th and all wards and departments have made nominations. This forum will be used to share Serious Incidents and more importantly an opportunity for learning and improvement
- Promoting an agreed standard across the organisation of the interventions that are a MUST for patients identified as being at risk. .
- Reviewing the mandatory falls package to ensure it delivers high quality learning.
- Prioritising:
 - Monitoring of lying and standing blood pressure, urinalysis, medication review and early referral to physiotherapy services
 - A specific falls training package has been designed as is being delivered to all areas. The Falls Champions will be responsible for updating and promoting the utilisation of these packs
 - Falls prevention posters to promote appropriate interventions are being produced by clinical illustration along with a separate poster to challenge staff about where they are based and use of the enhanced observation tool.

- All ward areas will need to look at new ways of working with an emphasis on encouraging the teams to work closer to patients they are concerned about. The motto for this is “Patient Station NOT Nurses station”.

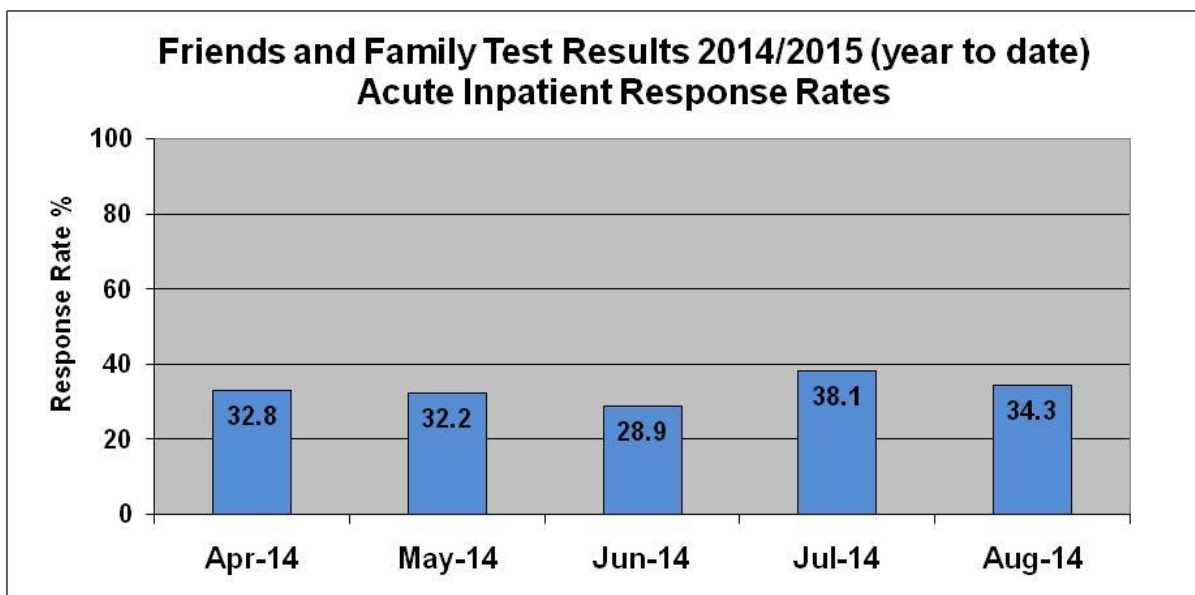
4. Improved response rates and scores in the patient and staff friends and family test (Priority 3)

The Friends and Family Test (FFT) is a single question survey which asks patients whether they would recommend the NHS service they have received, to friends and family who need similar treatment or care. It was initially for providers of NHS funded acute services for inpatients (including independent sector organisations that provide acute NHS services) and patients discharged from A&E (type 1 & 2). As of 1st October 2013 the survey was extended to include all women of any age who use NHS funded maternity services. For 2014/15, there is a requirement to extend it to day case and outpatients and this will commence from 1st October 2014.

4.1 Inpatient response rates

Our F& F response rate is below our target to increase to **50%** by October 2014. To support the improvement we are undertaking a procurement process to enlist the support of a partner, who can provide additional support and systems to gain real time feedback. We have completed the non-financial evaluation stage and are currently at the financial evaluation and clarification stage of procurement

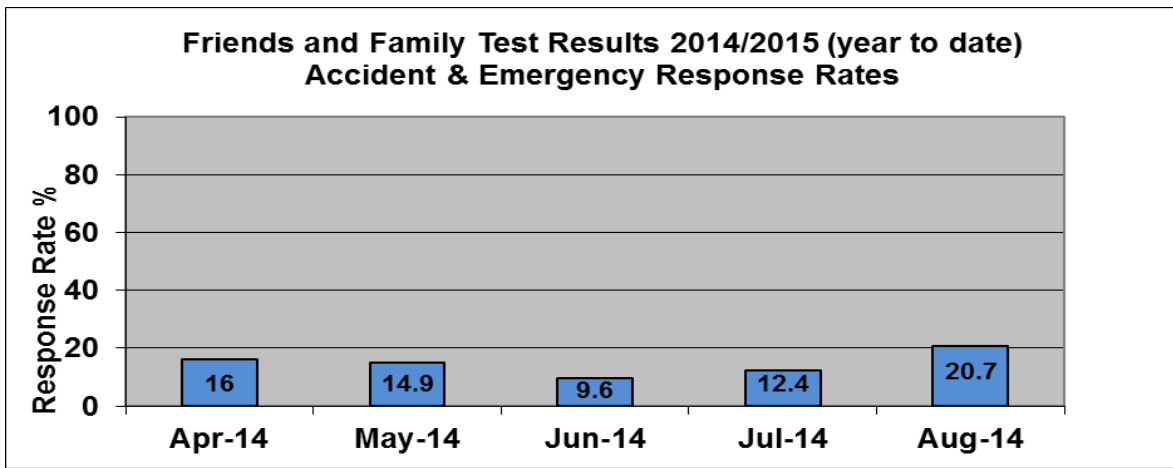
The average response rate for England is 38%



4.2 ED response rates

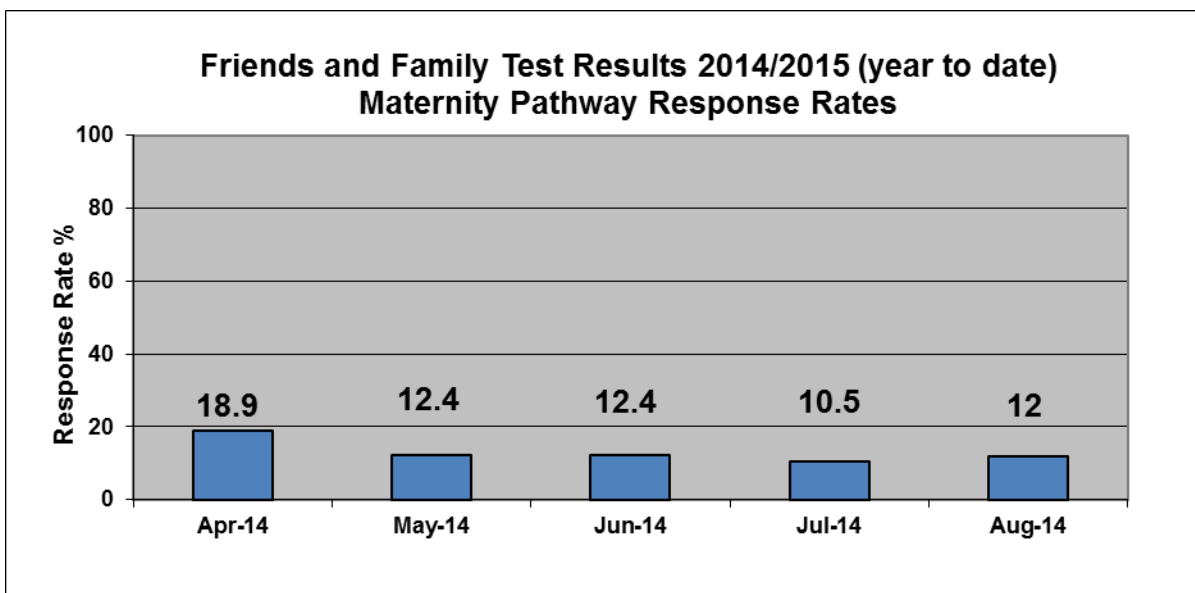
We are still aiming to improve the Emergency Department Response Rate but we have seen an improvement for August following implementation of the following actions:

- Introduced business type cards that promote the use of the website. These have been made widely available to staff enabling them to sign post patients to the feedback opportunities.
- Displayed additional posters and visual information in the waiting areas and consulting rooms
- Expanded the role and numbers of volunteers in ED who promote the F & F test



4.3 Maternity Response Rates

The graph below shows response rates from our maternity areas. We ask our maternity patients the friends and family test at 4 separate parts of their patient journey (during their pregnancy and post birth phase) and we continue to actively encourage women to provide us with this feedback. Our response rates for this group are poor. We have taken this concern to the regional maternity network forum to obtain some 'good practice' ideas from this expert group, for improving response rates. Maternity has also linked with ED to share ideas.



4.4 Response rates (Source: NHS England)

Our inpatient net promoter score is 79 for July 2014. The average for England is 73

Our ED net promoter score is 52 for July 2014. The average for England is 53

Month	Inpatient RR	Inpatient Test Score	ED RR	ED Test Score
April	32.79%	79	16.0%	50
May	32.22%	78	14.9%	54
June	28.93%	81	9.6%	55
July	38.12%	79	12.4%	52
August	34.3% (internal number)	Not available	20.7% (internal number)	Not available

5.0 Cancer Survey

The national cancer patient experience survey (2013/14) results are going live into the public domain at the end of September. We have seen a significant improvement in a number of areas with 90% of our patients rating their care as excellent or very good. There are still areas for improvements so as soon as the results are within the public domain, we will respond as an organisation in terms of the actions we are implementing.

6.0 Complaint Response Times

Complaint response times have massively improved for the trust.

For August 2014 the performance was:

Division	Week 1	Week 2	Week 3	Week 4	Comments
Emergency Care	100%	100%	100%	100%	
Planned Care	57%	100%	75%	100%	Wk 1- The outstanding 3 responses were completed over the weekend and were sent out on the Monday morning. Week 3 - 1 outstanding response was sent out on the Monday
Newark	100%	100%	Nil Required	Nil Required	
D & R	Nil Required	100%	Nil Required	100%	

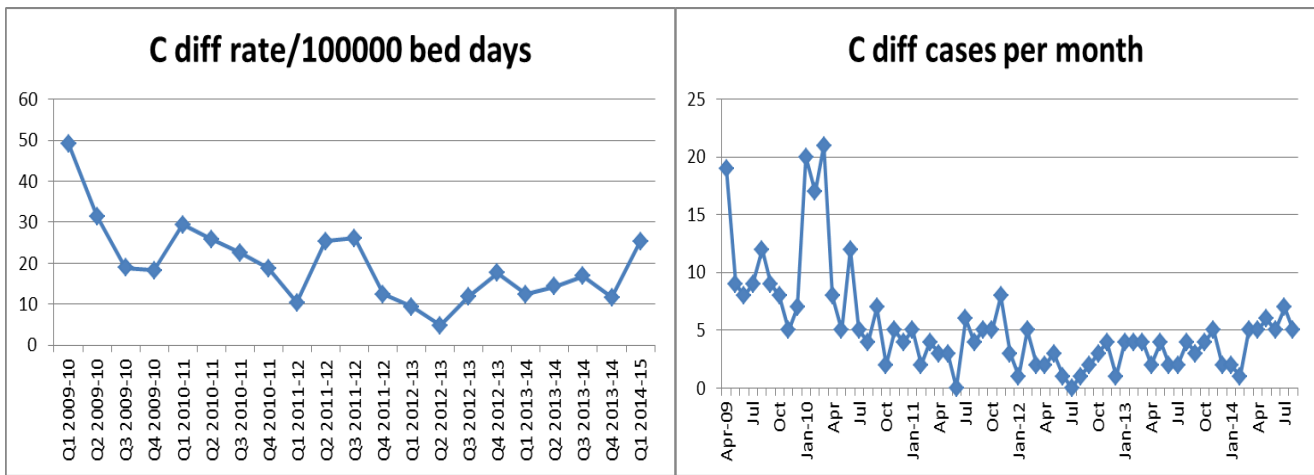
7.0 Mixed Sex Accommodation

The NHS Operating Framework for 2012-2013 confirmed that all providers of NHS funded care are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient. From 1 December 2010, the collection of monthly Mixed-Sex Accommodation (MSA) breaches was introduced. We can declare this Trust does not breach mixed sex accommodation guidance and has not breached the expectations during 2013/14 and to date 14/15.

8.0 Infection Control Update

8.1 C difficile

At 31st August the trust identified 28 cases of C difficile infection with 16 cases in Q1 and 12 cases in Q2 against and annual target of 37. This represents an ongoing period of increased incidence.



Full RCA's have been conducted and molecular typing available on 25 cases. All of the patients were at high risk of C diff but were prescribed antibiotics appropriately. There have been no deaths attributable to C diff. There was no clinical evidence of cross infection. The molecular typing showed two cases with the same typing on two separate wards at Mansfield Community Hospital but each cluster more than 28 days apart. These were likely due to cross infection. All the other cases were different molecular types. Enhanced cleaning, increased surveillance and targeted education have been given to the Mansfield Community Hospital site. All of the RCA's have been discussed at the IPCC committee and presented at the relevant governance meetings. Audits of antibiotic usage show over 98% compliance with antibiotic guidelines and over 80% compliance with the stop and review policy.

The quarterly audits of personal protective equipment show excellent compliance. The Boswell report action plan developed after an external review in August has been implemented; in particular the use of sporicidal products standardised, an enhanced cleaning programme initiated and procurement for new hydrogen peroxide decontamination equipment begun.

8.2 MRSA

It is now a year since the trust had an MRSA bloodstream infection.

In August, 5 patients on the same ward at Mansfield Community Hospital developed skin colonisation with MRSA and molecular typing confirmed a common strain hence these were considered to be due to cross infection. As outlined above additional cleaning and infection control input has been placed into the site. Two cases had been transferred from ward 11 at the Kings Mill site and this also has now been reviewed by the infection control team.

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Dr. Andrew Haynes
Executive Medical Director