Sherwood Forest Hospitals NHS
NHS Foundation Trust

Board of Directors

Meeting Report

Subject: **Monthly Quality & Safety Report**

Date: **Thursday 26th February 2015**

Authors **Andrew Haynes / Lisa Dinsdale / Susan Bowler**

Lead Director: **Susan Bowler – Executive Director of Nursing & Quality**

Dr Andrew Haynes – Executive 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:

- HSMR has increased in September against a stable crude mortality for August and September. However, the gap is much less than that seen in July between crude mortality and HSMR. The work taking place to improve our coding and calculation of relative risk which is what Dr Foster bases their HSMR calculations around, should result in these two figures coming closer together and HSMR beginning to match the crude mortality. This will start to be visible in the data from February/March that will be reported by Dr Foster in June/July.

- The total number of patients who have fallen and / or suffered harm whilst within our care has decreased significantly in month to 6.39 and 1.20 per 1000 occupied bed days. Further work is on-going by the Falls Prevention Nurses regarding the use of hip protectors and bed and chair sensors.

- From a FFT perspective the response rates from an in-patient perspective have marginally improved in month (38%). Our Maternity Services have seen a significant improvement in performance (25%) whilst our Emergency Department reported a worsening in performance (10.8%). Further work is on-going across the organisation to raise overall understanding, awareness and uptake of this survey.

- The Trust reported three post-48 hours Clostridium Difficile infections during January 2015. This was in line with the monthly trajectory; however, it has resulted in a breach against the annual target of 37 cases, bringing the trust up to 57 cases at month end.

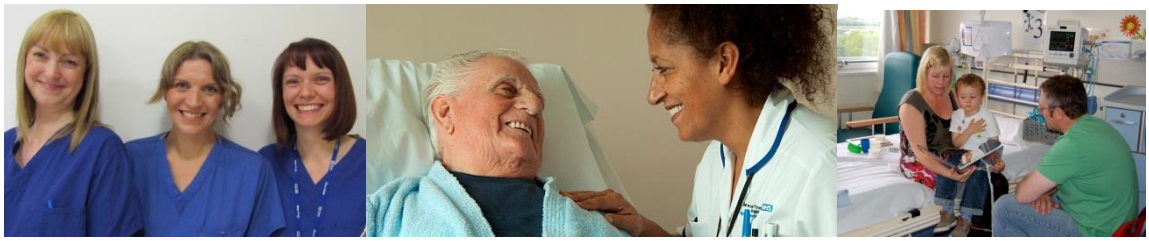
- In response to the recent investigation into the 12 hour trolley wait breaches an internal rapid review was commissioned to ascertain whether patients incurring long waits came to harm. Overall no significant harm events have been identified to date, but learning points have been identified of which will be addressed through existing governance structures.

Recommendation

To note the information provided 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 *(may include CQC Essential Standards, NHSLA, NHS Constitution)*	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 – FEBRUARY 2015

MONTHLY QUALITY & SAFETY REPORT

1.0 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:

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

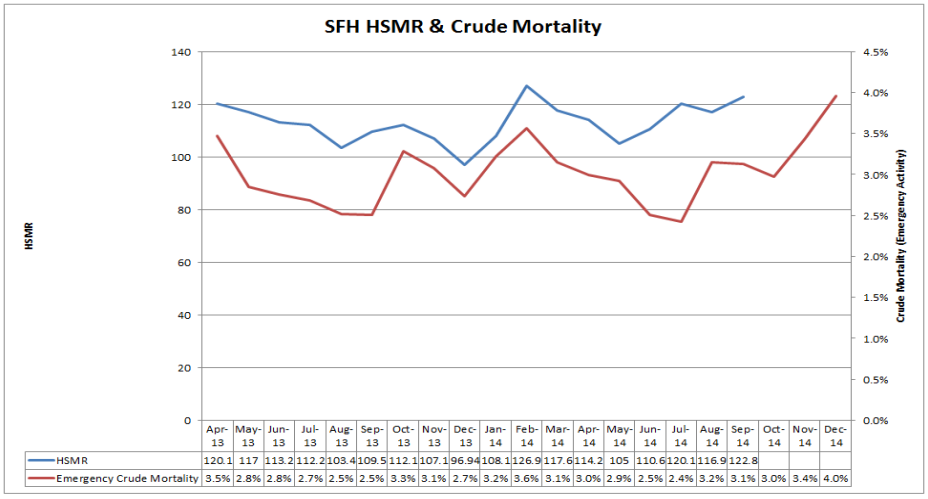
2.0 Quality Priority No: 1 Reducing Mortality

2.1 Overall HSMR Trend

HSMR has increased in September against a stable crude mortality for August and September. However, the gap is much less than that seen in July between crude mortality and HSMR.

The work taking place to improve our coding and calculation of relative risk which is what Dr Foster bases their HSMR calculations around, should result in these two figures coming closer together and HSMR beginning to match the crude mortality. This will start to be visible in the data from February/March that will be reported by Dr Foster in June/July.

Graph 1

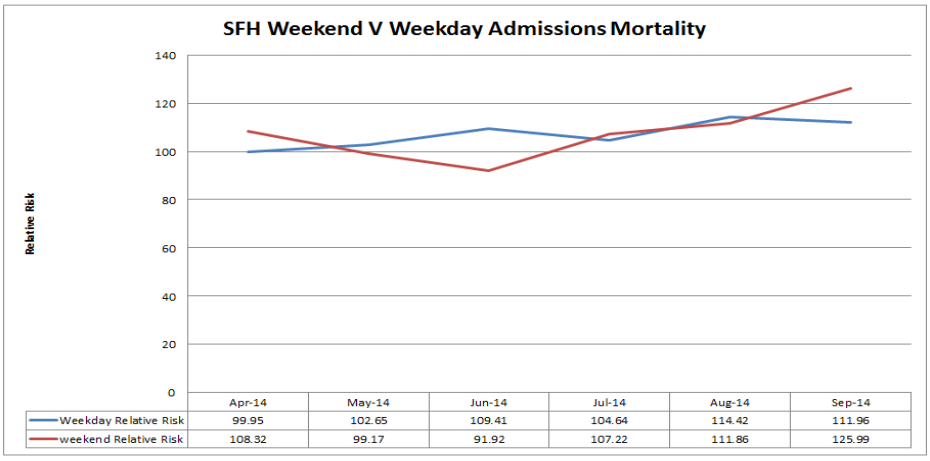


	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
HSMR	120.1	117	113.2	112.2	103.4	109.5	112.1	107.1	96.94	108.1	126.9	117.6	114.2	105	110.6	120.1	116.9	122.8			
Emergency Crude Mortality	3.5%	2.8%	2.8%	2.7%	2.5%	2.5%	3.3%	3.1%	2.7%	3.2%	3.6%	3.1%	3.0%	2.9%	2.5%	2.4%	3.2%	3.1%	3.0%	3.4%	4.0%

2.2 Weekend v Weekday Mortality

In September we see that the mortality for patients who were admitted at the weekend has risen.
The Trust Mortality Group will discuss this and support a review at divisional level of the deaths in Quarter 3.

Graph 2



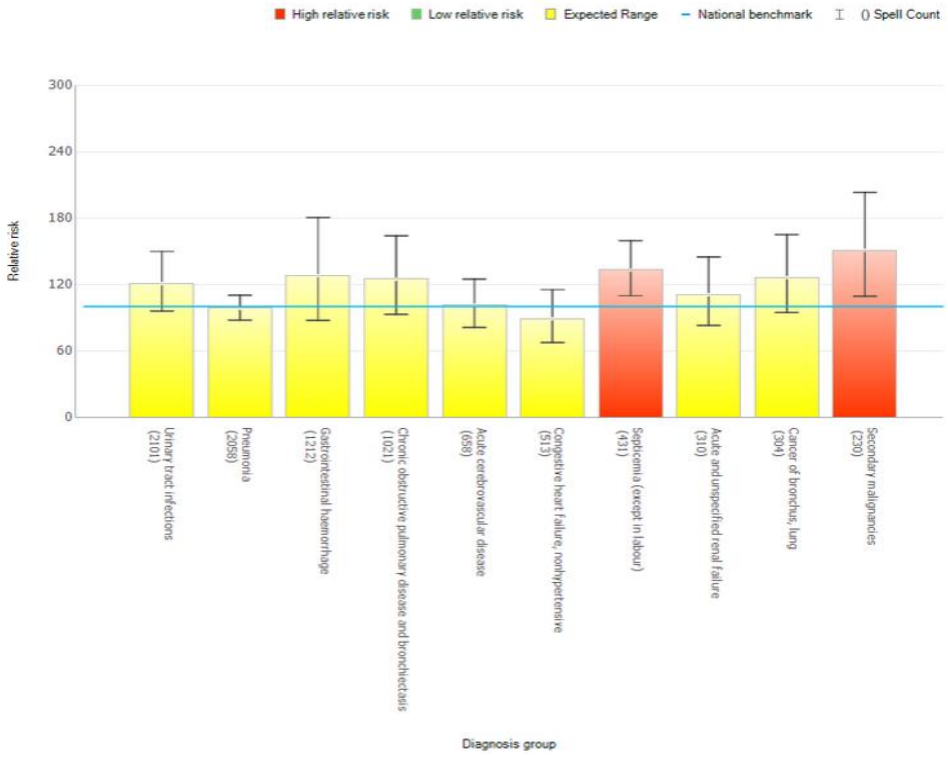
	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Weekday Relative Risk	99.95	102.65	109.41	104.64	114.42	111.96
weekend Relative Risk	108.32	99.17	91.92	107.22	111.86	125.99

2.3 Top Ten Diagnoses by HSMR

These are the diagnoses that are showing the highest HSMR, by primary diagnosis. Where they are red, this means that the mortality for this primary diagnosis is higher than the calculated expected.
A Sepsis Deep Dive has been completed for Q2 2014 and will be presented to Quality Committee. For this period 28 deaths were reported against a predicted 21. The patients were elderly with multiple co-morbidities and 6 had advanced end stage haematological malignancy. Five patients presented in a moribund state; 3 from nursing homes and 1 with delayed presentation in primary care. Sixteen patients were at the end of life. Care was appropriate in all apart from 2 patients where oxygen was not administered and 4 where there was a 0.5 to 2hr delay in antibiotic administration. A review of Q3 is on-going and the Sepsis team have an action plan to refocus attention at ward level.

The primary diagnoses of secondary malignancies will be reviewed through the Trust Mortality Group to ensure that this was the most appropriate diagnosis.

Graph 3



2.4 Coding

Accurate coding is important as it ensures that the trust is reimbursed for the care provided. It is also vital in the way that the relative risk for our patients is calculated by Dr Foster. The coding of co-morbidities is a very significant factor in this. A patient with multiple co-morbidities is clearly at a much higher risk of mortality during an acute admission than a patient with none. This relative risk is used to calculate the HSMR figure that is reported. The recent review of deaths in July has highlighted the fact that we are not coding everything, in large part because they are not being recorded in the patient records in a way that can be interpreted by the coding team.

We have worked with the coders to better understand their expectations for record keeping based on the HSCIC guidelines and expectations, as well as the Charlson Index of co-morbidities that Dr Foster use to calculate relative risk. The new Medical Admissions document that is being introduced will bring several benefits, but purely from the coding and relative risk perspective, there is a co-morbidity sheet that has been designed to be clear and relevant to both doctors and coders. Completion of this will be reviewed as one of the items on the Consultant Ward Round checklist that is currently being rolled out to all wards across the Trust.

2.5 Data submission

This report includes data up to September. Dr Foster are reporting up to October this month, however, our data upload was a day late in October due to issues with the upload to HES relating to our changes in Medway PAS. These were resolved and subsequent uploads were on time with no data validity issues. Therefore, we will be reporting figures for both October and November in next month's board report.

2.6 Dr Foster

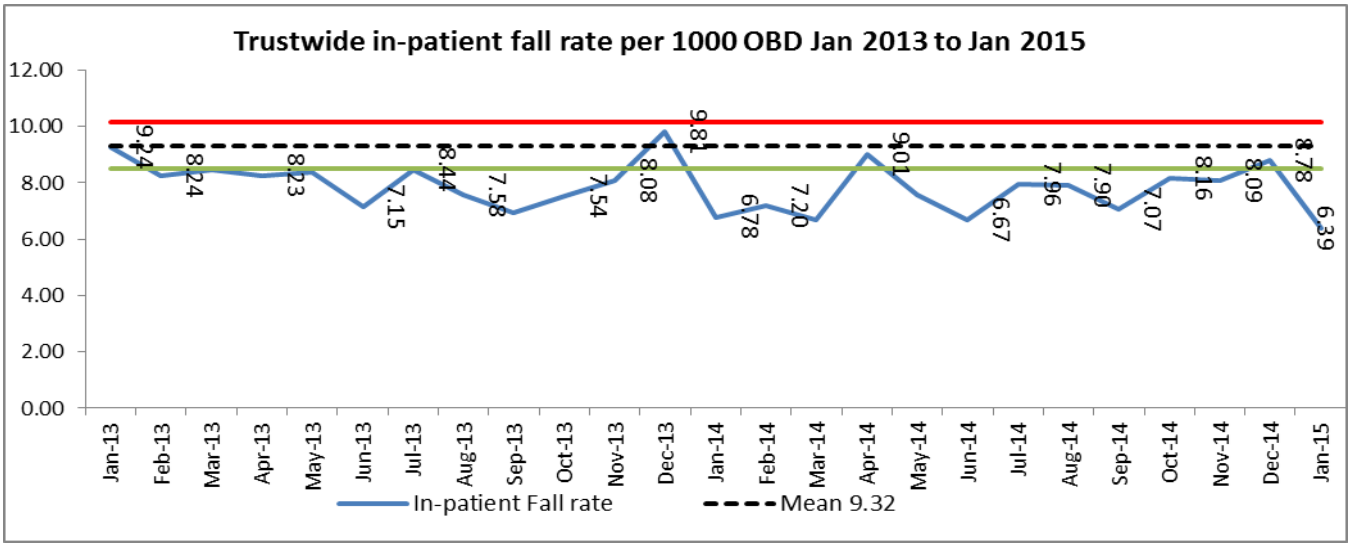
Dr Foster has recently changed the source of the data used to provide the benchmarking data used. Dr Foster has moved from using SUS to HES data which is a small technical change driven by the HSCIC changing the data provided nationally for benchmarking purposes. The major impact of this change is a move from 2 months to 3 months delay in the data being available in the Dr Foster tools from the month of discharge. This additional delay is created by additional processing that takes place in the HES data.

3.0 Quality Priority No: 2 Falls Reduction

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

During January the total number of patients who suffered a fall was recorded as 6.39 per 1000 occupied bed days which shows a decrease in the number of falls previously reported (Graph).

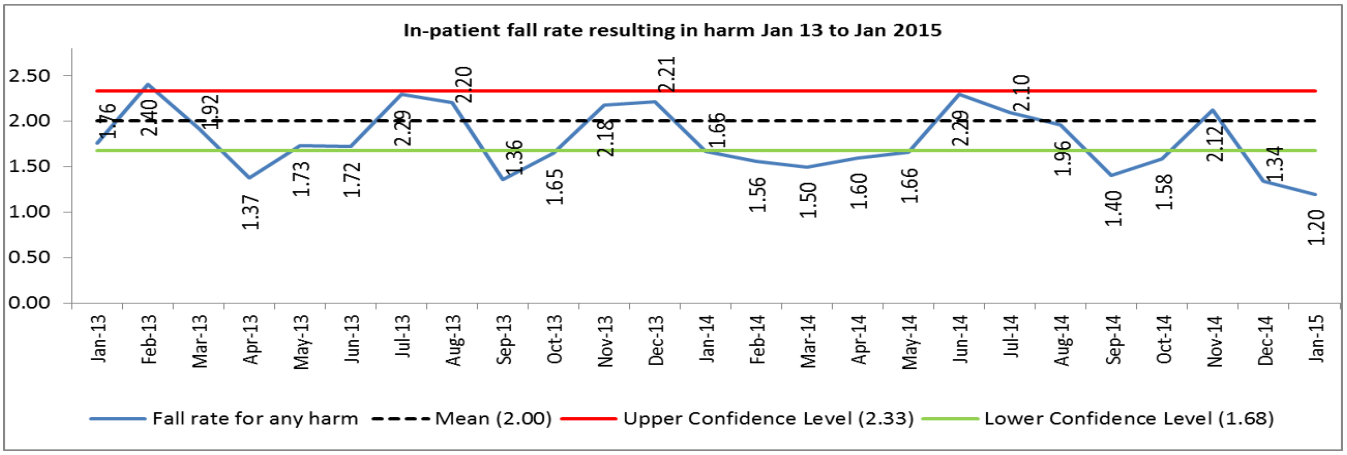
Graph 4



To reduce the number of patients who fall resulting in harm to <1.7 per 1000 occupied bed days (OBD) by Quarter 4.

During January the total number of patients who suffered a fall resulting in harm was recorded as 1.20 per 1000 occupied bed days (Graph 5). This is a decrease on the previous month (1.34)

Graph 5



To reduce the number of patients falling more than twice during their inpatient stay (baseline to be recorded during Q1 2014/15)
During January a total of 3 patients were recorded as falling more than twice during their inpatient stay.

To reduce the number of fractures sustained following a fall to <25 for 2014/15.
During January 2015, 1 patient sustained a fracture following a fall. Year to date there have 23 patients who have sustained a fracture following a fall.

Progress and outcomes to date.

An additional Falls Prevention Nurse has been seconded to the service to support the delivery and implementation of the falls prevention work plan. They will support the response and subsequent investigation into all slips/trips and falls that occur across the Trust and facilitate practice development pertaining to falls within wider multidisciplinary teams.

The Falls Prevention Nurses are also reviewing the use of hip protectors and bed / chair sensor alarms, networking with Coventry Hospitals who have demonstrated success with using this equipment.

Recent investigations have highlighted that compliance with the recording of lying and standing blood pressure is poor. Reducing the difference between the lying and standing blood pressure can help prevent future falls. To improve the compliance with this element of the falls care plan the Falls Prevention Nurses have developed an advice sheet which describes the correct manner for taking and recording the lying and standing blood pressure. This advice sheet is currently being distributed to all ward areas and was also displayed on the Organisational Learning Boards during January.

A lying and standing monitoring chart has been developed for consideration and approval at the Falls and Safety Group.

The CQUIN support workers also ensure that all patients admitted to the Emergency Assessment Unit have their lying and standing blood pressure checked prior to onward transfer to a speciality base ward.

The correct manner for taking and recording the lying and standing blood pressure is now an element of the Nursing and Allied Health Professionals mandatory update workbook, Nurse induction programme and the Proud to Care study sessions.

The current falls pathway is currently being reviewed in light of recent NICE guidance.

4.0 Quality Priority No: 3 Improved Response Rates In The Patient Friends And Family Test (FFT)

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. The Trust have implemented the following actions to increase the response rates and capture the qualitative data provide by patients to shape and improve services:

1. A communication strategy is underway including posters and banners distributed across all of our wards, departments, entrances and exits in order to raise overall awareness, The use of social media, iCare2 and local press is also being explored.

2. A pilot of the use of an FFT online application is currently being explored through the use of IPAD/Android touch screen technology to capture the views and opinions providing real time feedback in Outpatient and Emergency Department. The equipment has been ordered and we envisage delivery and implementation by the end of February.

3. The Patient Experience Team have recently appointed a dedicated CQUIN worker to support the uptake of FFT across our wards and departments.

4. A regional hub is currently developing a framework to provide a approved list of external providers to support FFT within NHS Trusts, which will ensure comparable data between local trusts. The current timescale for this is within 4 months from January 2015.

A recent review of the Trusts FFT response rates (RR) compared nationally with NHS Acute Trusts highlighted that although the Trust are currently not achieving our internal target of a 50% response rate, the Trust response rates are on par with the National response rates for the in-patient and Emergency Department Friends and Family test (national maternity RR is not available to compare)

4.1 Inpatient Response Rates

Friends & Family Response Rate – In Patients

Graph 6

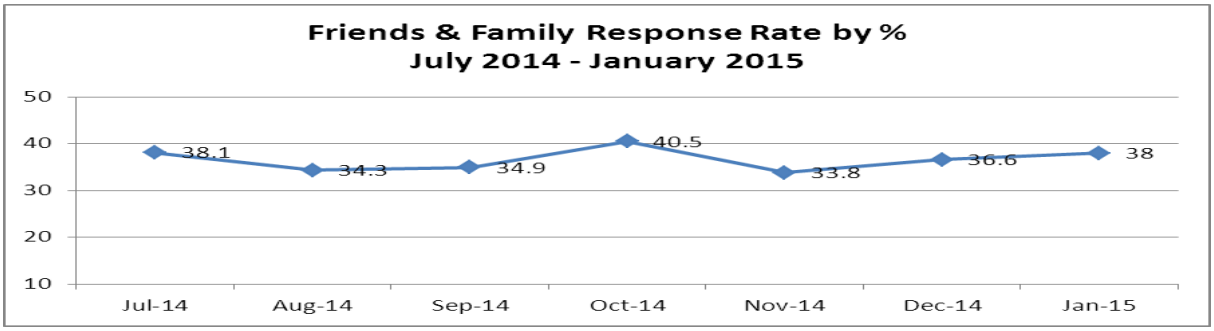


Table 1 Friends & Family Response Rate – In Patients (%) July 2014 – January 2015

July	August	September	October	November	December	January
38.1%	34.3%	34.9%	40.5%	33.8%	36.6%	38%

4.2 Emergency Department Response Rates

Graph 7

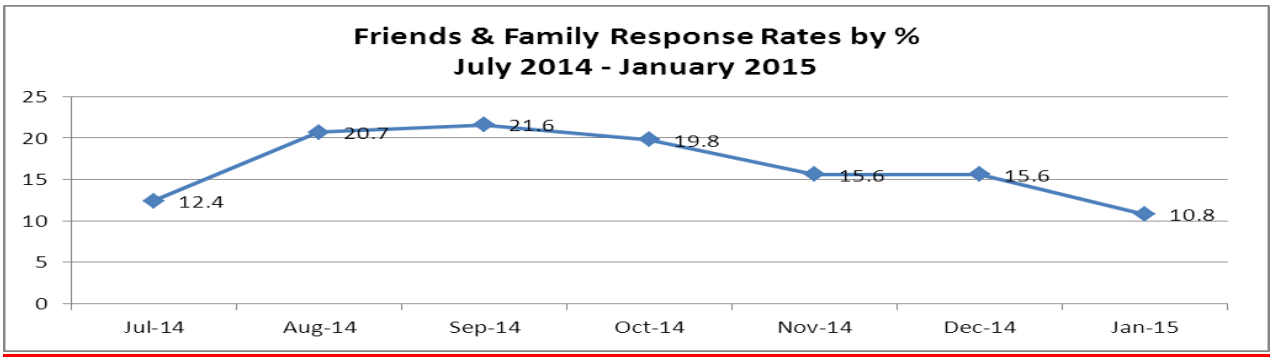


Table 2 Friends & Family Response Rate – Emergency Department (%) July 2014 – January 2015

July	Aug	Sept	Oct	Nov	Dec	Jan
12.4	20.7	21.6	19.8	15.6	15.6	10.8

We are struggling to get ownership of FFT within our Emergency Department; staff challenging that they are prioritising safe flow and care over what they perceive as a task. The recent article in a national tabloid has undermined the work that ED had embarked on. We are currently piloting the use of a CQUIN worker to help increase the response rates specifically within the department. The department is receiving at least 2-3 very complimentary letters each week.

4.3 Maternity Response Rates

We are mandated to report at four separate touch points during a ladies antenatal and postnatal pathway. The following table illustrates our performance in month detailing both the star rating and response rate reported.

Friends & Family Maternity Services Combined Response Rates (%) January 2015

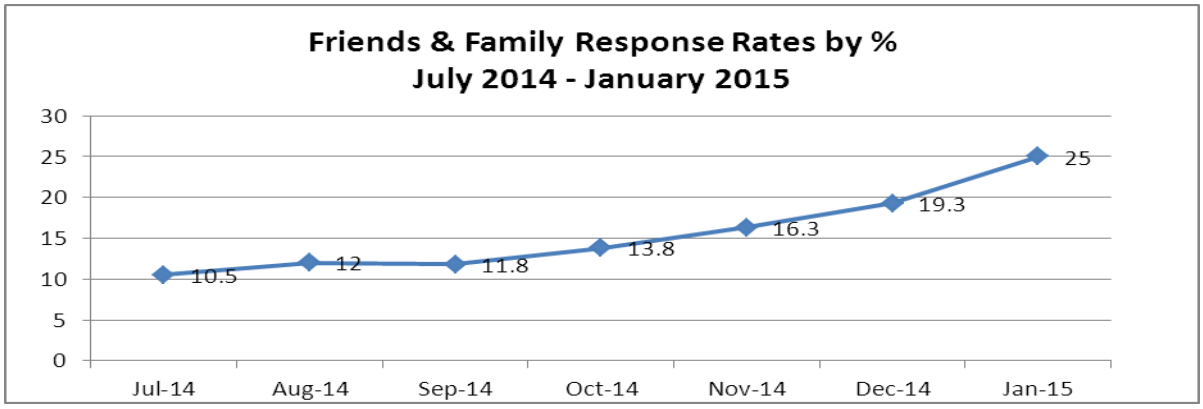
Table 3

	Antenatal Care at 36 weeks	Sherwood Birthing Unit	Ward Postnatal Care	Community Postnatal Care	Collective Response Rate (%)
Response rate (%)	15.5	30.7	43.8	10.2	25

There has been a significant increase in the response rate in January 2015, following the implementation of a Maternity Services Task and Finish Group and specific awaremess rasing in the units and wards. This is a

great achivement for maternity, particularly in the post-natal ward. We have requested a further focus on post natal care.

Graph 8

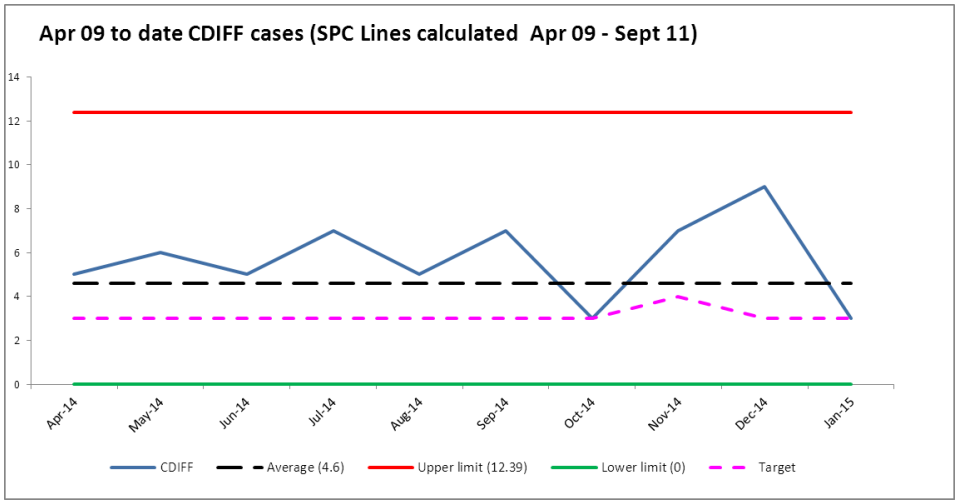


5.0 Infection Control Update

5.1 Clostridium Difficile

The Trust reported three post-48 hours *Clostridium difficile* infections during January 2015. Year to date there have been a total of 57 cases against a trajectory of 37. The graph below illustrates the monthly variation from April 2014 – January 2015.

Graph 9

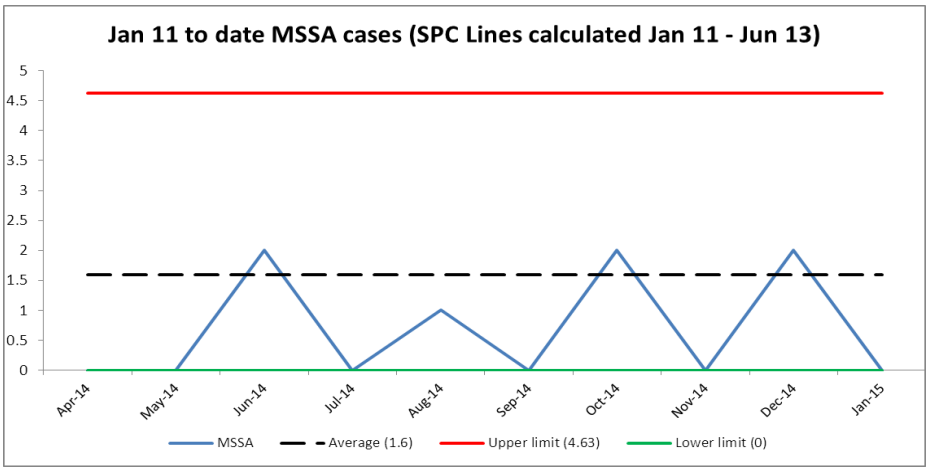


All of the cases reported in January had mini RCA's completed within the 72 hour window, with 2 of the 3 having full RCA's completed at time of report. Further analysis has identified that all 3 cases had documented underlying infections reported and were treated in accordance with the trust anti-microbial policy. One individual was identified as part of a norovirus outbreak; one had received laxatives for underlying constipation, the other had underlying gastric issues. It was however noted that 1 episode could have been identified earlier through swifter sampling. In response to this issue a proforma for stool sampling has been devised and circulated to encourage appropriate information and assessments to be completed.

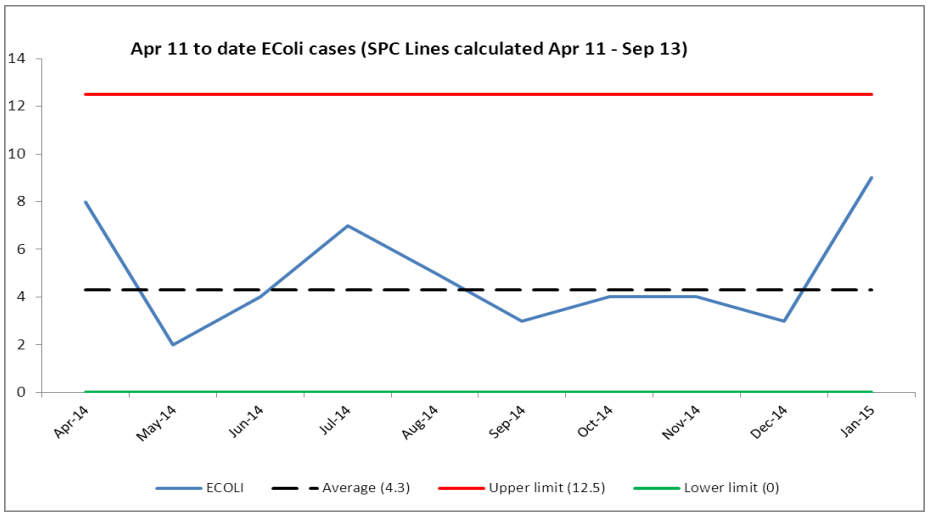
5.2 Blood Stream Infections

Mandatory Surveillance of blood stream infections caused by MRSA, MSSA and E. Coli are monitored (Graph …..). The organisation has reported zero cases of MRSA bacteremia's during 2014/2015, and there has been zero MSSA bacteremia's in January. E. Coli bacteremia's spiked in January and several of these are related to urinary catheters. Benchmarking data from the PHE in East Midlands identifies that with regards to blood stream infections our rates are comparatively controlled.

Graph 10



Graph 11



Trust wide cleaning using Chlorclean is being maintained across clinical areas. Trials into alternative disinfectants are almost complete and a decision regarding product choice will be made in late February. Due to ongoing winter pressures and requirement to re commission Ward 21 this has resulted in no decant ward being available currently as was originally planned therefore the rolling program for partial 'deep cleaning' wards has continued.

The Infection Prevention and Control Team have continued with their regular program of audit during January of which included the following: monitoring of Hand Hygiene, Commodes and Urinary Catheter management. 83% of staff (inclusive of medical staff) have completed their mandatory infection control training.

6.0 Emergency Department (ED) Review of Reported 12 Hour Trolley waits

The period between 29 December 2014 and 4 January 2015 saw a significant increase in admissions through the Emergency Department (ED).

This increase in non-elective admissions for acute hospital care was coupled with a reduction in patient discharges. During this time 17 patients exceeded a trolley wait of 12hrs from decision to admit, 2 in December 2014 and 15 in January 2015.

Investigations were instigated and undertaken by the Divisional teams for each of the seventeen patients with a focus specifically and primarily on the events which took place, most notably regarding the time each patient spent in ED awaiting admission. The investigations also provided further analysis of the contributory factors and co-dependencies from an organisational perspective that contributed to extended stay within ED.

The key lines of enquiry for each investigation were:

1. Did patient come to any degree of harm as a result of the extended time in the Emergency Department?
2. What were the internal and external factors that created the significant delay in admission?
3. What escalation processes were followed and were these effective?

As it is acknowledged that long waiting times in ED may affect the quality of care delivery in terms of patient experience and they may also compromise patient safety and reduce clinical effectiveness a rapid review for potential harms was instigated.

A rapid review team was established made up of Patient Safety Lead, Head of Governance, Patient Safety Fellow, Patient Safety Support Officer, Tissue Viability Nurse Consultant, Medicines Management and Clinical risk pharmacist, Duty Nurse Manager, Practice Development Matron, Lead Nurse for falls prevention

To ensure a consistent approach to the review a harms review tool was developed by the Patient Safety Lead which included

- Pressure ulcer prevention
- VTE
- Falls
- Medicines
- Sepsis bundle
- Infection prevention
- Care and Comfort including nutrition and hydration
- Observations

- Record Keeping

The review has identified learning points and risks that will occur with crowding of an ED. However, overall no significant harm events have been identified to date.

An overview RCA investigation is being undertaken and will be presented for discussion at March CQGC and Quality Committee.

It would be beneficial to use the findings to inform a wider piece of work that looks at what was happening at the back door and within the wider health community during this time.

Lisa Dinsdale - Deputy Director of Nursing & Quality
Susan Bowler - Executive Director of Nursing & Quality
Dr Andrew Haynes - Executive Medical Director