

**TRUST BOARD OF DIRECTORS – June 2015**

**QUALITY & SAFETY REPORT (REPORTING PERIOD MAY 2015)**

**1. INTRODUCTION**

The monthly Quality & Safety report to the Board of Directors provides an overview of performance / achievement against our key quality priorities for 2015/16 as described within the Quality Report & Accounts (2014/15), in addition highlighting and referencing a range of other quality and safety indicators. This report complements the quarterly Quality & Safety report of which provides a more detailed and comprehensive review of progress against the Trust's quality and safety priorities.

The following section provides an overview of our agreed key quality and safety priorities for 2015/16, they include;

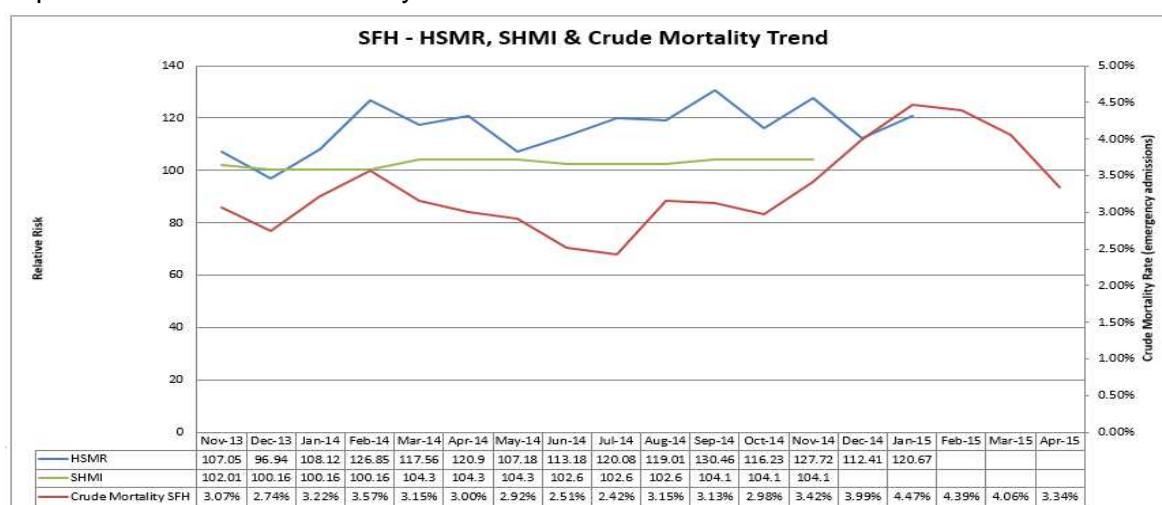
Key Priority 1	Reduce mortality as measured by HSMR	<p>Headline &amp; specific HSMR within the expected range</p> <p>To have an embedded mortality reporting system visible from service to board</p> <p>To eliminate the difference in weekend and weekday mortality as measured by HSMR</p>
Key Priority 2	Reduce mortality from sepsis	<p>Implementation of a recognised local protocol / screening tool within Emergency Department / other units that directly admit emergency patients</p> <p>Administration of intravenous antibiotics to patients presenting with sepsis within one hour of presentation</p>
Key Priority 3	Reduce harm from falls	<p>To reduce the number of inpatients falling in hospital to &lt; 7 per occupied bed day (OBD)</p> <p>To reduce the number of in patients sustaining a fracture as a result of a fall in hospital to &lt;25</p> <p>To deliver a safety improvement programme, utilising best practice both from a local and national perspective.</p> <p>To establish Registered Nurse / Health Care Assistant focus groups in order to gain a greater understanding regarding the perceived barriers that prevent the outcome of risk assessment being transacted into practice.</p> <p>To undertake a review of the Enhanced Patient Care Tool currently in operation</p>

## 2. QUALITY & SAFETY PRIORITIES

### Priority 1 - Reduce mortality as measured by Hospital Standardised Mortality Ratio (HSMR)

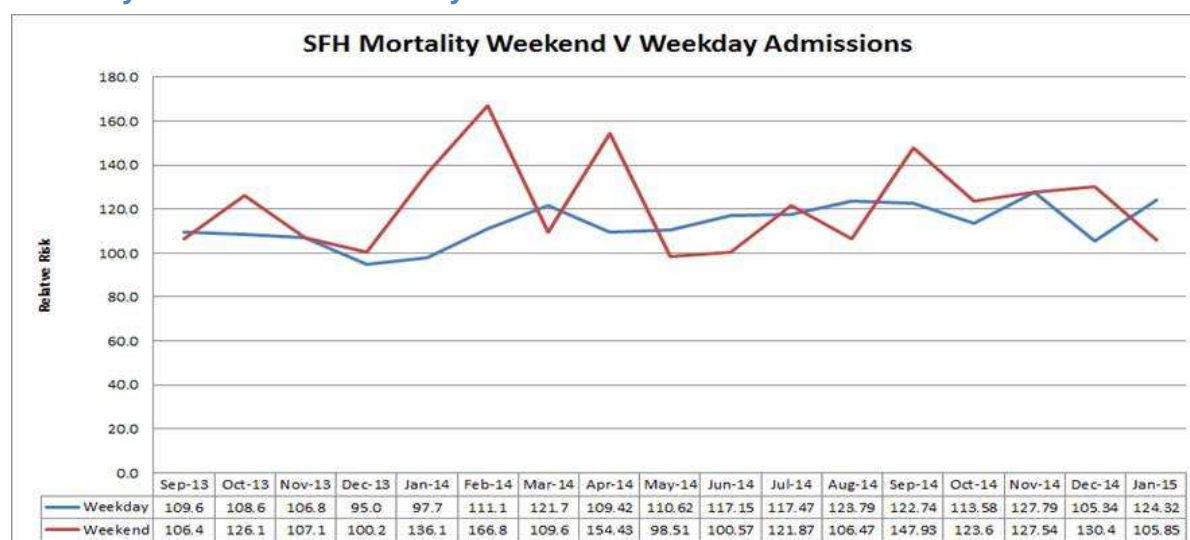
#### HSMR

Dr Foster HSMR data is now available to the end of January. This graph shows HSMR remains high in January, alongside the high crude mortality that we saw in January. As reported then, the HPA flu surveillance report shows a significant increase in mortality in the 65+ age group in December and January with up to 2000 deaths a week above expected and the East Midlands has had the highest incidence of flu outbreaks. This will have impacted on our crude mortality.



Our final overall HSMR figure for the year 2014/2015 will not be calculated by Dr Foster Intelligence until the autumn of this year.

#### Weekday and Weekend Mortality

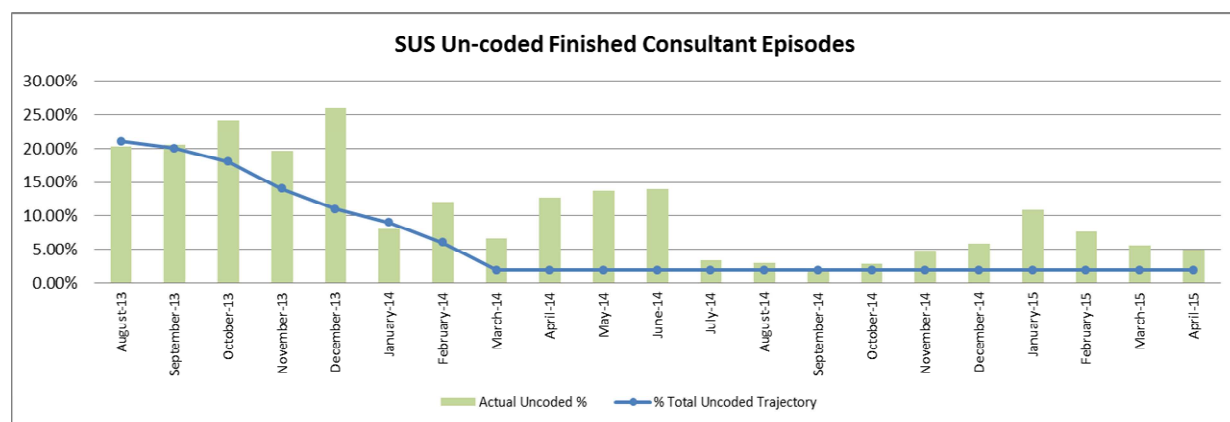


The difference between HSMR weekend and weekday admissions continues to vary. A detailed review of admissions at weekends, who go on to die, is taking place at the moment – looking at the types of patients and conditions that are seen and whether the day

they were admitted influenced the way in which the patients were managed at the start of their admission and whether that related to their deaths.

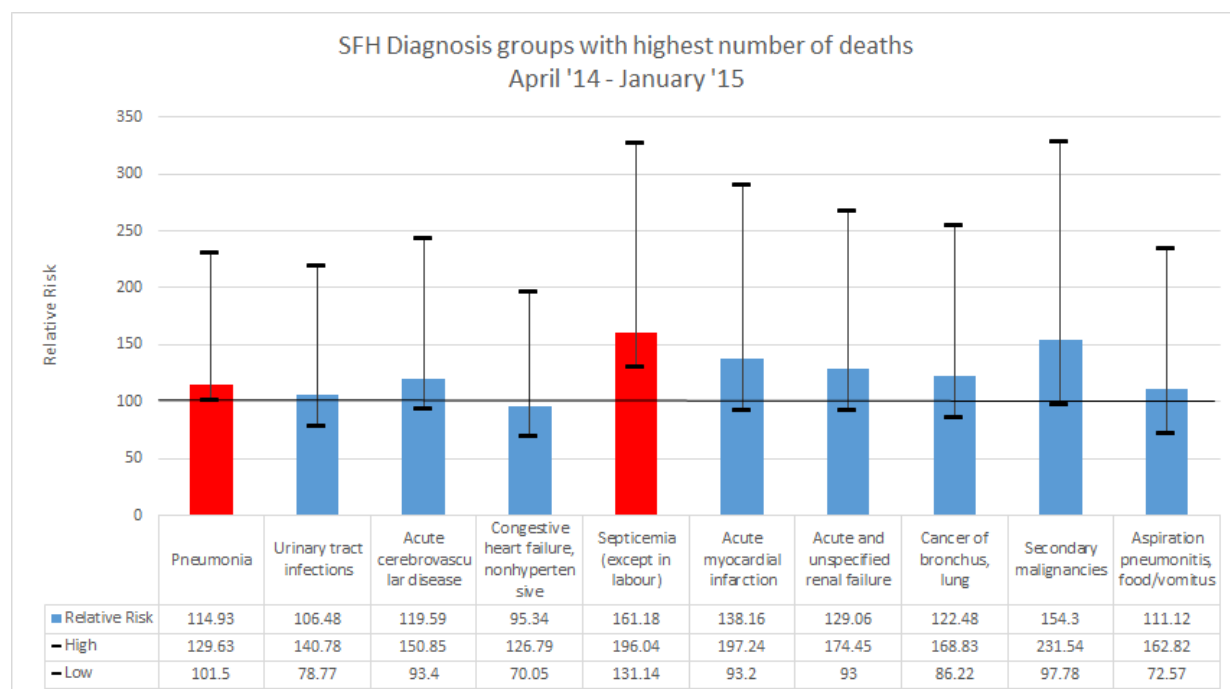
## Coding

The final upload of data for 2014/15 took place on 22<sup>nd</sup> May 2015.



## Top Ten HSMR Diagnosis Groups

Sepsis is highest HSMR diagnosis group. Every death with sepsis as a primary diagnosis is reviewed. This is to ensure that the diagnosis and management were appropriate. This is going to be undertaken monthly, rather than quarterly.



The number deaths coded to Pneumonia for the period April 2014 to January 2015 was 248 against an expected of 224, ie 24 deaths above the expected. Different types of pneumonia carry different relative risk of mortality in an admission. We are looking into this to ensure that we accurately recoding the type of pneumonia and coding it appropriately.

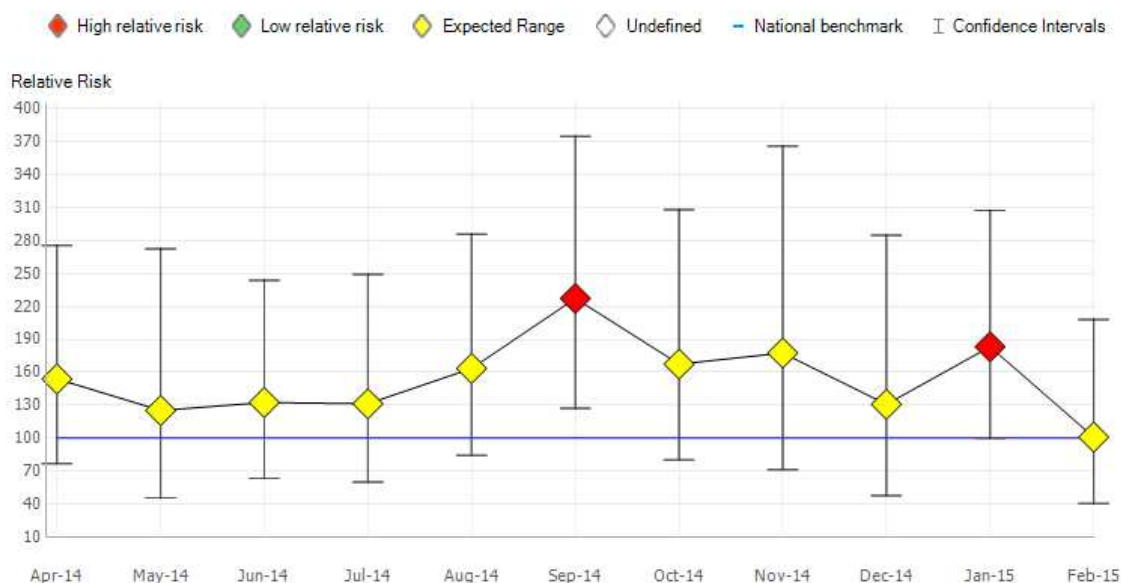
## Priority 2 – To improve the management of sepsis and reduce sepsis related mortality

Work in Quarter 1 concentrates on ensuring all appropriate emergency admissions are screened for sepsis. The majority of our admissions are admitted through the Emergency Department (ED) but there are smaller numbers of patients admitted through the Surgical Assessment Unit (SAU), Ward 25 and MIU at Newark. The trust sepsis screening tool has been adapted to be incorporated into our admission process. We began using this in ED at the start of June and it will be rolled out in SAU & MIU through the remainder of June. A baseline audit will be completed in June and from this a target of improvement will be agreed.

The paediatric screening tool is currently being modified so that it is both fit for purpose in both ED & Ward 25 and also reduces the risk of children being unnecessarily treated for sepsis. We are liaising with colleagues from Nottingham Children's Hospital to explore the best options for an appropriate tool.

The mortality data from Dr Foster has been released up to February 2015.

### Sepsis related HSMR for April 2014 - February 2015



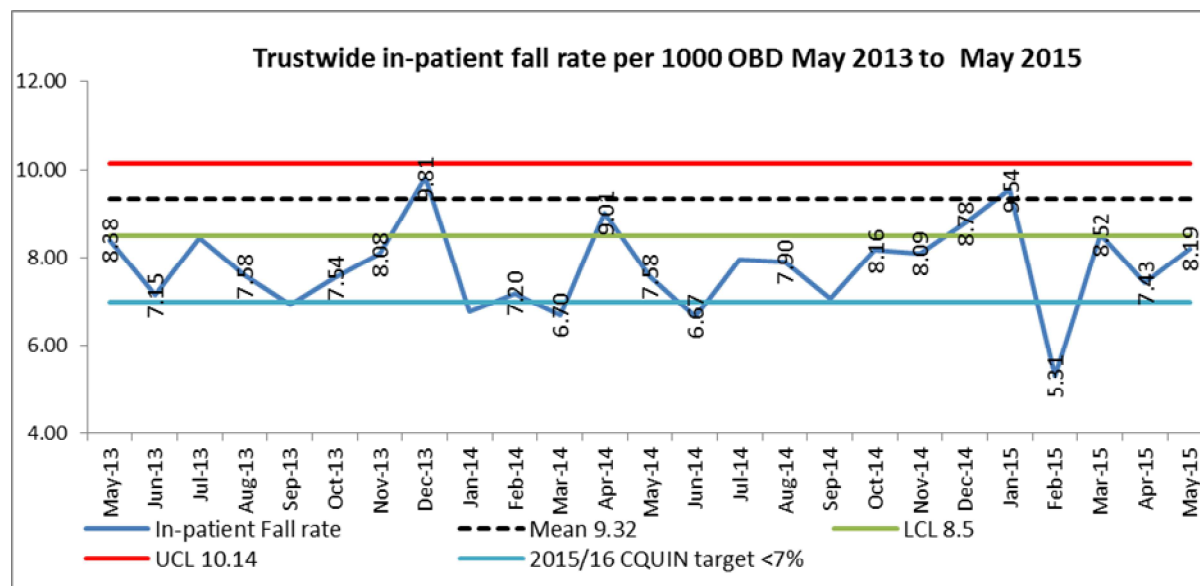
The increased relative risk in January was not unexpected given the rise in crude mortality. It is encouraging to see the February relative risk has significantly dropped. The sepsis related deaths for January have been reviewed and concluded that none of the deaths were avoidable.

### Priority 3 – To reduce harm from falls

#### To reduce the number of inpatients falling in hospital to < 7 per occupied bed day (OBD)

The challenge to reduce the number of inpatients falling in hospital to <7 per occupied bed days has been used for the May analysis with 8.19 per 1000 occupied bed days reported. Although still above trajectory significant improvements are demonstrated.

Graph 1



#### To reduce the number of in patients sustaining a fracture as a result of a fall in hospital to <25

During May we had a total of 3 patients who fell and sustained a fracture, there was one patient who sustained an arm fracture, 1 patient who fractured the shaft of femur and 1 patient who fractured their hip. All of these incidents were escalated appropriately and are being investigated.

#### To deliver a safety improvement programme, utilising best practice both from a local and national perspective.

In regards to delivering a safety improvement programme the Lead Nurses for Falls have attended 4 full day conferences outside of the Trust, which has enabled us to gather resources and information to influence current practice.

Partnership working is recognised as an essential part of the work going forward and the Falls Nurses have formed an allegiance with Public Health and agreed to be part of the Mid Nottinghamshire Falls Group, looking specifically at how we can improve the communication between primary and secondary care settings. Another particular focus of the group will be to look at the availability and access for older people in relation to 'strength and balance' training.

The Falls Team have also spent an afternoon working with the Community Falls Team and going forward will be looking at how this will impact on improved utilisation of and knowledge of this service.

The Falls Nurses have been in direct contact with the Patient Safety Lead for Older People at NHS England to discuss the themes and trends at SFHT and learn from national organisations and examples of best practice.

The preliminary results of the 1<sup>st</sup> National Falls and Fragility Fracture Audit were discussed at the recent conference held in Birmingham, Improving Falls Care: Quality improvement through prevention training and audit. This has highlighted a national picture of poor compliance with the monitoring of lying and standing blood pressure, assessing patients for a history of 'fear of falling' and patients receiving a medication review within 24 hours of their admission. The full results of the audit will be published in October 2015. As a direct response to this; the focus on the requirement for patients at risk of falls being monitored for postural drop was the theme at this month's Falls Champion meeting.

In addition to this two new signs have been designed and distributed around the wards to highlight those patients who are at increased risk of falls in toilets and bathrooms.

#### **To establish Registered Nurse / Health Care Assistant focus groups**

Registered Nurse / Health Care Assistant focus groups have been established using the Falls Champions forum. It is acknowledged that attendance at these 1 hour sessions has been low over the past few months. The sessions were still programmed in to provide staff with a forum for shared learning with discussion of lessons learnt from Trust incidents. The Falls Nurses have also supported learning through on ward teaching on a 1:1 basis whilst assessing patients identified as being at risk from falls. In addition to the staff induction programme and the Proud to care study days, a teaching session specifically for Health Care Assistants on EAU was delivered by the Falls Nurses.

#### **To undertake a review of the Enhanced Patient Care Tool currently in operation**

The Enhanced Patient Support guideline is being reviewed by a small task and finish group including the Dementia Lead, Falls Team and a Practice Development Matron with the remit of Care and Comfort. The plan going forward is to provide 'flash cards' for staff delivering enhanced care that will support improvements in the management of patient care.

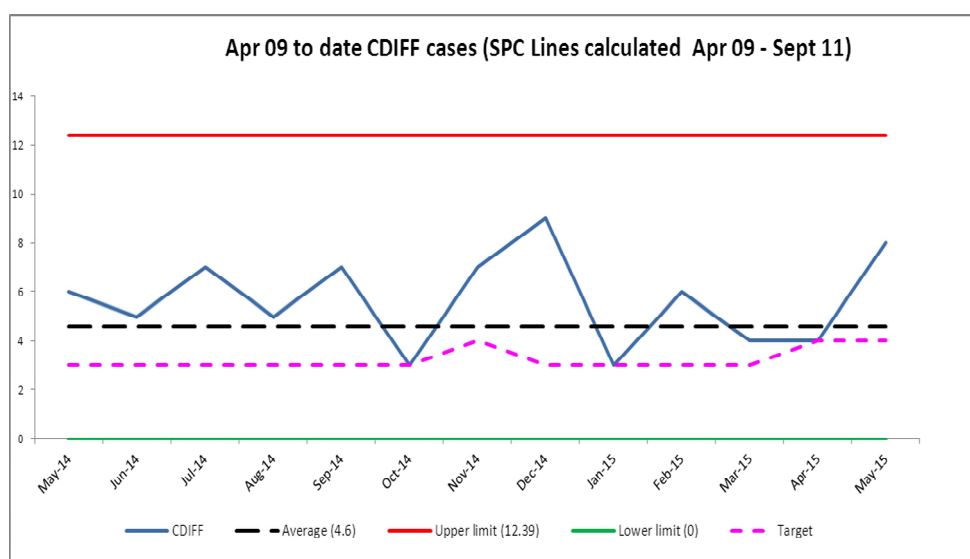
The outcome from a recent Coroners case in May highlighted the improvements the Trust is making in relation to falls management. This incident was shared at the last board meeting with representation from the Ward Sister, Governance Support and the Falls Team. A number of recommendations and actions are currently being implemented and an update will be provided in the next board paper.

The Falls team were nominated in the Nurse of the Year Awards and were highly commended for the work undertaken in relation to falls.

### 3. CLOSTRIDIUM DIFFICILE UPDATE

During May the Trust reported 8 Trust attributable Clostridium Difficile infections; this breaches the monthly target set. The SPC chart below shows the total number of cases reported in May. An outbreak on ward 51 was declared and involved 3 of the 8 cases. Root Cause Analysis has been undertaken on all cases and this identified 6 as being unavoidable and 2 as avoidable.

The investigation found lapses of care and identified that 2 patients who were not isolated within an appropriate time; 2 patients had delays in diagnosis due to delays in sampling; and 2 were due to cross infection. Extensive remedial action within the area has been undertaken to avoid further cases.



The Patient Safety Collaborative have undertaken a review of the Trust processes regarding the management of infections, including *clostridium difficile*; 50 recommendations were made identifying a number of key elements from board to ward and an extensive action plan has been developed incorporating a number of issues that are cross organisational. These include the following:

- A review of the antimicrobial prescribing across the health economy, development of trust wide antimicrobial champions in line with the National Antimicrobial Strategy (2014)
- Improving processes for stool sampling including rapid testing and more consistent use of the stool proforma.
- Improved audit processes with real time audit results.
- The new 'medical audits' device has just been implemented and results and reports are being generated with appropriate actions identified with timeframes to the relevant departments.

#### **4. SAFEGUARDING UPDATE (ADULTS AND CHILDREN)**

Mandy Ashton (Director of Mandy Ashton consultants Ltd), has been commissioned by the Trust to review SFHFT Children's and Adults safeguarding. Mandy has many years' experience of working in the NHS and expert skills in managing safeguarding teams. The overall aim is to review safeguarding leadership capability and capacity building at SFHFT.

The initial meeting was held in April and a second in May with scheduled further meetings in July, August and September.

A safeguarding action plan for the trust has been produced, incorporating:

- Team building
- Appropriate resource against the requirement of the Trust.
- Effectiveness of Trust Safeguarding Training.
- Ensuring the Trust Board are aware of the changes in law and have up to date knowledge.
- Trust safeguarding policies and procedures are relevant and appropriate in the safeguarding of vulnerable people.

Susan Bowler Executive Director of Nursing and Quality

Andy Haynes Executive Medical Director