Sherwood Forest Hospitals NHS
NHS Foundation Trust

Agenda Item:

Board of Directors Meeting Report

Subject: Monthly Quality & Safety Report
Date: Thursday 27th March 2014
Authors: Susan Bowler / Amanda Callow
Lead Director: Susan Bowler – Executive Director of Nursing & Quality

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:

- For HSMR - the data for the 4 quarters of 2013 show SFH within the expected range throughout, with a reassuring decrease quarter on quarter keeping us below the national benchmark for the last two quarters of 2013.
- There has been a great improvement in coding. Only 10% of discharges were uncoded at the end of January, compared with 26% at the end of December.
- Pressure ulcers – In February zero deep pressure ulcers (Grade 3) developed against our target of zero. Five avoidable grade 2 (superficial) ulcers developed against our target of 3. We have had zero grade 4 pressure ulcers for 14 months.
- The Trust average length of stay (LOS) in February was the same as January at 6.8 days.
- Complaints – There was a reduction in complaints to 33 in February compared to 62 in January 2014. 100% of our complaints are acknowledged within 3 days. During Quarter 4, we have begun sending patient satisfaction surveys out to complainants approximately 6 weeks after their complaint has been closed.
- As at 5th March 2014 there are a total of 29 serious incidents open on Strategic Executive Information System (STEIS).
- A number of successful nursing initiatives have been undertaken in February 2014. This includes a successful bid to the Nursing Technology Fund and a 'Compassion in Care' Master class.
- PLACE audits will be undertaken across the organisation over the next few months. Teams now comprise 50% of patient representatives.
- Summary of Discussions from Clinical Governance & Quality Committee

Recommendation
To note the information provided and the actions being taken to mitigate the areas of concern.

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TRUST BOARD OF DIRECTORS – MARCH 2014

MONTHLY QUALITY & SAFETY REPORT

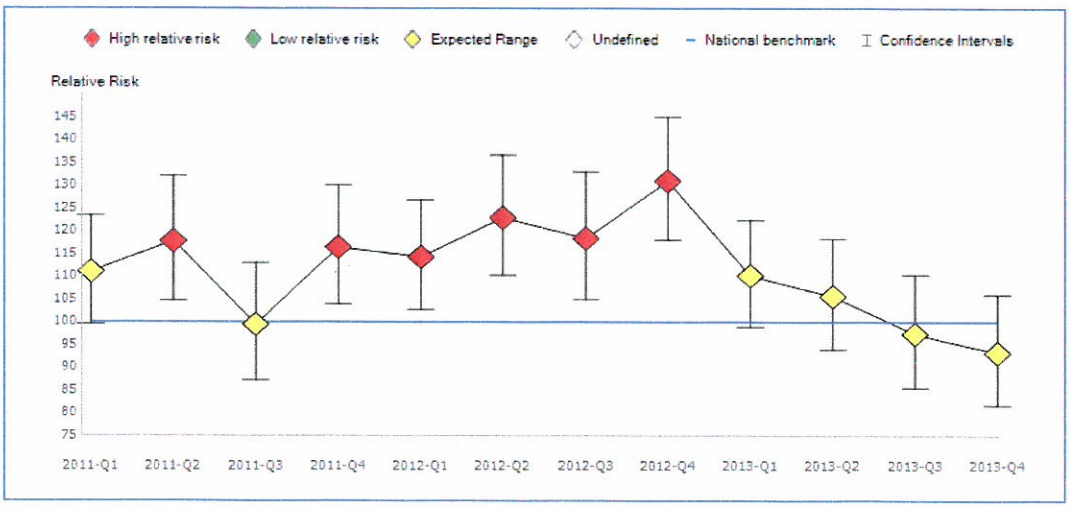
1. Introduction

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 will include updates on the Trust's top 3 quality priorities for 2013/14, which are:

- Priority 1 – Improving the effectiveness of care we deliver by achieving a reduction in mortality (HSMR, SHMI and crude mortality)
- Priority 2 – Delivering Harm Free Care by reducing hospital acquired pressure ulcers
- Priority 3 - To reduce length of stay and readmissions by improving patient flows (i.e. reducing the number of bed movements during the patients inpatient stay)

2. Reducing Mortality (Priority 1)

The Trust's on-going quality, safety and improvement work continues to be reflected in the HSMR data from Dr Foster. The run chart below shows the SFH HSMR per quarter since the start of 2011.



HSMR Data

Rolling 12-month HSMRs calculated for a basket of 56 diagnoses.

	HSMR for the 12 months ending:						HSMR YTD
HSMR	**Mar 2011**	**Mar 2012**	**Mar 2013**	**Jun 2013**	**Sep 2013**	**Dec 2013**	**Apr 2013-Dec 2013**
Sherwood Forest Hospitals NHS Foundation Trust HSMR	113	112	120	116	111	102	99
Low	107	106	114	110	105	96	92
High	119	119	127	122	118	108	106
2013/14 rebased	-	-	-	119	117	110	109
Low	-	-	-	113	110	103	102
High	-	-	-	126	123	116	117
vs 2010/11 benchmarks	113	109	105	101	97	89	86
No default peer group defined HSMR							
2013/14 rebased							
vs 2010/11 benchmarks							
England HSMR	100	100	100	99	97	94	91
2013/14 rebased	-	-	-	100	100	100	100
vs 2010/11 benchmarks	100	92	87	86	85	82	79

The on-going mortality reviews are providing information regarding some of the apparent causes for increased mortality and identifying areas for improvement in our systems. These improvements are intended to create sustainable and robust processes within the organisation leading to increased confidence in the data we are presented with.

There has been a great improvement in coding. Only 10% of discharges were uncoded at the end of January, compared with 26% at the end of December. We aim to continue to decrease the percentage uncoded at the end of each month. This improvement will contribute to more reliable data in which we can have confidence.

3. Pressure Ulcer Reduction (Priority 2)

The organisation has clear targets for pressure ulcer reduction during 2013/14. The table below demonstrates actual numbers of avoidable pressure ulcers (by grade) in comparison to the contractual targets.

- Five avoidable grade 2 (Superficial ulcers) pressure ulcers developed in February breaching the target by 2. However it is a significant reduction compared to January when nine developed.
- Zero avoidable grade 3 (Deep ulcers) developed achieving the target.
- There have been zero avoidable grade 4 (Deep ulcers) pressure ulcers for 14 months.

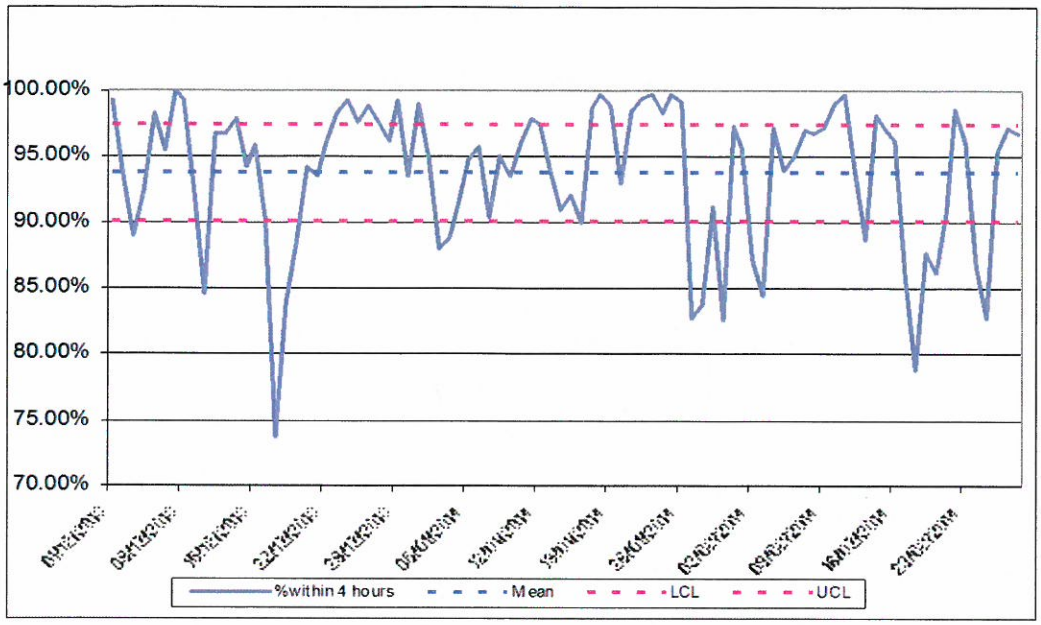
Table1: 2013/14 SFH Avoidable Pressure Ulcer Reduction Trajectory

	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Totals
GRADE 4													
2012 -13	0	0	1	0	0	0	0	0	1	0	0	0	2
2013-14	0	0	0	0	0	0	0	0	0	0	0		(0)
Target No. 13/14	0	0	0	0	0	0	0	0	0	0	0	0	0
GRADE 3													
2012 -13	0	0	0	0	4	5	1	3	2	4	1	4	24
2013-14	5	4	2	0	1	0	2	1	1	2	0		(18)
Target No. 13/14	3	3	2	2	2	2	2	1	1	1	1	0	20
GRADE 2													
2012 -13	12	12	10	4	7	11	8	10	12	16	15	23	140
2013-14	14	13	16	8	7	5	9	6	7	9	5		(99)
Target No. 13/14	15	20	10	7	7	6	6	7	7	4	3	3	95

4. Improved Patient Flow (Priority 3)

4.1 Flow within ED

Figure 1 Flow within ED

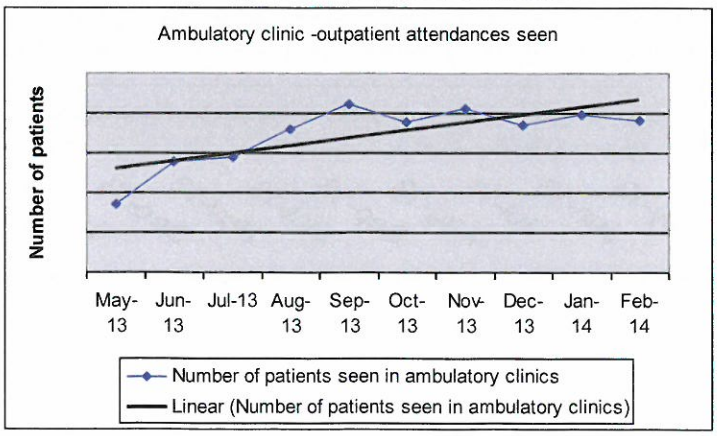


The Trust performance level for the four hour target in ED for the last quarter is shown above. Principle reasons for the variation remain periods of high demand, high occupancy of resus facility, wait for inpatient and psychiatric beds. Ambulance turn around for KMH variation is 19.13- 16.37 minutes and for Newark is 13.42 -10.06 minutes. We remain one of the most consistently achieving Trusts in the East Midlands on this measure. The number of ambulances has remained fairly consistent over December, January and February, averaging 76 to 78/day against the contracted number of 80.

Ambulatory Attendees

The number of ambulatory attendees has doubled since May 2013, see Figure 3. This is a very positive move, allowing patients to receive treatments that were in the past only available as an in-patient. However the number of patients has reached a plateau, due to current pathways and location, indicating that we need to do further work to explore ambulatory pathways both here and at Newark. A principal action for the next few months is to prioritise exploring new patient pathways to be treated in CDU or clinics.

Figure 2 Ambulatory attendees

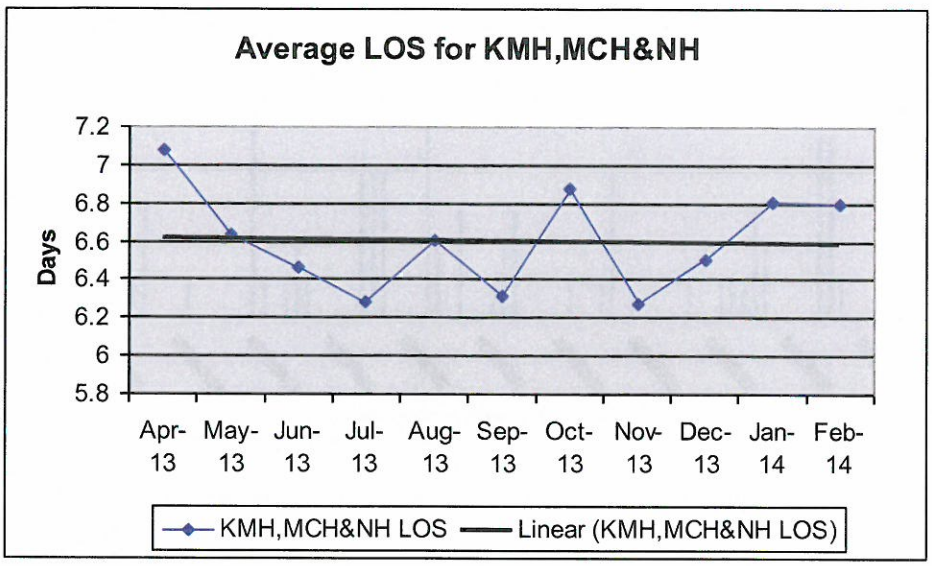


4.3 Flow within the hospital

Average Length of stay

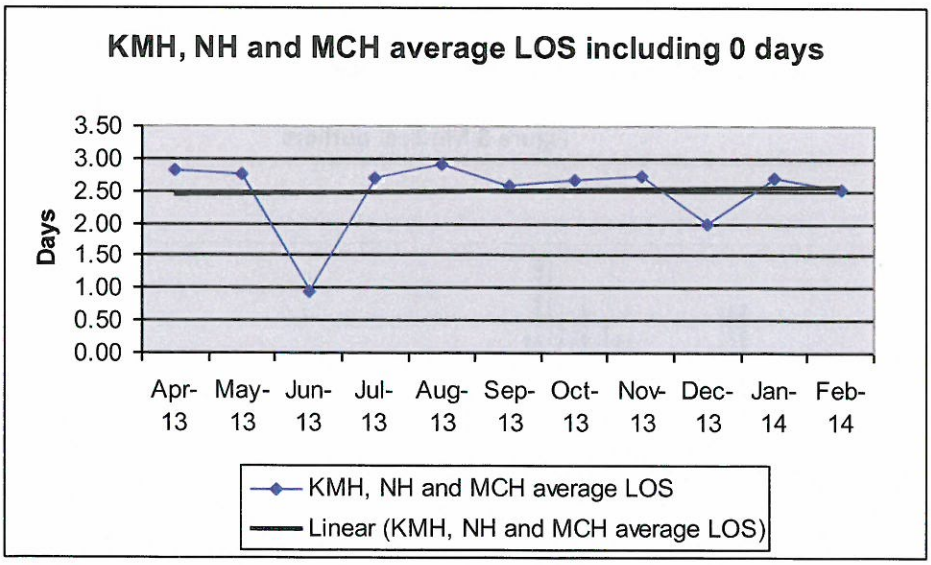
There are many ways of representing length of stay and we are investigating this further, however for this year we have reported average length of stay excluding zero length of stay and well babies.

Figure 5 Average length of stay



Many organizations include zero length of stay in their overall LOS calculation. This ensures all the work that has been done to ensure only patients who need to kept in hospital overnight is not lost

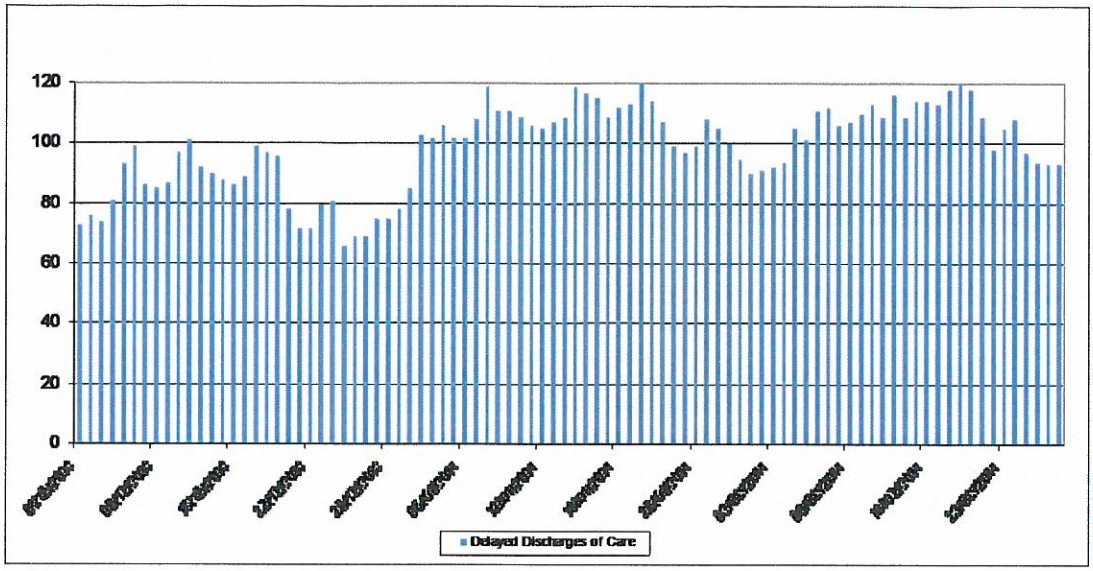
Figure 6 LOS including Zero length of stays



We remain focused on trying to improve the bed management system by reviewing the bed meetings and the use of Jonah to try to find a solution that works for all. An ECIST review is planned for patients who stay over 7 days in May, to involve primary and secondary care providers. Working with community partners to tag patient records if on a virtual ward or known to a community matron is also being explored as is an increase in training and support for ward staff on discharging patients.

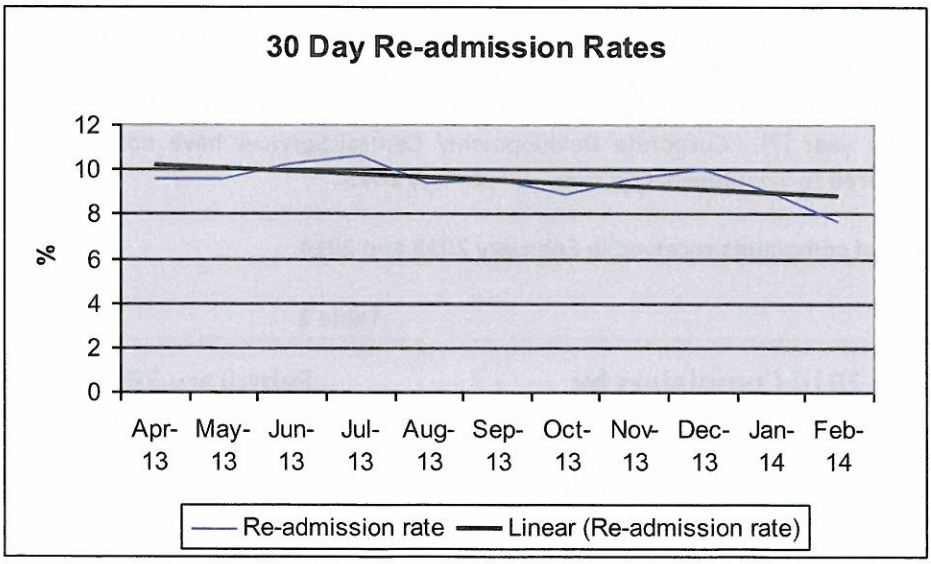
4.5 Delayed Discharges & Readmissions

Figure 9 Delayed discharges



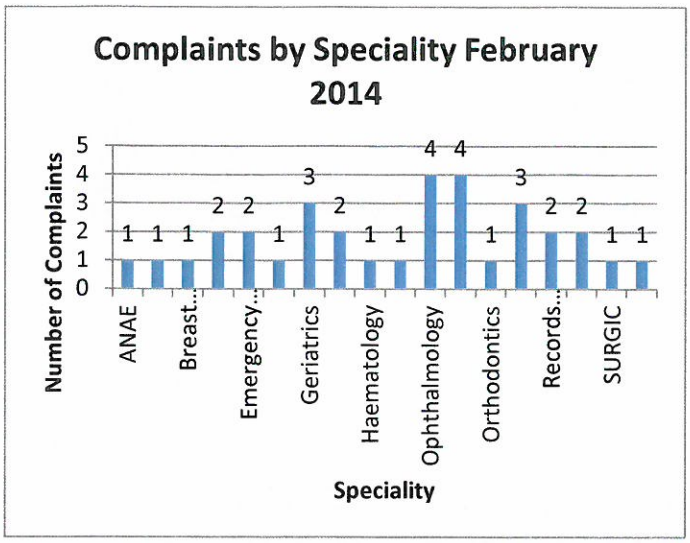
The delayed discharge of care has increased over the last quarter. These are medically fit patients who are ready for discharge but are waiting for care packages, care home beds, or families to make choices over care. The IDAT team are focusing on managing these patients however there have been particular problems with a few small numbers of patients being made homeless while in hospital. The Difficult to transfer policy is currently being reviewed to ensure staff receive the right level of support to implement.

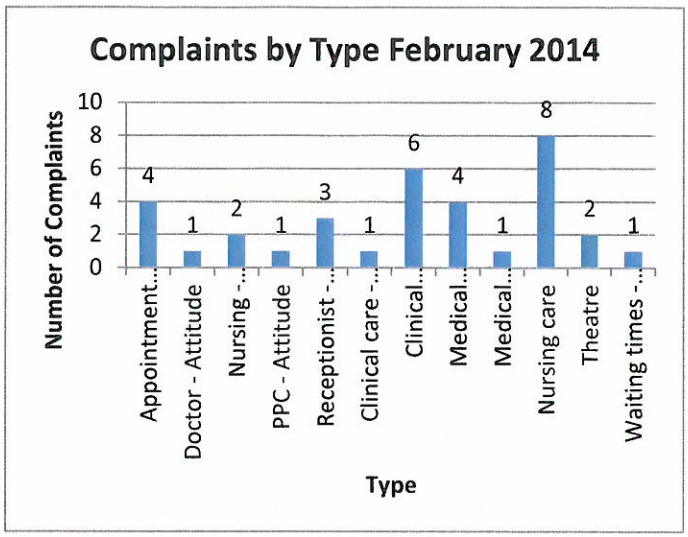
However, once home the re-admission rate illustrates that the trend is moving in the right direction in regard to the discharges being more effective, however a further few months data will be needed before we can safely say the trend is downwards. A group has been set up where SFHT staff can contribute to analysis of failed discharges and inappropriate admissions. This goes across the community and hospital environment.



5.3 Complaints received by specialty and type for February 2014

Table 3 & 4





5.4 Complaint Response Times

During February we responded to and closed 42 complaints. Twenty-five of these were responded to in the agreed timeframe and 17 needed to be extended because of their complexity. This performance equates to 60% of complainants receiving their response within the given timeframe however within legislation this is acceptable as the overall timeframe given is 6 months. All complainants are sent a holding letter if their response is going to breach the 40 day timeframe originally given.

The current legislation states that all complaints should be acknowledged within 3 working days and this target was met throughout February at 100%. The Trust standard is that all complaints are acknowledged on the day of receipt and a full and final response within the agreed timescale of 20, 40 or 60 days however due to the volume of complaints received a timeframe of 40 days is given .

5.5 Reopened complaints

Since the beginning of this financial year (1.4.13 – 28.2.14) 650 complaints have been received. The Trust has reopened 77 of these complaints (12%) for further investigation and response; however some of these relate to the previous financial year. In comparison to the same period last year there were 699 complaints received with 87 reopened (13%).

The complaints department continues to offer every complainant (new or reopened) a Local Resolution Meeting (LRM) to discuss their complaint with the appropriate members of staff. This has proven to be extremely beneficial to both the complainant and the Trust and at present we are in the process of setting up 35 meetings. During February there has been 7 LRM's with 1 being held for a reopened complaint.

5.7 Complaints Satisfaction Surveys

During Quarter 4, we have begun sending patient satisfaction surveys out to complainants approximately 6 weeks after their complaint has been closed. Forty-two surveys have been sent out during February 2014 however to date we have not received any back as yet even though we do provide a SAE. This is a common problem throughout complaints nationally and there has been some talk of withdrawing this element of the process. We are therefore looking at other ways for complainants to feedback, such as on line options to make it as easy as possible for them to respond.

The Complaints department will complete the annual KO41 returns to the Department of Health at the end of March 2014.

5.8 Parliamentary Health Service Ombudsman (PHSO)

Under the current complaints legislation, Trusts have six months in which to endeavor to resolve a complaint to the complainant's satisfaction. If the complainant remains dissatisfied with the response they receive, they can ask the Ombudsman to independently review their complaint.
The Ombudsman may:

- Refer the complainant back to the Trust to complete 'local resolution'
- Ask the Trust to consider if further local resolution is an option
- Request the case file for screening assessment
- Having assessed the case file, decide not to investigate further
- Having assessed the case file, appoint an Investigating Officer to carry out a review 'on paper'

In February 2014, 2 new complaints were referred to the PHSO for review.

Currently there are 18 cases with the PHSO however one of these is on hold whilst the GMC are investigating. One case was partly upheld relating to nursing care and the Trust was asked to pay the complainant £750; one case investigated by the PHSO and was not upheld.

5.9 Lessons learned and actions taken:

The following are examples of complaints closed from each Division during February and actions taken:

Emergency Care & Medicine

Complaint: Transfer of a patient from one ward to another

We answered.....

I believe some of the important information, particularly relating to his transfers, should have been communicated to you, but it appears that there is a lack of communication on our part.

I am extremely sorry for the lack of communication on the part of my team and extend my apologies for any distress this has caused. I would also like to mention, learning from the above, changes have been made in the department to ensure that all relevant information is given to family members in future.

The patient safety lead and the clinical governance lead will be undertaking this piece of work to ensure robust and correct identification of patient safety incidents for the start of the new reporting year.

7.0 Nursing Update

7.1 Successful Technology Fund Bid

In 2012, Prime Minister David Cameron announced that £100m would be made available over the next 2 years to fund nursing technology projects that deliver real improvements to patient care and safety. At the start of 2014, Trusts were invited to bid for £30m for the first round of funding, with a further £70m to be released next financial year. The applications had to be led by nurses and each trust could apply for a maximum of three projects in the first round.

We have been successful in being allocated £191,145 to deploy the VitalPAC vital signs monitoring system, which will help nurses to work in new ways to strengthen observations and assessment of patients. The funding will contribute to the overall costs of the implementation of VitalPAC in Spring 2014.

Jane Cummings, chief nursing officer for England, said: "We received an amazing response to application process and the decisions on choosing the successful projects have been difficult. "It has always come back to one key question – how will this project deliver real, practical benefits for nurses, midwives and care staff and their patients."

We have also submitted an outline bid for the 2014/15 nursing technology fund. This would enable us to:

- Deploy tablet devices to nursing staff within our wards and clinics. We would allocate these to the ward and department coordinators within clinical areas and senior nurses to undertake their nursing metrics
- Provide mobile devices and smart phones for use outside of the hospital location. These would be deployed to relevant nurse specialists who run community clinics or make home visits.
- Maternity IT solutions would be implemented within both hospital based and community midwifery services.
- Procure mobile devices to support patient experience data collection that would be allocated to the ward and department leaders in relevant clinical areas.

We await the outcome of this submission, which is expected in the next few months.

Last year, we successfully bid for £65,000 from the Safer Hospitals, Safer Wards Technology Fund. We are utilizing this funding to replace our current care metrics system and are currently working with IT colleagues to identify a suitable system that will help to support the work we are doing to drive improvements and create a robust assurance framework.

7.2 Compassion & Nursing Care Master Class

In March 2014, 10 of our senior nurse leaders attended a Master class on Compassionate Care. This was an event that brought nurses together from a number of local organisations to hear senior academics from the National Nursing Research Unit, Kings College and the Institute of Care and Practice Improvement. There was opportunity to reflect on current nursing practice and debate key areas of work that we could take forward across our organisations, including the implementation of Schwartz Rounds, which allow NHS staff to assemble monthly to reflect on individual dilemmas and professional challenges they have faced.

We hope this will be the start of some further collaborative working between SFH, NUH and other partners and will support the delivery of our Nursing and Midwifery Strategy.

9.0 Summary of Discussions at Clinical Governance and Quality Committee

This report summarises the discussions and decisions made, and the assurances received at the Clinical Governance and Quality Committee (CGQC) held on February 26th 2014.

Members

Peter Marks	-	Non-Executive Director (Chair)
Susan Bowler	-	Executive Director of Nursing and Quality
Tim Reddish	-	Non-Executive Director
Gerry McSorley	-	Non-Executive Director
Claire Ward	-	Non-Executive Director

Attendees

Karen Fisher	-	Director of Human Resources
Nichola Crust	-	Head of Governance
Nigel Nice	-	Public Governor
Elaine Moss	-	Director of Quality and Governance – Newark & Sherwood and Mansfield & Ashfield Clinical Commissioning Group
Suzanne Morris	-	Nurse Consultant, Infection, Prevention & Control *(E-Coli and ICNET item only)*
Haneef Khalid	-	Datix Project Manager *(Outline of the Datix Project item only)*
Shirley Clarke	-	Head of Programme Management *(Keogh and CQC action plan item only)*

Apologies

Jacqui Tuffnell	-	Director of Operations
Andrew Haynes	-	Interim Executive Medical Director
Fran Steele	-	Chief Financial Officer

Serious Incident MB

SB provided information of the serious incident regarding a stroke patient who was referred from EMIAS to SFH for thrombolysis. A complaint has been received and a full multi-agency investigation has commenced to ascertain the facts of what happened from the point of the emergency call through to the eventual admission.

The group agreed that the draft response to the CCG's should be presented at next month's meeting along with an update on this serious incident.

BAF and Corporate Risk Register

It was noted that the BAF and Corporate Risk Register had been circulated to the group to map the risks that may concern and be driven by the Clinical Governance & Quality Committee. It was agreed that the BAF should drive this agenda.

The committee agreed that we should ensure that risks are being scored correctly, that the mitigating controls are evidenced and any actions still required to mitigate the risks. It was noted that some risks may not fit into a sub-committee and these may need to be allocated out.