

**TRUST BOARD**  
29 June 2017

<b>AGENDA ITEM NUMBER</b>	5.2	
<b>TITLE OF PAPER</b>	Quality Report	
Confidential	<b>NO</b>	
Suitable for public access	<b>YES</b>	
<b>PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED</b>		
None		
<b>STRATEGIC OBJECTIVE(S):</b>		
Best outcomes	✓	
Excellent experience	✓	
Skilled & motivated teams	✓	Safety is improved when teams actively engage with care quality improvement.
Top productivity	✓	Performance is improved with effective pathways and safe care.
<b>EXECUTIVE SUMMARY</b>		
<p>This report summarises clinical quality data for May 2017<sup>1</sup>.</p> <p>The monthly dashboard is on Appendix 1 page 6.</p> <p>The 112 in-hospital deaths in May increased from 90 in-hospital deaths in April and is above monthly targets.</p> <p>Mortality review rates this month of 68.5% increased from 61% in April.</p> <p>1.25 pressure ulcers per 1000 bed days is below the limit of 1.98.</p> <p>Emergency readmissions of 14.1% exceeds target of 12.5%.</p> <p>Stroke performance of 67.5% is below target of 90%.</p> <p>The FFT Inpatient recommended score for May of 95.7% is down from 96.9% in April but remains above target of 95%.</p> <p>FFT satisfaction score for ED of 86.3% is increased from 84.7% last month and is just below target of 87%.</p> <p>Maternity touchpoint 2 FFT score was 91.3% and is below the monthly target of 97%.</p> <p>Outpatients FFT May score of 95.3% remains above target of 92%.</p>		

<sup>1</sup> Abbreviations used: Diagnostics, Therapies, Trauma & Orthopaedics (DTTO); Emergency Department (ED); Medicine and Emergency Services (MES); Theatres, Anaesthetics, Surgery & Critical Care (TASCC); Women's Health and Paediatrics (WH&P), Intensive Care Unit (ICU). CHKS is explained on page 5 in the footnote. Friends and Family Test (FFT). Summary Hospital-level Mortality Indicator (SHMI). Risk Adjusted Mortality Index (RAMI). Care Quality Commission (CQC).

	<p>Dementia case finding score of 37.3% is incompletely recorded on RealTime and in the forthcoming year VitalPac is planned to track this measure electronically.</p> <p>Safety Thermometer new harms of 0.41% in May were below national average of 2.07%.</p> <p>Data for the Maternity and Medications Safety Thermometers is still unavailable from the national provider; an update received on 11 May is that April data is anticipated to be available by June 2017.</p> <p>29 new complaints were received in May of which 10 complaints concerned MES (including ED), 7 complaints each concerned TASC and DTTO, 4 related to WH&amp;P and 1 related to Finance.</p> <p>Of the May complaints requiring a response 61.5% met the timescale agreed with the complainant.</p>
<b>RECOMMENDATION:</b>	Review the paper and seek additional assurance as necessary.
<b>SPECIFIC ISSUES CHECKLIST:</b>	
Quality and safety	Y
Patient impact	Y
Employee	Y
Other stakeholder	Quality priorities are set following consultation with internal and external stakeholders.
Equality & diversity	All of our services give consideration to equality of access, taking into consideration disability and age and all matters are dealt with in a fair and equitable way regardless of the ethnicity or religion of patients.
Finance	Not applicable.
Legal	Poor quality care for patients can lead to potential litigation, non-compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and could affect the Care Quality Commission registration and NHS Improvement licences.
Link to BAF principal risk	Vulnerable groups care is part of Board Assurance Framework (BAF) risk 2.2.
<b>AUTHOR NAME/ROLE</b>	Dr Erica Heppleston, Assistant Director Regulation and Improvement
<b>PRESENTED BY</b>	Dr David Fluck, Medical Director and Mrs Heather Caudle, Chief Nurse
<b>DATE</b>	29 June 2017
<b>BOARD ACTION</b>	Assurance.

## 1.0 Background and Scope

The Board receives assurance and information on key clinical quality and improvement measures from the performance dashboard in Appendix 1, page 6. Results by exception by either the ratings below or significance are summarised in Section 1.1.

### Rating table

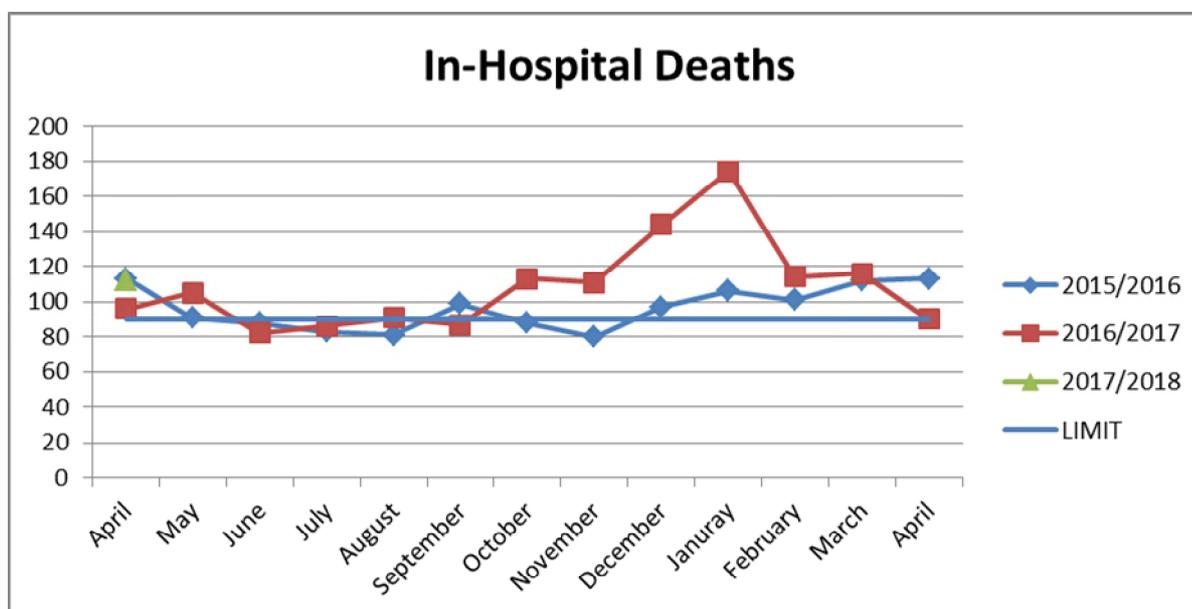
Delivering or exceeding target		Improvement month on month
Underachieving target		In line with or just below last month
Failing target		Below target

## 1.1 Performance by exception – May clinical quality data

### In-hospital deaths

112 recorded deaths in May is above the monthly target.

Chart 1 – In-hospital deaths April 2015 onwards



### Mortality reviews

Mortality review completion rates were 100% for TASC and WH&P, 64% in MES and 0% for DTTO. MES mortality review rates have increased from 58% in April to 64% in May. The DTTO death in April will be reviewed at the next QUASH meeting.

### Pressure ulcers

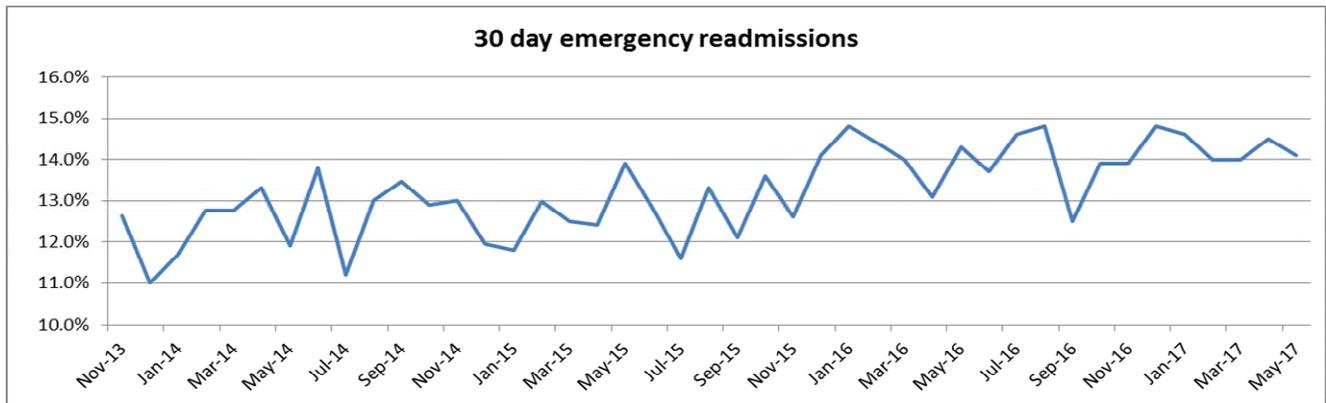
The monthly CCG target of 11.7 stage 2 hospital acquired ulcers was not achieved this month with 14 ulcers. Aspen had 3 stage 2 pressure ulcers and Cedar, Cherry and SDU each had 2 stage 2 pressure ulcers. Five wards including AMU and Swift each had 1 stage 2 pressure ulcer. The Trustwide campaign to reduce heel pressure damage (heel S.O.S) was launched in April 2017 via Aspire. Action plans for pressure ulcer reduction for Cedar include implementation of skin integrity checks following initiation of oxygen therapy and discussion with ITU regarding devices that may be more appropriate for longer term oxygen use. AMU is ensuring that 2 members of staff assess all patients on admission for pressure ulcers and Swift continues with

the Quality Improvement project for pressure ulcer reduction in addition to the use of Repose wedges.

**Emergency 30-day readmissions**

30 day readmissions of 14.1% remains above the target of 12.5%. Significant areas by volume were Urology at 20.8%, General Medicine at 17.7% and A&E at 15.5%.

**Chart showing 30 day emergency readmissions from November 2013**



**Direct stroke unit admission**

Stroke performance ranged between 65% to 75% from April to November 2016 then dipped to around 40% in December and January. Performance increased to 56% in February, 58% in March and 53% in April. Stroke performance in May at 68% has increased significantly compared to last month but remains below target; breaches were due to disruptions in the stroke pathway followed by lack of ring fenced beds.

**Medication errors per 1000 bed days**

The rate of reported medication errors of 3.28 in May was higher than last month. It is impractical to distinguish if this is random variation, an increase in drug errors, or increased reporting.

**FFT satisfaction score**

The FFT Inpatient recommended score of 95.7% is in line with target.

ED FFT satisfaction score ranged between 87% to 94% from August 2016 to February 2017. Results increased from 83.5% in March to 84.7% in April and were 86.3% in May.

Maternity touchpoint 2 score decreased from 100% in March to 95.5% in April and was 91.3% in May.

Outpatients FFT score of 95.3% remains consistently above target of 92%.

**Dementia**

It is impractical to analyse the dementia case finding measure score of 37.3% for scorecard item 3.11a as recording is incomplete on the RealTime system due to limited capacity to collect this data from manual assessments in clinical records. It is planned to use VitalPAC to track this data electronically in 2017/18 which is expected to significantly improve this issue.

### **Patient safety alerts**

In May no new safety alerts were received. Open alerts are being actioned and no alerts are overdue.

### **Safety Thermometer**

New harms of 0.41% were below national average of 2.07%. New pressure ulcers of 0.21% were below national average of 0.9%. There were no catheter associated urinary tract infections on the May audit day. Falls with harm at 0.21% were below the national average of 0.55%.

Data for the Maternity and Medications Safety Thermometers remains unavailable from the national data team and the national co-ordinators anticipate that April data should be available by June 2017.

### **Learning from new complaints**

29 new complaints were received in May; the largest Divisions by volume being MES with 10 complaints, DTTO and TASCC had 7 complaints each, WH&P received 4 and Finance received 1.

## **1.2 Complaints performance**

### **Performance against timescale agreed with complainant**

Of the complaints requiring a response, 61.5% met the timescale agreed with the complainant.

### **Follow-up complaints**

The follow-up complaint rate of 8.2%<sup>2</sup> for May is below the 10% threshold.

### **PHSO<sup>3</sup> cases**

There was 1 new case opened by the PHSO in May and no closed cases.

### **Claims**

There were 9 new claims reported in May 2017 with 4 for DTTO, 3 for TASCC and 1 each for MES and WH&P. 7 claims were intimated with 2 each in MES, TASCC and WH&P and 1 in DTTO.

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<sup>2</sup> Denominator is rolling 12 month average new complaints per month

<sup>3</sup> PHSO: Parliamentary and Health Service Ombudsman

## Appendix 1 Quality Performance Dashboard May 2017

Table 1: Quality Performance Dashboard 31 May 2017

REF	Quality Scorecard Measures	Outturn 16/167	Monthly Target / Limit	Annual Target / Limit	Apr	May	6 month trend	YTD 17/18	Current month commentary
1.01	In-hospital SHMI	64	<72	<72	76.00	72.71		68.9	Mortality indices close to monthly target.
1.02	RAMI	62	<70	<70	68.7	53.7		69.1	See below.
1.03	In-hospital deaths	1139	90	<1082	90	112		202	May in-hospital deaths of 112 are above target.
1.04	Proportion of mortality reviews (data 1 month in arrears)	56%	>90%	>90%	57.6%	68.5%		68.5%	Mortality Review completion rates were 100% for TASCC and WH&P, 64% for MES and 0% for DTTO. DTTO had 1 death in April which will be reviewed at the next QUASH day; all outstanding cases apart from the March death have been reviewed.
1.05	Number of cardiac arrests not in critical care areas	56	-	-	2	3		5	Finalisation of the Treatment Escalation Plan (TEP) document is imminent; Trustwide rollout will then be implemented.
1.06	Methicillin Resistant Staphylococcus Aureus (MRSA) - hospital only	0	0	0	0	0		0	No cases.
1.07	C. Difficile (hospital only)	15	1.4	17	0	0		0	No cases.
1.08	Falls (per 1000 beddays)	2.59	2.46	2.46	2.55	3.28		2.93	Falls per 1000 beddays of 3.28 is above target of 2.46. Falls prevention strategies continue.
1.09	Pressure ulcers (per 1000 beddays)	2.08	1.98	1.98	1.70	1.25		0.88	The monthly CCG target of 11.7 stage 2 hospital acquired ulcers was not achieved this month with 14 stage 2 pressure ulcers. Aspen had 3 stage 2 pressure ulcers and Cedar, Cherry and SDU each had 2 stage 2 pressure ulcers. 5 wards including AMU and Swift each had 1 stage 2 pressure ulcer. The Trustwide campaign to reduce heel pressure damage (heel S.O.S) was launched in April 2017 via Aspire. The Repose Wedge has been introduced within the Trust and ward based training from a company representative is to commence this month to raise awareness and provide information on how to use and order equipment. Action plans for pressure ulcer reduction for Cedar include implementation of skin integrity checks following initiation of oxygen therapy and discussion with ITU regarding devices that may be more appropriate for longer term oxygen use. AMU is ensuring that 2 members of staff assess all patients on admission for pressure ulcers and Swift continues with the Quality Improvement project for pressure ulcer reduction in addition to the use of Repose wedges.
1.10	Readmissions within 30 days - emergency only	13.1%	12.5%	12.5%	14.5%	14.1%		14.3%	30 day readmissions of 14.1% remains above the annual target of 12.5%. Significant areas by volume were Urology at 20.8%, General Medicine at 17.7% and A&E at 15.5%.
1.11	Stroke patients (% admitted to stroke unit within 4 hours)	65.0%	90%	90%	53.2%	67.5%		59.8%	The majority of breaches were due to disruptions in the stroke pathway, followed by lack of ring fenced beds.
1.12	Medication errors (rate per 1000 beddays)	2.92	-	-	2.13	3.28		2.73	Medication errors per 1000 beddays of 3.28 were higher than last month.
1.13	Sepsis screening audits - % of eligible patients that were screened in ED	70.5%	90%	90%	88% Q4	-	-		
1.14	Sepsis - antibiotics administered on ED patients and day 3 antibiotic review performed	-	-	80% Q2; 90% Q3	81% Q4	-	-		
1.15	Inpatient sepsis - % eligible patients screened for sepsis	-	-	Dec 90%; Q4 90%	96% Q4	-	-		
1.16	Inpatient sepsis - % eligible patients receiving timely antibiotics and day 3 antibiotic review performed	-	-	Dec 90%; Q4 90%	54% Q4	-	-		
3.03	Serious Incidents Requiring Investigation (SIRI) reports overdue to CCG	8	-	-	9	9		9	Under progression by the Safety Team.
3.04	Serious Incidents Requiring Investigation (SIRI) reports submitted to CCG	116	-	-	7	8		15	Under progression by the Safety Team.
3.07	Friends and Family Satisfaction Score - Inpatients including Daycase	96.2%	95%	95%	96.9%	95.7%		96.9%	The FFT Inpatient recommended score of 95.7% is above the monthly target of 95%. The response rate at 30.8% was increased from 19.7% last month.
3.08	Friends and Family Satisfaction Score - Accident and Emergency Department (ED) including Paediatrics	84.3%	87%	87%	84.7%	86.3%		84.7%	FFT satisfaction score for ED is slightly improved from last month. Response rates remain very low (2.2%). Plans are underway to introduce online responses.
3.09	Friends and Family Satisfaction Score - Maternity Touch Point 2	96.3%	97%	97%	95.5%	91.3%		95.5%	Maternity touchpoint 2 score was below target of 97%. Response rate of 44.8% has increased from April's response rate of 6.6%; this increase is due to a new volunteer who is supporting handing out FFT cards and volunteering twice a week.
3.09a	Friends and Family Satisfaction Score - Outpatients	0.9	92%	92%	94.9%	95.3%		94.9%	Response rates have dropped for this month to 3.7% following a push by the department last month and the introduction of mobile boxes which saw response rates at 61.2%.
3.10	Follow-up complaints - complaint rate per rolling 12 month average	8.3%	<10%	<10%	5.3%	8.2%		6.7%	3 follow ups were received in addition to 29 new complaints in May. These were 1 grade 2 (DTTO) and 2 grade 3s (1 TASCC and 1 MES).
3.11a	Dementia case finding	96%	>90%	>90%	31.1%	37.3%		34.2%	Dementia case finding data reporting is incomplete due to limited staff capacity to manually collate this data. It is planned to use VitalPAC to track this data electronically in 2017/18 which is expected to significantly improve recorded results.
3.11b	Dementia diagnostic assessment	99%	>90%	>90%	100%	100%		100%	In line with expectations.
3.11c	Dementia referral	87%	>90%	>90%	100%	100%		100%	In line with expectations.

REF	Reference items	Target description & limit		Apr	May	6 month trend	YTD 17/18	Current month commentary
1	Overdue safety alerts	<1 overdue	<1	0	0			In May no new alerts were received. Open alerts are being actioned and no alerts are overdue.
2.1	NHS Safety Thermometer - % of patients on spot day with new harms	< National av.	2.07%	0.90%	0.41%		0.64%	New harms of 0.41% were below the national average of 2.07%.
2.2	NHS Safety Thermometer - % of patients on spot day with new CAUTIs	< National av.	0.25%	0.00%	0.00%		0.00%	There were no new CAUTIs on the May audit day.
2.3	NHS Safety Thermometer - % of patients on spot day with new pressure ulcers	< National av.	0.90%	0.22%	0.21%		0.21%	New pressure ulcers at 0.21% were below the national average of 0.9%.
2.4	NHS Safety Thermometer - % of patients on spot day with falls with harm	< National av.	0.55%	0.00%	0.21%		0.11%	Falls with harm at 0.21% were below the national average at 0.55%.
2.5	NHS Maternity Safety Thermometer - % of patients with combined harm free care (physical harm and women's perception of safety)	> National av.						No national data currently available due to a change in the data provider Update received on 11 May that April data is anticipated to be available in June 2017.
2.6	NHS Medications Safety Thermometer - % of patients with reconciliation started within 24 hours of admission	> National av.						No national data currently available due to a change in the data provider Update received on 11 May that April data is anticipated to be available in June 2017.
2.7	NHS Medications Safety Thermometer - % of patients with an omitted critical medicine in the last 24 hours	< National av.						No national data currently available due to a change in the data provider Update received on 11 May that April data is anticipated to be available in June 2017.
3	Best care audits undertaken this month	Level 3 ward count	-			-	-	From 1 April 2017, wards/areas have been completing weekly data collection for between 1 - 3 measures using Quality Improvement methodology.
4	WOW awards	-	n/a	27	32		-	MES received 16 WOW nominations and DTTO, TASCC and WH&P were all nominated for 4 each. Health Informatics received 2 nominations and Facilities and HR each received 1.
5.1	Complaints % Responded to timescale as agreed with complainant	Timeliness	>95%	61.0%	61.5%		**	This figure is the number of complaints responded to within timescale and those with formally agreed and recorded extensions. A new system is in place to support increased recording of agreed extensions.
5.2	Complaints % Responded to timescale (Grade 1 & 2 in 25 days)	Timeliness	No target	89.5%	25.0%		**	36 Grade 1s and 2s were closed. 7 were Grade 1s and 29 grade 2s. Of these 14 were sent to the CE and therefore were allocated 35 days. 9 complaints were responded to within the target.
5.3	Complaints % Responded to timescale (Grade 3 & 4 in 35 days)	Timeliness	No target	10.5%	29.0%		**	Of the 7 Grade 3 complaints that were closed, 2 were closed within 35 days.
5.4	Complaints mean response time in days: variance from 25 day target (Grade 1 & 2)	Responsiveness	No target	20.06	16.2	-	**	Of the 1s and 2s with a 25 day response time, the mean variance was 16.2. Of those with a 35 day response time, the mean variance was 23.28. The reported figure takes the 25 day target.
5.5	Complaints mean response time in days: variance from 35 day target (Grade 3 & 4)	Responsiveness	No target	14.5	36	-	**	of the 5 Grade 3 complaints that were closed over the 35 day target, there were two long cases for MES - 158 days and 116 days which has increased the mean variance from target.
5.6	PHSO (Ombudsman) cases open - total number	Response quality	No target	3	4		-	One case remains open from 2015/16.
5.7a	PHSO (Ombudsman) cases closed but not upheld	Response quality	No target	0	0			No cases closed in May.
5.7b	PHSO (Ombudsman) cases closed and partially upheld	Response quality	No target	0	0			No cases closed in May.
5.7c	PHSO (Ombudsman) cases closed and upheld	Response quality	No target	0	0			No cases closed in May.
5.8	PHSO (Ombudsman) new cases received	Response quality	No target	0	1			There was 1 new PHSO case in May for MES regarding care for an elderly patient following a stroke.