To: Board of Directors

Date of Meeting: 31st May 2017 Agenda Item: 6

Title
Quality Report Month 1
Responsible Executive Director
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Prepared by
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Status
Public
Summary of Proposal
The report describes performance against safety and quality key performance indicators in Month 1, in the domains of safety, effectiveness and patient experience
Implications for Quality of Care
The report includes exceptions in respect of serious incidents concerning delays in diagnosis or treatment, pressure damage, mixed sex accommodation breaches and the timeliness of complaints responses
Link to Strategic Objectives/Board Assurance Framework
This report incorporates key national, regional and local quality indicators relating to quality and safety providing assurance for the Board and highlighting issues of concern. **A draft safety and quality scorecard is appended and will be populated fully in later reports**
Financial Implications
Future reports will include KPIs that have potential financial impact (e.g. CQUIN)
Human Resource Implications
Safer staffing levels are incorporated in the safety and quality scorecard
Recommendation
The Board is asked to: Note the report.
Communication and Consultation
Quality and Risk Committee, 24th May
Appendices
None

1 INTRODUCTION

1.1 This report brings together key national, regional and local indicators relating to quality and safety. The purpose of the report is to bring to the attention of the Trust Board quality performance within Brighton and Sussex University Hospitals NHS Trust (BSUH).

1.2 The paper describes performance on an exceptional basis determined by RAG (red/amber/green) ratings based on national, regional or local targets.

2 KEY QUALITY OBJECTIVES

2.1 Dashboard Definitions

2.1.1 A full Safety and Quality Scorecard is in development and will be appended to the Board report and future reports to the Committee. Key indicators are detailed in table 1. Figures are in-month figures (e.g. the number of falls reported in April) unless otherwise stated.

2.1.2 Exception reports are included under the relevant section of this report (i.e. under the broad headings Effectiveness, Safety and Experience).

2.1.3 Only the current financial year and year to date values are RAG rated, with the exception of those metrics reported in arrears with no data in the current financial year where the most recent data-point of last year is RAG rated.

2.2 Overview of Key Quality Objectives

2.2.1 The following table shows performance against key, top level quality indicators.

Table 1: key performance indicators

Indicator	Jan 2017	Feb 2017	Mar 2017	April 2017
Trust crude mortality rate (non-elective)	4.75%	3.98%	3.38%	2.92%
Hospital Standardised Mortality Ratio	94.16	94.66		
Safety Thermometer (Harm-Free Care)	95.2	93.9	96.3	
Number of Serious Incidents Requiring Investigation	4	10	5	4
Never Events	0	0	0	0
Grade 3 and 4 Pressure Ulcers	3	1	0	0
Falls resulting severe harm or death	0	2	3	
Numbers of hospital attributable MRSA	0	1	1	0
Numbers of hospital C. diff cases	4	4	3	1
The Friends and Family Test: Percentage Recommending Inpatients	95.9%	92.9%	95.01%	96.7%
The Friends and Family Test: Percentage Recommending A&E	88.2%	89.4%	89.6%	88.7%
Mixed Sex Accommodation breaches (number of breaches)	61	92	48	76
Number of complaints	112	112	140	73

3 EFFECTIVENESS

3.1 Crude Trust Mortality

3.1.1 Crude non-elective mortality fell from 3.38% in March to 2.92% in April. The rate in April 2016 was 3.32%.

3.2 Hospital Standardised Mortality Ratio (HSMR)

3.2.1 There is a delay in data being available in Dr. Foster tools to allow for coding and processing by the Health and Social Care Information Centre and Dr. Foster. The most recent data available is February 2017.

3.2.2 The Trust's HSMR for the twelve months to January 2017 is 94.16 and 94.66 in February (where 100 is the level predicted by the Dr. Foster model) and

3.2.3 As discussed at the April meeting of the Quality and Risk Committee, the Trust Mortality Review Group (TMRG) is overseeing the implementation of the new national requirements regarding Learning from Deaths.

3.3 Summary Hospital-Level Mortality Indicator (SHMI)

3.3.1 The latest data made available by the Health and Social Care Information Centre is for the period to December 2016. The Trust value is 97.59 (where 1.00 is the national average), with the Trust banded as 'as expected'.

4 SAFETY

4.1 Central Alert System (CAS) Safety Alerts

4.1.1 There were no outstanding CAS alerts for the Trust in the period up to April 2017, a significant reduction from the position from July 2016 onwards.

4.2 Serious Incidents Requiring Investigation (SIRIs)

4.2.1 There were 4 incidents which were reported in April that have been categorised as serious incidents requiring investigation.

4.2.2 Of the 23 Serious Incidents reported in the period between January and April, there were 6 12 hour breaches, and 5 falls. Of the 12 other incidents, a number concerned delays in treatment or diagnosis

4.3 Infection prevention and control

4.3.1 There was 1 cases of hospital-attributable Clostridium difficile during April.

4.3.2 On review of the patient records, root cause analysis (RCA) identified that there had been lapses in care in relation to sample taking and processing within the community and the acute Trust, as well as delayed source isolation of the patient. The RCA identified that the Standard Operational Procedure used within the Laboratory to process C. difficile testing for patients in the community, did not follow the national guidance of automatically testing for patients above the age of 65 years. These have all been addressed through review and rewriting of the Standard Operational Procedure by Laboratory staff training and further audits for the clinical area.

4.3.3 The allocated Trust target limit for 2017/18 is set at 46 for the year. This equates to a rate of infection of 3.69 per 100,000 bed days.

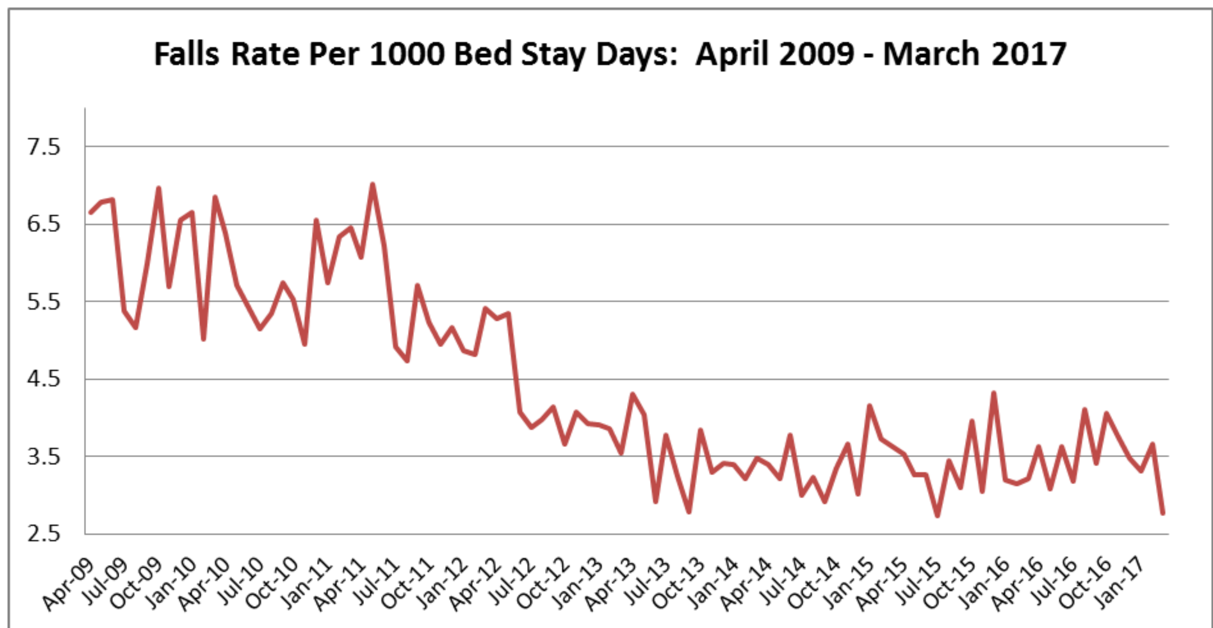
4.3.4 There were no hospital attributable MRSA cases in April. However there was 1 case in February, and 1 case in March.

4.4 Falls

4.4.1 In March there were 76 inpatient falls, with 3 falls being reported as Serious Incidents. Falls assessment within 24 hours of admission was 98.7%

4.4.2 The rate of falls for 2016-17 was 3.51 falls per 1000 bed stay days. The 2015 Royal College of Physicians National Audit of Inpatient Falls identified the average falls rate in England and Wales as 6.63 falls per 1000 bed stay days. Based on the average national rate we could have expected to have 1755 falls, during the year. 928 inpatient falls were reported, some 827 fewer than the average rate. Only one ward in the Trust had a higher falls rate than the national average

Table 2: Falls rate 2009 to 2017



4.5 Tissue Viability

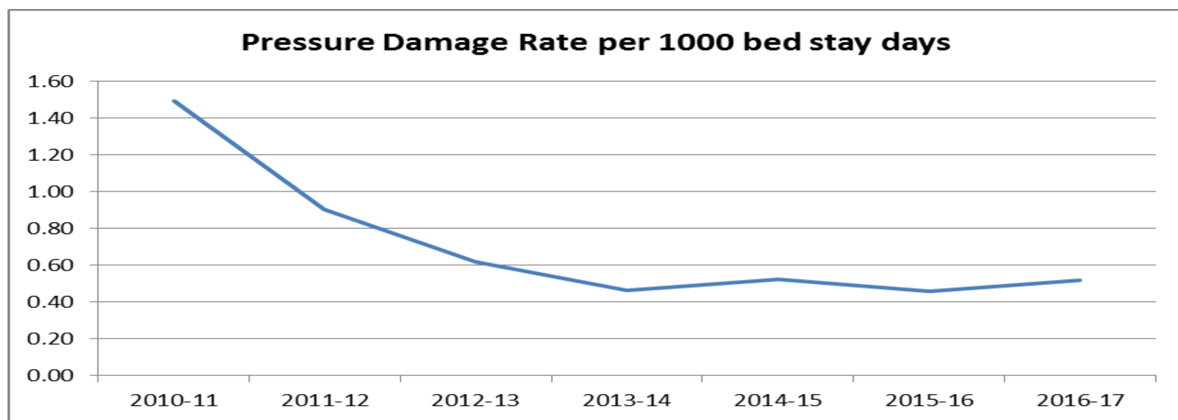
4.5.1 There were no grade 3 or 4 pressure damage in March or April. A thematic review of the cluster of grade 3 and 4 pressure damage in critical care at the end of 2016, has revealed that these are all major trauma patients who had spinal injuries, education and trialling of some new beds specifically for spinal patients is in progress

4.5.2 During April the Trust reported 18 cases of grade 2 hospital acquired pressure ulcers. Damage to the sacrum, buttocks and heels remains the most common form of pressure damage. Inadequate documentation of skin assessment and changes of position is a recurring theme.

4.5.3 The incidence of pressure ulcers, Grade 2 and above including those developing within 72 hours after admission per 1000 bed days in April was 0.52 against a national rate of 0.9 (as per the Safety thermometer data). There were 153 patients admitted to the Trust from the Community with existing pressure damage.

4.5.4 Since July 2016 there has been only one Tissue Viability Nurse. Funding was agreed for a second nurse in February 2017 and she commenced on May 3rd 2017. This will enable development of the service particularly in education of nurses and support for burns and major trauma.

Table 3: pressure damage rate per 1000 bed days



4.6 NHS Patient Safety Thermometer

4.6.1 The NHS Patient Safety Thermometer is used across all relevant acute wards. This tool looks at point prevalence of four key harms - falls, pressure ulcers, urinary tract infections and deep vein thrombosis (DVT) and pulmonary embolism (PE) in all patients on a specific day in the month. A dashboard is available to each ward showing Trust-wide and ward-level data for each individual harm as well as the harm-free care score. These numbers are also shared via the new ward screens.

4.6.2 The harm-free care score for the Trust in March was 96.3% against the target of 95%. In April, the score was 95.1% against a national average of 94.2%.

4.6.3 National data relating to the NHS safety thermometer is available below: http://www.safetythermometer.nhs.uk/

4.7 Exception Reports Relating to Safety

4.7.1 While there has been a historic reduction in the rate of pressure damage, the rate increased by 15% in 2016/17. The appointment of a second tissue viability nurse will enable a renewed focus.

4.7.2 The number of Serious Incidents concerning delays in diagnosis or treatment is concerning and is detailed in a separate report to the Committee.

5 PATIENT EXPERIENCE

5.1 PALS and Complaints

5.1.1 During April the Trust received 73 Complaints and 235 PALS enquiries, significantly less than in the same period last year when we received 105 Complaints and 337 PALS enquiries.

5.1.2 Vacancies within the Complaints team at the beginning of 2017 offered the opportunity to restructure our Patient Experience Services in a more cost effective way to improve the complainant pathway. Two vacant Band 6 Complaint Manager posts were converted into two Band 5 PALS Adviser posts. The team of five PALS Advisers will work closely with the Directorates, facilitating early contact with the clinical teams to ensure that patient concerns are resolved quickly via the informal route, allowing the team of complaint managers to focus on the more complex investigations which will, in turn, be resolved more quickly.

5.1.3 The Quality and Risk Committee received a Quarterly Complaints Report which provides an in-depth analysis of trends and lessons learned. The Trust is working on improving response times for complaints and has made significant improvements in the backlog of cases which was accrued during a period of long term sickness and vacancies within the department.

5.2 Friends and Family Test (FFT)

5.2.1 Patients who access hospital services are asked whether they would recommend the Trust to their friends or family if they needed similar treatment. Patients who access inpatient, outpatient, day-case, A&E and maternity are all offered the opportunity to respond to the question. April scores were above 95% for in-patients, maternity (ante-natal care and delivery care); and below 95% for A&E, maternity (post-natal care and post-natal community care, and out-patients.

Table 4: Friends and Family Test April 2017

	Percentage recommending BSUH in April
Inpatient care	96.7%
A&E	88.7%
Maternity Friends and Family Recommend %: Antenatal care (36 weeks)	100.0%
Maternity Friends and Family Recommend %: Delivery care	96.8%
Maternity Friends and Family Recommend %: Postnatal ward	90.4%
Maternity Friends and Family Recommend %: Postnatal community care	80.0%
Trust Friends and Family Recommend %: Outpatient	93.8%

Friends and Family Test Response Rates:

5.2.2 Response rates for in-patients remains poor, at just above 10%. The Charitable Funds Committee agreed in principle funding for the service provided by Healthcare Communications (as for A&Es and maternity) but the funding source has yet to be confirmed.

5.3 Exception Reports Relating to Patient Experience

5.3.1 Response times for complaints are significantly short of the 90% target, although the backlog of complaints has reduced. The restructuring of the complaints and PALS team and recruitment to the team will enable improved performance.

5.3.2 Mixed sex accommodation breaches at 76 in April are disproportionately high, and largely arise from poor patient flow at the RSCH site.

5.3.3 Response rates for the Friends and Family Test are low and require improvement in all areas.

6. CARE QUALITY COMMISSION (CQC)

6.1 CQC Inspection

6.1.1 The CQC undertook inspection of the Trust on 25th to 27th April 2017. Verbal feedback was provided following the meeting and summarised in a letter received by the Trust on 28th April.

6.1.2 The CQC feedback and Trust response are discussed in a separate Board agenda item.

7. RECOMMENDATION

7.1 The Board is asked to note the contents of this report.