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| **Report to:** | **Public Board of Directors** | **Agenda item:** | **7** |
| **Date of Meeting:** | **31 May 2017** | | |
| **Title of Report:** | **Quality Report** | | |
| **Status:** | **For discussion** | | |
| **Board Sponsor:** | **Helen Blanchard, Director of Nursing and Midwifery**<br>**Tim Craft, Medical Director** | | |
| **Author:** | **Lisa Cheek Deputy Director of Nursing and Midwifery** | | |
| **Appendices** | **Appendix A - Nursing Quality Indicators Chart** | | |

## 1. Executive Summary of the Report

This report provides an update on quality with a focus on patient experience and key patient safety and quality improvement priorities reviewing April 2017 data.

The Quality Report this month includes a quarterly update on the improvement priorities as highlighted in the 2017/18 Patient Safety and Quality Improvement Triangle. Other items will be reported on an exception basis.

This month the report focuses on:

- Part A - Patient Experience:
  - Complaints and PALS monthly activity data
- Part B - Quality Improvement Priorities: Executive 10
  - Emergency Department Safety
  - Movement of Patients Location
  - Pressure Ulcers
- Exception reports:
  - Serious Incidents (SI) monthly summary and Overdue SI Report summary
  - Nursing Quality Indicators Exception report

## 2. Recommendations (Note, Approve, Discuss)

To note progress to improve quality, patient safety and patient experience at the RUH.

## 3. Legal / Regulatory Implications

It is a legal requirement to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

## 4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)

A failure to demonstrate sustained quality improvement could risk the Trust's registration with the Care Quality Commission (CQC) and the reputation of the Trust.

## 5. Resources Implications (Financial / staffing)

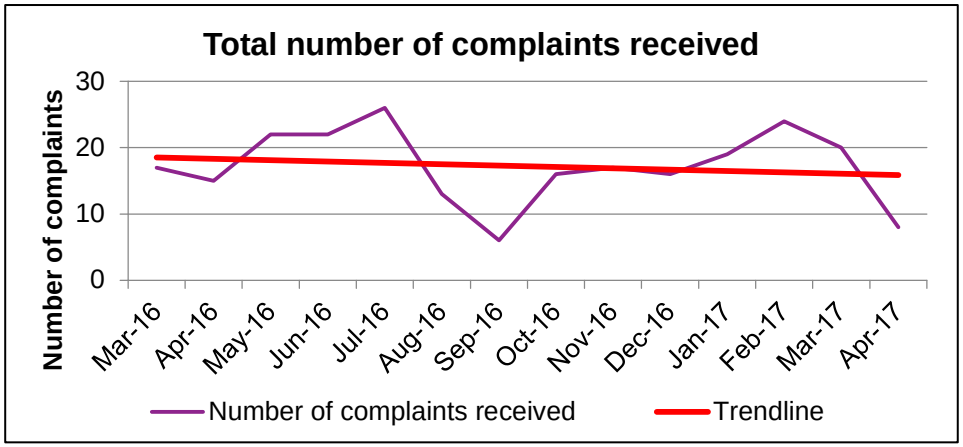
Delivery of the priorities is dependent on the continuation of the agreed resources for each project.

| 6. | Equality and Diversity |
|---|---|
| Ensures compliance with the Equality Delivery System (EDS). | |
| **7.** | **References to previous reports** |
| Monthly Quality Reports to Management Board and Board of Directors | |
| **8.** | **Freedom of Information** |
| Public. | |

# QUALITY REPORT

## PART A – Patient Experience

# Complaints and Patient Advice and Liaison Report



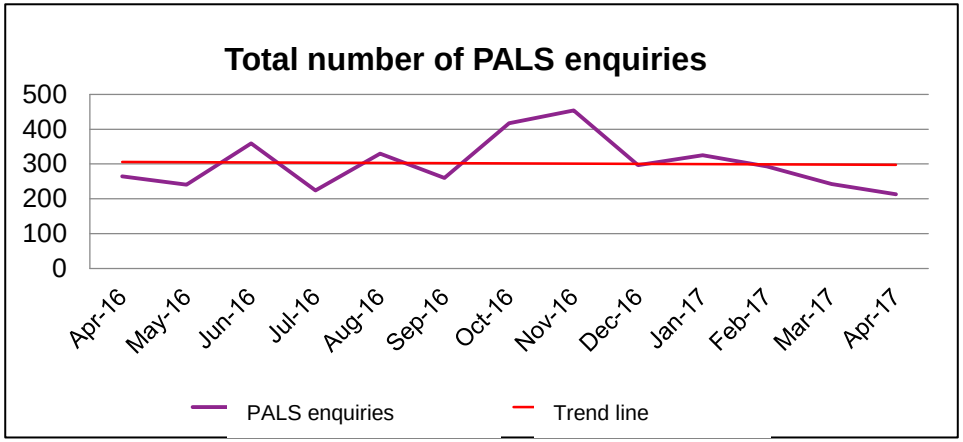

There were **8 complaints** in April. This is a notable decrease from March.

- 4 complaints were for the Medical Division
- 3 complaints were for the Surgical Division
- 1 complaint was for the Women's & Children's Division

**Clinical Care and Concerns** 4 of the complaints referred to clinical care and concerns. 2 were for the Medical Division and one for the Surgical and one for Women's and Children's Division.

**Staff Attitude and Behaviour** 2 of the complaints received referred to staff attitude and behaviour. One complaint referred to the Medical Division and the other was for the Surgical Division.

**Communication and Information** 2 of the complaints received related to issues around communication and information. One complaint referred to the Medical Division and the other was for the Surgical Division.




There were 215 **contacts with the PALS** service in April:

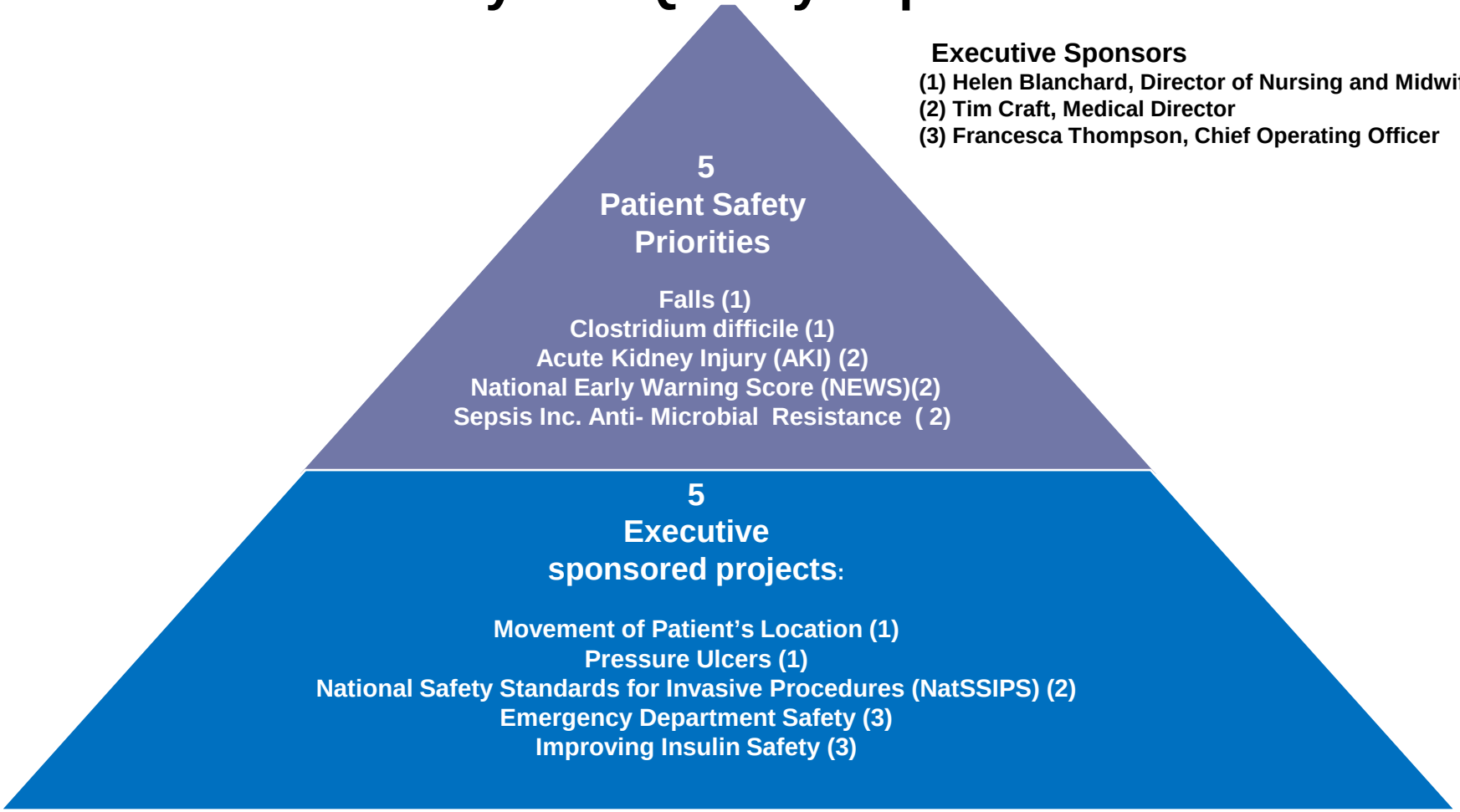
- 120 requested information or advice (56%)
- 77 required resolution (36%)
- 4 were compliments (2%)
- 14 provided feedback (6%)

The **top three subjects requiring resolution** were:
**Clinical care and concerns –** 25 contacts for resolution related to issues around clinical care and concerns, 5 concerns related to the Maternity Department. The remainder were general enquires.
**Communication/Information** – 16 contacts for information and communication. There we no identifiable themes.
**Appointments –** there were 30 enquiries regarding outpatient appointments, 8 from patients asking when they'd receive their new outpatient appointment. 5 enquires were regarding follow-up appointments and the remaining 17 were general enquires.
*The remaining 23 contacts not included in the top 3 were spread across other services with no identifiable theme*.

# QUALITY REPORT

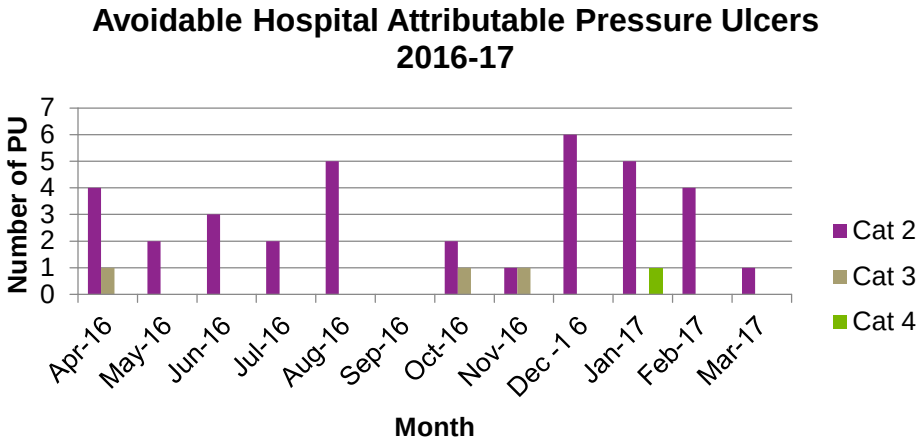
## PART B – Patient Safety and Quality Improvement

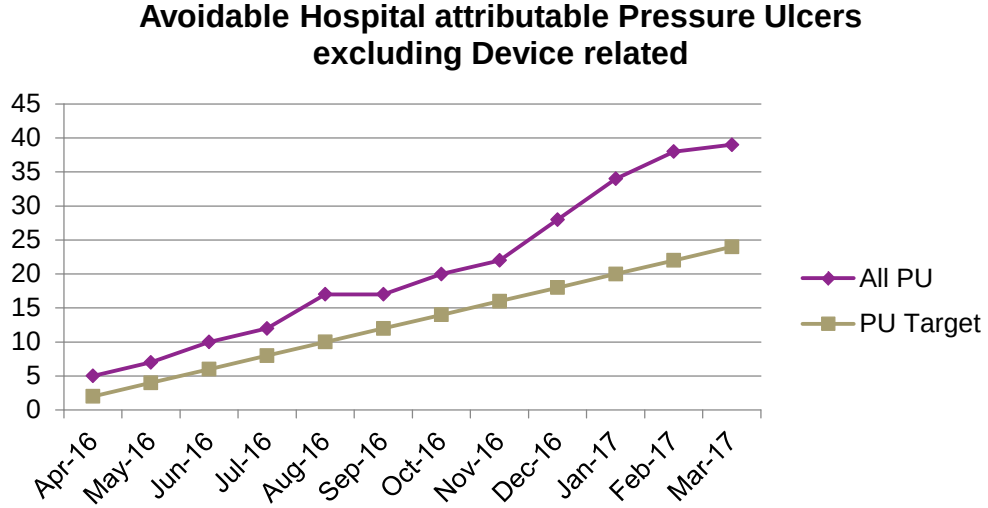
**Executive Sponsors**
**(1) Helen Blanchard, Director of Nursing and Midwifery**
**(2) Tim Craft, Medical Director**
**(3) Francesca Thompson, Chief Operating Officer**



# Patient Safety – Pressure Ulcers

Helen Blanchard




**Category 2 Pressure Ulcers performance 2016/17**

The RUH was 11 pressure ulcers over the internally set improvement trajectory of 24 for the year – Aiming for less than 2 category 2 avoidable pressure ulcers per month to meet the improvement target.

- January reported five category 2 pressure ulcers
- February reported four category 2 pressure ulcers
- March reported one category 2 pressure ulcer

**Category 3 & 4 Pressure Ulcers performance**

- January reported one category 4 pressure ulcer, the first in 4 years

**Key issues identified:**

- Pressure Ulcer prevention pathway not followed
- Delay in the initial pressure ulcer risk assessment
- Gaps in repositioning
- Pressure redistributing equipment (mattress & cushion) available, but not always tolerated by patient
- Lapses in documentation of care and skin checks.

**Next Steps:**

- Heads of Nursing to monitor and improve the number of staff completing the mandatory e-learning package to 90% by 1st June 2017.
- The Heads of Nursing reviewed the accountability
- All patients who are high risk or with existing pressure damage are highlighted at all safety briefings
- Package designed for Link Nurses to deliver SSKIN bundle awareness training to all staff, launch 23rd February 2017. This was delivered across March and April 2017 and the impact resulted in a significant improvement in the incidence of PU.

# Patient Safety – Movement of Patients Location

Helen Blanchard

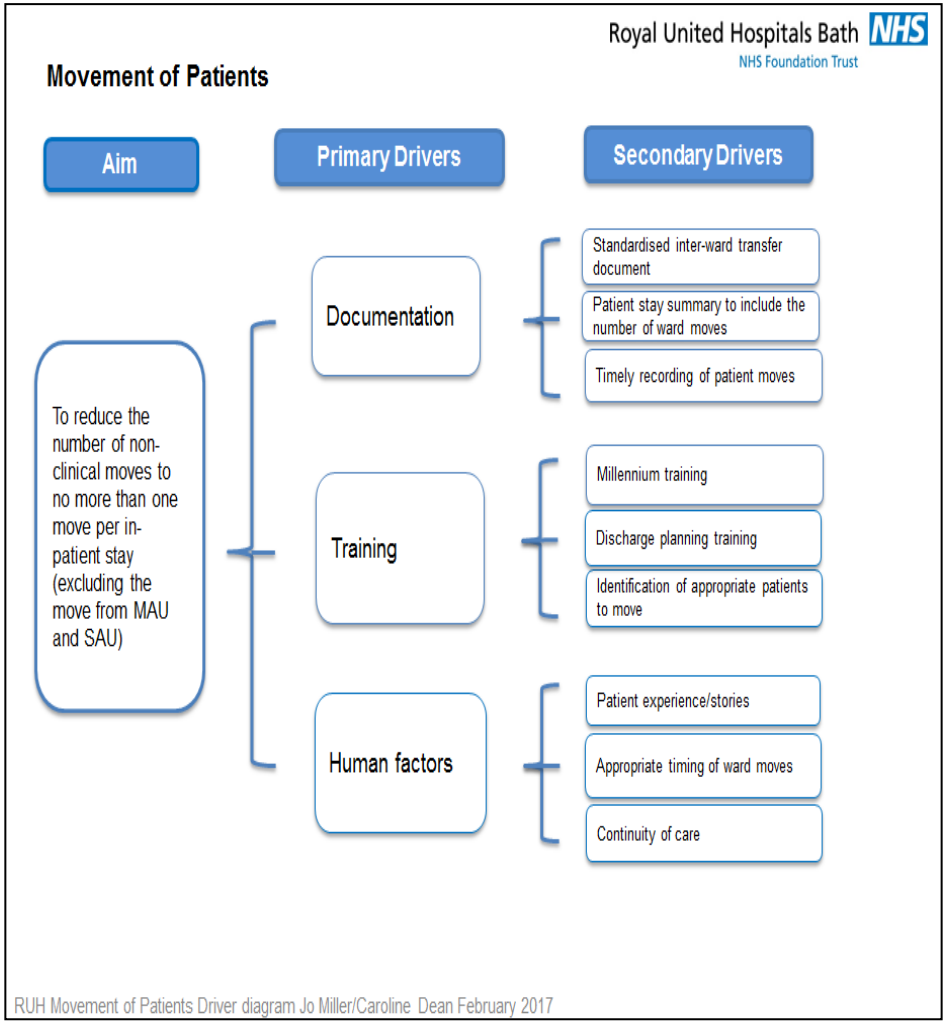
**Background**
Non-clinical ward moves predominantly affect older, frail patients, and increase the risk of falls, delirium, medication errors and extend their length of stay[1].

**Aims of the project**
The aim of the project is to reduce the number of non-clinical moves to no more than one move per in-patient stay (excluding the move from MAU and SAU), and reduce the number of inappropriate late night moves.

**Progress:**
The SBAR inter-ward handover transfer form has been reviewed and standardised so that a single form is used for all transfers across the Trust, including those to the RNHRD. Within this form a specific question captures the number of wards that the patient has been on during the current admission period.
The process of how this information is communicated to wards is under review to eliminate the use of faxes, and encourage the 'pull' of patients from the Admission areas to the wards, therefore having the patient in the correct bed first time.

**Next Steps:**

- To trial the 'pull' of patients being admitted to Cardiac, MSS, ACE, Haygarth and Respiratory
- Further notes review
- Themes from datix reports
- Standard operating procedure to completed on the movement of patients.




1. McMurdo MET and Witham MD. Unnecessary ward moves. Bad for patients: bad for health care systems. Age Ageing 2013; 42(5): 555–556.

# Patient Safety – Emergency Department Safety

Francesca Thompson

Urgent and emergency care has been under significant pressure and the reasons are complex, reflecting pressures within the hospital and wider health system.

The Trust recognises the ongoing and sustained pressure experienced by the staff in and patients attending the Emergency Department at the RUH. To support the overview of the Emergency Department Safety a quality and safety dashboard has been drafted to be used both strategically and operationally to underpin actions to consistently deliver a safe and quality service to patients and support staff.

**Aims**

To identify measures which are easily captured in real time, measuring the key elements relating to the delivery of safe and quality Emergency Care including markers of overcrowding and timely flow out of the department.

To provide information in an easily accessible and visible Dashboard to support operational decisions and escalation actions that affect throughput and patient satisfaction.

To be able to quickly identify current and future bottlenecks.

1. ED Flow and Quality Indicators
2. Crowding and Flow Out of the Emergency Department
3. Clinical Pathway Timing - Initiated in Emergency Department
4. Clinical Acuity
5. Staffing

# Serious Incident (SI) summary April 2017

Helen Blanchard

**Current Performance**

During April 2017, seven Serious Incidents were reported and these remain under investigation.

Each incident was discussed with the patient and their family and they are aware of the investigation, in line with the Duty of Candour framework.

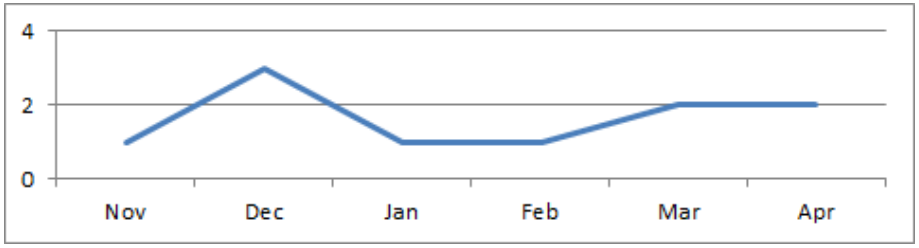
| Date of incident | Datix ID | Summary |
|---|---|---|
| 10.04.17 | **52296** | Fall resulting in a head injury |
| 13.04.17 | **52374** | Fall resulting in a fracture |
| 12.04.17 | **52419** | Intrauterine death |
| 19.04.17 | **52518** | Fall resulting in a fracture |
| 23.04.17 | **52648** | Maternal complication of pregnancy |
| 24.04.17 | **52656** | Fall resulting in a fracture |
| 29.04.17 | **52903** | Hospital acquired infection |

Royal United Hospitals Bath
NHS Foundation Trust

# Overdue Serious Incident reports summary

Helen Blanchard

**Current performance**
SI reports due for submission in April




The drive to reduce the number of overdue SI reports will continue this year, to a target of zero overdue reports.

As of 16 May 2017, there are 19 Serious Incidents that remain open. Of these, two incident reports are overdue for submission to the Clinical Commissioning Group by the agreed due date, one of which was due in April; an extension has not been requested from the CCG for either of these investigations. The investigation has been completed for a further seven of the 11 incidents and these investigation reports are in draft. Any delay in providing a final report is escalated to the relevant Divisional Management team, for them to identify what further support can be provided to the investigator to enable them to completing the investigation and draft the report.

The Operational Governance Committee monitors the progress against the action plans developed following the investigation and at the March OGC meeting, the status was:

| | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 | Apr-17 |
|---|---|---|---|---|---|---|
| Outstanding action plans | 10 | 14 | 14 | 14 | 19 | 8 |
| Outstanding actions | 18 | 26 | 23 | 32 | 29 | 15 |

The Heads of Nursing and Divisional governance leads are notified of the responsible managers who require support to complete their actions.

# Nursing Quality Indicators - Exception Report

Helen Blanchard

**Areas of focus**
Five wards flagged this month as having nursing quality indicators of note (as below). None of the wards that flagged last month have flagged again this month.
It is particularly pleasing to note that Respiratory Ward which flagged for the previous 7 months has not flagged this month. This was due to improvements with staff sickness and appraisal completion

**Pulteney ward**
This ward last flagged in March 2017.
The Quality Metrics of note are:
- HCA staffing (day) and RN staffing (night) <90%
- C.Difficle x 1 case
- 1 Fall resulting in major harm
- RN sickness (long term)7.6% and HCA sickness 7.3%
- RN and HCA Appraisal rates < 80%

Root Cause Analysis investigations are underway regarding the incidents of C.Difficle and Fall. Sickness is being proactively managed with support from HR and there is an action plan in place to improve the Appraisal rates
A ward deep clean was completed 17 May to support C.Diff measures

**Acute Stroke Unit (ASU)**
This ward has not flagged within the previous 6 mths.
The Quality Metrics of note are:
- RN staffing day and night and HCA day staffing <90%
- 8 Falls (x3 minor harm)
- RN sickness 5.8% and HCA sickness 7.6%

Staffing during the day was supported by the Senior Sister and Matron working clinically as required. The night shift had increased HCA hours to provide adequate staffing levels

**Combe ward**
This ward last flagged in March 2017.
The Quality Metrics of note are:
- RN staffing <90%
- C.Difficle x 1 case
- 6 Falls (x1 moderate)
- RN sickness (long term) 13.5%
- RN and HCA Appraisal rates < 80%
- Staffing Datix reports (5)

Care Assistant hours day and night shifts were >100% to support the RN fill rate and included 'specials' that were required for 1:1 care.
Sickness is being proactively managed with support from HR and there is an appraisal action plan in place that has already seen some improvement since these figures (month lag). A C.Difficle Root Cause Analysis investigation has been completed

**Parry ward**
This ward has not flagged within the previous 6 mths.
The Quality Metrics of note are:
- RN staffing night <90%
- 7 Falls (x4 minor harm)
- RN sickness 12.3% and HCA sickness 9.8%
- HCA Appraisal rate <80%
- FFT response rate <35%

The Matron is closely supporting this ward and Senior Sister and has plans in place to manage the Appraisals and increase the FFT response rate. Sickness is being managed with support from HR where required

**Other quality metrics of note:**
- Pressure Ulcers (PUs): there were no hospital acquired PUs this month
- Falls: the numbers are fairly consistent and within National benchmarks. However to further reduce the number of falls and harm events a Falls Emersion Event took place 3 May which was well attended by clinical staff

## Appendix A: Nursing Quality Indicators - Monthly Template

**APPENDIX A**

| Ward Group | Ward Name | Report for April 2017 by ward/area triangulating FFT Percent Recommending; PALS; Complaints; Cdiff; Falls; Pressure Ulcers; HR, Staffing | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | FFT % Recommending | FFT Response Rate % | Number of complaints received | Number of PALS contacts | | Number of patients with CDiff | Number of patients who fell | | | | Number of pressure ulcers | | | Human Resources | | | | Nurse Staffing Datix Reports | Safer Staffing % Fill rate | | | | Number of times parameters outside of KPI metrics | | | | | | |
| | | | | | | | | | | | | | | | Sickness % | | Appraisal % | | | Day | | Night | | | | | | | | |
| | | | | | Positive | Negative | | Negligible harm | Minor harm | Moderate harm | Major harm | Cat: 2 | Cat: 3 | Cat: 4 | RN/RM | HCA | RN/RM | HCA | | Registered Nurses/ Midwives | Care Staff | Registered Nurses/ Midwives | Care Staff | Apr 17 No: | Mar 17 No: | Feb 17 No: | Jan 17 No: | Dec 16 No: | Nov 16 No: | 6 mths Total No: flags |
| Emergency Department | A&E | 98 | 15% | 1 | 1 | 2 | | 1 | 1 | | | | | | 2.9 | 9.0 | 88.8 | 95.8 | | N/A | N/A | N/A | N/A | 1 | 2 | 2 | 1 | 1 | 0 | 7 |
| | MAU | 95 | 34% | | | | | 2 | | | | | | | 4.8 | 10.8 | 80.5 | 82.6 | | 80.6% | 90.3% | 86.1% | 114.9% | 3 | 5 | 6 | 3 | 5 | 2 | 24 |
| | SAU | 94 | 21% | 1 | | | | | | | | | | | 7.2 | 1.2 | 89.5 | 92.9 | | 84.6% | 76.9% | 88.4% | 131.7% | 4 | 3 | 4 | 2 | 1 | 2 | 16 |
| Inpatient Wards | Cheselden | 100 | 98% | | | | | 5 | 2 | 1 | | | | | 3.6 | 1.5 | 100.0 | 100.0 | 1 | 93.6% | 147.5% | 98.3% | 111.7% | 1 | 0 | 1 | 0 | 3 | 2 | 7 |
| | Charlotte | 98 | 38% | | | | | 1 | 1 | 1 | | | | | 0.2 | 3.5 | 87.5 | 100.0 | 1 | 88.1% | 90.9% | 98.3% | 99.9% | 1 | 2 | 2 | 1 | 1 | 3 | 10 |
| | Forrester Brown [A] | 98 | 53% | | | | | 4 | | | | | | | 3.2* | 4.5* | 100.0 | 100.0 | | 81.7% | 55.4% | 98.1% | 97.8% | 2 | 1 | 2 | 1 | 2 | 2 | 10 |
| | Helena | 100 | 60% | | | | | 2 | 1 | | | | | | 8.0 | 7.9 | 81.3 | 78.6 | | 106.7% | 128.9% | 94.6% | 168.3% | 2 | 2 | 2 | 0 | 2 | 1 | 9 |
| | Mary Ward* | 100 | 19% | | | | | | | | | | | | 4.4 | 2.0 | 84.3 | 81.0 | | 107.9% | 86.7% | 98.4% | 91.0% | 2 | 4 | 3 | 5 | 4 | 4 | 22 |
| | Cardiac | 97 | 37% | | | | | 3 | 1 | | | | | | 4.9 | 0.7 | 81.8 | 100.0 | | 86.0% | 99.6% | 74.8% | 161.6% | 2 | 4 | 5 | 7 | 4 | 4 | 26 |
| | Robin Smith | 100 | 44% | | | 1 | | 3 | 1 | | | | | | 11.6 | 2.5 | 95.5 | 93.8 | 1 | 85.8% | 94.0% | 89.6% | 130.0% | 3 | 0 | 4 | 2 | 6 | 2 | 17 |
| | Surgical Short Stay Unit | 96 | 57% | | | 1 | | 3 | | | | | | | 6.8 | 4.7 | 87.0 | 72.7 | 1 | 76.8% | 103.3% | 87.6% | 95.0% | 3 | 1 | 2 | 2 | 2 | 3 | 13 |
| | NICU | 100 | 5% | | | | | | | | | | | | 3.8 | 3.8 | 81.0 | 100.0 | | 73.3% | 92.5% | 73.8% | 161.7% | 3 | 2 | 1 | 3 | 3 | 2 | 14 |
| | Medical Short Stay Unit | 100 | 29% | | | | | 1 | 1 | | | | | | 3.2 | 12.1 | 93.3 | 85.7 | | 76.8% | 93.0% | 99.7% | 103.2% | 3 | 2 | 4 | 4 | 3 | 5 | 21 |
| | Children's Ward | 98 | 28% | | | | | | | | | | | | 1.3 | 2.0 | 81.6 | 75.0 | | 79.0% | 164.6% | 90.3% | 113.3% | 3 | 3 | 3 | 3 | 4 | 3 | 19 |
| | ACE OPU | 99 | 67% | | | | | 4 | | | | | | | 0.3 | 10.2 | 81.0 | 80.0 | | 68.6% | 91.1% | 97.4% | 100.4% | 3 | 3 | 3 | 5 | 6 | 5 | 25 |
| | Waterhouse | 100 | 39% | | | | | 9 | | | | | | | 3.2 | 3.9 | 87.5 | 88.2 | | 72.0% | 97.3% | 68.8% | 104.4% | 3 | 7 | 5 | 5 | 4 | 5 | 29 |
| | Violet Prince (RNHRD) | 95 | 30% | | | | | | 1 | | | | | | 4.0 | 12.9 | 93.3 | 100.0 | | 97.1% | 87.9% | 100.0% | 66.7% | 4 | 1 | 2 | 3 | 3 | 4 | 17 |
| | Pierce [FB- B] | 92 | 26% | | | | | 1 | | | | | | | 3.2* | 4.5* | 55.0 | 66.7 | | 80.2% | 123.1% | 93.1% | 151.7% | 4 | 2 | 0 | 0 | 8 | 4 | 18 |
| | Critical Care Services | N/A | N/A | | | | | | | | | | | | 4.7 | 8.8 | 88.7 | 75.0 | | 92.0% | 96.9% | 89.3% | 20.0% | 4 | 2 | 4 | 2 | 5 | 8 | 25 |
| | Midford | 100 | 55% | | | | | 6 | 3 | 1 | | | | | 7.6 | 0.9 | 100.0 | 88.2 | 1 | 69.3% | 111.2% | 79.6% | 119.1% | 4 | 4 | 3 | 2 | 4 | 3 | 20 |
| | Phillip Yeoman | 99 | 64% | | | | | | | | | | | | 11.1 | 9.2 | 88.2 | 100.0 | | 97.6% | 72.8% | 85.2% | 110.2% | 4 | 4 | 3 | 3 | 5 | 5 | 24 |
| | William Budd | 96 | 36% | | | | | 5 | 1 | | | | | | 7.7 | 0.0 | 83.3 | 100.0 | 1 | 88.1% | 113.2% | 89.1% | 125.3% | 4 | 4 | 3 | 4 | 3 | 2 | 20 |
| | Respiratory | 90 | 64% | 1 | | | | 5 | | | | | | | 5.1 | 3.0 | 94.4 | 100.0 | | 64.1% | 114.9% | 68.1% | 111.1% | 5 | 6 | 6 | 8 | 8 | 7 | 40 |
| | Haygarth | 97 | 54% | | | | | 5 | 1 | | | | | | 0.1 | 9.4 | 86.7 | 69.2 | 2 | 84.8% | 102.8% | 71.9% | 119.8% | 5 | 4 | 7 | 8 | 6 | 6 | 36 |
| | CCU | 100 | 55% | | | | | | | | | | | | 10.8 | 45.8 | 80.0 | 75.0 | | 81.7% | 55.4% | 98.1% | 97.8% | 5 | 6 | 5 | 3 | 4 | 3 | 26 |
| | Parry | 94 | 33% | | | | | 3 | 4 | | | | | | 12.3 | 9.8 | 100.0 | 77.8 | 1 | 93.1% | 91.3% | 70.7% | 159.4% | 6 | 3 | 5 | 2 | 4 | 4 | 24 |
| | Acute Stroke Unit | 100 | 52% | | | | | 5 | 3 | | | | | | 5.8 | 7.6 | 94.4 | 93.8 | 2 | 79.9% | 88.1% | 85.4% | 119.7% | 6 | 4 | 3 | 4 | 5 | 4 | 26 |
| | Pulteney | 92 | 53% | | | | 1 | 1 | 2 | | 1 | | | | 7.6 | 7.3 | 71.4 | 57.1 | 1 | 90.5% | 87.7% | 89.9% | 117.8% | 8 | 5 | 7 | 4 | 4 | 5 | 33 |
| | Combe | 100 | 56% | | | | 1 | 5 | | 1 | | | | | 13.5 | 0.0 | 64.7 | 64.7 | 5 | 86.1% | 144.0% | 72.2% | 156.7% | 8 | 5 | 6 | 5 | 5 | 5 | 34 |
| * FFT data taken from Maternity FFT touchpoint 2 - Postnatal Ward | | 80% or less | < 35% (< 15% ED, MAU & SAU) | Nursing / Midwifery related | N/M related | C. Diff (per patient) | | 5 Falls or more or major harms | | | | HA PUs | | | 5% or more | | 80% or less | | 5 or more | < 90% | | | | More than 5 | | | | | | |

Template updated 10 January 2017 V.3

* FFT Data Forrester Brown A&B
* Forrester Brown Ward (Prior to becoming 2 wards A&B)
* Forrester Brown data as old ward (not split)

| | |
|---|---|
| **A&E** | ED Nursing |
| **SAU** | SAU |
| **MAU** | MAU |

| | |
|---|---|
| **Acute Stroke Unit** | Acute Stroke Unit |
| **NICU** | Newborn Intensive C U |
| **Pulteney** | Pulteney Ward |
| **Medical Short Stay Unit** | Med Short Stay |
| **Cheselden** | Cheselden Ward |
| **Robin Smith** | Robin Smith Ward |
| **CCU** | Coronary Care Unit |
| **Helena** | Helena Ward |
| **Phillip Yeoman** | P.Yeoman/Recovery |
| **Surgical Short Stay Unit** | Short Stay Surgical Ward |
| **Children** | Paediatric Inpats & Outpats (Pay Only) |
| **ACE OPU** | ACE OPU |
| **Cardiac** | Cardiology Ward |
| **Parry** | Parry Ward |
| **Forrester Brown A** | Forrester Brown |
| **Haygarth** | Haygarth Ward |
| **Charlotte** | Charlotte Ward |
| **Waterhouse** | Waterhouse Ward |
| **Combe** | Combe Ward (3) |
| **Midford** | Midford Ward (9) |
| **Respiratory** | Respiratory Unit |
| **William Budd** | W Budd Cancer Unit |
| **ITU** | Critical Care Unit |
| **Mary Ward *** | PAW Mary Ward |
| **Violet Prince (RNHRD)** | Rheumatology Inpats |