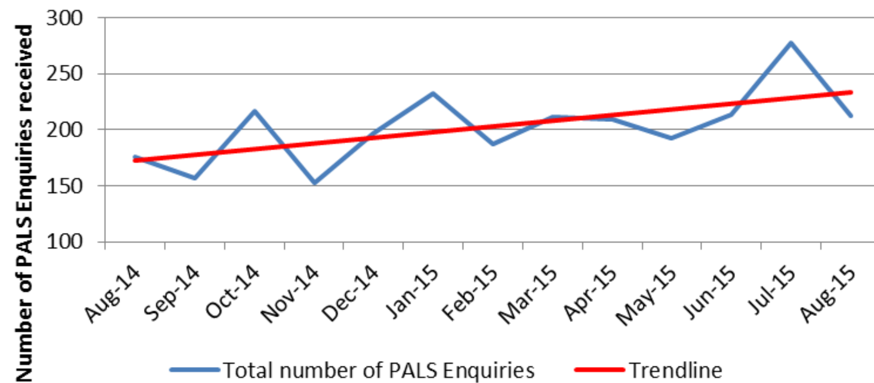
QUALITY REPORT

PART A – Patient Experience

Patient Advice and Liaison Service (PALS) Report



There were 212 contacts with the PALS service at the RUH site:

- 122 required resolution
- 15 provided feedback
- 72 requested information or advice
- 3 were compliments

The top three subjects requiring resolution were:
Communication and Information – of the 44 contacts (36%) there were 14 contacts regarding difficulties in accessing outpatient services by telephone. Of these, eight related to Orthodontics and Oral Surgery.

Appointments – the majority of these 22 contacts (18%) were queries regarding outpatient appointments, for example forgotten dates or wanting to change appointment dates.

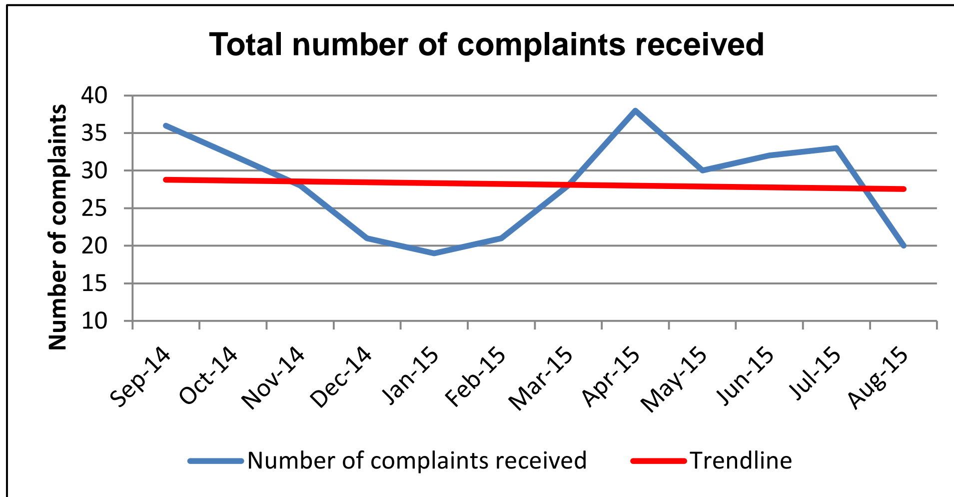
Clinical care and treatment – of the 18 contacts (15%) none were attributed to a particular hospital service.

Difficulties in accessing outpatient services by telephone - learning and service improvements: Orthodontics and Oral Surgery
The problems correlate to staff retiring in June. All posts were recruited into, however there have been delays in start dates.

Where PALS have reported difficulties that patients/carers have had in accessing information about appointments, it relates more specifically to making a new appointment through our central booking team rather than accessing individual outpatient departments. In future reports, PALS will provide a breakdown of ‘accessing information’ for both the central booking service and outpatient departments

Complaints Report

Complaints



In August, 20 formal complaints were received. These were from the following areas:

- Outpatients: 6
- Ward areas: 7
- Surgical Short Stay: 1
- Theatres: 1
- Birthing Centres: 5

The Medical Division had 7 complaints, the Surgical Division had 7, and the Women and Children's Division had 6 complaints in August.

Women and Children's Division complaints:

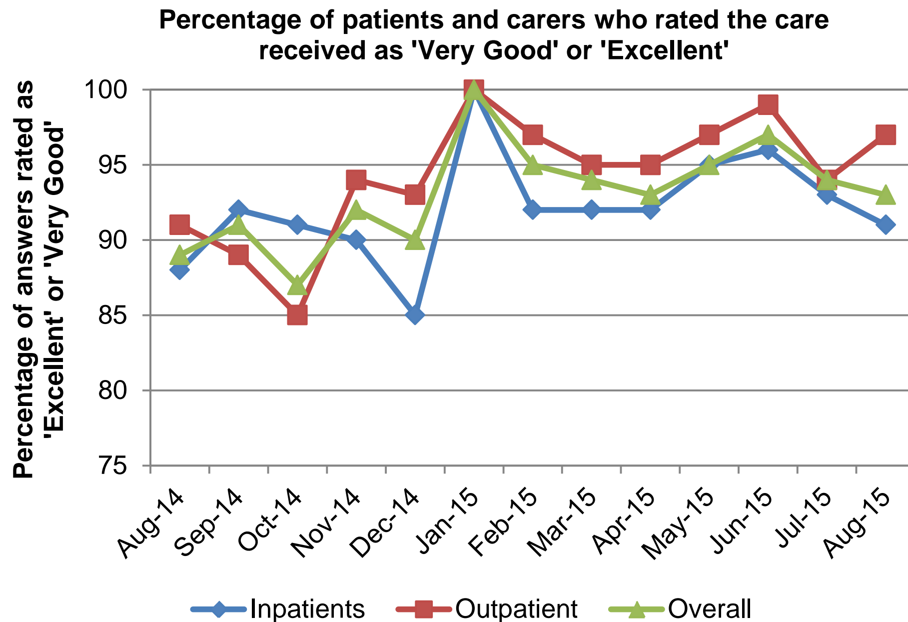
- Gynaecology: 1
- Maternity Services: 5
  - RUH care: 2
  - Community care: 3

The 4 main reasons for complaints in August (accounting for 75% of complaints) were:

- Inappropriate care and treatment: 6
- Quality concerns regarding medical care and co-ordination of care: 5
- Lack of clear explanation: 2
- Staff attitude: 2

Meridian Survey Results (Inpatient and Outpatient Surveys)

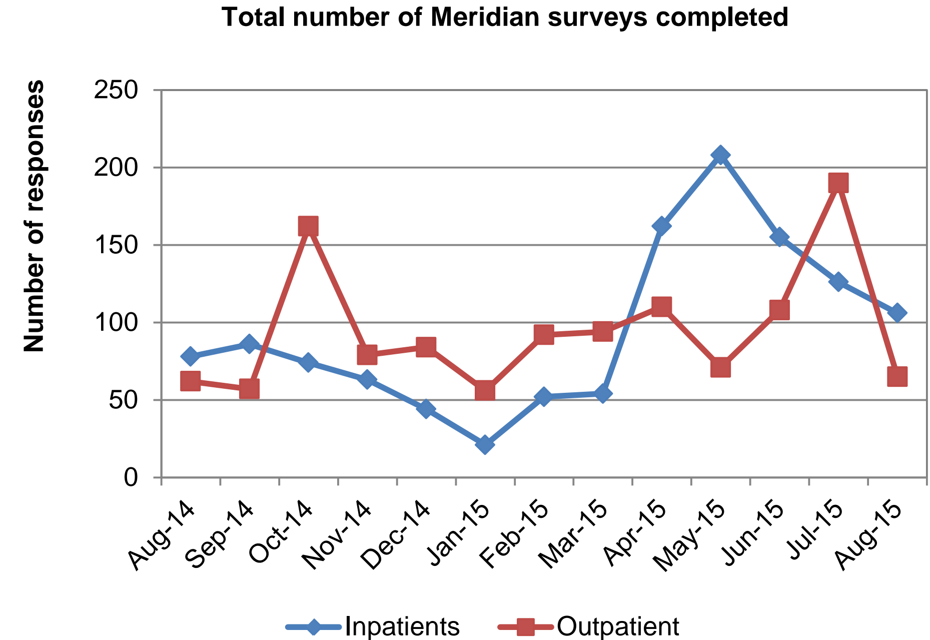
Current Performance



The overall percentage of patients that rated their care as 'Very Good' or 'Excellent' was 93% for August. Scores are broken down as follows:

- Outpatients: 97%
- Inpatients: 91%
  - Outpatients: 98%
  - Carer survey: 79%

The decline in the score from the previous month reflects the lower score this month from the Carer survey. This was 79% for August compared with 92% for July. An analysis of the lower score in August will be included in the Q2 report.



There has been a decrease in the number of outpatient surveys (65) and inpatient surveys (106) completed in August.

The Patient Experience team continues to work with the Heads of Nursing and Matrons to ensure feedback surveys are undertaken, with targets agreed for Matrons of five surveys per week for each inpatient area.

September 2015 - Safer Staffing Monthly Report (August data)

Trust Overview

The average number of Registered Nurse (RN) hours at the RUH has been fairly consistent each month and reflects RN vacancies. Additional HCA hours covered this to provide adequate availability of nurse staffing overall. Hours required are dependant on acuity/dependency and HCA hours will also include Band 4 Assistant Practitioner posts.
The RN (day) hours at the RNHRD on Violet Prince ward was due to vacancies, long term sickness and maternity leave. RUH staff allocated to additional beds at RNHRD provided cover, therefore staffing levels were sufficient to deliver the quality of care required.

August 2015	Day shift		Night shift	
	Ave fill rate RN/RM	Ave fill rate HCA	Ave fill rate RN/RM	Ave fill rate HCA
RUH	83.3%	105.3%	86.9%	108.8%
RNHRD V.Prince Ward	89.0%	91.1%	98.4%	100%
Chippenham Birthing Suite	100%	100%	100%	100%
Paulton Birthing Suite	100%	100%	100%	100%

The ward by ward staffing levels data are provided on Appendix D and where wards actual hours fill rate are outside of the parameters <90% (red) or >120% (blue) against their planned levels, explanations and remedial actions are provided.

The overall number of individual ward's day and night shifts outside these parameters increased this month to 62 from 47 last month with an increase in 'red' shifts (<90% fill). This reflects the number of Registered Nurse vacancies which increased this month. Staff were deployed to cover as required shift by shift against patient acuity and dependency to ensure safe staffing levels as per Nurse Staffing Escalation Policy.

The staffing hours % fill rate have been incorporated on the FFT triangulation chart and mapped against quality matrices (Appendix A).
Two wards flagged this month, Respiratory and Midford Wards and the commentary on these wards is cited on the FFT Exception report overleaf with more detailed information provided.

Nursing Recruitment and Retention

RN vacancies on the wards are consistent again this month and is approximately 85wte, however this includes maternity leave and long term sickness vacancies. Newly qualified RNs will be coming into post September 2015. To attract and recruit more nurses into the Trust the Medical Division is planning Open Days for specific areas e.g. ED during September. The Recruitment and Retention Group is also developing a Business Case to recruit EU Registered Nurses, as well as plans for developing more Assistant Practitioners. The Director of Nursing and Midwifery and Director of Human Resources are supporting the development of these plans.

Senior Sister and Matron vacancies

All vacancies are being cover with good interim arrangements and will be advertised as required.

Staffing Incidents review

The Heads of Nursing/Midwifery have undertaken a critical review of staffing incidents reported over the last financial year and including a 'deep dive' review over a 6 month period to identify themes etc. Staffing incidents are often reported when there are felt to be insufficient staff/skills on duty for the needs of the patients. This review was presented and at Operational Governance Committee in August and will be discussed in more detail at the Nursing and Midwifery Workforce Planning Group to agree any further actions that may be required. Of all the incidents reviewed over the 6 month period – no patients suffered any moderate or above harm events.

Triangulation Chart – Exception Report

Areas of focus - The full Triangulation Report is shown in Appendix A.

Two wards have flagged this month

Respiratory Ward

This ward has lagged for the third successive month with day and night staffing Registered Nurse (RN) fill rate <90%, predominately due to vacancies. They will be up to full establishment in September when the newly qualified nurses are Registered. Their quality matrices improved slightly although 1 patient contracted Clostridium difficile. They also met their ward accreditation standards on the second re-assessment.

Quality matrices to note are:

- Friends and Family Test (FFT) net promoter score 71 (59 last month)
  FFT negative comments and complaints noted about nurse staffing levels
- Falls x 6 (5 negligible, 1 minor harm) (12 falls last month)
- Clostridium difficile x 1 patient
- Health Care Assistant (HCA) sickness 16.5% (July)

Midford Ward (Older persons)

This ward flagged this month although they have not flagged for several months as their quality matrices had improved.

Their FFT net promoter score is very low at 33. The interim Senior Sister is looking at the FFT data in detail to determine why they have scored at this level as the FFT written comments are complimentary about nursing. This ward has also met their ward accreditation standards.

Their quality matrices are:

- FFT net promoter 33
- Falls x 10 (4 negligible, 6 minor harm - 1 of whom was a repeat faller)
- Clostridium difficile x 1 patient

Note:

William Budd Ward (Oncology)

This ward flagged last month, but has not flagged this month as their quality matrices have improved (FFT score improved and patient experience).

Quality matrices overall

This month some of the quality safety metrics have improved:

- Falls x 2 moderate harms (5 moderate harms last month) and the overall number has reduced by 18 falls this month.
- Formal complaints received (8) reduced from 12 last month
- Negative PALs comments reduced by 50%

Quality safety matrices that increased this month are:

- Clostridium difficile x 7 cases (6 cases last month)
- Grade 2 Pressure Ulcer x 1 (Nil last month)

The number of falls increased on **Helena Ward** this month (9 negligible and 2 minor). The Quality Improvement Facilitator is working closely with ward falls team and reviewing the cases to put any necessary further actions into place.

RNHRD Violet Prince Ward – FFT scores were poor (net promoter 28). Written comments were from patients who were inpatients for rehabilitation programmes and lacked sleep due to noise at night from other patients, some of whom were transferred during the temporary closure of Waterhouse Ward.

Actions being taken:

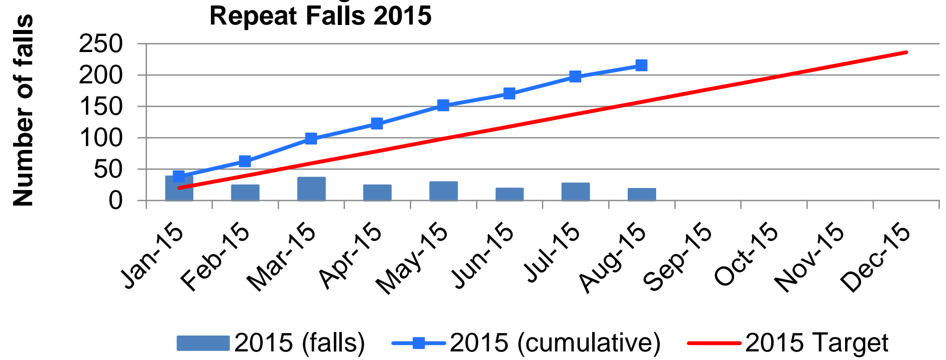
Respiratory Ward

- The Head of Nursing is working closely with the respective Matron and Senior Sister with oversight from the Director of Nursing and Midwifery to determine any remedial actions that need to be undertaken.
- The Safer Nursing Care Tool (acuity/dependency) review was undertaken in August and this will be reviewed to determine if staffing levels match the patient's care needs on this ward.

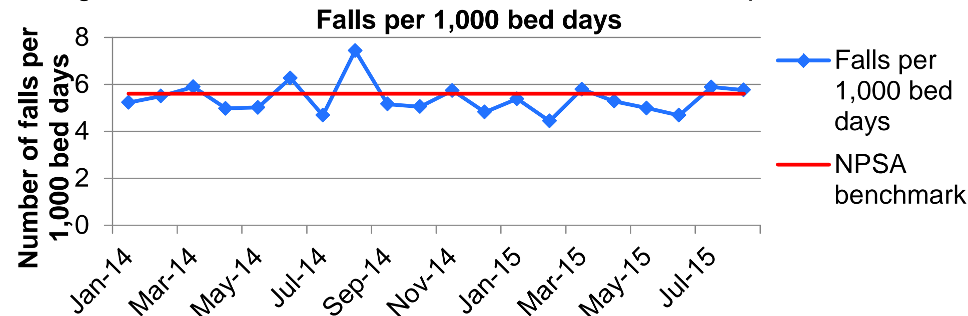
PART B – Patient Safety and Quality Improvement

Patient Safety – Falls

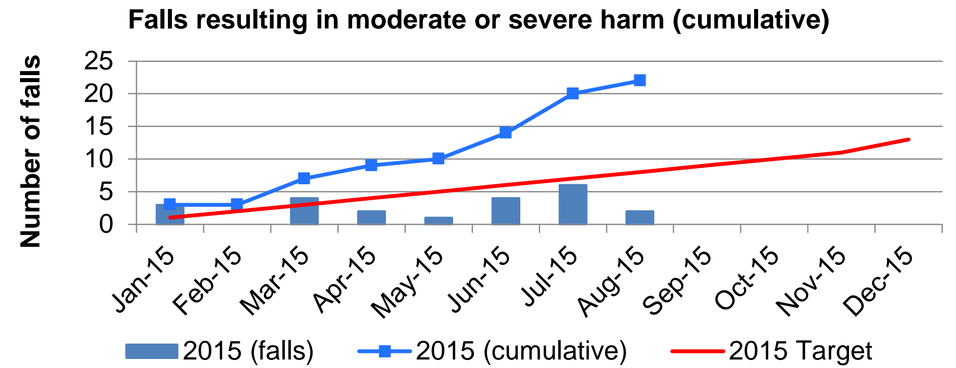
Background
Reduction in falls is one of the Trust's safety priorities. All ward areas, except ITU now have an identified Ward Falls Lead, and the Falls Care Bundle will be in place on all wards by the end of Q2. The targets for this workstream are a 10% reduction in the number of repeat falls (the same patient falls more than once) and a 25% reduction in falls resulting in moderate or severe harm.



The Trust is above the trajectory for repeat fallers. There were 18 repeat falls in August. However, this is within the monthly target of 19.7. Repeat falls continue to be a high priority for reduction and are being addressed through the Ward Falls Leads and individual ward action plans.



The above graph demonstrates that the number of falls are in line with the National Patient Safety Agency benchmark.



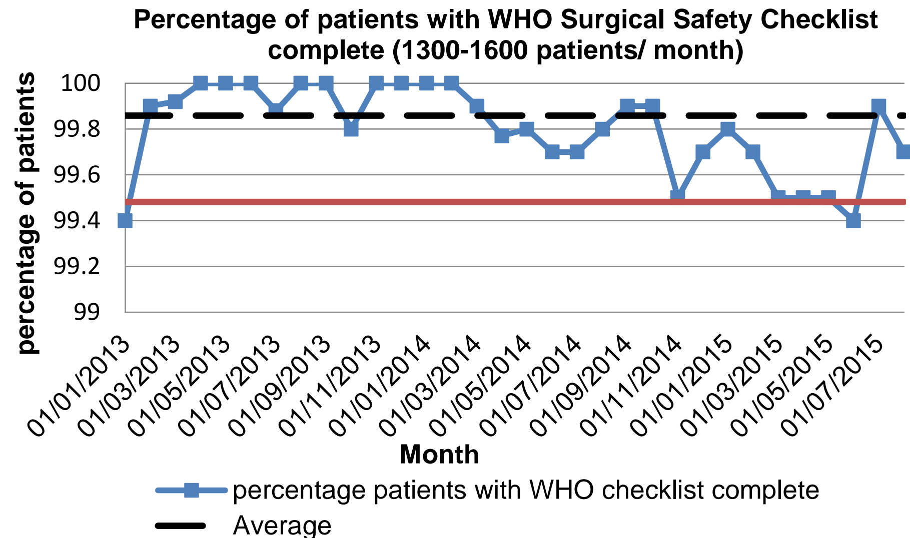
- The Trust is above the trajectory for moderate or severe harms from falls. The themes of the root cause analysis reports are discussed at the Falls Steering Group. These are incorporated into the Falls Workplan and the specific ward actions are cascaded to the Ward Falls Leads.
- A report proforma for investigation of a fall resulting in serious injury is being developed with the Risk Management team. This will ensure a level of consistency with qualitative information across investigations.
- Work to provide intensive support to achieve compliance with the Falls CQUIN continues. During Q2 there has been specific targeted action directed at supporting nurses with achieving the timescales for completion of their documentation.
- Falls simulations have been conducted which are felt to have been a very positive and useful learning experience by the staff involved.
- From September the Trust has purchased 20 Sidhill Innov8 Low beds. As part of this deployment there will be an increased awareness of the use of this equipment and the appropriateness of the use of bed rails. Additions to datix fields are planned allowing monitoring of the use of these beds and use of bedrails in relation to falls.
- Additional falls prevention equipment continues to be tested. Falls alerts wristbands for patients that have fallen once will be tested on Combe Ward. As well as the provision of 3 more chair sensor alerts funded by the Friends, for the OPU wards.

Patient Safety - Perioperative Update

Current Performance

99.7% patients had World Health Organisation checklist completed in August (1366 patients in total). Uncompliant checklists are fed back monthly via clinical governance department to teams concerned and this has improved over recent months.

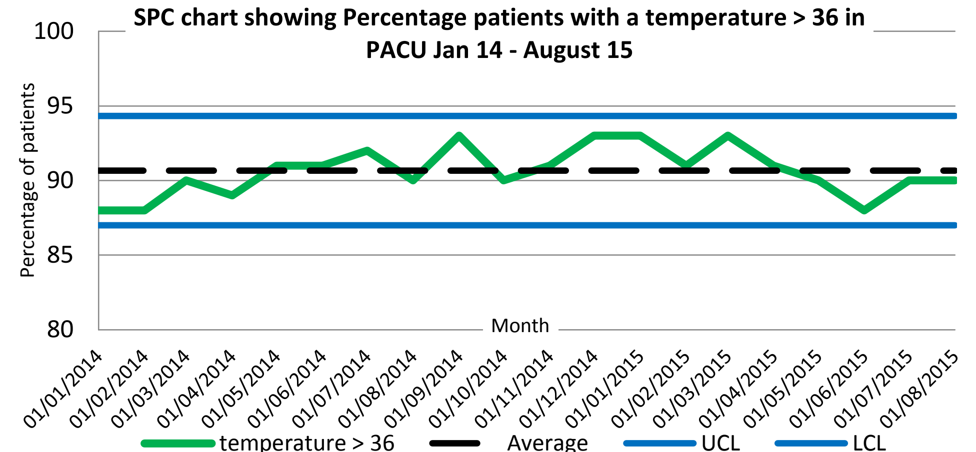
Quality audits are now embedded as part of band 7 nursing responsibility and increased awareness of quality and associated improvements are fed back regularly.



Improvements to the process for intentionally inserted packs has continued and regular assurance audits are due to commence in September. Engagement with the ward staff to ensure awareness on the wards is also being undertaken and it has been identified that this needs to be widespread due to the many different wards that postoperative patients may be admitted to. Work has also commenced on improving the process of handover from Theatre to PACU as well as PACU to the ward using a simple checklist, which is being tested.

Prevention Intraoperative Hypothermia

This has continued to be sustained with an average of 91% of patients' temperature being maintained



Further developments – Emergency Laparotomy Collaborative (ELPQUIC)

Over the last 2 years a grant from the Health Foundation has led to the RUH developing a pathway for patients requiring emergency laparotomy with 3 other centres. These are a high-risk group of patients with a high mortality rate, which has also been recognised nationally, also following work from the RUH. The project led to improved outcomes for our patients and this has now been incorporated into the Academic Health Science Network (AHSN) Patient Safety Programme. Further funding from the Health Foundation has enabled the AHSN to combine with 2 other AHSNs to scale this work up into an 'Emergency Laparotomy Collaborative' which is being launched in September. The RUH is therefore continuing to embed these improvements and a specific steering group has therefore been established for which James Scott (Chief Executive) is the Executive sponsor. The progress of this work will be reported as part of the perioperative workstream.

2015/16 CQUIN – Breastfeeding (Q1 Summary)

Background
The CQUIN for Breastfeeding 2015/16 is split into two parts:

- Part A: Increase the percentage of women that have initiated breastfeeding at delivery
- Part B: Increase the percentage of women provided with information (leaflet and video) pertaining to safe feeding practice at discharge if chosen to bottle feed

Part A Progress (April-June) - % of women initiated breastfeeding
There has been significant progress against the actions in the action plan that have resulted in the achievement of the Q1 target (see table opposite). Specific areas of progress include:

- Staff Education – Mandatory study days arranged for 2015/16
- Data Quality – In July a number of key fields within Millennium were made mandatory to improve data capture. Additional staff were put in place to support data compliance and a designated Maternity Change Analyst is working with staff to ensure compliance with Millennium processes
- Volunteer Staff – Peer Support Co-ordinator leads on the recruitment and training that ensures consistency of approach and knowledge of role responsibilities

Part B Progress (April-June)- % of women provided with information
The audit data is collected via one to one interviews with mothers (random selection of 20) using the World Health Organisation Baby Friendly Initiative (BFI) audit tool. Initial evidence provided by the quarterly audits indicate there has been an increase in the written or verbal support received by women who have chosen to formula feed their babies. The data will be submitted in the Q2 reports as requested.

Measures

- Part A KPI; Increase in the percentage of women that have initiated breastfeeding. Target of 83%; Q1 performance is reported as 83.0% (rated green).

	Apr	May	Jun	Q1
Artificial	71	69	67	207
Breast	310	339	359	1008
Unknown	0	0	0	0
Total	381	408	426	1215
Exclusions	2	3	2	7
% Breastfeeding	81.4%	83.1%	84.3%	83.0%

Next Steps

- Specialist Support Pathway; To continue to work with IT to ensure there is a robust data collection system to provide evidence of the attendance at the education workshops for women and families
- Continue to support data quality compliance via weekly reports sent to all Clinical Leads
- Training and Education for staff to ensure compliance with Millennium processes

2015/16 CQUIN – Raising the awareness of still birth

Background
The CQUIN for stillbirth is split into 2 main parts:

- Part A – Giving all pregnant women information about reduced fetal movements
- Part B – All women having a stillbirth risk assessment completed

Only a few similar projects have taken place across the UK and Europe and they have seen a significant decline in the stillbirth rate. This CQUIN is therefore based around this initiative entitled nationally as *'Count the Kicks'.*

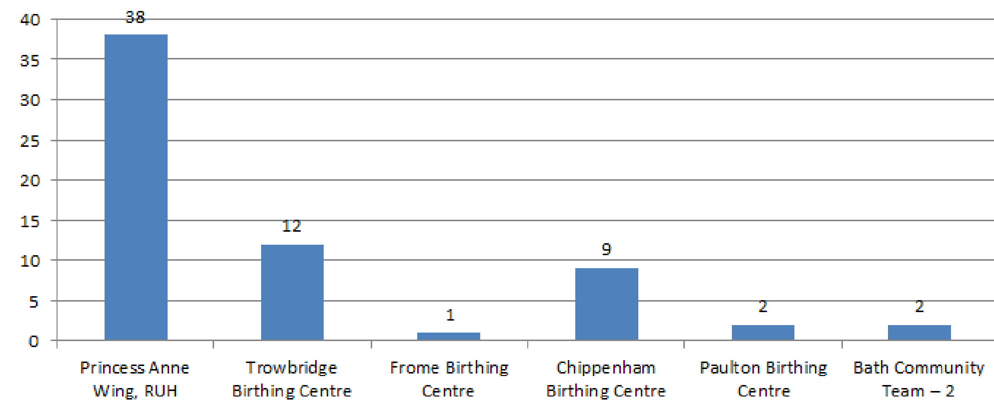
Progress in Q1

Part A and Part B - Maternity staff have been testing and revising the information leaflet and risk assessment documentation using a Plan Do Study Act (PDSA) approach. A training programme for staff around raising awareness of stillbirth and the new patient pathway has commenced. Training figures are detailed in the table opposite. Women across the service are now starting to receive the information at their 25-28 week appointment.

Part C - *Integrate the routine assessment and discussion of stillbirth, as per the Count the Kicks initiative, into the established Trust antenatal care guidelines.* The amendments to the guideline have been made and added to the agenda of the September meeting.

Part D – *Quarterly report on the themes and lessons learnt from stillbirths.* An identified theme was education as 4 out of the 5 women presented to Midwives after a significant period of reduced fetal movements. Learning from the thematic review has been incorporated into part A and B of the project.

Measures
During Q1 the main Key Performance Indicator (KPI) was the number of staff trained in the reduced fetal movement information leaflet and patient assessment. The target was 205 staff to be trained in Q1 and Q2 and 64 staff have received the training so far. The remaining 141 will be trained in Q2.



Next Steps

- Dates set to complete training in remaining areas
- Commence use of paperwork in all areas by end of Q2
- Follow through amendments to guideline in September
- Design plan for data collection to begin in Q3

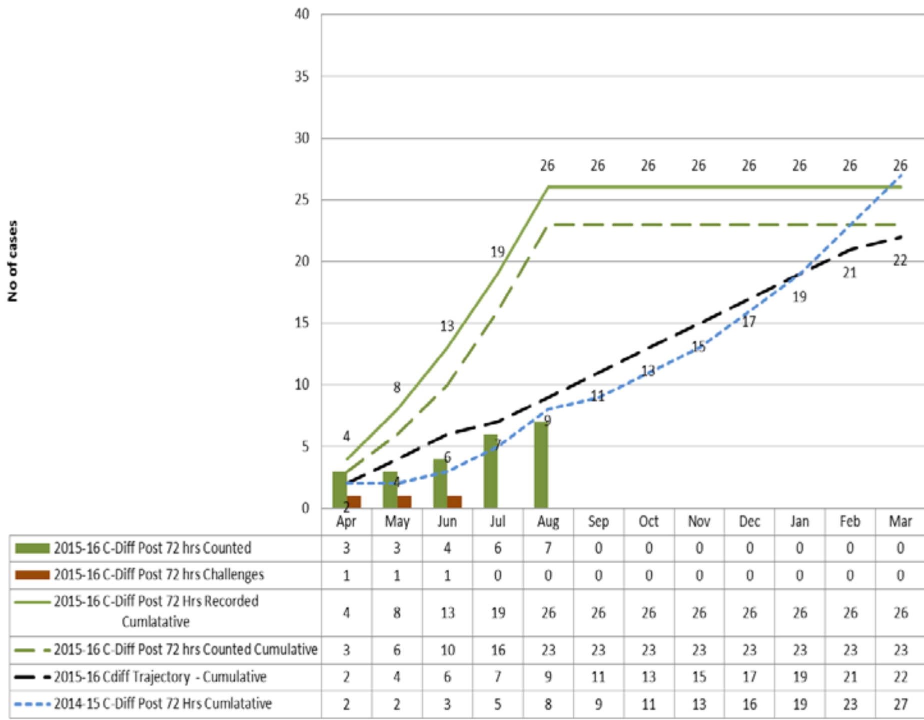
Royal United Hospitals Bath NHS
NHS Foundation Trust

Patient Safety - *Clostridium difficile*

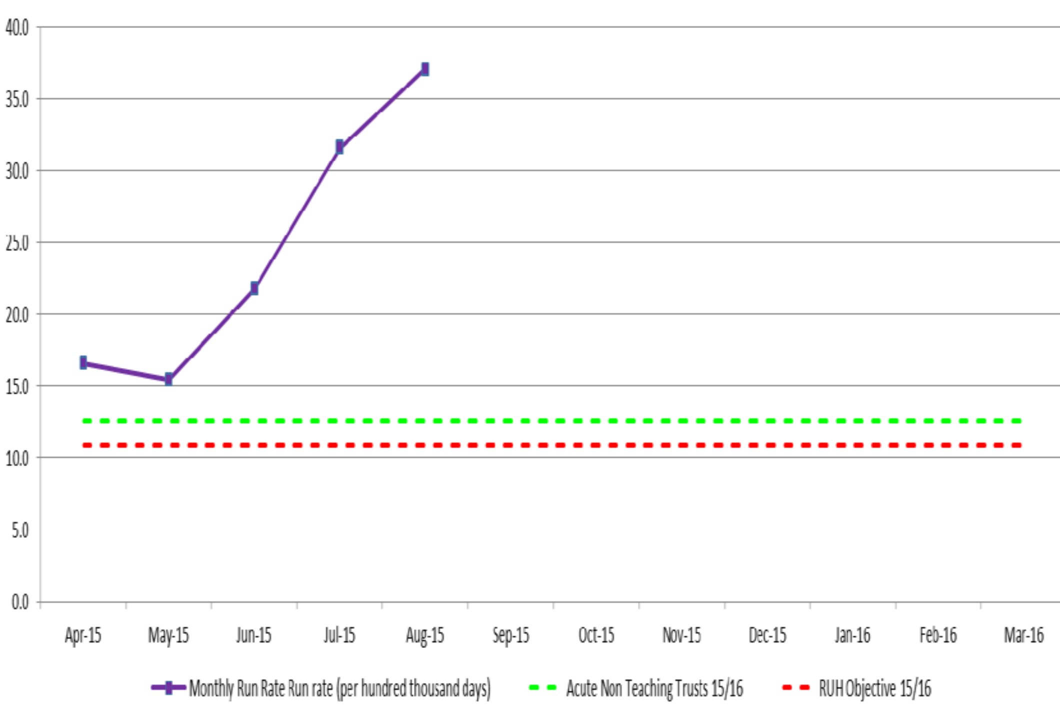
Background

The RUH target for 'Trust apportioned' *Clostridium difficile* in 2015/16 is 22 cases. Clostridium difficile toxin positive stool samples taken 3 or more days after admission are 'Trust apportioned'.

Current Performance



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015-16 C-Diff Post 72 hrs Counted	3	3	4	6	7	0	0	0	0	0	0	0
2015-16 C-Diff Post 72 hrs Challenges	1	1	1	0	0	0	0	0	0	0	0	0
2015-16 C-Diff Post 72 Hrs Recorded Cumlatative	4	8	13	19	26	26	26	26	26	26	26	26
2015-16 C-Diff Post 72 hrs Counted Cumulative	3	6	10	16	23	23	23	23	23	23	23	23
2015-16 Cdiff Trajectory - Cumulative	2	4	6	7	9	11	13	15	17	19	21	22
2014-15 C-Diff Post 72 Hrs Cumlatative	2	2	3	5	8	9	11	13	16	19	23	27



Patient Safety - *Clostridium difficile* improvement plan

Analysis of cases from RCAs
Demographics and risk factors:

- Patients aged 44-93 years, average age 76
- Length of stay 3 – 150 days, average Length Of Stay (LOS) 33 days
- Ribotyping – no indication of cross infection
- All patients had received antibiotics in preceding 3 months

Antibiotic Stewardship (from 20 RCAs)

- 3 (15%) indication for prescribing antibiotics not recorded on drug chart or in notes
- 3 (15%) antibiotics prescribed outside of Trust guidelines without consultation with Microbiologist
- 5 (25%) cases had no antibiotic review/stop dates recorded on the drug chart

Timeliness of stool sampling

- 10 (50%) delays in sending stool samples
- 7 cases may have been community acquired infections if sample taken within 72 hours of admission
- Causing delay in starting appropriate treatment

Appeals

- Agreed: 3
- Pending decision: 4 (2 June, 1 July, 1 August)
- Yet to be reviewed: 0

C diff improvement plan key actions:

- Early identification of patients with possible Clostridium difficile infection
- Timely stool sampling, staff training undertaken
- Isolation within 2 hours of onset of symptoms
- Environmental/equipment cleanliness
- Focus on commode and bed cleaning
- Extra funding to recruit cleaning staff
- Antimicrobial stewardship: embed Start Smart Then Focus
- Guidelines revised to include reduced use of Co-amoxiclav
- Introduction of antimicrobial ward rounds in admission areas

Communication/Raising awareness

- Introduction of antimicrobial ward rounds in admission areas
- Local campaign to heighten awareness of Clostridium difficile and actions required to reduce the risk of infection
- Patient information leaflets
- Involvement with national antibiotic awareness campaigns
- Safety briefings
- Improved communication between departments when patients are transferred
- Collaborative events
- Revised Clostridium difficile care plan
- Active participation in the Local Health Economy HCAI Collaborative
- Clostridium difficile Collaborative event held in August, follow-up session due in September

Serious Incident (SI) summary - July

Current Performance

During July, nine SIs were reported. All incidents are under investigation. The incidents have been discussed with the patient's family and they are aware of the investigations, in line with the Duty of Candour framework.

Date of Incident	Datix ID	Summary
03.07.15	**33571**	Fall resulting in a fracture
06.07.15	**33664**	Delay in performing a CT scan
12.07.15	**33733**	Fall resulting in a subdural haematoma
15.07.15	**33812**	Fall resulting in a fracture
19.07.15	**34053**	Fall resulting in a fracture
15.07.15	**33857**	Fall resulting in a fracture
21.07.15	**34062**	Positive result for legionella
23.7.15 reported 26.7.15	**34244**	Fall resulting in a subdural haematoma
28.07.15	**34242**	Baby born in a poor condition

Serious Incident (SI) summary - August

Current Performance

During August, three SIs were reported. All incidents are under investigation. The incidents have been discussed with the patient's family and they are aware of the investigations, in line with the Duty of Candour framework.

Date of Incident	Datix ID	Summary
04.08.15	**34554**	Baby born unexpectedly unwell and required neonatal intensive care
09.08.15	**34704**	Patient fall resulting in a head injury and a fracture
15.08.15	**34914**	Patient fall resulting in a fracture

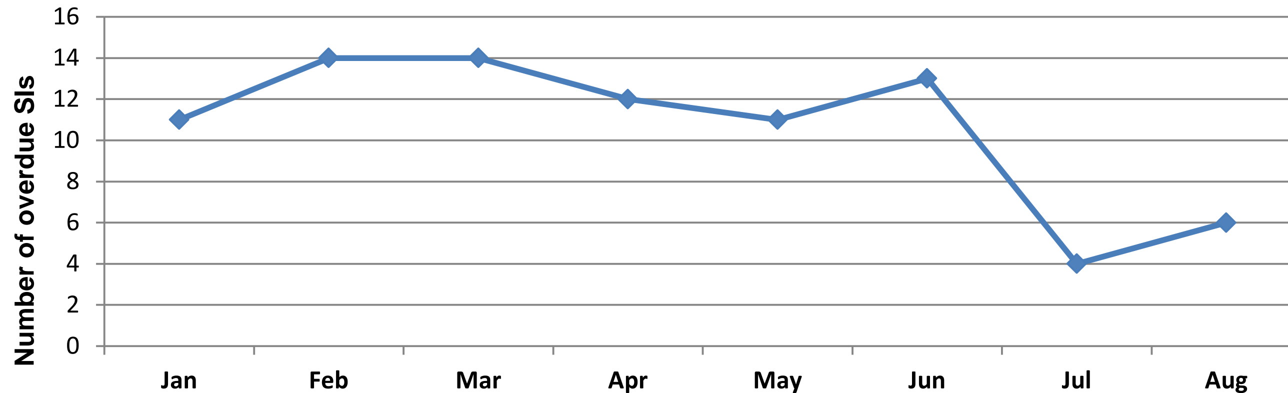
Serious Incident reports approved by the July Operational Governance Committee (OGC)

Date of Incident	Datix ID	Summary	Learning/ Recommendations
29.01.15	**28909**	Fall resulting in a fracture	• The need for prompt mental health review of patients with mental health needs • The need for a multidisciplinary approach to discharge planning
13.03.15	**30237**	Fall resulting in a fracture	• To raise awareness of the potential hazards that night time brings i.e. reduced lighting disorientation/confusion and inability to locate mobility aids • To raise awareness of the role of Night Nurse Practitioners (NNPs), who can also review patients post fall if doctors are delayed • To commence White Board Rounds, to highlight patients who need urgent review
12.03.15	**30363**	Unplanned return to theatres	• Creation of a robust Multidisciplinary Team approach for planning care involving more than one specialty • Creation of a robust system for the notification and approval of planned procedures outside of normal operating times
25.06.15	**33282**	Fall resulting in a fracture	• Estates to review the ward shower facilities, to reduce the risk due to environmental factors

Serious Incident reports approved by the August Operational Governance Committee (OGC)

Date of Incident	Datix ID	Summary	Learning/ Recommendations
20.12.14	**27716**	A pregnant woman undergoing an emergency operation, laboured in theatre with a pathological CardioTacoGraph.	The root cause was the situational awareness and understanding of stage of labour prior to the emergency surgery commencing • All medical staff, including Obstetric Consultants, working in the Obstetric Department must attend the annual maternity Skills Drills which now include this scenario • The running of a live drill in a non-obstetric setting, to test the robustness of the current structures and process for unexpected obstetric emergencies • Develop a guideline for women more than 24 weeks pregnant, who are undergoing non-obstetric surgery in any Theatre • The creation of a transport box/pack of the equipment necessary for a birth taking place outside the maternity unit and an associated standard operating procedure for its implementation
28.05.15	**32407**	A patient had a fall, resulting in a fracture.	• Improve compliance with the Falls Care Plan advice regarding lying and standing blood pressure, medication reviews and cognition re-assessment • Ensure the Falls Care Bundle is rolled out across the Trust
08.05.15	**31811**	Unnecessary surgical procedure.	• Medical Records department to review lessons learned from this incident • Review the investigation report at Radiology discrepancy meeting to highlight the relevant issues and the related safeguards in place • The learning from this incident to be submitted to The Royal College of Radiologists (RCR) – Radiology Events and Discrepancies System (READ) • Sharing the report with the GP; to ensure Primary Care Team share lessons in relation to access to records • Use of a Translator to establish the patient's wishes regarding the method of communication should be implemented in line with the Translation policy
23.06.15	**33219**	Failure to recognise the deteriorating patient.	• Undertake a review of the Vital Signs and National Early Warning Score policy and documentation, to provide clarity around frequency of observations • Creation of a process for the documentation of the handover between the Night Nurse Practitioners (NNP's) and the Outreach team and undertake an audit of NNP documentation

Overdue Serious Incident Reports Summary



As of 7 September, there are 23 open (SIs).

Of these six overdue, two are HR investigations which now have an extended timeframe.

The investigation has been concluded for six of the open incidents and the reports will be submitted to the OGC for approval at the September meeting.

A target of no overdue SIs by October (with the exception of HR investigations) has been agreed. This will require a reduction in the number of overdue SIs by four per month and is supported by the post of Duty of Candour and Serious Incident Advisor.

Trajectory	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Actual	11	14	14	12	11	13	4	6		
Target	-	-	-	-	-	-	12	8	4	0