Report to:	**Public Board of Directors**	**Agenda item:**	**10**
Date of Meeting:	**24th June 2020**		

Title of Report:	**Quality Report**
Status:	**For discussion**
Board Sponsor:	**Lisa Cheek, Director of Nursing and Midwifery**
Author:	**Sarah Merritt, Acting Deputy Director of Nursing and Midwifery**
Appendices	**None**

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 2020 data

The Quality Report this month includes a quarterly update on the improvement priorities as highlighted in the 2020 Patient Safety and Quality Improvement Triangle. Other items will be reported on an exception basis.

This month the report focuses on:

- Patient Experience Patient Advice and Liaison Report
- Patient Experience Complaints Report
- Pressure Ulcers
- Patient Safety Clostridium difficile infections
- Patient Safety Healthcare Associated Infections
- Serious Incidents
- 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

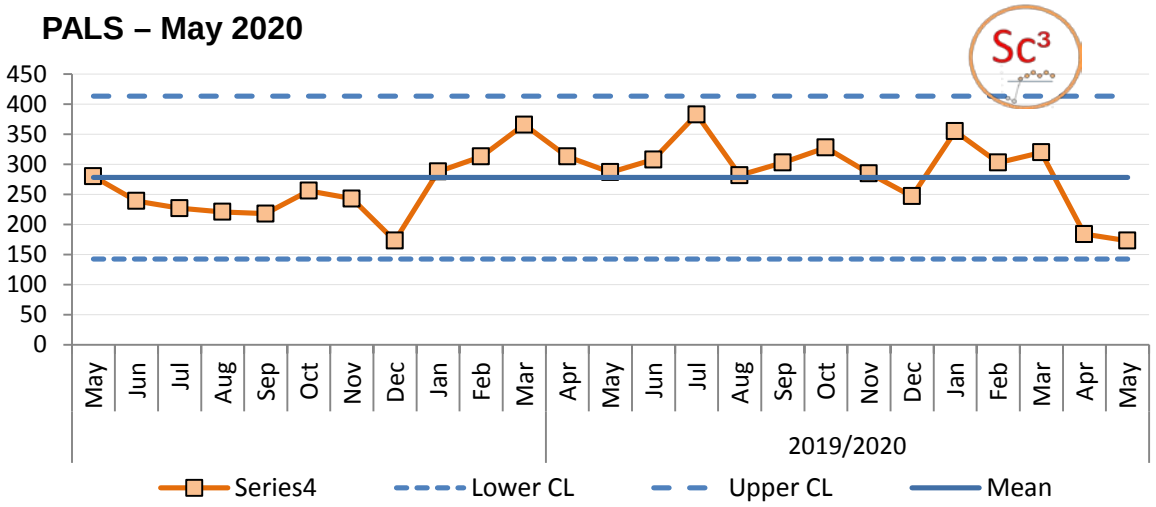
Monthly Quality Reports to Management Board and Board of Directors

8. Freedom of Information

Public

Patient Experience – Patient Advice and Liaison Service

PALS – May 2020



There were **173 contacts with PALS** in May 2020. This is a **decrease** of (6%) from April 2020 and a **decrease** of (40%) compared to the number of contacts in May 2019. Of the contacts:

- 101 requested advice or information (58%)
- 55 required resolution (31%)
- 12 were compliments (6%)
- 5 provided feedback (3%)

What the information tells us

The top 3 subjects requiring resolution were:

Clinical Care and Concerns **13,** Communication and Information **13** and Appointments **7.** There were no trends across these subjects.

Advice and Information

There were **101** contacts requesting advice and information. The majority of contacts related to family members wanting to arrange collection of their relatives property and to send messages of support to inpatients. Patients requested contact information for various departments in addition to asking for information to be forwarded to their Consultants.

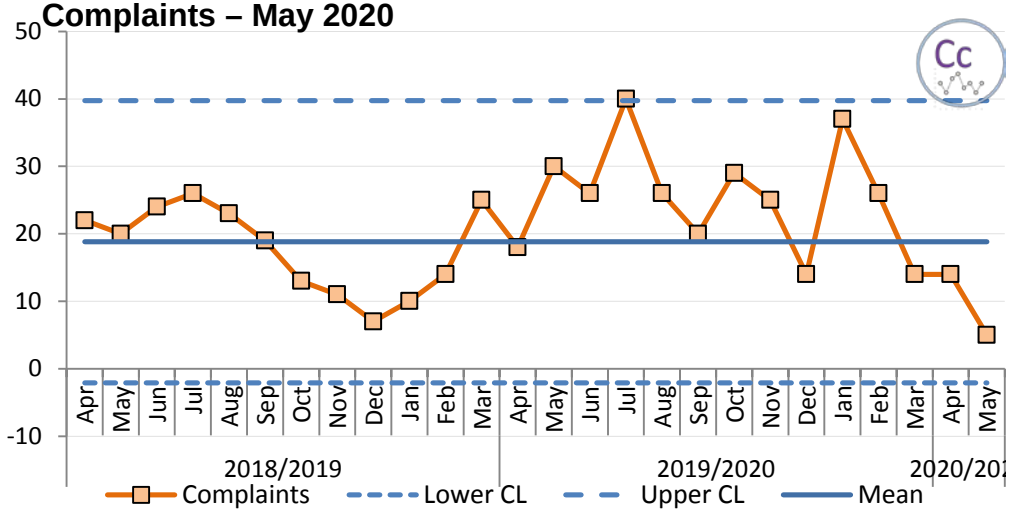
Actions

- The 'Keeping in Touch Service' continues to ensure that messages of support from loved ones are being communicated to patients on wards.
- The repatriation of patient property is being coordinated through the Patient Experience Team (PET). Following a designated holding period property is transferred to the hospital Main Reception for collection. The Reception desk also takes in property for current inpatients and organises for porters to transport it to the wards.
- The PALS service is open 9-5pm Monday to Friday. Patients contact the service by telephone or e-mail. There is currently no 'walk-in' service.

Patient Experience – Complaints

Royal United Hospitals Bath NHS Foundation Trust

Complaints – May 2020



Complaint response rate by Division	Division			Total
	Surgery	W&C	Medicine	
Closed within 35 day target	1 (17%)	0 (0%)	3 (47%)	4 (29%)
Breached 35 Day target	5 (83%)	1 (100%)	4 (53%)	10 (71%)
Total	6	1	7	14

What the information tells us

- **5 complaints were received in May** in comparison to 11 in April. None of the complaints related to issues regarding COVID-19.
- **No complaints were received for the Medicine Division or Women and Children's Division.**
- **Surgical Division received 4 complaints** Orthopaedics (3) and ENT (1). The complaints related to clinical care and staff attitude.
- **Corporate Services received 1 complaint** relating to an alleged breach of patient confidentiality.

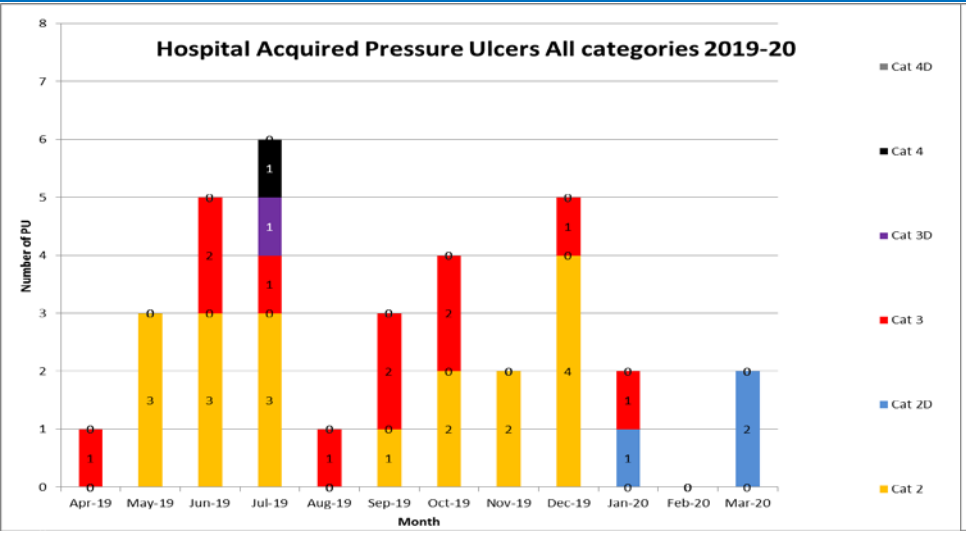
The **timeliness of complaint response rates deteriorated across the Trust** from 47% in April to 29% in May. A number of the complaints that breached the 35 day target were 'paused' in line with the guidance from NHS England and NHS Improvement allowing Trusts to concentrate their efforts on front-line duties. The divisions have continued to investigate and respond to complaints however some clinical staff have not been able to provide their response within the timeframe. As the numbers of complaints are low, an increased focus moving forwards will be on the timeliness of responses.

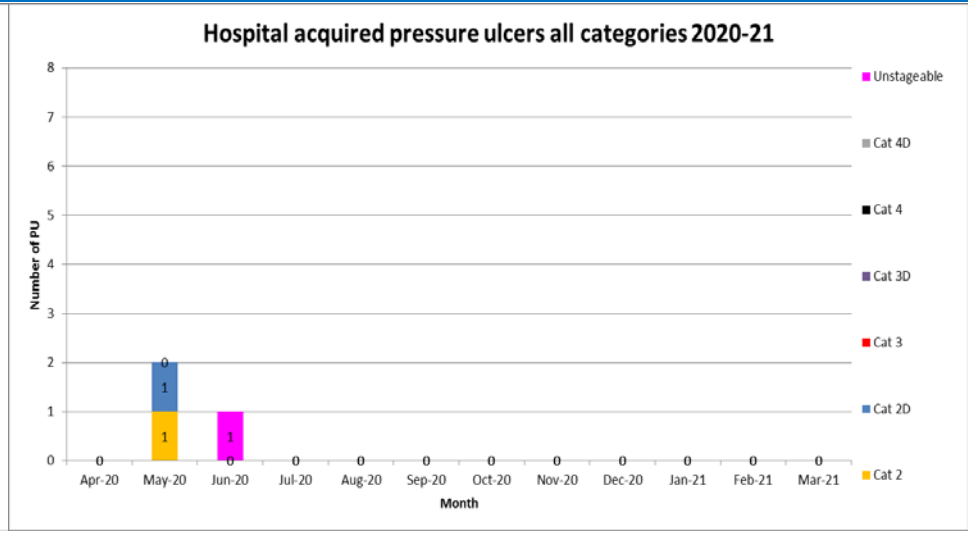
Actions

The Complaints Manager is meeting weekly with the Complaints Leads in the Divisions to ensure investigations are progressed and complaint responses are submitted within the 35 day response target.

Where a complainant requests a meeting with staff, this will be done virtually.

Pressure Ulcers





What the information tells us

The ambition for 2019-20 was a 20% reduction in Medical Device Related pressure ulcers, end of year we achieved 20% reduction. We aimed for a 10% reduction of category 2 pressure ulcers and end of year we had an increase due to the changes in reporting (8 category 2 with lapses in care (2018/19) compared to 19 category 2 (including all reported acquired). Category 3 has seen an increase from 2 category 3 with lapses in care 2018/19 to 11 including all reported acquired. There has been an increase of category 4 from none 2018/19 to one acquired this year.

The ambition for 2020 – 21 is a **10%** reduction of category 2 pressure ulcers, **25%** reduction of Medical Device Related category 2 pressure ulcers and the elimination of all category 3 and 4 pressure ulcers. The 10% reduction target will be reviewed at the steering group in July to determine whether it is considered ambitious enough.

***Year to date*:**

April: There were no pressure ulcers.

May: There was one category 2 pressure ulcer on a heel investigated with no lapses in care and a category 2 blister which developed under anti embolic stockings with no lapses in care.

June: There was one Unstageable pressure ulcer on a sacrum which is being investigated as a serious incident.

Actions

To support COVID-19 :

- Delivery of Repose foot protectors to wards and stock up central store
- Skin care guidance for face and hands to reduce the risk of skin damage resulting in a low incidence to date.
- Proning guidance with an emphasis on pressure ulcer prevention with no proning pressure ulcers reported to date.
- Certificates sent to all pressure ulcer free wards of which there are 20 ranging from 1 year to 10 years pressure ulcer free.

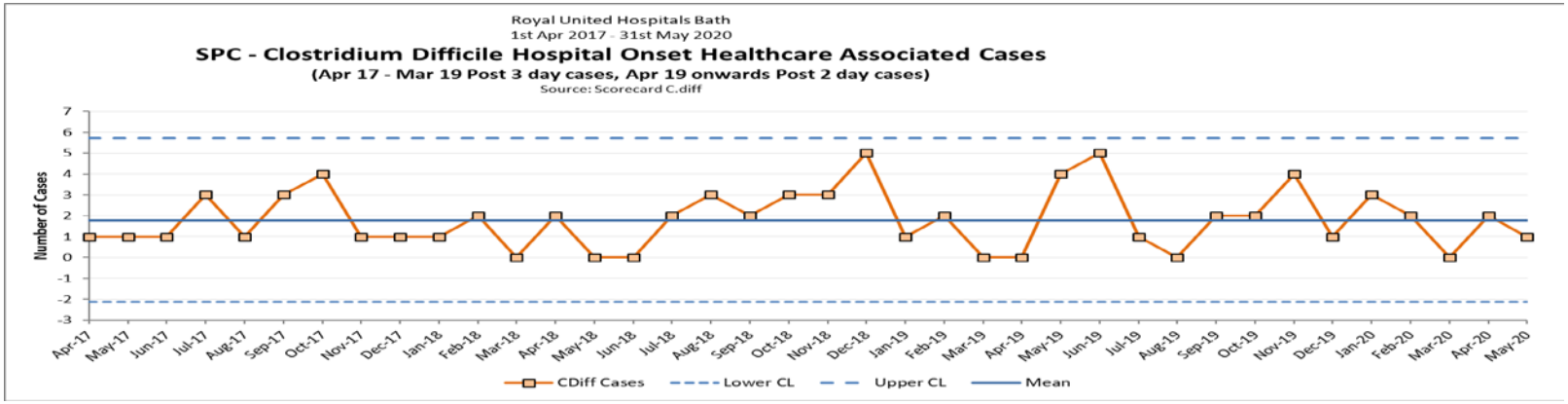
Plans for the year ahead

- The current Covid-19 situation has resulted in pressure ulcer prevention and wound healing training to be delivered remotely either from a computer on site or from home
- New Tissue Viability Ambassadors have been introduced to improve standards with an emphasis on the high risk areas.
- New technology looking at improving images and assessments.
- Credit card categorisation aids for all appropriate staff

Patient safety: *Clostridium difficile* infections (CDI)

Royal United Hospitals Bath
NHS Foundation Trust

Clostridium difficile infections (hospital onset only)



What the information tells us

- Reporting criteria changed in April 2019: prior to this hospital onset cases were defined as those where the positive sample was taken 3 or more days after admission. From April 2019 this changed to 2 or more days after admission. There have been 3 hospital onset cases reported year to date (31 May 2020)
- Community onset healthcare associated cases are also apportioned to the Trust. These cases are defined as those where the sample is taken in the community or less than 2 days after admission within 28 days of discharge from hospital. These cases are not shown in the chart above. There has been 1 community onset healthcare associated case year to date (31 May 2020).
- The Trust achieved the 2019/20 *Clostridium difficile* objective: a total of 42 infections were reported against a trajectory of 59, there were 5 cases assessed as having no lapse in care taking the year end total counted to 37 cases.
- There is no *Clostridium difficile* objective set for 2020/21 as NHS England/Improvement are reviewing financial sanctions and assessment for lapses of care in relation to *Clostridium difficile* to enable trusts to focus on learning from these incidents to prevent further infections.

Actions

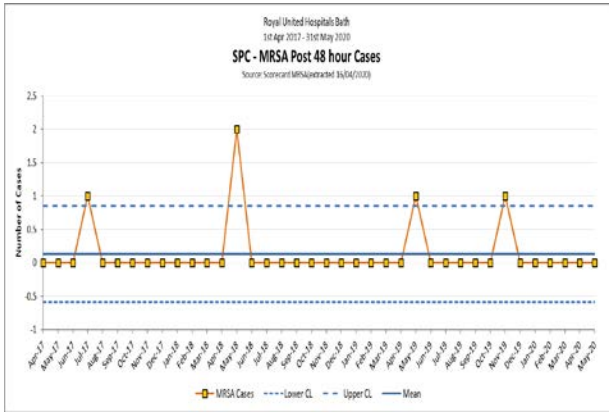
The Trust is refreshing the focus on reducing and preventing healthcare associated infections alongside the work that is currently being undertaken to manage the COVID-19 pandemic. A revised IPC improvement plan is being worked on and actions include:

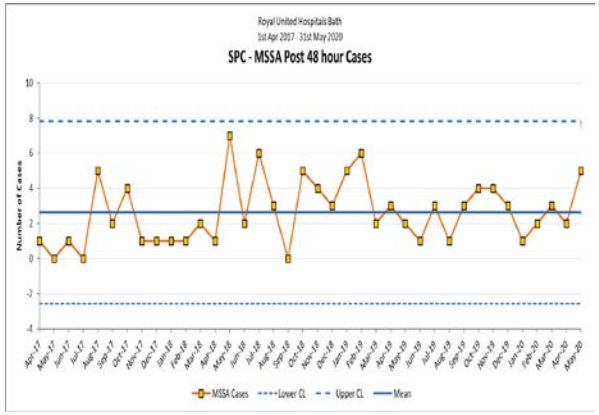
- Relaunch of the senior sisters fortnightly IPC meetings where local improvement projects will be shared.
- Increased focus on cleanliness of the environment and equipment. The Matrons are leading on this work and are trialling a new environment audit tool and increasing the walkabouts in clinical areas. The Matrons will also undertake the equipment cleanliness audits with the senior sisters and support from the IPC Team.
- The introduction of PPE Champions for COVID-19 will also be useful for reinforcing IPC practice for staff caring for patients with any infection.
- A business case for a fifth microbiologist has been submitted. Further microbiology presence will be used to expand the scope of the antibiotic stewardship ward rounds and providing oversight of the Outpatient Parenteral Antibiotic Therapy service.
- Doors have been installed on all bays throughout the Trust and this will help to reduce spread of infection to other areas within the ward.

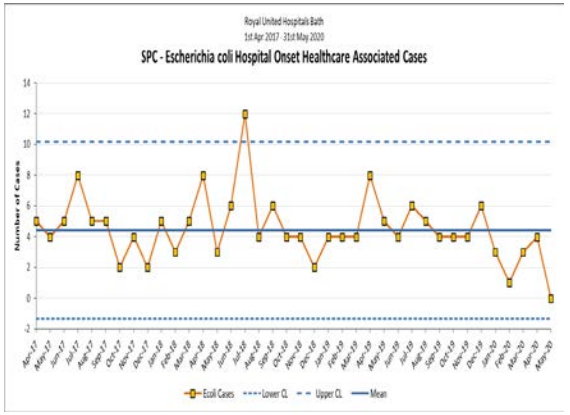
Patient safety: healthcare associated infections

Royal United Hospitals Bath NHS Foundation Trust

MRSA, MSSA and E coli blood stream infections







What the information tells us

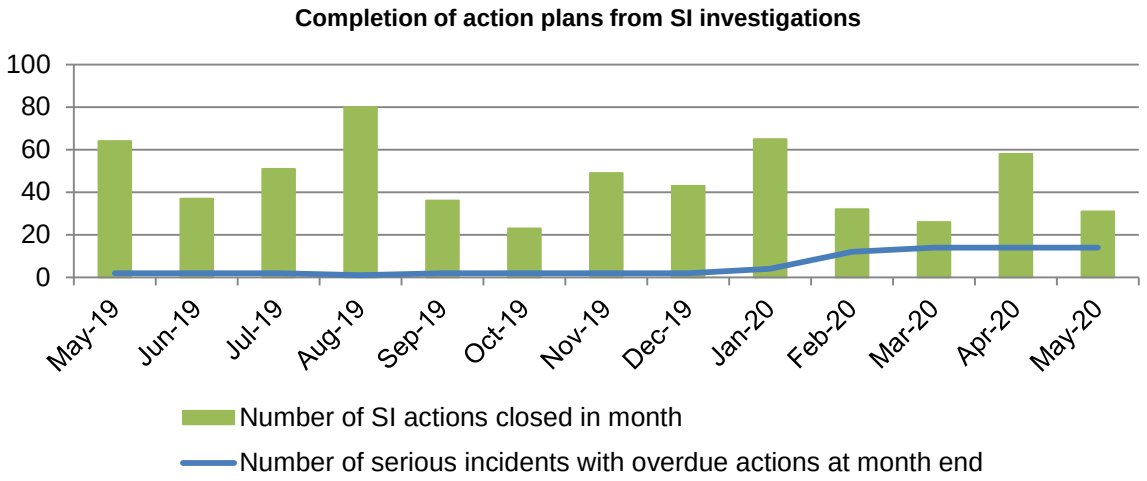
- MRSA blood stream infections: there is a target of zero for preventable MRSA infections. There have been no hospital onset cases year to date.
- MSSA blood stream infections: there is no reduction target currently. There have been 7 hospital onset cases year to date, 2 of which are line associated.
- E coli blood stream infections: there is a 10% year on year reduction target which is shared with the CCGs. There have been 6 hospital onset cases year to date.

Actions

- An overarching plan is in place to identify actions to reduce these infections
- Line associated MSSA infections are being investigated by the senior sister in the area where the infection has been diagnosed.
- The peripheral venous cannulation policy is under revision and will include more detail regarding actions that can be taken to reduce infection.
- Staff are now regularly inspecting sites when intravenous access has been removed and documenting any changes, e.g. signs of inflammation.
- Improving hydration remains the focus for reducing E coli blood stream infections: larger cups have been purchased for patients and staff are increasing the frequency of drinks rounds. Senior sisters are performing regular spot audits of fluid balance and hydration charts to ensure that patients are receiving adequate fluid intake.
- Improved cannula insertion documentation in ED, work underway to include documentation of pre-hospital insertion.

Serious Incidents

Royal United Hospitals Bath NHS Foundation Trust



8 SIs reported to StEIS in May 2020

32 SIs remain open and under investigation (including those awaiting approval for closure from the CCG) as of 15/06/2020

4 RCAs have been circulated for virtual sign off (1 approved & 3 approved pending amendments)

0 of the SIs open are overdue according to the agreed deadline date

What the information tells us

- 8 Serious Incidents (SIs) were reported to StEIS in May
- 32 SIs remain open and under investigation. None are overdue due to the CCG agreeing a blanket extension to deadline dates for completion of SI reports due to Covid-19
- 4 SIs have been submitted for approval through the virtual SI virtual sign off process (implemented as a result of Covid-19)
- There are 14 SIs with overdue actions according to the timescales identified in the action plans

Actions

- Many of the outstanding actions from SIs relate to sharing of the investigation findings and learning through governance meetings. A standard report format highlighting key learning points from completed SIs was developed and disseminated to the divisions in April 2020. This led to a significant increase in the number of SI actions being closed. A further report will be produced for the divisions to cover incidents with actions due for closure since April
- An SI Review Panel has been proposed to take on the role of review and sign off of completed Serious Incident (SI) reports from the Operational Governance Committee (OCGC). The panel will meet weekly (commencing in July). In addition to review of SI reports, the panel will also:
  - Monitor adherence to Key Performance Indicators for the SI Pathway (including Duty of Candour and timely completion of SI reports and action plans)
  - Review the effectiveness of actions taken following SI investigations
  - Review areas of concern within the SI Pathway and any emerging themes and learning

Nursing Quality Indicators

Royal United Hospitals Bath NHS Foundation Trust

Service Type:	Inpatient
Division:	Surgical Division
Month:	May 2020

Quality Indicator	Target	Forrester Brown Ward	Philip Yeoman Ward	Pierce Ward	Pulteney Ward	Robin Smith Ward	Surgical Elective Unit	Surgical Short Stay Unit
Safe								
Number of falls with moderate or above harm	0	0	0	0	0	0		0
Number of hospital acquired category 3 or 4 pressure ulcers	0	0	0	0	0	0		0
Number of Serious Incidents	0	0	0	0	0	1		0
Medication administration errors	0	2	2	0	1	0		3
Clostridium difficile infections	0	0	0	0	0	0		0
E. coli infections	0	0	0	0	0	0		0
MRSA infections	0	0	0	0	0	0		0
MSSA infections	0	0	0	0	0	1		1
Kleibsiella spp. infections	0	0	0	0	0	0		0
Pseudomonas aeruginosa infections	0	0	0	0	0	0		0
Caring								
Friends and Family Test: % Responses 'Very good' & 'Good'	80%							
Number of complaints received	0	0	0	0	0	0		0
Effective								
ePMA - % patients wristband scanned	75%	50%	77%		2%	10%		27%
ePMA - % medicines scanned	50%	36%	34%		9%	8%		15%
Responsive								
Complaint response time	35	0	0	0	0	0		0
Number of RCAs submitted after the agreed deadline date	0	0	0	0	0	0		0
Well Led								
Appraisal compliance	80%	95%	83%	87%	36%	45%		83%
Safer Staffing: Day Fill Rate (Nurse/Midwife)	85%							
Safer Staffing: Night Fill Rate (Nurse/Midwife)	85%							

Example of proposed Nurse Quality Indicators

Underlying Principles

- Clear alignment to the True North & Break through Objectives.
- Support the inch wide mile deep approach.
- Enable a more Multidisciplinary approach quality and patient safety
- Divisional Drivers will underpin the quality indicators being addressed, these will have been agreed through objective dialogue.
- Summary highlight report with division specific detail available.
- Summary report to provide context of the work being undertaken, highlight successes as well areas for focus with an emphasis on actions being taken

Next Steps

- Work underway to automate the data feed from the Divisional scorecard to the Quality Indicators Dashboard
- Develop an algorithm which clearly details the process undertaken to define and refine the Divisional Drivers
- Agree the process by which indicators move between drivers and trackers using the agreed business rules
- Align the CQC well led domain to sit alongside the Quality Indicators Dashboard to provide context to the performance picture.