Report to:	**Public Board of Directors**	**Agenda item:**	**11**
Date of Meeting:	**25 November 2020**		

Title of Report:	**Quality Report**
Status:	**For discussion**
Board Sponsor:	**Lisa Cheek, Director of Nursing and Midwifery**
Author:	**Sarah Merritt, Interim Deputy Director of Nursing and Midwifery, and John Kirby, Quality Assurance and Risk Business Analyst**
Appendices	**None**

1. Executive Summary of the Report

This Quality Report provides an update using the Improving Together 2020 patient safety and quality improvement priorities. The areas of focus have been organised using the True North objectives and the Care Quality Commission domains. The structure of the Quality Report this month has been refreshed and focuses on:

- Incident reporting
- Serious Incidents
- Falls
- Pressure Ulcers
- Healthcare Associated Infections
- Clostridium difficile Infections
- Deteriorating Patient: Early Detection and Treatment
- Complaints
- Patient Advice and Liaison Service
- Peer Audit Results
- Appraisals, Training & Vacancies

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 Quality Board and Board of Directors	

8.	Freedom of Information
Public	

Royal United Hospitals Bath
NHS Foundation Trust

Quality Board Report

November 2020

Quality Board Report | November 2020

Royal United Hospitals Bath NHS Foundation Trust

Contents

Quality improvement and innovation each and every day.

Recognised as a listening organisation; **patient** centred and compassionate.

Be an outstanding place to work where **staff** can flourish.

Executive Summary | November 2020

NHS
Royal United Hospitals Bath
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Pressure Ulcers

- 3 Category 2 pressure ulcers reported in October 2020
- 0 Category 3 pressure ulcers reported (Target for 2020/21: 0)
- 0 Category 4 pressure ulcers reported (Target for 2020/21: 0)
- 0 Medical Device Related pressure ulcers reported in October 2020
- 0 Deep Tissue Injuries in October 2020

Infection Control

- 0 Hospital onset *C. diff* infections in October 2020 (19 to date in 2020/21)
- 4 Community onset healthcare associated *C. diff* infections in October 2020 (16 to date in 2020/21)
- 0 Hospital onset MRSA Bloodstream infections in October 2020 (2 to date in 2020/21)
- 0 Hospital onset MSSA Bloodstream infections in October 2020 (14 to date in 2020/21 -10% reduction local target)
- 8 *E. Coli* bloodstream infections in October 2020 in 2020/21 (26 to date in 2020/21 -10% reduction local target)

Serious Incidents

- 3 SIs reported to StEIS in October 2020
- 19 SIs remain open and under investigation
- 0 of the SIs open are overdue according to the agreed deadline date

Falls

- 92 Inpatient falls in October 2020, on track for a 5% reduction from 2019/20
- 0 Inpatient falls (moderate and above) in October 2020
- 19 Repeat falls in October 2020, an increase from 17 in September 2020. Currently above trajectory (5% reduction from 2019/20)
- 9 Repeat fallers in October 2020, an increase from 7 in July 2020

Deteriorating Patient

- 80% Response to increase in NEWS (Median compliance)
- 86% ED sepsis screening on admission (Median compliance)
- ↓ Decrease Incidence inpatient acquired AKI
- ↓ Decrease length of stay for all patients with AKI

Complaints and PALS

- 88% Complaints closed within 35 day target
- 313 contacts with PALS. 3% increase from October 2020

Appraisals, Training and Turnover

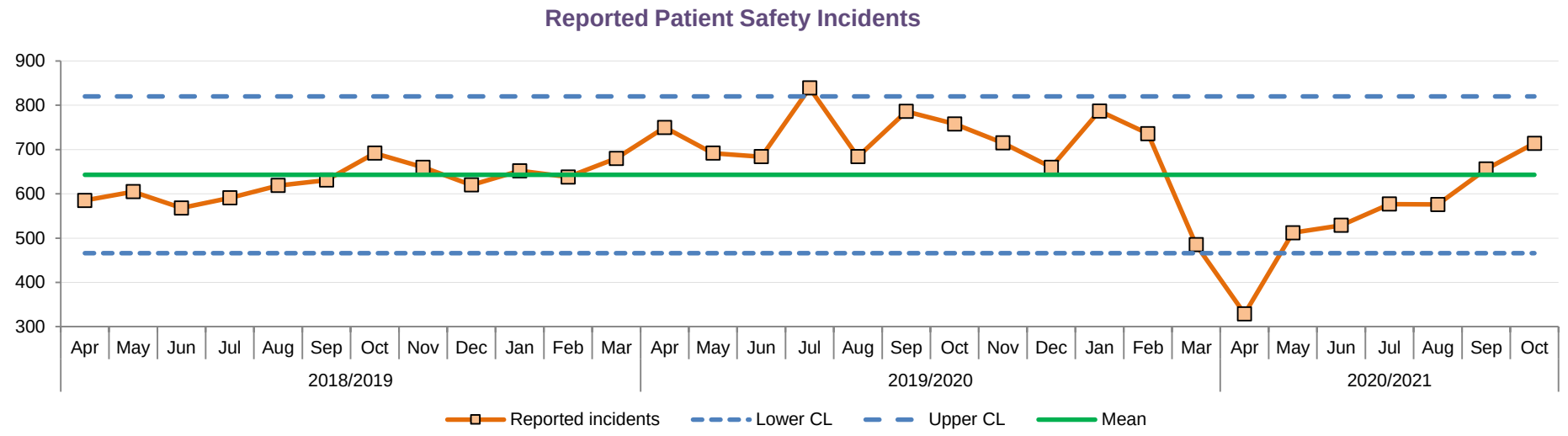
- 71% Staff appraisal compliance (Target: 90%)
- 89% Mandatory training compliance (Target: 90%)
- 8.6% Staff turnover rate (Target: <11%, 12 month rolling)

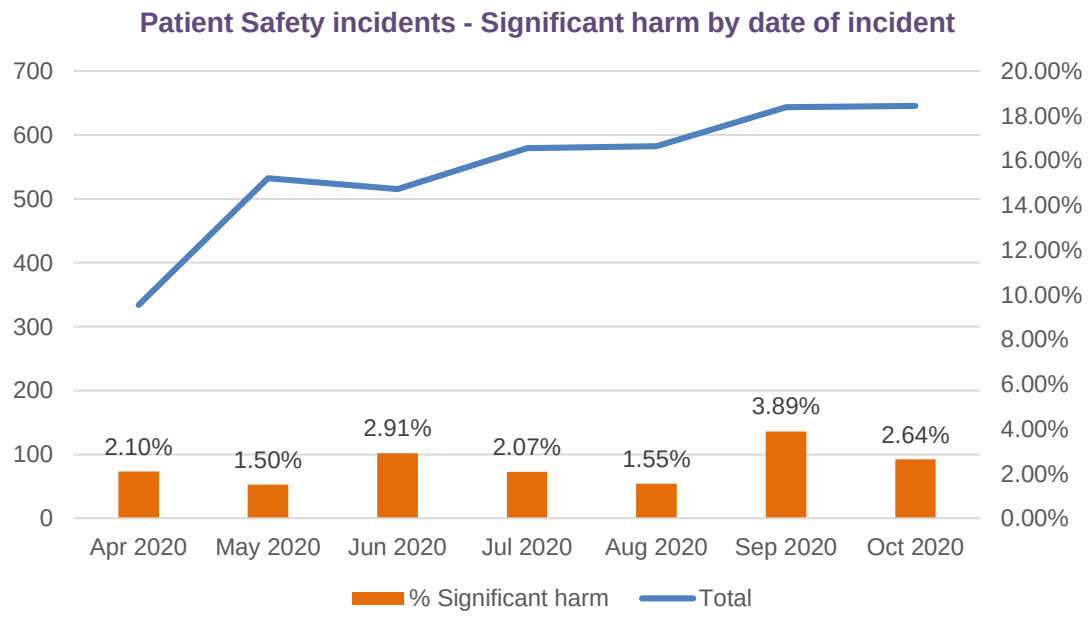
RAG Key (indication only):

- Target met, meeting standards, increase in performance from previous month
- Target not met by narrow margins, not meeting standards but evidence of improvement, slight reduction in performance from previous month
- Target not met, not meeting standards, significant reduction in performance from previous month

Safe | Incident Reporting

Royal United Hospitals Bath NHS Foundation Trust





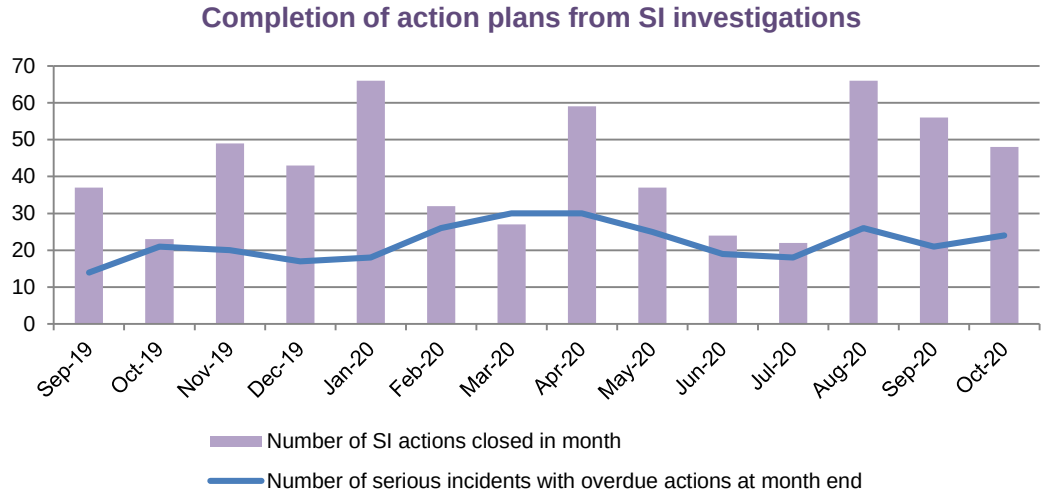
Commentary on performance

- The number of reported incidents has increased again slightly in October 2020 from September 2020

- There has been a decrease in the proportion of significant harm incidents occurring in October compared to the previous month.

Safe | Serious Incidents

Royal United Hospitals Bath NHS Foundation Trust



Date of incident	ID	Serious Incidents for October 2020
29/09/2020	87162	Patient specimen incident
02/10/2020	87296	Medication incident
20/10/2020	87763	Delayed re-admission

3 SIs reported to StEIS in October 2020

19 SIs remain open and under investigation as of 03/11/2020

8 Investigation reports were approved by the SI Panel in October 2020

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

Commentary on performance

- There are 24 SIs with overdue actions according to the timescales identified in the action plans. In October the Risk Team have produced a report which summarises the Trusts' performance over the last 12 months with regard to Serious Incident action plans. This report is to be shared with the SI Review Panel in November which will discuss the findings and generate a number of recommendations to address the areas for improvement that have been highlighted

- The new RCA report template was revised and updated in October. The changes made have been implemented to make the reports easier to read and understand for both staff and patients and families. There is a bigger focus on the Duty of Candour in the report to improve adherence to the process and provide the SI Review Panel with assurance that the process has been undertaken. The action plan has also been updated to include additional guidance for authors; this is to support authors in generating SMART actions and ensuring monitoring arrangements are in place to assess the effectiveness of actions after they have been implemented

- The number of open SIs is currently 19, none of these are overdue according to the agreed deadline dates. This is indicative of the effectiveness of the SI Panel in reviewing and approving SI reports; clearing the backlog of outstanding SIs has allowed current RCA reports to be reviewed promptly with sufficient time before deadline date to allow for amendments to be made without breach timeframes

Safe | Falls

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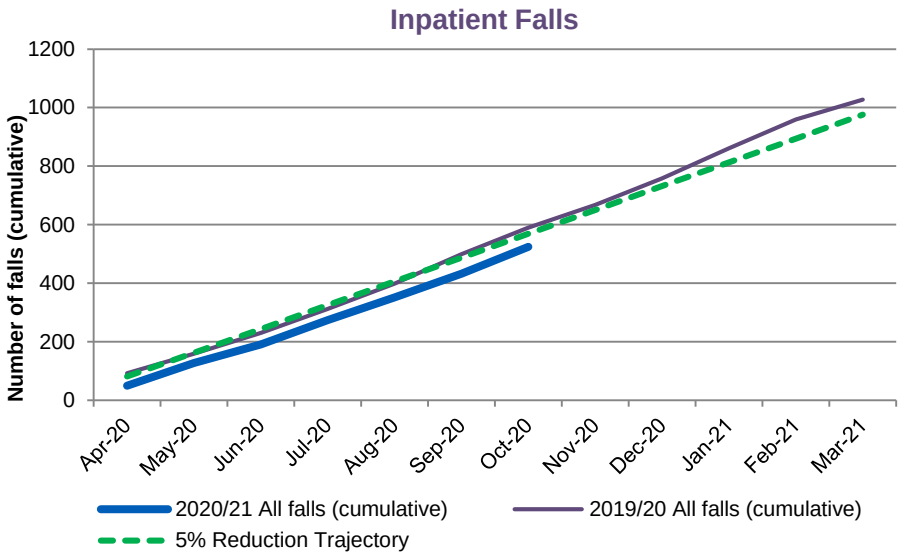
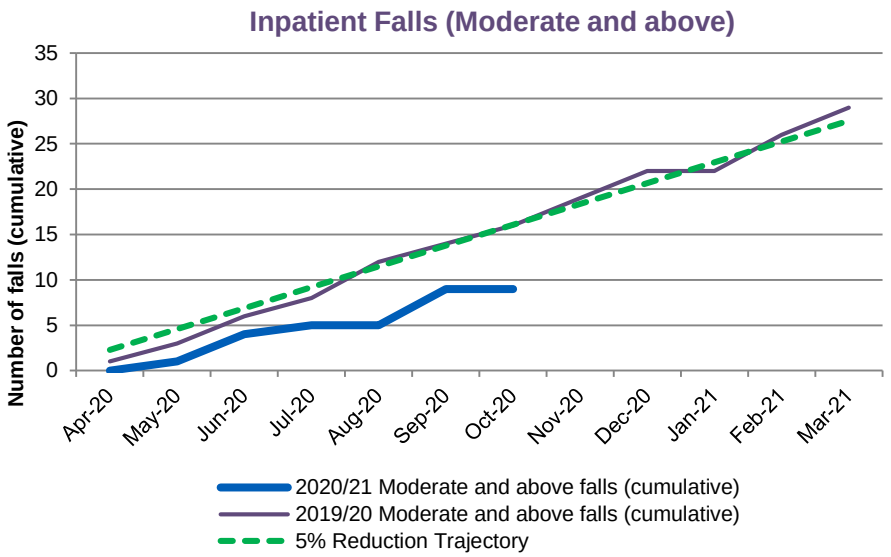




The falls trajectories are currently being reviewed. The Falls Steering group leads are working with the Business Intelligence Unit to obtain data around Occupied Bed Days (OBDs) which will allow for a more reliable comparison in performance between 2019/20 and 2020/21. Due to pressures across the organisation this month it has not been possible to obtain and analyse this information.

19 Repeat falls in October 2020, an increase from 17 in September 2020. Currently above trajectory (5% reduction from 2019/20)

9 Repeat fallers in October 2020, an increase from 7 in September 2020

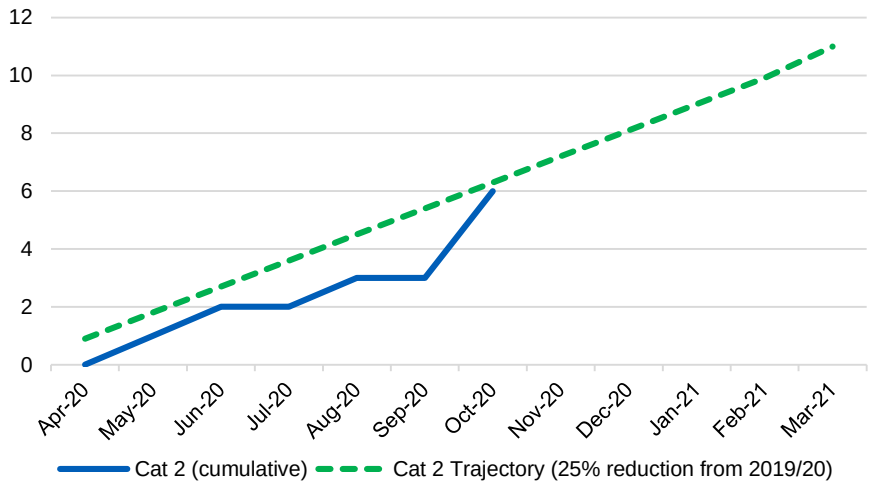
Commentary on performance

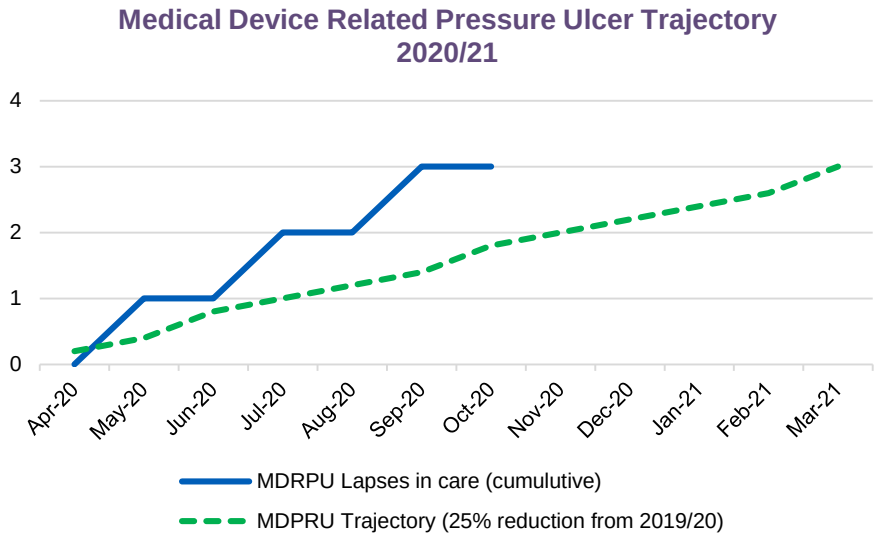
Attended first meeting of the South West Falls Network – the aim of the network is to benchmark and understand what is contributing to falls rates in other trusts and to support and share interventions. This network is meeting monthly and will help us to understand regional themes and trends.

- Disseminated guidance for clinicians on how to view lying and standing blood pressure - in the light of the rollout of eObservations
- Completed first session remotely with the Senior Sister and link nurse from one of the higher contributory wards to identify ways to improve communication and support for Falls link nurses .Further dates have been set up remotely with Senior Sisters and link nurses from the other higher contributory areas .
- Quarterly Falls newsletter circulated and falls webpages updated.
- Analysis of falls is being completed during November to identify any current themes.

Safe | Pressure Ulcers

Royal United Hospitals Bath NHS Foundation Trust





The Pressure Ulcers trajectories are currently being reviewed. The Tissue Viability Team are working with the Business Intelligence Unit to obtain data around Occupied Bed Days (OBDs) which will allow for a more reliable comparison in performance between 2019/20 and 2020/21. Due to pressures across the organisation this month it has not been possible to obtain and analyse this information.

3 Category 2 pressure ulcers reported in October 2020

0 Category 3 pressure ulcers reported (Target for 2020/21: 0)

0 Category 4 pressure ulcers reported (Target for 2020/21: 0)

0 Medical Device Related pressure ulcers reported in October 2020

0 Deep Tissue Injuries reported in October 2020

Commentary on performance

- Ambassadors on wards that have had pressure ulcers, and wards that are high risk of having pressures have been receiving intensive support from Tissue Viability team
- 'Stop the Pressure' day on 19th November. There are numerous resources online for staff and the day has been promoted on social media. Clinical packs focussing on SSKIN bundle will be shared with clinical teams.

Safe | Healthcare Associated Infections

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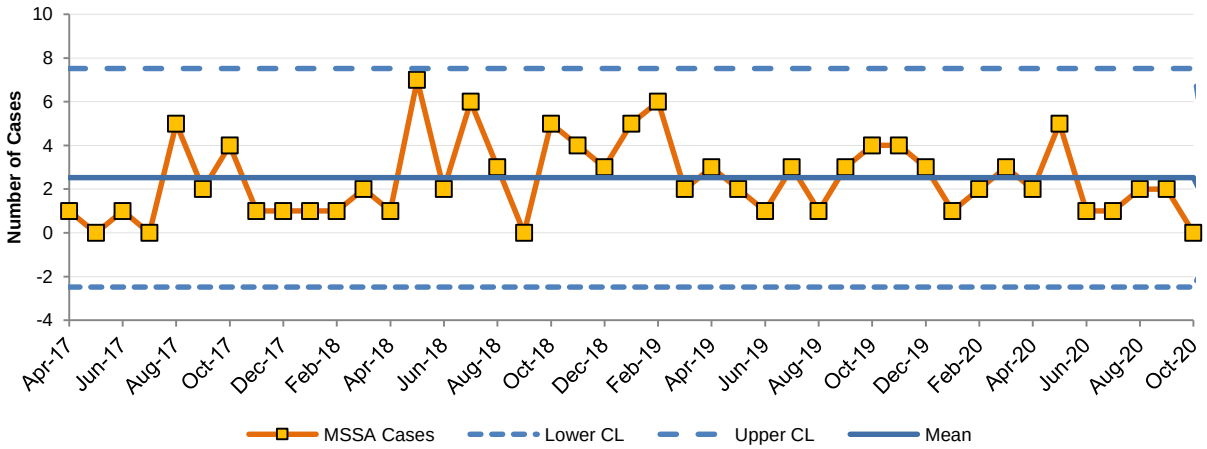
0 Hospital onset MRSA Bloodstream infections in October 2020 (2 to date in 2020/21)

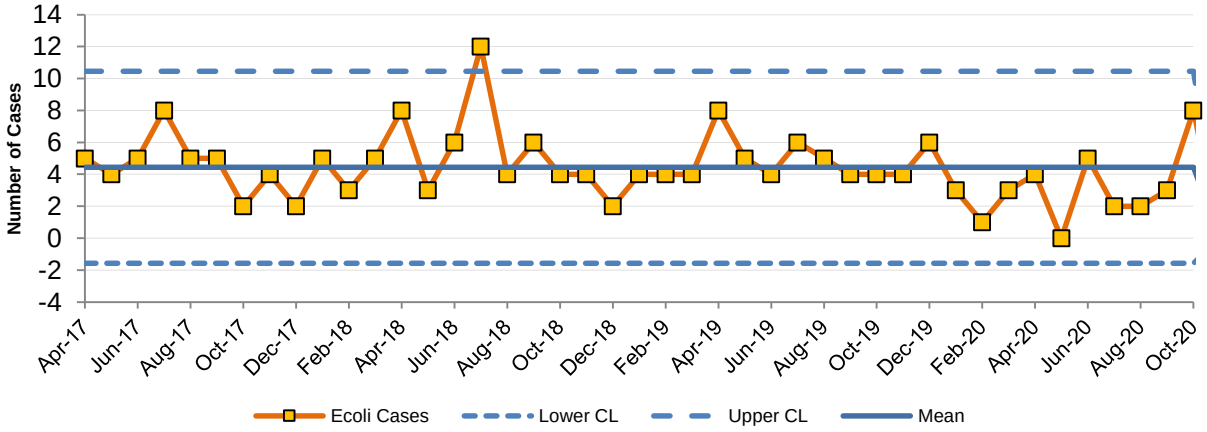
0 Hospital onset MSSA Bloodstream infections in October 2020 (14 to date in 2020/21 -10% reduction local target)

8 E. Coli bloodstream infections in October 2020 in 2020/21 (26 to date in 2020/21 -10% reduction local target)

MSSA Post 48 hour Cases



Escherichia coli Hospital Onset Healthcare Associated Cases



Actions

- An overarching plan is in place to identify actions to reduce these infections:
- A3 for the IPC Breakthrough Objective under revision.
- All hospital onset MSSA cases are investigated using root cause analysis and findings are reviewed at a monthly task and finish group. Action plans from these incidents are reviewed at Operational IPCC.
- Increased IPC Team presence in areas where performance needs to improve. Expectations for improving performance documented and shared with the ward team to assist them with their action plans.
- IPC Team are reviewing alternative systems for auditing hand hygiene in order to provide reliable results.
- Senior sisters meeting format to be refreshed so that attendance and engagement is improved.
- Review of documentation relating to indwelling devices is currently on hold until an electronic version has been created..
- IPC pages on the intranet revised to improve access to key documents and guidance.
- Reintroduction of peer audits to support practice improvement in clinical areas.
- Positive feedback received for pilot of new hand sanitiser system at Pulteney Ward main entrance.

Safe | *Clostridium difficile* Infections

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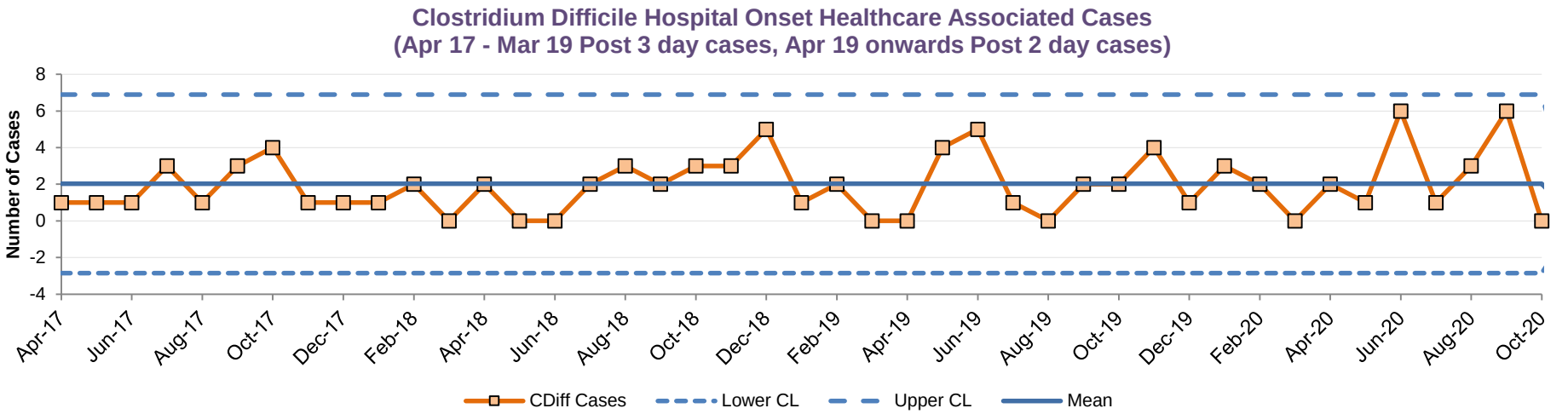


0 Hospital onset infections in October 2020 (decrease from 6 in September 2020) (19 to date in 2020/21)

4 Community onset healthcare associated infections in October 2020 (decrease from 5 in September 2020) (16 to date in 2020/21)

- 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 19 hospital onset cases reported year to date (31 October 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. These cases are not shown in the chart above.
- 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

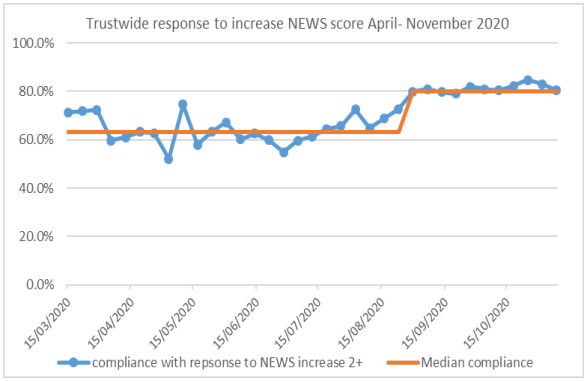
Meetings to review the root cause analysis investigations of all hospital onset and community onset healthcare associated infections are held monthly. Common themes have been identified and as a result actions have been put in place.

There has been a marked improvement in compliance with documentation standards and stool sampling since the monthly review meetings commenced. Matron's overview of each RCA has also helped to focus on issues within their areas and some sharing of good practice has taken place.

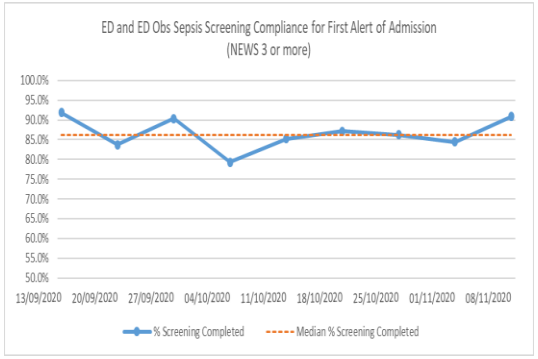
Standards of cleanliness and hand hygiene compliance have also improved. Matrons and/or senior sisters are present when cleaning audits take place which provides opportunity to highlight areas of concern and to ensure remedial actions take place.

Antimicrobial stewardship continues to be an issue in a number of *Clostridium difficile* cases. Learning is fed back via the antimicrobial stewardship team to the appropriate clinicians. Antimicrobial stewardship (AMS) activities have been challenging due to Covid related activities. A working group have created an A3 document regarding AMS and aim to improve the Trust AMS policy and governance structure, increase both pharmacy and microbiology resources and focus on 72 hour drug reviews with a pilot in the Care of the Elderly team. AMS ward rounds will be reinstituted as soon as staffing is improved together with a focus on more education and feedback to clinical teams.

Safe | Deteriorating Patient: Early Detection and Treatment



Response to increase in NEWS: Median compliance 80%



ED sepsis screening on admission: Median 86%

Commentary on Performance

- Electronic recording of vital signs (E-Obs) now implemented in all adult areas including maternity
- Paediatric implementation in November/ Early December
- Trust-wide compliance with response to increase in NEWS score has shown sustained improvement to 80% since August. Aiming for >90%
- Median compliance with sepsis screening on admission in ED 86%. Aiming for >90%
- Still investigating ways to identify sepsis patients electronically to enable electronic data retrieval for time to antibiotics

Actions

- Continued ward feedback by SKIP team and E-Obs support
- **'AIM (acute illness management) EARLY'** campaign commenced November 2020 to promote:
  - early identification of deterioration from vital signs, urine output , increase oxygen requirements/ or general concern : promoting 'Be Curious' culture
  - Use of SKIP and Outreach teams
- Deteriorating Patient Scorecards being developed for wards
- Award levels for performance launched in November: **3,4 and 5 stars** with specific criteria based on compliance with screening, response times and compliance with frequency of vital signs
- Helena, Chesleden, Phillip Yeomen first wards to achieve 3 stars
- SKIP team require second Band 6 nurse for service to be available 7 days/week 8am - 8pm, business case still awaited

Sepsis and AKI inpatient work and SKIP team won Patient Safety Team of the Year Award at National HSJ Patient Safety Awards on 10th November

Judges comments :'This winning project is an amazing and inspiring piece of work which clearly demonstrates the desire to improve outcomes for patients. There were impressive results, showing improvements in safety across a range of indicators, and great methods of engaging staff. The judges felt that this displayed fantastic learning that should be rolled out nationally'.

Safe | Deteriorating Patient: Outcomes

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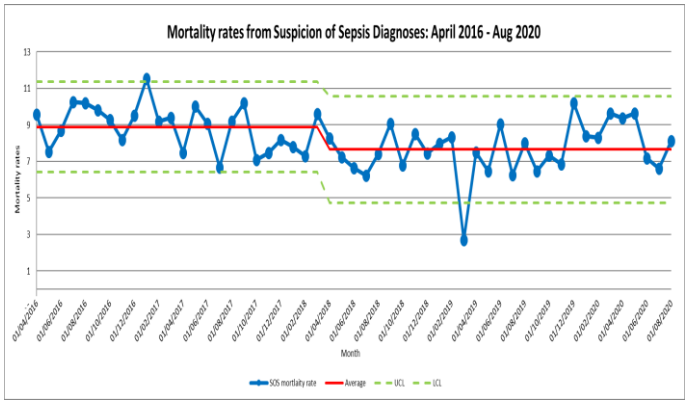
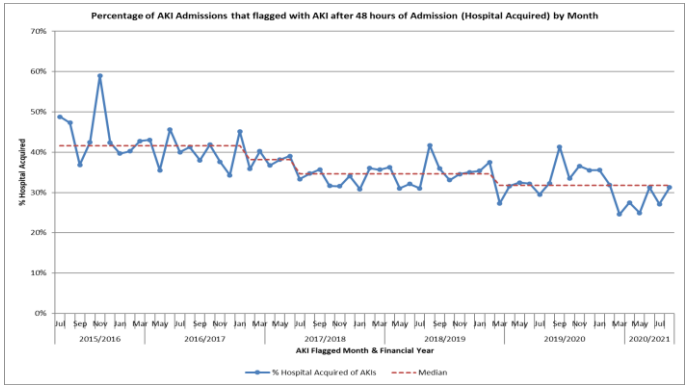
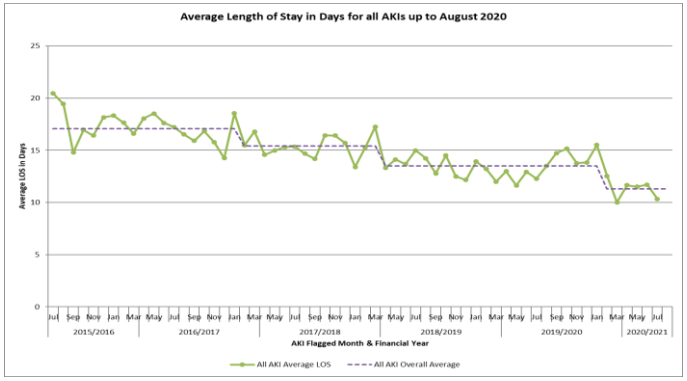


SOS mortality sustained at 7.6%



Decrease Incidence inpatient acquired AKI



Decrease length of stay for all patients with AKI

Commentary on performance

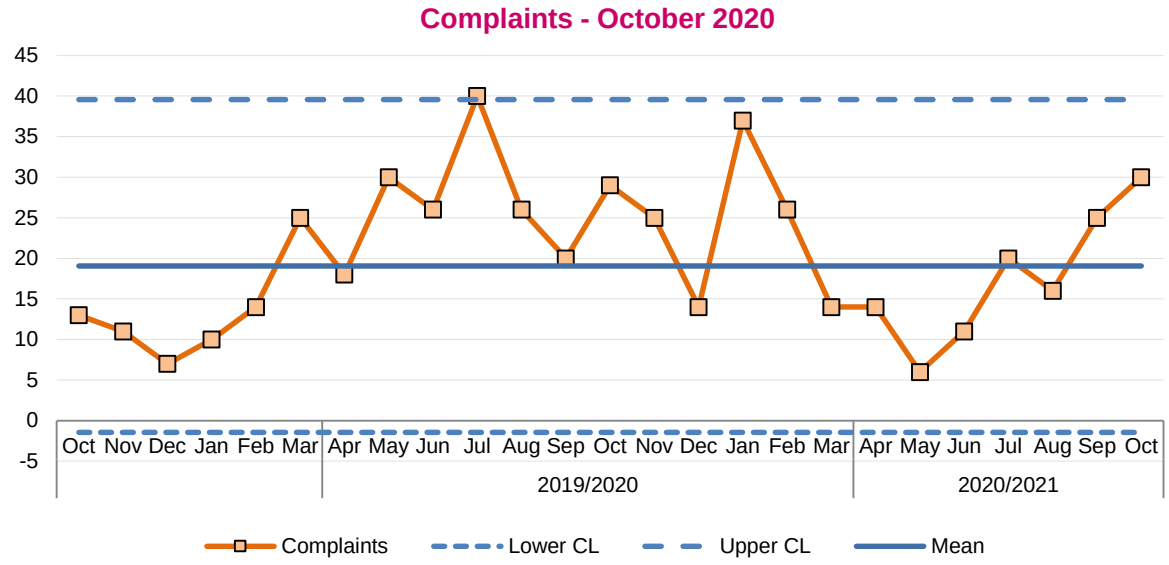
- Mortality from Suspicion of Sepsis diagnoses SOS (i.e. infective causes) sustained at 7.6%
- A slight increase SOS mortality at beginning of 2020 during Covid-19 pandemic has returned to previous levels in June, July & August
- Slight increase inpatient acquired AKI at end 2019 was not sustained and first 6 months of 2020 incidence has decreased further. Awaiting further data from August to see if improvement is sustained
- Length of stay for all patients with AKI shown further decrease in first 6 months 2020, decreasing by 2 days
- The 8% reduction in mortality from AKI since March 2019 has been maintained , despite slight increase at beginning 2020 , possibly due to Covid-19. Mortality has returned to previous levels since June 2020 and is 21.7%

Actions

- Continued focus on early involvement critical care if appropriate and earlier admission before irreversible organ damage.
- Critical care outreach now 24/7 since March 2020
- Outreach and SKIP teams proactively monitoring E-Obs remotely and actively reviewing patients with high scores.
- Identifying barriers to early referral and admission to ICU where required
- Focused reviews of mortality from sepsis, AKI and CPOD being undertaken to identify further areas for improvement

Caring | Complaints

Royal United Hospitals Bath NHS Foundation Trust



Response rate	Medicine	Surgery	W&C
Closed with in 35 day target	100% (5/5)	100% (7/7)	40% (2/5)

The timeliness of complaint response rates reduced from 93% in September to 88% in October. The complaints manager is working closely with the W&C division around the timeliness of complaint responses.

OPU received a higher number of complaints in October. The subject of each complaint varied:

- Inappropriate care and treatment
- End of Life Care Concerns
- Inappropriate/unsafe Discharge
- Quality of Nursing care
- Patient Slip/Trip/Fall
- Lack of a clear explanation

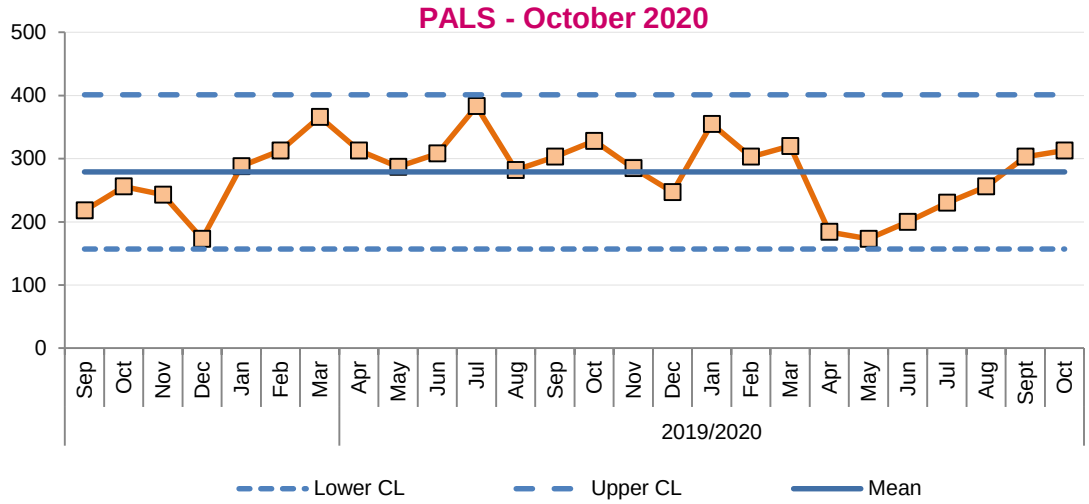
Next steps:

The Patient Experience team are working with the W&C division around training for staff within the division to be able to effectively use DATIX in their management of complaints. The division is experiencing a higher number of complaints however there are no themes being identified from the concerns being raised. The complaints often stretch back over long periods of care and some relate to patients with complex needs which require an extended period of investigation. In these incidents extended response dates are agreed with the complainant and they are kept in contact with throughout to ensure a positive outcome.

Division	Admissions, Transfers, discharge	Clinical Care and Concerns	Communication and Information	Staff Attitude and Behaviour	Total
Acute Medicine		1		1	2
ED		3	1	1	5
General Surgery		2			2
Gynaecology		3			3
Maternity		4	1		5
OPU	1	4	1		6
Ophthalmology				1	1
Orthopaedics		2	1		3
Pain Clinic		1			1
Physiotherapy		1			1
Respiratory		1			1
Total	1	22	4	3	30

Caring | Patient Advice and Liaison Service

Royal United Hospitals Bath NHS Foundation Trust



313 Contacts with PALS. 3% increase from September. 5% decrease from 2019. PALS numbers are returning to pre-COVID levels of activity.

190 required resolution (61%)

80 requested advice or information (26%)

32 were compliments (10%)

11 provided feedback (4%)

Next steps

PALS are continuing to communicate with patients about appointment waiting times. Patients are advised how to expedite their outpatient appointment should their condition worsen. Themes from PALS contacts are used to inform the work of the Outpatient Communications workstream.

Top 3 Subjects Requiring Resolution

47 Communication & Information

43 Appointments

38 Clinical Care & Concerns

The majority of contacts relating to **Communication and Information** were general enquiries, there were no trends. 13 related to telephone issues (not being answered, not working). These were across various wards and outpatient departments.

21 of the contacts relating to **Appointments** were concerns around the length of time for a new and follow up appointments.

The majority of contacts for **Clinical Care and Concerns** were general enquiries, there were no trends. 7 related to quality/concerns regarding medical care.

Effective | Peer Audit Results

Royal United Hospitals Bath NHS Foundation Trust

	Overall Compliance		Number of areas that scored green on the audit compliance	Lowest Performing Standards
Comfort and Pressure Care Record	95%	(95% in Sept)	1 3 17	Anderson completed if admitted via ED | Moving and Handling: Distanced circled? | Bed Rail Assessment: "Time, signature and print name completed"?
Fluid Balance Charts	95%	(89% in Sept)	0 1 4	Were fluid input/output recorded accurately in terms of volume? | Balance documented? | Total output documented?
Hand Hygiene Audit	97%	(96% in Sept)	1 2 39	
Risk Assessments and Nursing Plan of Care	88%	(91% in Sept)	4 2 13	Date & Time placed on mattress documented, Skin assessment completed (Pressure Care) | Falls Prevention Plan: Countersignature completed?
Meal Observation Audit	96%	(97% in Sept)	0 2 16	Are patients offered two snacks between meals? | If there is food left over is it routinely offered to patients?
Post Falls Audit	89%	(86% in Sept)	2 3 2	SWARM form: Medicine chart reviewed | SWARM form: instruct nurses to perform neuro obs if head injury sustained
Hydration Chart	98%	(98% in Sept)	0 1 15	
High impact interventions to prevent infections associated with peripheral vascular access devices	91%	(92% in Sept)	3 3 16	
Stool Chart Audit	86%	(81% in Sept)	7 5 10	Usual bowel pattern box completed | Daily entry | Sample been sent if type 5,6 or 7, or a comment made

Actions

- Following changes to the peer audits in September 2020 a meeting was held with the Business Intelligence Unit (BIU) to review the ward dashboard to ensure the results from the revised audits were accessible for ward staff. Changes have been made to the ward dashboard following this meeting, however the Quality Assurance and Clinical Audit Lead has reviewed the results and identified that not all of the audit data is pulling through correctly to the dashboard. A further review is being undertaken by BIU
- Since September the Quality Assurance and Clinical Audit Lead has been producing a detailed monthly report summarising the results of the audits at a Trust, divisional and ward and department level. This is disseminated to senior nursing staff. Audit posters are also produced for all wards summarising performance for each audit and identifying standards where improvements are required
- In addition to this the findings from the audits are presented to key Trust committees including the Tissue Viability Steering Group and Operational Infection Prevention and Control Committee (IPC). A new report has been developed for the Operational IPC and this was taken to the committee in November 2020.

Well led | Appraisals, Training & Vacancies

Royal United Hospitals Bath NHS Foundation Trust

Appraisal Rates – Trust target 90%

77.1% Medicine
Change since last month

66% Surgery
Change since last month

77.1% Women and Children's
Change since last month

Mandatory Training Compliance - Trust target 90%

89% Medicine
October 2020

89% Surgery
October 2020

90% Women and Children's
October 2020

Vacancy Rates

5.5% Medicine
(Target 4%)

5.6% Surgery
(Target 5%)

2% Women and Children's
(Target 4%)

Staff Turnover Rates - Trust target <11% rolling 12 month

8.9% Medicine
Change since last month

9.6% Surgery
Change since last month

7.8% Women and Children's
Change since last month