

Report to:	Public Board of Directors	Agenda item:	11
Date of Meeting:	27 January 2021		

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
Appendices	None

1. Executive Summary of the Report
<p>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:</p> <ul style="list-style-type: none"> ○ Incident reporting ○ Serious Incidents ○ Falls ○ Pressure Ulcers ○ Healthcare Associated Infections ○ Clostridium difficile Infections ○ 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	

Quality Board Report

January 2021



Quality Board Report | January 2021

Contents

Quality
improvement and
innovation each
and every day.



Safe

Incident Reporting | Serious Incidents | Falls |
Pressure Ulcers | Infection Prevention and Control

Recognised as a
listening organisation;
patient centred
and compassionate.



Caring

Patient Experience | Complaints | PALS



Effective

Peer Audit results

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



Well led

Appraisals | Training | Staff Turnover | Vacancies

Executive Summary | January 2021

Pressure Ulcers

- 0** Category 2 pressure ulcers reported in December 2020
- 0** Category 3 pressure ulcers reported in December 2020
- 0** Category 4 pressure ulcers reported in December 2020
- 0** Medical Device Related pressure ulcers reported in December 2020
- 0** Deep Tissue Injuries in December 2020

Infection Control

- 1** Hospital onset *C. diff* infections in December 2020 (22 to date in 2020/21)
- 1** Community onset healthcare associated *C. diff* infections in December 2020 (19 to date in 2020/21)
- 0** Hospital onset MRSA Bloodstream infections in December 2020 (2 to date in 2020/21)
- 3** Hospital onset MSSA Bloodstream infections in December 2020 (19 to date in 2020/21 -10% reduction local target)
- 3** *E. Coli* bloodstream infections in December 2020 in 2020/21 (33 to date in 2020/21 -10% reduction local target)

Serious Incidents

- 4** SIs reported to StEIS in December 2020
- 25** SIs remain open and under investigation
- 1** of the SIs open are overdue according to the agreed deadline date

Falls

- 134** Inpatient falls in November 2020. An increase from 101 in November
- 2** Inpatient falls (moderate and above) in December 2020 (same as November 2020).
- 41** Repeat falls in December 2020, an increase from 33 in November 2020
- 15** Repeat fallers in December 2020, an increase from 13 in November 2020

Deteriorating Patient

- 75%** Response to increase in NEWS (Median compliance)
- 70%** ED sepsis screening on admission (Median compliance)

Complaints and PALS

- 72%** Complaints closed within 35 day target
- 286** contacts with PALS. 2% increase from October 2020

Appraisals, Training and Turnover

- 70%** Staff appraisal compliance (Target: 90%)
- 87%** Mandatory training compliance (Target: 90%)
- 8.4%** Staff turnover rate (Target: <11%, 12 month rolling)

RAG Key (indication only):



Target met / meeting standards / increase in performance from previous month



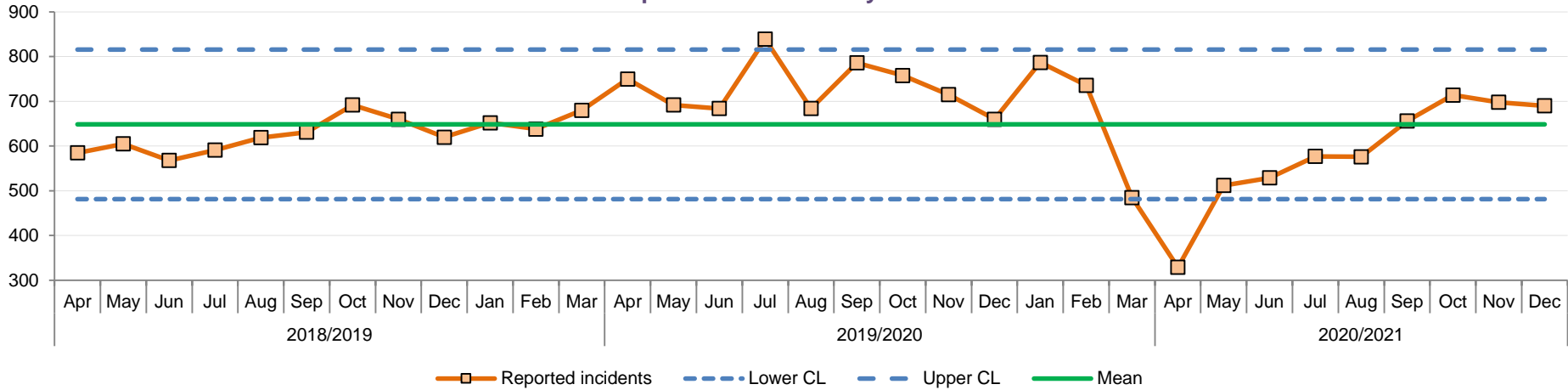
Target not met by narrow margins / not meeting standards but evidence of improvement / slight reduction in performance from previous month



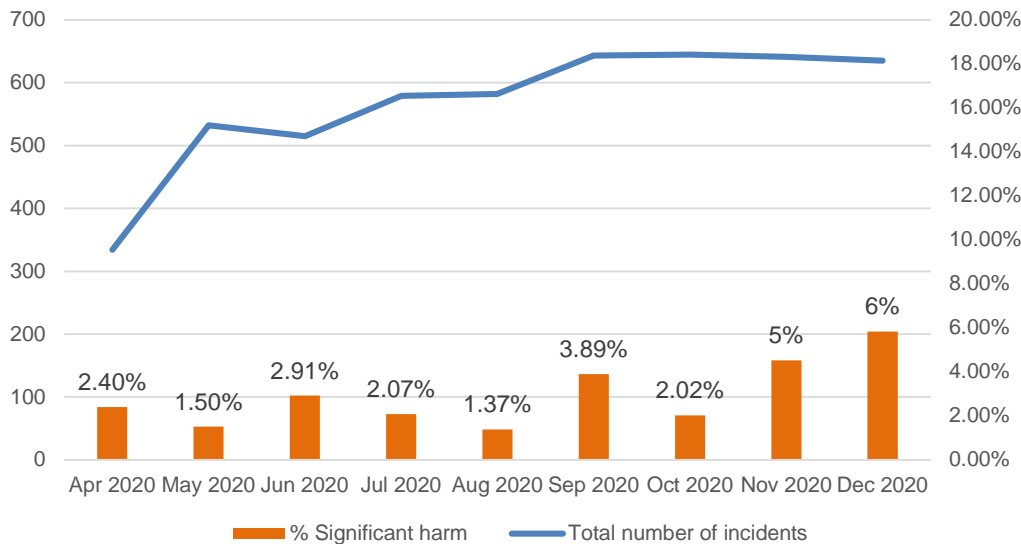
Target not met / not meeting standards / significant reduction in performance from previous month

Safe | Incident Reporting

Reported Patient Safety Incidents



Patient Safety incidents - Significant harm by date of incident

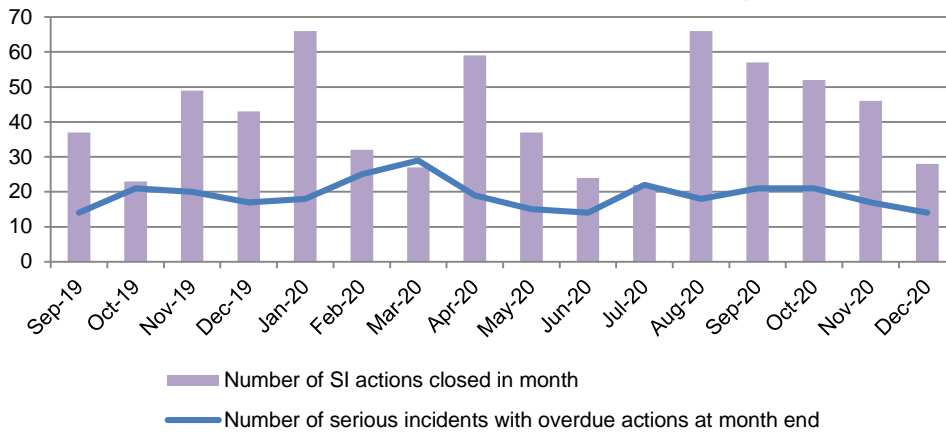


Commentary on performance

- There has been no significant change in the reporting of patient safety incidents compared to November 2020
- Themes from reported incidents are reviewed through the newly formed Patient Safety Steering Group and triangulated with other performance information in order to identify where further improvement work is required.
- November and December 2020 have seen a significant increase in the number of incidents resulting in significant harm. This is due to the outbreaks of COVID-19 on the wards and the COVID-19 related deaths reported as a result
- Further information about the approach to investigating the outbreaks is detailed within the serious incidents section of this report

Safe | Serious Incidents

Completion of action plans from SI investigations



Date of incident	ID	Serious Incidents reported to StEIS in December 2020
21/05/2020	89555	Nosocomial transmission of Covid-19 (Robin Smith Ward)
08/11/2020	88291	Inappropriate transfer
20/11/2020	88778	Inadequate or no consent to treatment or procedure
27/12/2020	89777	Patient fall

4

SIs reported to StEIS in December 2020

25

SIs remain open and under investigation as of 04/01/2021

3

Investigation reports were approved by the SI Panel in December 2020

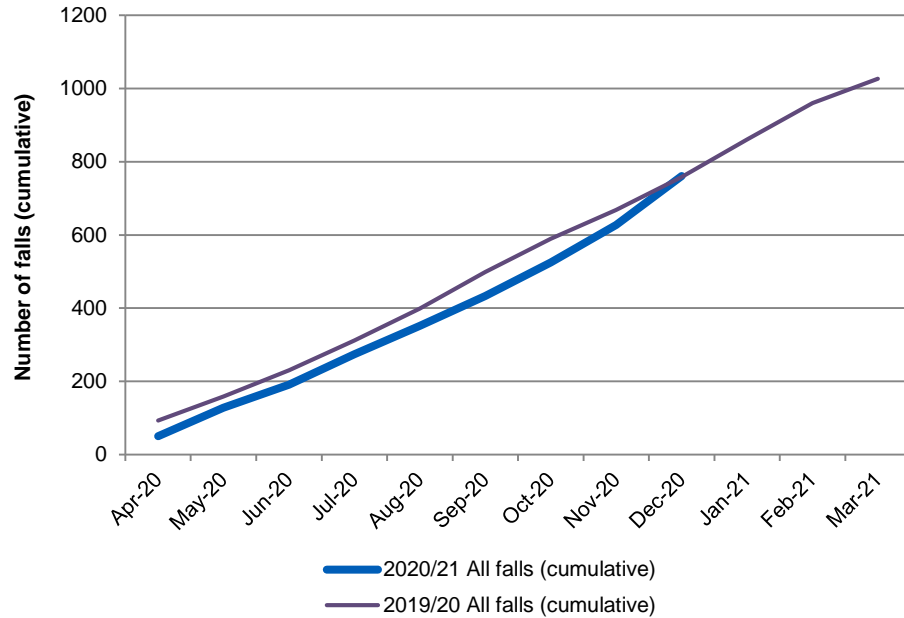
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of the SIs open are overdue according to the agreed deadline date

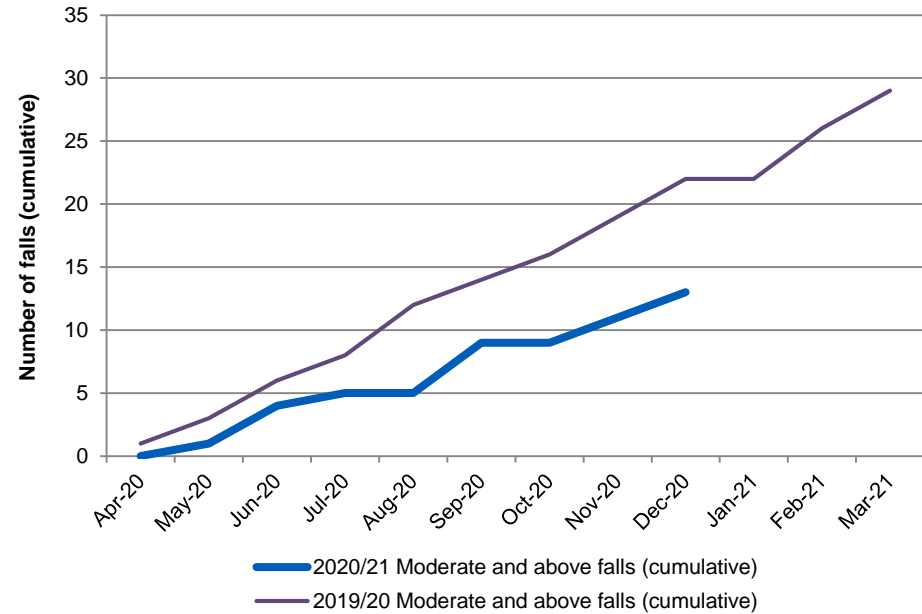
Commentary on performance

- There are 25 Serious Incidents (SI) open and under investigation, with one of these overdue.
- There has been an increase in patient death incidents related to COVID 19 outbreaks.
- It has been agreed that a single investigation report will be created that covers hospital-wide trends and learning from the outbreaks. The four broad themes covered are:
 - Estates and bed configuration
 - Infection Prevention and Control and Bed Management Policy and practice (including bed allocation)
 - Staff movement and incidence of symptomatic and asymptomatic COVID-19
 - Reporting, line of sight and escalation processes
- Each patient who has died as a result of hospital acquired COVID-19 infection will be the subject of an individual Serious Incident Report. This will draw upon the findings of the overarching Outbreak investigation in addition to addressing any concerns pertaining to the particular patient in question and that may have been raised by the patient's family. The prompt completion of Structured Judgement Reviews, as part of the Mortality Review Process, will support the identification of any non-COVID related care delivery concerns.
- There has been a further drop in the number of serious incidents with overdue actions at month end (14 in December 2020 compared to 17 in November and 21 in October 2020)
- The completion of actions from SIs continues to be monitored monthly through the SI KPI Performance Dashboard to the SI Review Panel. Details of overdue actions are also now included in the SI Review Panel Report to improve how the Trust monitors overdue actions and gives the panel and Divisions a better oversight of what is outstanding.

Inpatient Falls



Inpatient Falls (Moderate and above)



41

Repeat falls in December 2020, an increase from 33 in November 2020

15

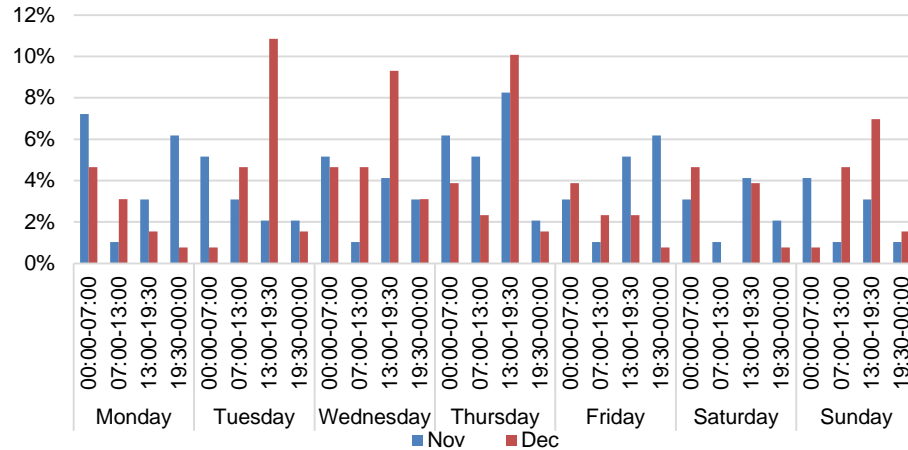
Repeat fallers in December 2020, an increase from 13 in November 2020

Commentary on performance

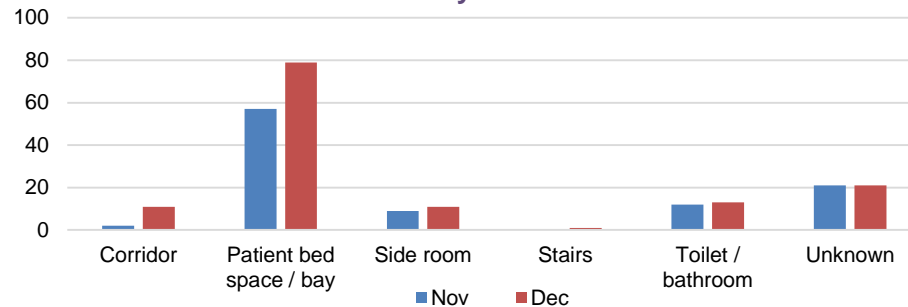
- There was an increase in December in the number of falls to 134 (compared to 101 in November). As identified and reported last month there are felt to be a number of contributory factors including the deconditioning of our frail elderly patients before coming into hospital and whilst in hospital and the changes and adaptations in the way we are able to provide care during the COVID 19 period e.g. donning PPE before entering a bay and reduced visibility as a result of screens and doors.
- A refresh of the falls A3 is planned which will identify the top contributions to the cause of falls, recognising this is likely to have changed in recent months, using the data and analysis from the review carried out in November and December.
- Following this A3 analysis a multi-professional rapid improvement event will be organised.

Safe | Falls – Additional Analysis

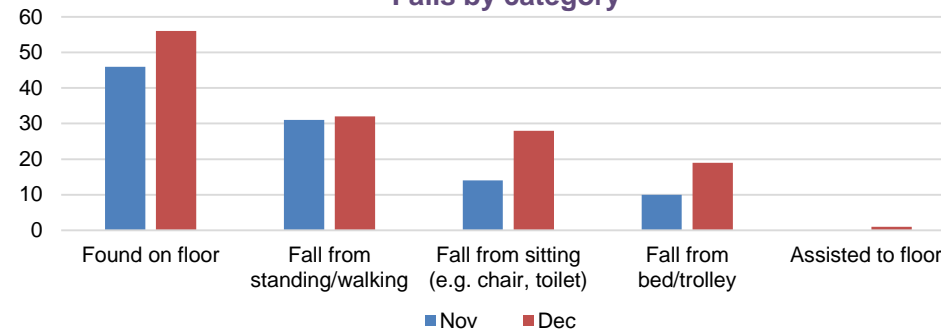
Percentage of falls by day of week and time



Falls by location on ward



Falls by category



Continued analysis was carried out on November and December falls data to help understand the increase in falls and identify any themes that the Falls Steering Group can focus on. The analysis showed that:

- There is no conclusive pattern as to times when falls most frequently occur, however there does appear to be slightly more between 13.00-19.30.
- Falls were more likely to occur mid week Tuesday to Thursday
- The majority of falls occurred in the patient's bedspace or bay
- The majority of falls were unwitnessed (patient found on floor)

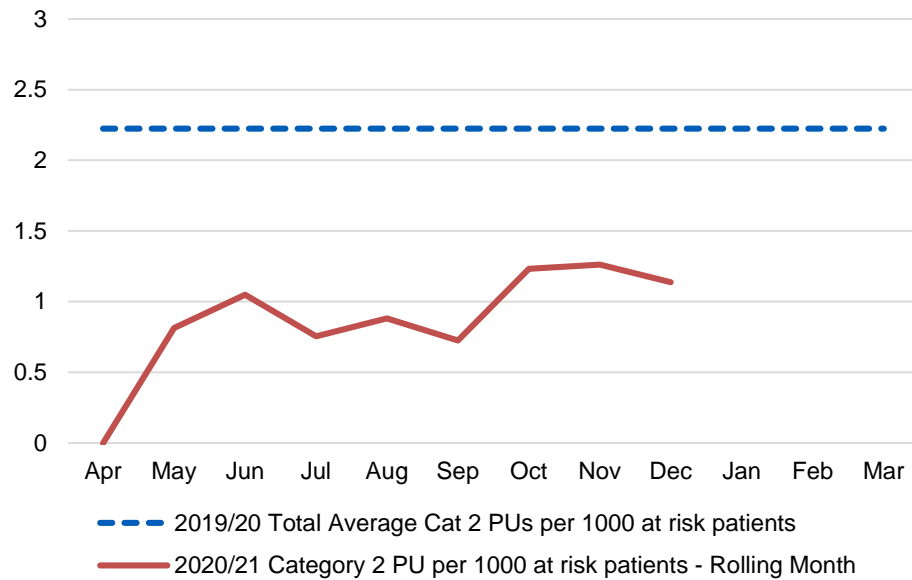
As well as risk of falls patients are assessed for their Enhanced Observation level. Patient assessed at level 3 or 4 may have a special (additional nursing resource) requested. This request is approved by the Senior Nursing team

- A special was requested for 39 of 101 patients in November. This was filled for 4 (10%) patients
- A special was requested for 31 of 136 patients in December. This was filled for 6 (19%) patients

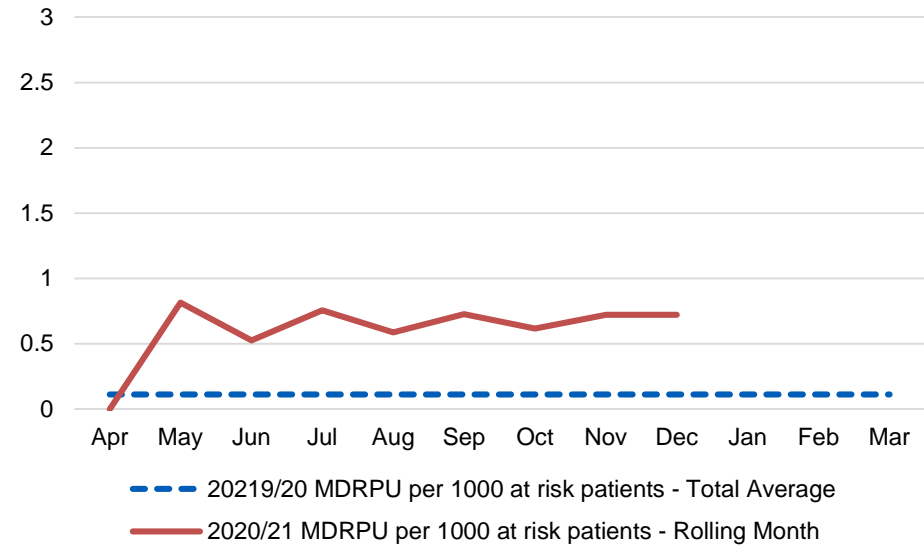
When a request for a special is not filled the nurse in charge on the shift is responsible for a number of actions. These include assessing the risk to patient safety as a whole and allocating the staff on duty to mitigate the risk or where possible cohort or move the patient to a more visible location. The gap will also be escalated to either the duty matron or out of hours the night sister to establish if there is a staff member from elsewhere that can be deployed.

Safe | Pressure Ulcers

Category 2 Pressure Ulcers per 1000 'at risk' patients



Medical Device Related Pressure Ulcers per 1000 'at risk' patients



0 Category 2 pressure ulcers reported in December 2020

0 Category 3 pressure ulcers reported in December 2020

0 Category 4 pressure ulcers reported in December 2020

0 Medical Device Related pressure ulcers reported in December 2020

0 Deep Tissue Injuries reported in December 2020

Commentary on performance

- The RUH has been 53 days pressure ulcer free
- We continue to be leaders in pressure ulcer prevention in the region.
- Pressure Ulcer Prevention Boarding cards with a QR code which when scanned leads directly to a prevention video has been completed and will be rolled out for every bed in the Trust March/April 2021.

Safe | Healthcare Associated Infections

0

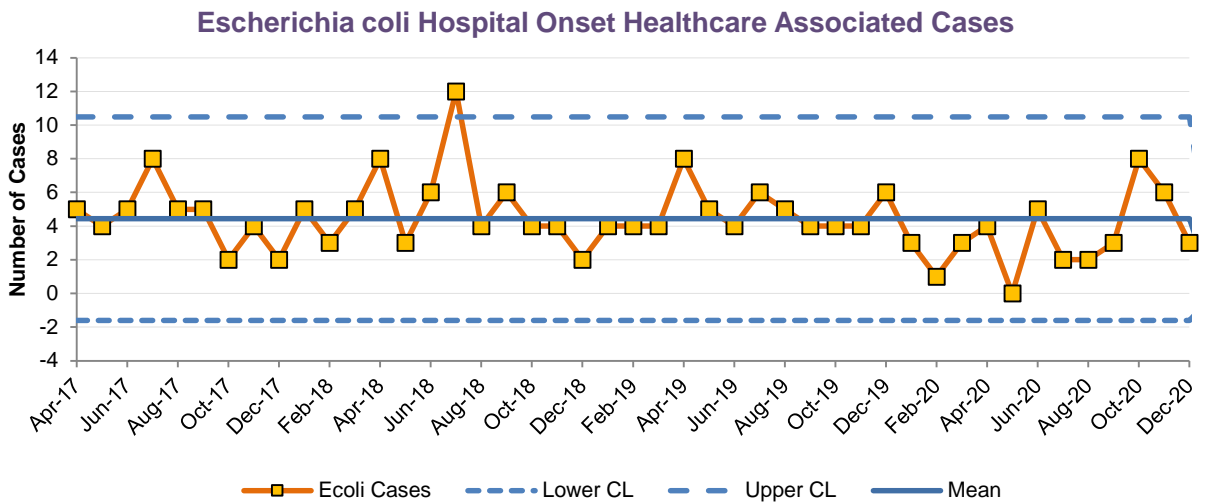
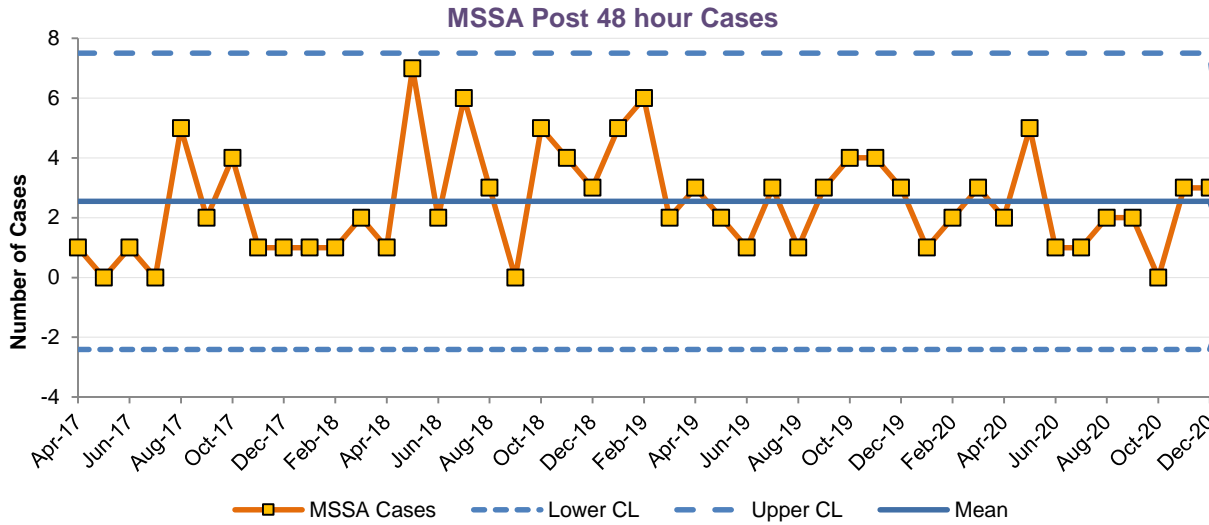
Hospital onset MRSA Bloodstream infections in December 2020 (2 to date in 2020/21)

3

Hospital onset MSSA Bloodstream infections in December 2020 (19 to date in 2020/21 -10% reduction local target)

3

E. Coli bloodstream infections in December 2020 in 2020/21 (33 to date in 2020/21 -10% reduction local target)

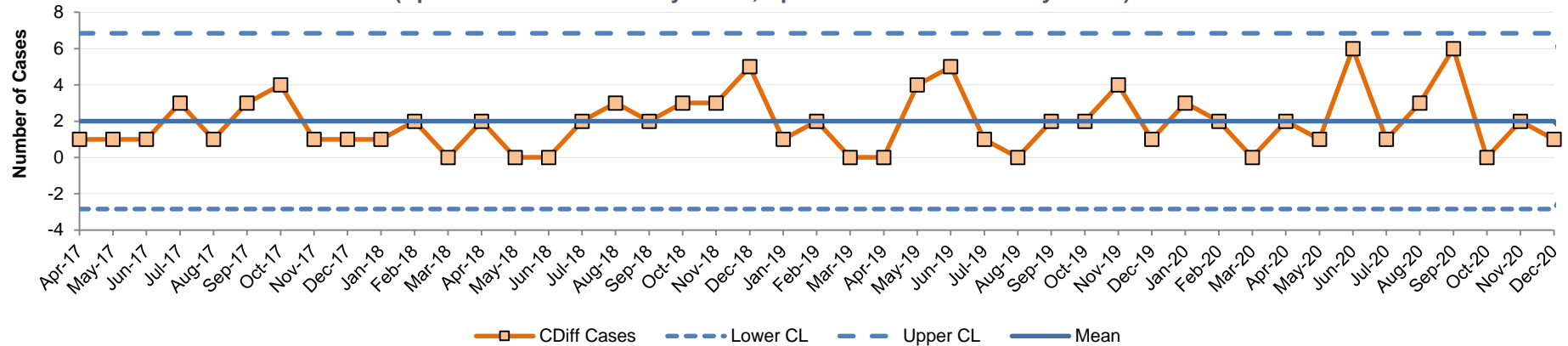


Actions

- A self-assessment has been completed on the Trust's compliance with key infection prevention and control guidance, including the NHS England IPC Board Assurance Framework, NHS England IPC and testing key actions for Boards and Care Quality Commission (CQC) IPC requirements. This has been presented to Clinical Governance Committee. An action plan has been developed to address identified gaps in assurance
- In December, a new Infection Prevention and Control (IPC) Assurance Checklist audit was introduced. This is being completed in wards and departments on a daily or weekly basis (daily in outbreak areas) to provide assurance that key infection control requirements
- All hospital onset MSSA cases are investigated using root cause analysis and findings are reviewed at a monthly IPC meeting. Themes from these cases are reviewed at Operational IPCC.
- Increased IPC Team and senior nurse presence in clinical areas has supported improved performance.
- 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.
- Following positive feedback received for the new hand sanitiser system on Pulteney Ward main entrance this will be rolled out to all inpatient areas. The product has been ordered and will be installed as soon as received.

Safe | Clostridium difficile Infections

Clostridium Difficile Hospital Onset Healthcare Associated Cases
(Apr 17 - Mar 19 Post 3 day cases, Apr 19 onwards Post 2 day cases)



1 Hospital onset infections in December 2020 (decrease from 2 in November 2020) (22 to date in 2020/21)

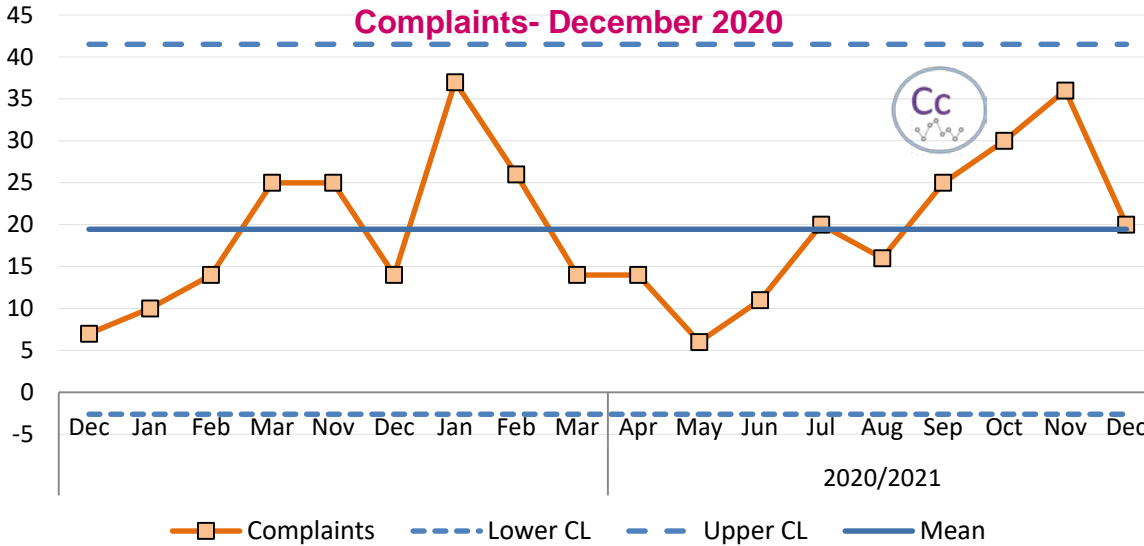
1 Community onset healthcare associated infections in December 2020 (decrease from 2 in November 2020) (19 to date in 2020/21)

- 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

- Environmental review has taken place of wards and corridors. Decluttering of both areas have taken place. Noticeably the corridors are now clear of beds with beds now stored off site and protective covers have been ordered for those remaining on site
- Communication and signage has been reviewed and wards which are closed due to infection control issues are now clearly signed with a large banner outside to prevent unnecessary footfall.
- Transfer wheelchairs and trolley's have been ordered which have intravenous fluid poles to reduce the transfer of beds between clinical areas.
- As a result of improved senior nurse visibility and presence in the clinical areas the standards of cleanliness and hand hygiene compliance have 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.
- Increased focus on the cleanliness of high touch points.
- Focus on hand hygiene for patients especially around meal times and also closer attention to patient history, documentation, sampling and where necessary isolation into a side room.

Caring | Complaints



The Trust received 20 formal complaints in December compared to 14 received in December 2019. However there was a notable decrease from the previous 3 months. This pattern has been seen in previous years. 15 of the 20 complaints received in December 2020 related to incidents that occurred between April and December 2020.

	Discharge	Appointments	Clinical Concerns	Communication & Information	Staff Attitude & Behaviour
Acute Medicine			2		
Anaesthesia			1		
ENT		1	1		
ED					1
Gastro	1				
General Surgery			1		
Gynaecology			2	1	
Maternity			1		1
OPU			1		
Oral & Maxi				1	
Orthopaedics			2		
Paediatrics				1	
Radiology			1		
Respiratory			1		

Response rate	Medicine	Surgery	W&C
Closed with in 35 day target	94% (15/16)	77% (7/9)	17% (1/7)

The timeliness of complaint responses across the Divisions decreased from 88% in October to 81% in November to 72% in December.

The Trust is following national guidance by informing complainants of delays and contacting all those that wish to make a complaint to see if it can be resolved informally, if appropriate.

Next steps:

The Trust's new Complaints Manager will be in post on 1st February 2021.

Their focus will continue to be on improving the responsiveness of the Trust to complaints and also to develop a system whereby we capture the themes and learning from complaints and an effective way of sharing this across the organization.

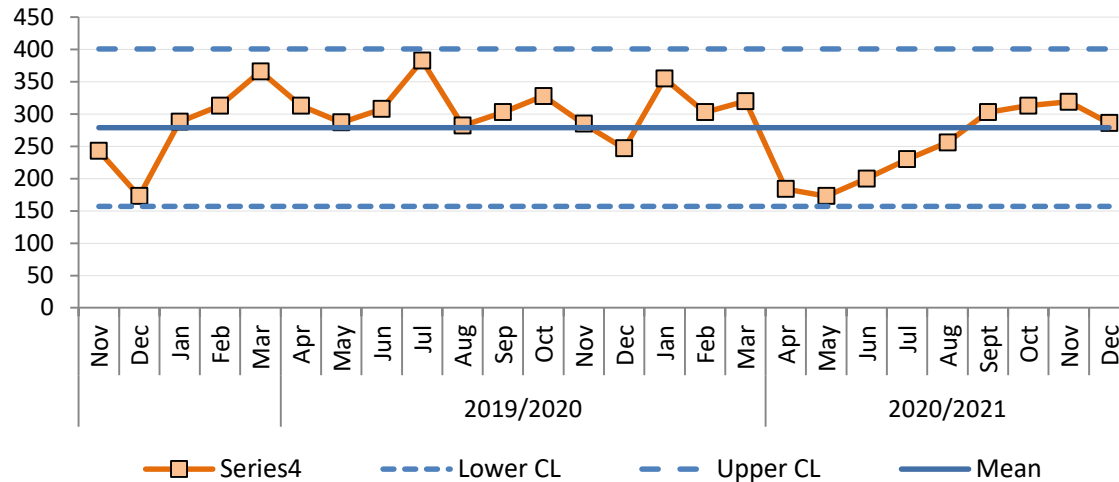
They will work with the Divisional Directors of Nursing to embed a Trust wide approach to responding to patient concerns whereby Matron's make contact with complainants within 24-48 hours of a complaint being received by the Trust.

The benefits of this are that complainants with clinical concerns can speak to a member of the clinical team, it provides a more personal approach and a greater understanding of the concerns.

It is also an opportunity to resolve any concerns more quickly rather than requiring a lengthy investigation.

Caring | Patient Advice and Liaison Service

PALS – December 2020



Top 3 Subjects Requiring Resolution

69

Communication & Information

34

Clinical Care & Concerns

16

Premises/Environment/Parking

286

Contacts with PALS. 10% decrease from November. 16% increase from December 2019.

185

required resolution (65%)

20

were compliments (7%)

79

requested advice or information (27%)

2

provided feedback (1%)

Next steps

The Patient Experience Team are continuing to support patients and their relatives through the 'Keeping in Touch' service. Main Reception are organising the transportation of property to patients on wards in addition to arts and craft packs which have been designed to keep patients occupied during their admittance.

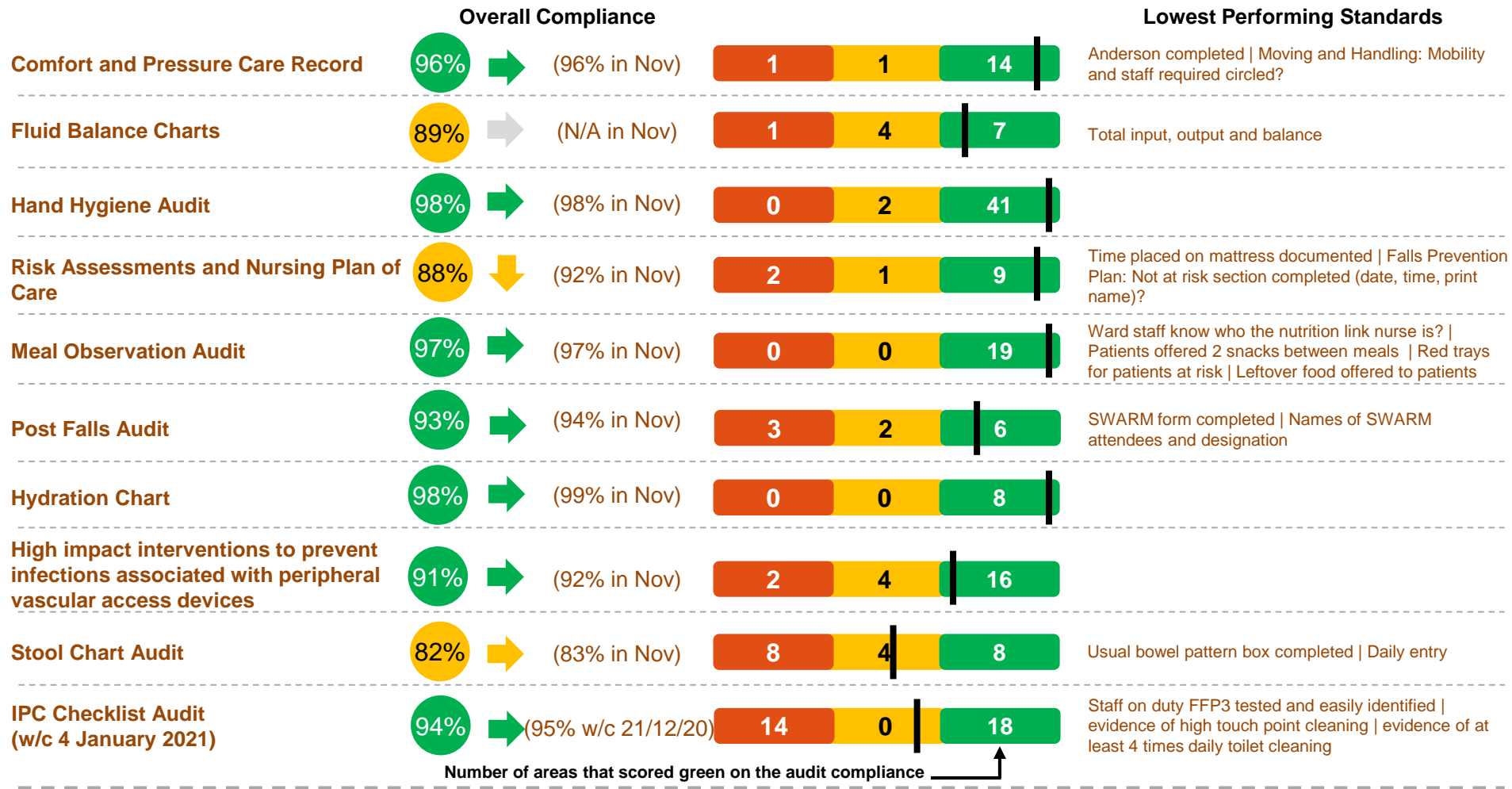
45 of the contacts about **Communication & Information** were general enquiries, no trends were identified. 12 related to telephone issues (phone not answered). Of these 4 concerned MAU.

A meeting hosted by the Director of Nursing & Midwifery provided ward managers with an opportunity to discuss solutions and best practice for communication with patients' families. There have also been external communications asking families to nominate one person to keep in contact with wards to manage these contacts.

16 of the contacts for **Clinical Care & Concerns** were general enquiries. 8 related to the coordination of a patients medical treatment, no trends were identified and each case was specific to patient's individual treatment.

A majority of the contacts (15) concerning **Premise/Environment/Parking** related to patients'/visitors receiving PCNs.

Effective | Peer Audit Results

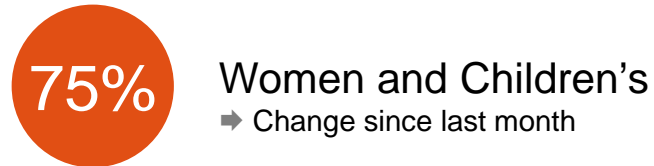
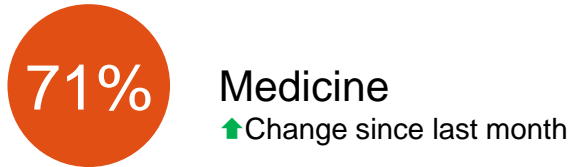


Actions

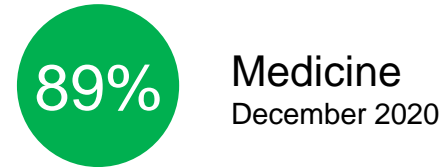
- As a result of increased pressures from COVID-19 across the organisation the peer audits are currently being done by the Ward Sisters and Matrons in order to reduce the number of staff entering clinical areas. There is an increased focus on infection control practice and audits.
- An Infection Prevention and Control (IPC) checklist audit commenced on 30 November 2020. This audit assesses wards and departments against key infection and control requirements including PPE, social distancing, environment and testing. This audit is being conducted daily on outbreak wards and weekly on all other wards.
- The results of the IPC checklist audit are reviewed at the weekly IPC COVID Action Plan Monitoring Group and actions agreed through the meeting to improve compliance. The group reports to the Operational IPC Committee monthly

Well led | Appraisals, Training & Vacancies

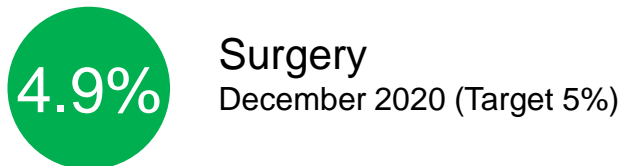
Appraisal Rates – Trust target 90%



Mandatory Training Compliance - Trust target 90%



Vacancy Rates



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

