Royal United Hospitals Bath
NHS Foundation Trust

Quality Board Report

March 2021

Quality Board Report | March 2021

Royal United Hospitals Bath
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Executive Summary | March 2021

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Pressure Ulcers

- 2 Category 2 pressure ulcers reported in February 2021
- 0 Category 3 pressure ulcers reported in February 2021
- 0 Category 4 pressure ulcers reported in February 2021
- 0 Medical Device Related pressure ulcers reported in February 2021
- 1 Deep Tissue Injuries in February 2021

Infection Control

- 1 Hospital onset *C. diff* infections in February 2021 (26 to date in 2020/21)
- 3 Community onset healthcare associated *C. diff* infections in February 2021 (22 to date in 2020/21)
- 1 Hospital onset MRSA Bloodstream infections in February 2021 (3 to date in 2020/21)
- 1 Hospital onset MSSA Bloodstream infections in February 2021 (27 to date in 2020/21 -10% reduction local target)
- 6 *E. Coli* bloodstream infections in February 2021 in 2020/21 (42 to date in 2020/21 -10% reduction local target)

Serious Incidents

- 4 SIs reported to StEIS in February 2021
- 70 SIs remain open and under investigation
- 3 of the SIs open are overdue according to the agreed deadline date

Falls

- 87 Inpatient falls in February 2021,a decrease from 100 in January 2021
- 0 Inpatient falls (moderate and above) in February 2021, a decrease from 3 in January 2021
- 15 Repeat falls in February 2021, a decrease from 17 in January 2021
- 7 Repeat fallers in February 2021, the same as in January 2021

Deteriorating Patient

- 76% Response to increase in NEWS (Median compliance)
- 80% ED sepsis screening on admission (Median compliance)

Complaints and PALS

- 73% Complaints closed within 35 day target
- 305 contacts with PALS. 13% increase from January 2021

Appraisals, Training and Turnover

- 67% Staff appraisal compliance (Target: 90%)
- 86% Mandatory training compliance (Target: 90%)
- 8.2% 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

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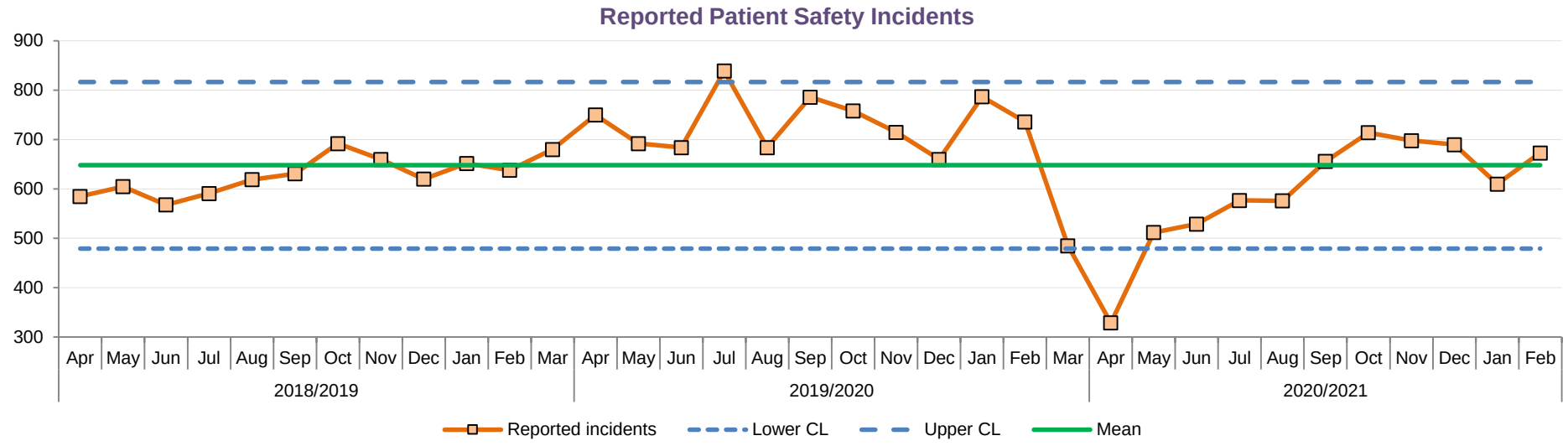

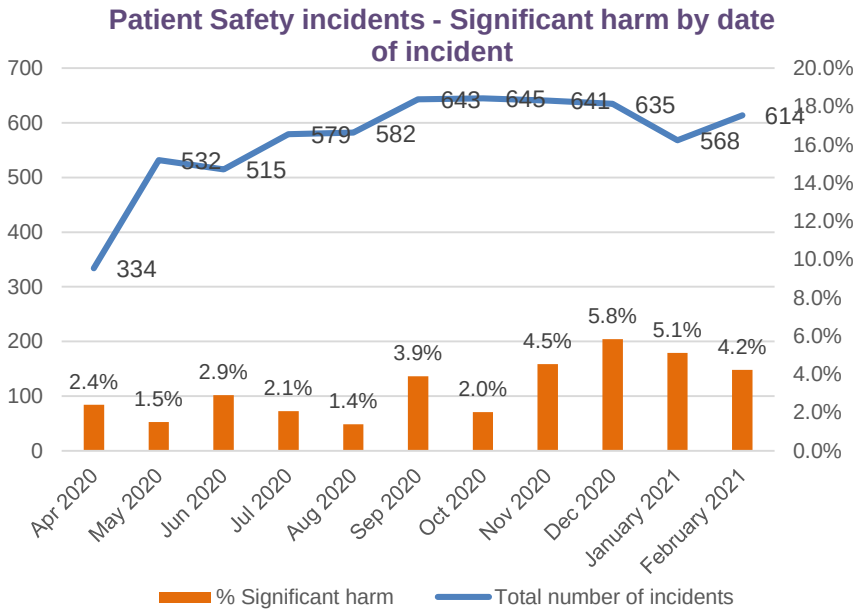

Commentary on performance

- Reporting of patient safety incidents remains within the confidence intervals, with an increase in incidents reported in February compared to January 2021.
- The top reported incidents by category continue to be patient falls, medication and admission issues (including delay / failure to access care and unexpected re-admission) with no significant changes to the types of incidents reported (with the exception of infection control). Maternity remain the top reporter of incidents, followed by Older Persons Unit and Acute Medicine
- The percentage of incidents causing significant harm has reduced since December 2020 but remains higher than the period up to October 2020. This is due to the outbreaks of COVID-19 on the wards and the COVID-19 related deaths reported as a result.
- 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.

Safe | Serious Incidents

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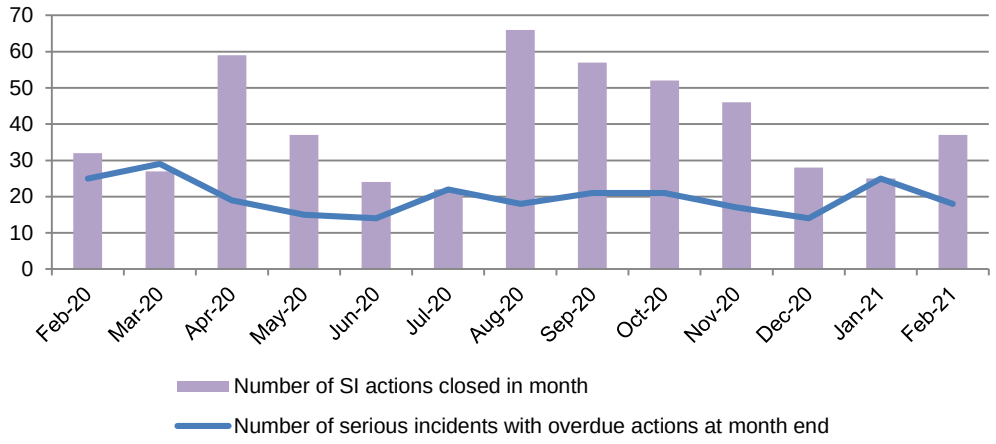
Completion of action plans from SI investigations



Date of incident	ID	Serious Incidents reported to StEIS in February 2021
27/09/2019	90995	Diagnosis - Delay/failure (possible missed diagnosis in 2019 for 2 cancerous tumours) (Breast Unit)
20/09/2020	87021	Drug given at incorrect time (upgraded to an SI following further review of ePMA system following a complaint) (Pulteney Ward)
10/12/2020	89470	Delay/failure in access to hospital/care (referred from SWAST) (Emergency Department)
05/02/2021	90902	Unexpected admission to NICU (Bath Birthing Centre)

4 SIs reported to StEIS in February 2021

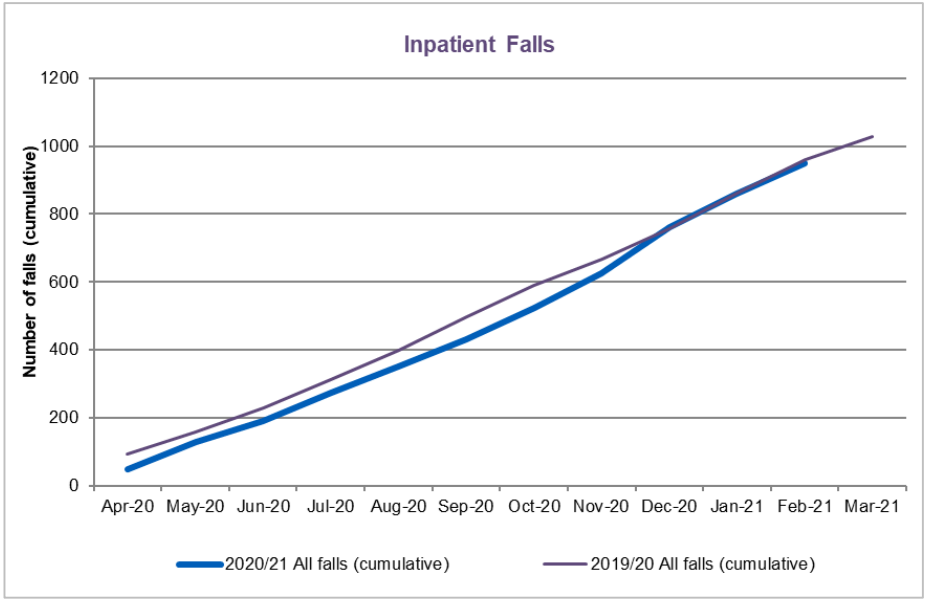
70 SIs remain open and under investigation as of 10/03/2021

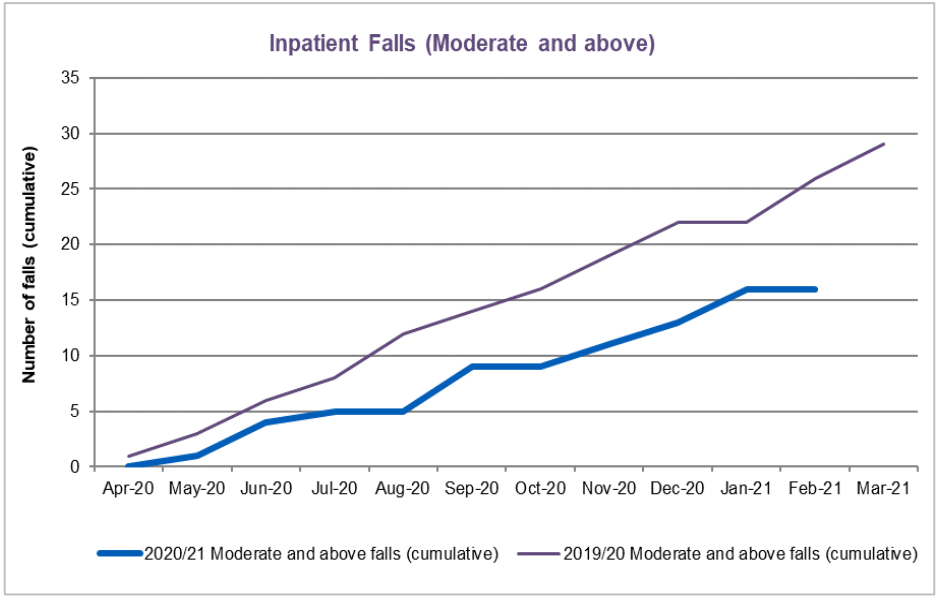
5 Investigation reports were approved by the SI Panel in February 2021

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

Commentary on performance

- There are 70 Serious Incidents (SI) open and under investigation, with three of these overdue. Of the overdue investigations:
  - 2 SIs have been approved with amendments by the SI Review Panel and are awaiting changes to the SI reports before they can be closed
  - A downgrade request has been made to the CCG for one SI. The CCG have recently requested additional information before the SI can be downgraded
- Key learning is identified from Serious Incident investigation reports presented at the SI Review Panel. Common themes identified include a failure to escalate high National Early Warning Scores (NEWS) leading to a delay in review and treatment, including within the Emergency Department. There are also examples of poor completion of documentation including accurate patient observations including fluid balance and e-observations. It has been agreed that that there will be a focus on the deteriorating patient work stream at the next steering group in March to investigate the failure to escalate high NEWS.
- Some issues were also identified with infection prevention and control precautions including hand hygiene compliance and clutter within ward environments. This has been taken forward through the Infection Prevention and Control (IPC) COVID Action Plan group. Performance with key infection prevention and control requirements including the environment is monitored through completion of the weekly IPC Assurance Checklist audit.
- The number of serious incidents with overdue actions at month end has remained relatively steady over the last 13 months with a slight decrease in February (18) compared to January (25). These are followed up with each division. Details of these actions are also included in the SI Review Panel Monthly Report which provides the panel and Divisions with clear oversight of what is outstanding. Performance is also monitored through the monthly KPI Dashboard presented at the group.





15 Repeat falls in February 2021, a decrease from 17 in January 2021

7 Repeat fallers in February 2021, the same number as in January 2021

Commentary on performance

- There was a decrease in February in the number of falls to 87 from 100 in January .This is the second consecutive month of a reduction in falls which could reflect the reduction in covid activity in wards both on acuity of patients and available staffing. However the previous reported contributory factors and adapted ways care is provided continues to affect numbers of falls.
- A multi-professional workshop is planned for 29 March 2021 using the revised A3. The focus for this will be Root Cause Analysis of falls, organisation of care for patients at risk of falls, with enhanced observation levels 3 and 4 and identifying countermeasures.
- A review of the falls risk assessment is underway with a plan to develop a multifactorial risk assessment to provide more detailed assessment of at risk patients.
- An audit of the post falls form is planned for March using a sample of falls over the last 2 months to review documentation of actions taken post fall.

Safe | Pressure Ulcers

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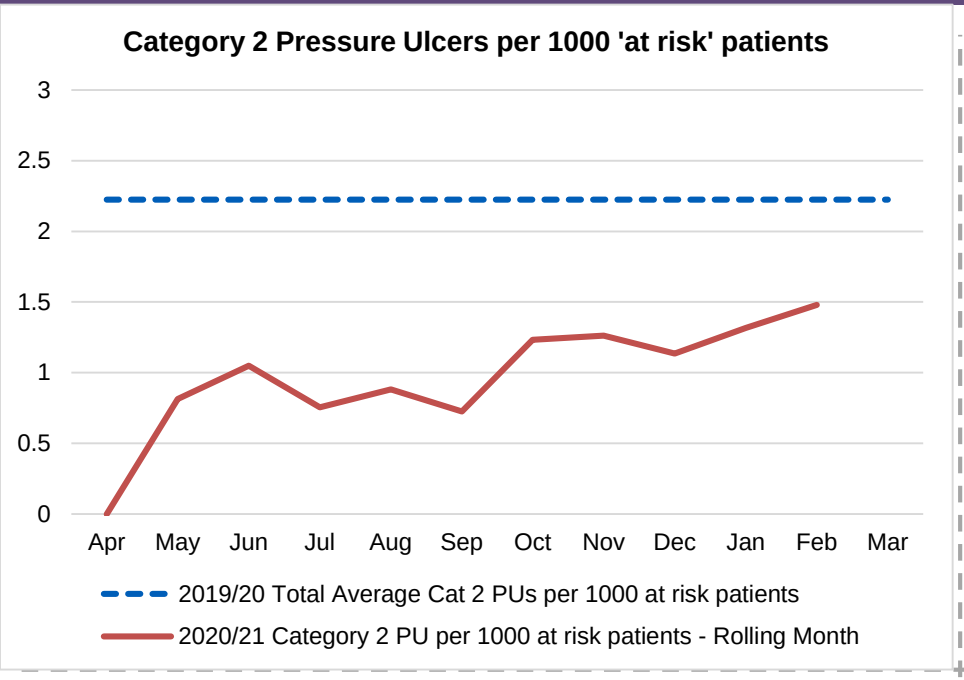

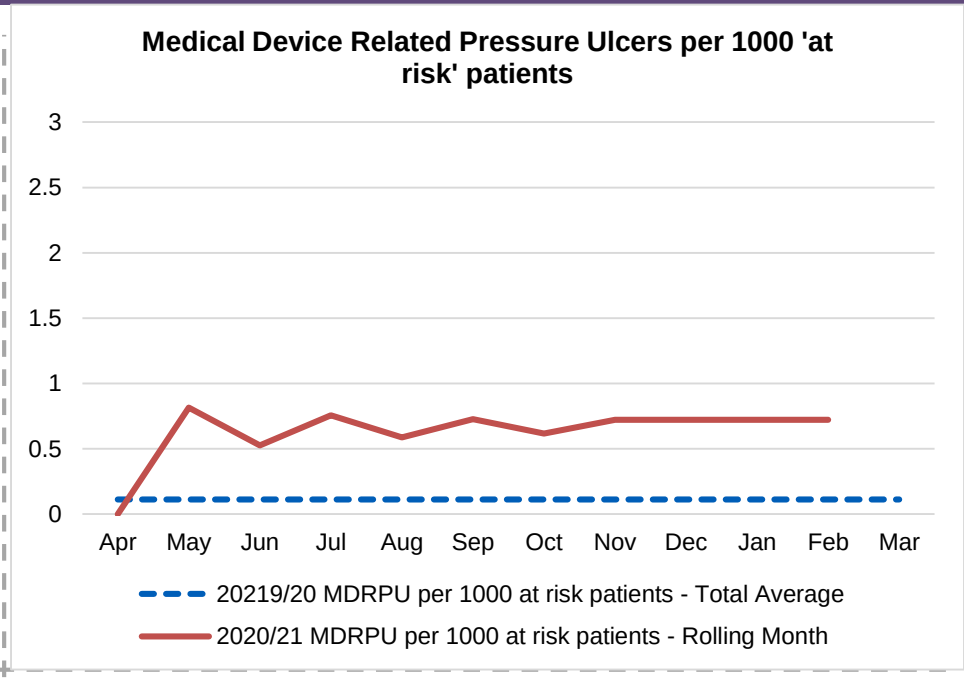

2 Category 2 pressure ulcers reported in February 2021

0 Category 3 pressure ulcer reported in February 2021

0 Category 4 pressure ulcers reported in February 2021

0 Medical Device Related pressure ulcers reported in February 2021

1 Deep Tissue Injury reported in February 2021

Commentary on performance

- The number of Category 2 Pressure ulcers involving heels has started to increase with the root cause of the problem identified through investigation.
- A trial of disposable heel protectors has been completed in ED and MAU and funding is being sought. One of the medicine matrons is taking the lead of rolling these out
- The tissue viability team are out in the clinical areas sharing good practice and working with the communication team to cascade more widely.
- Roll out of the patient information boarding passes and categorisation cards on track for April and May.
- Refresh of the fishbone and A3 including relaunch of the heel pathway and mattress library offering tissue protection.
- Team supporting new to care HCA's and also overseas nurses

Safe | Healthcare Associated Infections

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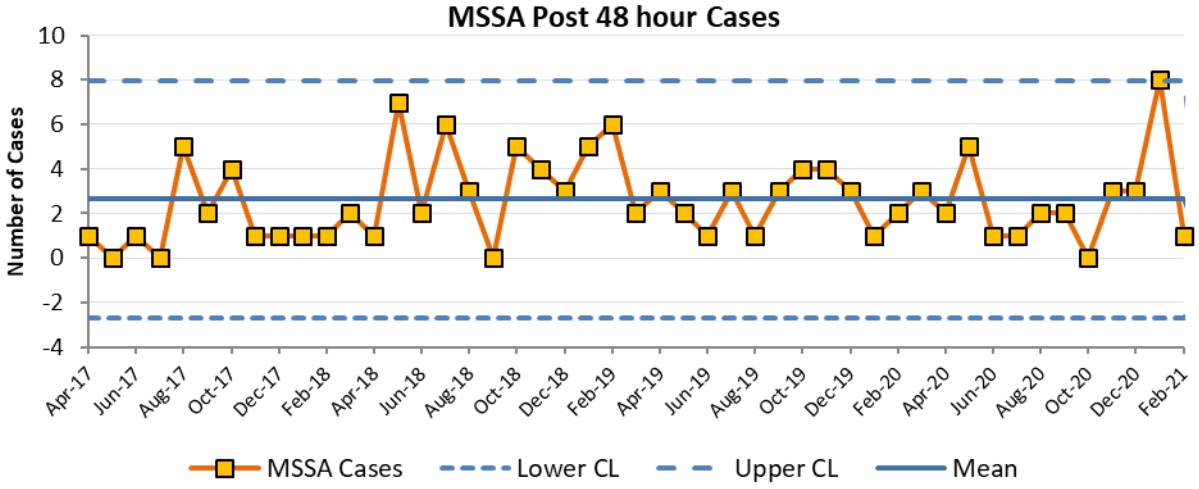
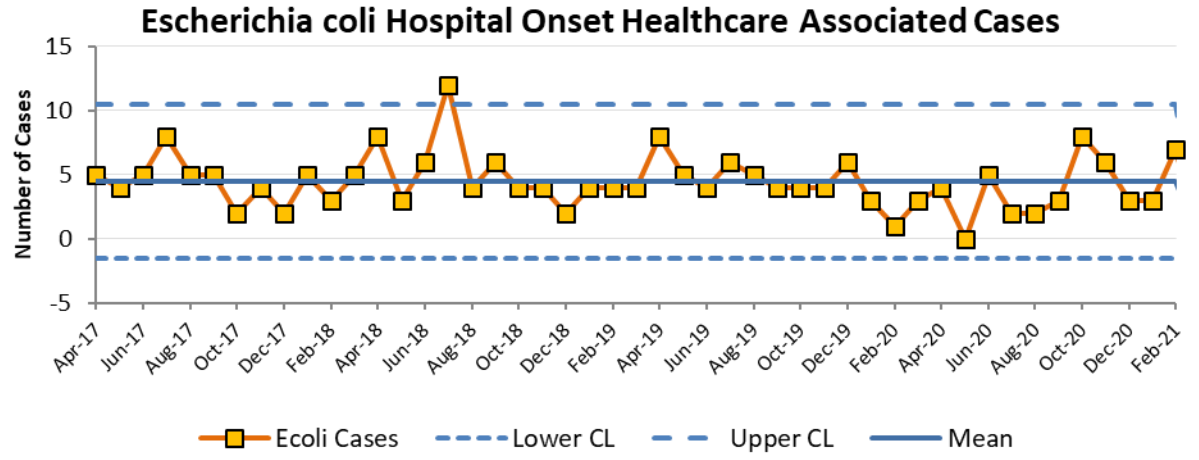
1 Hospital onset MRSA Bloodstream infections in February 2021 (3 to date in 2020/21)

1 Hospital onset MSSA Bloodstream infections in February 2021 (27 to date in 2020/21 -10% reduction local target)

7 E. Coli bloodstream infections in February 2021 in 2020/21 (43 to date in 2020/21 -10% reduction local target)





Actions

- Five additional standards have been added into the Infection Prevention and Control (IPC) Assurance Checklist following recommendations from the HSE visit.
- Line associated infections remain the most common source of MSSA infection with issues around cannula care and documentation identified as a contributory factor. The senior sisters are working on revision of the Peripheral Cannulation Policy and the audit tool will be revised once this has been completed..
- The IPC Team are revising the Aseptic non touch technique (ANTT) workbook and will include more around ANTT standards in the online IPC Level 2 training package
- Close monitoring of an increase in infections on ICU. The ICU team are working through an action plan and audit frequency has been increased.
- The IPC Team have commenced weekly unannounced audit 'swarms' in clinical areas. These are focusing on cannula care records, PICC care plans, urinary catheter care plans and stool chart completion. Feedback is given to the senior sister and all audits undertaken are reported through to eQuest.
- IPC team are relaunching the Infection Control Newsletter to capture and share learning
- 10% target on all Infections rather than collective target. Refresh of the A3 to take place with mini A3 for each infection

Safe | *Clostridioides difficile* Infections

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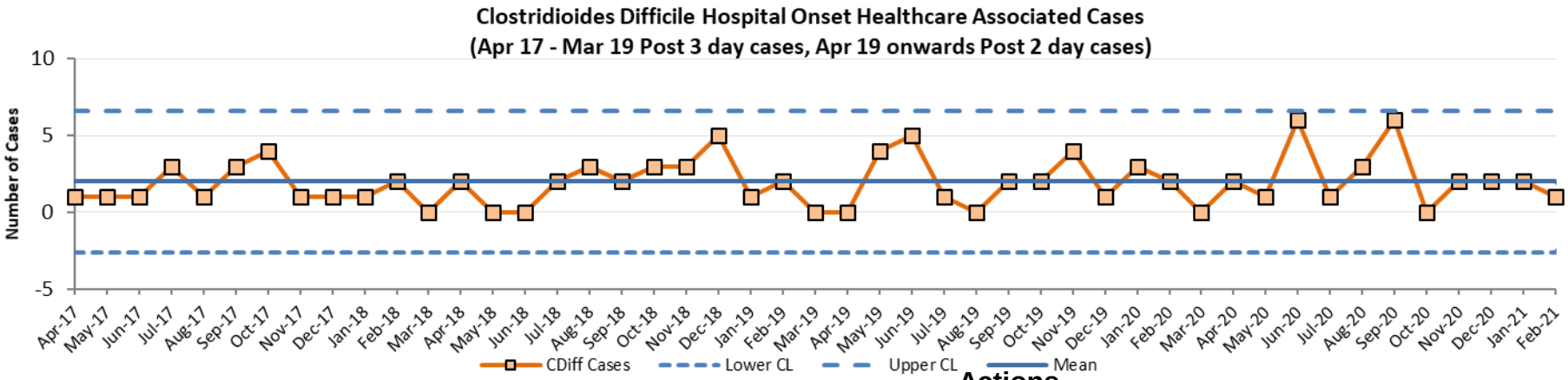

1 Hospital onset infections in February 2021 (26 to date in 2020/21)

3 Community onset healthcare associated infections in February 2021 (22 to date in 2020/21)

Antimicrobial Stewardship

- Compliance with AMS prescribing has improved however review of antibiotics at 72 hours has not. The AMS A3 is being revised.
- Medicine Division has chosen IPC as an Improving Together Driver metric
- Parry, Haygarth, Pulteney, Waterhouse and Combe Wards have all chosen to focus on AMS improvement
- Additional opportunities for sharing antimicrobial stewardship (AMS) audit findings.

Actions

- The Cleaning Team has recruited floor walkers who have a key role in supervision and training for staff. Revised cleaning schedules introduced which take into account the increased cleaning staffing levels providing assurance that all clinical areas are cleaned to standard 7 days a week.
- Yellow cleaning signature card reinstated on back of door to confirm cleaning has taken place at least 4 x daily.
- The antimicrobial stewardship pharmacists are working in key areas to provide a focus on support for ward pharmacists. They provide training and support to challenge stewardship issues.
- The effectiveness of *Clostridioides difficile* workbook is being reviewed by the IPC Team. Future training will be included in the IPC Level 2 online training package.
- The weekly IPC swarms include training on when to take a stool sample in order to reduce sampling delays and missed opportunities.
- New communication meeting with senior sisters and matrons organised to share learning from RCA's

Caring | Complaints

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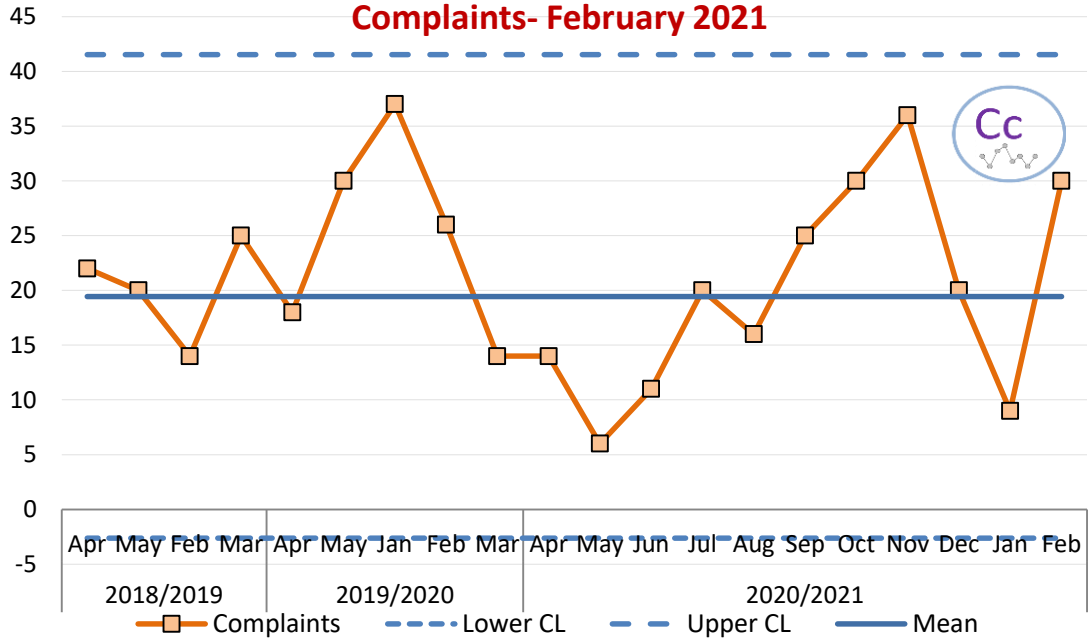
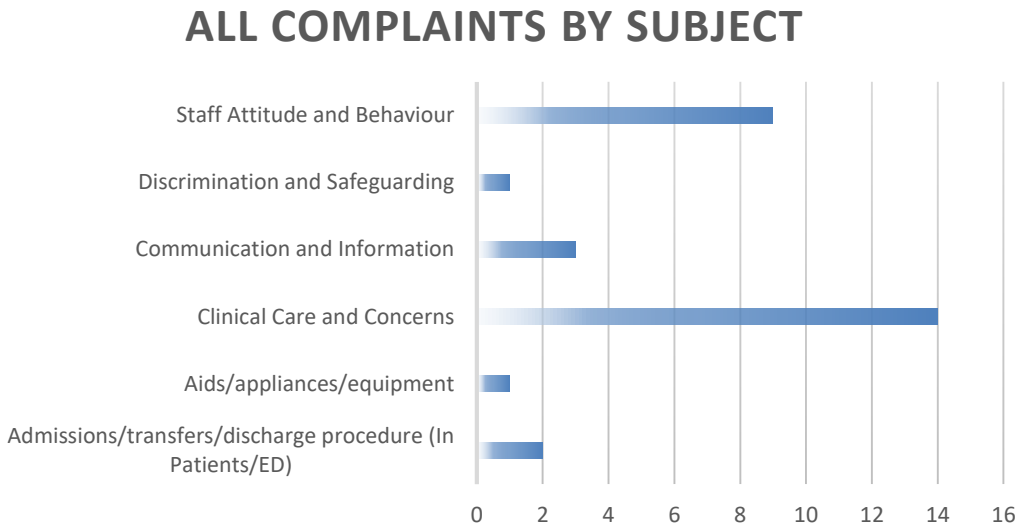
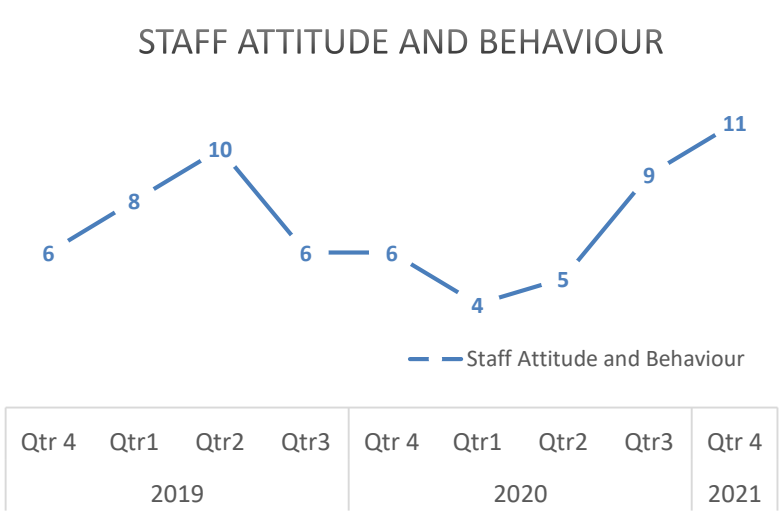


The Trust received 30 formal complaints during February 2021. This was an increase from nine the previous month and 26 during February 2020.

The two most common reasons to make a complaint were clinical care & concerns and staff attitude & behaviour.

Of note is the four quarter upwards trajectory of complaints regarding staff attitude and behaviour. We have had more complaints on this subject in the two months of this quarter than in any quarter since the end of 2019.





Caring | Complaints

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Response Rate	Medicine	Surgery	W&C
Closed with 35 day target	100% (3/3)	67% (4/6)	67% (4/6)

The timeliness of complaint responses across the Divisions decreased from 81% in November, to 72% in December, to 71.5% in January and 71.4% in February.

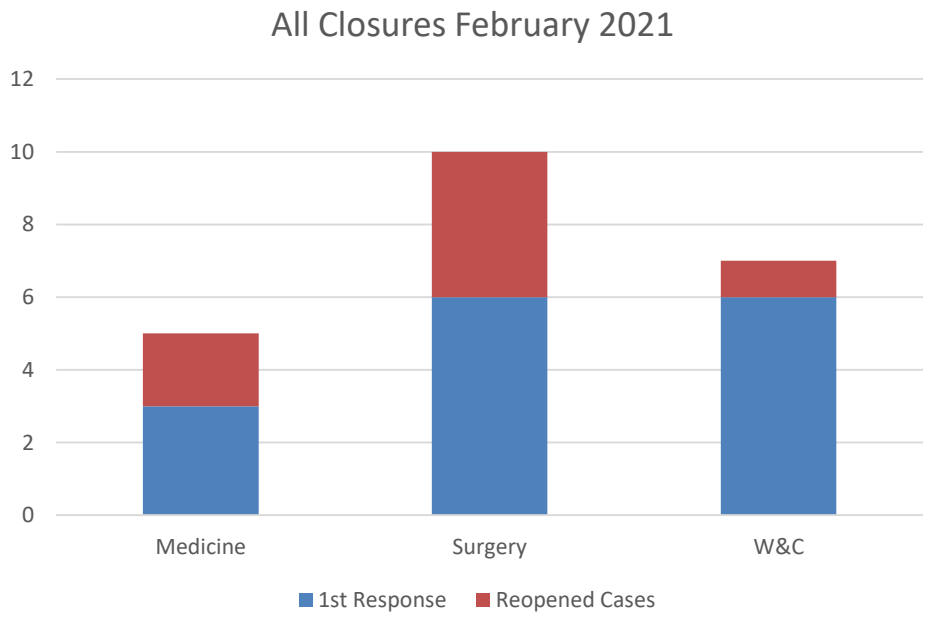
One potential indicator of complaint response quality is whether or not complainants come back to us with further questions and comments. There will always be some that fall into this category, but overall we should be looking for a reduction. This chart shows of those that were closed in February 2021 15 were closed after the initial response but a further 7 were closed having been reopened.

Next Steps

From April 2021 we will be asking complainants to complete an equality and diversity monitoring form to provide us with data for an equalities impact assessment of the complaints process.

Satisfaction questionnaires will be sent out with every complaint response rather than as a quarterly mailshot.

A cross divisional complaints meeting starts in March 2021 and will provide a forum for discussing and identifying improvements in process and quality.



Caring | Patient Advice and Liaison Service

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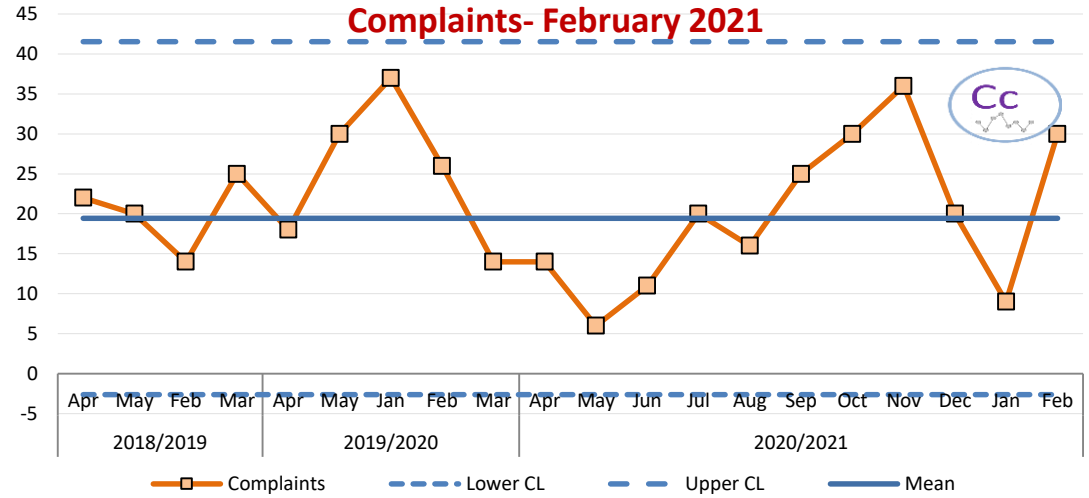

305 Contacts with PALS. 13% increase from January 2021. 1% increase from February 2020.

176 required resolution (58%)

104 requested advice or information (34%)

22 were compliments (7%)

3 provided feedback (1%)

Next steps

The Patient Experience team are looking into the possibility of brighter property bags for patient property to be stored in whilst in A&E. The Senior Sister for A&E has conducted training with the nursing team around completing patient property forms following a patient's admittance to the department. The paperless property forms are in the process of being reviewed; staff will be prompted to complete the from before being able to complete a patient's admission.

Top 3 Subjects Requiring Resolution

53 Communication & Information

26 Patient Property

26 Clinical Care and Concerns

70% (37) of contacts for **Communication and Information** were general enquiries, these included requests for referrals to be sent to departments and medical information to be passed on to patient's consultants. 11% (6) were telephone issues (phone not answered), these were all spread across different wards/ departments.

88% (23) of contacts relating to **Patient Property** were regarding the loss of property with patients. The remaining 11% (3) were allegations of theft of patient property. Of the cases concerning patient property 6 were on OPU wards, 4 were in A&E and the rest were spread across different wards/ departments.

27% (7) of contacts relating to **Clinical Care and Concerns** were general enquiries, no trends were identified. 23% (6) of enquiries concerned the co-ordination of patients' medical treatment. 15% (4) were test results not acted upon.

Effective | Peer Audit Results

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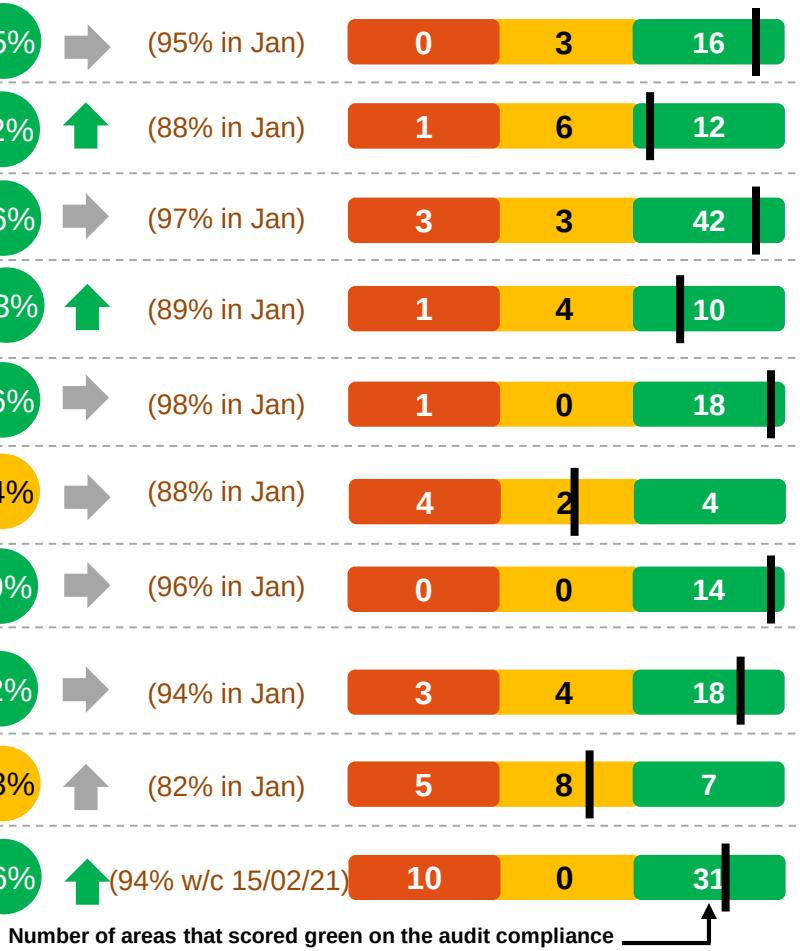
	Overall Compliance			Lowest Performing Standards
Comfort and Pressure Care Record	95%	→	(95% in Jan)	Anderson completed | Moving and Handling section: distance circled
Fluid Balance Charts	92%	↑	(88% in Jan)	Fluid output recorded Total input, output and balance
Hand Hygiene Audit	96%	→	(97% in Jan)	
Risk Assessments and Nursing Plan of Care	93%	↑	(89% in Jan)	Braden | MUST
Meal Observation Audit	96%	→	(98% in Jan)	Ward staff know who the nutrition link nurse is? | Red trays for patients at risk | Leftover food offered to patients
Post Falls Audit	84%	→	(88% in Jan)	Number of previous falls | Next of kin | Investigations requested | Medicine chart reviewed | Likely cause of fall | Names of SWARM attendees and designation
Hydration Chart	99%	→	(96% in Jan)	
High impact interventions to prevent infections associated with peripheral vascular access devices	92%	→	(94% in Jan)	
Stool Chart Audit	83%	↑	(82% in Jan)	Usual bowel pattern box completed | Daily entry
IPC Checklist Audit (w/c 22 February 2021)	96%	↑	(94% w/c 15/02/21)	Evidence of 4 times daily toilet cleaning | Good ventilation in all areas | Staff FFP3 tested and easily identified



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.
- The Infection Prevention and Control (IPC) checklist audit was further amended in March to address concerns identified from the HSE inspection drawing on actions detailed in the 5 point plan for managers. This includes the addition of 5 questions including a review of COVID-19 risk assessments and clear signage for maximum room occupancy and cleaning of high touch point areas.
- 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

Effective | Ward and Outpatient Accreditation

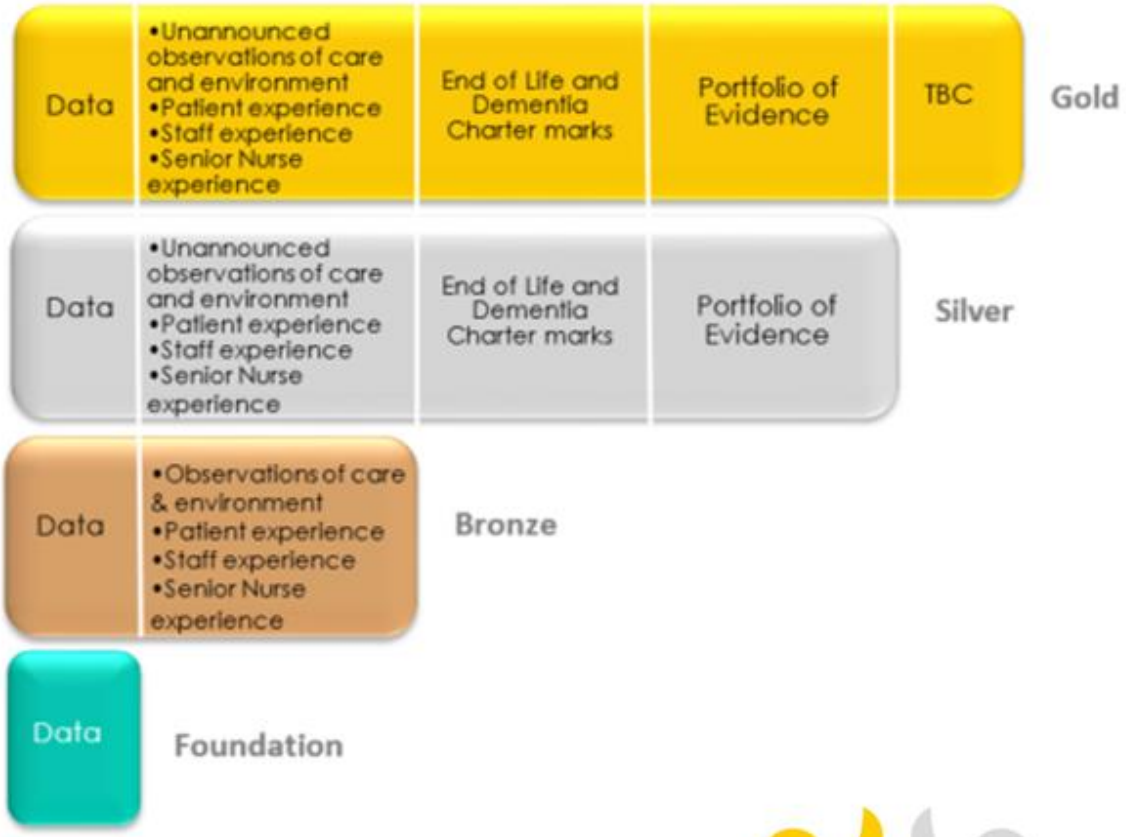
Outline of Programme

The Ward and Outpatient Accreditation programme was developed to:

- Recognise and incentivise high standards of care
- Reduce variation of practice in wards and departments
- Provide assurance that the Care Quality Commission (CQC) standards are being met
- Help identify where any improvements in practice are required.

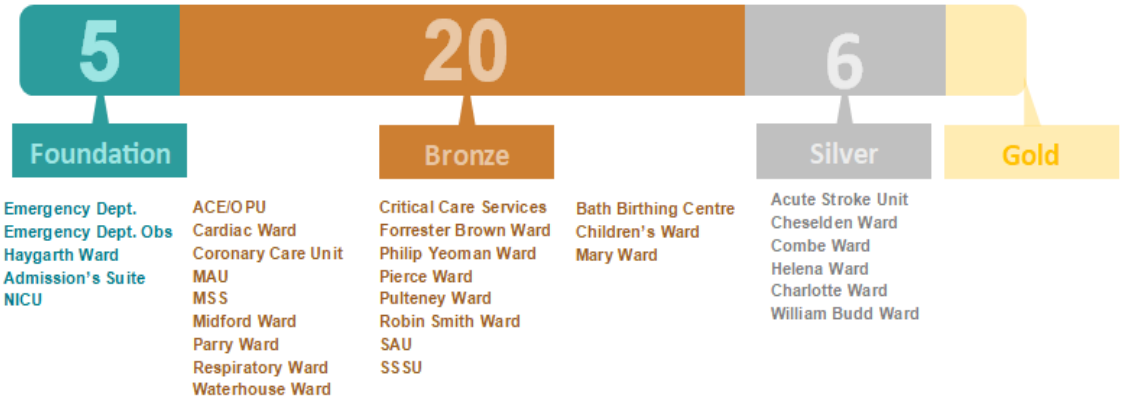
Performance indicators for each of the CQC domains have been developed to measure the quality and safety of the services provided at individual ward and outpatient level. Assessment of the indicators is based on levels of performance over the previous 6 months to a year depending on the indicator and level. A graduated score 1-3 is given per indicator depending on the level of performance. The programme takes a tiered approach of assessment from Foundation level to Gold level.

Levels Foundation to Gold



Effective | Ward and Outpatient Accreditation

Ward Accreditation



Outpatient Accreditation

Plan for relaunch following the Covid pandemic

- Re name the programme ExCEL – Excellent Care @ Every Level
- Branding being developed with the Communication team – information to display at ward level, design of plaques for Silver level
- Revision of Indicators for Silver level and new assessment tool developed to track data and streamline the assessment process
- During the social isolation restriction period process for unannounced observations is :
    - Staff interviews to be completed via teams conducted by range of staff including Non-Executive Directors and Governors.
    - Patient interviews who have been discharged conducted by phone or other virtual means by the Patient Experience Team.
    - Senior Sister interview conducted via teams
    - Observations of practice and environment conducted by Quality Improvement Team and other corporate staff
    - Portfolio presentation conducted via teams

  Portfolio presentations are scheduled in diaries for the Director /Deputy Director of Nursing and Midwifery, Medical Director and Non-Executive Director from April for the rest of 2021
- Divisional Directors of Nursing have agreed areas for assessment throughout 2021 and timeframes are being agreed with the Senior teams
- The programme is scheduled to restart in April with the first ward Philip Yeoman for assessment end of April ,Medical Short Stay in May and SAU in June

Well led | Appraisals, Training & Vacancies

Royal United Hospitals Bath NHS Foundation Trust

Appraisal Rates – Trust target 90%

- 68% Medicine – ➡ Change since last month
- 59% Surgery – ⬆ Change since last month
- 74% Women and Children's – ⬆ Change since last month

Mandatory Training Compliance - Trust target 90%

- 88% Medicine – ➡ Change since last month
- 87% Surgery – ⬇ Change since last month
- 88% Women and Children's – ⬇ Change since last month

Vacancy Rates

- 4.3% Medicine – February 2021 (Target 4%)
- 2.6% Surgery – February 2021 (Target 5%)
- 1.8% Women and Children's – February 2021 (Target 4%)

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

- 8.8% Medicine – ⬆ Change since last month
- 7.9% Surgery – ⬇ Change since last month
- 7.5% Women and Children's – ⬆ Change since last month