

Report to:	Public Board of Directors	Agenda item:	16
Date of Meeting:	Wednesday 5 May 2021		

Title of Report:	Quality Report
Status:	For discussion
Board Sponsor:	Antonia Lynch, Chief Nurse
Author:	Sarah Merritt, Interim Deputy Director of Nursing and Midwifery
Appendices	None

1. Executive Summary of the Report

This Quality Report provides an update using the Improving Together 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 focuses on:

- Incident reporting
- Serious Incidents
- Falls
- Pressure Ulcers
- Healthcare Associated Infections
- Clostridium Difficile Infections
- Deteriorating Patient: Early Detection and Treatment
- National Safety Standards for Invasive Procedures
- Complaints
- Patient Advice and Liaison Service
- Peer Audit Results
- Appraisals, Training, Turnover & 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

Author: Antonia Lynch, Chief Nurse	Date: 30 April 2021
Document Approved by: Sarah Merritt, Interim Deputy Director of Nursing and Midwifery	Version: 1
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8.	Freedom of Information
	Public

Quality Board Report

April 2021
(March 2021 data)



Quality Board Report | April 2021

Contents



Quality
improvement and
innovation each
and every day.



Safe

Incident Reporting | Serious Incidents | Falls |
Pressure Ulcers | Infection Prevention and Control |
Deteriorating Patient | NatSSIPs / LocSSIPs



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 | April 2021

Pressure Ulcers

- 2** Category 2 pressure ulcers reported in March 2021
- 2** Category 3 pressure ulcers reported in March 2021
- 0** Category 4 pressure ulcers reported in March 2021
- 2** Medical Device related pressure ulcers reported in March 2021
- 0** Deep Tissue Injuries in March 2021

Infection Control

- 3** Hospital onset *C. diff* infections in March 2021 (29 to date in 2020/21)
- 1** Community onset healthcare associated *C. diff* infections in March 2021 (23 to date in 2020/21)
- 0** Hospital onset MRSA bloodstream infections in March 2021 (3 to date in 2020/21)
- 3** Hospital onset MSSA bloodstream infections in February 2021 (30 to date in 2020/21 -10% reduction local target)
- 3** *E. Coli* bloodstream infections in March 2021 in 2020/21 (48 to date in 2020/21 -10% reduction local target)

Serious Incidents

- 13** SIs reported to StEIS in March 2021
- 80** SIs remain open and under investigation
- 0** Of the SIs open are overdue according to the agreed deadline date

Falls

- 104** Inpatient falls in March 2021, an increase from 87 in February 2021
- 3** Inpatient falls (moderate and above) in March 2021, an increase from 0 in February 2021
- 33** Repeat falls in March 2021, an increase from 15 in February 2021
- 15** Repeat fallers in March 2021, an increase from 7 in February 2021

Deteriorating Patient

- 76%** Response to increase in NEWS (Median compliance)
- 85%** ED sepsis screening on admission (Median compliance)

NatSSIPs / LocSSIPs

- 0** Never Events in last 20 months
- 99%** WHO checklist compliance
- 99%** Pre-list briefing compliance

Complaints and PALS

- 88%** Complaints closed within 35 day target
- 364** Contacts with PALS. 19% increase from February 2021

Appraisals, Training and Turnover

- 68%** Staff appraisal compliance (Target: 90%)
- 86%** Mandatory training compliance (Target: 90%)
- 8.0%** Staff turnover rate (Target: <11%, 12 month rolling)

RAG Key (indication only):



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



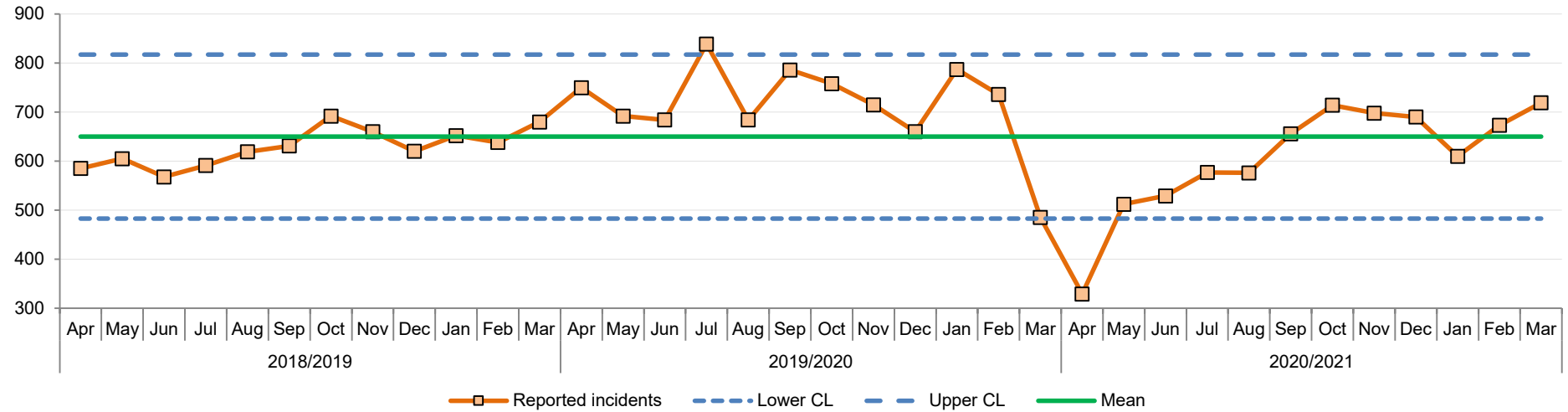
Target not met by narrow margins / not meeting standards but evidence of improvement / slight reduction in performance from previous month



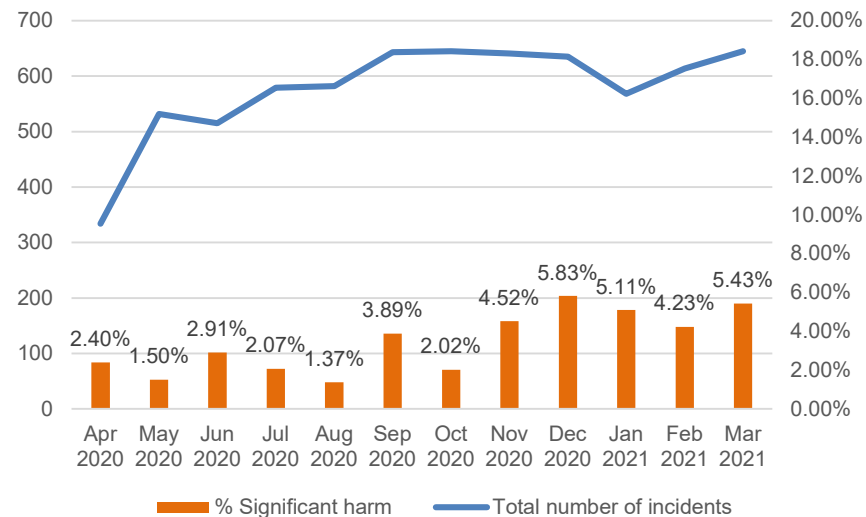
Target not met / not meeting standards / significant reduction in performance from previous month

Safe | Incident Reporting

Reported Patient Safety Incidents



Patient Safety incidents - Significant harm by date of incident

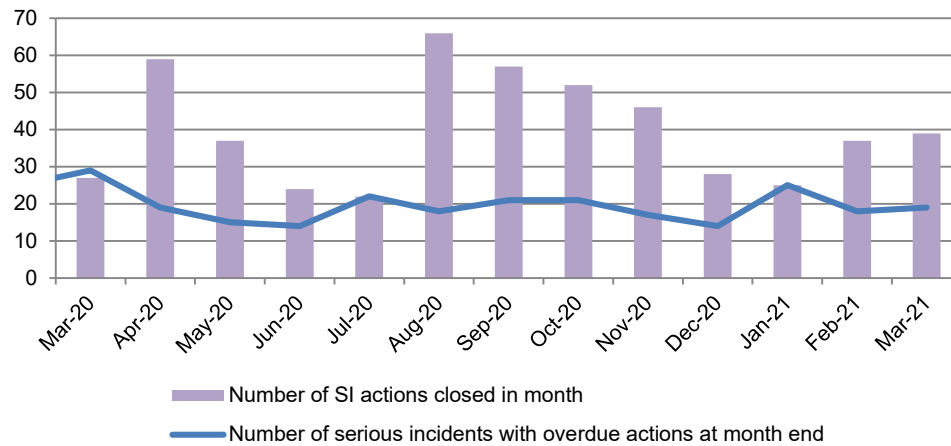


Commentary on performance

- Reporting of patient safety incidents remains within the confidence intervals, with an increase in incidents reported in March compared to February 2021.
- The top reported incidents by category are patient falls and medication related incidents, however, this month includes incidents relating to vancomycin-resistant enterococci (VRE). Maternity remain the top reporter of incidents, followed by the Older Persons Unit.
- The percentage of incidents causing significant harm has remained relatively consistent since November 2020 but higher than the period up to October 2020. This is primarily driven by the higher number of incidents relating to infection, prevention and control.
- Themes from reported incidents are reviewed through the newly formed Patient Safety Steering Group and triangulated with other performance information to identify where improvements can be made.

Safe | Serious Incidents

Completion of action plans from SI investigations



13

SIs reported to StEIS in March 2021

80

SIs remain open and under investigation as of 07/04/2021

1

Investigation report was approved by the SI Panel in March 2021

0

Of the open SIs, none are overdue according to the agreed deadline date

Commentary on performance

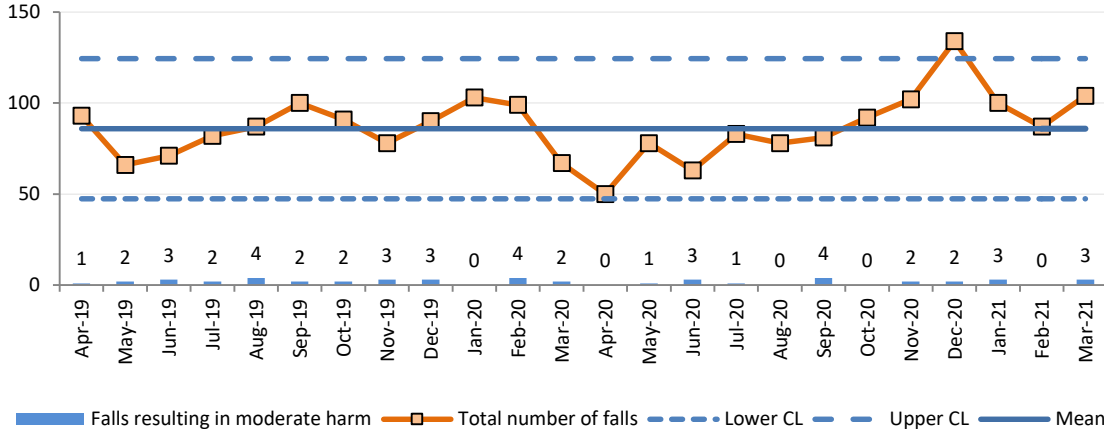
- There are 80 Serious Incidents (SIs) open and under investigation, none are overdue.
- Additional SI Review Panel meetings have been organised to facilitate compliance with the agreed deadlines.
- There was one SI investigation report approved through the SI Review Panel in March. This related to a patient fall, key learning identified the need to reduce variance in identifying people who are risk of falls and appropriate identification of those requiring enhanced care.
- There are 19 overdue actions, an increase of 1 from February 2021. 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.

Date of incident	ID	Serious Incidents reported to StEIS in March 2021
09/12/2020	90395	Covid-19 (William Budd Ward)
19/01/2021	90475	Covid-19 (William Budd Ward)
07/12/2020	90657	Covid-19 (William Budd Ward)
30/12/2020	91095	Covid-19 (William Budd Ward)
16/02/2021	91246	Diagnosis – Delay / Failure (Emergency Department)
18/02/2021	91310	Healthcare Infection (Acquired) – MRSA (Pulteney Ward)
21/02/2021	91376	Unexpected admission (Bath Birthing Centre)
26/02/2021	91542	Cannula related incident (including PICC and CVC lines) (ITU B36)
03/03/2021	91718	Delay in treatment / procedure (SAU)
05/03/2021	91839	Delay / failure to monitor (Endoscopy Unit)
10/03/2021	91904	Unexpected readmission (NICU)
16/03/2021	92067	Serious infection impacting upon the hospital (e.g. ward closure) (Acute Stroke Unit)
29/07/2020	92289	Discharge – Planning failure (Philip Yeoman Ward)

Safe | Falls

Inpatient Falls

01 April 2019 - 31 March 2021
Number of falls
Source: validated from Datix



104

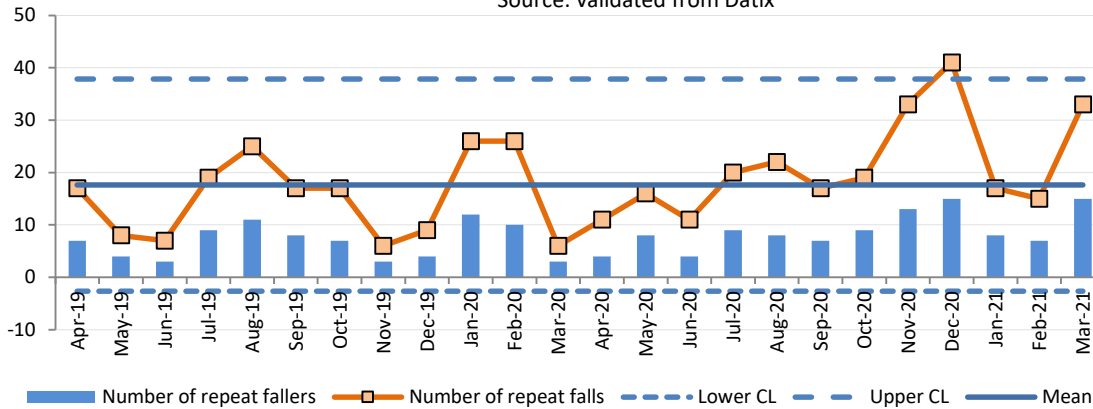
Inpatient falls in March, increase from 87 in February

3

Inpatient falls (moderate and above) in March, increase from 0 in February

Repeat Inpatient Falls

01 April 2019 - 31 March 2021
Repeat Falls
Source: validated from Datix



33

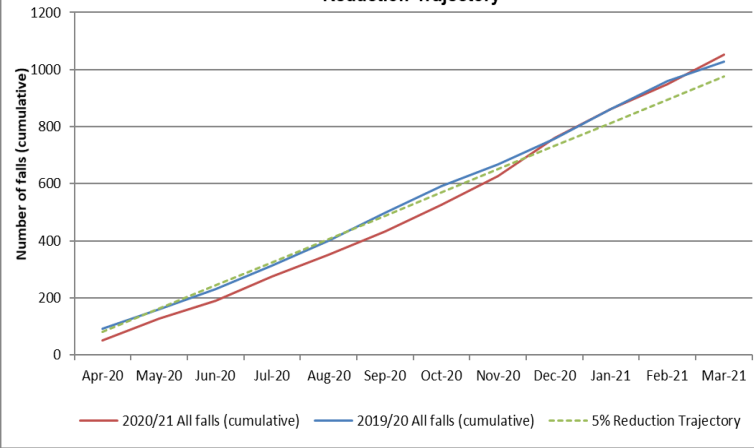
Repeat falls in March, increase from 15 in February

15

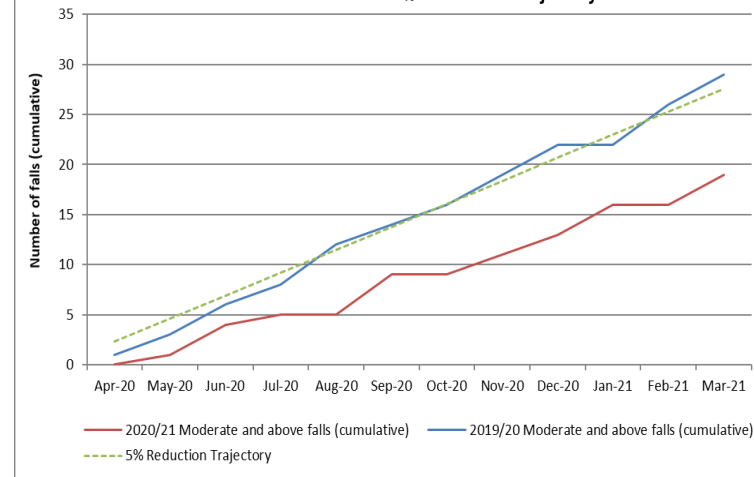
Repeat fallers in March, increase from 7 in February

Falls Trajectory

Cumulative Inpatient Falls 2020/21 compared to 2019/20 and 5% Reduction Trajectory



Cumulative Inpatient Falls (Moderate and above) 2020/21 compared to 2019/20 and 5% Reduction Trajectory

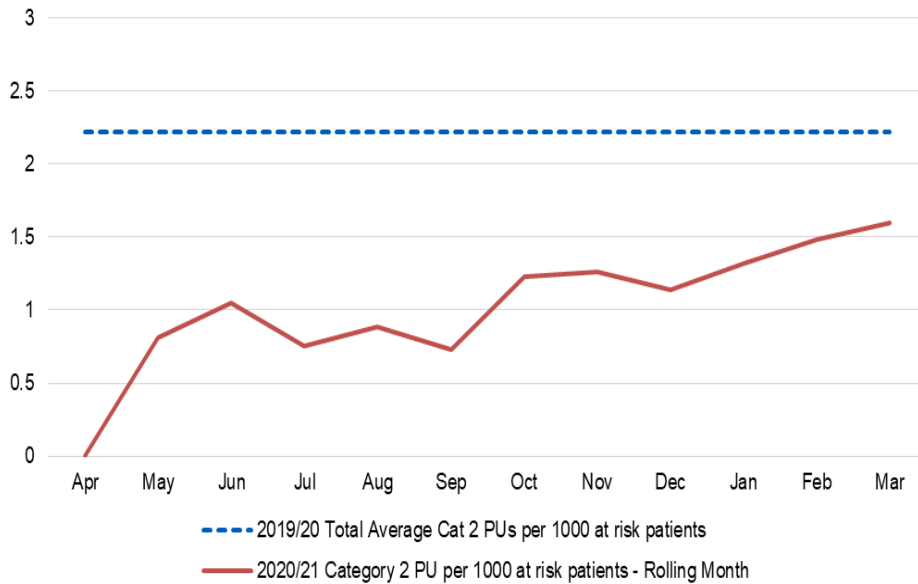


Commentary on performance

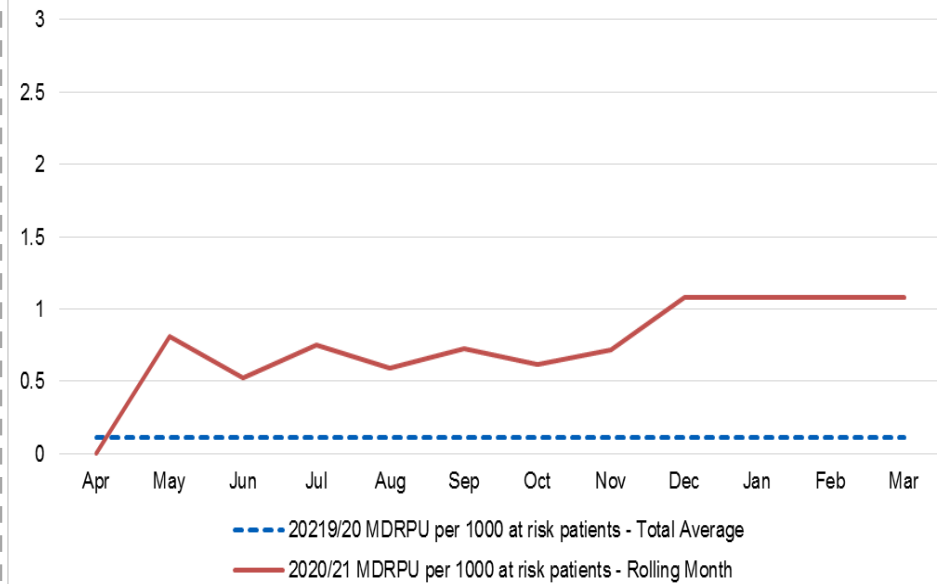
- There was an increase in the number of falls from February (n=87) to March (n=104).
- A multi-professional workshop took place in March 2021 - 15 staff attended including Senior Sisters from the top contributor areas. The focus for the workshop, using A3 methodology, was to, a) identify root cause analysis of falls, b) assess how care is organised for patients who are at risk of falls, c) assessment of enhanced observations levels 3 and 4 and d) the identification of countermeasures.
- Following the fishbone analysis, the group prioritised the following areas of focus over the next 2 months:
 - Revisit the enhanced observation process working with the Senior Sisters and Falls Link nurses on Pulteney and Waterhouse. This will involve:
 - Developing a process for placement of people who are at risk of falls requiring enhanced observation supervision
 - Promoting a culture of “Everyone’s responsibility – all eyes on the person at risk” with associated guidance articulating expected behaviours for staff
 - The use of visual indicators – falls magnets.
 - Define the responsibilities of the Falls Link roles in wards and departments
- These will be monitored through the Falls Steering group with the aim to spreading across other areas in the Trust.
- Audit the compliance of the post falls protocol (undertaken on 19 April). A sample of 50 incidents occurring during February and March 2021 was used and a report is being compiled to be reviewed at the next Falls Steering group.
- A review of data is being undertaken to improve benchmarking.

Safe | Pressure Ulcers

Category 2 Pressure Ulcers per 1000 'at risk' patients



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



2 Category 2 pressure ulcers reported in March 2021

2 Category 3 pressure ulcers reported in March 2021

0 Category 4 pressure ulcers reported in March 2021

2 Medical Device related pressure ulcers reported in March 2021

0 Deep Tissue Injury reported in March 2021

Commentary on performance – year end performance

- There has been a 31% decrease in category 2 pressure ulcers (19:13).
- There has been a 66% increase in medical device related category 2 pressure ulcers (3:5).
- There has been a 54% decrease in category 3 pressure ulcers (11:5).
- Fishbone and A3 development with an internal focus group planned for April to explore improvements in heel protection.
- New and improved serious incident reporting pathway in place, agreed by the CCG, introduced to reduce the time taken to investigate and increase the impact of new learning.
- Trial of pressure redistribution overlay mattresses designed for high risk patients in the new direct admission area of the Medical Assessment Unit to reduce the risk of patient harm.
- 25% reduction target agreed at Patient Safety Steering Group for 20/2021.
- Disposable heel protectors have been sourced.

Safe | Healthcare Associated Infections

0

Hospital onset MRSA Bloodstream infections in March 2021 (3 cases in total in 2020/21)

3

Hospital onset MSSA Bloodstream infections in March 2021 (30 cases in total in 2020/21. 4 cases over the 10% reduction local target)

3

E coli bloodstream infections in March 2021 in 2020/21 (48 cases in total in 2020/21 -10% reduction local target achieved)

Actions

Healthcare associated infection A3 under revision and will include all infections that are part of mandatory surveillance. The aim will be to achieve a 10% reduction on the targets set for 2020/21.

The Senior Sisters meeting is being refreshed to provide clear direction for work streams to reduce infection and improve patient safety.

The CCG are supporting the IPC Team by using a fresh eyes approach when visiting areas where there are concerns about increasing infections. Feedback will be given to the IPC Team and the ward/department teams that are involved. This will form part of their improvement action plans going forward. First fresh eyes visit planned for April.

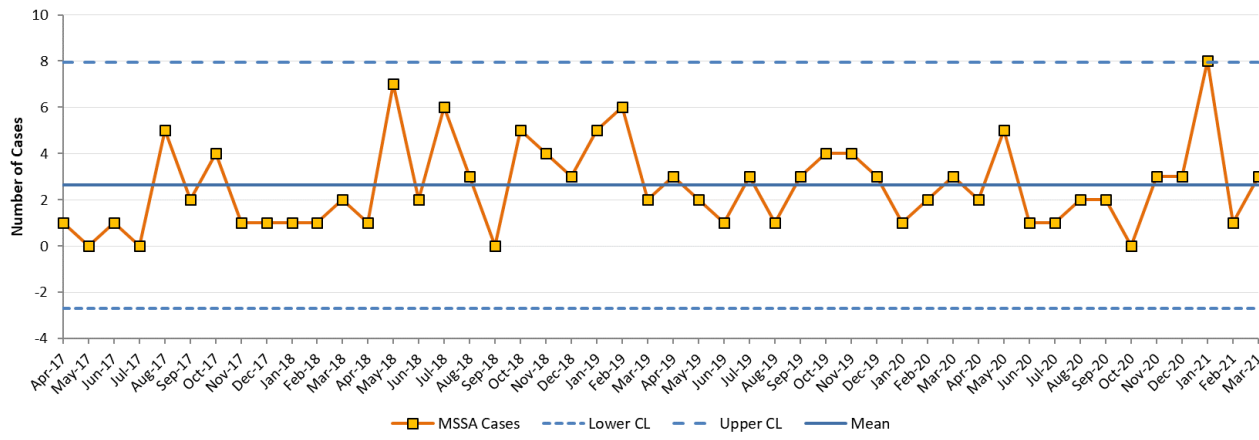
The IPC Team are continuing with weekly unannounced audit 'swarms' in clinical areas. These are focusing on cannula care records, intravenous lines, care plans, urinary catheter care plans and stool chart completion. Feedback is given to the Senior Sister and all audits undertaken are reported through eQuest. Ongoing surveillance is undertaken by the Matron.

Weekly meeting continues with Deputy DON, Divisional DONs, Cleaning Manager, H&S manager and Risk and Audit Lead to review performance.

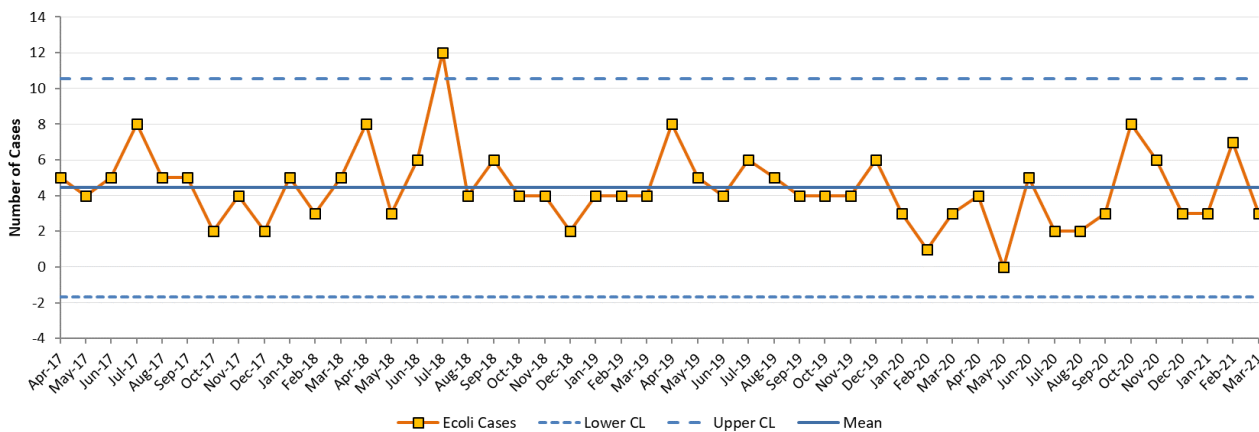
Clinical staff are being alerted by the IPC Team when patients with a history of MRSA are readmitted to ensure that they are screened and that decolonisation is undertaken.

IPC Team will inform Senior Sisters when healthcare associated infections occur.

Royal United Hospitals Bath
1st Apr 2017 - 31st Mar 2021
MSSA Post 48 hour Cases

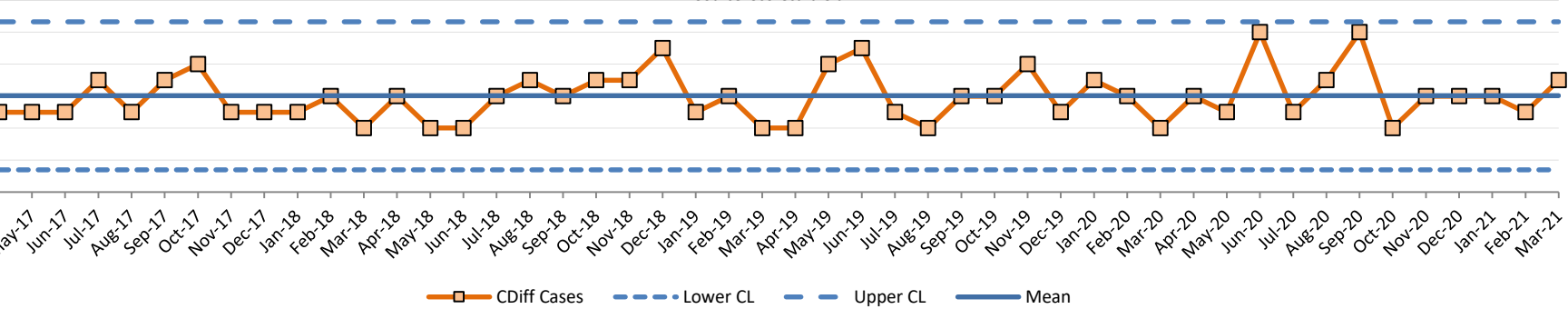


Royal United Hospitals Bath
1st Apr 2017 - 31st Mar 2021
Escherichia coli Hospital Onset Healthcare Associated Cases



Safe | Clostridioides difficile Infections

Royal United Hospitals Bath
1st Apr 2017 - 31st Mar 2021
Clostridium Difficile Hospital Onset Healthcare Associated Cases
(Apr 17 - Mar 19 Post 3 day cases, Apr 19 onwards Post 2 day cases)
Source: Scorecard C.diff



3

Hospital onset infections in March 2021 (29 cases in total in 2020/21)

1

Community onset healthcare associated infections in March 2021 (23 cases in total in 2020/21)

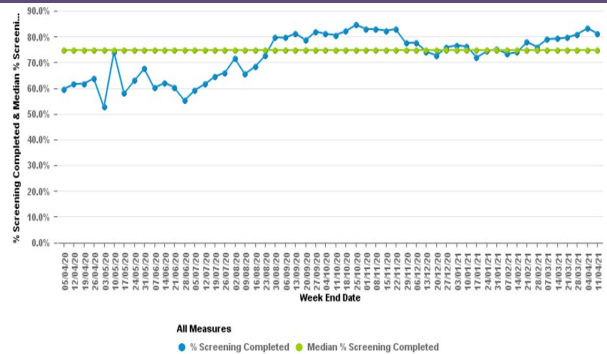
Anti-microbial stewardship

- Compliance with AMS prescribing has improved however the review of antibiotics at 72 hours has not. The AMS A3 is being revised
- Medicine Division has chose IPC as an Improving Together Driver metric
- 4 wards have chose to focus on AMS improvement

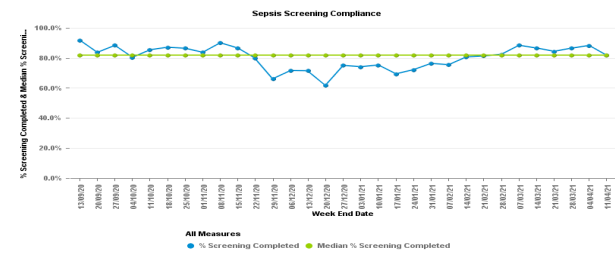
Actions

- The C diff Root Cause Analysis (RCA) process is being reviewed to enhance learning and reduce variance.
- Nursing staff are being supported by the IPC Team to recognise and acknowledge patients with a history of C diff infection or carriage when they are readmitted to hospital.
- Cleaning audit scores are being impacted by the number of backlog maintenance issues. The Divisional Directors of Nursing are liaising with the Estates Team to resolve these issues so that the environment can be cleaned to standard.
- IPC Team are supporting the Senior Sisters with teaching sessions and assistance with staff completion and compliance with aseptic non-touch technique (ANTT) and C diff workbooks.
- A reiteration of the importance of stool chart completion with be included in the C diff section of the monthly IPC Newsletter.

Safe | Deteriorating Patient: Early Detection and Treatment



Trust-wide Response deterioration >80% since March 2020



ED sepsis screening on admission: 85%

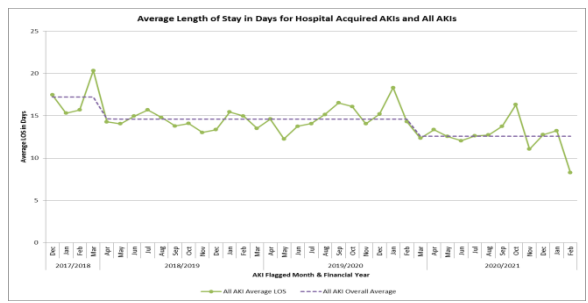
Commentary on Performance

- Electronic recording of vital signs (E-Obs) now implemented in all adult areas.
- Trust-wide compliance with response to increase in NEWS score improved to > 80% since March 2020.
- There was a slight reduction in compliance during second wave of Covid-19 to 75%, which has now improved.
- Sepsis screening on admission in ED has improved to 85% since February 2021
- Implementation of E-Obs in Paediatrics commenced in April 2021.
- Maternity E-Obs paused in March 2021 while awaiting ease of electronic sign off. Plan for relaunch in summer 2021.

Actions

- Continued focused support by the Sepsis & Kidney Injury Prevention (SKIP) team with notable increased in performance. SKIP now supporting other wards. Helena, Acute Stroke Unit, William Budd, Pulteney wards achieved 3 star level.
- Work now recommencing to develop Critical Care Outreach and SKIP teams, aiming to improve escalation responses.
- Focussed campaigns are planned for summer 2021 to enhance acute illness management.
- Achievement of ward performance levels will be monitored through Patient Safety Steering Group.
- Themes from incidents and patient feedback are being triangulated with improvement work and monitored via the Patient Safety Steering group.

Outcomes



LOS for AKI reduced despite increase during Covid

Commentary on Outcome

- Incidence of inpatient acquired Acute Kidney Injury (AKI) and length of stay for AKI showed a slight increase during wave 1 and 2 of Covid-19, but returned to pre-Covid-19 levels in between.
- Mortality from Suspicion of Sepsis diagnoses SOS (i.e. infective causes) and AKI increased during Covid-19, and returned to pre Covid-19 levels in between.

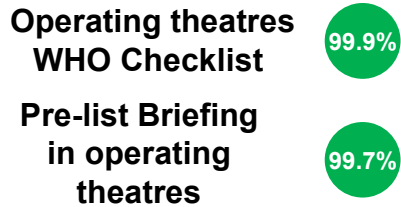
Background

National Safety Standards for Invasive Procedures describe processes to ensure all procedures in the Trust are performed to the highest safety standards, in particular the use of robust checklists, to confirm correct patient, procedure and side if appropriate, and all kit and swabs have been accounted for at the end. Procedures included in the LocSSIPs have used checklists since 2017. Compliance is increasing and electronic recording of compliance is being established.

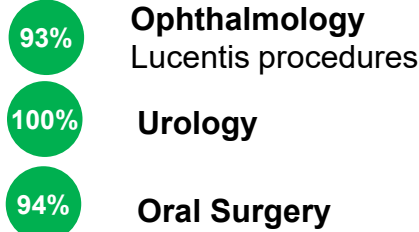
Future assurance: Speciality governance leads to provide compliance to DGC for inclusion in report to Quality Board

0 Never Events since August 2019

Surgery Division



Outpatient procedures



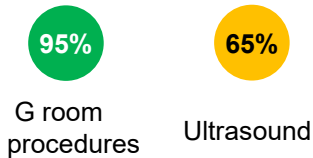
Commentary on performance

- World Health Organisation (WHO) checklist performance in operating theatres remains high (1300 cases per month), despite challenges of Personal Protective Equipment (PPE) and changing pathways. Quality Audits in theatres have restarted.
- Checklist used in outpatient areas has been maintained at high levels and quality audits are being developed.
- Quality audits of central line and chest drain insertions in Critical Care commencing and Pain clinic compliance data will also be available going forward.

Medicine Division

Radiology

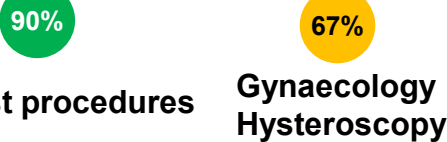
Dermatology



Commentary on performance

- Radiology has maintained good compliance with interventional procedures in G room. In Ultrasound and CT procedure compliance has improved but remains variable as clinician dependant.
- Dermatology are now recording electronically and compliance is >90%.
- Issues with data from Cardiology and Gastroenterology. Both stopped procedures during Covid-19 and have now restarted. Support required from IT to set up electronic recording for reliable reports going forward. Aim to start quality audits for assurance while being addressed.
- Compliance and quality audits to commence in 2021.

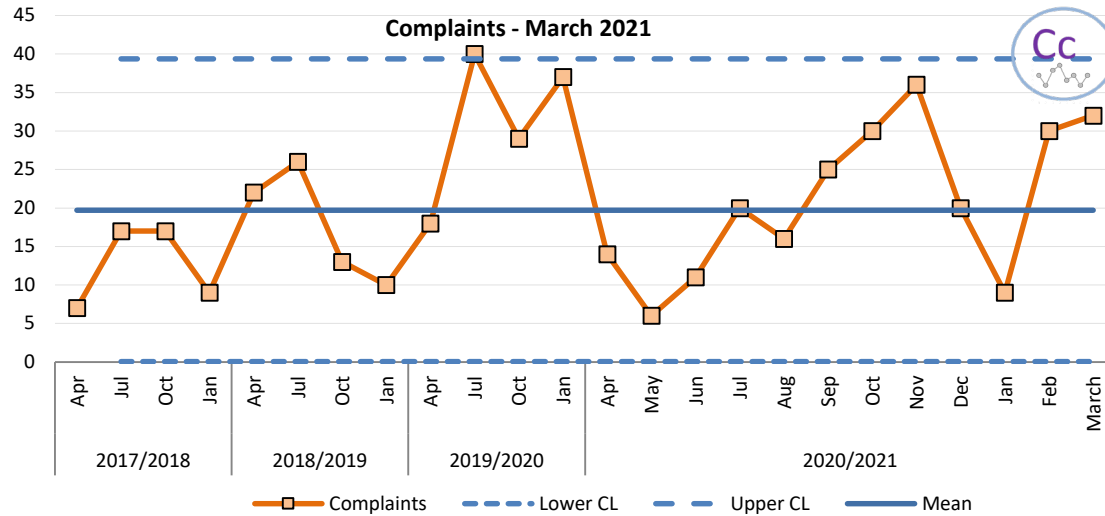
Women & Children's Division



Commentary on performance

- Breast procedure compliance is maintained >90%.
- Hysteroscopy compliance remains only 67%. Electronic recording is awaited. Support from IT is required.

Caring | Complaints

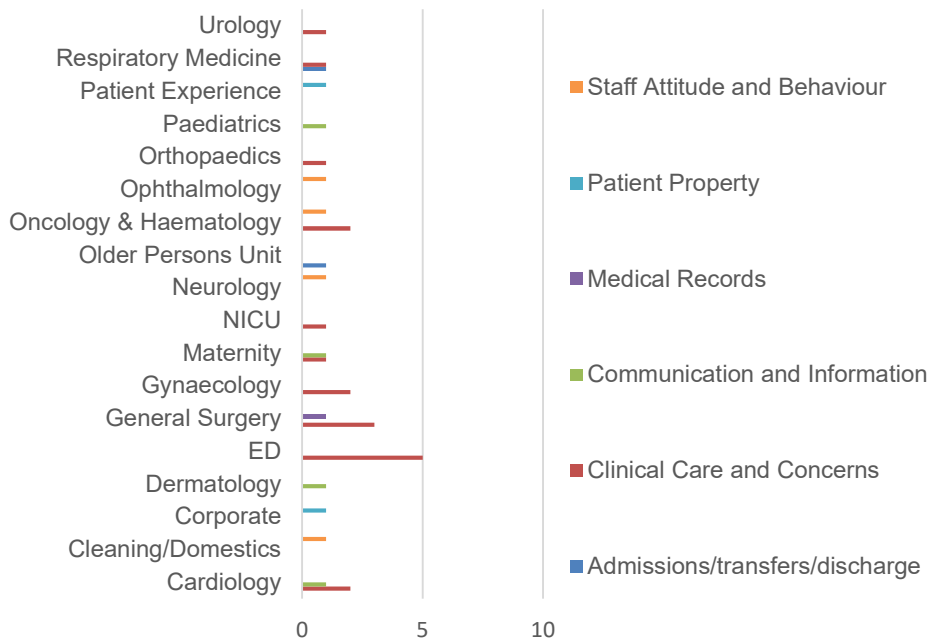


Response Rate	Medicine	Surgery	W&C
Closed with 35 day target	100% (7/7)	86% (6/7)	50% 1/2

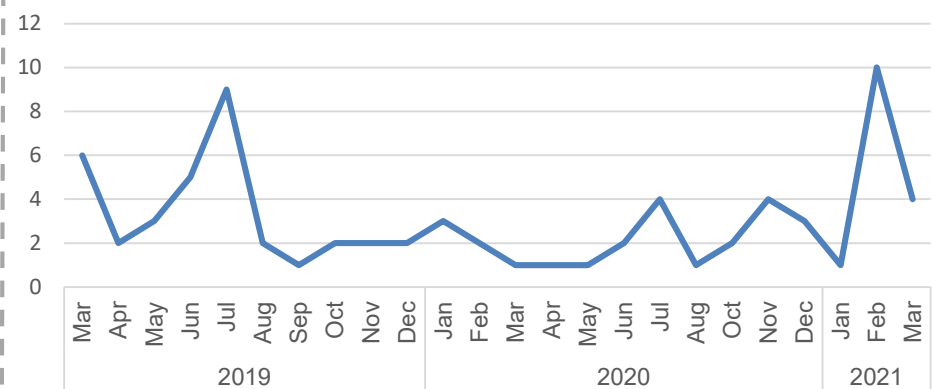
The Trust received 32 new complaints in March 2021. An increase of 2 from the previous month and 18 more than March of the previous year.

The majority of these complaints (19/32) relate to clinical care and concerns.

Of the 16 complaints closed in March, 87.5% were responded to within 35 working days.

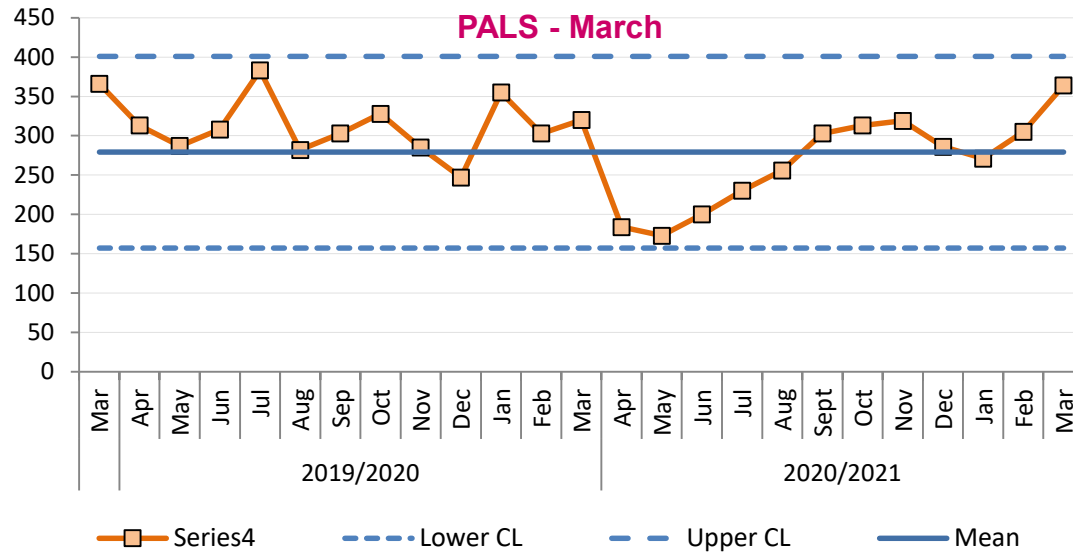


Staff attitude & behaviour



Last month we reported on the increase in complaints regarding staff attitude and behaviour. However this reduced in March to 4. This is 1 greater than the mean average from March 2019. This will continue to be monitored.

Caring | Patient Advice and Liaison Service



364 Contacts with PALS. 19% increase from February 2021. 1% decrease from March 2020.

224 Required resolution (62%)

21 Were compliments (6%)

108 Requested advice or information (30%)

11 Provided feedback (3%)

Top 3 Subjects Requiring Resolution

- 63** Communication & Information
- 38** Appointments
- 33** Clinical Care and Concerns

The majority of contacts for **Communication and Information** were general enquires. 13% (n=8) related to telephones not being answered, these were spread across various wards and outpatient departments. A further 10% (n=6) related to inappropriate, inaccurate or incomplete correspondence.

26% (n=10) of contacts relating to **Appointments** were around the length of time patients were waiting for a follow up appointment, of these 5 contacts were for Oral Surgery and Maxillofacial. A further 21% (n=8) were around waiting times for new appointments. 13% (n=5) concerned follow up appointments not being made.

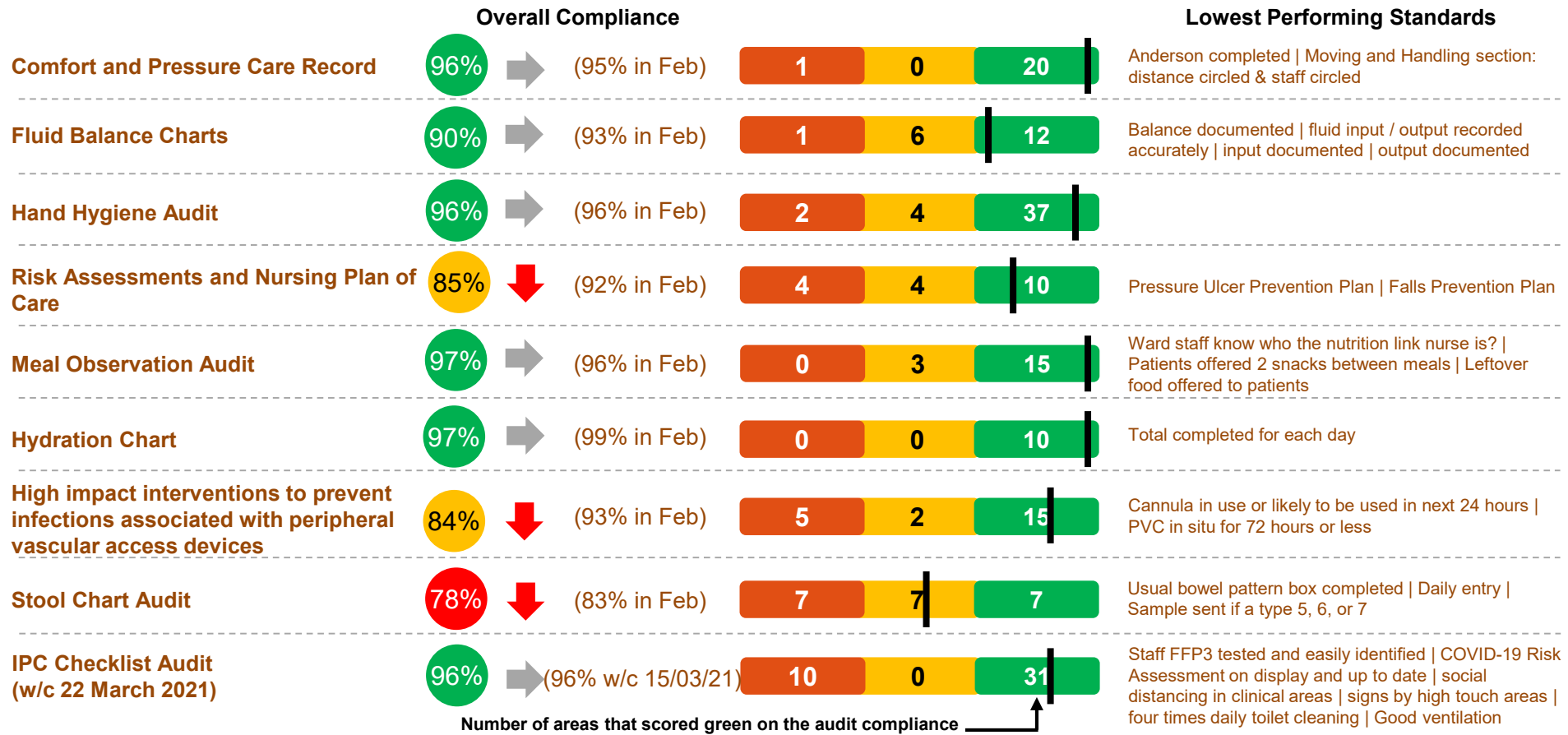
The majority of contacts for **Clinical Care and Concerns** were general enquires. 12% (n=4) related to issues with the quality of medical care and a further 12% (n=4) were around the co-ordination of patients medical treatment.

Next steps

The Lead for Patient and Carer Experience shared a story with the Board of Directors in March relating to phones not being answered and the impact this has on patient's and their families. One of the hotspot areas was the Medical Assessment Unit and staff on the ward have shared the story with their team to highlight the importance of answering the telephones. PALS are monitoring the issue and reporting any increase in contacts to the senior management team.

PALS are liaising with patients in relation to appointments and the current wait times. Patient's are advised to contact their GP if they feel they need to be seen more urgently.

Effective | Peer Audit Results

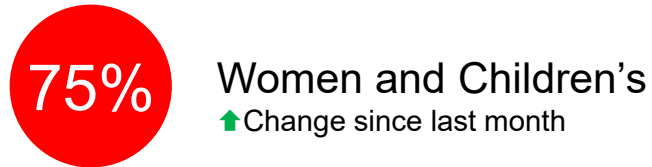
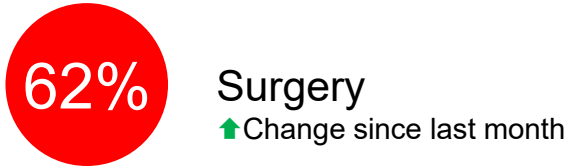
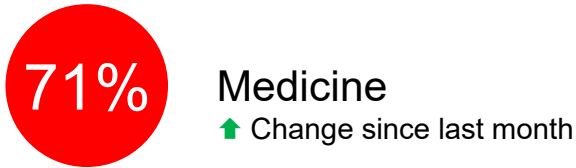


Commentary on performance

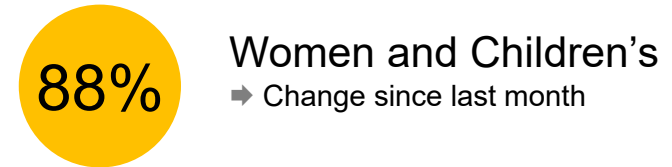
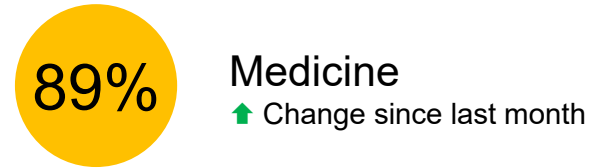
- Overall compliance remains Green for the majority of audits within the Nursing and Midwifery Audit Programme. The fall in compliance for the stool chart and peripheral vascular access devices audits will be discussed at and action taken following the Operational Infection Prevention and Control Committee in April.
- The Infection Prevention and Control (IPC) checklist audit was further amended in March to address concerns identified from the Health and Safety Executive (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. Compliance with these questions has continued to improve throughout March.
- The results of the IPC checklist audit continue to be reviewed at the weekly IPC Covid19 Action Plan Monitoring Group and actions agreed through the meeting to improve compliance. The summary of results presented to the group now includes a section which provides a full breakdown by standard of wards and departments that were non-compliant and actions being taken to improve performance.

Well led | Appraisals, Training & Vacancies

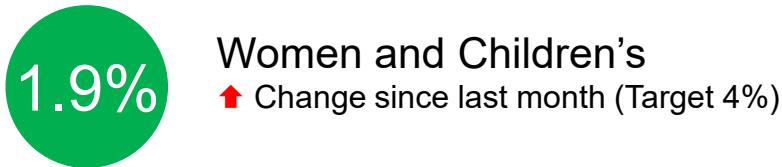
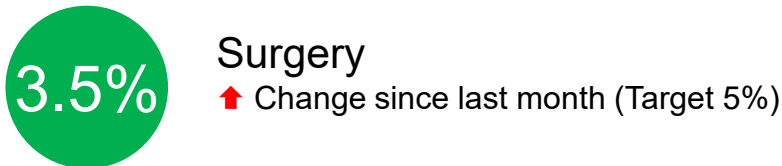
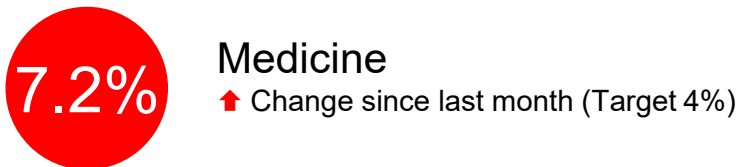
Appraisal Rates – Trust target 90%



Mandatory Training Compliance - Trust target 90%



Vacancy Rates



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

