Kingston Hospital NHS Foundation Trust

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Clinical Quality Report
Dec-15 (Month 9)

Executive Summary

The Trust Clinical Quality Report provides the Board with an overview of clinical quality. The metrics should be considered in the context of the overall performance of the Trust and in particular to determine if there are any changes in quality that might be due to the productivity programme.

The Trust has been managing the increase demand of winter pressure well so far and the number of beds open has been flexed on a day by day basis. The Faster Flow Safer Care programme continues with a focus on safe efficient discharge and bed utilisation. A noticeable difference within the Trust has been observes as compared to last winter and this has been reflected in the A and E performance as described in the Trust Board Performance report (Dec 2016). Further new nurses are commencing work in the Trust and improvement in recruitment KPIs has been maintained. Fill rates of trained staff and assistants are meeting the national requirments and the overall fill rate for the Trust is 100%

The unadjusted mortality rate in December 2015 is 1.1% and the Quarter 3 Standardised Hospital Mortality Index (SHMI) 0.91, both indicative of good performance in the Trust.

The safety KPIs are generally good however a total of 7 pressure ulcers are reported this month, 3 of which are grade 3/4. The overall rate for grade 2 pressure ulcers/1000 bed days (0.27) continues to be well below that of 2014/15 (0.4). Continuing efforts to prevent pressure ulcers are in place and details of the cases are outlined in the exception report. the exception report always demonstrates that several of the acquired pressures are deemed unavoidable. The level of harm-free care as seen through the Patient Safety Thermometer results have remained high in December 2015 at 92.65%.

The infection control safety KPIs are good this month with no C.Difficile, MRSA or MSSA bacteraemias. Hand Hygiene audits however still demonstrate that some areas of the Trust need to improve. The particularly low scores were identified in Ophthalmology, which affected the overall Trust rate and are being addressed specifically.

There were 4.9 falls per 1000 bed days in December 2015, with no falls associated with moderate/severe harm. The Trust Falls Group chaired by the Medical Director agreed that the Trust should follow NICE guidance in falls prevention. The guidance advises that all patients over 65 be considered at risk of falling and 7 key recommendations implemented. The group agreed that the particularly high risk patients should still be identified with the falls icon.

A significant improvement in performance with responses to complaints within 25 days has been seen in November 2015 with 97.4% of responses meeting the target time. All efforts will be continued to maintain this excellent performance.

The Trust-wide FFT score has remained over 95% (95.27%) with good performance being maintained in all in-patient and outpatient areas.

Post Partum Haemorrhage (PPH) of greater than 2000ml was above the target in December 2015 but remains below the rate for 2014/15. The Caesarean Section rate was high in December 2015 at 30.43%. The indications for all Caesarean Sections are reviewed as part of the Sign up to Safety project and the rate will be monitored closely to ensure that this change is due to monthly variation rather than trend.

The Board should review progress with delivery of the Quality Goals appended to this report . The Board are asked to note and discuss the contents of the report.

Clinical Quality Dashboard - December-15						Actual										
	Strategic objective	KPI description	Exec Owner	Reported in	Target/ Benchmark	2014-15	Oct-15	Nov-15	Dec-15	2015-16 Q2	2015-16 Q3	YTD	Qtr Trend	Month Trend	Forecast	Comments
Safety	1	Number of patients with hospital acquired pressure ulcers (Grade 3-4)	DB	Board - CPR, CQIC, CRC	<=1	16	0	1	3	6	4	16	↓	↑		Target set as 10% reduction on 2014/15 outturn. Target is to have =<14.4 cases in 2015/16.
	1	Number of patients with hospital acquired pressure ulcers (Grade 3&4) per 1000 beddays	DB	CQIC, CRC	<=0.06	0.12	0.00	0.09	0.25	0.18	0.11	0.15	↓	↑		
	1	Number of patients with hospital acquired pressure ulcers (Grade 2)	DB	Board - CPR, CQIC, CRC	<=3	67	3	4	4	5	11	28	↑	→		
	1	Number of patients with hospital acquired pressure ulcers (Grade 2) per 1000 beddays	DB	CQIC, CRC	<=0.51	0.40	0.25	0.35	0.34	0.15	0.31	0.27	↑	↓		
	1	Number of Patient Safety Incident (PSI) Falls	JW	CQIC, CRC	<=58	730	72	63	59	177	194	549	↑	↓		Benchmark against Trust performance - 10% reduction on year end rate
	1	Number of Patient Safety Incident Falls where moderate or severe harm occurred	JW	CQIC, CRC	<=6	19	1	1	0	5	2	11	↓	↓		
	1	Number of Patient Safety Incident Falls per 1000 G&A beddays	JW	Board - CPR, CQIC, CRC	<=5.3	5.6	6.0	5.6	4.9	5.2	5.5	5.3	↑	↓		Benchmark against Trust performance - 10% reduction on year end rate.
	1	MRSA Bacteraemias - Post 48hour (Hospital Acquired)	DB	Board - CPR, CQIC, CRC	<1	0	0	0	0	1	0	1	↓	→		Target is zero tolerance as per national guidance and contract
	1	Clostridium difficile Infections - Post 72hours (Hospital Acquired)	DB	Board - CPR, CQIC, CRC		17	2	0	0	6	2	14	↓	→		
	1	Clostridium difficile Infections - Post 72hours (Hospital Acquired) due to Lapse in Care **CONFIRMED**	DB	Board - CPR, CQIC	<1	1	0	0	0	1	0	3	↓	→		Target set by NHS England. Full year target is <= 9 cases. This has been profiled evenly over the year. Cases of CDIFF resulting from a lapse in care are provisional. Once allocation has been confirmed by the Commissioning Support Unit and following a Post-Infection Review, cases will be confirmed and amended on the report as necessary.
	1	MSSA Bacteraemias - Post 48hour (Hospital Acquired)	DB	CQIC, CRC	<=1	7	1	1	0	3	2	7	↓	↓		
	1	Completed Patient Observations	DB	CQIC, CRC	>=97%	93.5%	90.8%	95.3%	90.9%	90.7%	92.2%	91.7%	↑	↓		NEWS data
	1	Medication Incidents	JW	CQIC, CRC		701	68	64	76	150	208	553	↑	↑		No target set. Reporting of incidents is important and should not be discouraged by setting a ceiling target
	1	% of Medication Incidents Where Moderate or Severe Harm Occurred	JW	CQIC, CRC	<=4%	0.5%	0.00%	0.00%		0.00%	0.00%	0.20%	→			
	1	Number of Serious Untoward Incidents	JW	CQIC, CRC		55	0	3	4	14	7	36	↓	↑		No target set. Reporting of incidents is important and should not be discouraged by setting a ceiling target
	1	Number of Never Events	JW	CQIC, CRC	0	2	0	0	0	0	0	0	→	→		
	1	Patient Safety Thermometer - % Harm Free Care	DB	CQIC, CRC		91.7%	92.14%	93.59%	92.65%	95.5%	92.8%	94.3%	↓	↓		
Effectiveness	1	SHMI	JW	Board - CPR, CQIC, CRC	<=95	89.6				0.88	0.91		↑			SHMI score < 100 is lower than expected mortality, taking into account age, gender, comorbidity and diagnosis grouping of patients. The Q2 score is for Jan 2014 to Dec 2014, published in Jul 2015. The Q3 score is for Apr 2014 to Mar 2015, published in Oct 2015.
	1	Unadjusted Mortality Rate	JW	CRC		1.2%	0.8%	1.0%	1.1%	1.0%	1.0%	1.1%	↓	↑		
		% Emergency Readmissions following elective admission - 30 days	DB	CQIC, CRC		2.1%	2.3%	1.5%	2.3%	2.1%	2.0%	2.2%	↓	↑		Local data has been used to give an indication of performance.
	1,4	% Emergency Readmissions following emergency admission - 30 days	DB	CQIC, CRC		13.7%	14.1%	14.7%	17.2%	12.9%	15.4%	14.0%	↑	↑		Local data has been used to give an indication of performance.
	1	Prevention of hospital acquired VTE - % patients risk assessed	JW	CQIC, CRC	>=95%	95.2%	98.6%	98.9%	98.5%	98.6%	98.6%	98.6%	↑	↓		Target is national CQUIN.
	1	Hand Hygiene	DB	CQIC, CRC	>=95%	93.1%	89.6%	81.2%	83.9%	88.0%	84.9%	89.0%	↓	↑		Target is locally set.
	1	Open Incidents - % of Managers Reports Completed within 10 days	DB	CQIC		Not Available	53%	49%	59%				→	↓		

Clinical Quality Dashboard - December-15

	Strategic objective	KPI description	Exec Owner	Reported in	Target/ Benchmark	Actual 2014-15	Oct-15	Nov-15	Dec-15	2015-16 Q2	2015-16 Q3	YTD	Qtr Trend	Month Trend	Forecast	Comments
Patient Experience	1	Number of Complaints received this month	DB	CQIC		473	30	39	36	132	105	347	↓	↓		
	1	Number of Complaints reopened this month	DB	CQIC		71	3	7	5	21	15	48	↓	↓		
	1	Number of Complaints referred to ombudsman this month	DB	CQIC		6	0	0	1	1	1	5	→	↑		
	1	% Complaints responded to within 25 working days	DB	CQIC	>=90%	74.6%	76.7%	97.4%		79.5%	88.4%	80.7%	↑	↑		Data reported 1 month in arrears.
	1	Friends and Family Score - Trust	DB	CQIC		94.38%	95.34%	95.14%	95.27%	95.76%	95.25%	95.15%	↓	↑		The FFT score is calculated by determining the number of people who are "extremely likely" or "likely" to recommend the Trust, as a proportion of the number of people who responded to the question.
	1	Friends and Family Score - Inpatient	DB	CQIC		92.05%	91.50%	93.85%	93.40%	92.50%	93.07%	92.46%	↑	↓		The Inpatients response rate was 34.5% for Dec-15 NHS England has reported that FFT Scores should not be used to compare performance of individual Trusts, however the benchmark is still used for internal reporting. NHS England has also specified that FFT should be inclusive of all patients regardless of age, therefore paediatric FFT responses are now included in the overall inpatient figures.
	1	Friends and Family Score - Paediatric Inpatient					90.00%	90.91%	100.00%	94.29%	92.86%	95.37%	↓	↑		Paediatric inpatient FFT data is included in the main Inpatient FFT score, though the score is also reported and reviewed separately.
	1	Friends and Family Score - Outpatient	DB	CQIC		96.40%	94.81%	94.33%	94.05%	96.90%	94.47%	95.09%	↓	↓		
	1	Friends and Family Score - A&E	DB	CQIC		92.99%	97.96%	96.36%	97.49%	94.29%	97.31%	94.03%	↑	↑		The A&E response rate was 4.8% for Dec-15
	1	Friends and Family Score - Maternity	DB	CQIC		96.17%	93.14%	93.31%	96.58%	95.26%	94.15%	95.54%	↓	↑		The overall score has been collated from responses to the 4 maternity touch points. This covers the patients experience of antenatal, delivery and postnatal wards/community care.
	1	Friends and Family Score - Daycases	DB	CQIC			98.63%	98.17%	96.85%	98.65%	98.00%	98.10%	↓	↓		
	1	Friends and Family Score - Support for Carers of Patients With Dementia	DB	CQIC						83.33%	100.00%		↑			
	1	Number of Mixed Sex accommodation breaches	DB	CQIC	0	0	0	0	0	0	0	5	→	→		This is based on a national directive.
Safer Staffing	1	Day - Registered Midwives/Nurses Fill Rate	DB	CQIC			94.3%	97.2%	96.1%	91.1%	95.9%	92.8%	↑	↓		
	1	Day - Assistant Fill Rate	DB	CQIC			114.5%	109.5%	107.7%	124.8%	110.6%	119.7%	↓	↓		
	1	Night - Registered Midwives/Nurses Fill Rate	DB	CQIC			99.8%	99.8%	98.4%	98.0%	99.3%	98.3%	↑	↓		
	1	Night - Assistant Fill Rate	DB	CQIC			103.9%	105.2%	106.8%	109.9%	105.3%	111.4%	↓	↑		
	1	Overall Trust Fill Rate	DB	CQIC			100.9%	101.3%	100.1%	101.6%	100.8%	101.7%	↓	↓		
	1	% of Registered Nurse and Midwife Expenditure on Agency Staff	DB	FIC			17.4%	10.7%	15.7%	15.6%	14.7%	14.3%	↓	↑		The threshold for Q3 is 10%
Maternity	1	Caesarean section rate	JW	CQIC	<=26%	27.5%	25.38%	25.87%	30.43%	29.13%	29.01%	29.32%	↓	↑		
	1	% women with a primary postpartum haemorrhage of 1500ml or more	JW	CQIC	<3.1%		3.26%	2.50%	2.37%	3.15%	2.73%	3.08%	↓	↓		Target added in July-15 due to new London Quality Standards
	1	% women with a primary postpartum haemorrhage of 2000ml or more	JW	CQIC	<=1.0%	1.5%	0.96%	1.35%	1.72%	1.33%	1.33%	1.18%	↑	↑		
	1	Significant Perineal Trauma	JW	CQIC		3.29%	2.17%	4.44%	3.23%	2.31%	3.26%	2.63%	↑	↓		Data reported 1 month in arrears as requires coding to be completed

Qualitative Summary - December 2015

Clinical Audit

A national clinical audit on oxygen prescribing, published in December 2015, showed greatly improved results, thanks to a quality improvement project the Trust has been undertaking over the past year. Oxygen is a drug and should be prescribed by a doctor before being given to a patient, since both too much and too little oxygen can cause clinical problems. Back in 2013, our national audit results showed that, whilst oxygen was being given to patients who required it, it was very often not prescribed. Our results were well below the national average at that time. To improve patient care in this respect, we set up a quality improvement project which involved producing a new Oxygen Policy, setting up and running training for doctors, nurses and therapists, and repeated audits and feedback to staff. An 'Oxygen Awareness week' was held a few months ago to further highlight its importance. The latest national audit results published in December 2015 showed that 66% of our patients on oxygen had a current prescription for this, now above the national average of 58%. Training and awareness of this important issue will continue.

Complaints

The Trust received 36 formal complaints in December 2015 compared to 31 in December 2014. Emergency Services received the highest amount of complaints accounting for 61% of the total, followed by Specialist Services (19%), Trust (14%), Clinical Support Services and Corporate Services (3% each).

The most frequent complaint subjects that were received related to communication (36%), followed by care and treatment (17%), estates (11%), admission/discharge, information governance, transfer (6% each), accidents, appointments, diagnosis, documentation, medication, procedural issues and tests/investigation (3% each).

Reopened complaints

Five complaints were reopened in December 2015, arising from complaints first received in July 2014 (1), October 2015 (2) and November 2015 (2).

The reasons for these complaints reopening were:

Further Questions – 4
Facts Challenged – 1

Ombudsman Referrals

There was one complaint referred to the Ombudsman in December 2015.

Clinical Quality Report — **Author: Andrea Cain**

Exception Report 1: Pressure Ulcer Stage 2

In December 2015, 7 patients were identified as having developed Trust acquired pressure ulcers. AAU Keats, Kennet and Hardy. 2 developed on Hamble and 1 was a joint investigation between Hamble and ITU. Patients have been raised as incidents and investigations are taking place. Interim actions have been presented at the Intermediate PUMP meeting and await formal presentation at SIG.

Hamble/ITU: a patient with multiple co-morbidities including obesity was admitted to ITU with 15% burns. The patient was ventilated on ITU but became well enough to transfer to Hamble. Well documented burn, moisture and pressure damage was noted. The correct interventions were made and pressure damage to the sacrum was deemed unavoidable.

Keats: Patient developed stage 3 pressure damage to his lower legs bilaterally from TEDS stockings. This patient had complex needs and was challenging to nurse however this pressure damage was deemed avoidable and the actions are required to ensure that damage due to stockings is avoided.

Hamble: Patient admitted from residential home with grade 1 pressure damage to his sacrum which developed to grade 3 one month following admission. Multiple co-morbidities and long term mental health condition causing challenging behaviour and non-compliance with treatment. Waterlow and MUST scores were accurately completed and documentation of repositioning and refusal to reposition was good. Deemed unavoidable.

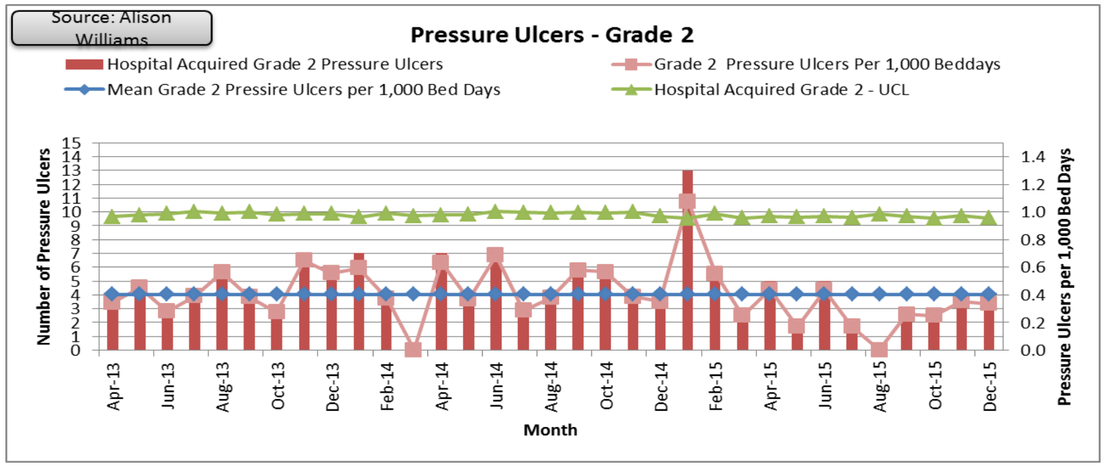
Patient with advanced lung cancer receiving palliative care with a very low BMI developed Grade 3 pressure damage that was deemed avoidable and there were omissions in documentation.

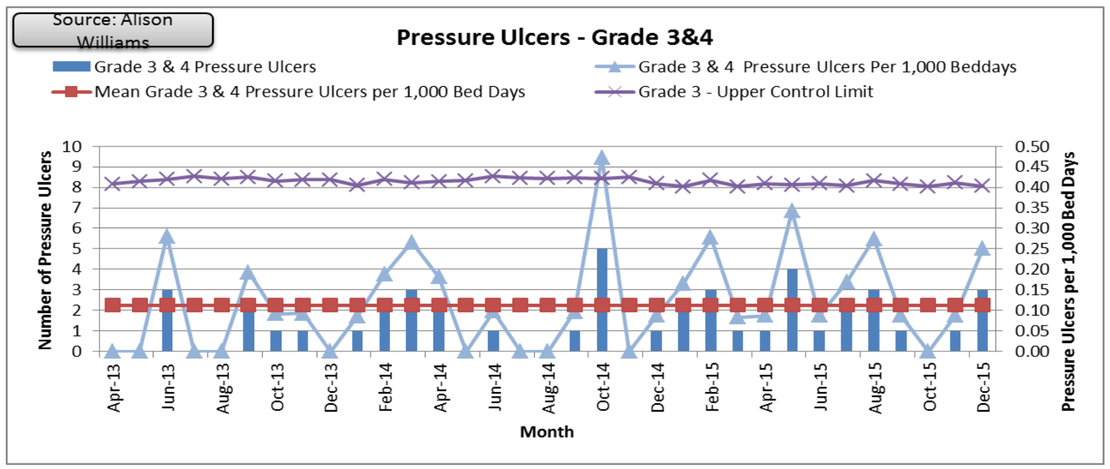
AAU: Patient admitted with reduced mobility and a fall. Already had leg ulcers and was Incontinent of urine. Documentation and interventions were accurate and pressure ulcer therefore deemed unavoidable.

Hardy: Patients transferred to ITU from hardy ward noticed to have a fluid filled blister to left heel and grade 1 to the right. On review by TVN the ulcers had reabsorbed. Awaiting presentation at intermediate PUMP on 05/01/2016

Kennet: Patient developed stage 2 pressure damage to her sacrum. Frail lady admitted following a fall. To be presented at intermediate PUMP on 05/01/2016

Pressure ulcer strategy Boards illustrating the strategy now displayed on every hospital ward. Meetings have taken place with CRS team, looking at the patient flow to improve the flow of documentation in keeping with the plans of our strategy. Meeting with community TVN's is scheduled for January where the strategy will be again discussed.





	Person Responsible	Date	Committee monitoring delivery
1. Pressure Ulcer Report - Hardy	Ward Sister	05/01/2016	PUMP
2. Pressure Ulcer Report - Kennet	Ward sister	05/01/2016	PUMP

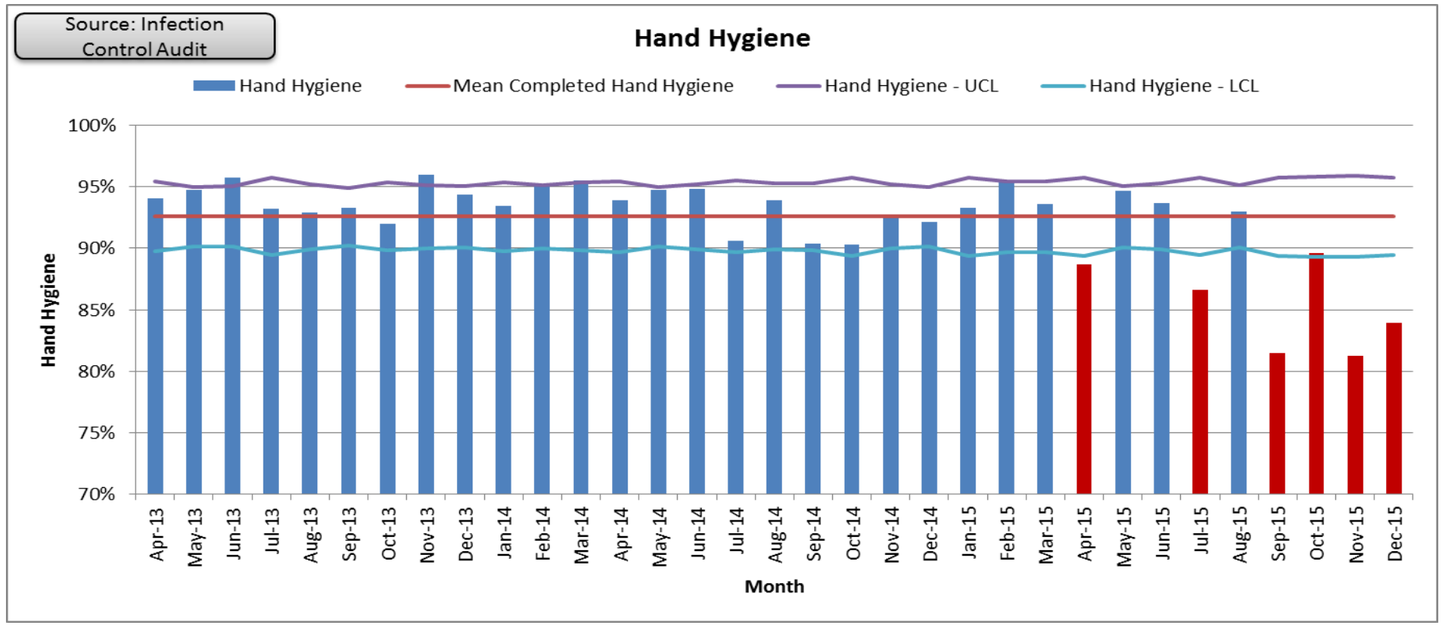
Clinical Quality Report **Author: Shona Ross**

Exception Report 2: Hand Hygiene

The Trust Hand Hygiene Action Plan is in place and being monitored through ICG, and recent actions include:

1. The IPCT have attended a large number of wards and departments with the globox to promote hand hygiene compliance and will continue to do so.

2. Link Practitioners are being reminded to observe at least 10 hand hygiene opportunities, to give live feedback to non-compliant staff and to escalate repeated non-compliance to the clinical supervisor line manager. All new Link Practitioners have been trained in the saving lives auditing process, including hand hygiene.
Personal 'tottles' are now available and are being used by staff in clinical areas.
Hand hygiene signage in clinical areas has been reviewed by the IPCT. Hand hygiene audits have not been undertaken since the actions described have been fully implemented. The Trust Baord should expect to see improvements in the March 2016 report.



Actions	Person Responsible	Date & RAG status	Committee monitoring delivery
IPCT to monitor the Trust Hand Hygiene Action Plan and report through ICG.	Infection Prevention and Control Team	22/01/2016	Infection Prevention & Control Group

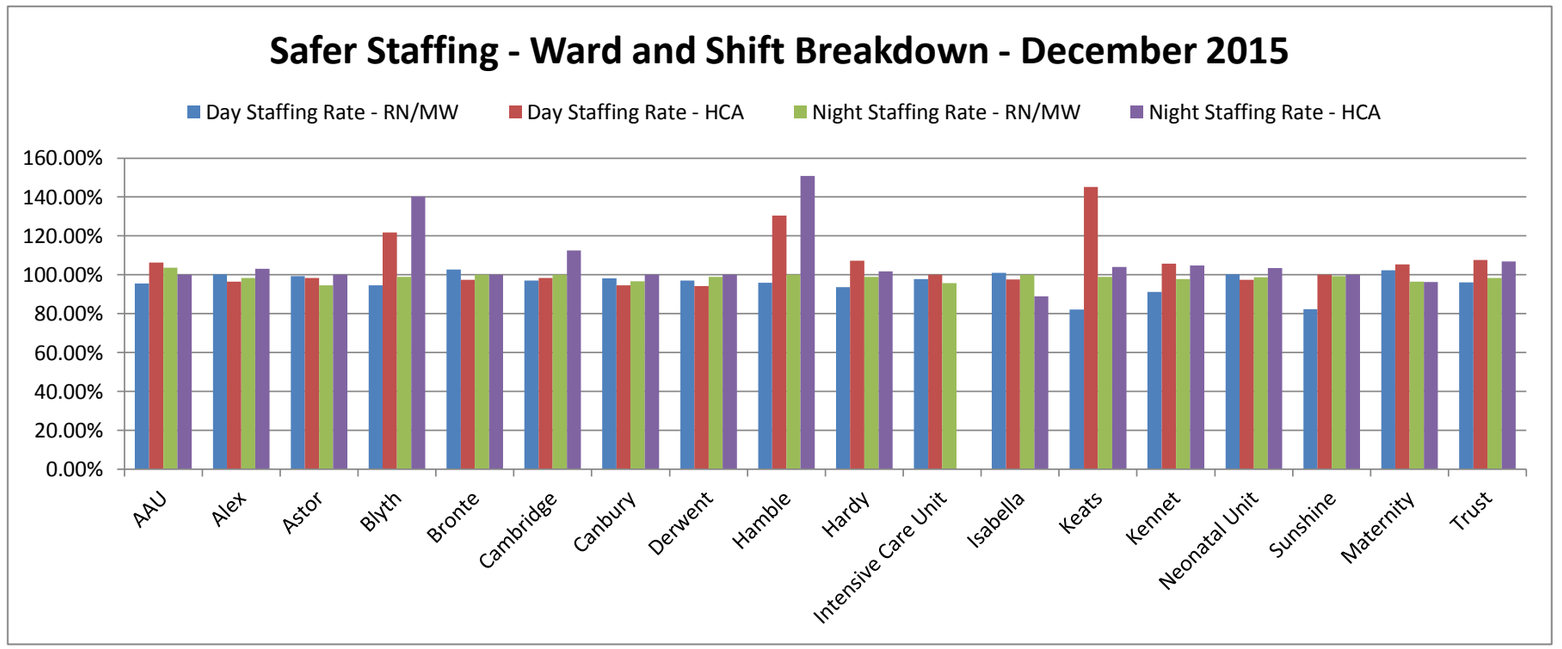
In December 2015 there was a higher rate of Healthcare Assistants and lower Registered Nurse availability compared to expected figures. The reasons for this are below:

• Escalation capacity during the month leading to a higher requirement for registered nurses (from bank and agency). In circumstances where an RN was unavailable, a nursing assistant sourced to support nursing care on a number of wards.

• Requirements for 1:1 nursing care during the period (to support patients identified at high risk e.g. falling, confusion).

Ward	Day Staffing Rate - RN/MW	Day Staffing Rate - HCA	Night Staffing Rate - RN/MW	Night Staffing Rate - HCA
AAU	95.57%	106.32%	103.76%	100.00%
Alex	100.25%	96.53%	98.33%	103.13%
Astor	99.37%	98.34%	94.62%	100.00%
Blyth	94.53%	121.77%	98.92%	140.32%
Bronte	102.81%	97.48%	100.00%	100.00%
Cambridge	97.07%	98.48%	100.00%	112.50%
Canbury	98.13%	94.69%	96.77%	100.00%
Derwent	97.00%	94.26%	98.91%	100.00%
Hamble	95.89%	130.40%	100.00%	150.79%
Hardy	93.66%	107.21%	99.02%	101.75%
Intensive Care Unit	97.78%	100.00%	95.76%	-
Isabella	101.08%	97.69%	100.00%	88.89%
Keats	82.15%	145.16%	98.92%	104.03%
Kennet	91.16%	105.83%	97.85%	104.84%
Neonatal Unit	100.20%	97.37%	98.74%	103.57%
Sunshine	82.29%	100.00%	99.35%	100.00%
Maternity	102.36%	105.28%	96.60%	96.40%
Trust	**96.14%**	**107.70%**	**98.38%**	**106.82%**

Key	
RN	Registered Nurse
MW	(Registered) Midwife
HCA	Healthcare Assistant



Clinical Quality Report - Action Log						
Action Number	Date	KPI	Action	Owner	Action By	Status
1	Oct-14	Falls	1. Continue implementation of actions arising through Trust Falls Group	JW	Ongoing	
2	Jun-15	FFT	1. Complete Team Development Programme by all Inpatient Wards	DB	30/11/2015	
3	Dec-15	Pressure Ulcers	1. Pressure Ulcer Report - Hardy	DB	05/01/2016	
4	Dec-15	Pressure Ulcers	2. Pressure Ulcer Report - Kennet	DB	05/01/2016	
5	Oct-15	Hand Hygiene	1. Hand hygiene practice improvement - the IPCT to continue to target areas with poor scores	DB	30/11/2015	
6	Dec-15	Hand Hygiene	IPCT to monitor the Trust Hand Hygiene Action Plan and report through ICG.	DB	22/01/2016	