Cover page	
Meeting	**Trust Board**
Agenda Item No.	17
Paper Title	Quality Governance Report
Date of meeting	Thursday 4 April 2019
Date paper was written	Wednesday 13 March 2019
Responsible Director	Deirdre Fowler, Director of Nursing, Midwifery and Quality
Author	Peter Jeffries, Associate Director of Quality, Governance and Risk
Previously considered by	N/A

The Board is asked to:			
☐ Approve	☑ Receive	☐ Note	☑ Take Assurance
To formally receive and discuss a report and approve its recommendations or a particular course of action	To discuss, in depth, noting the implications for the Board or Trust without formally approving it	For the intelligence of the Board without in-depth discussion required	To assure the Board that effective systems of control are in place

Link to CQC domain:				
☑ Safe	☑ Effective	☑ Caring	☐ Responsive	☐ Well-led

Link to strategic objective(s)	*Select the strategic objective which this paper supports* ☐ PATIENT AND FAMILY Listening to and working with our patients and families to improve healthcare ☑ SAFEST AND KINDEST Our patients and staff will tell us they feel safe and received kind care ☐ HEALTHIEST HALF MILLION Working with our partners to promote 'Healthy Choices' for all our communities ☐ LEADERSHIP Innovative and Inspiration Leadership to deliver our ambitions ☑ OUR PEOPLE Creating a great place to work
Link to Board Assurance Framework risk(s)	***Risk 951:*** If we do not work with our partners to reduce the number of patients on the Delayed Transfer of Care (DTOC) lists and streamline our internal processes we will not improve our 'simple' discharges ***Risk 1204:*** If the Maternity Service does not evidence a robust approach to learning and quality improvement there will be a lack of public confidence and reputational damage ***Risk 1134:*** If there is a lack of system support for winter planning then this would have major impacts on the Trust's ability to deliver safe, effective and efficient care to Patients. ***Risk 1185:*** if we do not have the Patients in the right place, by removing medical outliers, Patient experience will be affected

Equality Impact Assessment	◉ Stage 1 only (no negative impact identified) ○ Stage 2 recommended (negative impact identified and equality impact assessment attached for Board approval)
Freedom of Information Act (2000) status	◉ This document is for full publication ○ This document includes FOIA exempt information ○ This whole document is exempt under the FOIA
Financial assessment	N/A

Main Paper

Situation

The purpose of this report is to provide the Quality and Safety Committee with assurance relating to our compliance with quality performance measures during February 2019.

Background

This report covers our performance against contractual and regulatory metrics related to quality and safety during the month of February 2019. The report will provide assurance to the Quality and Safety Assurance Committee where we are compliant with key performance measures and outline areas where further assurance may be required.

Assessment

Key points to note:

Committee is asked to note although not within the reporting period covered by the Quality Governance report the Trust has declared a never event relating to a misplaced NG tube on the 12th March 2019. There will be an update relating to this incident at committee where Mr Lacy-Colson (Clinical Director for Patient Safety and Governance Scheduled Care) will also be in attendance and able to offer further information.

There were no cases of MRSA bacteraemia reported in February but the Trust is below its target level of 0 cases with 5 cases reported year to date. 2 cases of C-Diff were attributed to the Trust in February.

There were 14 > 12 hour ED breaches recorded in January 2019. The Associate Director of Quality Governance and Risk has escalated an issue of harm proformas not being received by the Patient Safety team to the Director of Nursing, Midwifery and Quality and Chief Operating Officer. Checks by the Patient Safety Team form an additional level of assurance that patients who have experienced a > 12 hour ED wait have not suffered avoidable harm.

There has been an increase in device related injuries (which had been almost eliminated) relating to a different type of oxygen masks and tubing being procured. The Lead Tissue Viability Nurse Specialist is completing a thematic review in relation to the above which will be discussed at CGE in April and escalated to Q&S Committee if appropriate.

In January 2019 we reported one serious incident which related maternity. This incident did not strictly meet NRLS/SI criteria but was raised as an SI for openness and transparency on the request of the Director of Nursing, Midwifery and Quality. The incident is covered by Every Baby Counts criteria so will be investigated by the Health Services Investigation Branch (HSIB)

A lower number of patients recommending maternity in the Friends and Family Test in February compared to the previous month (96.5% in February compared to 98.9% in January)

Recommendation

Quality and Safety Committee are asked too:

- Receive and take assurance from the Quality Governance report

Proud To Care
Make It Happen
We Value Respect
Together We Achieve

Quality Governance Report March 2019

INTRODUCTION

This report covers our performance against contractual and regulatory metrics related to quality and safety during the month of February 2019. The report will provide assurance to the Quality and Safety Committee where we are compliant with key performance measures and that where we have not met our targets that there are recovery plans in place.

The report will be submitted to the Quality and Safety Committee as a standalone document and will then be presented to Trust Board as part of the integrated reports for consideration and triangulation with performance and workforce indicators.

The report will be submitted to our commissioners provide assurance to them that we are fulfilling our contractual requirements as required in the Quality Schedule of our 2018-2019 contract.

This report relates to the Care Quality Commission (CQC) domains of quality – that we provide safe, caring, responsive and effective services that are well led, as well as the goals laid out within our organisational strategy and our vision to provide the safest, kindest care in the NHS.

CONTENTS

Section one: Our Key Quality Measures – how are we doing?

Measure	Year end 17/18	Mar 18	Apr 18	May 18	June 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Year to date 18/19	Monthly Target 2018/19	Annual Target 2018/19
CDI due to lapse in care (CCG panel)	13	0	1	1	2	0	1	2	1	1	1			10	2	24
Total CDI reported	32	2	2	2	2	0	2	2	1	1	2	1	2	17	2	24
MRSA Bacteraemia Infections *Contaminant	0		0	1	1*	0	1*	0	0	1*	1*	0	0	5	0	0
MSSA Bacteraemia Infections	26	1	1	1	3	2	4	3	1	2	1	5	0	23	None	None
E. Coli Bacteraemia Infections	29	2	4	2	6	6	4	3	7	8	5	2	3	50	None	None
MRSA Screening (elective) (%)		95.4%	96.5%	96.5%	95.7%	95.6%	95.4%	97.6%	95.4%	95.9%	95.2%	96.5%	96.1%	96.0%	95%	95%
MRSA Screening (non elective) (%)		96.5	96.7%	95.9%	96.6%	96.2%	96.8%	96.7%	96.5%	97.1%	97.0%	96.8%	96.5%	96.5%	95%	95%
Grade 2 Avoidable	48	4	0	4	2	3	1	5	1	4	3	2	0	25	0	0
Grade 2 Unavoidable	157	10	15	7	9	7	11	10	5	8	3	7	2	84	None	None
Grade 3 Avoidable	9	1	0	0	0	0	0	0	0	0	0	2	1	3	0	0
Grade 3 Unavoidable	22	2	2	0	0	2	0	4	0	4	3	4	9	28	None	None
Grade 4 Avoidable	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0
Grade 4 Unavoidable	1	0	0	1	0	0	0	0	0	0	0	0	0	1	None	None
Falls reported as serious incidents	3	0	0	0	1	0	1	0	0	0	0	0	0	2	None	None
Number of Serious Incidents	48	2	2	4	9	1	2	2	3	4	3	1	1	32	None	None

Measure	Year end 17/18	Mar 18	Apr 18	May 18	June 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Year to date 18/19	Monthly Target 2018/19	Annual Target 2018/19
Never Event	2	0	0	1	1	0	0	1	0	0	1	0	0	4	0	0
Catheter Associated UTI (number of patients on prevalence audit)		6	3	2	10	1	3	3	2	6	0	*	1	31	None	None
WHO Safe Surgery Checklist (%)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
VTE Assessment		95.2%	95.1%	95.9%	95.9%	95.9%	95.6%	96.0%	97.3%	95.9%	95.1%			95.8%	95%	95%
ITU discharge delays>12hrs	380	35	41	27	35	36	36	46	40	30	42	30	24	387	None	None
No of MSA breaches other areas	1	0	0	0	0	1	0	0	0	0	0	0	0	1	None	None
Complaints (No)	600	56	54	55	55	60	54	58	55	82	40	53	50	616	None	None
Friends and Family Response Rate (%)	23.8%	16.1%	19.9%	17.7%	20.4%	20.8%	20.8%	16.5%	14.6%	16.7%	11.4%	11.3%	11.5%	16.5%	None	None
Friends and Family Test Score (%)	96.6%	96.4%	97.3%	96.6%	96.6%	95.6%	93.3%	97.1%	97.2%	97.6%	97.4%	97.1%	97.5%	96.6%	95%	95%

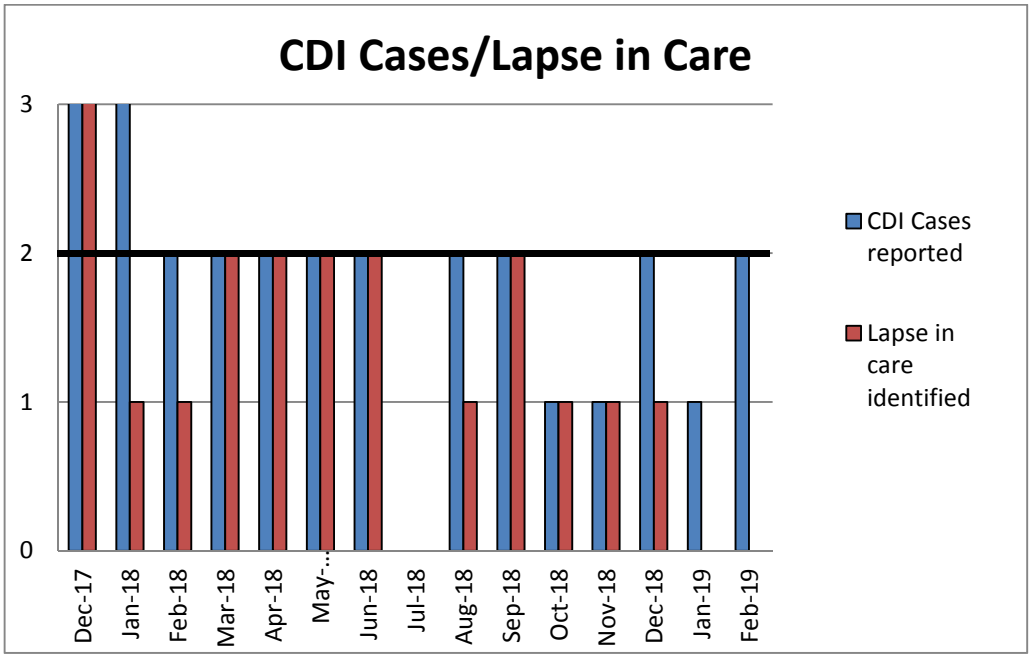
*

Section Two: Key Messages by exception

Infection Prevention and Control

Clostridium Difficile (C Diff)

There were two incidents of C diff attributed to the Trust in February



Methicillin-resistant Staphylococcus Aureus (MRSA)

There were no cases of MRSA Bacteremia reported in February. The total cases attributed to SaTH for the financial year to date is 5 cases (this is against a target of 0). 4 of these cases were contaminants.

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Learning from in service pressure ulcer incidence

In February 2019 there was one category 3 pressure ulcer classed as avoidable, and a further six classed as unavoidable and two to be confirmed, none met the criteria for reporting as Serious Incidents based on the NRLS and SI Framework guidance's* and are therefore all are being managed as HRCRs.

From April the term avoidable and unavoidable will no longer be reported, the classification will be the category and whether they are being reported as Serious Incidents (matching the definition below) or suitable to be managed internally as HRCRs

High Risk Case Review (HRCR) Pressure Ulcers February 2019

Category 3 – Toe	W17	No obvious lapses in care, small wound, deterioration from a DTI. TVN confirms suitable for HRCR
Category 3 - Sacrum	ITU RSH	No obvious lapses in care, small wound, deterioration from moisture damage. TVN confirms suitable for HRCR
Category 3 - ears (device)	W6	No obvious lapses in care, small wound, oxygen device related injury (part of thematic review). TVN confirms suitable for HRCR
Category 3 - ears (device)	W6/CCU	No obvious lapses in care, small wound, oxygen device related injury (part of thematic review). TVN confirms suitable for HRCR
Category 3 - natal cleft	ITU RSH	No obvious lapses in care, small wound, deterioration from moisture damage. TVN confirms suitable for HRCR
Category 3 -	W7	Some lapses in care identified, small wound identified from skin to

index finger (missing device)		skin pressure relating to patient's habitus. Device to prevent skin to skin contact not always used.
Category 3 - Sacrum	25CR	No obvious lapses in care, small wound in natal cleft. TVN confirms suitable for HRCR
Category 3 - Sacrum	W6	Preliminary review has not determined any specific lapses in care, small wound. TVN confirms suitable for HRCR
Category 3 - Sacrum	W26 S	Preliminary review has not determined any specific lapses in care, small wound. TVN confirms suitable for HRCR

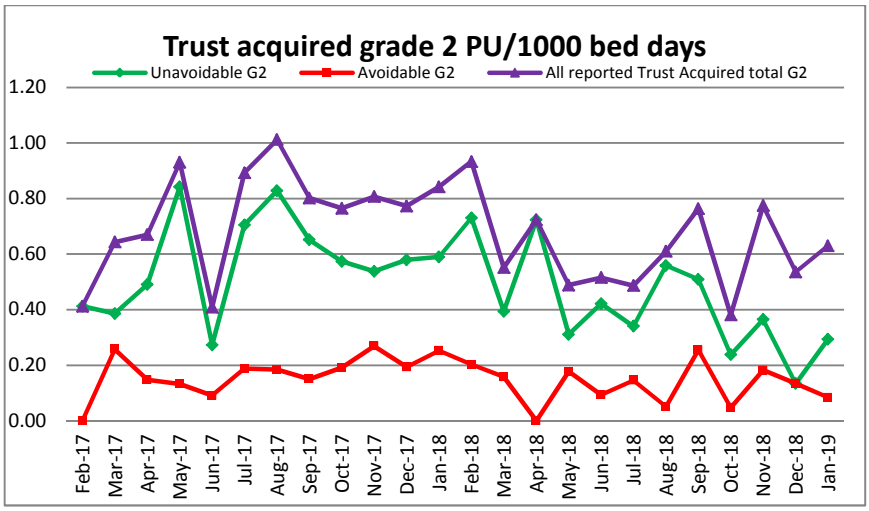
There has been an increase in device related injuries (which had been almost eliminated) relating to a different type of oxygen masks and tubing being procured. The Lead Tissue Viability Nurse Specialist is completing a thematic review in relation to the above and will present at CGE once completed.

No category 2 pressure ulcers have so far been determined to be avoidable for February 2019.

The numbers of Trust acquire category 2 pressure ulcers that we are reporting are shown in the table below. This indicates that overall the total number of category two pressure ulcers reported has decreased since during April 2018- January 2019 (0.59 per 1000 bed days) when compared to the same reporting period in 2017/18 (0.79 per 1000 bed days). Of the total number of category 2 pressure ulcers reported, there is also a decreasing trend in the number reported as avoidable. As above, going forward, only the number of category 2 pressure ulcers will be reported, there will be no distinction identified in relation to whether they were classified as unavoidable or avoidable.

For information – the new 1000 bed days information has not been available in time to produce updated information for February therefore data validated to January 2019

Trust acquired grade two pressure ulcers per 1000 bed days



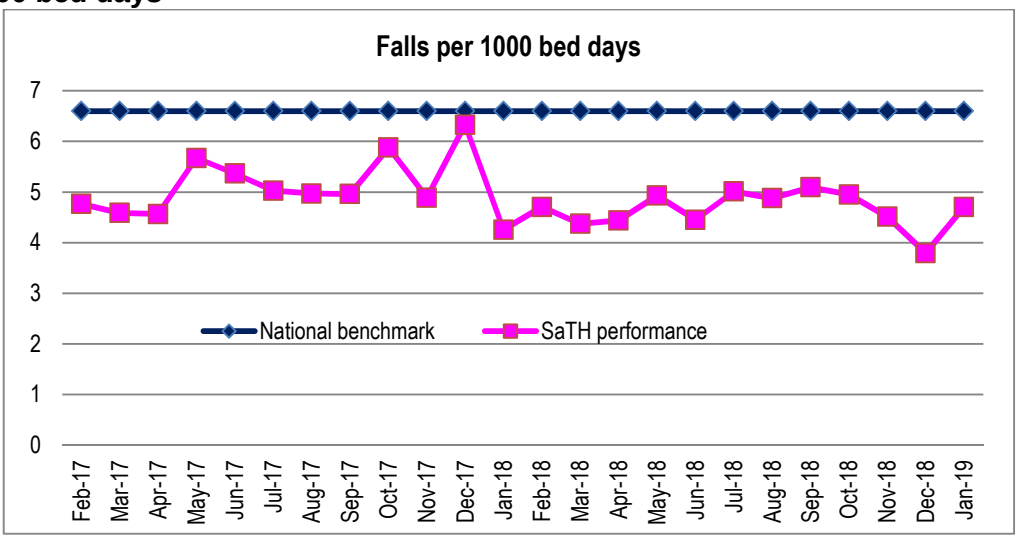
Patient Falls

In February 2019 there were no falls reported which required reporting as Serious Incidents and one fall which resulted in a fracture which was determined to be suitable to manage as a HRCR:

Fall injury	Rationale for not reporting as an SI
Fractured distal humerus	Classed as moderate harm, due to the outcome of the fracture. There was a delay in reporting this incident to the patient safety/health and safety and the falls team which will be considered as part of the investigation. There were lapses in documentation which need to be addressed and is likely to be reported under RIDDOR guidance.

The chart below shows that we remain below the national benchmark for falls per 1000 bed days to January 2019. The Trust remains below the national benchmark and over the past 12 months the average number of falls per 1000 bed days has been 4.65.

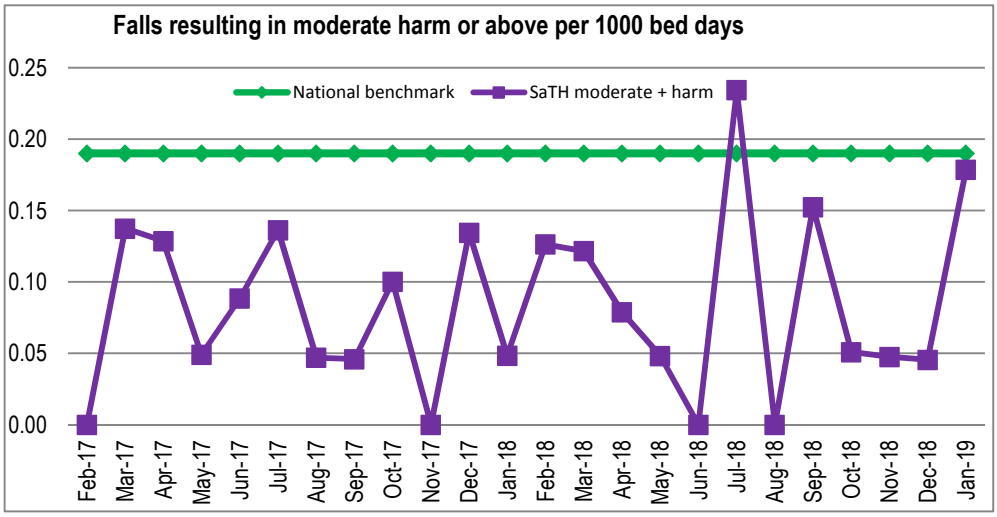
Falls per 1000 bed days



Falls resulting in moderate harm or above

From February 2017 to January 2019 the Trust, with one exception, has sustained a lower than the national benchmark number of falls resulting in moderate harm or above for our patients. There was an unusual number of falls resulting in moderate harm and above during June 2018 which took the Trust over the national benchmark for the first time since December 2016.

Over the past 12 months the average number of moderate harms or above measured per 1000 bed days is sustained at 0.09/1000 bed days which is just under half that of the national benchmark.



Complaints & PALS

50 complaints were received in February 2019, in line with expected figures; these were split evenly between both hospitals. The main subjects were clinical treatment, communication and staff attitude. There were 154 PALS contacts in February, mainly relating to appointments and communication.

Friends and Family Test

The overall percentage of patients who would recommend the ward they were treated on to friends and family, if they needed similar care and treatment, was 97.5% which was an improvement compared to

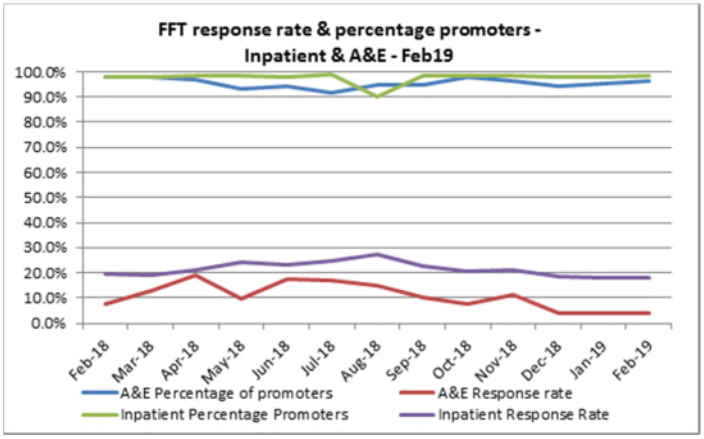
last month. Individually Inpatient, A&E and Outpatients all saw an increase in the percentage of patients who would recommend compared to January. Maternity however, saw a lower proportion of patients recommending compared to last month.

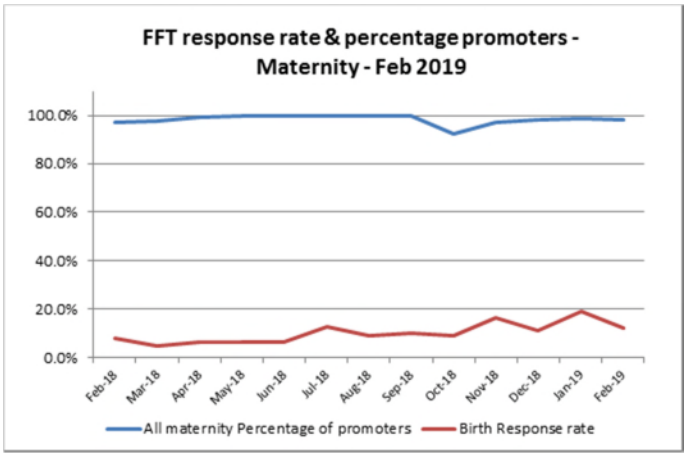
The overall response rate this month was 11.5% which is an increase compared to January. Maternity Birth was the only individual area to see a decline compared to last month.

The IPR data for February 2019 is as follows:

The FFT response rate for IPR = 11.5%
The FFT percentage promoters for IPR = 97.5%

	Percentage Promoters	Response Rate
Inpatient	98.5%	17.9%
A&E	96.5%	4.1%
Maternity overall	96.5%	12.5% (Birth only)
Outpatients	96.9%	NA



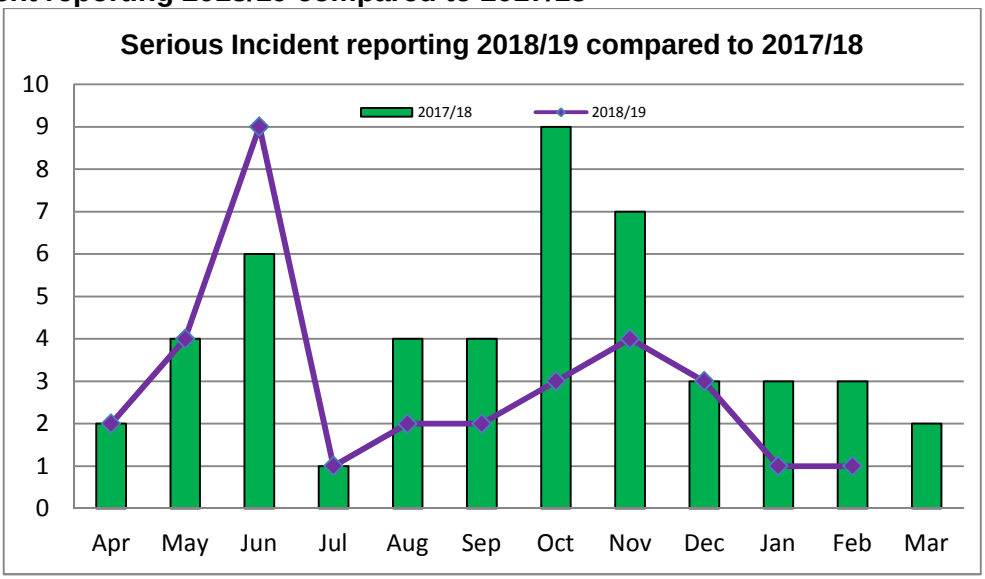


Learning from Incidents

Serious Incidents

February SI's
In February 2019 we reported one serious incident. As shown in chart below overall reporting numbers are slightly lower in 2018/19 when compared to the same reporting period for 2017/18

Serious incident reporting 2018/19 compared to 2017/18



The categories of incident are shown in table one below:

Categories of incidents reported in February 2019

Category	Number
Maternity Obstetric affecting Baby	1
Total	**1**

Maternity Obstetric affecting Baby

There was a short delay in recognising that the CTG was monitoring the maternal heart rate as opposed to the fetal heart rate. When the correct steps were taken for alternate monitoring it was noted that the changes to the fetal heart rate required expedited delivery, which was done.

At delivery the baby was noted to be pale and floppy with no 'suck' reflex. The baby met the criteria for active cooling and was transferred to UHNM where the baby made a good recovery and is likely to have a positive outcome.

The outcome for the baby has met the HSIB 'every baby counts' criteria to investigate the incident. While this has been classified as a moderate harm event within SaTH, there has been a request to escalate this and report as a Serious Incident for the purpose of transparency.

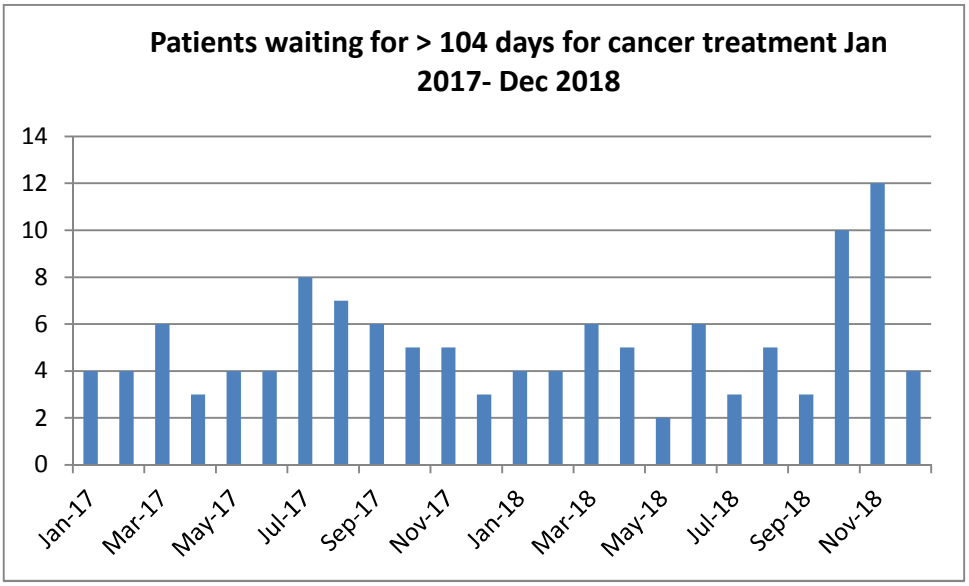
A 'clock stop' has been agreed by the commissioners as HSIB will run the investigation and are not obligated by SI framework timescales. As per guidance, SaTH will not investigate alongside HSIB, but local learning has been noted following the Rapid Review meeting, which will be implemented.

> 12 Hour ED breaches/harm reviews

There were 14 > 12 hour trolley breaches recorded in February. There are ongoing issues around completed harm proformas being available to the patient safety team (as a final assurance check relating to harm and ensuring no breaches requiring an SI are missed) have been escalated to the Director of Nursing, Midwifery and Quality and Chief Operating Officer.

Waiting for cancer treatment for more than 104 days

4 patients waited for more than 104 days for cancer treatment in December 2018 (latest available validated data as of February 2019) as outlined below:



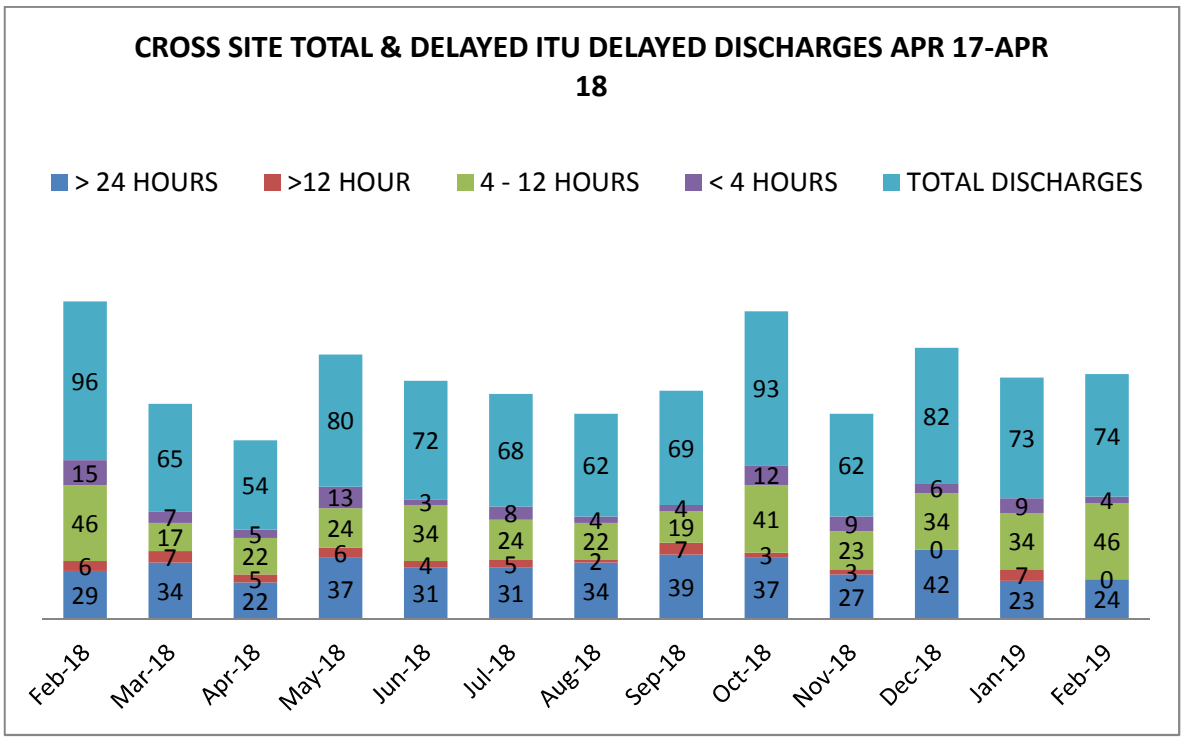
The table below outlines the pathway and reason why these patients breached:

Pathway	Number of days to treatment	Reason for breach
Colorectal	187	Complex diagnostic pathway with multiple MDT discussions required.
Colorectal	119	Complex diagnostic pathway with referral to both UHNM and Clatterbridge.
Urology	115 days	Treatment delayed for medical reasons. Patient referred to cardiology and surgery undertaken once reviewed by cardiology/anaesthetics.
Urology	149	Delay for diagnostics/patient choice.

Delayed Discharges from ITU and Mixed Sex Accommodation Breaches

There has been an improvement noted in January and February in discharges of patients to ward beds from ITU before a 12 hour breach time. The number of patient waiting more than 12 hours was 24 for February.

Of all the discharges there were 19 patients who experienced mixed sex breach accommodation breaches. 9 patients at PRH all waiting for a medical bed and 10 patients at RSH (4 waiting a for surgical bed and 6 waiting for a medical bed).



Safeguarding Adults

Adult safeguarding referrals

There were no formal safeguarding referrals raised against the Trust in February. There were 12 low level safeguarding referrals closed by the local authority which are subject to local investigation. None have so far been raised as formal safeguarding referrals.

Section Three: Mortality Review

We have seen an improvement in our performance regarding mortality over the last four years, and this has been maintained over the last year. This is demonstrated consistently over the four mortality parameters that we use and we now are consistently lower than our peer comparators[1]. The following is an update of progress in this area, based on the most up to date information available.

1. Mortality Rate

This indicator provides a basic view of mortality: the number of deaths divided by the total spells.

SaTH Mortality Rate (October 2017 – October 2018)
SaTH 0.79% v Peer 1.12%

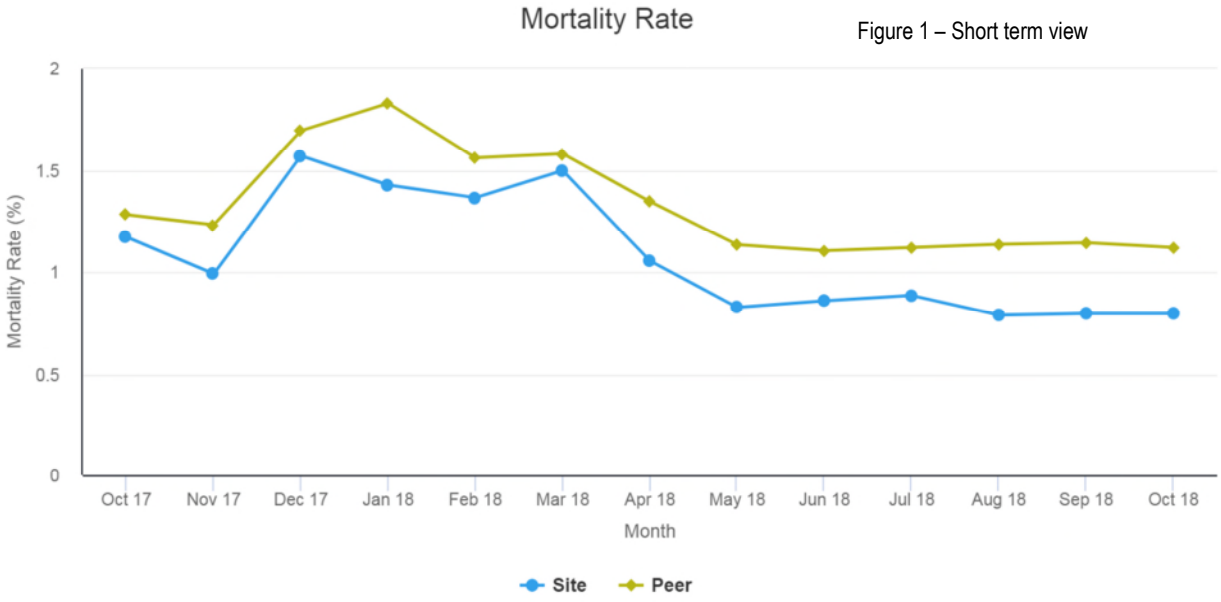


Figure 1 – Short term view

SaTH Mortality Rate (January 2014 – October 2018)

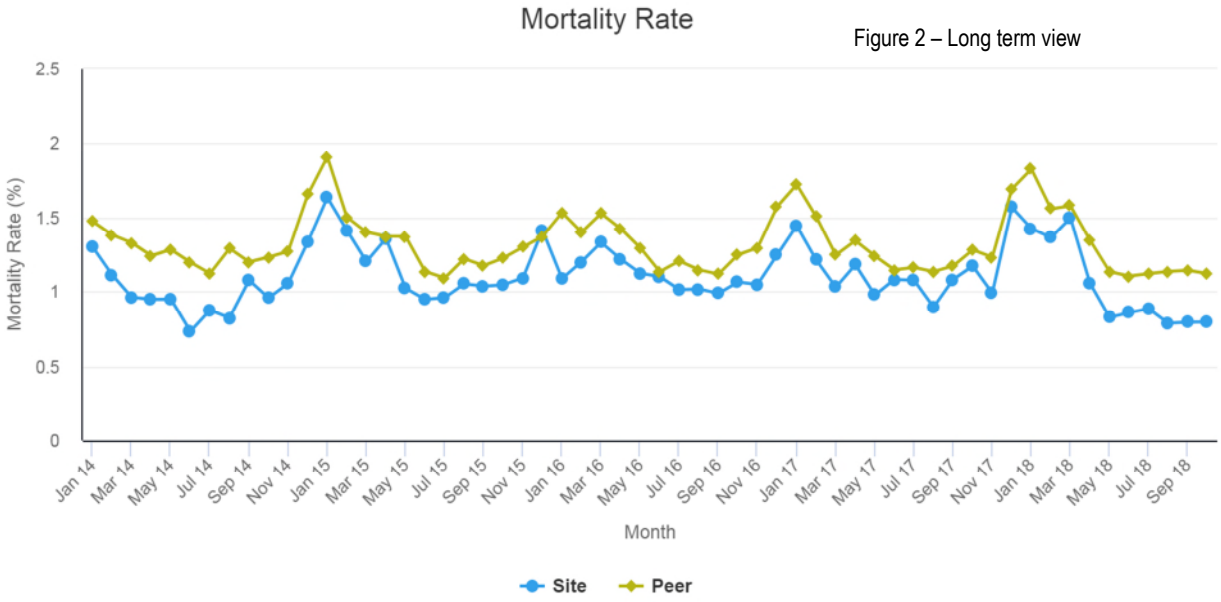


Figure 2 – Long term view

2. RAMI – Risk Adjusted Mortality Index *

RAMI (October 2017 – October 2018)
SaTH 74.01 v Peer 82.78

Figure 3 – Short term view

RAMI – SaTH v Trust Peer (January 2014 – October 2018)

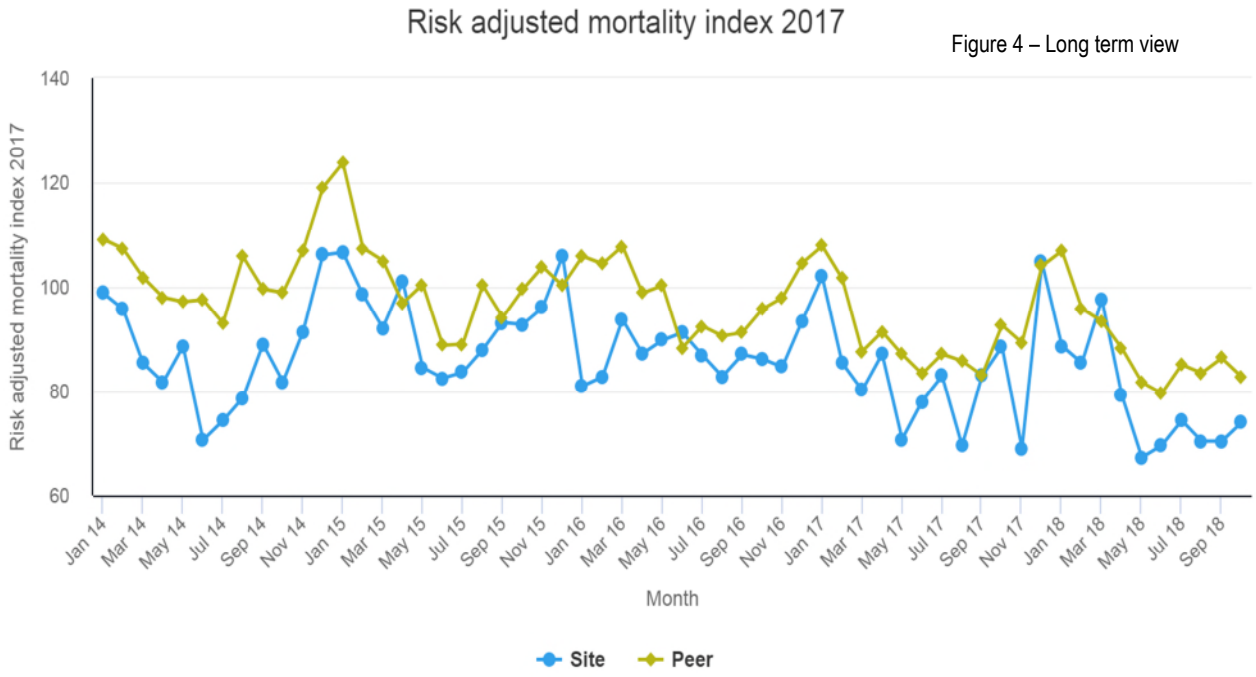


Figure 4 – Long term view

* This mortality ratio is described as the number of observed deaths divided by the number of predicted deaths. RAMI was developed by CHKS (Caspe Healthcare Knowledge System). It includes palliative care but excludes certain specialties, such as Mental Handicap, Mental Illness, Child & Adolescent Psychiatry, Forensic Psychiatry, Psychotherapy, Old Age Psychiatry.

3. HSMR – Hospital Standardised Mortality Ratio **

HSMR (October 2017 – October 2018)
SaTH 84.83 v Peer 90.92

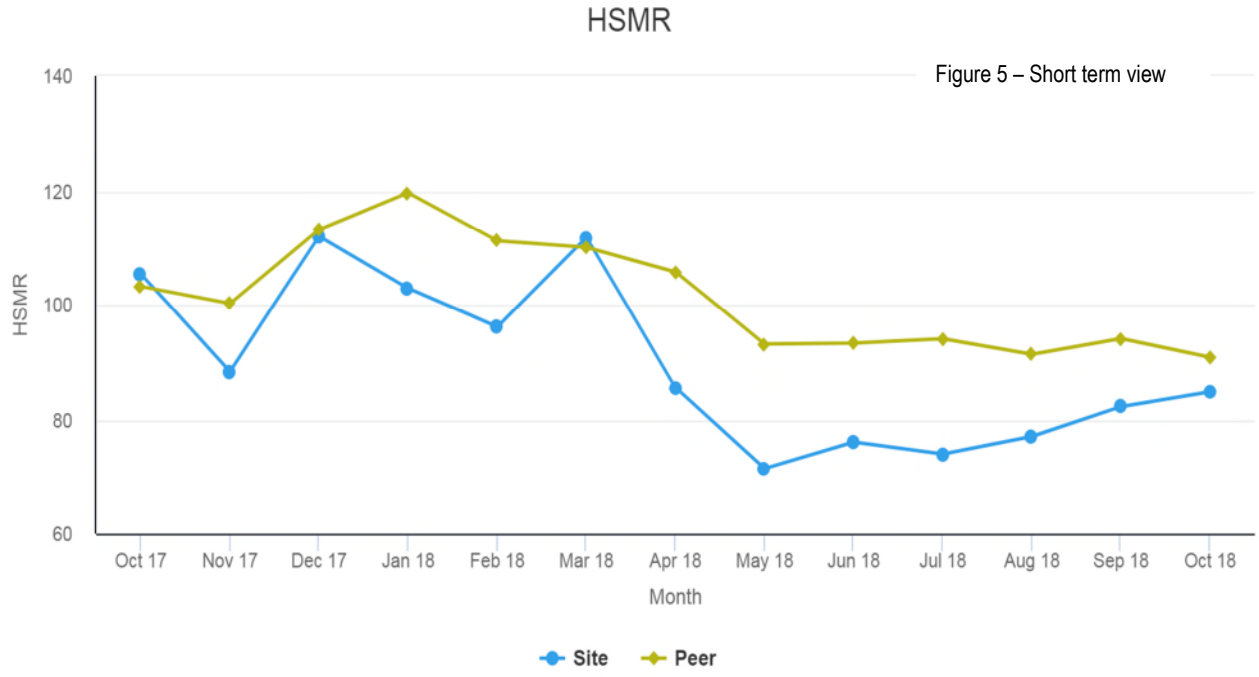


Figure 5 – Short term view

HSMR - SaTH v Trust Peer (January 2014 – October 2018)

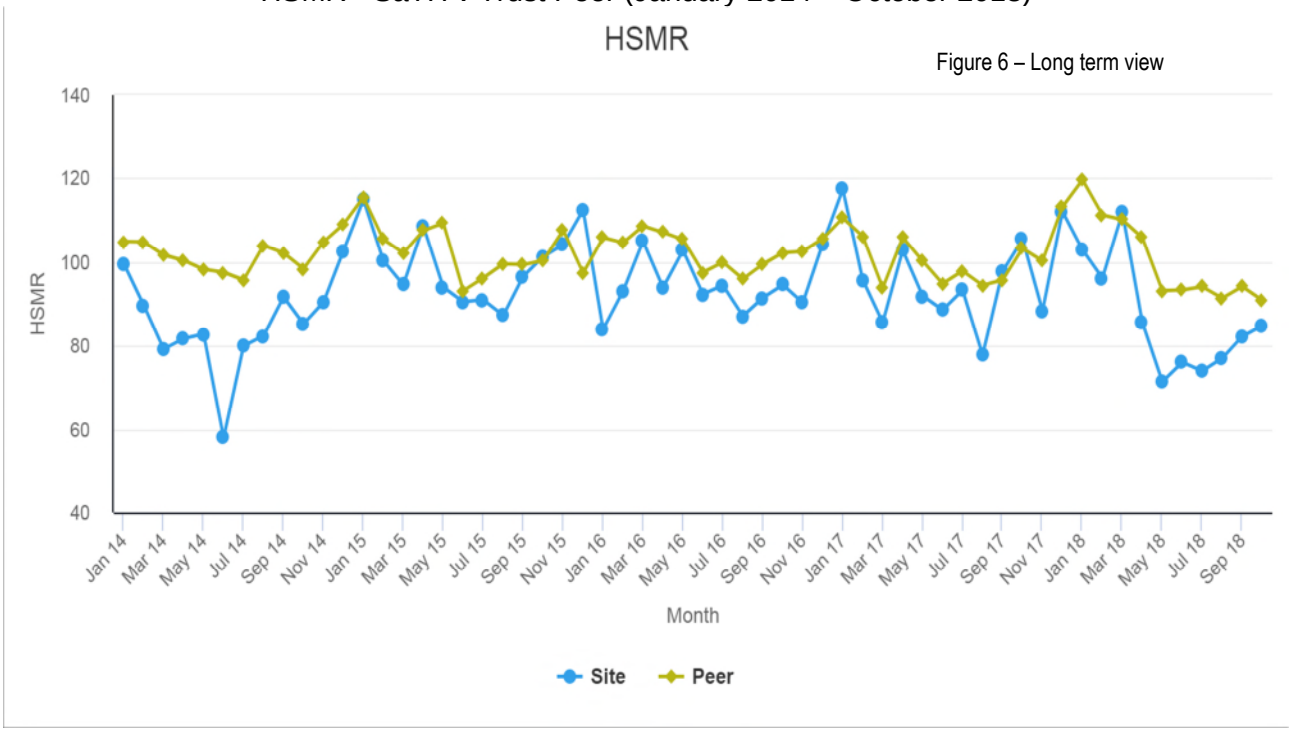


Figure 6 – Long term view

** The HSMR is the ratio of the observed number of in-hospital deaths at the end of a continuous inpatient spell to the expected number of in-hospital deaths (multiplied by 100) for 56 diagnosis groups. These groups contribute to over 80% of in-hospital deaths in England.
NB A value greater than 100 means that the patient group being studied has a higher mortality level than NHS average performance.

4. SHMI – Summary Hospital-level Mortality Indicator (In-hospital) ***

In-Hospital SHMI (October 2017 – October 2018)
SaTH 48.43 v Peer 58.72

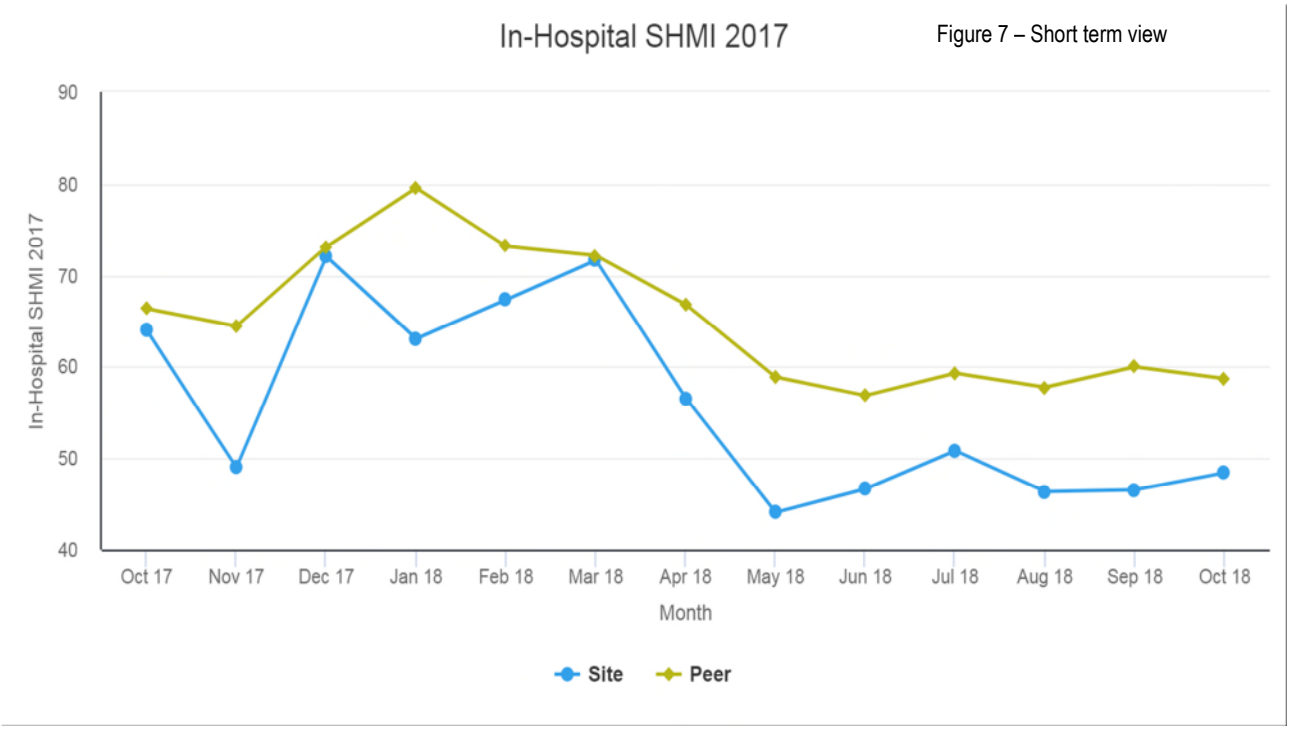


Figure 7 – Short term view

In-Hospital SHMI - SaTH v Trust Peer (January 2014 – October 2018)

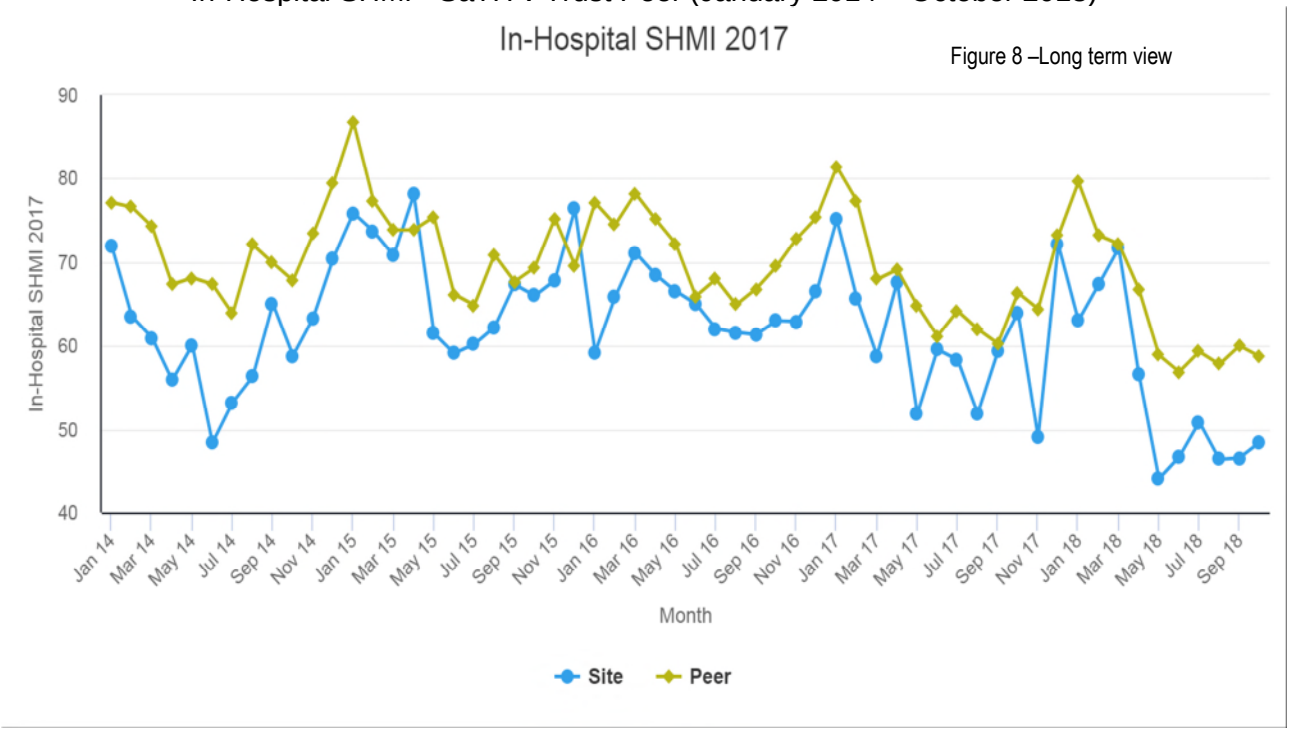


Figure 8 –Long term view

*** The SHMI is the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die, on the basis of average England figures, given the characteristics of the patients treated there. SHMI gives a complete picture of measuring hospital mortality by including deaths up to 30 days after discharge from hospital and is counted once against the discharging hospital. This does not exclude palliative care but does exclude day cases. It is based on 259 clinical classification system diagnostic groups.

SHMI-type indicators cannot be used to quantify hospital care quality directly due to the limitations of datasets in SUS and HES

Appendix 1 – Peer Group

The Peer group used for this report comprises of the following Trusts:

- Gloucestershire Hospitals NHS Trust
- Sandwell and West Birmingham NHS Trust
- York Teaching Hospitals NHS Foundation Trust
- Royal Cornwall Hospitals NHS Trust
- Royal Devon and Exeter NHS Foundation Trust
- The Royal Wolverhampton Hospital NHS Trust
- The Dudley Group NHS Foundation Trust
- Doncaster and Bassetlaw Hospitals NHS Foundation Trust
- Maidstone and Tunbridge Wells NHS Trust
- East and North Hertfordshire NHS Trust
- Worcestershire Acute Hospitals NHS Trust
- Western Sussex Hospitals NHS Foundation Trust

Section Four: Recommendations for the Committee

The Quality and Safety Committee is asked to:

- Discuss the current performance in relation to key quality indicators as at the end of February 2019
- Consider the actions being taken where performance requires improvement
- Question the report to ensure appropriate assurance is in place