Cover page	
Meeting	**Trust Board**
Paper Title	Quality Governance Report
Date of meeting	30th May 2019
Date paper was written	16th May 2019
Responsible Director	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 Trust Board with assurance relating to our compliance with quality performance measures during April 2019.

Background

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

Assessment

Key points to note:

3 Serious Incidents were reported in April:

- One relates to the death of a patient where opportunities may have been missed to diagnose an aortic abdominal aneurysm of which the coroner has been informed;
- One surgical incident;
- One fall resulting in a head injury (which will be subject to inquest).

There were no cases of MRSA bacteremia reported in April.

2 cases of C-Diff were attributed to the Trust in April.

There was an increase in the number of patients waiting for more than 12 hours to be discharged from ITU in April 2019 (37) compared to March 2019 (26). This relates to bed capacity challenges linked to high levels of emergency demand.

The adult safeguarding team has flagged an issue relating to discharges and incorrect discharge summaries/incorrect medication on discharge. An initial mitigation of a discharge check list has been put in place which appears to have reduced the number of issues occurring so far in May. A paper will be taken to Clinical Governance Executive (CGE) in June outlining the issue and asking CGE to consider longer term actions to maintain safety and quality.

Trust Board are asked to note the > 104 day Colorectal cancer pathway patient (117 days to treatment the first patient in the table on page 11 of the attached report) was undergoing a harm review at the time this report was being prepared. If evidence of harm is found this patients care will be subject to a full high risk case review and Trust Board updated in June.

Recommendation

Quality and Safety Committee are asked to:

- Receive and take assurance from the Quality Governance report

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

Quality Governance Report May 2019

INTRODUCTION

This report covers our performance against contractual and regulatory metrics related to quality and safety during the month of April 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.

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	May 18	June 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	Year to date 19/20	Monthly Target 2019/20	Annual Target 2019/20
CDI due to lapse in care (CCG panel)	1	2	0	1	2	1	1	1				2	2	2	43
Total CDI reported	2	2	0	2	2	1	1	2	1	2	1	2	2	2	43
MRSA Bacteraemia Infections *Contaminant	1	1*	0	1*	0	0	1*	1*	0	0	0	0	0	0	0
MSSA Bacteraemia Infections	1	3	2	4	3	1	2	1	5	0	0	0	0	None	None
E. Coli Bacteraemia Infections	2	6	6	4	3	7	8	5	2	3	3	3	3	None	None
MRSA Screening (elective) (%)	96.5%	95.7%	95.6%	95.4%	97.6%	95.4%	95.9%	95.2%	96.5%	96.1%	95.6%	95.9%	95.9%	95%	95%
MRSA Screening (non elective) (%)	95.9%	96.6%	96.2%	96.8%	96.7%	96.5%	97.1%	97.0%	96.8%	96.5%	96.4%	96.4%	96.4%	95%	95%
Cat 2 Confirmed	11	11	10	11	15	6	11	6	10	10	8	4	4	None	None
Cat 2 Reported	11	11	10	11	15	7	13	11	13	15	21	22	22	None	None
Cat 3 HRCR	0	1	2	0	4	0	4	3	6	9	3	1	1	None	None
Cat 3 Serious Incident	0	0	0	0	0	0	0	0	0	0	0	0	0	None	None
Cat 4 HRCR	1	0	0	0	0	0	0	0	0	0	0	0	0	None	None
Cat 4 Serious Incident	0	0	0	0	0	1	0	0	0	0	1	0	0	None	None
Falls reported as serious incidents	0	1	0	1	0	0	0	0	0	0	2	0	0	None	None
Number of Serious Incidents	4	9	1	2	2	3	4	3	1	1	8	3	3	None	None
Never Event	1	1	0	0	1	0	0	1	0	0	1	0	0	0	0
Catheter Associated UTI (number of patients on prevalence audit)	2	10	1	3	3	2	6	0	*	1	0	*		None	None

Measure	May 18	June 18	July 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	Year to date 19/20	Monthly Target 2019/20	Annual Target 2019/20
WHO Safe Surgery Checklist (%)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
VTE Assessment	95.9%	95.9%	95.9%	95.6%	96.0%	97.3%	95.9%	95.1%	94.4%	94.2%	94.2%			95%	95%
ITU discharge delays>12hrs	27	35	36	36	46	40	30	42	30	24	26	37	37	None	None
No of MSA breaches other areas	0	0	1	0	0	0	0	0	0	0	0	0	0	None	None
Complaints (No)	55	55	60	54	58	55	82	40	53	50	64	59	59	None	None
Friends and Family Response Rate (%)	17.7%	20.4%	20.8%	20.8%	16.5%	14.6%	16.7%	11.4%	11.3%	11.5%	9.3%	10.5%	10.5%	None	None
Friends and Family Test Score (%)	96.6%	96.6%	95.6%	93.3%	97.1%	97.2%	97.6%	97.4%	97.1%	97.5%	97.5%	97.6%	97.6%	95%	95%

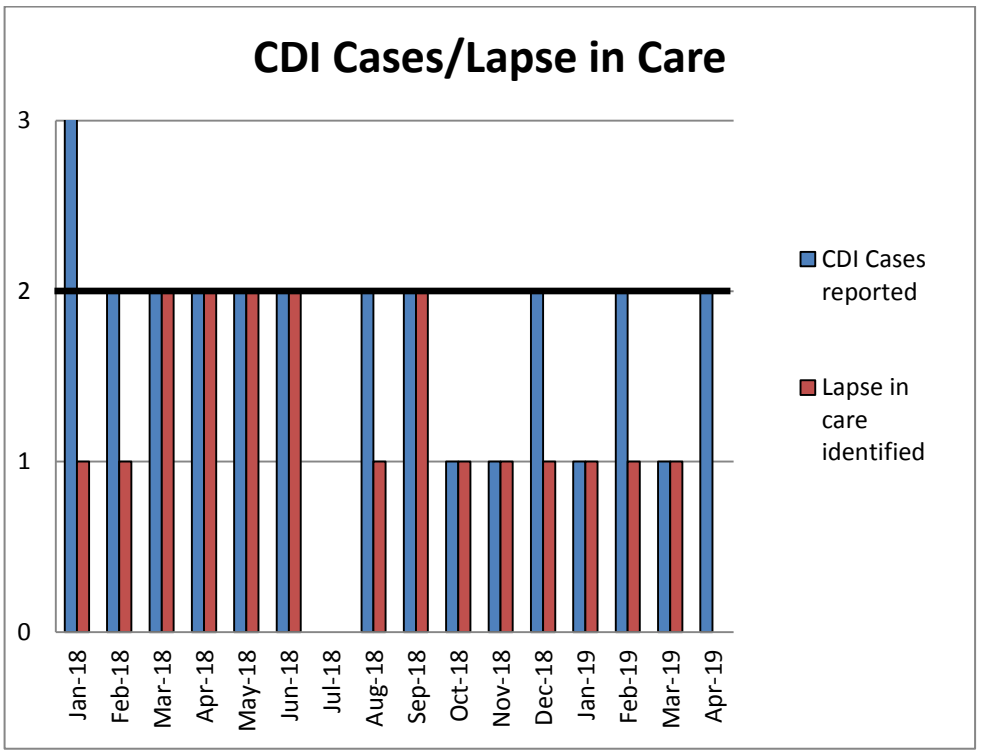
* The Accuracy of point prevalence audit for UTI is currently being reviewed. Reporting will recommence from June 2019

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 April 2019.



Please note March figure was reported incorrectly as 2 instead of 1. This was due to the patients having a recent admission therefore carried out an RCA meeting to review the case. However this was not in line of policy as this was a pre 48 case.

Methicillin-resistant Staphylococcus Aureus (MRSA)

There were was no cases of MRSA Bacteremia reported in April. A pre 48 case in March is still being reviewed and awaiting clarification regarding where this case will be attributed to. The total cases attributed to SaTH for 2018/19 was 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 April 2019 there was one category 3 pressure ulcer reported, which was managed as a HRCR, in line with guidance the terms avoidable and unavoidable have no longer been used. The learning identified that while all actions to support the patient were in place and it is recorded that the patient was not compliant; the additional step of recording the discussion with the patient as to the risk of not following advice is not evident and therefore this forms part of the action plan.

Table one: High Risk Case Review (HRCR) Pressure Ulcers April 2019

Category 3 – Buttock	W4	TVN confirmed that it was to be managed as a HRCR, no obvious lapses in care. However, more precision required in ensuring that it is confirmed that patients are aware of the risk of not following advice

<u>Follow up of device related injury thematic review</u>

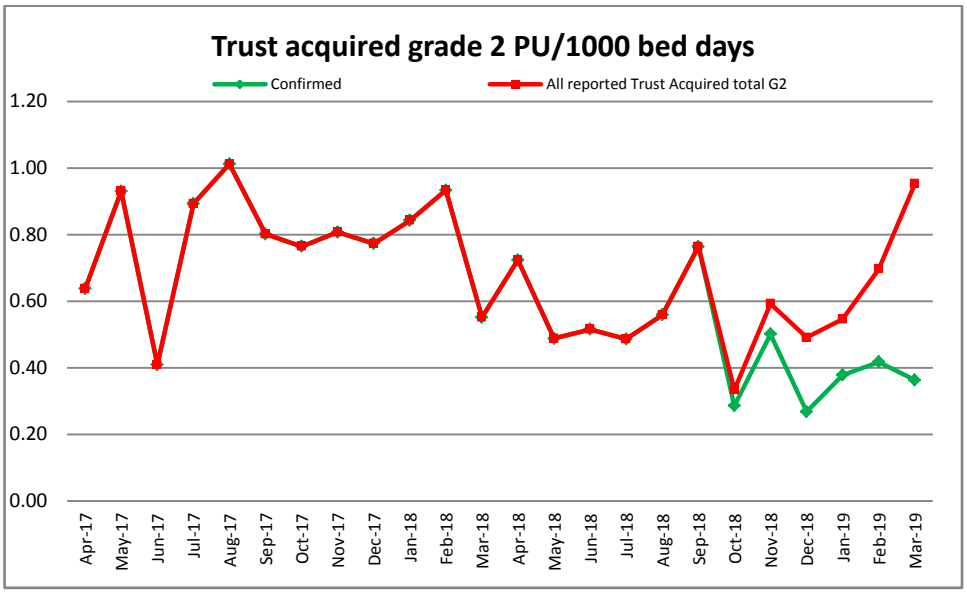
The Tissue Viability Lead Nurse has completed her thematic review of device related injuries, of which

there was an increase in prevalence noted during 2018/19. While there has been a cost saving related to the introduction of nasal cannula without foam ear guards, there has been a cost increase in the level of treatment for patients who sustain this skin injuries related to the devices which exceeds the savings of introducing the change. This case will be taken to the Devices, Gasses and Products Committee in June 2019.

The graph below now records the total number of category two pressure ulcers and those which have been confirmed monitored in terms of bed days information. For 2017/18 the average number of category two pressure ulcers was 0.78/1000 bed days and even though not all category two pressure ulcers have been confirmed there is a decrease in reporting to 0.60/1000 bed days. There continues to be a validation process for all category two pressure ulcers, hence there is a variance from October 2018.

NB – bed days data only available up to the end of March; April's figures have not been released at the time the report was compiled

Trust acquired grade two pressure ulcers per 1000 bed days

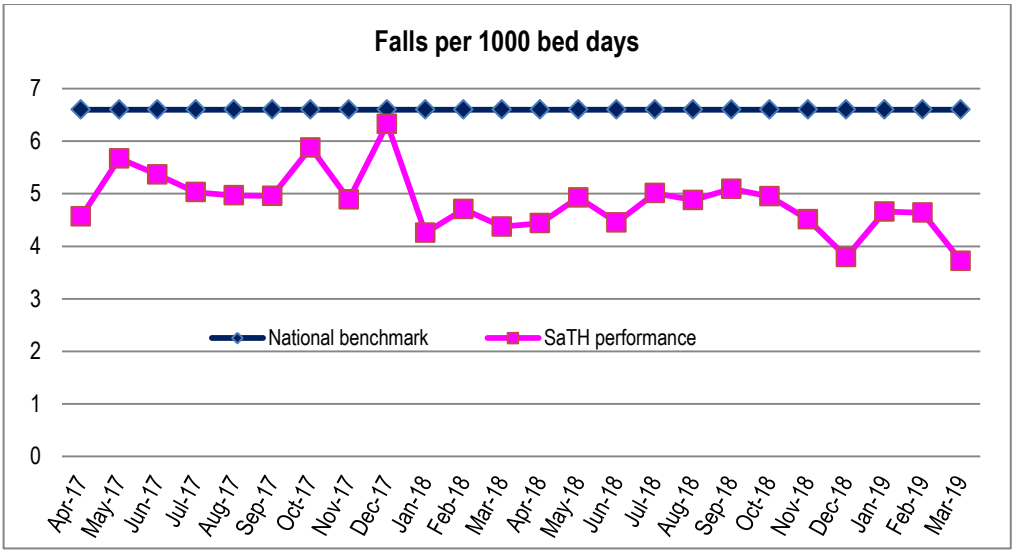


Patient Falls

In April 2019 there was one Serious Incident reported linked to a patient's fall. The incident occurred in March (and has been included in March's falls figures) but the SI report was filed during April 2019. There were no falls identified which required management as HRCRs.

The Trust remains below the national benchmark and over the past 12 months (2018/19) the average number of falls per 1000 bed days has been 4.59 which is slightly below our target of 4.60/1000 bed days in the 'sign up to safety' drive we undertook 3 years ago. This is a clear improvement from 2017/18 where our average was 5.08/1000 bed days.

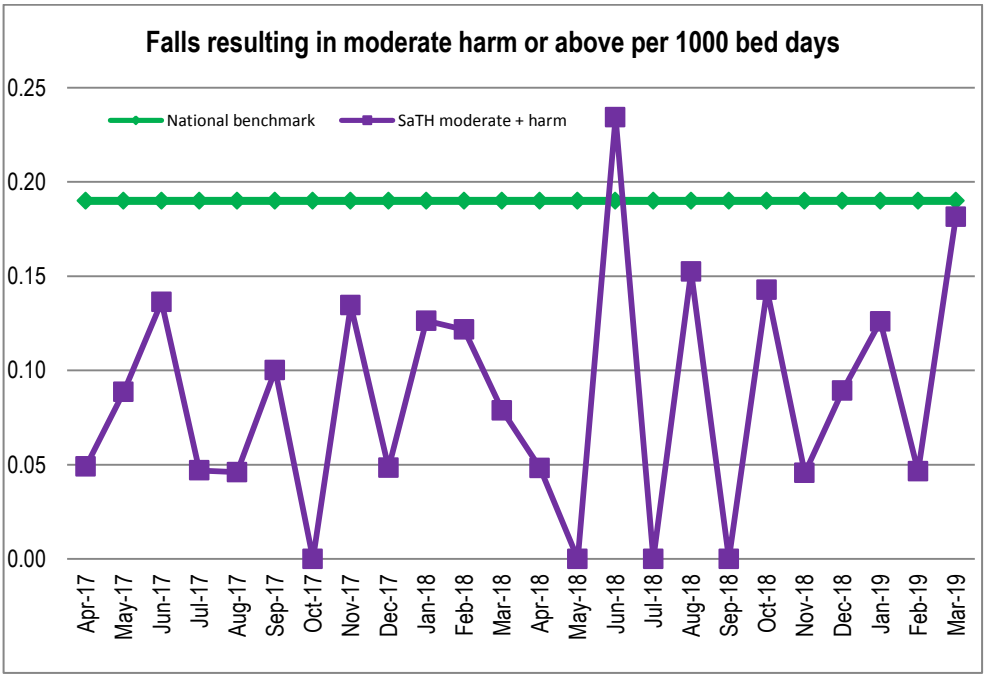
Falls per 1000 bed days



Falls resulting in moderate harm or above

From April 2017 to March 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

59 formal complaints were received in April 2019; this is in keeping with expected numbers. 32 related to RSH and, 27 related to PRH. Outpatients and both EDs received the most complaints, in line with higher activity. There were no new trends noted within the subjects. 152 PALS contacts were received in April 2019. As with previous months, the majority of these issues relate to problems with appointments and communications.

Friends and Family Test

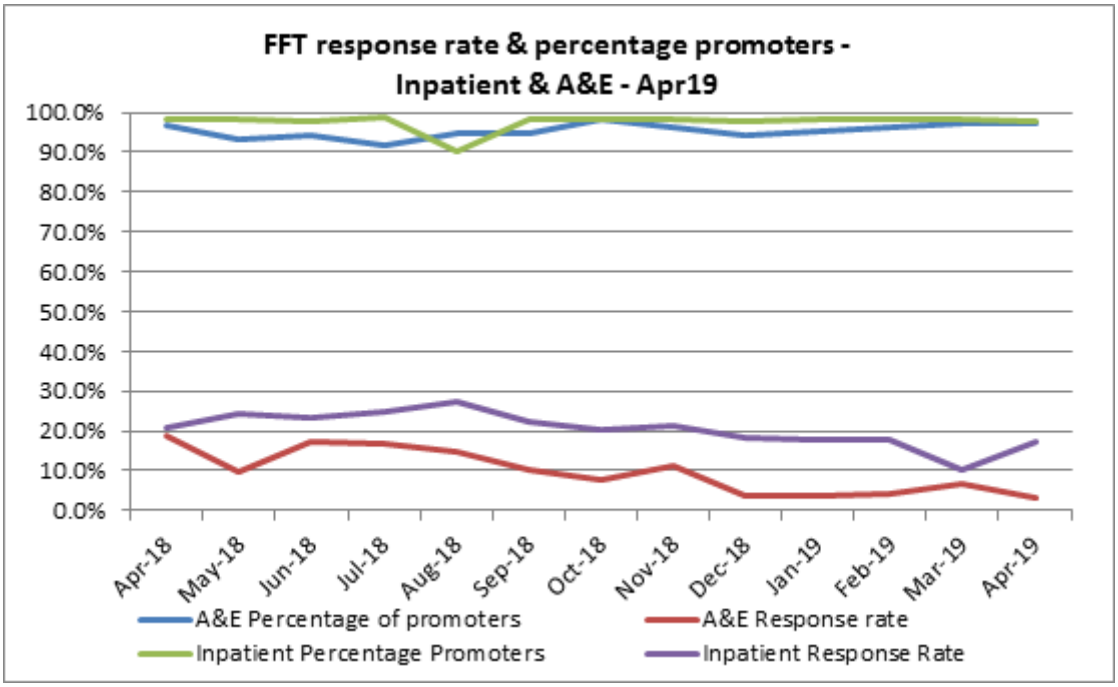
The overall percentage of patients who would recommend the ward they were treated on to friends and family, if they needed similar care and treatment, was 97.6% which was slightly higher than last month. Individually A&E, Maternity and Outpatients saw an increase in the percentage of patients who would recommend compared to March. Inpatients however, saw a lower proportion of patients recommending compared to last month.

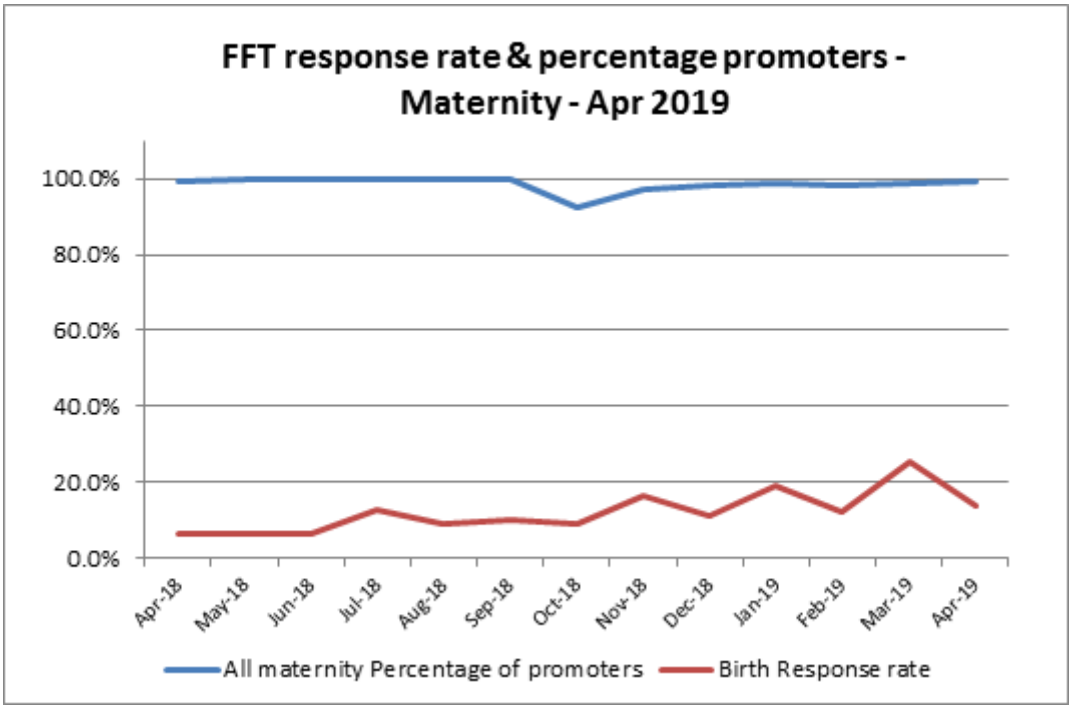
The overall response rate this month was 10.5% which is an increase compared to March. Inpatients saw an improvement of 7% however A&E and Maternity Birth both saw a decline in their response rates in April.

The overall data for April 2019 is as follows:

The FFT response rate = 10.5%
The FFT percentage promoters for IPR = 97.6%

	Percentage Promoters	Response Rate
Inpatient	97.7%	17.5%
A&E	97.3%	3.1%
Maternity overall	99.1%	13.8% (Birth only)
Outpatients	97.3%	NA

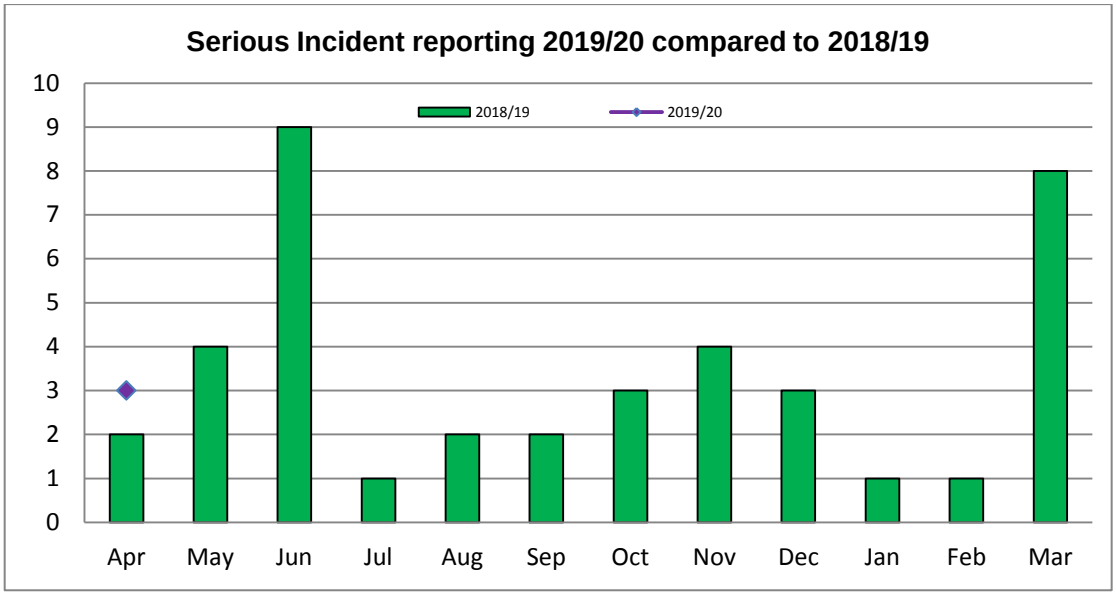




Learning from Incidents

Serious Incidents

. In April 2019 we reported three serious incidents as shown in the chart below:



The categories of incident are shown in the table below:

Categories of incidents reported in January 2019

Category	Number
Surgical/Invasive procedure incident	1
Fall (sub dural – incident occurred March 2019)	1
Diagnostic Delay	1
Total	**3**

Surgical/Invasive procedure incident

In December 2018 the patient underwent a Hartmann's procedure. After 7 days he had an unsuccessful trial without catheter and he was referred to the Urology team. A junior doctor was asked by a more senior clinician to undertake a per rectum examination to check the size of the prostate. During this procedure it is believed that that the suture line of the Hartmann's procedure was perforated causing dehiscence of the wound. The patient has undergone and continues to require surgery and treatment to manage the dehiscence and subsequent infection.

Fall (sub-dural)

On 19/03/2019 the patient sustained a fall which resulted in a head injury. (The patient was now being nursed on a high low bed and positioned by the door so could be observed at this stage). A CT scan was performed which showed a marked increase in left Intra axial haemorrhage.

The patient subsequently died on 02/04/2019 Cause of death: Ia) Pneumonia b) Intraparenchymal Bleed and Subdural Haemorrhages c) Falls II) Aortic Valve Replacement on Warfarin, Meningioma, COPD. The legal team have confirmed that there will be an Inquest.

Diagnostic Delay

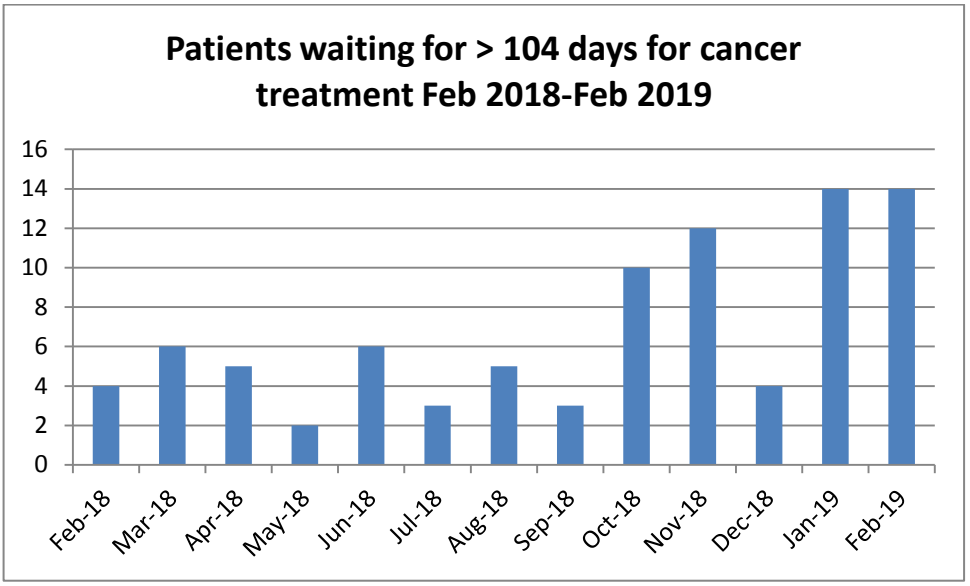
At 02:00 a 79 year old gentleman was brought by ambulance to RSH Emergency Department with a history of abdominal pain and distended abdomen which had been developing over the last 2 days. Pain radiating into his back. The patient scored 2 on EWS for slightly low BP – 110/73 and Saturations of 95%. He had received Morphine 10mg IV and Paracetamol from the ambulance crew. He was assigned a trolley space on the corridor due to capacity and activity within the department and what was considered a stable set of observations, he was alert and had not required further analgesia. Observations were maintained 4 hourly and were stable, EWS reduced to 1.

The patient was seen by a Trust Grade Doctor at approximately 6 hours after arriving in the department. He was referred to the surgical team with possible bowel obstruction at approximately 8 hours after arrival, who saw the patient promptly, and identified that there was no sign of obstruction and the underlying cause may be diverticular disease and requested a CT scan be completed before consideration of being transferred to SAU.

The CT was completed at approximately 11:30 (9 and a half hours after attendance in the department) which showed an 8.5 cm infrarenal abdominal aortic aneurysm. The patient suffered a collapse shortly after return to the Emergency Department and resuscitation commenced. He briefly responded to emergency treatment, but then deteriorated and treatment was withdrawn at 12:35. It cannot be known if the patient would have survived surgical intervention, but on review, it is felt there were missed opportunities to diagnose the AAA earlier. The Coroner has been informed.

Waiting for cancer treatment for more than 104 days

For April 2019 the latest available validated cancer breach data relates to February 2019. There were 14 > 104 day cancer treatment breaches in February 2019 as outlined below:



The pathway and reason for 104 day treatment breach relating to these 14 patients is outlined below:

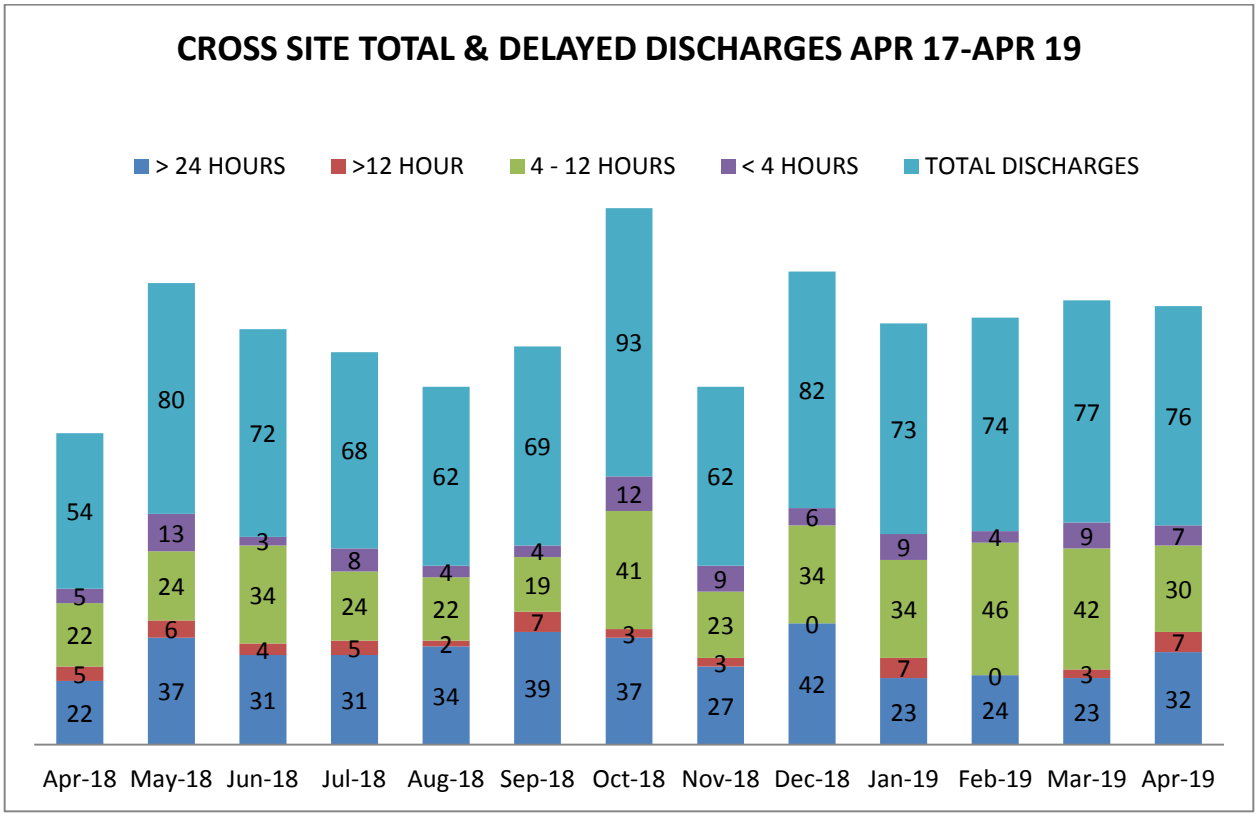
Pathway	Number of days	Reason for breach
Colorectal	117	Diagnostics delayed due to special equipment needed.
Colorectal	110	MDT decision for oncology treatment. Patient choice to then have Radiotherapy.
Colorectal	119	Patient choice to delay investigations.
Lung	134	Patient choice to delay treatment. Tertiary referral sent on day 68
Skin	125	Delay referring patient from one external provider to another during change of contracting service.
Skin	153	Initial referral to lung service Long wait at UHNM to plan treatment. Diagnosis rendered first definitive treatment void. Needed Urology investigations. Patient referred to UHB
UGI	132	Multiple investigations required. Patient found to have aneurysm requiring Vascular input. Patient needed PEG insertion delaying Oncology treatment.
Urology	145	Patient needed investigation of lung nodules delaying pathway
Urology	139	Initial ref to Colorectal. Referral to Urology on day 62 then a 20 day wait for Urology following ref from Colorectal.
Urology	178	Delay for diagnostics due to a lack of surgical capacity. 26 days for TRUSB request to report.
Urology	157	Initial ref to Colorectal. Nephrectomy delayed until patient recovered from major gynecological surgery.
Urology	113	Delay for diagnostics. 23 days for TRUSB from request to report. 26 day wait for OPA to discuss treatment due to Consultant on leave. Patient had UTI delaying TRUSB.
Urology	117	Delay for diagnostics. TRUSB request did not have red dot as per procedure. 22 day for OPA from MDT discussion.

Pathway	Number of days	Reason for breach
Urology	104	Delay for diagnostics. 33 days from CT request to report. 48 days for TRUSB from request to report due to capacity issues.

Delayed Discharges from ITU and Mixed Sex Accommodation Breaches

In April 2019 there were 39 patients who experienced a delay greater than 12 hours for discharge from an ITU bed on both the PRH and RSH sites. This reflects continuing pressures relating to high levels of demand impacting on ward bed availability.

Of the delays there were 11 Mixed Sex Accommodation Breaches in total – 6 at PRH (all medical), 5 at RSH (3 surgical, 2 medical).



Safeguarding Adults

Adult safeguarding referrals

1. Referral from relative regarding her Mother's care on ward 27. Also a formal complaint;
2. Referral from relative via CQC regarding Mother's care on AMU RSH.

Low level concerns.

1.Concerns raised by care agency as patient discharged from ward 10/8 without correct insulin and no referral to District Nurse;
2. Concerns raised by Social Care as patient discharged from ward 33 without restarting care. Relatives had informed staff that they had done so which is documented;
3.Concerns raised by social care that patient was discharged with incorrect medication. Ward 24/35. Two different discharge summaries;
4. Concerns raised by social care that patient was discharged with incorrect medication Ward 22R/35 (old medication with newly prescribed medication);

5. Concerns raised by Nursing Home that patient was discharged with incorrect medication. Ward 22R. Two different discharge summaries;
6. Concerns raised by social care that patient was discharged from ward 16 with incorrect discharge summary and no referral to District Nurse;
7. Concerns raised by social care that patient was discharged from ward 27 without prescribed antibiotics. Readmitted 2 days later with HAP.

Section Three: Mortality Review

SaTH aspires to be an organisation delivering high quality care which is clinically effective and safe and this partly is achieved by continually monitoring and learning from mortality. These can provide SaTH with valuable insights into areas for improvement. To support that the governance around mortality is well developed, in order to provide continued learning and improvements to the clinical pathways and to reduce unnecessary harm to patients.

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 (January 2018 – January 2019)
SaTH 1.06% v Peer 1.46%

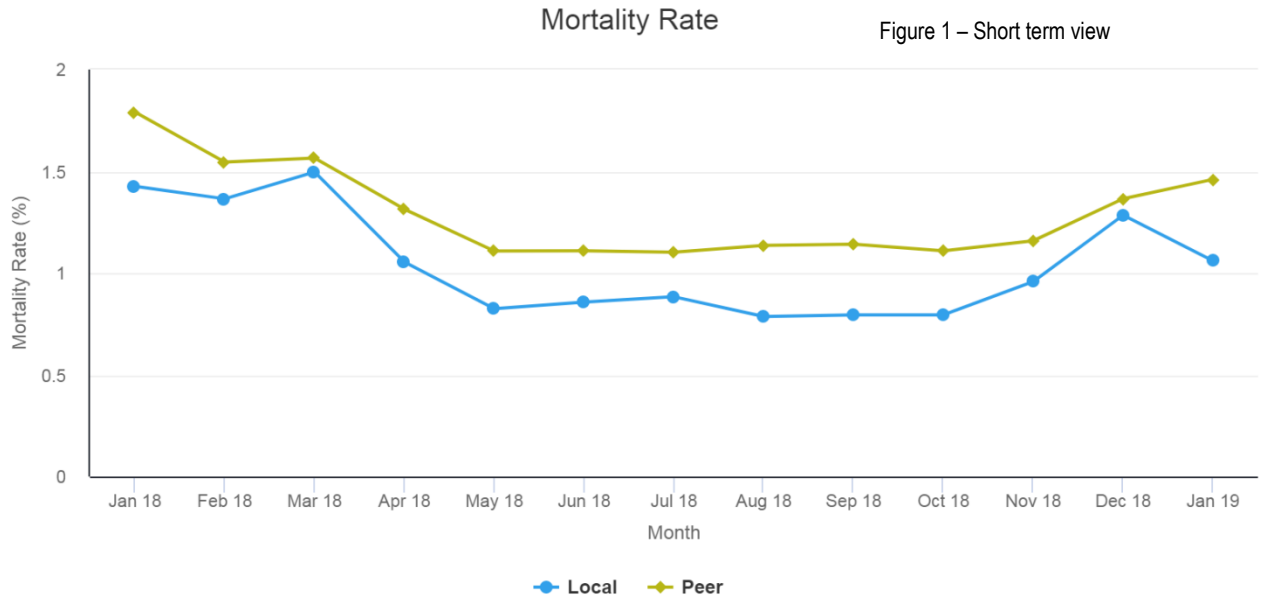


Figure 1 – Short term view

SaTH Mortality Rate (January 2014 – January 2019)

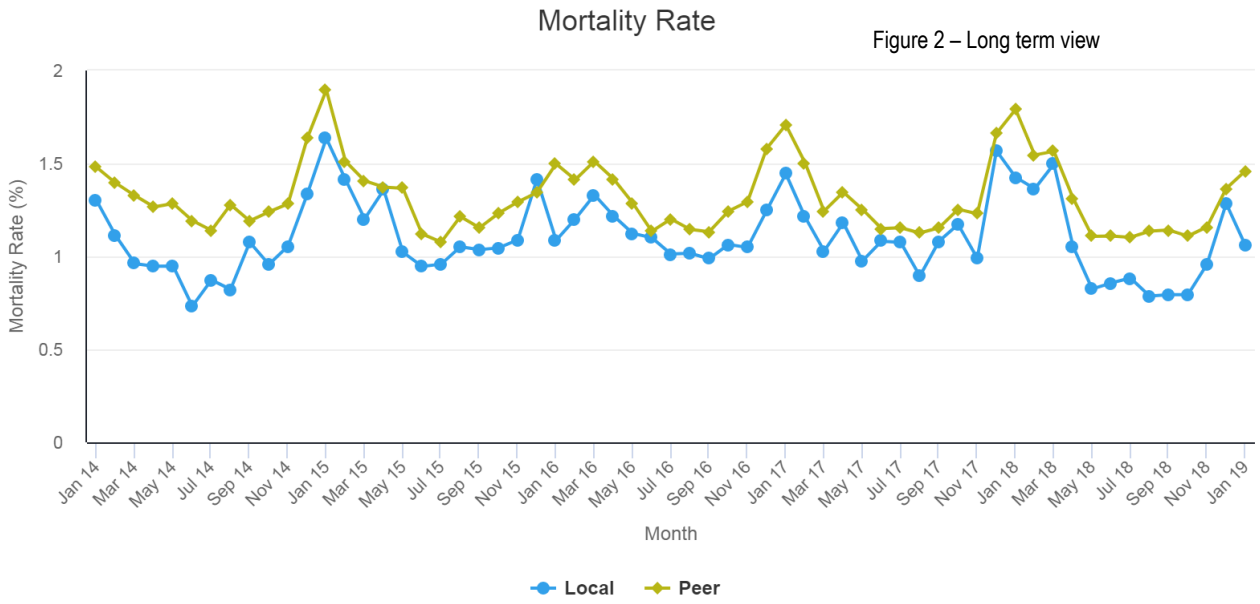


Figure 2 – Long term view

2. RAMI – Risk Adjusted Mortality Index *

RAMI (January 2018 – January 2019)
SaTH 78.56 v Peer 94.84

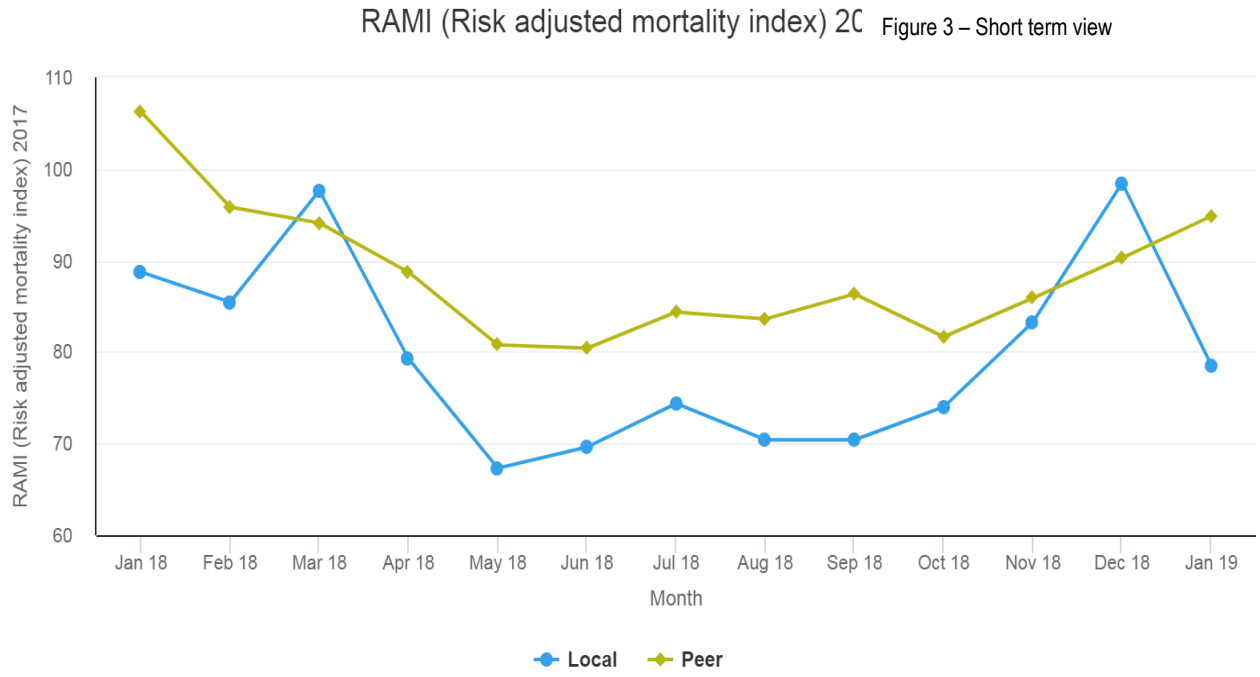


Figure 3 – Short term view

RAMI – SaTH v Trust Peer (January 2014 – January 2019)

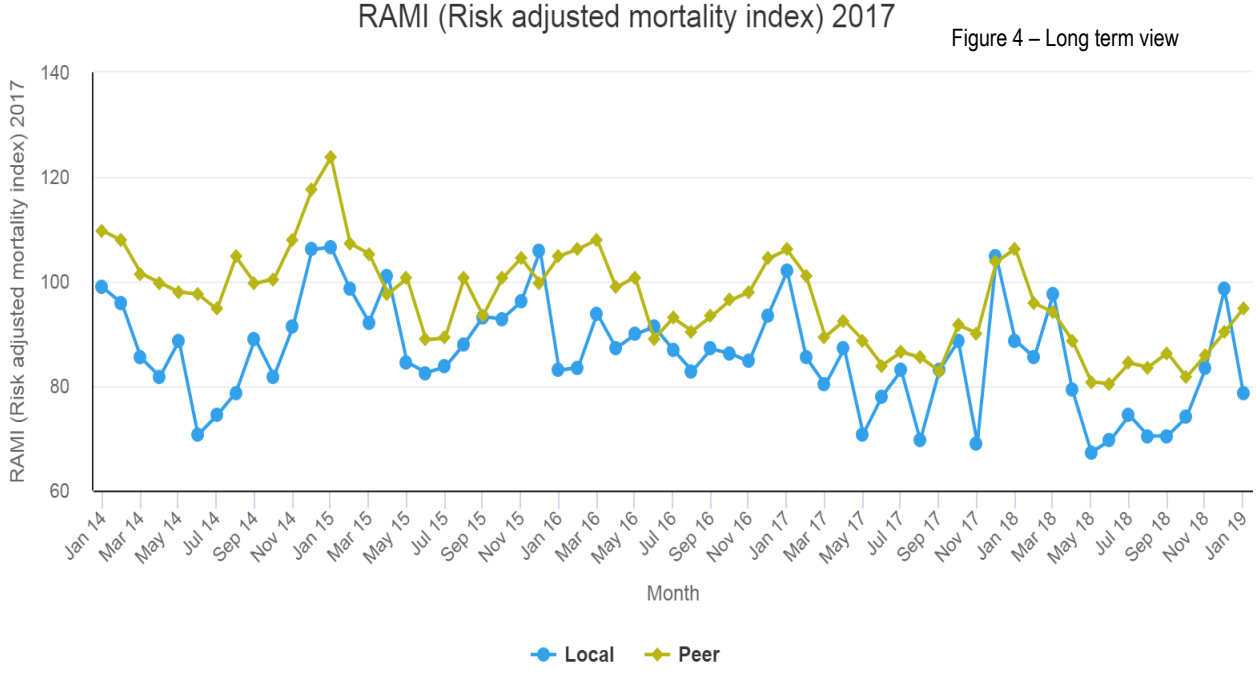


Figure 4 – Long term view

* 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 (January 2018 – January 2019)
SaTH 87.85 v Peer 100.98

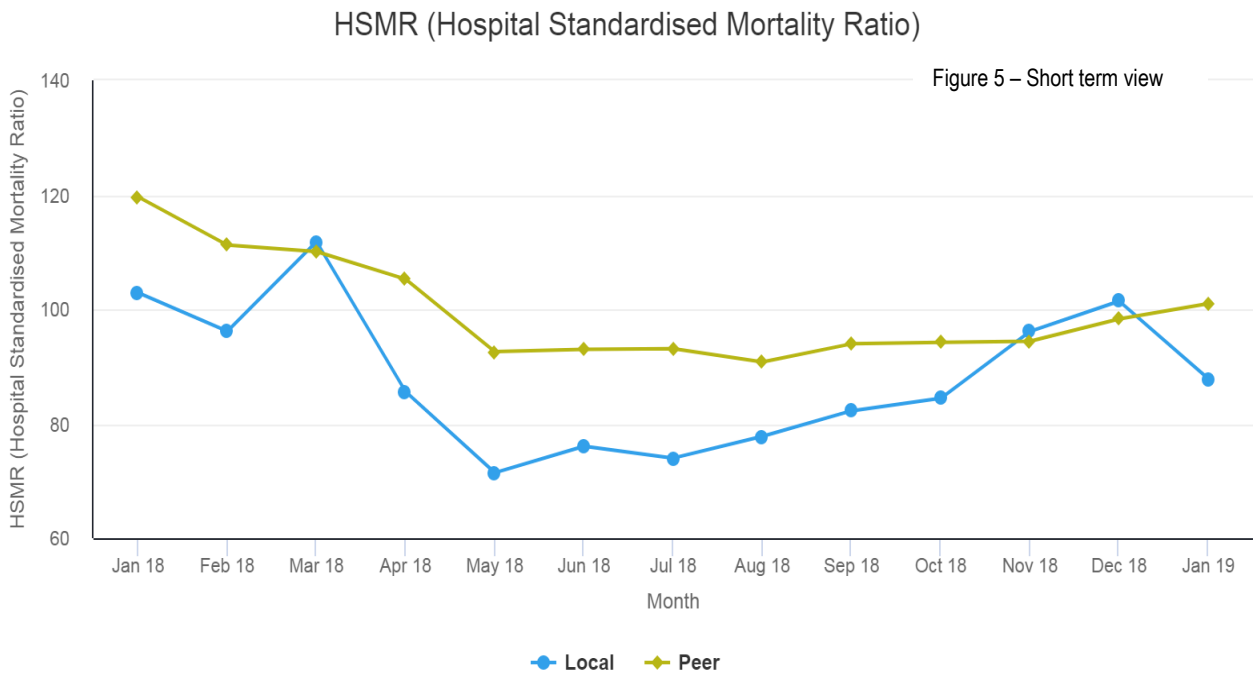


Figure 5 – Short term view

HSMR - SaTH v Trust Peer (January 2014 – January 2019)

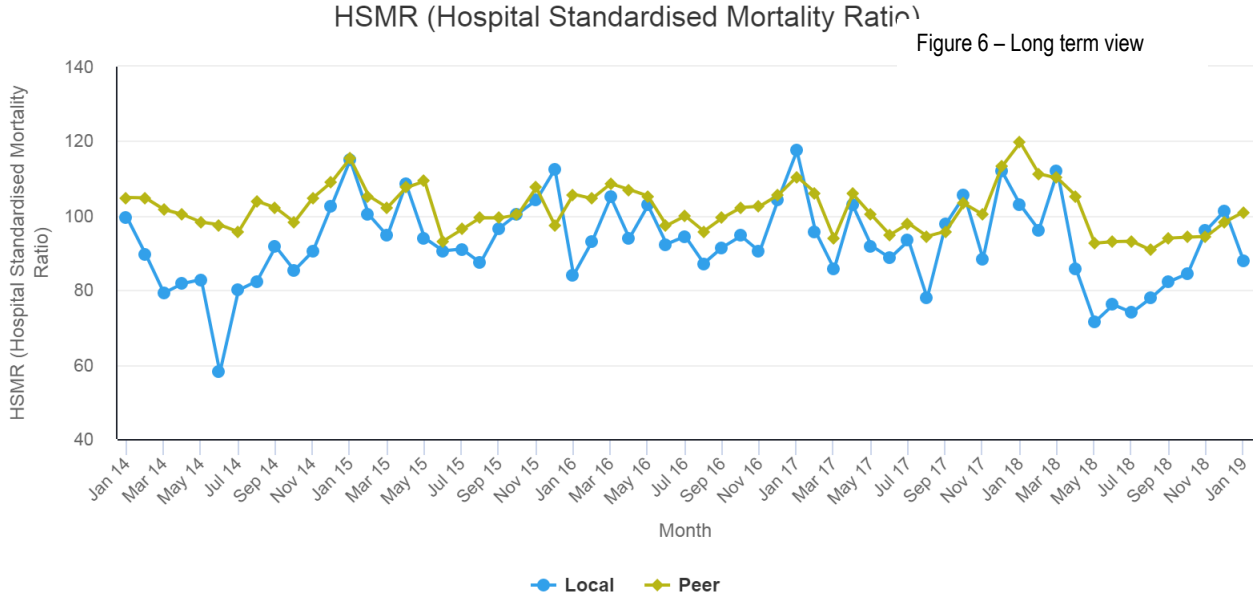


Figure 6 – Long term view

** 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 (January 2018 – January 2019)
SaTH 52.91 v Peer 67.79

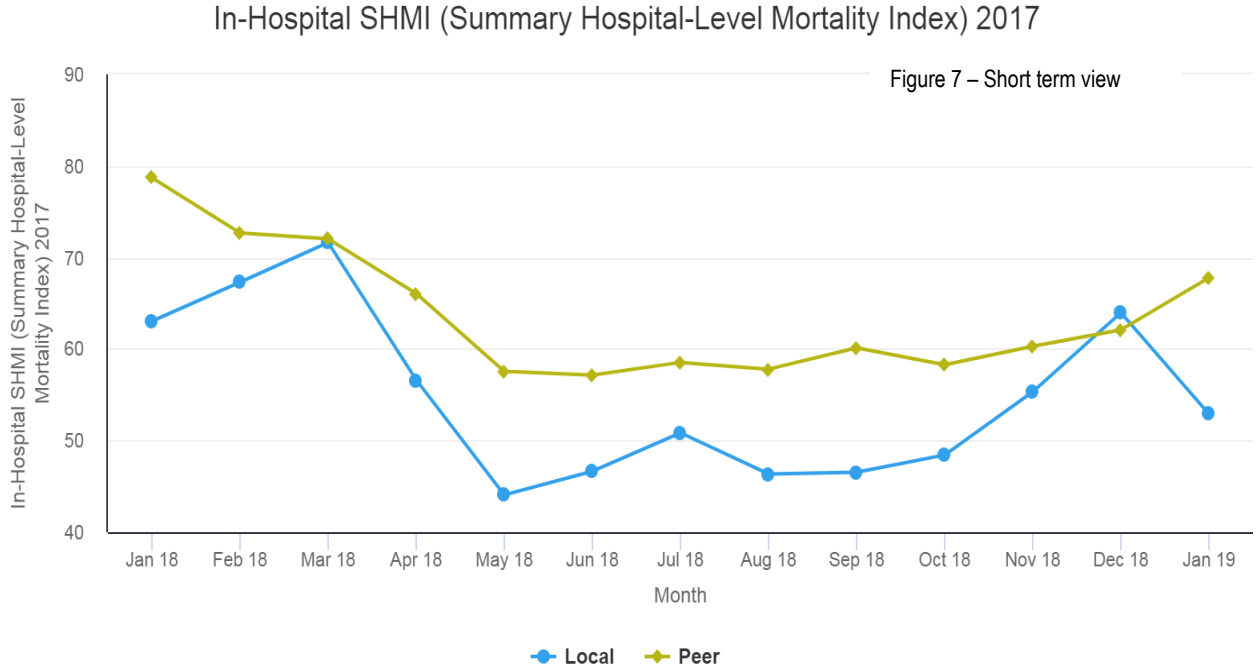


Figure 7 – Short term view

In-Hospital SHMI - SaTH v Trust Peer (January 2014 – January 2019)

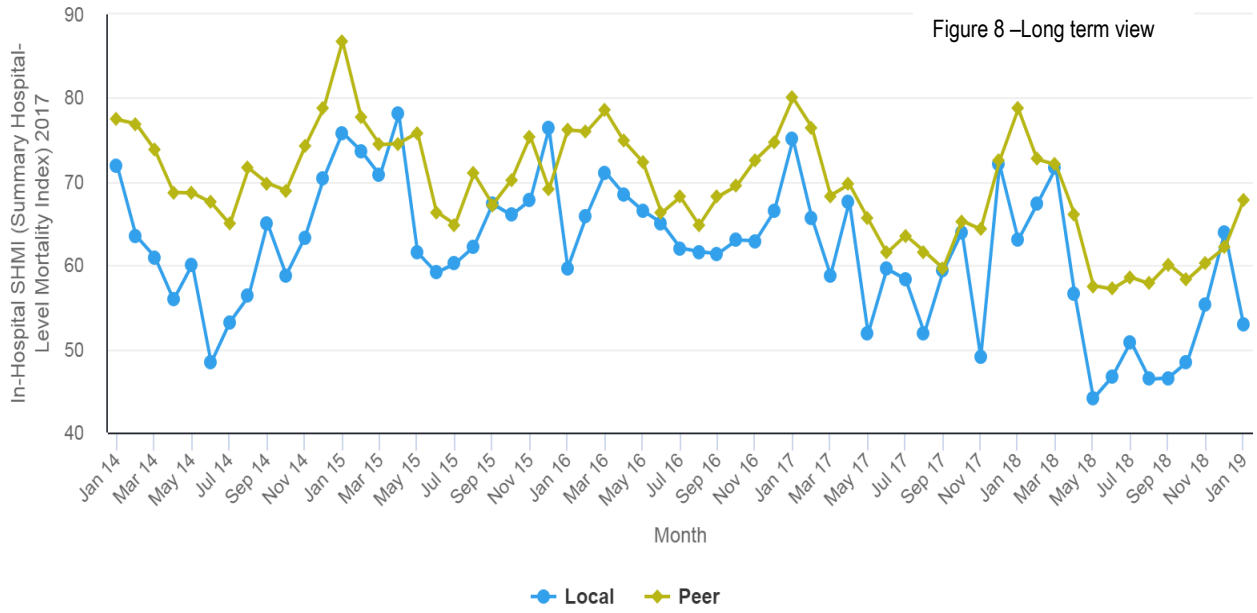


Figure 8 –Long term view

*** 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

Section Four: Recommendations for the Committee

Trust Board is asked to:

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