Cover page	
Meeting	**Trust Board**
Paper Title	Quality Governance Report
Date of meeting	Thursday 28 November 2019
Date paper was written	Thursday 14 November 2019
Responsible Director	Barbara Beal, 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)	**BAF 1134:** We need to deliver plans jointly agreed with the local health and care system so our admission and discharge processes ensure patients are receiving safe and effective care in the right place **BAF 1533:** We need to implement all of the 'integrated improvement plan' which responds to CQC concerns so that we can evidence provision of outstanding care to our patients **BAF 1204:** Our maternity services need to evidence learning and improvement to enable the public to be confident that the service is safe

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 October 2019.

Background

This report covers our performance against contractual and regulatory metrics related to quality and safety during the month of October 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 by exception:

- There were three cases of C-Diff reported in October 2019
- 3 cases of E-Coli were reported which were assessed as relating to interventions or devices (two related to PICC lines and one to a catheter)
- There were five serious incidents reported in October 2019. One of these incidents related to an unexpected death and involves the Health and Safety Executive and Medicines and Healthcare products Regulations Agency
- % VTE assessment is subject to special cause variation although the 95% target has been achieved in September (latest validated data) for the first time since November 2018
- Urology remains a source of concern relating to > 104 day cancer pathway breaches

Recommendation

Quality and Safety Committee are asked too:

- Receive and take assurance from the Quality Governance report

Quality Governance Report November 2019

INTRODUCTION

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

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Section one: Our Key Quality Measures

Infection Prevention and Control

This section of the report provides an update on the hospital acquired infections (Clostridium Difficile, MRSA, MSSA, and E.coli bacteremia)

Clostridium Difficile

The Trust Target for the number of C.diff cases for 2019-2020 is no more than 43 cases. The new reporting criteria were implemented in April 2019 meaning that cases are assigned to SaTH if the patient has been cared for in the Trust within the last 4 weeks and post 48 hours.

There were three cases of C diff attributed to the Trust in October 2019. One was a post 48 case, and the other two were attributed to the Trust due to recent contact with the Trust in the last 28 days. RCA's are being completed on every case to ascertain whether there has been a lapse in care. None of the three cases in October appear to be related. YTD there have been 34 cases attributed to the Trust.

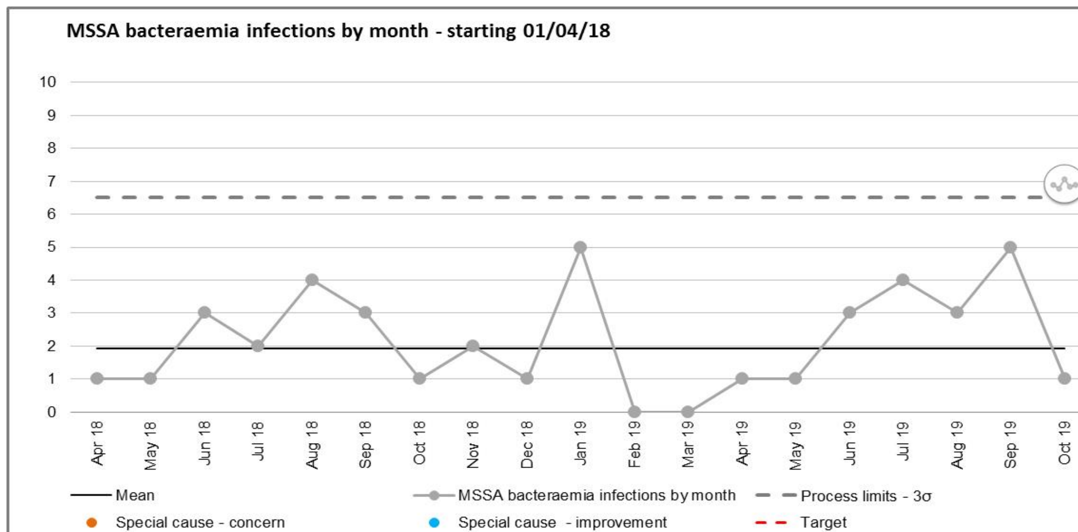
Measure	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Year to date 19/20	Monthly Target 2019/20	Annual Target 2019/20
CDI due to lapse in care (CCG panel)	1	1	1	1	0	1	2	2	3	2			10	4	43
Total CDI reported	1	2	1	2	1	2	3	7	5	6	8	3	34	4	43

MRSA Bactereamia

The Trust target for MRSA bacteraemia remains zero for 2019-2020. There were no MRSA bacteraemia reported in October 2019.

Measure	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Year to date 19/20	Monthly Target 2019/20	Annual Target 2019/20
MRSA Bacteraemia Infections *Contaminant	1*	1*	0	0	0	0	1	0	0	0	0	0	1	0	0

MSSA Bactereamia infections



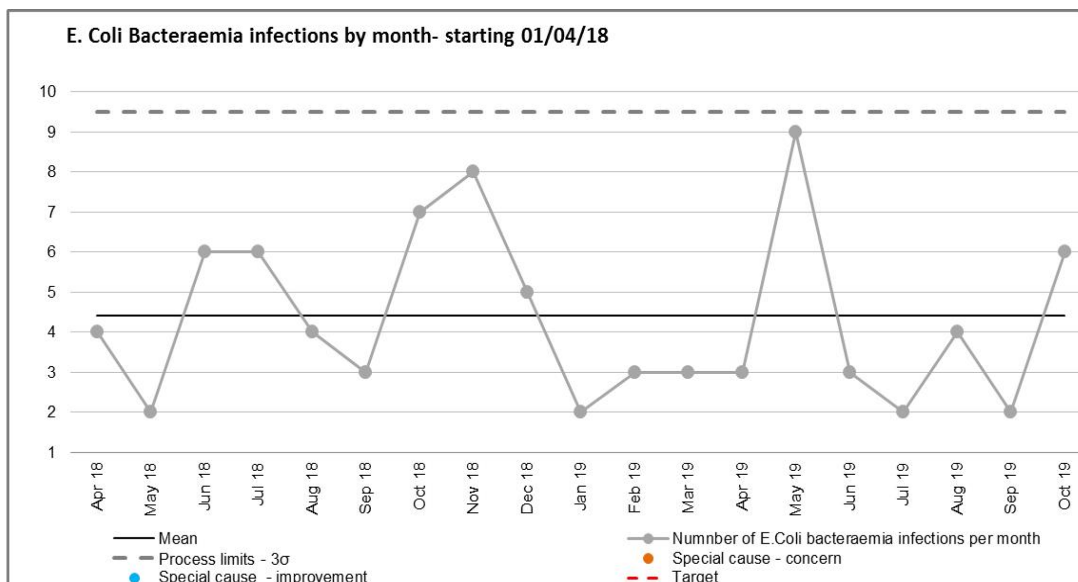
Common cause variation

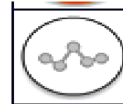
MSSA bacteraemia infections demonstrate common cause variation.

Reporting MSSA bacteraemia has been a mandatory requirement since January 2011. All hospital attributed (> 2 days from admission)

There was 1 reported acute MSSA bacteraemia on Ward 6 in October 2019; this case has been reviewed by the Consultant Microbiologist and was not deemed to be device or intervention related.

E-Coli Bacteraemia infections





Common cause variation

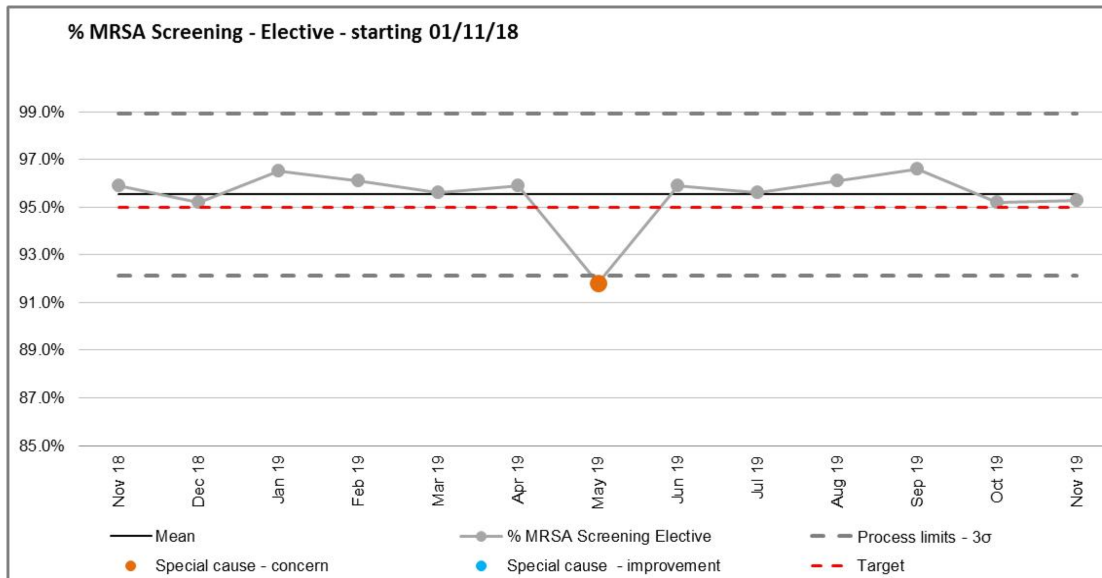
E.Coli bacteraemia infections demonstrate common cause variation.

In October 2019 there were six E.Coli bacteraemia reported; all cases have been reviewed by the Consultant Microbiologist:

- 3 cases were reported on ward 23OH, 2 of these related to PICC lines
- 1 case was reported on ward 24 and one case on ward 34, neither of the cases were deemed to be device or intervention related.
- 1 case on Ward 4 related to a catheter

The IPC team have developed posters which are on all wards reminding staff to ensure catheters are reviewed daily and the rationale for insertion and for them remaining in place is documented

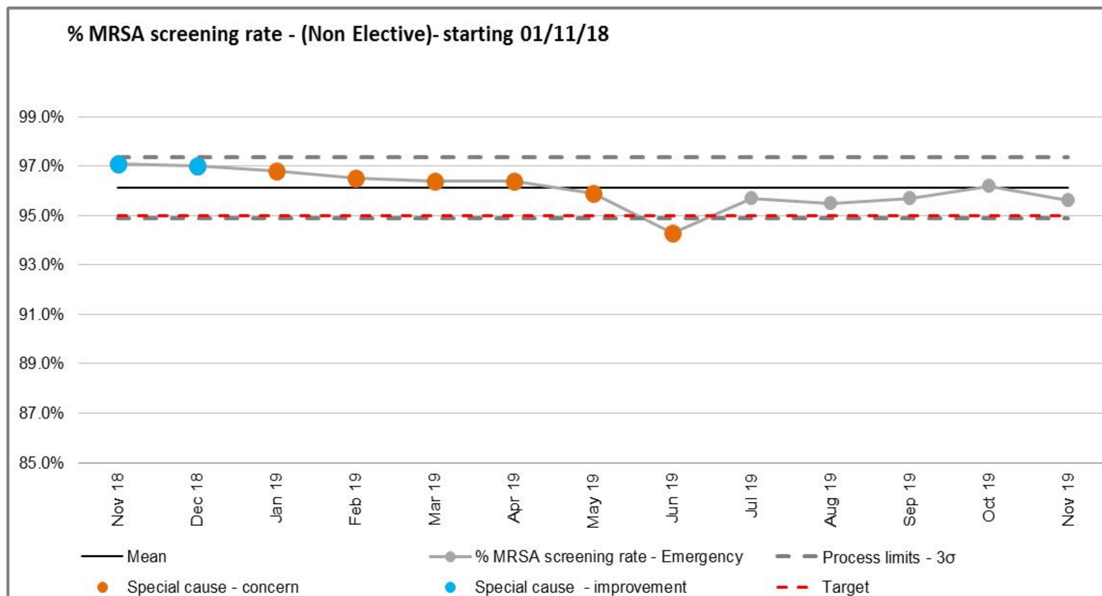
% MRSA screening – Elective



Common cause variation

Elective MRSA screening showed special cause variation in may 2019 but is now showing common cause variation and performing to the 95% target

% MRSA screening – Non Elective

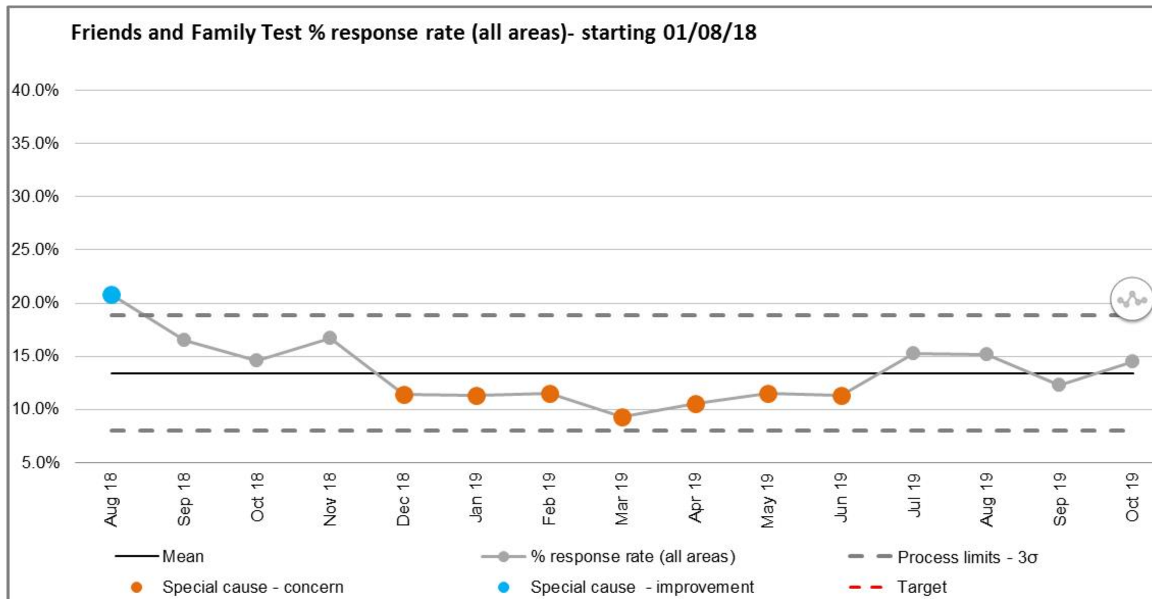


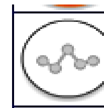
Common cause variation

Non-elective MRSA screening showed special cause variation in January to June 2019 but is now showing common cause variation and performing to the 95% target

Issues around MRSA screening in AMU has been discussed at the Infection Prevention and Control Committee and the IPC team are working with the AMU staff to improve compliance with emergency MRSA screening in AMU

Friends and Family Test



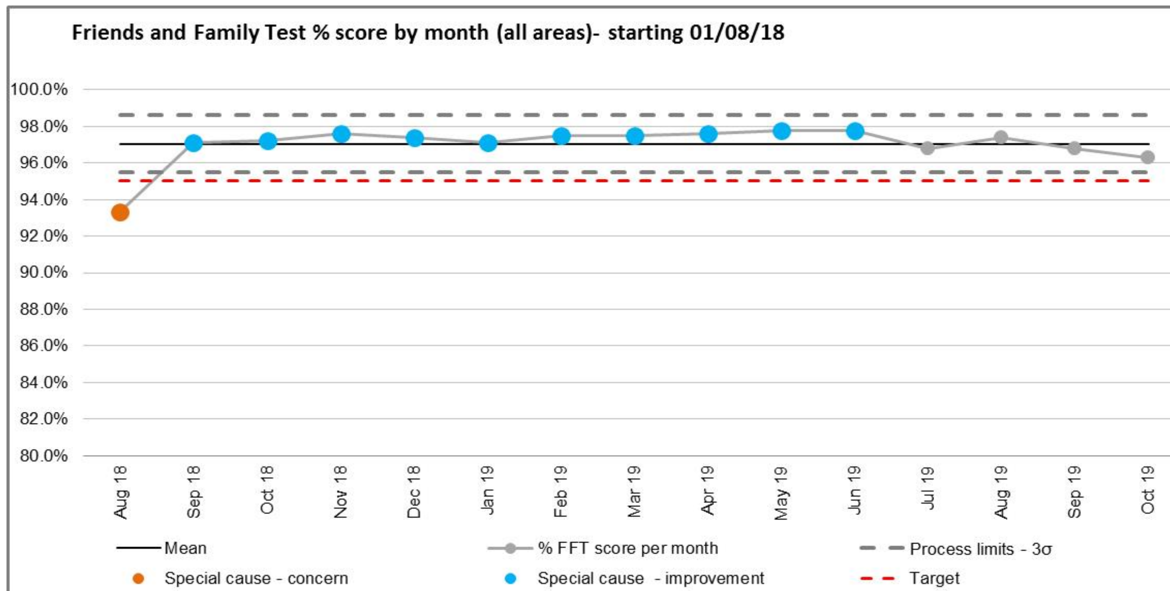


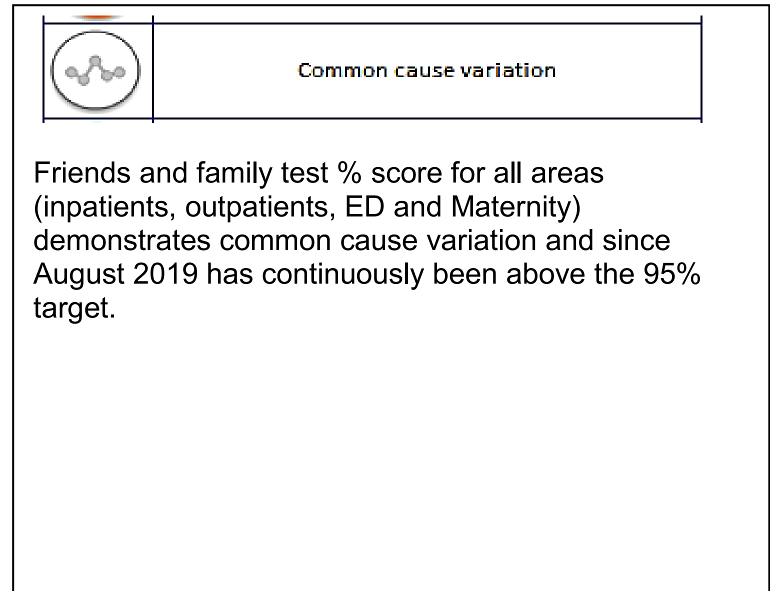
Common cause variation

Friends and family test % response rate having previously indicated special cause concern in December 2018 to June 2019 is now demonstrating common cause variation.

Actions taken by the clinical audit team to support improved response rates from May 19 onwards appear to have prevented further deterioration of the response rate.

It is suggested this measure continues to be monitored closely.





Friends and family test % score for all areas (inpatients, outpatients, ED and Maternity) demonstrates common cause variation and since August 2019 has continuously been above the 95% target.

The split between areas for percentage of recommenders and response rate for October 2019 is outlined below:

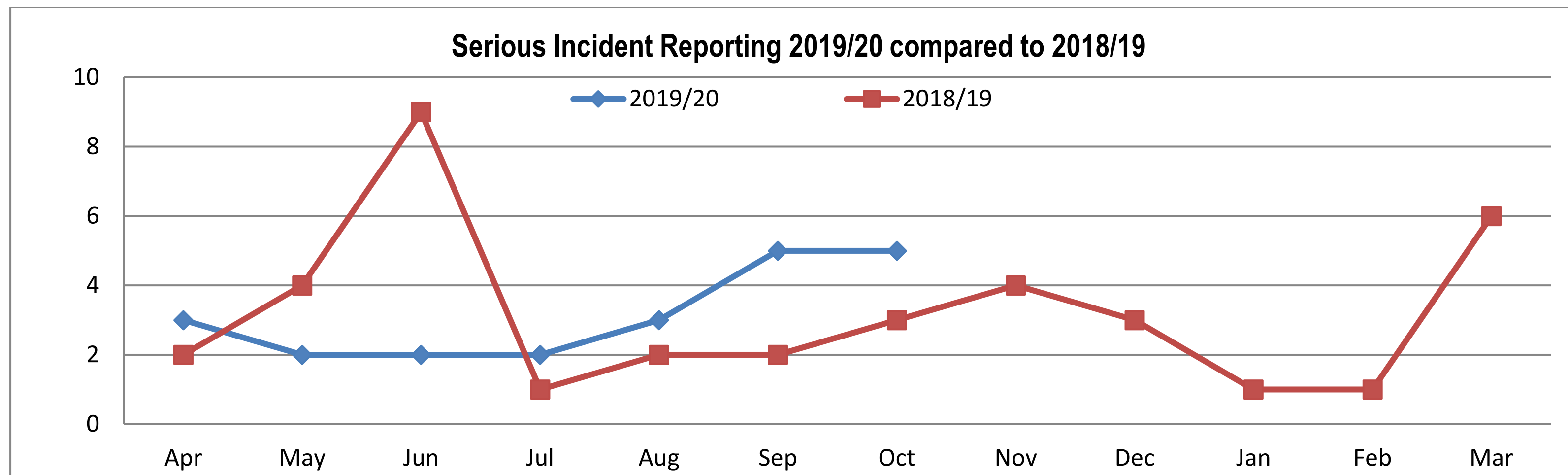
	Percentage of Recommenders	**Response Rate**
Inpatient	98.1%	21.9%
A&E	88.8%	6.4%
Maternity overall	99.5%	30.1% (Birth only)
Outpatients	96.1%	NA

Serious incidents

Ocotber 2019 Serious Incidents

The oveall number of SI's reported in October 2019/20 is higher than the same period in 2018/19 as outlined below.

Serious incident reporting 2019/20 compared to 2018/19



In October 2019 we reported five serious incidents as shown in the chart below and overall reporting numbers are similar in 2019/20 when compared to the same reporting period for 2018/19.

The categories of incident are shown in table one below:

Categories of incidents reported in October 2019

Category	Number
Delayed diagnosis - MI	1
Fall and delayed diagnosis of #NOF	1
HCAI Infection control - C Diff	1
Medication - Delayed drug omission	1
Pending - renal unexpected death	1
Total	**5**

Diagnostic Delay (MI)

This female patient attended ED, arriving by her own transport following the onset of central chest tightness and shortness of breath. On triage, he observations were within normal limits. An ECG was performed and blood tests obtained. The ED doctor was shown and signed the ECG but did not document that the ECG was abnormal, or that it should be repeated. She was triaged as 'Orange category' (very urgent /monitor /majors). If the Major cubicles were full, and the patient was still pain free, the patient may be temporarily housed in the 'Fit to sit' area until a cubicle could be provided.

At 19:30 there were 74 patients in the department, 9 in stretchers on the corridor and 4 in Resus. The Consultant had also been called in. The department was fully staffed, but of the 10 trained nursing staff, only 4 were substantive.

A decision was made by the ED Consultant and Nurse in charge that an announcement would be made to the waiting area that the waiting time to be seen was now expected to be approximately 7 hours, and those people who felt they could be seen by their GP or return in the morning were advised to do so.

At 22:35 the patient was booked out of the department in retrospect. The time of departure was noted as 20:00. Her troponin result was available at 21:30. It was raised at 23ng/L. There was no review of the patient's bloods after she left the department and she was not called back.

We have been informed by the patient's son that his mother felt she was adding to the burden of the department. She returned home but continued to have chest pain and the following day an ambulance was called. As the paramedic arrived, the patient went into cardiac arrest and was successfully resuscitated. She was taken to the tertiary centre and had stents inserted. She is currently recovering.

Fall; small sub-dural (delayed diagnosis of #NOF)

This female patient was admitted from home having been found slumped in a chair. She has a PMH of a recent DVT (on apixaban), IHD, Type 2 Diabetes and Alzheimer's disease. She had diarrhoea and was transferred to a side room. She was noted to be at high risk of falls and was placed on a high-low bed with crash mats, the side room she was placed in was not easily visible.

6 days after admission she was found on the floor, having been sat out in a chair, initially she was less responsive and proceeded to have a CT scan which identified a small sub-dural haematoma. Discussion with UHNM suggested there was no surgical intervention required and she quickly became more alert in line with her previous level.

5 days later the patient began to complain of pain in her hip; she had a pelvic x-ray and the initial clinical review indicated that there was no fracture. When the x-ray was reported on by a radiologist after a further 5 days; they believed there was a suggestion of an undisplaced fractured neck of femur, which was subsequently confirmed by a CT scan.

HCAI (HCAI – C. Diff)

A female patient with chronic health problems and several hospital admissions over the previous several months was, on her last admission, admitted with diarrhoea. Stool specimens were appropriately sent and following a diagnosis of C. Diff she commenced the recommended treatment. Sadly, despite best efforts, she died 8 days after admission. The death certificate indicates that she died of:
1a) Clostridium difficile septicaemia 2) Chronic kidney disease and Type 2 DM

Her death was thought unpreventable and although C Diff had been her terminal illness, her co-morbidities had been worsening and significantly contributed to her death.

In the interests of transparency as on previous hospital admissions and treatment by the GP, the patient received several courses of antibiotics; the Executive Serious Incident Review Group requested that this case be managed as a Serious Incident.

Medication (delayed omission of medication)

This femal patient had been admitted to RSH from a rehab community hospital following an episode of increased confusion, vomiting and abnormal blood results. She had a history of Type 2 Diabetes, Chronic Kidney Disease stage 3a, Cognitive Impairment, Osteoarthritis, AF and CVA for which she had been prescribed Apixaban during a recent acute admission. On admission she experienced vomiting which was clear, and a PR examination was NAD. She was diagnosed with sepsis possibly secondary to a UTI.

On the post take ward round her bloods were reviewed; her haemoglobin had dropped to 89 g/L. She was recognised to be at risk of having a GI bleed therefore instructions in the medical noted were written to omit Apixaban and to continue to treat her infection. The doctor did not cross off the Apixaban on the drug chart and it was not given by AMU staff. She was subsequently transferred to another Ward, with the instruction not to give the Apixaban.

She deteriorated that night and experienced episodes of malaena with a further drop in her Hb. She had 3 units of blood transfused and appeared to stabilise. However the message in relation to stopping the Apixaban had not been continued and it was not crossed off the drug chart therefore for 3 doses post her episodes of malaena, she received the Apixaban.

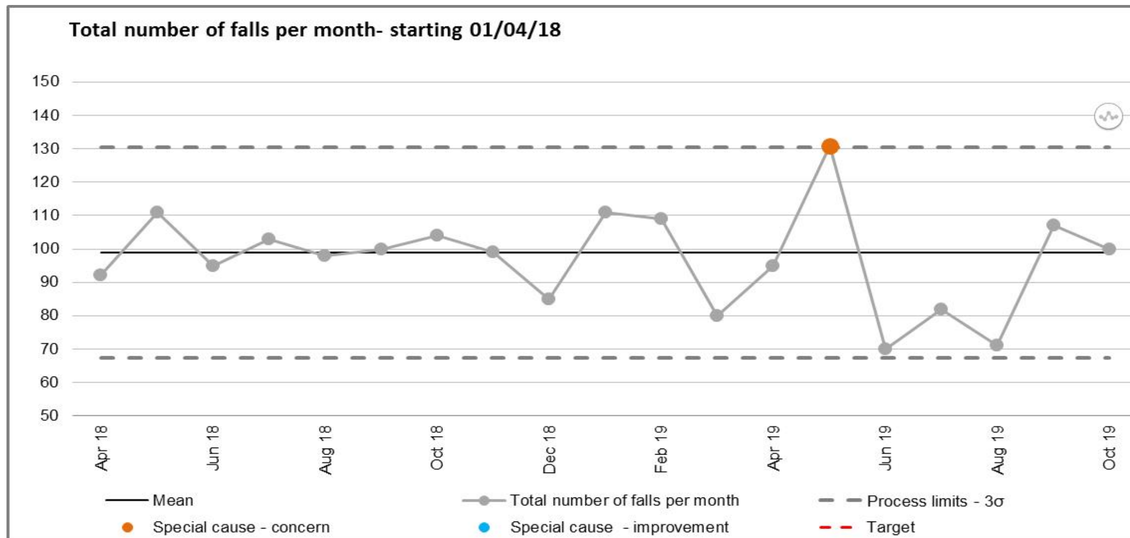
She did not require any further transfusions but remained in a frail state and a further episode of malaena was noted. She subsequently died 5 days later. It is unclear what impact the continuation of the Apixaban had on the patient’s condition.

Unexpected Death

A male patient had a long standing history of poorly controlled Type 1 diabetes, complicated by diabetic nephrology and retinopathy. In June 2019, he had an out of hospital cardiac arrest, possibly associated with a hypoglycaemic episode, which resulted in his admission to ITU post resuscitation. Whilst on ITU, he required dialysis, and this continued after his discharge.

Whilst on the renal unit, by some means yet to be determined, the venous port became disconnected and the patient exsanguinated. This is a high profile case involving the Health and Safety Executive and Medicines and Healthcare products Regulations Agency and all relevant parties have been provided with relevant information. The investigation is progressing.

Patient Falls



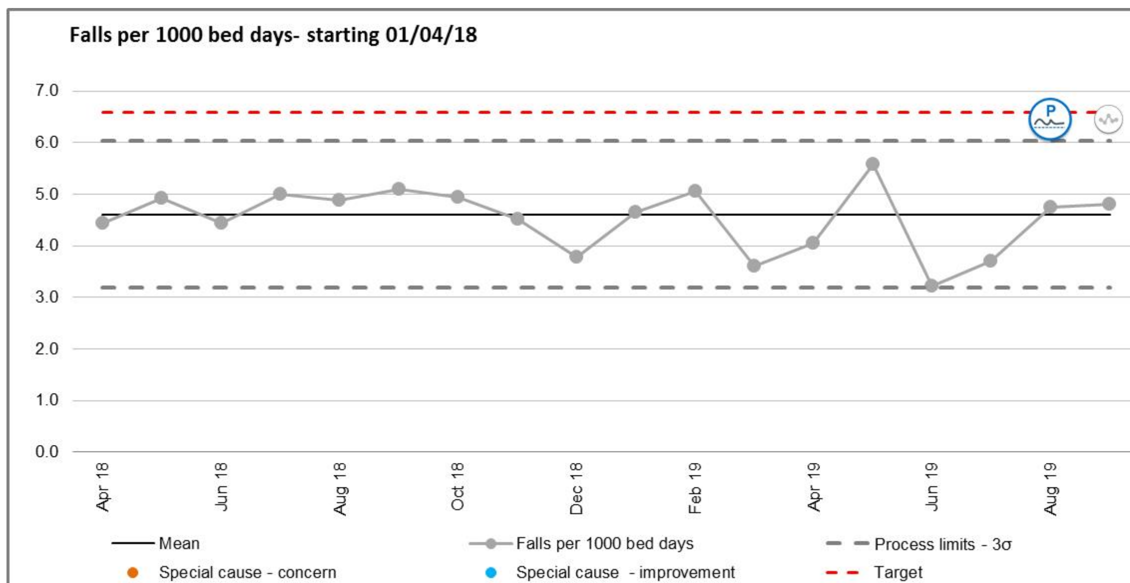
Common cause variation

Total number of falls demonstrates common cause variation.

During October 2019 there was one fall reported which required reporting as a Serious Incidents. This is currently being investigated.

There has been a significant increase in falls over the last 2 months. This is currently being reviewed in relation to the number of falls by clinical area, location and time on the ward and the number of falls that related to repeat falls patients.

The falls risk assessment and documentation including falls prevention care plan is being reviewed and updated as part of the nursing documentation work currently being undertaken.

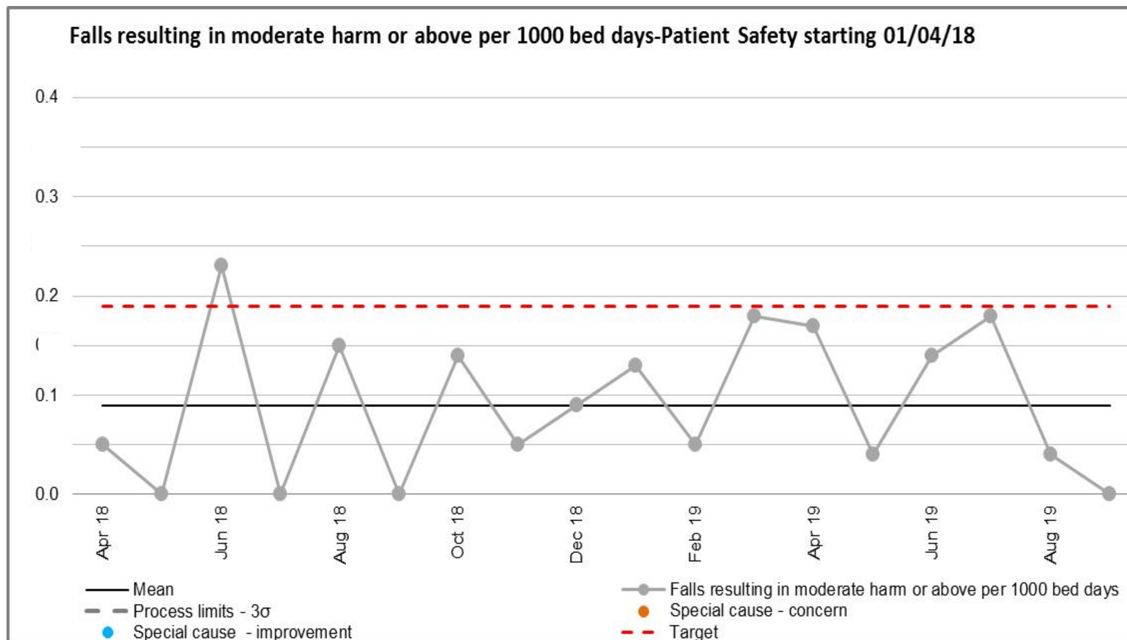


Common cause variation

The system is expected to consistently pass the target

Falls per 1000 bed days demonstrates common cause variation.

The system is expected to consistently meet the benchmark target of 6.6 falls per 1000 bed days within common cause variation.



	Common cause variation
?	The system may achieve or fail the target subject to random variation

Falls per 1000 bed days resulting in moderate harm of above demonstrates common cause variation.

It is possible within common cause variation the system may occasionally exceed the benchmark target of 0.19 per 1000 bed days as demonstrated in June 2018.

The decision was made by the Executive Team in September 2019 that all falls resulting in significant harm will be reported and investigated as Serious Incidents

Hospital Acquired Pressure Ulcers

Measure	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	June 19	July 19	Aug 19	Sept 19	Oct 19	Year to date 19/20	Monthly Target 2019/20	Annual Target 2019/20
Cat 2 Confirmed	12	10	11	14	16	15	12	13	9	8	4	2	63	None	None
Cat 2 Reported	12	10	11	14	16	18	14	17	12	18	15	19	113	None	None
Cat 3 HRCR	4	3	6	9	3	3	1	0	1	2	1	0	8	None	None
Cat 3 Serious Incident	0	0	0	0	0	0	0	0	0	0	0	0	0	None	None
Cat 4 HRCR	0	0	0	0	0	1	0	0	0	0	0	0	1	None	None
Cat 4 Serious Incident	0	0	0	0	1	0	0	0	0	0	0	0	0	None	None

During October 2019 there were no category 3 pressure ulcers identified requiring investigation.

Of the 19 reported category 2 pressure ulcers, two have been confirmed; the reviews identified that there were no specific themes. The outcome/learning identified was;

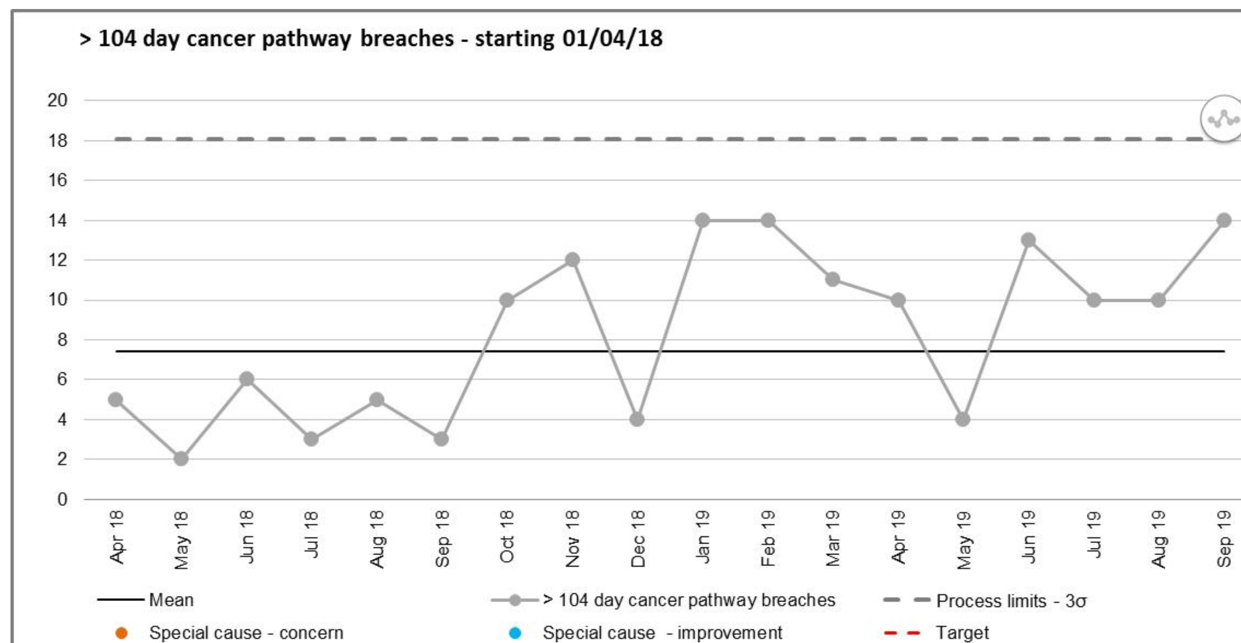
- One patient was end of life and discussion with them and their family confirmed primary concern was comfort.
- The second patient was made aware of the risks however declined to reposition or repositioning support

There is currently an external review of Tissue Viability being undertaken and corporate nursing is reviewing the RCA process for cat 3 and above pressure ulcers with the intention of setting up a Pressure Ulcer RCA review panel.

Waiting for cancer treatment for more than 104 days

104+ Day Breaches – Validated position relating to August (latest validated figures)

The following patients received their first definitive treatment for cancer after 104 days in August 2019 (the target for referral to treatment being 62 days):-

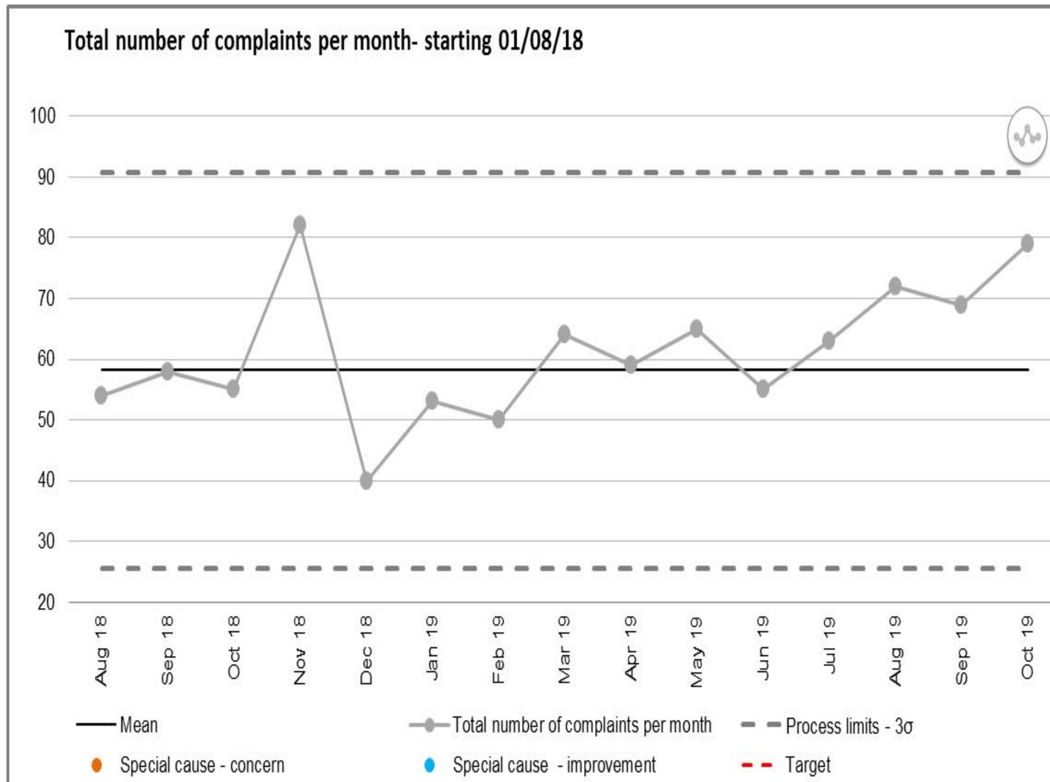


	Common cause variation

Total number of > 104 day cancer pathway breaches demonstrates common cause variation.

With the exception of Urology there are no clear trends. The vast majority of breaches are clinically justified due to the complexity of the patients and/or pathway. During recent months Urology breaches are accounting for half of the overall monthly totals and are due to known capacity issues regarding diagnostics and treatment include waits for MRI, TRUS and biopsy, outpatient and surgical capacity.

Complaints & PALS



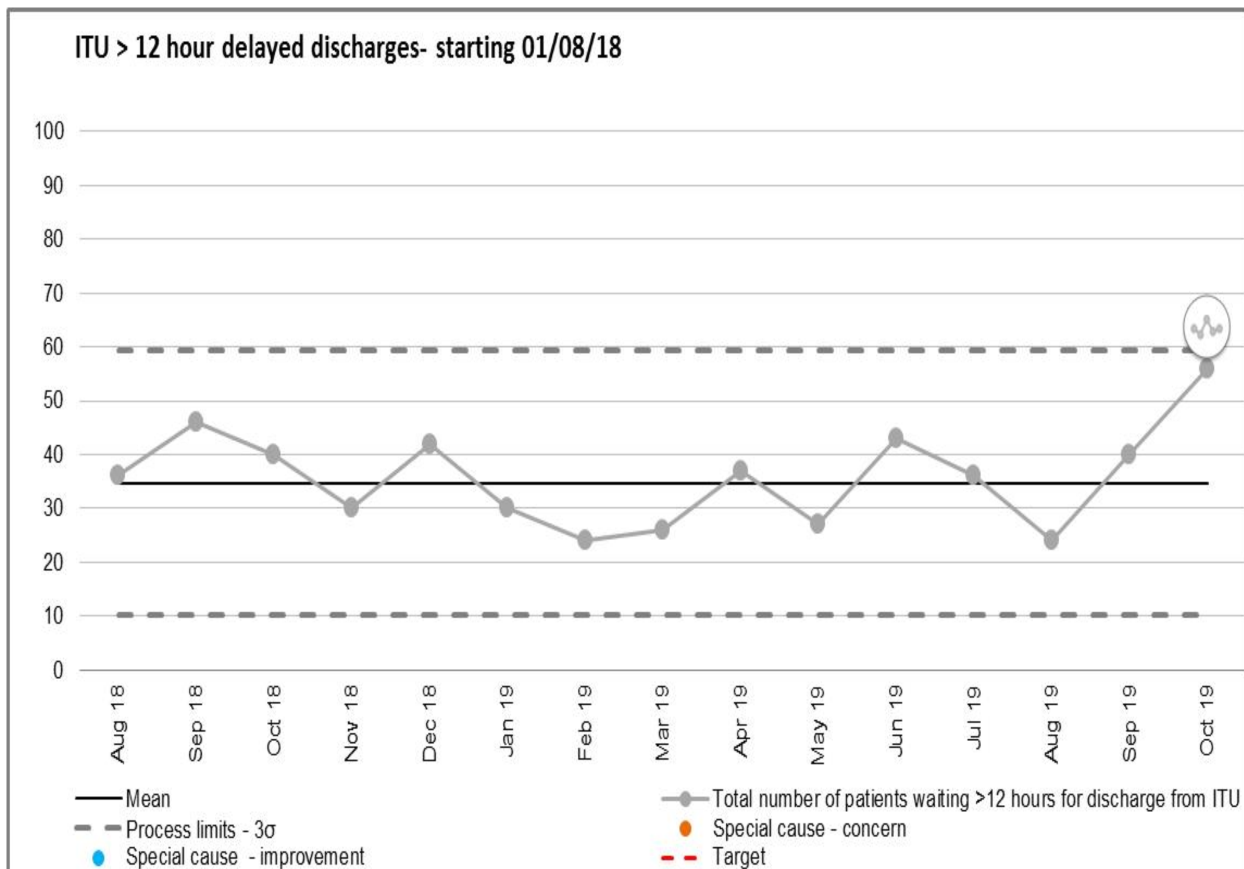
Common cause variation

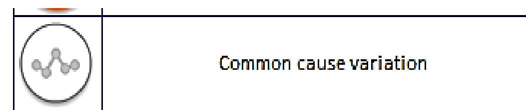
The total number of complaints received on a monthly basis demonstrates common cause variation

There were 79 formal complaints were received in September 2019; this is in keeping with expected variation. 48 related to RSH, 30 related to PRH and one related to Oswestry MLU. There has been an increase in complaints relating to the Surgical Assessment Unit (SAU) and Acute Medical Unit at RSH. These increases have been highlighted to the manager and the matron.

The complaints relating to the SAU are linked to an increase in activity and the number of medical outliers. There has also been an increase in complaints relating to communication across the Trust. 172 PALS contacts were received in October 2019. As with previous months, the majority of these issues relate to problems with appointments and communications, and there continues to be an increase in issues relating to discharge.

> 12 hours discharges from ITU



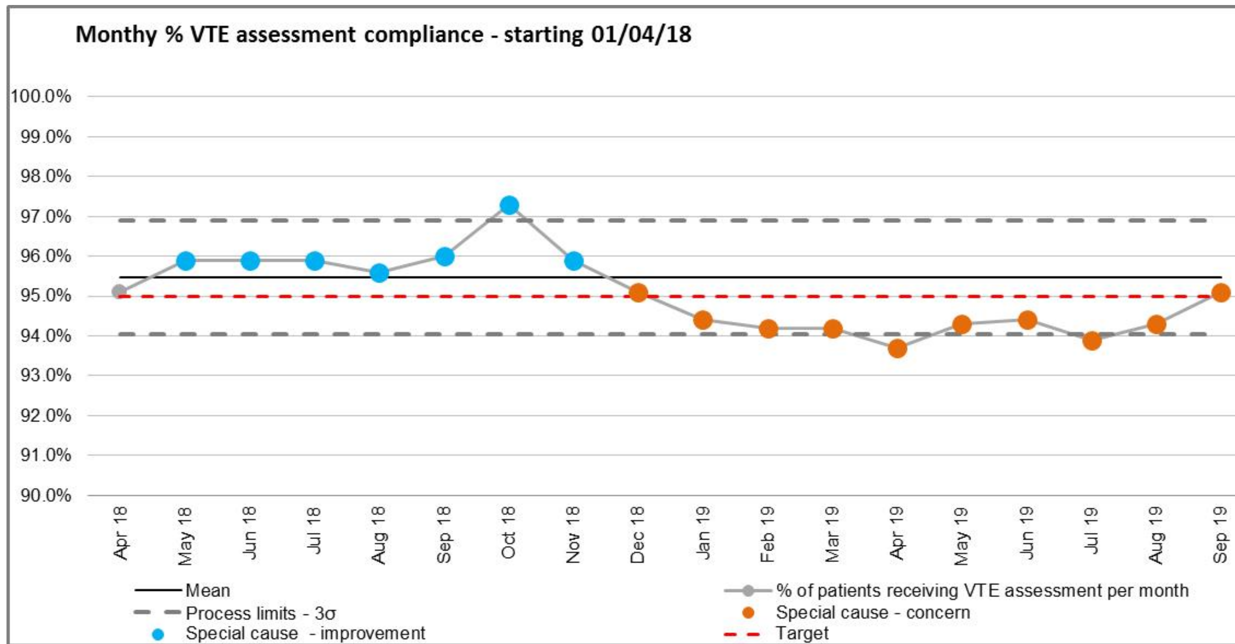


The number of > 12 hour delayed discharges from ITU demonstrates common cause variation

There were 88 patients in total discharged from critical care in October 2019. 56 of these patients experienced a delayed in discharge of >12 hours from Critical Care which equates to 64% of patients, an increase from previous month. Only 3.4% of patients were moved within national timeframe of 4 hours.

From January 2020 the 4-hour timeframe will be used for reporting rather than locally agreed 12 hour window. There has been a decrease in patients experienced a mixed sex accommodation breach this month; 27 patients in total (26 at RSH and 1 at PRH).

VTE assessment compliance



Special cause variation - cause for concern (indicator where low is a concern)

Monthly % VTE assessment compliance shows special cause variation.

In September (latest validated data) % assessment compliance has reached the 95% target for the first time in 10 months.

A VTE assessment action plan is being led by the Medical Director and this metric will be continue to be monitored closely to assess if the action plan improves compliance.

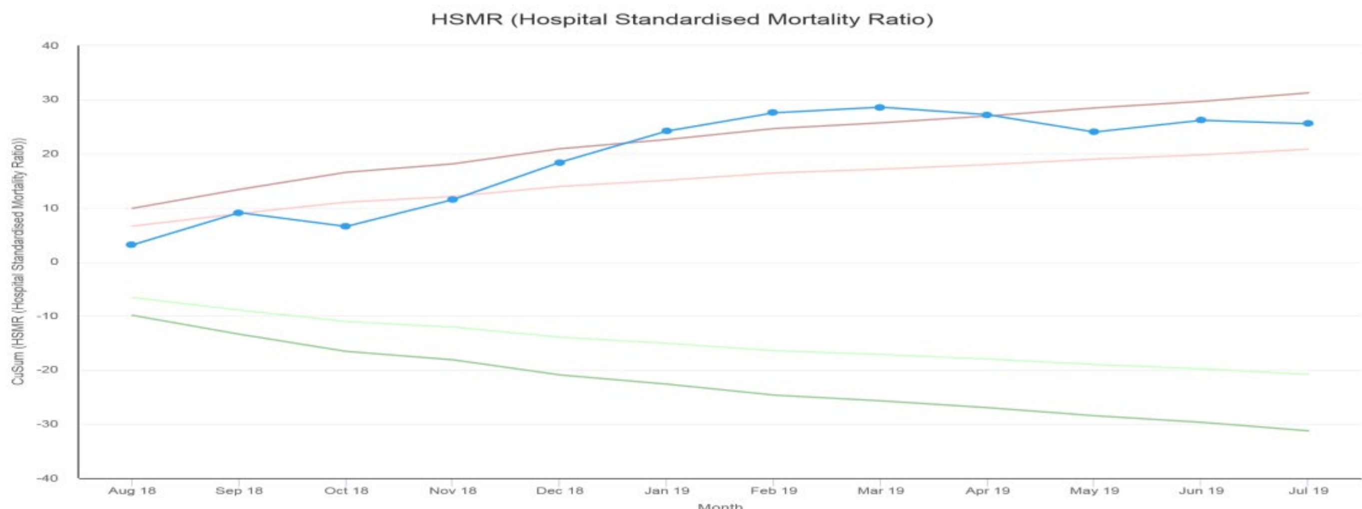
Section Three: Mortality Review

Mortality metrics CHKS July 2018 – June 2019

Description	Local Numerator	Local Denominator	Aug 18 - Jul 19	Aug 17 - Jul 18	Change	Peer Value	Performance
HSMR (Hospital Standardised Mortality Ratio)	1532	1734	88.33	92.27		90.66	
SHMI (Summary Hospital-Level Mortality Index) +	1358	1368	99.27	101.29		98.29	
In-Hospital SHMI (Summary Hospital-Level Mortality Index) 2018	1636	2827	57.87	63.22		65.77	
Mortality Rate	1636	170594	0.9590%	1.1281%		1.1455%	
RAMI (Risk adjusted mortality index) 2018	1636	1890	86.56	88.52		88.81	
Rate of Mortality in hospital within 30 days of elective surgery	1	3204	0.031211%	0.12492%		0.12575%	
Rate of Mortality in hospital within 30 days of Non elective surgery	83	7882	1.0530%	1.1561%		1.3469%	
% Mortality in hospital within 30 days of emergency admission with a hip fracture (age 65 and over)	6	235	2.5532%	4.333%		4.654%	
Rates of mortality in hospital within 30 days of emergency admission with a stroke	106	946	11.205%	10.348%		11.907%	
% Mortality in hospital within 30 days of emergency admission with a heart attack (MI) aged 35 to 74	3	313	0.9585%	0.8264%		3.195%	
Deaths in Low Mortality CCS Groups	11	12476	0.08817%	0.18781%		0.10746%	
Post operative pulmonary embolism or deep vein thrombosis	7	26152	0.026767%	0.03870%		0.03698%	
% Still Births	17	4197	0.4051%	0.4939%		0.3823%	
Mortality Rate - Admitted via A&E	1253	33470	3.744%	4.473%		3.425%	

•Overall the Mortality metrics for the Trust, including HSMR, are within the expected range

•The HSMR CuSuM for Acute Cerebrovascular Disease is showing an improvement as outlined below:



There were 3 in-patient deaths reported as Serious Incidents in October. Avoidability will be determined during the investigation:

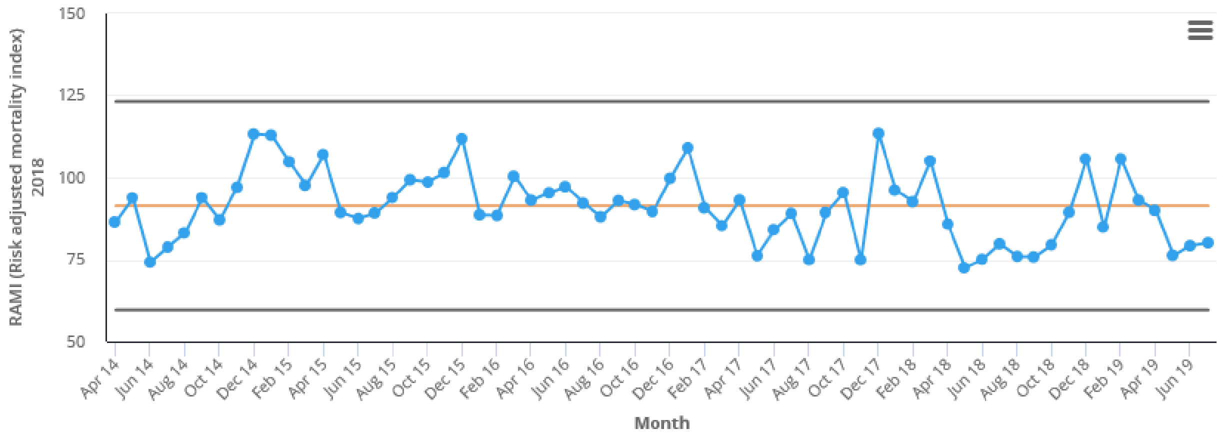
•2019/21743 A patient with multiple co-morbidities died whilst also suffering from C. Diff.

•2019/22634 Apixaban was not discontinued on admission for a patient with a GI bleed.

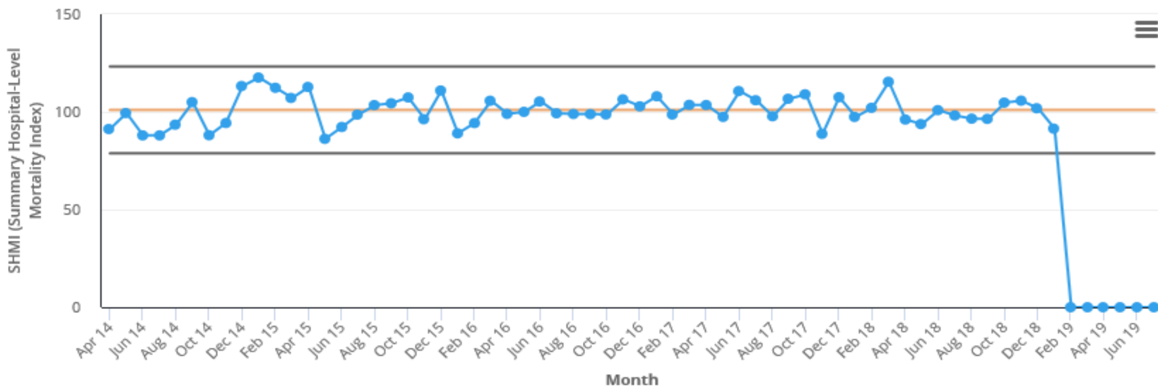
•2019/22981 A patient died unexpectedly during dialysis

Mortality 5 year trend April 2014 to June 2019

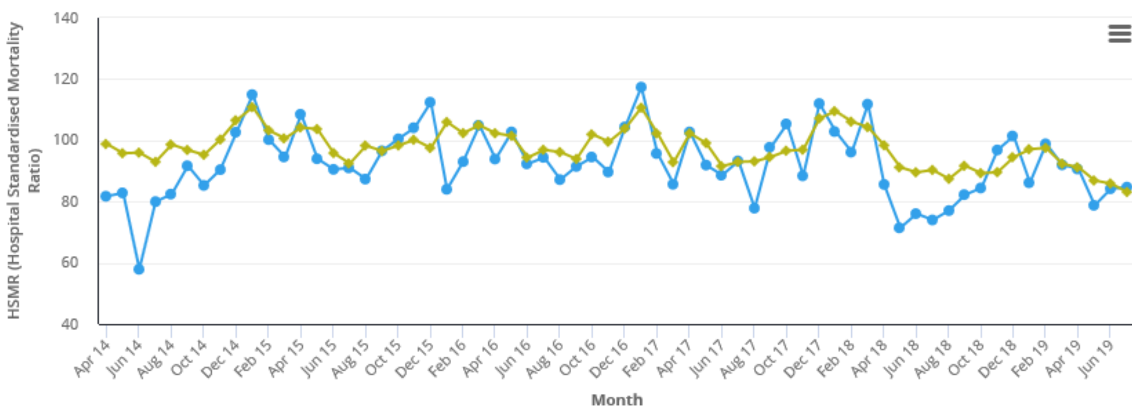
RAMI



SHMI – (note data not updated on CHKS from Feb 19)



HSMR - Monthly variation compared to peer average (Trust blue line)



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 October 2019
- Consider the actions being taken where performance requires improvement
- Question the report to ensure appropriate assurance is in place