Report to:	Public Board of Directors	Agenda item:	8
Date of Meeting:	27 November 2019		

Title of Report:	**Quality Report**
Status:	**For discussion**
Board Sponsor:	**Lisa Cheek, Director of Nursing and Midwifery** **Bernie Marden, Medical Director**
Author:	**Sarah Merritt, Interim Deputy Director of Nursing and Midwifery**
Appendices	**Appendix A: Nursing Quality Indicators Chart**

1. Executive Summary of the Report

This report provides an update on quality with a focus on patient experience and key patient safety and quality improvement priorities reviewing 2019 data.

The Quality Report this month includes a quarterly update on the improvement priorities as highlighted in the 2019/20 Patient Safety and Quality Improvement Triangle. Other items will be reported on an exception basis.

This month the report focuses on:

- Part A - Patient Experience:
  - Complaints Report
  - Patient Advice and Liaison Report

- Part B – Patient Safety and Quality Improvement
  - Pressure Ulcers
  - ED

- Exception reports:
  - Serious Incidents (SI) monthly summary and Overdue SI summary
  - Nursing Quality Indicators Exception report

2. Recommendations (Note, Approve, Discuss)

To note progress to improve quality, patient safety and patient experience at the RUH.

3. Legal / Regulatory Implications

It is a legal requirement to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)

A failure to demonstrate sustained quality improvement could risk the Trust's registration with the Care Quality Commission (CQC) and the reputation of the Trust.

5. Resources Implications (Financial / staffing)

Delivery of the priorities is dependent on the continuation of the agreed resources for each project.

6.	Equality and Diversity
Ensures compliance with the Equality Delivery System (EDS).	

7.	References to previous reports
Monthly Quality Reports to Management Board and Board of Directors.	

8.	Freedom of Information
Public.	

QUALITY REPORT

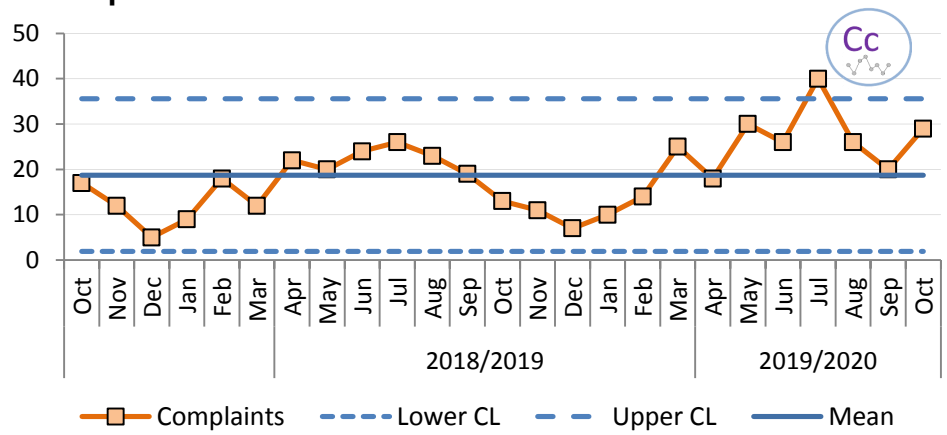
PART A – Patient Experience

Patient Experience – Complaints

Lisa Cheek

Royal United Hospitals Bath NHS Foundation Trust

Complaints – October 2019



Complaint response rate by Division	Division			Total
	Surgery	W&C	Medicine	
Closed within 35 day target	7 (78%)	0	5 (50%)	12 (63%)
Breached 35 Day target	2 (22%)	0	5 (50%)	7 (37%)
Total	**9**	**0**	**10**	**19**

What the information tells us

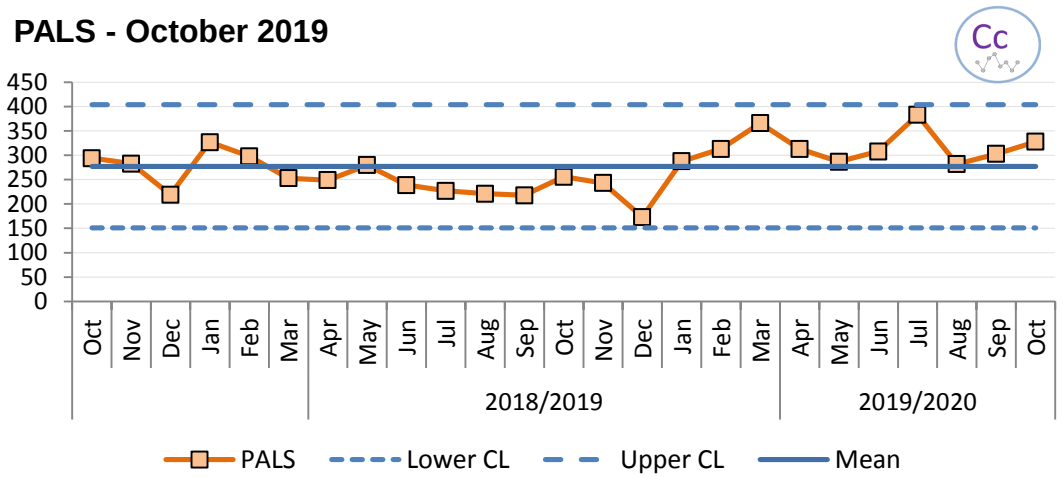
- **29 complaints were received in October compared to 20 in September**. Complaints in the **Medical Division** increased from **11 in September to 14 in October**. The Emergency Department received 6 complaints, Cardiology 2 and Neurology, Older Persons Unit, Radiology and Respiratory all received 1 complaint. The Emergency Department complaints related to clinical concerns, staff attitude and behaviour and unsafe discharge. Complaints in the **Surgical Division** increased from **8 in September to 9 in October**. 4 of the complaints related to General Surgery, the remaining complaints relate to Oral Surgery, Maxillofacial surgery, Orthopaedics, Urology and the Appointments Centre. The complaints in General Surgery related to clinical care, communication and delays in surgery. Complaints in the **Women and Children's Division increased to** 5 this month compared to 3 in September. 3 related to Gynaecology, 1 for Paediatrics and 1 for maternity. The complaints related to clinical care and communication.
- **There was a further decline in the timeliness of complaint responses in October with 63% of complaints responded to within 35 working days compared to 76% in September**. **Medicine Division: 1** complaint the complainant did not attend the meeting therefore a written response was required. **1** complaint meeting raised complex issues that required further actions**. 2** complaints had delays in receiving responses from staff**. 1** complaint was delayed due to redrafting of the response. **Surgical Division: 1** complaint staff responses were not received in a timely manner. **1** complaint required further work prior to signing.

Actions

The Medical Division and Women & Children's Division are in the process of developing an A3 for complaints in order to understand the root cause for the reason that they are not meeting the 35 day response target. The Corporate team will be presenting a proposal to the Board of Directors in in December to adopt a staged approach to responding to complaints in line with National Guidance. It is anticipated that this will start from Q4.

Patient Experience - Patient Advice & Liaison Service

PALS - October 2019



There were 328 **contacts with PALS** in October 2019. This is an **increase** of 28% compared to the number of contacts in October 2018, and an **increase** of 8% from September 2019.

- 201 required resolution (61%)
- 75 requested advice or information (23%)
- 37 provided feedback (11%)
- 15 were compliments (5%)

What the information tells us

The top four subjects requiring resolution were:

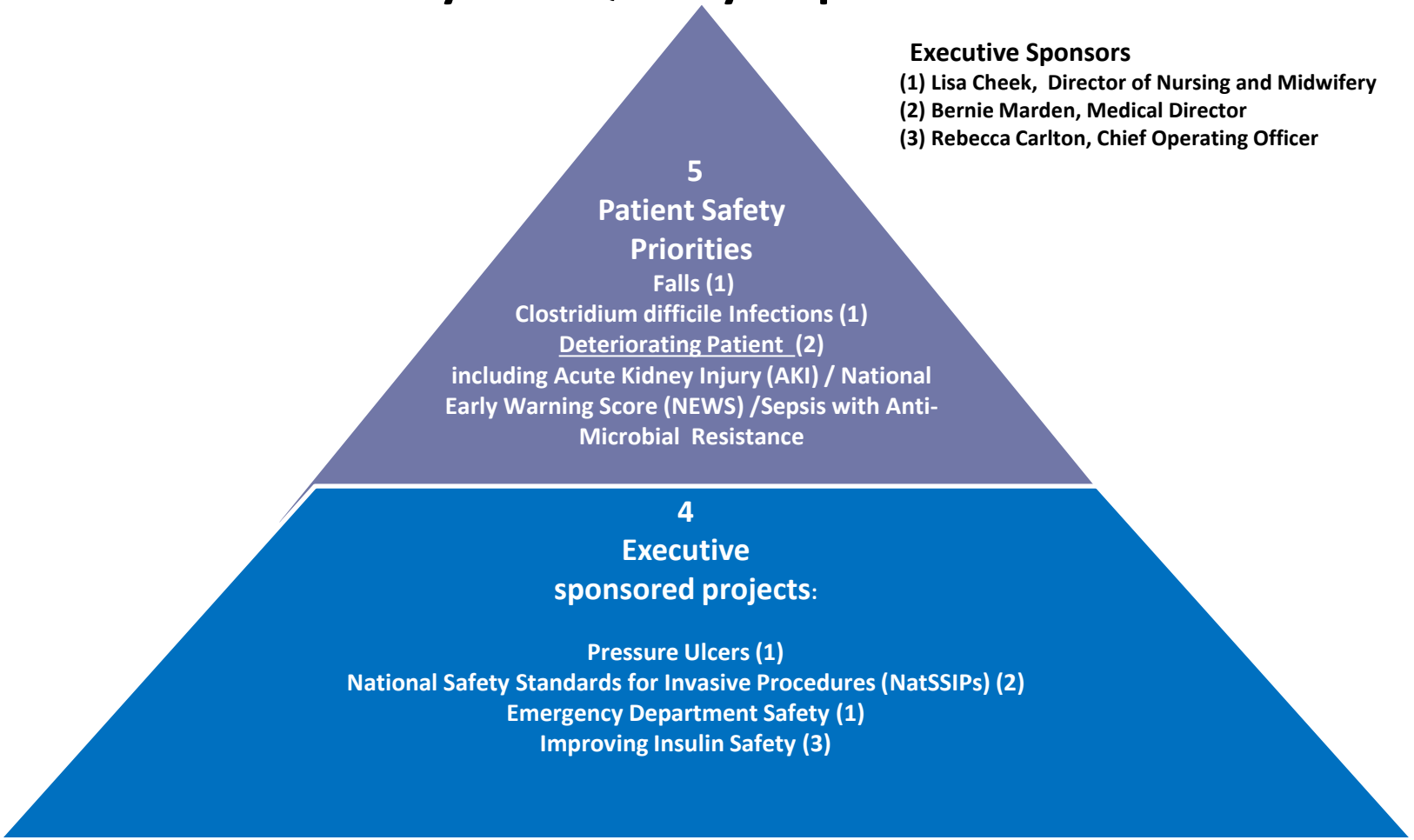
- **Communication & Information** – **(42) 21** of the contacts related to general enquiries/communication; **6** were telephone issues (phone not answered); **3** were regarding data breaches. The remaining **12** were spread across different subjects with no trends. Increasing demands on services have led to longer waiting times for appointments. Appointments have been booked where possible and apologies and advice given to patients.
- **Appointments** – **(39) 13** of the contacts concerned the length of time for a new appointment. 4 contacts regarding the length of time for a new appointment related to cardiology and 3 related to Gastroenterology; **9** related to appointment changes by patients; **8** were length of time waiting for a follow up; **3** were appointment information; **3** related to follow up appointments not given. The remaining **3** contacts were spread across different subject areas with no trends.
- **Clinical Care & Concerns** – (**36) 14** of the contacts related to general enquiries/clinical care; **7** were quality/concerns regarding medical care. The remaining **15** contacts were spread across different subject areas with no trends.

Actions

Lead for Patient and Carer Experience and Deputy Director of Nursing & Midwifery have scoped developing an A3 regarding communication and will be linking in with the Outpatient Steering group to identify solutions to reduce waiting times.

QUALITY REPORT

PART B – Patient Safety and Quality Improvement

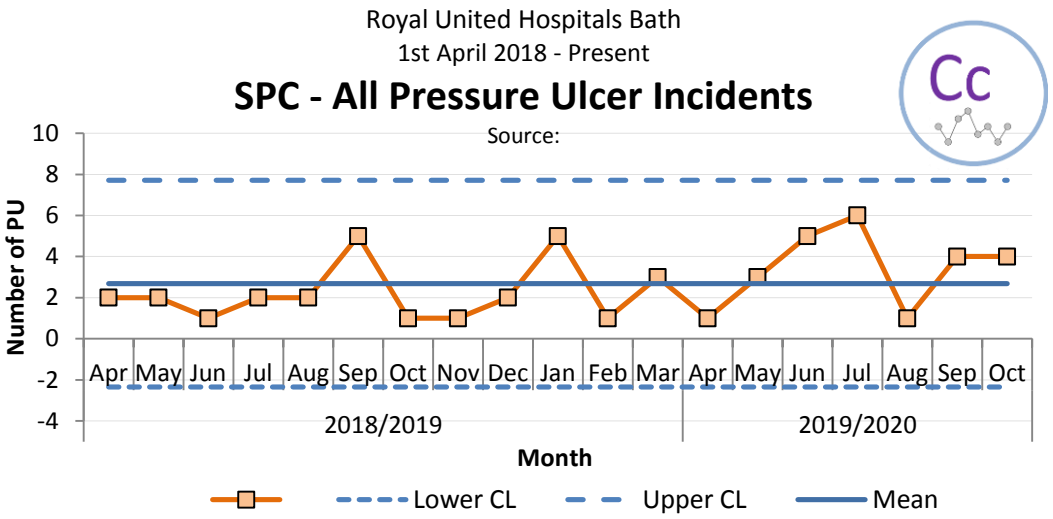


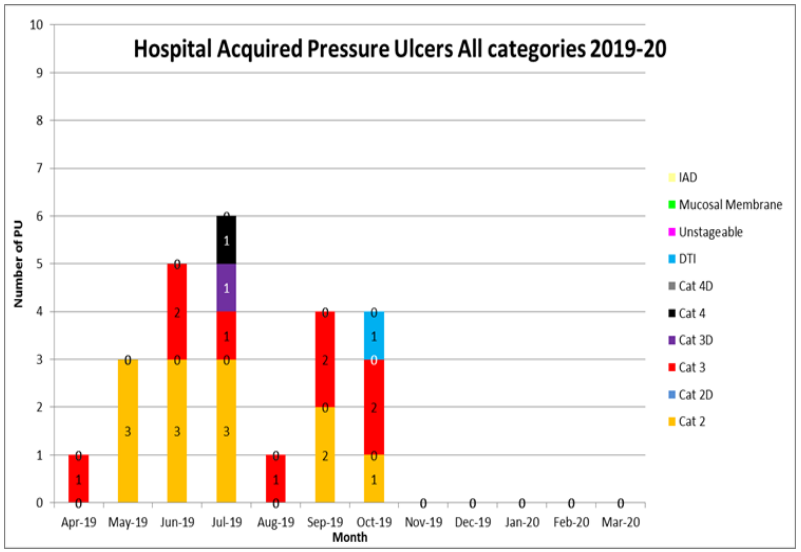
Executive Sponsors
(1) Lisa Cheek, Director of Nursing and Midwifery
(2) Bernie Marden, Medical Director
(3) Rebecca Carlton, Chief Operating Officer

Patient Safety – Pressure Ulcers

Lisa Cheek

Royal United Hospitals Bath NHS Foundation Trust





What the information tells us

The ambition for 2019-20 is a 20% reduction in Medical Device Related pressure ulcers, 10% reduction of category 2 pressure ulcers and the elimination of all category 3 & 4 pressure ulcers.

- In October there were:
  - 0 category 4 pressure ulcers
  - 2 category 3 pressure ulcers, both unavoidable following investigation, the Trust is concerned about the number of category 3s that have developed since April 2019, currently there have been 9 of which 4 have been found to be unavoidable following investigation
  - 1 Deep Tissue Injury (yet to be finally validated to a category), avoidable following investigation.
  - 1 category 2 pressure ulcer, avoidable following investigation, the Trust is below the end of year trajectory.
  - 0 medical device related pressure ulcers, the Trust is well below the end of year trajectory.

Actions

- Targeted training has been implemented across our care of the elderly wards to ensure transference of the knowledge and skills required to care for this cohort of patients and this has had an immediate effect in the reduction of pressure ulcers.
- Parry and Pierce ward are implementing and awareness campaign to include visual aids to help identify deteriorating skin.
- Trial of Repose trolley toppers to provide some protection for vulnerable patients in the Emergency Department with a view to purchase.
- Dep Director of Nursing and Midwifery has met with the Senior Sisters and Matrons for Parry and Pierce to identify areas for improvement.
- Surgical Division has reviewed its incident data and the top contributor will be completing an A3 for improvement.
- Medical division is looking at red flags attached to patient flow for identifying those patients who have had long lies at home and in the ED.
- TVNs are holding an event of awareness for the international STOP the pressure day – held in the PGMC 21/11/2019 at 09.30

Serious Incident (SI) Summary

Lisa Cheek

Royal United Hospitals Bath NHS Foundation Trust

Serious Incidents Reported to STEIS in 12 month period												
Oct 18	Nov 18	Dec-18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sept 19	Oct 19
5	4	6	4	8	7	4	6	9	4	4	8	9

O/S Actions	Nov 18	Dec 18	Jan 19	Feb19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sept 19	Oct 19
Action Plans	24	18	8	9	12	7	6	10	8	3	6	10
Actions	43	38	17	17	25	19	30	24	34	6	24	29

Date of incident	ID	Serious Incidents for September 2019	Date of incident	ID	Serious Incidents for September 2019
12/08/2019	76238	Diagnosis Delayed	27/08/2015	78094	Diagnosis Delayed
30/09/2019	77677	Pressure Ulcer – Hospital Acquired	18/09/2019	77329	Unexpected death - Haemorrhage
23/05/2019	77577	Treatment Delay	22/02/2019	72185	Diagnosis Delayed
02/10/2019	77808	Treatment Delay	12/04/2019	72414	Cardiac arrest
11/09/2019	77038	Pressure Ulcer – DTI Hospital Acquired	21/10/2019	78329	Fall from standing/walking

What the information tells us

- 9 SIs were reported to StEIS in October 2019
- As of 7th November 2019 there are 26 SIs that remain open and under investigation. 6 of these are overdue according to the agreed deadline date for disseminating the final RCA report to the Clinical Commissioning Group.
- There are 10 open SIs with overdue actions. This amounts to 29 SI actions that are overdue for closure

Actions

- The new process for reviewing whether incidents that resulted in moderate harm or above meet the criteria of a Serious Incident was agreed at OCGC for launch on 4th November 2019. The revised process will enable Divisions to a timely decision on the level of investigation for moderate, major and catastrophic harm incidents. A new Root Cause Analysis (RCA) template is being trialled following approval by Divisional leads and will be incorporated into a Round Table approach to investigating incidents. This is being rolled out with support from the Risk team ensuring investigations Cn be conducted in a more timely manner and result in good quality reports that can be shared with the patients / families involved in incidents. The revised RCA template includes an overall action plan owner, responsible for confirming and evidencing the actions taken. The new RCA investigation process will be presented to the Operational Clinical Governance Committee for approval in November 2019
- The SI Task and Finish Group is reviewing the process for sign off of completed RCAs. It is proposed that a separate panel will be established to review completed RCAs.
- The Risk Applications Manager sends out weekly updates to the Heads of Nursing and Patient Safety Leads for each Clinical Division with details of overdue open actions and requests updates for these. KPIs have been developed for the SI process which will be monitored through the quarterly incident report.

Nursing Quality Indicators Exception Report Lisa Cheek

Royal United Hospitals Bath NHS Foundation Trust

As provided by individual Ward	Date Last flagged	FFT Response rate	Negative PALS contact	*C diff*	Falls	Compl-aint	PU	Sickness		Appraisal		Day Fill rate		Night Fill Rate	
								HCA %	RN %	HCA %	RN %	HCA %	RN %	HCA %	RN %
Haygarth	October 2019	5			8			5.3			63.6	83	79		83
Parry	October 2019	18	2		13			6.4	6.5	73.3			84		82
ED	July 19	14	2			2			7.4	71.4	69	82			

What the information tells us

3 wards have flagged with 6 or more quality indicators. Haygarth and Parry have flagged for the second consecutive month. For all wards:

- There were 7 negative contacts to PALS for nursing related issues and 7 complimentary contacts, 5 complimentary comments were regarding ED
- There were 6 formal complaints.
- There were 0 pressure ulcers this month.
- There were 90 falls this month, 1 with moderate harm and 1 with major harm.
- There were 3 cases of *Clostridium difficile* this month, 2 hospital onset and 1 community onset healthcare associated in Midford and William Budd

Actions

- Heads of Nursing, Matrons and Senior Sisters are aware of the wards that have flagged.
- The formal complaints will be investigated in line with Trust policy. The negative PALS contacts have been addressed by a senior member of the nursing teams to ensure resolution and action lessons learned.
- All no harm or minor harm falls have been investigated via Datix.
- The 2 falls with a moderate harm and a major harm occurred on wards that have not flagged. These are being investigated and lesson learnt will be circulated.
- All sickness managed in line with the Trust Supporting Attendance Policy with support from the matrons, HR and occupational health.
- The wards with lower appraisal rates meet regularly with HRBP deputies and matrons to discuss how to improve their performance.
- Recruitment remains ongoing with a further reduction in RN vacancies
- 95 overseas have joined the Trust, 71 of which have gained registration with the NMC
- 6 HCAs with overseas nurse registration have gained registration with the NMC

Nursing Quality Indicators - Monthly Template November 2019 [Oct data]

APPENDIX A

Ward Name	Report for June 2019 by ward/area triangulating FFT Percent Recommending; PALS; Complaints; Cdiff; Falls; Pressure Ulcers; HR, Staffing																							Care Hours Per Patient Day overall	Flagged Areas:					
	Accreditation Status	FFT % Recomd:	FFT Response Rate %	Number of complaints received	Number of compliments received	Number of PALS contacts		Number of patients with Cdiff	Number of patients who fell				Number of Pressure Ulcers			Human Resources (1 month lag)				Nurse Staffing Datix Report	Safer Staffing % Fill rate									
																Sickness %		Appraisal %			Day		Night							
						Positive	Negative		No Harm	Minor Harm	Mod Harm	Major Harm	Cat: 2	Cat: 3	Cat: 4	RN /RM	HCA	RN/ RM	HCA		Reg Nurses/ Midwives	Care Staff	Reg Nurses/ Midwives	Care Staff		Oct 19 No:	Sept 19 No:	Aug 19 No:	Jul 19 No:	Jun19 No:	May 19 No:
Cheselden	Bronze	100%	75%						1	1						0.8	7.8	100.0	100.0		76%	106%	102%	105%	5.6	2	1	1	2	2	2
Charlotte	Silver	97%	46%						1							1.7	11.7	81.3	80.0		78%	85%	98%	98%	6.8	2	2	2	2	2	1
Surgical Short Stay Unit	Bronze	96%	35%				1		1							2.5	4.5	81.8	69.2	2	69%	78%	72%	197%	5.9	5	2	2	2	4	3
Pierce	Bronze	90%	21%						3							4.7	5.7	72.2	84.2	2	86%	116%	101%	177%	8.1	3	3	2	1	3	4
CCU	Bronze	100%	33%							1						3.0	28.6	87.5	100.0		86%	54%	100%	100%	10.4	2	2	3	3	2	3
Helena	Silver	97%	84%							1						3.6	1.1	42.9	60.0		110%	110%	104%	133%	9.2	2	3	3	3	5	3
Midford	Bronze	95%	112%	1				1	5	2						4.3	0.8	90.9	100.0		78%	96%	93%	163%	6.2	4	3	5	5	5	4
ACE OPU	Bronze	99%	71%				1		7	1						7.0	4.1	70.6	83.3		116%	100%	75%	128%	8.6	4	4	2	3	5	2
Children's Ward	Bronze	100%	13%			1										3.9	2.0	86.1	100.0	1	84%	80%	82%	149%	7.6	4	4	2	5	6	4
Combe	Bronze	98%	80%						5							5.0	6.8	80.0	82.4	1	78%	91%	86%	179%	6.9	4	4	5	3	3	4
A&E	Foundation	93%	14%	2		5	2									7.4	3.6	69.0	71.4		87%	82%	102%	94%		7	4	5	7	4	4
Waterhouse	Bronze	0%	0						5							7.1	4.6	93.3	80.0	1	86%	77%	102%	105%	6.8	4	5	1	3	2	3
Forrester Brown	Bronze	96%	26%						2							6.6	9.7	89.5	100.0		94%	96%	93%	110%	6.9	3	5	2	3	3	2
Robin Smith	Bronze	93%	53%						2							1.5	0.5	93.8	86.7		89%	91%	82%	129%	6.3	2	5	2	3	3	2
Violet Prince (RNHRD)	Bronze																				64%	46%	47%	77%		4	5	3	1	1	1
Respiratory	Bronze	92%	59%	1					3	1						13.7	4.6	83.3	82.4	2	71%	100%	82%	113%	5.6	4	5	3	6	7	4
SAU	Bronze	94%	20%			1			1							2.9	2.7	58.8	73.3		91%	83%	96%	102%	14.2	3	5	3	7	5	2
Phillip Yeoman	Bronze	97%	72%							1						0.0	9.2	88.9	90.9		100%	77%	84%	68%	8.2	3	5	4	4	1	1
Medical Short Stay Unit	Bronze	98%	36%						1							6.3	12.4	84.6	100.0		63%	90%	101%	113%	5.1	4	5	4	4	2	4
Mary Ward PAW	Bronze	0%	0%													2.1	9.9	68.2	63.2		117%	96%	97%	92%	16.8	5	5	4	5	4	3
Acute Stroke Unit	Silver	96%	59%						4	2	1					1.0	15.3	84.6	84.0	5	72%	71%	94%	118%	7.6	4	5	5	3	3	5
MAU	Bronze	90%	10%				1		3	1		1				4.6	3.8	56.8	75.0		85%	163%	106%	133%	11.1	5	5	5	5	7	6
NICU	N/A	100%	51%													2.9	0.5	77.3	83.3		81%	55%	75%	52%	10.2	4	5	6	5	5	5
Haygarth	Foundation	100%	5%						8							0.4	5.3	63.6	88.9		79%	83%	83%	194%	6.7	7	6	5	6	8	3
Intensive Care Unit	Bronze															6.2	0.0	78.6	66.7		76%	148%	78%		27.9	5	6	6	6	5	3
Pulteney	Bronze	100%	49%	1					6	2						3.1	9.0	65.2	29.4	1	91%	88%	101%	127%	7.1	4	7	3	3	3	5
Cardiac	Bronze	95%	43%	1												8.3	6.5	80.0	100.0		74%	95%	74%	166%	5.0	4	7	6	5	4	4
Parry	Bronze	100%	18%				2		10	3						6.5	6.4	100.0	73.3		84%	88%	82%	108%	6.3	8	8	5	8	5	7
William Budd	Bronze	96%	34%					1	4							3.2	5.0	93.3	100.0	5	86%	86%	78%	128%	8.1	2	8	6	5	4	6
		80% or less	< 30% (< 15% ED, MAU & SAU)	Nursing / Midwifery related	non PALS from Datix	Neg N/M related only		C. Diff (per patient)	5 plus total Falls or a major harm				> cat2 PUs			above 5%		Below 80%			Below 85%					above 5					

C.Diff 4x Trust apportioned (community onset healthcare associated) not assigned to a single ward as multiple factors involved

Please note: Chart includes amended metrics for Staffing level fill rates and CHPPD (Feb 2018)