Report to:	**Public Board of Directors**	**Agenda item:**	**8**
Date of Meeting:	**26 February 2020**		

Title of Report:	**Quality Report**
Status:	**For discussion**
Board Sponsor:	**Lisa Cheek, Director of Nursing and Midwifery**
Author:	**Sarah Merritt, Acting 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 2020 data
The Quality Report this month includes a quarterly update on the improvement priorities as highlighted in the 2020 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
- Exception reports:
    - Patient Experience
    - 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

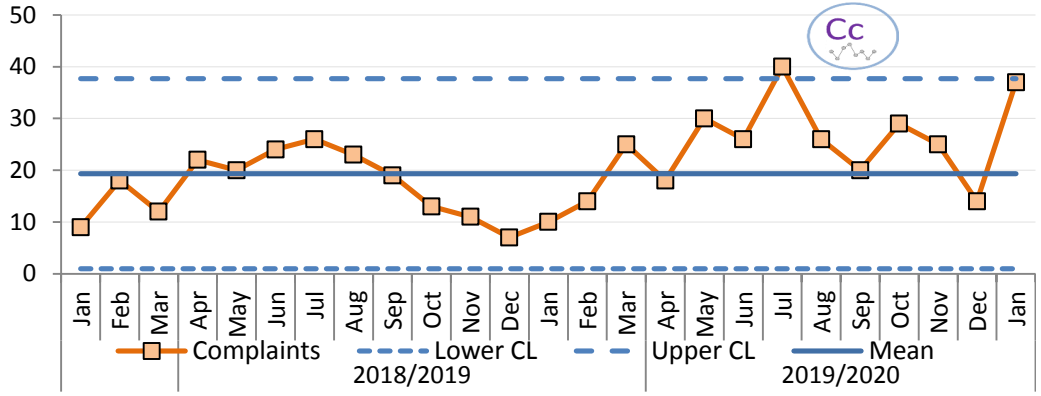
PART A – Patient Experience

Patient Experience – Complaints

Lisa Cheek

Royal United Hospitals Bath NHS Foundation Trust

Complaints – January 2020



Complaint response rate by Division	Division			Total
	Surgery	W&C	Medicine	
Closed within 35 day target	6 (86%)	0 (0%)	5 (45%)	11 (46%)
Breached 35 Day target	1 (14%)	6 (100%)	6 (55%)	13 (54%)
Total	7	6	11	24

What the information tells us

- **37 complaints were received in January**. **Medicine Division received 19 complaints -** Emergency Department (5), Older Persons Unit (4), Gastro (2), Neurology (2), Acute Medicine, Diabetes, Endocrinology, Radiology, Rheumatology and Stroke. The complaints related to clinical concerns, communication, appointments, discharge concerns, staff attitude and one related to discrimination. **Surgical Division received 10 complaints** General Surgery (3), Orthopaedics (3) and 1 each for Urology, ENT, Ophthalmology and Oral Surgery. The complaints related to clinical care, communication and waiting time for a procedure. **Women and Children's Division received 7 complaints –** Maternity (3), Oncology (2) and 1 each in Gynaecology and Paediatrics. The complaints related to clinical care and communication.
- There was a **further decline in the timeliness of complaint responses in January** (54% compared to 55% in December) particularly in **Medicine and Women and Children's Division. Medicine Division**: 2 complaints delays in information from specialities; 1 required further information/clarity from the Directors Office; 2 complaints were delayed in order to facilitate meetings and 1 required input from another Trust which was delayed. **Surgical Division**: complaint delayed due to delays in receiving a response from another division. **Women and Children's** have seen an increase in the number of complex complaints requiring a lot of feedback before final drafting which effected the timeliness of responses**.**

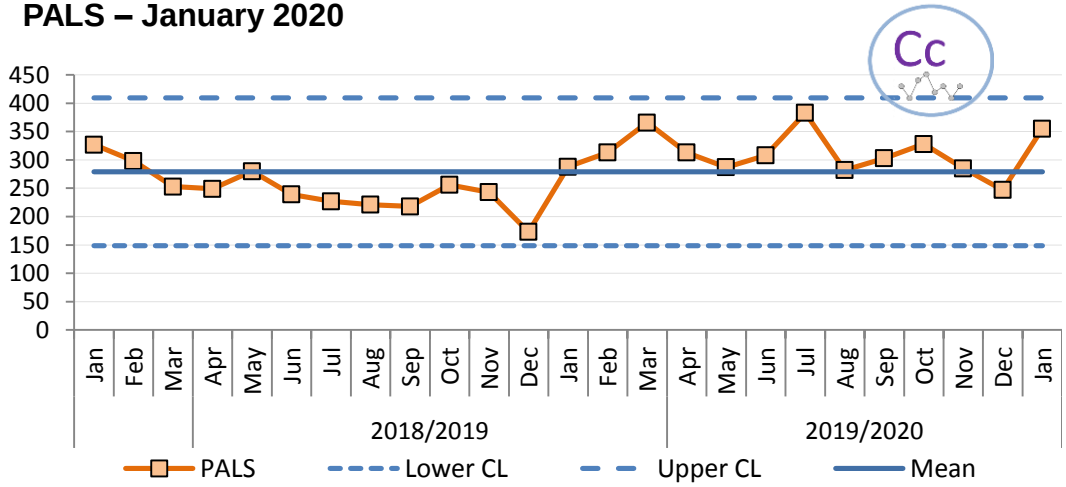
Actions

Weekly meetings between the Complaints Manager and the Women and Children's Division are now in place under the direction of the Head of Nursing and Midwifery for the Division. The purpose of the meeting is to track the progress of complaints to improve timeliness as well as maintain the quality of engagement with the complainant.

The Medicine Division have completed an A3 for complaints and are using this to drive improvements with weekly meetings also taking place.

Patient Experience – Patient Advice and Liaison Service

PALS – January 2020



There were **355 contacts with PALS** in January 2020. This is a **increase** of (44%) from December 2019 and an **increase** of (29%) compared to the number of contacts in January 2019. Of the contacts:

- 235 required resolution (66%)
- 66 requested advice or information (19%)
- 18 provided feedback (5%)
- 36 were compliments (10%)

What the information tells us

The top three subjects requiring resolution were:

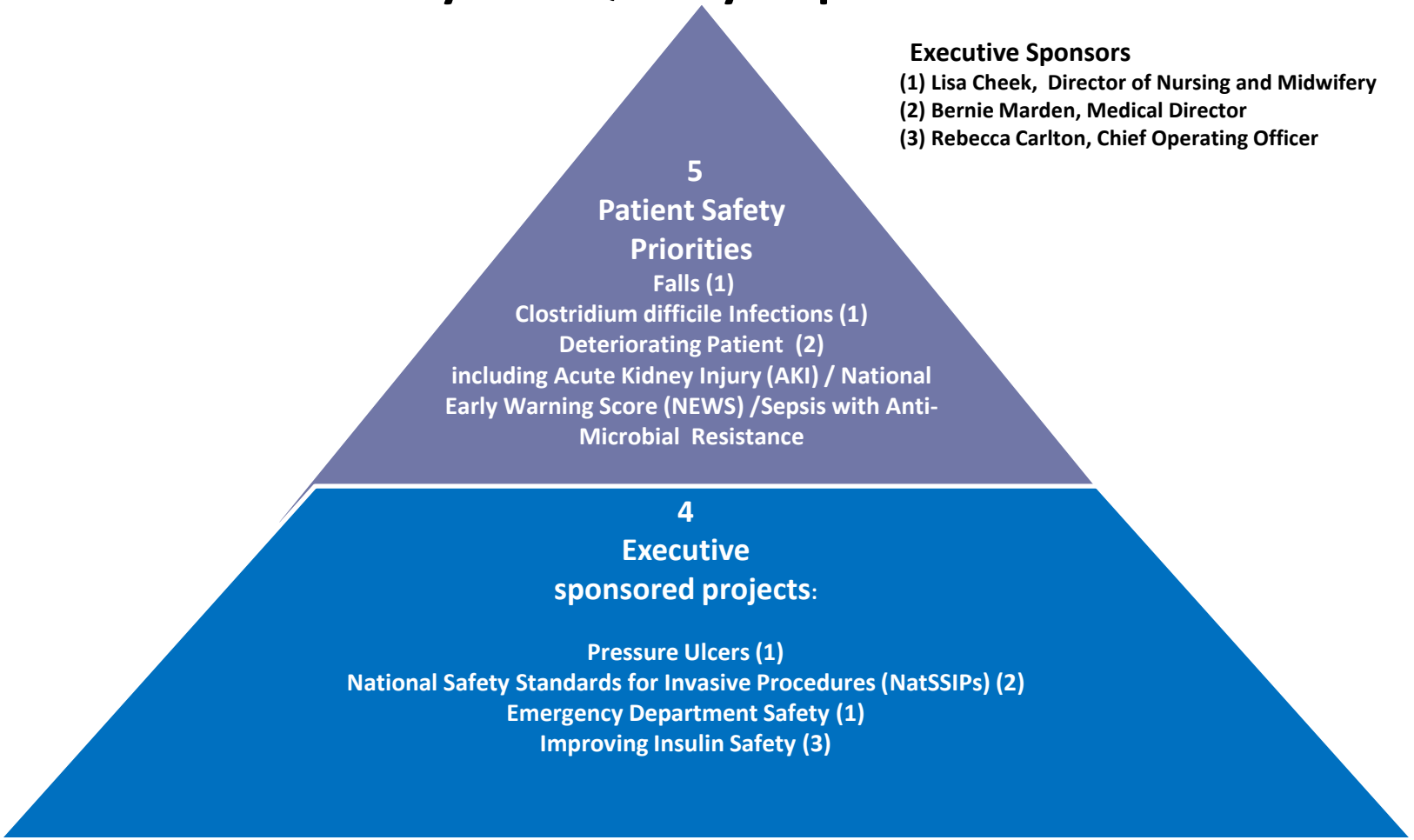
- **Clinical Care and Concerns (46) 11** of the contacts were general enquiries; **6** were concerns regarding medical care; **6** concerned co-ordination of medical treatment; **5** related to inappropriate care and treatment; **4** were test results not acted upon. The remaining **14** contacts were spread across different subjects with no trends.
- **Premises/Environment/Parking (41) 31** of the contacts related to Parking Fees/PCN's, **5** concerned availability of parking spaces and queues. The remaining **5** contacts were spread across different subjects with no trends.
- **Appointments (38) 11** of the contacts were appointment changes requested by patients; **8** related to follow up appointments not given (2 for Gastroenterology and 2 Cardiology); **7** concerned the length of time for a new appointment (3 were for Cardiology); **6** contacts wanted appointment information such as date/time/location. The remaining **6** contacts were spread across different subjects with no trends.

Actions

- The issues related to parking are multi-factorial and in order to address them effectively, the Director of Estates and Facilities has invited staff involved in the service to an initial meeting of the Parking Committee which will take place on 4th March 2020.
- Demand on Endoscopy Service has meant that patients on surveillance have had their follow up delayed. All patients have been contacted and made aware of current waiting times and given advice should their symptoms change. The department are in the process of securing additional capacity with external providers to ensure all overdue surveillance appointments are carried out within the next 3-4 months.
- A new locum Consultant started in Cardiology in December 2019 and another Consultant is starting in April 2020. The waiting times for new appointments has reduced and the department are working with the Clinical Commissioning Groups on developing an action plan to reduce the backlog of follow up appointments.

QUALITY REPORT

PART B – Patient Safety and Quality Improvement

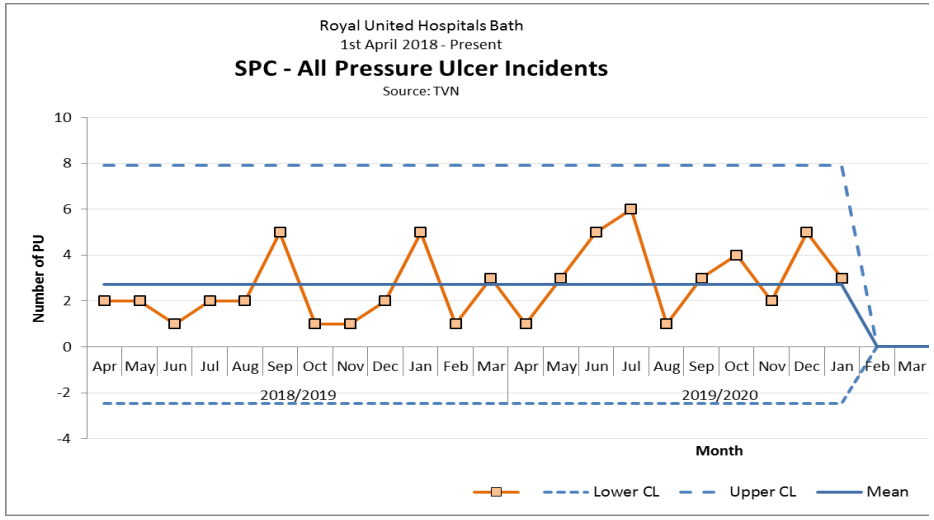


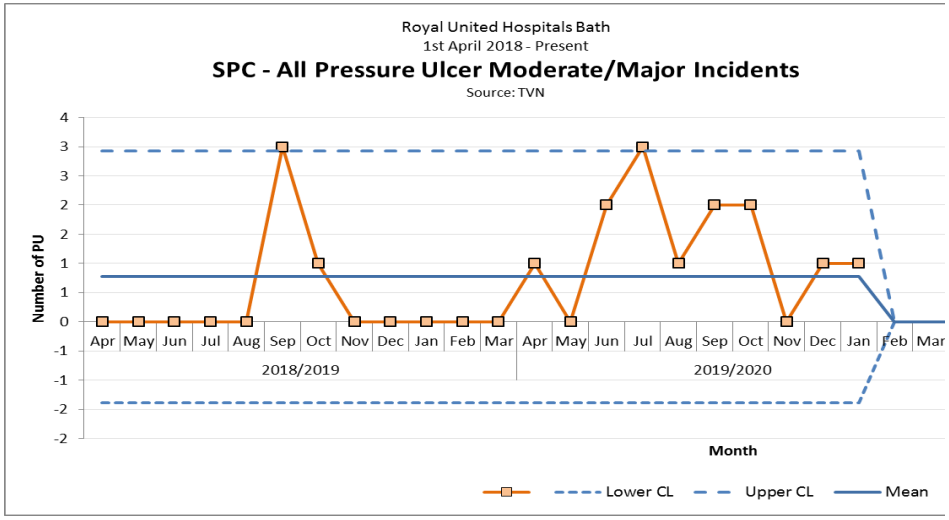
Executive Sponsors
(1) Lisa Cheek, Director of Nursing and Midwifery
(2) Bernie Marden, Medical Director
(3) Rebecca Carlton, Chief Operating Officer

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 Q3 there were:
- 8 category 2 pressure ulcers – there were no lapses in care in 2 of the 8 cases
- 3 category 3 pressure ulcers - there were no lapses in care in 2 of the 3 cases
- 0 category 4 pressure ulcers
- 0 Medical Device Related pressure ulcers.

Actions

- Deputy Director of Nursing and Midwifery has met with the Senior Sisters and Matrons in the areas where there are increased incidence.
- The Surgical Division has reviewed its incident data and wards with higher incidence have completed an Improving Together A3
- Medical division is looking at using Millennium red flags attached to patient flow to identify patients who have had long lies at home and in the ED.
- Tissue viability team are identifying additional ways to increase learning from incidents, focussing more on learning from incidents in real time rather than lengthy time spent on formal root cause analysis; this will be monitored by the Tissue Viability Steering group.
- The tissue viability team have started to meet monthly with the ward champions to review their work plans with the focus on QI.

Serious Incident (SI) Summary

Lisa Cheek

Royal United Hospitals Bath NHS Foundation Trust

Serious Incidents Reported to StEIS/registered with CCG in 12 month period												
Jan 19	Feb19	Mar 19	Apr19	May 19	Jun 19	Jul 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan-20
4	8	7	4	6	9	4	4	8	9	13	6	7

O/S Actions	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sept 19	Oct 19	Nov 19	Dec 19	Jan -20
Action Plans	9	12	7	6	10	8	3	6	10	15	17	12
Actions Outstanding	17	25	19	30	24	34	6	24	29	32	29	22

Date of incident	ID	Serious Incidents for January 2020	Date of incident	ID	Serious Incidents for January 202
07/01/2019	80741	Unexpected death	07/01/2020	80877	Infection control issue
15/03/2019	80743	Unexpected death	27/12/2019	81040	Diagnosis/Failed or Delayed
09/01/2020	80756	Pressure Ulcer	24/12/2019	81204	Thrombosis - Potential hospital acquired (HAT)
10/01/2020	80773	Diagnosis/Failed or Delayed			

What the information tells us

- **7** SIs reported to StEIS/registered with the CCG in January 2020
- **23** SIs remain open and under investigation as of 12/02/2019
- **3** of these are being investigated by Healthcare Safety Investigation Branch
- **2** of the SI's open are overdue according to the agreed deadline date
- **12** open SIs with overdue actions

Actions

- The number of action plans that contain outstanding actions continues to flag as a concern with 12 for January. In response to this, in addition to the information relating to outstanding Serious Incident actions sent to Heads of Nursing the risk team now include details of actions due for closure within the coming month to enable a pro-active approach to supporting staff with closing action plans.
- The revised Serious Incident process, which commenced in November 2019, is intended to facilitate a prompt review of incidents assessed as significant harm and determine the level of investigation required thus enabling investigations to commence in a timely manner. All the incidents reported to StEIS in January had been reported in the same month demonstrating a reduction in time taken to ensure incidents meeting the Serious Incident criteria are reported to the CCG and an investigation is underway.
- Two breached Serious Incident reports breached the deadline in January one was due to further information required for the Coroner and the other was unapproved at OCGC and required amendments. The CCG have been advised of the delays.

Nursing Quality Indicators Exception Report Lisa Cheek

Royal United Hospitals Bath NHS Foundation Trust

As provided by individual Ward	Date Last flagged	FFT % Rec.	Negative PALS contact	*C diff*	Falls	Complaints	Sickness		Appraisal		Day Fill rate		Night Fill Rate	
							HCA %	RN %	HCA %	RN %	HCA %	RN %	HCA %	RN %
F Brown	> 12 mth			1	5		7.6	6.3			76.9	84.1		
Haygarth	Dec 19				12	1	10.5	6.7		58.3		77.6		
Pulteney	Dec 19	80	2		7	1	7.9	7.7	27.3	50	74.4	76.2		80.8

What the information tells us

- 3 wards have flagged with 6 or more quality indicators. Pulteney have flagged for 3 consecutive months and Haygarth for the 5 months.
- For all wards:
  - There were 9 negative contacts to PALS for nursing related issues . The issues raised were primarily regarding communication between the nurses and significant others. There were 16 complimentary contacts, of which 6 were regarding the Emergency Dept.
  - There were 8 formal complaints . 2 complaints were raised on a ward that have flagged .
  - There was 1 grade 3 pressure ulcer this month on a ward that did not flag .
  - There were 103 falls this month, 80 were no harm and 23 caused minor harm.
  - There was 3 cases of Healthcare Associated *Clostridium Difficile* this month ,1 case on a ward that flagged.

Actions

- Heads of Nursing, Matrons and Senior Sisters are aware of the wards that have flagged and have contributed to the action plan to address.
- The formal complaints are being investigated in line with Trust policy. The negative PALS contacts have been addressed by a senior member of the nursing team to ensure resolution and lessons are learned.
- All no harm or minor harm falls have been investigated via Datix. A thematic review of all falls is currently under way. The completed report will be available in March.
- All sickness has been managed in line with the Trust Supporting Attendance Policy with support from the Matrons, HR and Occ, Health.
- Haygarth ward have commenced improvement work aimed at reducing repeat falls supported by the falls steering group.
- The complaint on Haygarth Ward is regarding discharge . The Senior Sister is looking at the discharge process via Improving Together
- The C Difficile case on F Brown was probably a community acquired (although not tested there), and un-sampled on a previous admission. The C.Difficile was confirmed from a sample sent from Forrester Brown therefore attributed to the ward.
- The wards with lower appraisal rates are meeting regularly with HRBP deputies and matrons to identify strategies to improve performance.
- Recruitment remains ongoing. *118 overseas have joined the Trust, 90 of which have gained registration with the NMC. A further 79 are in the pipeline*

Nursing Quality Indicators - Monthly Template Feb 2020 [from Jan data]

APPENDIX A

Report by ward/area triangulating FFT Percent Recommending; PALS; Complaints; Cdiff; Falls; Pressure Ulcers; HR, Staffing

Ward Name	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) Sickness %		Appraisal %		Nurse Staffing Datix Report	Safer Staffing % Fill rate Day		Night		Care Hours Per Patient Day overall	FLAGGED Areas:				
						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		Jan 20 No:	Dec 19 No:	Nov 19 No:	Oct 19 No:	Sept 19 No:
Robin Smith	Bronze	94%	54%			1			2	1	0	0				2.1	1.5	69.2	68.4		86.5%	97.5%	96.1%	94.4%		2	1	2	2	5
Children's Ward	Bronze	100%	11%				1		1	0	0	0				4.4	4.4	86.1	91.7	2	86.9%	84.8%	92.7%	129.4%		2	3	4	4	4
MAU	Bronze	97%	11%				1		3	2	0	0				3.8	2.2	84.6	90.5		90.9%	164.4%	109.5%	131.7%		2	4	3	5	5
Phillip Yeoman	Bronze	100%	57%						0	0	0	0				1.5	13.5	100.0	91.7	1	99.9%	85.7%	85.0%	69.4%		2	4	4	3	5
Intensive Care Unit [ITU / CCS]	Bronze					4		1	1	0	0	0				5.4	0.0	77.8	100.0		96.9%	134.4%	100.4%			3	1	3	5	6
CCU	Bronze	100%	57%						2	0	0	0				9.9	13.3	93.3	100.0		87.3%	69.2%	100.0%	106.5%		3	2	2	2	2
Midford	Bronze	100%	66%				1		12	3	0	0				3.8	10.7	92.3	933.0	4	89.9%	110.6%	104.5%	145.2%		3	2	4	4	3
Cheselden	Silver	97%	116%				1		2	0	0	0				9.4	0.0	100.0	84.6		75.7%	105.8%	99.8%	103.2%		3	3	2	2	1
Waterhouse	Bronze	100%	11%				1		10	5	0	0				4.9	15.1	86.7	80.0	2	100.3%	86.2%	118.8%	104.3%		3	3	5	4	5
Combe	Silver	100%	57%						3	1	0	0				4.0	7.2	100.0	82.4	6	79.6%	107.4%	77.2%	195.2%		3	4	4	4	4
Mary Ward PAW	Bronze	100%	31%	2					0	0	0	0				3.5	9.1	80.2	66.7	2	109.8%	97.1%	96.6%	95.3%		3	4	4	5	5
Cardiac	Bronze	94%	29%						2	0	0	0				7.5	2.2	71.4	100.0	2	65.1%	89.4%	77.3%	150.0%		3	4	7	4	7
ACE OPU	Bronze	99%	49%	1					3	0	0	0				4.9	1.7	85.0	100.0	1	77.7%	84.9%	79.8%	96.0%		3	5	3	4	4
Pierce	Bronze	95%	20%			1	1		2	0	0	0				0.8	9.5	93.3	100.0		73.7%	95.9%	87.9%	191.9%		3	5	5	3	3
Parry	Bronze	97%	25%	1					3	0	0	0				7.3	0.4	100.0	93.3		88.3%	88.5%	76.3%	100.0%		3	6	6	8	8
Surgical Short Stay Unit	Bronze	98%	19%						3	1	0	0				0.6	4.1	78.9	76.9		73.9%	88.4%	79.4%	200.0%		4	3	4	5	2
William Budd	Bronze	92%	24%						0	0	0	0		1		10.6	9.6	64.7	85.7	4	87.1%	85.6%	85.2%	151.6%		4	5	2	2	8
SAU	Bronze	100%	12%				1		0	0	0	0				2.9	7.8	60.0	84.6	1	87.9%	76.3%	97.4%	104.8%		4	5	5	3	5
A&E	Foundation	92%	5%			6			2	2	0	0				6.3	10.2	67.6	57.7							4	5	5	7	4
NICU	N/A	100%	67%													3.8	0.3	93.0	75.0		76.6%	55.8%	77.2%	30.6%		4	7	4	4	5
Acute Stroke Unit	Silver	100%	47%					1	2	0	0	0				5.2	7.8	100.0	100.0	2	78.5%	83.4%	99.7%	120.2%		5	2	5	4	5
Respiratory	Bronze	93%	31%						3	3	0	0				10.6	11.0	86.4	93.3		69.1%	88.4%	81.1%	103.2%		5	4	5	4	5
Helena	Silver	100%	69%	1					3	0	0	0				1.4	10.7	64.3	66.7		92.4%	133.2%	79.4%	193.5%		5	5	4	2	3
Charlotte	Silver	99%	35%			3			1	0	0	0				7.6	11.4	64.7	45.5		79.3%	95.2%	99.9%	98.4%		5	5	6	2	2
Medical Short Stay Unit	Bronze	92%	40%	1		1			1	0	0	0				9.2	2.5	60.0	57.1		73.1%	90.9%	103.0%	101.5%		5	6	4	4	5
Forrester Brown	Bronze	100%	24%					1	4	1	0	0				6.3	7.6	89.5	100.0		84.1%	76.9%	92.9%	115.4%		6	4	2	3	5
Haygarth	Foundation	96%	36%	1					10	2	0	0				6.7	10.5	58.3	95.2	2	77.6%	92.3%	79.2%	179.0%		6	6	7	7	6
Pulteney	Bronze	80%	23%	1			2		5	2	0	0				7.7	7.9	50.0	27.3	2	76.2%	74.4%	80.8%	120.3%		11	6	9	4	7
		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%									

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

C.Diff 4x Trust apportioned (community onset healthcare associated) not