



# REPORT TO TRUST BOARD

Report from: Krishna Sethia, Medical Director

Nicholas Coveney, Director of Nursing and Education

Subject: Clinical Quality and Safety

Purpose: To update the Board on current Quality and Patient Safety Issues

Date: Friday, 22<sup>nd</sup> July 2011

## **Executive Summary**

The report updates the Board on key indicators of the quality and safety of care during the period.

Monitor have introduced a new requirement in relation to assurance; that the Board make a quality declaration on the 'existence of effective arrangements for monitoring and continually improving the quality of healthcare provided to its patients', in line with the Monitor Quality Governance Framework previously discussed by the Board.

#### **Summary of Key Recommendations:**

The Board is asked to note receipt of this report and the Executive recommend that Declaration 1 (Appendix 1) is made with regard to compliance with the Quality Governance Framework.

# Clinical Quality Dashboard – June 2011

Outcomes	Target	Red	Amber	Green	Mar	April	May	June
HSMR	<85	>100	84-100	<85	88.7	87.5		
Total deaths/100 admissions	<1.5	>2.5	1.5-2.5	<1.5	1.45	1.72	1.5	1.06
Potentially-avoidable deaths					1	1		
STEMI patients receiving angioplasty within 150 minutes of call (%)	75	<65	65 -74	>74	86	83	78	
% TIA patients seen and treated within 24 hours	60%	<50	50-60	>60	53	67	57	47
%patients spending 90% of LOS on stroke unit	90%	<65	65-84	>85	61	66	79	70
% # NOF patients operated on within 48 hours of admission	90	<75	75-89	>89	84	81	88	86
% Readmission within 28 days of discharge	<6.1	>7.5	6.1-7.5	<6.1	6.2	6.5	6.5	
Caesarean Section rate	<24.5	>24.5	23-24.5	<23	20.8	20.9	23.9	25.5

Patient Safety	Target	Red	Amber	Green	March	April	May	June
SI	0	>2	1-2	0	1	0	4	3
Falls	!5 % reduction in falls over 2009	10% > plan	5-9% > plan	0-4% > plan	223	226	224	162
Pressure sores	No grade 3 or 4 ulcers acquired in hospital	>1	1	0	3	2	0	2
Clinical Incident reports	At least 1000 / month	<600	601- 999	>999	892	830	951	914
Infections								
MRSA	6 HAI in year	>1	1	<1	0	1	2	2
C Difficile	<72 in year	>8	6-8	<6	10	14	2	3
Ventilator-acquired pneumonia		>4	2-4	<2	1	0	2	2
Central venous cannula infections	<1.4/1000 patient days	>3	1.5-3	<1.5	1.2	1.1	1.1	1.0
Medication errors								
Causing harm		>3	1-3	0	0	6	1	0
Potential to cause harm	Reduction of 50% by April 2012	>15	5-15	<5	4	2	1	1
Compliance with sepsis bundle	75% by April 2012 (data from 9/11)	<50	50-74	>74				
VTE - Use of assessment tool – census data (%)	98% by April 2012	<80	80-90	>90	94	97	97	97
Use of surgical safety checklist	95%	<65	66-94	>94	88	92	91	94
Early Warning Score								
Completed	80% complete observations by April 2012	<50	50-79	80	78			74
Response to trigger	70% response by April 2012	<50	50-79	70	61			70

Patient Experience	Target	Red	Amber	Green	March	April	May	July
% patients who would recommend hospital to family and friends	>95%	<90	90-95	>95	98	98	97	
Same sex breaches				0	0	0	0	0

# NORFOLK and NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

#### **REPORT TO THE TRUST BOARD**

# FRIDAY, 22<sup>ND</sup> JULY 2011

## **CLINICAL QUALITY AND SAFETY**

#### 1. Outcomes

## 1.1 Mortality

The Trust HSMR for the 12 months to June 2011 was 90.6 before rebasing. There were no new mortality alerts in June.

#### 1.2 Clinical Audit

#### Fractured neck of femur

The National Hip Fracture Database reports in July. The summary results for treatment of hip fractures at NNUH are shown in the table.

Summary Last 12 months	NNUH	SHA	National
Total Patients:	750	6033	54947
Mortality (%)	4.93	7.19	8.61
AV LOS (days):	15.9	17.9	20.4
Bone protection medication (%)	80.6	73	69
Specialist falls assessment (%)	92.3	79.8	77.9

Time to surgery in Norwich is still below the national average with 57% of patients being operated on within 36 hours (mean 63, range 1-88).

#### 2. Patient Safety

#### 2.1 Serious Incidents (SI's)/Never Events/Risks with residual rating of 16 (or above)

There were four serious incidents reported to NHS Norfolk.

#### 2.2 Infection Prevention and Control

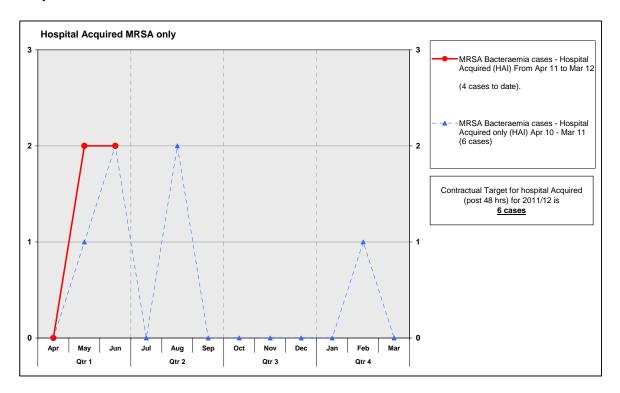
#### 2.2.1 MRSA Bacteraemias

There are 2 hospital MRSA bacteraemia(s) to report for June 2011.

The graph overleaf shows the

- MRSA bacteraemia cases Hospital acquired April 10-March 11 (6 cases) (blue broken line)
- MRSA bacteraemia cases Hospital acquired from April 11 (red line)

# **Graph 1 - MRSA Bacteraemias**



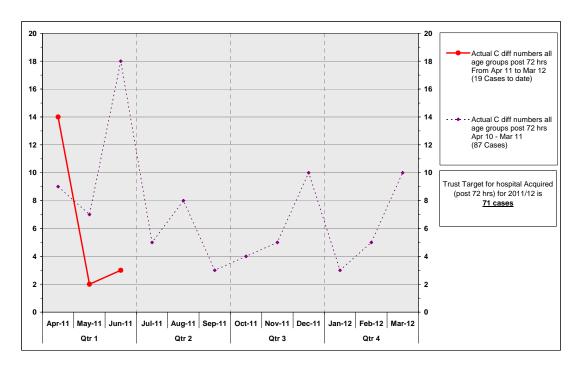
# 2.2.2 Clostridium Difficile (C Diff)

The number of C Diff cases for June 2011 was 3.

The graph below shows

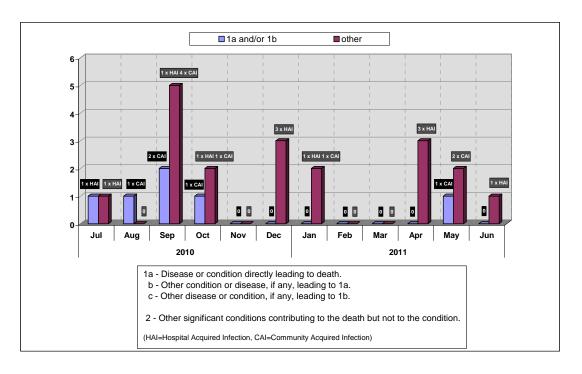
- The C Diff numbers 01/04/11 31/03/12 (red line)
- The actual C Diff numbers 01/04/10 31/03/11 (purple dotted line)

## **Graph 2 - Clostridium Difficile**



# 2.2.3 Death Attributable to Clostridium Difficile

Table 2 - Clostridium Difficile Deaths



# MRSA Bacteraemia RCA Summary

# MRSA Bacteraemia RCA Summary April 2011 No cases

MRSA Bacteraemia RCA Summary May 2011

Patient No	Possible Cause	Learning Outcomes and Actions
Date blood culture taken:	Not aware of provious MDCA positive status	Consultant and Conjer Nurse to food healt to staff importance of checking and
1 – 03/05/11	Not aware of previous MRSA positive status.  MRSA screening results taken on admission [positive],	Consultant and Senior Nurse to feed back to staff importance of checking and ward clerk to check PAS for MRSA alert.
	results not checked.	Consultant and Senior Nurse to feed back to staff about checking results. Alert
		icon set up for all positive MRSA results imported into ICE
2 – 11/05/11	Was previous MRSA positive but not given topical	Consultant and Ward Sister to make all staff aware of importance of starting
	decolonisation prior to theatre as per the MRSA policy.	MRSA decolonisation prior to theatre.
	Doctors unaware of previous MRSA positive status and	Consultant and Ward Sister to make all staff aware of importance of knowing
	used prophylactic Gentamycin.	patients MRSA status. Ensure appropriate antibiotic cover given.
		Laboratory system stated blood culture was taken through a peripheral
		cannula, which is not in keeping with the policy, unclear if that was the case as
		not documented who took blood cultures. To improve documentation.

MRSA Bacteraemia RCA Summary June 2011

Patient No	Possible Cause	Learning Outcomes and Actions
Date blood culture taken:		
3 - 03/06/11	Screening swabs taken [MRSA positive] but decolonisation not given.  [Central line tip not tested in the lab as did not comply with minimum identification criteria — asked to repeat specimen].	,
4 - 25/06/11	No screening swabs taken on admission despite risk factor of previous admission on RAT tool. 20/06/11 epidural catheter pulled back 1.5cm. 23/06/11 lump noted at epidural site, epidural catheter removed – tip not sent. 25/06/11 pus noted at epidural site – abscess swab MRSA positive.	RAT spot checks to be increased with feedback to person completing it incorrectly. Spot checks to ensure accurate documentation on RAT and that swabs are taken. Indwelling devices to be put on handover sheets. Staff to be reminded of epidural policy. Epidural risk assessment tool to be reviewed to include infection details. Epidural policy to include 'adjustment'.

# 3. Patient Experience

# 3.1 Patient Experience Tracker

The Dr Foster Patient Experience Tracker (PET) scores for April, May and June 2011 are reported in Appendix 2.

- Family and Friends score for all areas;
- 1408 respondents for April 96.6% against a Trust benchmark of 95%
- 1640 respondents for May 96.3% against a Trust benchmark of 95%
- 1805 respondents for June 97.1% against a Trust benchmark of 95%
- New PET machine on the Dialysis Unit at Cromer Hospital

#### **APPENDIX 1**

**DECLARATION 1** 

# Norfolk and Norwich University Hospitals NHS Foundation Trust In Year Quality Board Statement

Quarter 1 2011-12 (01 April 2011 to 30 June 2011)

NHS foundation trusts must make a quality board statement as set out in Appendix D2 of the 2011-12 *Compliance Framework* issued by Monitor in March 2011.

Please sign one and only one of the three declarations below.

The board is satisfied that, to the best of its knowledge and using its own processes and having had regard to Monitor's
Quality Governance Framework (supported by Care Quality Commission information, its own information on serious
incidents, patterns of complaints, and including any further metrics it chooses to adopt), its NHS foundation trust has, and
will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare

<b>5</b>		
	On behalf of the Board of Directors	
[Please type here]		
		On behalf of the Board of Directors

#### **DECLARATION 2**

The board confirms that it is satisfied that, to the best of its knowledge and using its own processes (supported by Care Quality Commission information and including any further metrics it chooses to adopt), its NHS foundation trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients; and

The Board certifies that actions will be taken in order to be in a position to make declaration 1 above by the time of the trust's quarter two submission

Signed:			
•		On behalf of the Board of Directors	
Acting in Capacity as:	[Please type here]		
<del>-</del>			

#### **DECLARATION 3**

The Board cannot make Declaration 1 or 2 and has provided relevant details on documents accompanying this return.

Signed:		
-		On behalf of the Board of Directors
Acting in Capacity as:	[Please type here]	

Monitor will accept either a submission with an image of a signature inserted above or a submission without such an image so long as a print-out of this page with a real ink signature is posted to Monitor.

# APPENDIX 2

	Benchmark Top 20% Trusts National Survey	NNUHFT % Score In National Survey	April %	May %	June %
MEDICAL WARDS					
Number of Respondents			256	290	379
Would you recommend this hospital to a friend or family?	95	95	94	93	94
Did you feel you were treated with respect and dignity while you were in the ward?	90-96	91	93	94	94
Were you involved as much as you wanted to be (in decisions) about your treatment and care	74-83	73	87	91	92
Did staff speak to you in a respectful manner	90-96	91	94	93	96
Do you think hospital staff did all they could to make you comfortable?	81-91	82	92	93	94
SURGICAL WARDS					
Number of Respondents			342	410	435
Would you recommend this hospital to a friend or family?	95	95	97	98	98
Did you feel you were treated with respect and dignity while you were in the ward?	90 -96	91	97	98	98
Were you involved as much as you wanted to be (in decisions) about your treatment and care	74-83	73	93	93	94
Did staff speak to you in a respectful manner	90-96	91	98	98	98
Do you think hospital staff did all they could to control your pain	86-92	84	95	97	98
EMERGENCY UNIT					
Number of Respondents			20	35	27
Would you recommend this hospital to a friend or family?	95	95	100	100	96
Did nurses show care and compassion?	87-92	88	100	100	96
Were you given enough privacy when being examined?	85-94	85	100	100	96
Did a member of staff explain the purpose of the medication prescribed to you?	86-94	86	100	100	92
Overall, how would you rate the care you received?	81-91	82	97	92	80
PAEDIATRICS ( parents and carers)					
Number of Respondents			22	26	23
Would you recommend this hospital to a friend or family?	95	95	100	96	100
Do you feel that you and your child were treated with respect during admission?	90-97	89	100	100	100
Were you satisfied with the facilities available to you as a parent?	81-90	81	95	100	100
Were you regularly updated about your child's progress/treatment?	82-93	83	100	100	100
Were the staff helpful?	81-90	81	100	100	100

	Benchmark Top 20% Trusts National Survey	NNUHFT % Score In National Survey	April %	May %	June %
PAEDIATRICS (over 12 years)					
Number of Respondents				17	14
Would you recommend this hospital to a friend or family?	95	95		100	93
Were you included in decisions about your condition/treatment?	74-87	72		94	100
Did you feel that the ward environment met your needs in terms of age?	81-90	81		82	100
Were you happy with the choice of food offered to you?	60-77	46		82	86
Were the ward staff helpful?	81-90	81		100	100
ANTE-NATAL CARE					
Number of Respondents			2	48	4
Would you recommend this hospital to a friend or family?	95	95	0	100	100
Do you feel the staff in the Ante-natal clinic were helpful, approachable and professional?	81-90	81	25	97	87
Do you feel you were treated with dignity and respect?	90-97	89	50	98	75
Did you feel the doctor explained your care in a way you could understand?	84-91	83	50	98	100
Did you feel involved in the decisions about your care?	74-87	72	75	99	100
DELIVERY SUITE					
Number of Respondents			238	128	208
Would you recommend this hospital to a friend or family?	95	95	99	99	98
Do you feel you were treated with dignity and respect?	90-97	89	100	100	98
Did you have confidence in the Midwife that cared for you?	89-94	89	100	100	99
Did you feel that the doctor explained your care in a way you could understand?	84-91	83	99	100	99
Did you feel involved in the decisions about your care?	74-87	72	99	99	99
BLAKENEY WARD – POST-NATAL					
Number of Respondents			206	204	193
Would you recommend this hospital to a friend or family?	95	95	96	91	95
Did you have confidence in the Midwife that cared for you?	89-94	89	96	91	99
Whilst on the ward, were you treated with dignity and respect?	90-97	89	94	92	97
Did you feel you received adequate support and advice about feeding your baby?	84-90	82	96	96	99
Do you consider your length of stay was adequate?	73-84	71	95	86	93
CLEY WARD					
Number of Respondents				2	22
Would you recommend this hospital to a friend or family?	95	95		100	100
Did you feel you were treated with respect and dignity while you were in the ward?	90-96	91		100	100
Were you involved as much as you wanted to be (in decisions) about your care and treatment?	88-92	88		84	99
Did staff speak to you in a respectful manner?	90-96	91		100	100
Do you think hospital staff did all they could to control your pain?	86-92	84		88	99

	Benchmark Top 20% Trusts National Survey	NNUHFT % Score In National Survey	April %	May %	June %
N.I.C.U.					
Number of Respondents			44	86	57
Would you recommend this hospital to a friend or family?	95	95	93	100	95
Do you feel your child was treated with respect during admission?	90-97	89	98	99	95
Were you satisfied with the facilities available to you as a parent?	81-90	81	96	100	97
Were you regularly updated about your child's progress?	82-93	83	96	99	97
Were the staff helpful?	81-90	81	96	100	93
CRITICAL CARE COMPLEX					
Number of Respondents			29	21	52
Would you recommend this hospital to a friend or family?	95	95	97	95	100
Were the medical staff able to spend enough time with you and your relatives?	91-96	90	100	100	98
Was your privacy / dignity maintained at all times?	90-96	91	100	100	100
Was your pain managed adequately?	86-92	84	100	95	100
At night was the ward quiet and dark to facilitate your sleep?	82-90	75	86	81	86
DIVISION 4 – MULBARTON (ONCOLOGY)					
Number of Respondents			50	50	38
Would you recommend this hospital to a friend or family?	95	95	98	100	100
Did you feel you were treated with respect and dignity while you were in the ward?	90-96	91	100	100	100
Were you involved as much as you wanted to be (in decisions) about your care and treatment?	74-83	73	96	94	97
Did staff speak to you in a respectful manner?	88-92	88	100	100	100
Do you think hospital staff did all they could to make you comfortable?	81-91	82	100	100	100
CROMER HOSPITAL –Outpatients and Minor Injury Unit					
Number of Respondents			90	223	237
Would you recommend this hospital to a friend or family?	95	95	99	100	100
Did you feel involved in the decisions about your care?	74-83	73	98	99	98
When you arrived at the hospital were you greeted in a friendly and polite manner?	90-96	91	98	98	99
Do you feel you were treated with respect by the nurse?	90-96	91	99	100	100
Overall how would you rate the care you received?	81-91	82	99	100	98

	Benchmark Top 20% Trusts National Survey	NNUHFT % Score In National Survey	April %	May %	June %
DISCHARGE LOUNGE					
Number of Respondents			29	26	20
Would you recommend this hospital to a friend or family?	95	95	100	73	100
Did you feel you were treated with respect and dignity while you were in the ward?	90-96	91	100	100	98
Were you involved as much as you wanted to be (in decisions) about your care and treatment?	74-83	73	99	99	100
Did staff speak to you in a respectful manner?	90-96	91	100	100	98
Do you think hospital staff did all they could to make you comfortable?	81-91	82	97	100	99
DAY PROCEDURE UNIT					
Number of Respondents			62	73	82
Would you recommend this hospital to a friend or family?	95	95	100	100	100
Were you satisfied with the care you received in the unit?	81-91	82	98	100	100
At any point did anyone explain to you how you would feel after your operation?	74-85	70	100	100	100
Did you feel you were treated with respect & dignity?	90-96	91	100	100	100
Were you given an explanation regarding your tablets/medication?	86-94	86	100	100	100
DIALYSIS UNIT - CROMER					
Number of Respondents					6
Did a member of staff explain the purpose of the medication prescribed to you?	95	95			0
Were you given enough privacy when being examined?	89	86			100
Would you recommend this hospital to a friend or family?	95	94			100
Did the nurses show you care and compassion?	90	90			100
Overall, how would you rate the care you received?	90	90			33

#### <u>APPENDIX 3</u> – Clinical Governance Committee Report

The Clinical Governance Committee (CGC) met on the 22<sup>nd</sup> June 2011. The following issues were discussed:

#### **Decontamination of Endoscopes**

It was confirmed that the replacement equipment will be in place by 28<sup>th</sup> of July and the full works would be completed by the 8<sup>th</sup> September including water quality issues.

#### **Diabetes Care at the NNUH**

- Dr Swords gave a detailed presentation about diabetes care in respect of patients at the NNUH and highlighted a number of issues including:
- Further integration with primary care and improving the pathway for patients newly diagnosed in hospital
- Insulin maladministration and how these events will be reported going forward
- Compliance with external standards currently at 90%
- Inclusion of an integrated insulin prescription page in the new drug chart
- Pregnancy and diabetes resource pressures
- Roll out of the "think glucose" campaign

#### **Division 1 Presentation**

- A 12+ clinical risk was identified in relation to diabetes and potential resources which will be discussed by the division and executive
- 2 serious SI's were reported during this period relating to a delayed CT scan and incorrectly labelled slides in histopathology.
- The safeguarding adults workload was highlighted as increasing significantly
- Regular audits of the essential standards of care were discussed
- Attention was drawn to medical cover in relation to hospital at night which is currently on the Emergency Services Risk register

## **Patient Safety & Mortality Committee**

Key issues highlighted included the ongoing rollout of the patient care record and amendments being made for A&E; Hospital at night medical cover and the roll out of the sepsis bundle and the sepsis trolleys.

## **Clinical Audit Annual Report**

The key message from the annual report was renewed focus on quality of audits rather than quantity and the need to identify how best to measure the improvements and benefits that are being achieved as a result.

#### **Thrombosis and Thromboprophylaxis Committee**

A number of key points were highlighted including the new in-house leaflet for VTE prevention; VTE risk assessment in lower limb casts; vte prophylaxis in patients undergoing major abdominal/pelvic surgery.