

TRUST BOARD

Date of Meeting: 18/12/2012	Agenda Item No: 6.1	Enclosure: 3
Intended Outcome:		
For noting ✓	For information	For decision
Title of Report: Improving Patient Safety		
Aims: To update the Board on patient safety and quality within NCUH		
<p>Executive Summary: This report summarises the Trust performance relating to patient safety and quality which includes</p> <ul style="list-style-type: none"> • Quality Strategy • Continually Improving our Mortality and Reducing Harm • Quality Dashboard • CQUIN • Infection Prevention • Advancing Quality • Harm from Slips Trips and Falls • CQC Inspection reports • Patient Experience • The 6 C's Emerging National Strategy for Nursing • Adult Social Care Outcomes Framework 2013-2014 		
Specific implications and links to the Trust's Strategic Aims:		
Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC		✓
Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable		
Develop a new healthcare facility in West Cumbria that is fit for the 21st century		
Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions		
To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust		
Recommendations: The Board is recommended to note the content of this report		
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APPENDIX 1



1. QUALITY STRATEGY

In November 2012, the Board received a presentation on how the Quality Strategy will be taken forward across the organisation. This was discussed and fully endorsed at the Joint Clinical Policy Group meeting in December. The specific areas of work on the quality strategy will now be progressed with the individual Business Units.

2. CONTINUALLY IMPROVING OUR MORTALITY AND REDUCING HARM

We aim to understand the causes of our mortality, our mortality rate and how we compare (benchmarking) with our peers to ensure that we have a robust and proactive system to understand what more we can do continually provide the highest quality of care and save more lives.

The institute for Healthcare Improvement states best practice in measuring and understanding the causes of mortality is to report the (i) crude death rate; (ii) the risk adjusted mortality rate and (iii) the mortality 30 days after admission.

2.1 Real Time Trend in our crude hospital mortality level

A process for reviewing and monitoring mortality in real time has been introduced across the Trust. This involves our clinical teams reviewing case notes on a weekly basis. The clinical teams then report directly to the medical director who undertakes an assessment of the process and issues identified.

The purpose of this is to establish whether there are any causes of concern in our systems of care that we should be taking immediate appropriate action to mitigate the risk. The outcomes of the case note reviews will be reported on a quarterly basis, the first of which is due to be reported to Board in January 2013.

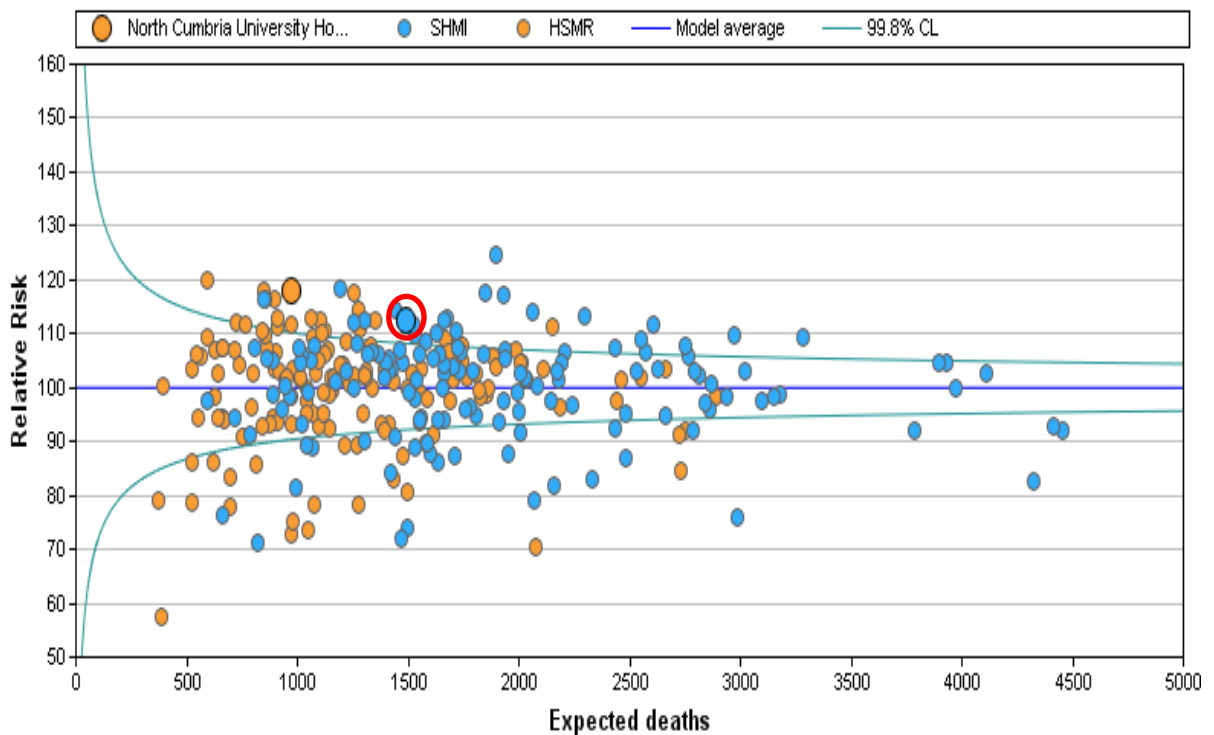
2.2 What is our mortality rate after discharge from hospital (SHMI)?

The SHMI (Summary Hospital-Level Mortality Indicator) is published by the NHS Information Centre and covers the period up to and including April 2011 – March 2012. This indicator includes all deaths in hospital plus those occurring within 30 days of discharge. This is the most recent indicator which will be used as the

national standard for reporting mortality across England. The SHMI gives an indication of whether the mortality ratio of the Trust is as expected, higher than expected or lower than expected when compared to the national baseline. The Trusts SHMI value is categorised 'as expected' (value 112).

The funnel plot below shows how the Trust compares to the rest of the trust's in England:

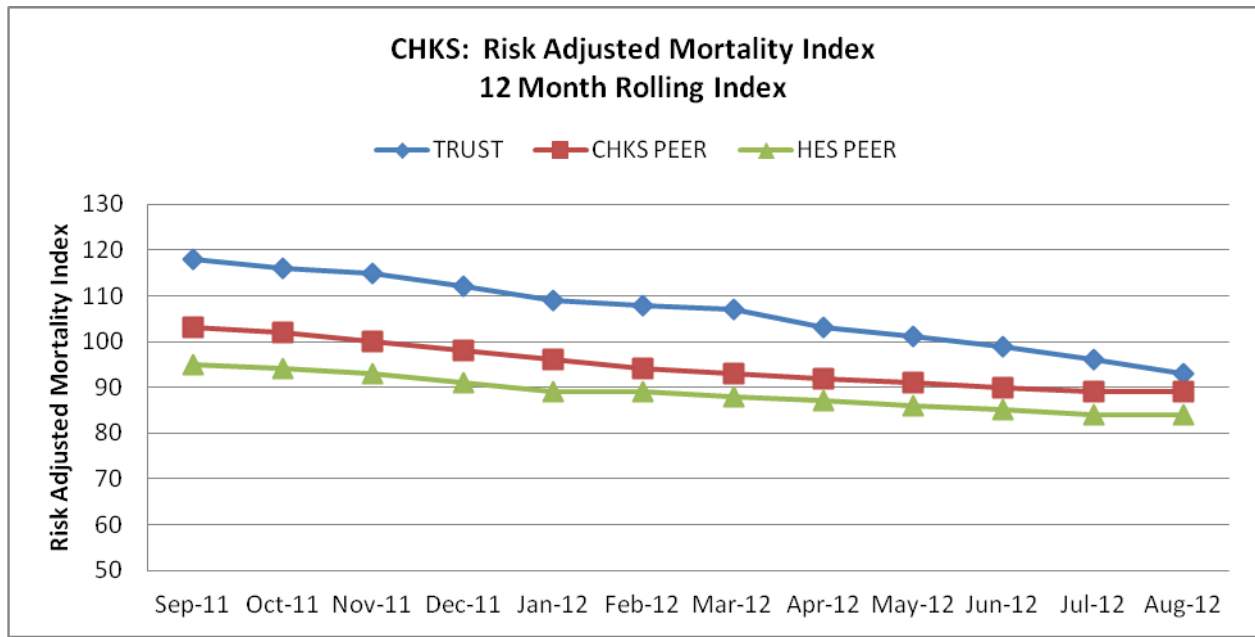
SHMI and HSMR by provider (all non-specialist acute providers) for all admissions in April 2011 to Mar 2012



2.3 What is the real-time trend in our risk adjusted within – hospital mortality level?

The purpose of the clinical benchmarking service is to compare and contrast our mortality level with that of our peers. The CHKS HSMR is known as the RAMI (Risk Adjusted Mortality Indicator).

The RAMI chart below shows a 12-month rolling index. This means that each point on the chart displays the index for the most recent 12-months of data. It shows the Trust has experienced a steady downward trend over the last year from 118 to 93. However it is still higher than the selected group of CHKS peer trusts and HES (national) peers.



2.4 Continual Improvement

In November 2012 the Clinical policy Group CPG agreed to implement the strategic aim of reducing harm by 50% in two years (as measured by IHI global Trigger tool). In order to begin the process of delivering this harm reduction clinician groups agreed four themes of work which will now be measured and reported to the Board every two months;

Theme One: Clinical

Responsible Officer: Dr D Burke, BUD for Medicine and Emergency Care

- To ensure a robust system of monitoring and escalation to cover all specialties, 7 days a week. All staff should be trained, including new staff at induction, and be accountable for documenting escalation accurately.
- Promote and implement the sepsis bundle across the Trust.
- Pilot and assess the benefits of a Medical Emergency Team to support escalation.
- To improve the outcomes in Pneumonia by extending the AQuA pneumonia bundle.

Theme Two: Leadership and Reporting Culture

Responsible Officer: Dr C Graham, BUD for Clinical Support

- To encourage all staff to take responsibility for patient safety and the delivery of harm free care by implementing best practice from teams that have locally embedded reporting and responding systems to all locations in the Trust.
- To promote Patient Safety and local innovative safety improvements by running hospital wide 'Patient Safety Days' from March 2012.
- To improve communication and learning from safety incidents by using new methods of communication and reporting.

Theme Three: Improved Use of Clinical Information

Responsible Officer: Dr J Rushmer, Director for Clinical Transformation

- To promote safe discharge by ensuring all inpatients and day cases have an acceptable discharge summary at the time of discharge.
- To develop and strategic plan for clinical records and improved case note availability, tracking and better structured content.

Theme Four: Improved Identification and Care for Dying Patients

Responsible Officer: Dr Olu Orugun: Clinical Director for Elderly care

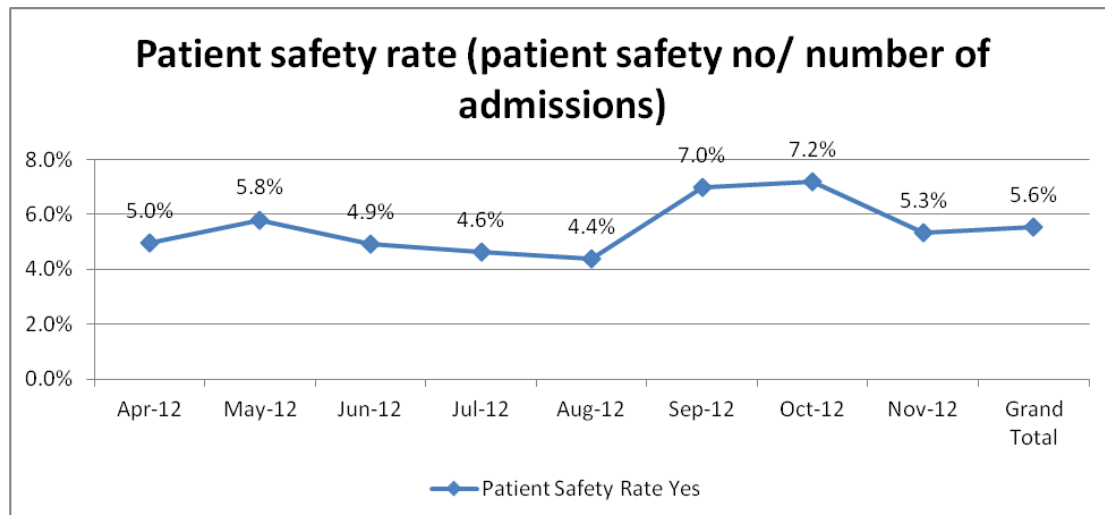
- To develop a shared care document for care of the dying between primary and secondary care, to identify patients and make better use of community facilities for dying patients.

3. INCIDENT REPORTING

The Trust continues to ensure progress is made with the number of incidents reported across the organisation as well as improving the feedback to staff on outcomes and lessons learned.

The Trust submits data on incident reporting to the National Reporting and Learning System (NRLS) this allows the Trust to benchmark on a six month basis how it performs against other 'medium acute' organisations. For the last reporting period (1 September 2011 – 31 March 2012) the Trust was in the lowest per cent of organisations for numbers of incidents reported.

The graphs below show the Trust's incident reporting rates since 1 April 2012 as a percentage of admissions.



Progress against incidents reported across the Trust will be added to future safety and quality reports to allow the Board to monitor progress in increasing incident reporting across the organisation.

4. QUALITY DASHBOARD

Significant progress has been made on the new format of the Trust's safety and quality dashboard. This includes a combined safety and quality report which will replace the current service performance and quality dashboard report which will be reported to the Board monthly from January 2013.

In addition to this a new safety and quality report has also been developed to measure the Trusts performance against the safety and quality priorities which were approved by the Board in October. This report will be presented to the Board on a quarterly basis to ensure we monitor the delivery of the safety and quality priorities for 2012/13.

Further work is being finalised on the metrics for some of the standards including data validation with the business units. A draft dashboard has been prepared for the December board (Service Performance Paper, enclosure 4, agenda item 6.2).

As this is in draft format it was agreed by the Director of Operations and Director of Nursing that the Trusts current dashboards are to be included in this report.

4.1 CQUIN

The Trusts performance on the Commissioning for Quality Improvement (CQUIN) measures are reviewed and monitored by NHS Cumbria Commissioners. CQUIN measures are based on three separate categories; the Department of Health (DOH) National Measures, the Strategic Health Authority Regional Measures and locally agreed measures set by NHS commissioners.

At the November 2012 NHS Cumbria Service and Quality meeting the commissioners requested further information in relation to quarter 2. This relates to the following CQUIN goals:

- Emergency floor;
- Dementia service review.

There are no risks reported from the executive and managerial leads for quarter three.

5. EXCEPTION REPORTING ON AREAS OF UNDERPERFORMANCE

5.1 C Difficile

During November 2012 there were eight post 48 hour cases of C difficile. At the Cumberland Infirmary, seven cases were reported and one case at the West Cumberland Hospital.

A C difficile sub group has been established and the root cause analysis of all cases will have been reviewed to establish the core drivers. This group will also review and work closely with the clinical and domestic teams to ensure compliance and assessment of the standard of cleaning in all clinical areas. The Trust at end of November is above trajectory and there is a significant risk that we may breach our annual trajectory target.

5.2 Norovirus Outbreak

The Trust has had a significant increase from November to date with cases of diarrhoea and vomiting and confirmed norovirus outbreaks. This has put increased pressure from an operational perspective on the Trust's bed capacity which has also seen increases in emergency admissions over this period.

Although both hospital sites have had confirmed cases of norovirus, the outbreaks in this period in December has affected a third of the Cumberland Infirmary bed base. The clinical teams along with the Infection prevention team are monitoring this daily with immediate actions in place. To increase awareness with the public we have used the support of the media and our internal communications processes to raise awareness of symptoms and advice on when or when not to visit the hospital.

5.3 MRSA Bacteraemia

In November a post 48 hour case of MRSA Bacteraemia was reported however, on further investigation and completion of a root cause analysis, this was a contaminated sample. The patient did not have MRSA Bacteraemia and was MRSA negative. Contaminated samples however are reportable to the Strategic Health Authority and NHS Cumbria and this means that the Trust has breached its annual trajectory target of zero. The Trust has appealed to the SHA that this contaminated sample is not included in the Trust's annual trajectory as the patient had no clinical signs of bacteraemia and further samples taken were clear.

5.4 Advancing Quality

No further data is available since last reporting to Board in November 2012.

5.5 Harm from Slips Trips and Falls

In November, 103 patients were reported to have slipped, tripped or fallen with the cumulative figure of 718 falls. One patient sustained a fractured neck of femur following a fall on Elm B at the Cumberland Infirmary.

To date there have been ten fracture necks of femurs this year and all actions and recommendations are in place.

5.6 Never Event

A Never Event relating to misplacement of a naso gastric tube was reported in November which has also been declared as a SUI and an investigation has commenced. Immediate actions were taken which included refresher training and assessment.

6. CQC INSPECTION REPORTS

6.1 Cumberland Infirmary Accident & Emergency Inspection Action Plan

There are no exceptions to report and actions were reviewed by the Governance Committee as part of the division's governance reviews. This will be presented to Board for final sign off by the Board on 18/12/12.

6.2 CQC/Ofsted Safeguarding/Looked After Children Inspection

The Director of Nursing and Head of Nursing for Family Services are contributing and participating with other health providers and partners in the Health Economy action plan. This plan is also aligned to the Ofsted action plan led by Children's Services. There are no exceptions to report on the Trusts action plan to date.

7. PATIENT STORIES

Board requested for a summary of the feedback from our patients obtained through patient stories which will be provided bi-monthly and will be reported to Board in January 2013.

7.1 A&E Patient Experience

The CQC has published in December 2012 the results from the CQC Accident and Emergency National Survey. The results from this survey will be presented to SMT and to Board in January 2013.

8. THE 6 C's EMERGING NATIONAL STRATEGY FOR NURSING

A new vision has been launched for the Nursing Profession which is being led by the Chief Nursing Officer (CNO) for England, Jane Cummings.

The key message from the CNO for England is in recognition of the unprecedented challenges and change that the NHS is currently facing. In order to deliver the best possible care to every patient, changes need to be managed and all Trusts need to ensure that their processes and systems are aligned, and that the quality improvement intent is always clearly aligned to any change.

From this the nursing profession has launched a vision which are the 6 C's:

- **Courage** – being brave enough to do the right thing and speak up when you are not happy with something your organisation is doing;
- **Competence** – the combination of skills, knowledge, attitudes, values and technical abilities that underpin safe and effective nursing practice;
- **Commitment** – there needs to be a nursing commitment to improve outcomes and do the right thing;
- **Communication** – we must think about the way we communicate with colleagues and managers as well as patients, relatives and carers, but this C is also about me and my desire to use social media to engage more and deliver key messages;
- **Care** – what we do day to day, we take care of people;
- **Compassion** – not what we do, but how we do it, treatment patients with dignity and respect.

The 6 C's have been shared with our senior nurses through the Trusts Senior Nurse Forum and the Cumbria wide Chief Nursing and Midwifery Advisory and Development group. The Trust will be holding engagement sessions with staff to share the nursing professions caring principles and values.

9. ADULT SOCIAL CARE OUTCOMES FRAMEWORK 2013-2014

The Adult Social Care Outcomes Framework (ASOCF) for 2013-2014 has been launched by the Secretary of State.

The framework has new measures and has been aligned with the NHS Outcomes Framework and the Public Health Outcomes Framework supporting all parts of the health and care system to work together to support people to live better for longer.

To accompany the three outcomes frameworks the Department of Health (DOH) has published 'improving health and care: the role of the outcomes framework' which sets out in more detail how the frameworks work together to support delivery of the DOH's vision for health and social care.

This aim of this framework is to support councils to rise to the challenge of delivering the White Paper priorities by providing a clear focus for local priority setting, improvement and accountability.

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Medical Director

Mrs Chris Platton
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APPENDIX 2

QUALITY DASHBOARD