

**TRUST BOARD**

<b>Date of Meeting:</b> 09/10/2012	<b>Agenda Item No:</b> 6.1	<b>Enclosure:</b> 3
<b>Intended Outcome:</b>		
<b>For noting</b> ✓	<b>For information</b>	<b>For decision</b>
<b>Title of Report:</b> Improving Patient Safety		
<b>Aims:</b> To update the Board on patient safety and quality within NCUH		
<b>Executive Summary:</b>		
<p>This report summarises the Trust performance relating to patient safety and quality which includes;</p> <ul style="list-style-type: none"> <li>• Quality Dashboard (appendix2)</li> <li>• CQUIN</li> <li>• NHS Safety Thermometer</li> <li>• Infection Prevention</li> <li>• Advancing Quality</li> <li>• Harm from Slips Trips and Falls</li> <li>• CQC Inspection reports</li> <li>• Patient experience</li> <li>• Dementia</li> <li>• Identifying the Potential Causes of Harm</li> </ul>		
<b>Specific implications and links to the Trust's Strategic Aims:</b>		
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		
<b>Recommendations:</b>		
The Board is recommended to note the content of this report		
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## APPENDIX 1



### 1. QUALITY DASHBOARD

The Director of Operations and Director of Nursing are currently reviewing with Northumbria the Trusts quality dashboard. Work is underway with both Trusts' information departments and governance teams to ensure that the quality dashboards are aligned and that we have a robust dashboard for which future reporting can be monitored.

#### 1.1 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. NHS Cumbria has agreed that the Trust has achieved quarter one CQUIN measures subject to them receiving further information requested on dementia and evidence based referrals.

For Quarter 2 there has been one query from Commissioners with regards to the service review in relation to Dementia. This relates a shared action plan with Cumbria Partnership Trust which has still to be formally agreed. There are no further exceptions to report and the Quarter 2 targets have been achieved. The Commissioners will approve Quarter 2 CQUIN targets in November 2012.

##### 1.1.1 **National Measures**

The National Measures for 2012/2013 are:

- Venous-Thromboembolism (VTE) Prevention;
- Patient Experience based on the Care Quality Commission nationally co-ordinated adult inpatient survey programme;
- Dementia which consists of three separate categories; screening, risk assessment and where indicated referral for specialist diagnosis.
- NHS Safety Thermometer, which surveys monthly all appropriate patients using a point prevalence survey method on four outcomes; pressure ulcers, falls, urinary tract infection in patients with catheters and VTE;

### **1.1.2 Regional Measures**

The regional measures for 2012/2013 are:

- Advancing Quality (AQ) which consists of clinical process measures for; Acute Myocardial Infarction, Heart Failure, Hip and Knee Replacement, Pneumonia, Stroke and AQ patient experience.

### **1.1.3 Local Measures**

The local measures for 2012/2013 are:

- Emergency Floor, which comprises of joint working between primary, community and secondary care on ambulatory care pathways and the development of an integrated emergency floor;
- Children: Integrated Care, which comprises of the development and implementation of agreed pathways;
- Make Every Contact Count, which comprises of ensuring that service users are provided with brief intervention advice in relation to smoking, alcohol abuse and substance misuse;
- Evidence Based Referrals, which comprises of identified clinical surgical procedures to which referrals and thresholds have been agreed by clinicians.
- Service Reviews, which consist of undertaking three service reviews; dementia, mortality and end of life.
- Patient Experience and Satisfaction, which focuses on patients including children and young people and their parents.

The full CQUIN measures are published on the Trusts internet site and included in the Trusts Quality Account.

### **1.14 NHS Safety Thermometer**

The NHS safety thermometer programme is well underway across the Trust and we now have reviewed three months of data. The nursing and quality team have identified through the review that a significant number of patients who were eligible to be included in the audit have urinary catheters in situ. This is consistent throughout the audit to date. In August of the 446 patients reviewed, 92 patients had a catheter in situ. The team now need to complete further analysis on the data and will report their findings to the Clinical Policy Group.

The nursing teams are fully engaged with this process and the ward teams are supported by the senior nursing staff which includes; Matrons/Lead Nurses, Heads of Nursing, Deputy Director of Nursing and Director of Nursing.

The senior nursing team are now allocated a number of wards and have a ward report from Audit for each ward they are allocated to visit. Following feedback from the clinical teams we have also incorporated as part of the Senior Nurses

walkaround a number of quality indicators which they review with the ward staff which include:

- Clinical Indicators
- Monthly Ward Health Check
- Hand Hygiene and Saving Lives audits
- Patient Experience Surveys
- Staff satisfaction Surveys
- Privacy and dignity
- Advancing Quality
- Productive Ward
- Audit and all action plans

## **2. EXCEPTION REPORTING ON AREAS OF UNDERPERFORMANCE**

### **2.1 C Difficile**

During August 2012 there were three post 48 hour cases of C difficile at CIC and no cases at WCH. The cases at CIC were on the following wards; Elm B, Elm C and ITU. A full ward deep clean has been completed by the hygiene team on Elm B ward.

### **2.3 Advancing Quality**

As requested from the Board invalidated data has been included in the quality dashboard (appendix 2) for June 2012. The advancing quality team which is now led by the matron for quality standards have been reviewing current practices and work load with the aim to move towards real time data collection. The Trust has supported this and extra band two hours have been allocated to the team to support the audit process.

Smoking cessation results continue to be below expected targets and although the patient numbers are low this is a measure that is consistently under reporting. The clinical teams have been requested to review current processes and the Trust is in discussion with NHS Cumbria regarding smoking cessation advisors working with Trust clinical staff.

### **2.4 Harm from Slips Trips and Falls**

In August a patient sustained a fractured neck of femur following a fall on Honister ward at WCH. A root cause analysis has been completed and is under review by the governance team and Deputy Director of Nursing. As all fractured necks of femur following a fall are declared as SUI's the SUI report will be reviewed by the Director of Nursing and Medical Director and be reviewed by NHS Cumbria.

### **3. CQC INSPECTION REPORTS**

#### **3.1 Cumberland Infirmary Accident & Emergency Inspection**

The action plan has been submitted to the CQC and the team have no exceptions to report. The actions will be monitored through the monthly Division performance reviews and reported to the Governance committee. The board will receive a monthly update via the Governance report.

#### **3.2 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.

### **4. PATIENT EXPERIENCE**

The Department of Health have launched a Friends & Family Test for all Trusts to gather information on Patient Experience. In April 2013 the Friends & Family Test will be monitored by NHS Commissioners and included in all health providers contracts.

The Trust has confirmed to the Commissioners, on behalf of the Chairman, that the Patient Experience system will start from November 2012, in preparation to be live by April 2013. All Trusts will be required to have patient experience results displayed publicly. The Director for Patient Experience from Northumbria and the Trust's Matron for Patient Experience will give a presentation on this system to the Senior Management Team and the Trust Board in November.

### **5. DEMENTIA**

The Butterfly Scheme has been launched across the Trust with the aim to support patients with dementia and memory impairment while they are in our hospitals. The scheme, aims to improve patient safety and wellbeing by teaching staff to offer a positive and appropriate response to people with memory impairment. This approach allows at glance discreet information via a butterfly symbol for patients.

### **6. MORTALITY AND IDENTIFYING THE POTENTIAL CAUSES OF HARM**

The Medical Directors office continues to lead multidisciplinary groups of clinicians in the review of hospital records for in hospital patient deaths in 2011/2012 with the aim of achieving the following objectives;

- To provide a system which will identify the potential causes of patient harm and through this enable clinical teams to continuously improve the safety and quality of patient care through lessons learned

- Identify any factors contributing to the Trusts current measures for mortality rates including aspects of clinical care and the way in which clinical information is processed for example clinical coding

### **6.1 Standardised hospital mortality ratio (HSMR)**

This indicator is produced by comparing the 'observed deaths' with the number of 'predicted deaths' after adjustments are made in relation to a number of variables such as the type of admission (elective/emergency), presenting condition and co-morbidities.

The Trust has subscribed to Dr Foster which is the organisation which calculates HSMR information nationally.

The Trust has been identified as an outlier with an HSMR of 118 for 2011/12. Accurate information relating to whether a patient has a low predicted mortality or a high predicted mortality is essential if the Trust is to compare performance and potential harm against other hospitals in a meaningful way. Predicted mortality takes into account age, long term conditions or other diseases or co-morbidities. There is an indication that there are data process and administration issues which need to be addressed. The Trust has therefore used the Dr Foster tool for understanding mortality data and an action plan has been developed which includes:

- Reviewing case mix including co-morbidity
- Reviewing structure of local services including the impact of local pathways and availability of local community services for end of life care, particularly within West Cumbria
- Reviewing the processes by which the Trust identified potential quality issues such as use of alerts
- Identifying any individual/team in terms of patterns and risks
- Checking coding (accuracy and depth)

The outputs of the reviews will be incorporated in Trust wide systems to reduce the risk of harm to patients and continuously improve safety. To date over 800 case notes for 2011/12 have been reviewed. Revision of information processes to improve the interface between clinicians and information management (including coding) has commenced. Any data errors that are identified will be corrected from 1 April 2012.

### **6.12 Changes to date:**

Tracking adverse events over time is a useful way to tell if changes in trust clinical systems and models of care are improving safety and quality. Through this plan

the Trust will be aiming to provide the highest quality of patient care and ensure that the risks of harm are reduced to the lowest possible level.

Recent planned changes include the introduction of:

- the Acute Physician model – additional posts x 6 agreed
- extended hours for senior presence on EAU
- senior middle grade and GP's in A & E at WCH
- introduction of clinically specific pathways (Care Bundles)
- adoption of a Trust wide process for reviewing mortality(Northumbria Model)
- a clinical led event will be held on 16 November 2012, to agree the prioritised improvement plan with immediate effect.

### **6.13 Next Steps**

As part of the Trusts commitment to improving safety and quality the Medical Director's office will lead the clinical teams in analysing the findings of the 2011/12 review and in developing an action plan that address the findings.

The use of the IHI trigger tool is to be adopted across all Divisions in order to reduce harm. This will enable the Trust to target areas that require change and measure the improvements achieved.

**Mike Walker**  
**Medical Director**

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**Acting Director of Nursing &Quality**

**APPENDIX 2**

**QUALITY DASHBOARD**