

TRUST BOARD PART I – SEPTEMBER 2011

Agenda Item Number: 145/11

Enclosure Number: (1)

Subject:	Quality Performance Report (July position)
Prepared by: Sponsored by: Presented by:	Fiona McNeight, Head of Governance and Patient Safety Tracey Stenning, Governance Compliance Manager Julie Dawes, Director of Nursing Julie Dawes, Director of Nursing
Purpose of paper <i>Why is this paper going to the Trust Board?</i>	Discussion requested by Trust Board Regular Reporting For Information / Awareness
Key points for Trust Board members <i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i>	A Quality Heatmap has been introduced for July. Please note this is under development. <ul style="list-style-type: none"> • HCAI <ul style="list-style-type: none"> – MRSA: 0 (zero) cases in July. Year to date position: 1 against a trajectory of 2. – C.Diff: 4 cases in July. Year to date position: 34 against a trajectory of 30. Action plan in place to address. • VTE <ul style="list-style-type: none"> – 85.1% compliance for July, subject to validation. • Single Sex Accommodation <ul style="list-style-type: none"> – Zero breaches. • SIRIs <ul style="list-style-type: none"> – 6 SIRIs reported in July of which 3 were pressure ulcers (one grade 4 plaster sore). – 1 death related to potential hospital acquired pulmonary embolus. • Never Events <ul style="list-style-type: none"> – No reported Never Events. • Falls <ul style="list-style-type: none"> – 1 amber reported incident in July. Total of 10 against trajectory of 14. • Pressure Ulcers <ul style="list-style-type: none"> – 3 grade 3 and 4 hospital acquired pressure ulcers reported in July. Total 15 against an upper trajectory of 20. • Complaints <ul style="list-style-type: none"> – Total of Reduction of 9 complaints compared to June 2010. – The overall trust monthly target is 42 therefore; July exceeded the target by 10 complaints. • Medication <ul style="list-style-type: none"> – Allergy status on target to achieve year end target of 71.5%. – Medicines reconciliation currently not on target to achieve the minimum year end target of 77%. Plan in place to address. • Safeguarding adults <ul style="list-style-type: none"> – 6 safeguarding alerts raised in July. – 2 of these raised by external partners, 4 raised by Trust staff.

<p>Options and decisions required <i>Clearly identify options that are to be considered and any decisions required</i></p>	<p>Nil decisions required.</p>
<p>Next steps / future actions: <i>Clearly identify what will follow the Trust Board's discussion</i></p>	<p>Ongoing monitoring of all metrics and regular Board reporting.</p>
<p>Consideration of legal issues (including Equality Impact Assessment)?</p>	<p>Considered – None.</p>
<p>Consideration of Public and Patient Involvement and Communications Implications?</p>	<ul style="list-style-type: none"> • VTE compliance – below national target. • C.Difficile – over trajectory.

Quality Heatmap

The following Heatmap has been introduced for July and will continue to be developed.

Dashboard remains under development

Key Quality Targets Dashboard		2011/12 Targets	Monitoring Period	Apr-11	May-11	Jun-11	Quarter 1	Jul-11	Quarter 2	Change month on month	Yr to date 2010/11	On Plan to Achieve	Areas of Concern
National & National CQUIN Targets	Healthcare Acquired Infection - MRSA	< / = 4	Monthly	0	0	1	1	0	0	↔	1		
	Healthcare Acquired Infection - CDI/F	< / = 78		10	11	9	30	4	4	↓	34		
	Venous Thrombo embolus screening	90%		90.4%	87.8%	79.3%	86.4%	85.1%	85.1%	↑	86.1%		
	Mixed Sex Accommodation Breaches	0		4	0	0	4	0	0	↔	4		
	Patient Satisfaction (5 key questions)	75%		80.2%	80.1%	80.1%	-	80.3%	-	↑	-		
Trust and Contract Targets	Serious Untoward Incidents (excluding HCAI)	Reduce	Monthly	1	12	6	19	6	6	↔	25		
	Never Events	0		0	0	0	0	0	0	↔	0		
	Falls (moderate and severe)	10% reduction		3	5	1	9	1	1	↔	10		
	Pressure Ulcer Incidents (category 3 & 4)	25% reduction		0	8	4	12	3	3	↓	15		
	Hand Hygiene Compliance	95%		96.3%	96.2%	96.4%	-	-	-				
	NPSA Audit Compliance	95%											
	Patient Safety Incidents (excluding SUI)			705	627	666	1998	224	224	↓	2222		
	Number of Complaints	50% reduction		32	43	61	136	52	52	↓	188		
	PALS Contacts			156	180	136	472	150	150	↑	622		
	Patients Moved >2 times	Reduce		641	573	654	1868	623	623	↓	2491		
	Medication Errors (red / amber)	Reduce		5	0	1	6	0	0	↔	6		
	Medication (recording of allergy status)	Improve to 71.5%		76%	67%	64%	69%	-	-	↓			
	Medication (reconciliation of medicines)	Improve to 77%		55%	75%	45%	63%	-	-	↓			
	End of Life Care (% of patients dying on LCP)	50%		40%	48%	43%	44%			↓			
	Unplanned returns to theatre (per 100 cases)	Reduce		-	-	-	0.17%	-	-				

↑	Performance improving
↓	Performance worsening
↔	Performance the same

No concerns. Target achievable
Some concerns. Action required to keep on track
Significant risk to achieving the target

National and National CQUIN Targets

- **Healthcare Associated Infections (HCAs)**

Incidence of MRSA bacteraemia more than 48 hours after admission (PCT/SHA trajectory for 2011/2012 is 4).

There were no cases in July. The trajectory for July was 1 case. Thus, the year-to-date position at the end of July is 1 case against a trajectory of 2.

Incidence of C.Difficile more than 72 hours from admission (PCT/SHA trajectory for 2011/2012 is 78).¹

There were 4 cases recorded in July. The trajectory for the month was 8 cases. Thus the year-to-date position at end of July is 34 cases against a trajectory of 30.

Compared with the first 3 months, the Trust has seen a significant reduction in the number of C.Difficile cases in July, which has resulted in the halving of the deficit against trajectory. At the time of writing, the Trust has not had a hospital-acquired C.Difficile case for 19 days (figure 1).

Figure 1: C.difficile Cases by Week 2011



The Trust has an aggressive trajectory, based on a 27% decrease on last year's excellent output. At the close of July 2010, there were 36 cases of C.Difficile, compared with 34 for July 2011. The Trust anticipates returning to compliance by the end of September.

Additional actions from those reported last month include:

1. The IPCT nurses conduct daily Adenosine Triphosphate (ATP) sampling of the immediate patient environment to ensure high standards of cleanliness.
2. A Trust wide education programme of drop in sessions and lectures has been implemented to update all staff in the prevention and management of C.Difficile

An external review, conducted at the request of the IPCT through the Health Protection Agency concluded that the Trust remains a well performing organisation in relation to C.Difficile as has a robust strategy to become a sustained low C.Difficile system. The Strategic Health Authority has also endorsed the comprehensive action plan to reduce C.Difficile.

¹ Please note the change to the C.difficile terminology from 48 hours from admission to 72 hours from admission. The way these are counted has not changed, the Trust has been using the incorrect terminology.

- **Venous Thromboembolism (VTE)**

Risk assessment figures for July is 85.1%, however, this data is currently being validated and may be subject to change. It is anticipated that the validation process will not affect the compliance significantly.

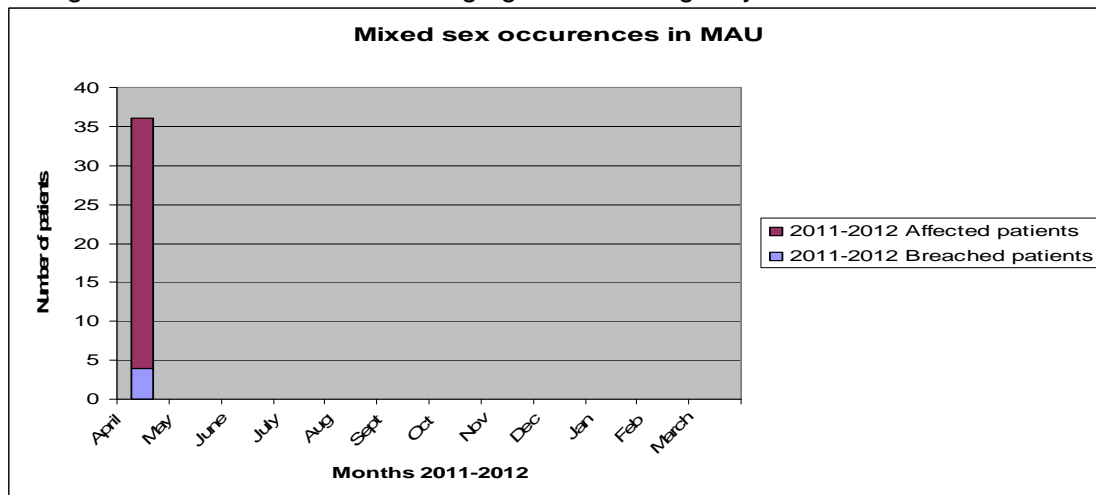
The low compliance is mainly attributable to the embedding of the new VitalPAC module.

Actions being taken to address compliance:

1. Performance against VTE assessment is discussed with every Clinical Service Centre (CSC) and Clinical Director with the expectation that compliance issues will be addressed.
2. Specific remedial actions are taken with 'hot spot' areas, in particular MSK.
3. Continued robust performance through CSC performance meetings.
4. Plan to implement VTE/VitalPAC training at induction for all clinical staff, with particular focus at Junior Doctors induction.
5. Enforcing accountability with medical staff as the appropriate health care professionals to undertake the risk assessment. An email has been sent to all medical staff from the Medical Director.
6. Enforcing accountability at CSC and consultant level for the risk assessments completed in clinical areas.
7. Review of resource to deliver training and support to clinical areas.
8. Moved to weekly monitoring of compliance from monthly.

- **Single Sex Accommodation**

There were no mixed sex occurrences within MAU or the general wards in July, despite large numbers of patients deemed medically fit for discharge who have remained within the hospital throughout the month and a challenging rise in emergency admissions.



Trust and Quality Contract targets

- **Serious Incidents Requiring Investigation (SIRIs)** (excluding HCAs and as reported on STEIS)

Two reports were presented to SIRG in July. One was not signed off, as it was considered that amendments were required to reflect a more comprehensive picture of the care provided.

Six SIRIs were reported in July of which two were grade 3 and 4 pressure ulcers and one grade 4 plaster sore: this compares to four pressure ulcers in June, eight in May (ten have previously been reported, however, one has been downgraded by the Commissioners) and zero in April.

SIRIs July 2011	
SIRI	Clinical Service Centre (CSC)
1 x Grade 3 pressure ulcer	MSK
1 x Grade 4 plaster sore	MSK
1 x Grade 4 pressure ulcer	MOPRS
Pulmonary Embolus	Renal
Medical Device Failure	CHAT
Maternity Incident	W&C

- **Never Events**

Zero 'Never Events' were reported in July 2011.

- **Incidents**

Incidents July 2011		
Month	Incidents	
	Adjusted to include receipt of late reports	Previously reported
July 2011	224	
June 2011	666	234
May 2011	627	616
April 2011	705	704
March 2011	888	877

Up to the time of compiling this report 224 incident reports have been recorded for July 2011.

The top three reported incidents remain as previously reported: slips, trips and falls, pressure sores/ulcer and the administration or supply of a medicine from a clinical area.

- **Falls**

A total number of nine amber and one red rated falls incidents have been reported year to date. (last year there were 39 amber and 4 red incidents reported). The falls number in June / July sees a modest reduction for the second month in succession (May / June).

The trajectory for 2011/2012 is 39 (combined red and amber incidents). The table below demonstrates achievement against the monthly trajectory. As can be seen the Trust is currently within trajectory, with 10 reported falls against a trajectory of 14.

	April		May		June		July	
	2010/11	2011/12	2010/11	2011/12	2010/11	2011/12	2010/11	2011/12
Amber	6	3	3	4	1	1	4	1
Red	0	0	0	1	0	0	2	0
Total	6	3	3	5	1	1	6	1
2011/12 Monthly Trajectory	n/a	4	n/a	4	n/a	4	n/a	2

- **Pressure Ulcers**

A total of 3 grade 3 and 4 hospital acquired pressure ulcers (HAPUs) were reported in July. This brings the total to fifteen HAPUs against an upper trajectory of twenty. Therefore, the Trust is currently on trajectory to achieve the 25% reduction target.

- **Complaints and PALS**

July saw a reduction of 9 complaints compared to June 2011. There has been a decrease of 10 complaints regarding discharge and transfer arrangements when compared to the previous month, particularly in Medicine.

The overall trust monthly target is 42 therefore, July exceeded the target by 10 complaints, these were within Emergency Medicine, Medicine, General Surgery and Women and Children. The remainder of the CSC's met their targets.

Comparison of themes for complaints			
Complaint theme	June 2011 total	July 2011 total	Variance
All Aspects of Clinical Treatment	31	29	▼2
Communication to Patients	9	11	▲2
Admission, Discharge & Transfer Arrangements	14	4	▼10
Attitude of Staff	0	3	▲3

▼ Decrease compared to previous month

▲ Increase compared to previous month

▶ The same compared to previous month

Parliamentary Ombudsman

The Trust is aware of 2 reported cases which were referred to the Parliamentary Ombudsman in July 2011.

Complaint Acknowledgement Rate

100% of all 52 complaints were acknowledged within the 3 day target in July 2011.

PALS Contacts April 2011

There were 150 PALS contacts in July 2011 regarding the Trust. This is an increase of 14 compared to June where 136 contacts were made.

Comparison of themes for PALS contacts			
PALS theme/reasons for contact	June 2011 total	July 2011 total	Variance
Contacts Received	136	150	▲14
Communication to Patients	49	50	▲1
Appointment Delay/Cancellation Outpatients	29	49	▲20
Appointment Delay/Cancellation Inpatients	11	8	▼3

▼ Decrease compared to previous month

▲ Increase compared to previous month

▶ The same compared to previous month

Reported Plaudits

It is important to balance the data the Trust provides about the number of complaints received against the number of plaudits received, therefore CSCs are requested to ensure that all plaudits received are reported to the Patient and Customer Services Department. A total of 1,351 plaudits were received in July

- **Medication Errors**

Analysis of June data highlights that incidents continue to occur most commonly in three stages of the medication process: administration (62%), prescription (19%) and preparation (12%).

Analysis of recent incidents demonstrates that medicine omission within the administration process is a concern. This is being addressed by inclusion in the work being undertaken to address CQC compliance with outcome 9.

The Trust is currently on target to achieve the contractual target of 71.5% for recording of allergy status.

The Trust is currently not on target to achieve the contractual target of 77% for reconciliation of medicines. It is anticipated that the proposed restructure within Pharmacy will release more staff for ward based duties and hence positively impacting on medicines reconciliation.

Quality Indicators

- **Safeguarding adults**

A total of six safeguarding alerts were raised in July. Of those, two were raised by external partners with regards discharge. These are all under investigation and remain open. Trust staff raised four alerts and concerns relating to care prior to admission, disclosure during hospital admission of allegations of financial, physical and/or psychological abuse. All cases were referred to Adult Social Care who has statutory responsibility for managing safeguarding cases.

The key themes remain the same month on month, the number of alerts raised against the Trust are currently reducing. It must be noted that this robust reporting system is still in its infancy. A meeting is to take place shortly between Trust, Commissioners and County and City Councils to discuss and agree future reporting and management arrangements.

- **Safeguarding children**

No exceptions to report.

- **Releasing Time To Care Bundle Programme (Productive ward)**

Releasing Time to Care Bundle (RTtC Bundle)

The Releasing Time to Care Bundle programme continues to show improvements throughout the Trust and this can be demonstrated by the health check survey. At the beginning of the programme all wards were asked to complete a 'RTtC bundle' health check survey which was developed by the NHS Institute of Innovation and Improvement and incorporates the bundle quality initiatives. This Health-Check survey enables wards to set a baseline understanding of how the ward existing processes reflect the Productive Ward vision. This tool gives wards a Health-Check score which is a tangible starting baseline. It also allows wards the ability to track progress over time. A repeat of these scores has been requested and the results show at the start of RTtC bundle programme the average health check score was 66%. The repeat score of 85% has been achieved, illustrating an average of 19% increase on the ward processes now reflecting the productive ward vision or reducing waste and investment in time to care.

The Productive Operating Theatre (TPOT)

Five theatres are now undertaking TPOT programme. Maxillo-facial have held their "patient turnaround" session and have agreed actions and outcomes to improve productivity and quality of care, such as Recovery staff to collect first patient of the day reducing any delays in start times for theatres and the patient. Future plans include: porter role to support staff in theatre; a reduction in duplication of pre-op questions to patients; ensuring each staff member knows their responsibility (deliver training). Ear Nose and Throat are planning the date for their "patient turnaround" session. Musculoskeletal theatres are planned to have their "vision" session in September.

- **Facilities Management**

During the month of July 2011 all of the FM Services provided by Carillion operated within the parameters laid down by the PFI Contract.

- **Portering Service**

This month saw intense activity comparable to those previously experienced during winter pressures, to such a level that additional staff have been required on several days within the month. Consequently the service performance came extremely close to breaching the monthly service failure threshold by a margin of only 3 SFPs. Whilst this was close, the service continues to operate within the boundary of the SFP threshold of 235 SFPs at 232 SFPs from exactly 12,000 reactive tasks logged via the FM Helpdesk. To address this situation, a second dispatcher is being planned to be in situ within the Porters lodge as of next month and an additional telephone line has been installed to aid communication.

Concerns continue with regards to potential misuse of the classification of tasks as defined in the contract between PHT and Project Co. This will be discussed at the formal monthly contract review meeting so that the scale of the issue can be determined with the trust team and the particular departments identified. This was also highlighted at the Partnership meetings

- **Estates Service**

The improvements in performance achieved in previous months has been maintained in July. Technical discussions with regards to the capacity of the emergency generators are ongoing with contingency plans in place to deal with any incidents that may occur. Planned preventative maintenance tasks are currently being monitored with a performance of approximately 83.6% completion on time in the month. Work is progressing to improve the process for small works (improvements/adaptations).

- **Security**

Each CSC has been reminded that they were asked to review the findings and report back to the Security liaison Group meeting on the 11th July with their proposed actions. The deadline has been extended to 12th September meeting.

The NHS Area Security Management Specialist (ASMS) visited the QAH site, within the month, and commented that operationally Security was being managed well and the staff were very professional and well trained. However he voiced concerns regarding the Local Security Management Specialist function and the formal framework of reporting of incidents via the PHT Risk department and as a consequence he has agreed to meet with a Trust representative in August.

- **Domestic Service**

34 Audits took place during the month with 3 failures (8.2%). Remedial works have taken place immediately. One of the areas has been successfully re-audited and the other two areas are due to be re-audited imminently. At the recommendation of Control of Infection in the fight against *C.Dif*, widespread use of *Achticlor* disinfectant tablets has been adopted by CSL for cleaning of all domestic-related patient touch points in clinical areas.

- **Telephone Service**

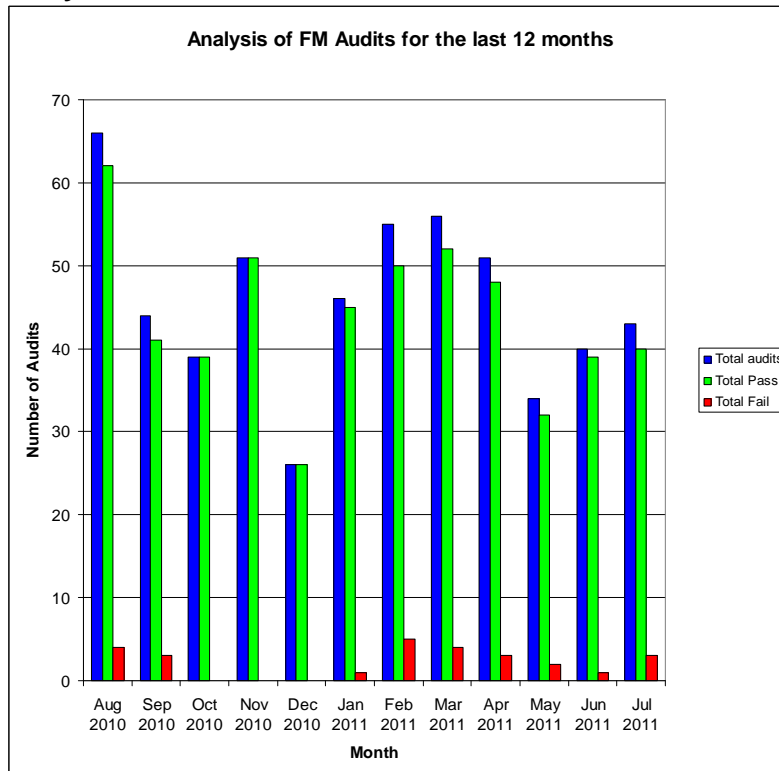
Work on the installation of masts was carried out during July in preparation for the roll-out of the Trust's new mobile phone contract with O². Testing will take place during early August to confirm 70% coverage across the site.

Continued Telecoms performance monitoring of the switchboard operators undertaken in the month has seen operator call response times reduced to an average of 11 seconds from 13 seconds in the previous month.

- **Helipad**
During the month 14 helicopter flights were received, all within agreed landing periods. A public meeting has held on the 6th July to explain to local residents the reasons for the application to Portsmouth City Council to remove existing time restrictions on flights. The application is planned to go before the PCC Planning Committee on 14th September 2011

The Patient Environment Partnership Group (PEPG) continues to meet with meetings in July and August.

Summary of Audits undertaken in the last 12 months



There have been 43 Soft FM audits carried out in the month with three domestic cleaning failures, which were in Haematology & Oncology Staff Support, and Wards D2 & D3. CSL have acted immediately to rectify the areas of concern. The Haematology and Oncology Staff Support area has since been re-audited and passed with a rate of 87%. Wards D2 & D3 are being jointly re-audited on 10th August by representatives from the Trust Monitoring Team and Carillion PSA Management. In addition to domestic audits, the other Soft FM services inspected include Patient Catering, Non-Patient Catering, Car Parking, Post & R&D

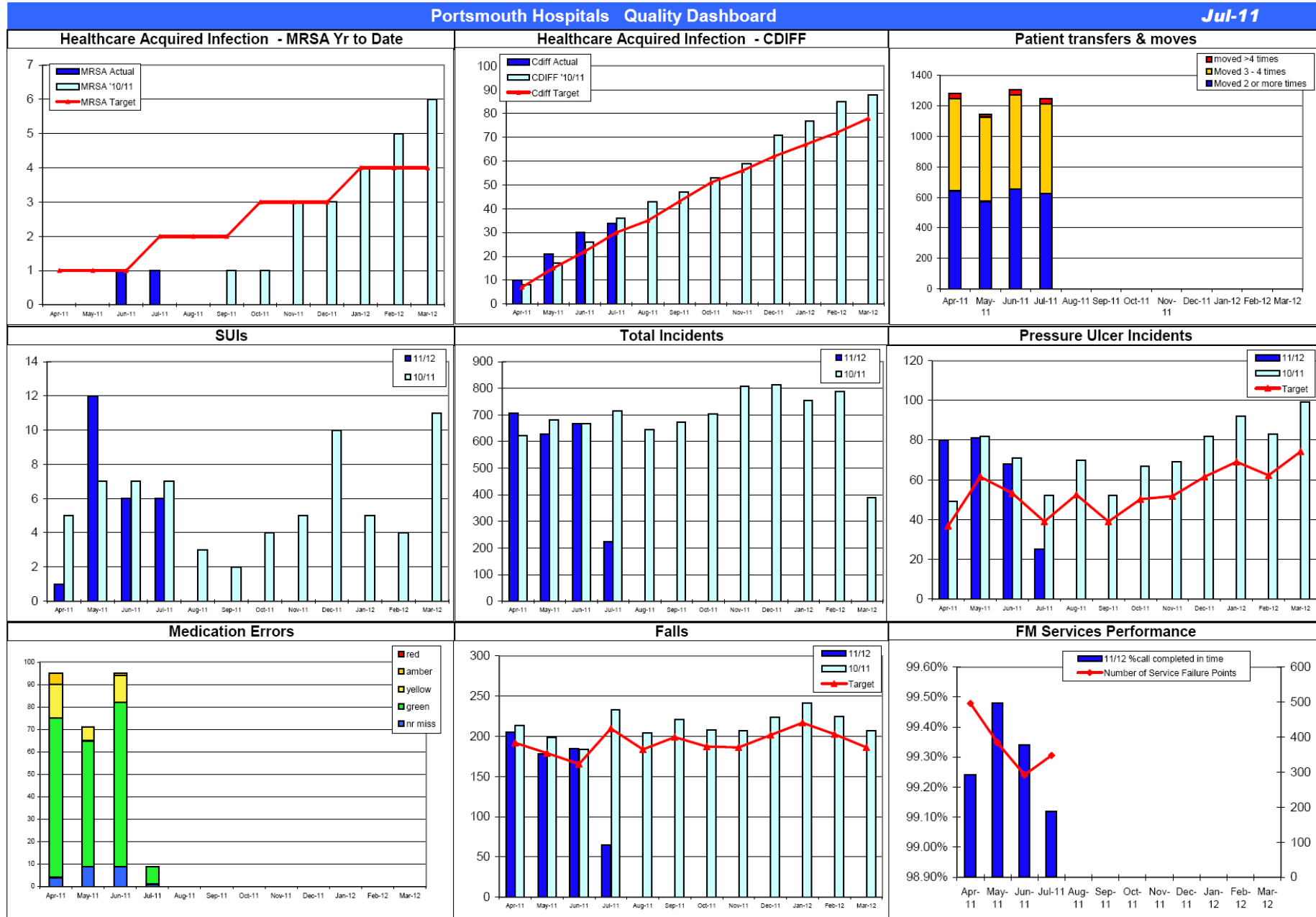
The Captain's Rounds continue to be carried out each month and are found to be beneficial to the FM services as well as to the overall environment of the hospital. The main findings from the Captains Round continue to be aesthetic issues and are being addressed.

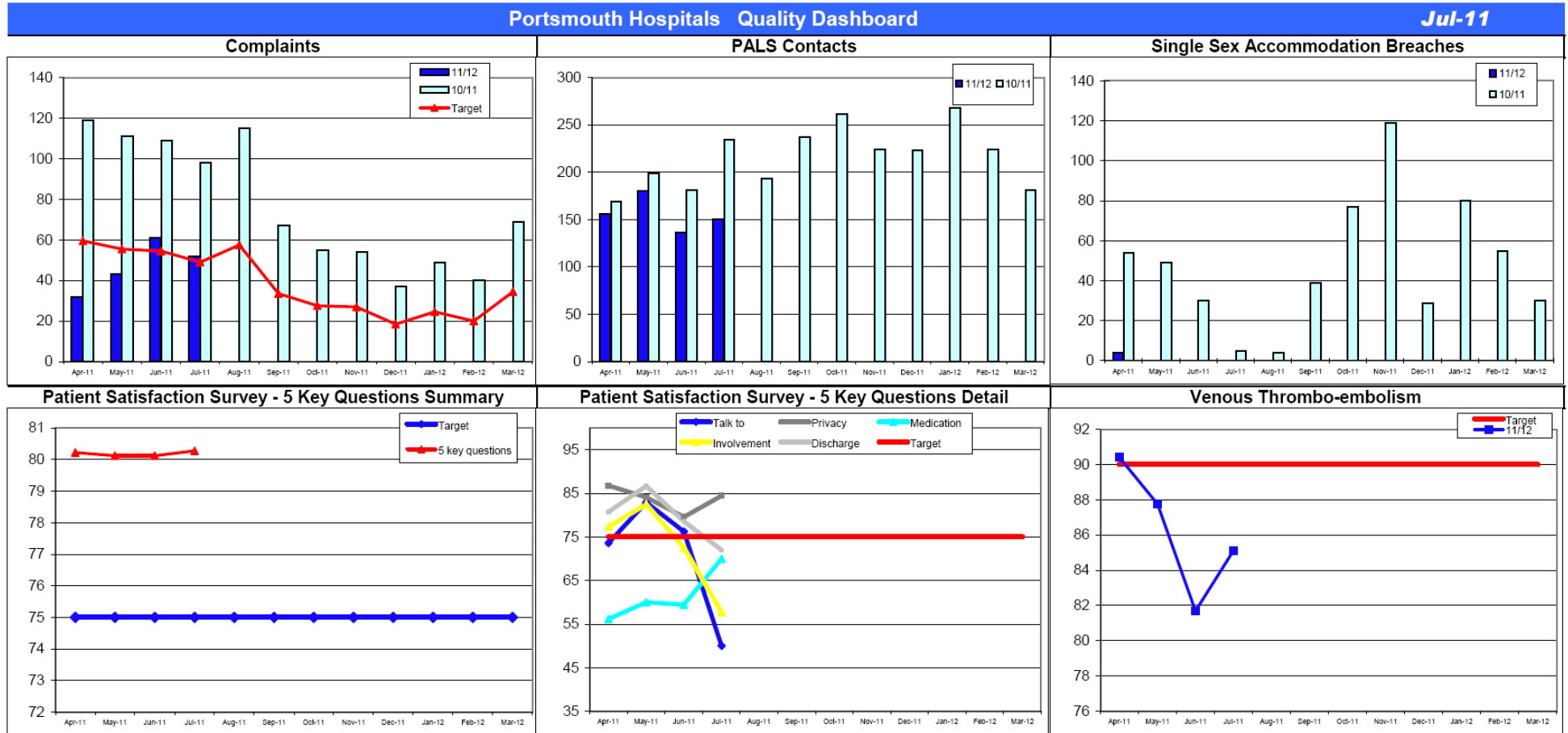
Formal Complaints received via the CSL Help Desk in the last 12 months

The table below shows only the formal complaints received as reported using the Project Agreement payment mechanism. The Development Team continue to work with the Trust Complaints Team on any formal Facilities Management related complaints received through them.

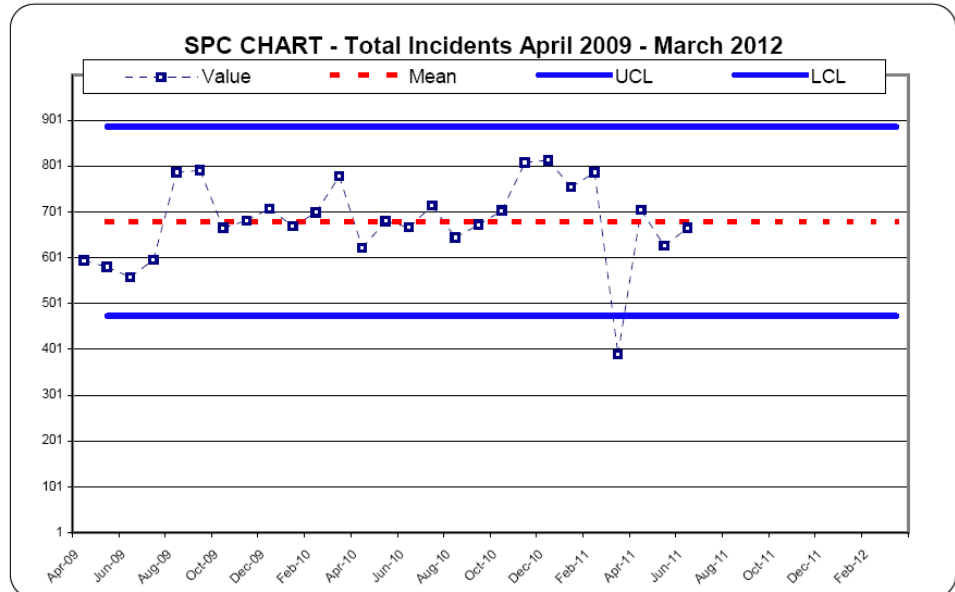
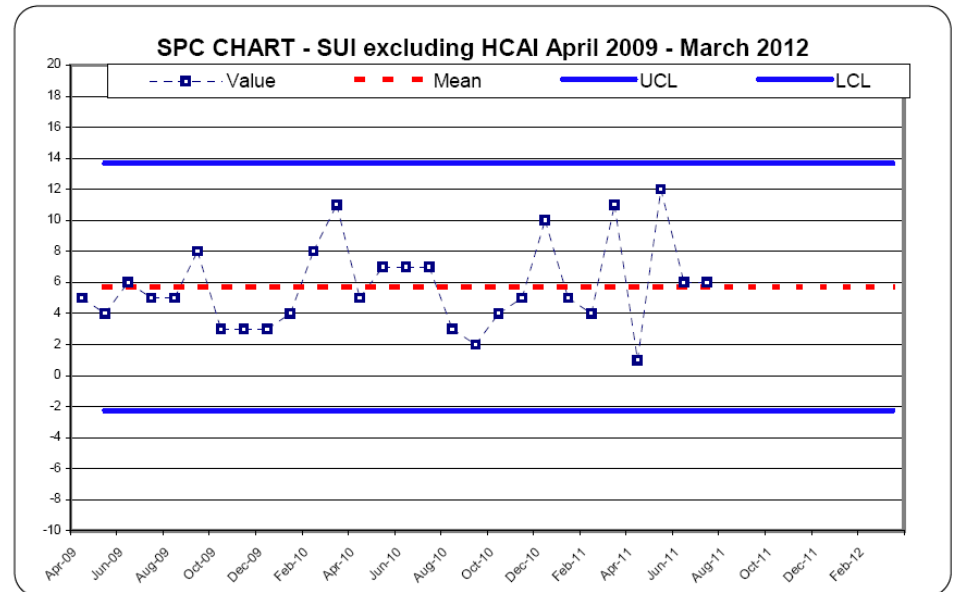
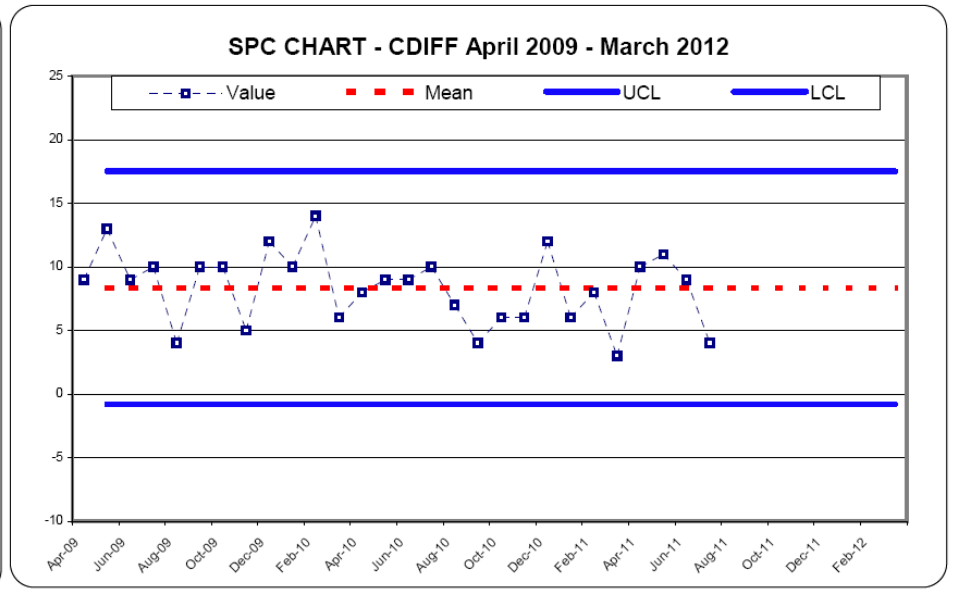
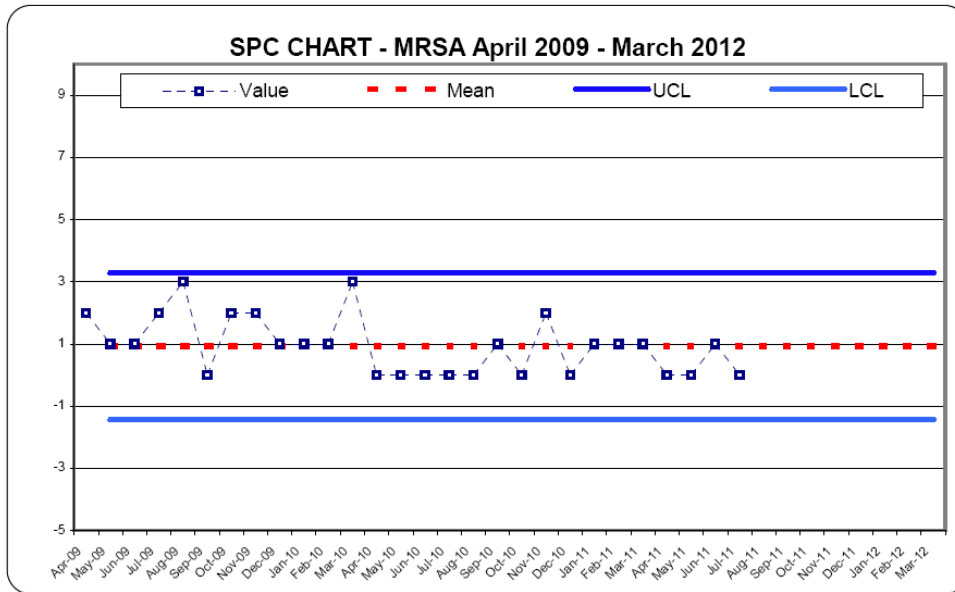
The total numbers of complaints received has shown a small decrease overall from the previous month. This is due to small decreases in complaints relating to Car Parking, Domestic and Patient Catering. There has been a slight increase in the number relating to Portering. The number of complaints relating to Estates continues to have stabilised. The users are encouraged to report both compliments and complaints.

Formal complaints received via the CSL Help Desk in the last 12 months												
Service	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Catering	4	1	2	1	5	1	3	1	3	2	2	0
Car parking	0	0	0	0	0	0	0	1	1	1	13	9
Domestic	8	3	3	2	2	1	5	9	7	2	6	4
Estates	9	6	9	10	9	8	6	10	5	5	2	3
Helpdesk	0	0	2	2	0	0	0	0	0	0	0	0
Housekeeping	3	0	4	2	2	0	1	3	1	3	2	1
Linen	0	0	2	1	3	4	1	1	0	0	0	0
Pest	0	1	1	0	0	0	1	0	0	0	0	0
Portering	7	6	7	10	4	7	7	6	7	1	2	7
R&D	0	0	0	0	0	0	0	1	0	0	0	0
Security	1	0	0	1	0	0	1	1	0	1	0	1
Telecomms	0	2	0	1	2	2	2	0	0	1	0	0
Post	0	0	0	0	0	0	0	0	0	0	0	0
Waste	1	0	0	0	0	0	0	0	0	0	0	0
Totals	33	19	30	30	27	23	27	33	24	16	27	25

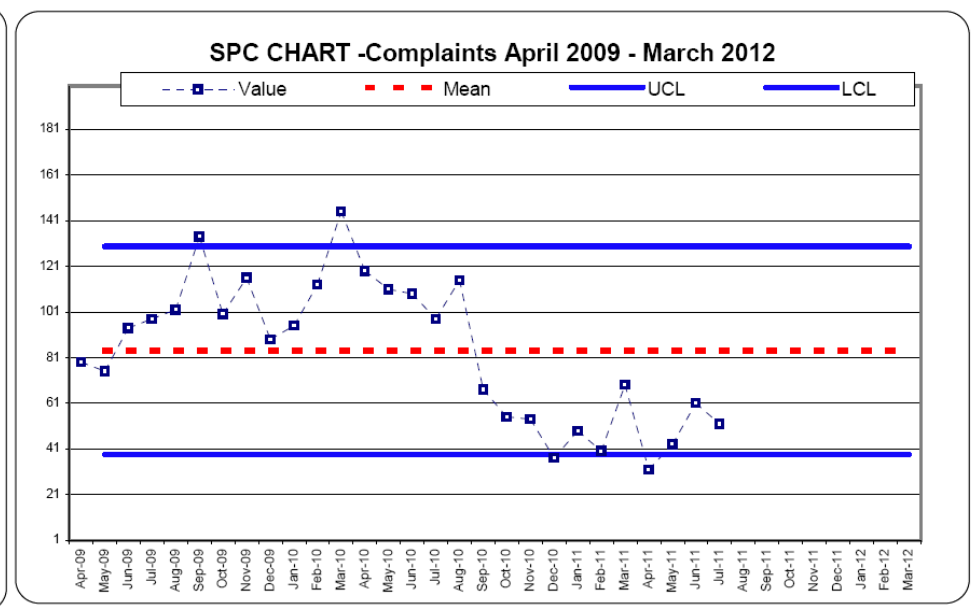
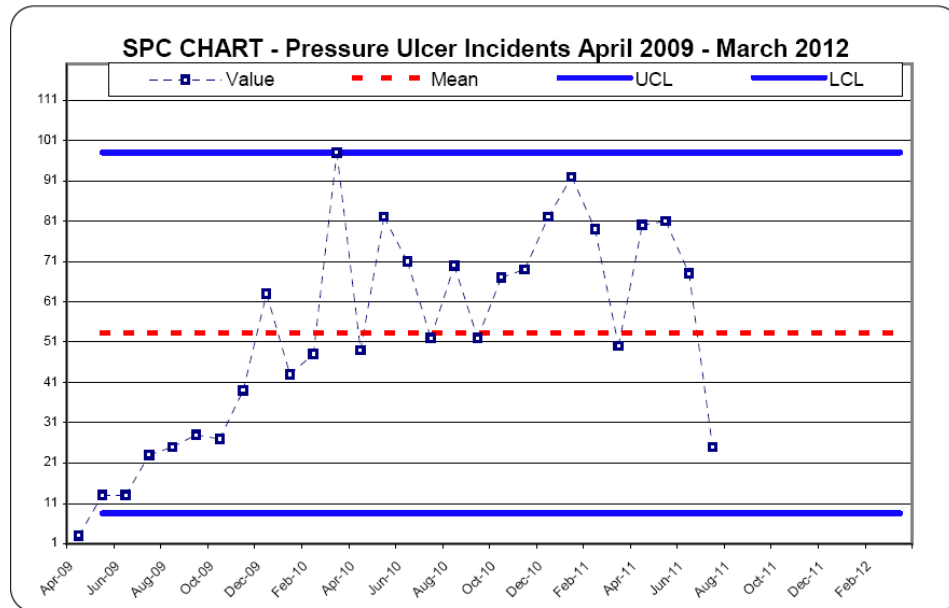
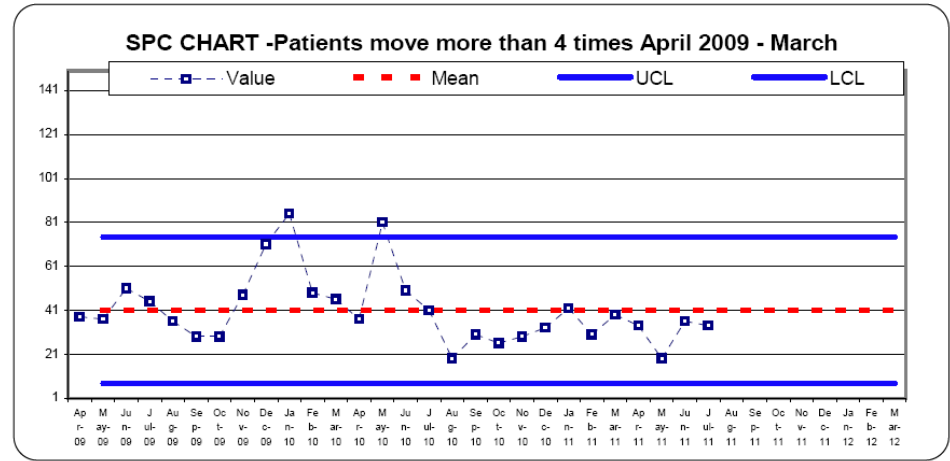
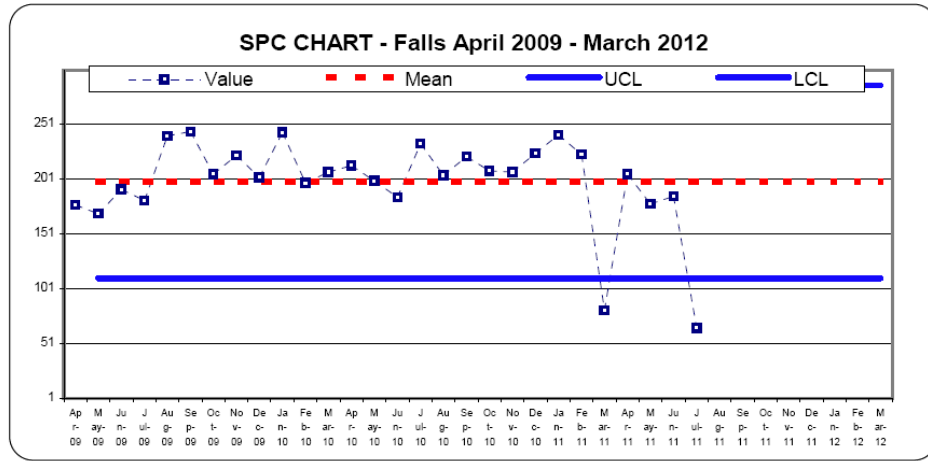




Appendix 2: Statistical Process Control (SPC) format



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