

Trust Board meeting: Wednesday 13 March 2013
TB2013.37

Title	Quality Report
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Status	A paper for information
History	This is a regular report to the Board

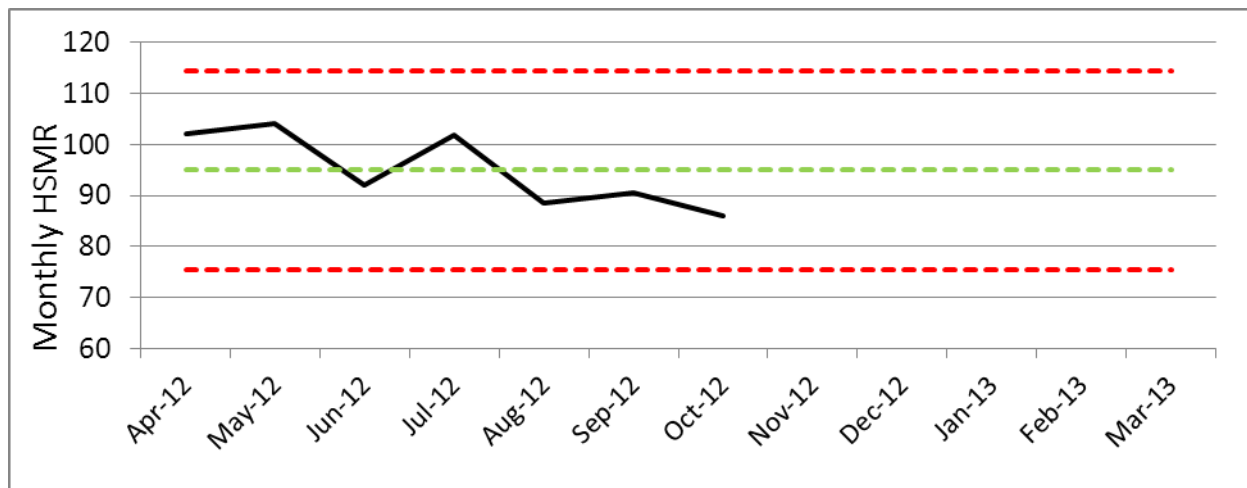
Board Lead(s)	Professor Edward Baker, Medical Director Mrs Elaine Strachan-Hall, Chief Nurse			
Key purpose	Strategy	Assurance	Policy	Performance

Summary

1	Serious Incident Requiring Investigation – Four SIRIs were reported in January 2013, including one 'Never Event' at the Churchill Theatres.
2.	Surgical site infections – An update is presented on the work to reduce surgical site infections. Work is underway in cardiac surgery, orthopaedics, neurosurgery and upper gastrointestinal surgery.
3.	Quality Concerns raised by staff – A summary is provided of recent concerns that staff have raised about potential issues related to quality of care together with the actions taken to address the concerns raised.
4.	Executive walk rounds – Five walk rounds were completed in January 2013. This brings the total to 65 since April 2012..
5.	Patient Safety – In January the NHS Patient Safety Thermometer indicated a 'harm free' rate of 93.48%, compared to 94.55% the previous month. When identifiable 'old' harms are removed from the data, the 'harm free' rate in January is 97.48%, compared with a previous figure of 98.37%. .
6.	Pressure Ulcers – In order to meet the 2013/2014 CQUIN associated with the NHS Patient Safety Thermometer, a 50% reduction in Pressure Ulcers across the whole Oxfordshire health economy is required. The Trust is working in collaboration with Oxford Health in order to develop an improvement strategy.
7.	Central Alerting System – Three new Medical Device Alerts (MDAs) and two new Estates and Facilities Alerts were issued in January 2013. Seven MDAs were due for closure in January 2013; all were closed within the given time frame.
8.	Complaints – There was a decrease in the number of complaints received by the Trust during Quarter Three, October, November and December 2012, compared with Quarter three in 2011-12, and also a decrease on the complaints received for Quarter Two 2012/13.

Risk adjusted mortality measures

1. The most recent SHMI and HSMR for the current financial year are both within the expected range.
2. The latest monthly HSMR since April 2012 is shown the chart below.



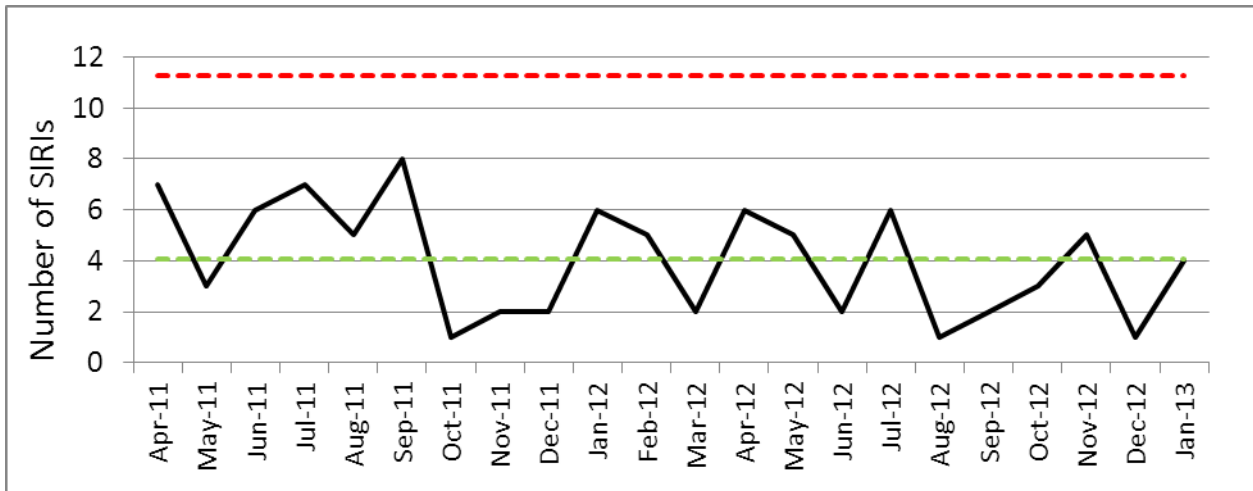
3. A mortality reduction meeting was held on 3 January 2013 to examine current position and actions. It remains the Trust's intention to deliver a steady and sustainable reduction in risk adjusted mortality across all services.
4. Revisions have been made to the standardised mortality review process. Divisions will report summary statistics on a quarterly basis in their monthly quality reports. This data will be important to determine the proportion of avoidable deaths at the Trust and to identify and share lessons learnt.
5. Work to improve the coding of primary diagnoses and Charlson Index co-morbidity coding to provide accurately coded data continues.
6. The HSMR for non-elective admissions at weekends during this financial year is within the expected range and not increased compared to other days of the week.

Incidents for January 2013

7. Four serious incidents (SIRIs) were reported in January 2013.

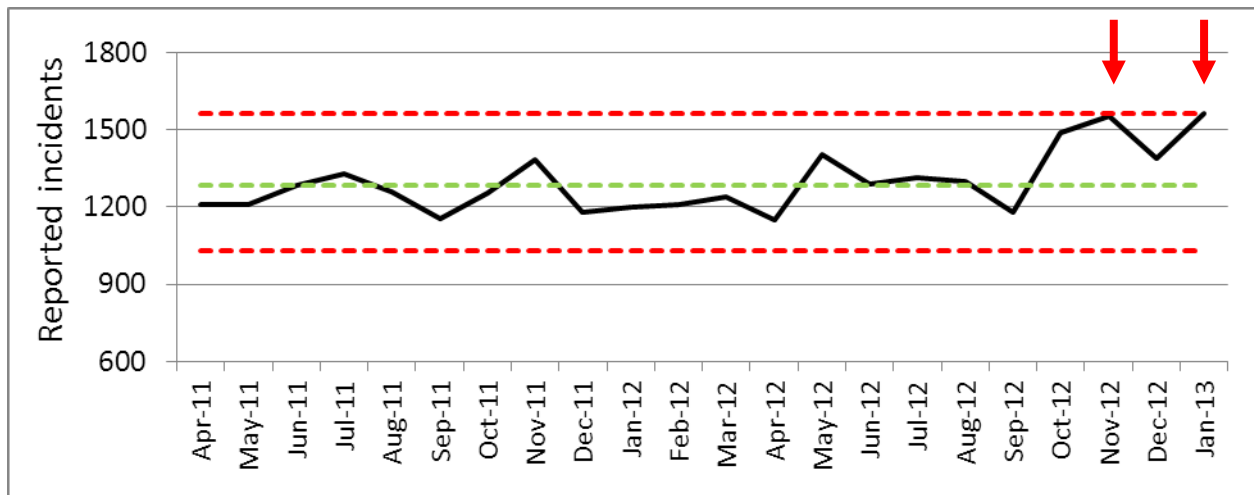
SIRI Ref	Division	Area	Date of Incident	Date SIRI Opened	Description
2013/001	W&C	Theatres	16/12/2012	11/01/2013	Perinatal trauma
2012/002	S&O	Churchill Theatres	22/08/2012	14/01/2013	Retained swab Churchill theatres
2013/003	EMTA	ED	11/01/2013	30/01/2013	Missed diagnosis in ED
2013/004	CVT	CTCC	22/01/2013	31/01/2013	Removal of central line, Cardiac Critical Care,

8. The chart below shows the number of SIRIs reported each month since April 2011.



9. The closure of SIRI investigations within the target set by the PCT is at 75% for January 2012. Processes have been changed in the department to make closure date information more prominent. This is being monitored bi-weekly.

10. The total number of incidents reported each month since April 2011 is presented below. The Trust changed the incident reporting system to Datix in April 2012 and carried out a phased implementation programme. An increase in reported incidents has been observed since the full roll-out in October 2012.

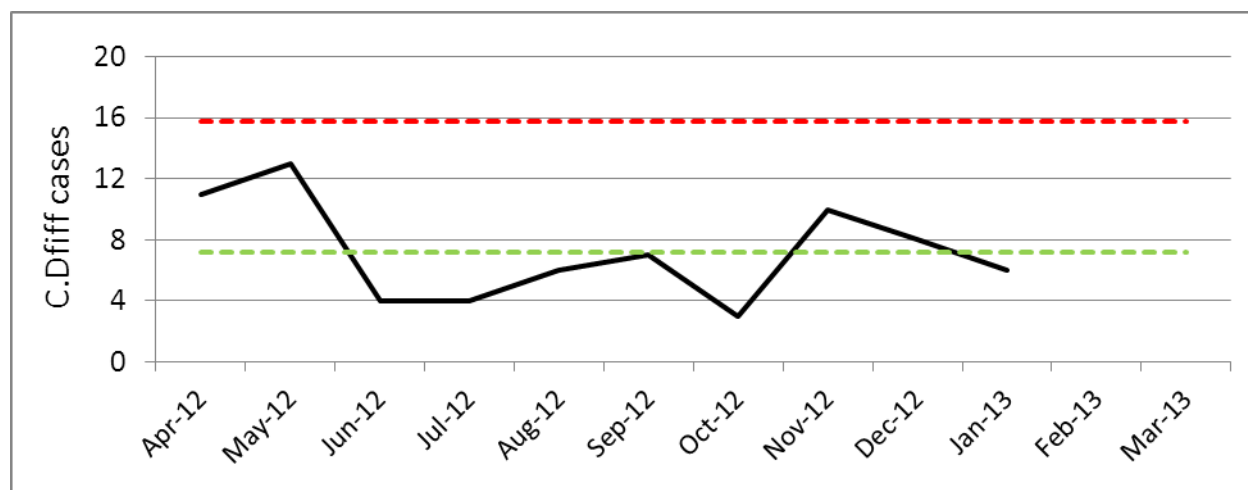


The top five incident groups, making up 52% of the total, in January were:

- Falls/slips 15%
- Pressure ulcers/Tissue/skin integrity 13%
- Medication errors 12%
- Appointment/Admin 7%
- Documentation/record/EPR 5%

Infection Control

11. In January, there was a Norovirus outbreak in one ward in General Medicine. It lasted for four days resulting in the ward being closed for one day and restricted access for the remaining three days.
12. At the end of January, the Trust remains within its MRSA bacteraemia and Clostridium difficile objective for 2012/2013.



13. Surgical Site Surveillance (SSI) continues within Cardiac surgery. All suspected sternal wound infections are discussed in case review meetings where the infection is categorised as superficial or organ space infection (mediastinitis).
14. The mediastinitis rate in the period October to December 2012 was 2.25%.
15. There was only one suspected infected case since January 2013. The overall rate for January will not be known until the end of April 2013.
16. All of three orthopaedic units in the Trust are carrying out their annual three month (January – March 2013) mandatory Health Protection Agency SSI for fractured neck of femur and total hip replacements.
17. The infection control service with neuro surgery is working to establish an infection rate following the insertion of deep brain stimulators.
18. An additional project has started with upper general surgery looking at patients who had had Wipples procedure (surgery for pancreatic cancer).

Quality concerns raised by staff

19. Action is currently being taken to investigate and address potential quality concerns raised by individual members of staff.
20. Staff in the emergency department raised a concern about the availability of support for children presenting with in the emergency department with an airway problem. An interim arrangement has been put in place to ensure patient safety and the Trust Management Executive agreed a permanent solution involving a resident on-call consultant rota on 28th February 2013.

21. Cardiac surgeons have raised concerns about the staffing levels of surgical care practitioners in the cardiac theatres. The independent review of theatres that was already underway had been asked to consider this matter specifically and will report and make recommendations shortly.
22. Individual doctors have raised concerns about the support for foundation doctors on Surgical Emergency Unit and on inpatient wards at the Churchill Hospital. The Surgical Directorate is introducing changes to middle grade rotas to ensure that all foundation doctors have readily available advice and support from more senior staff.

Executive Walk rounds

23. Five walk rounds were completed in January 2013. A total of 65 since April 2012.
24. The key issues included concerns regarding the provision of transport for patients in Oxford Centre for Enablement which has been addressed through a review of the Patient Transport Service contract and a development of a standard operating procedure (SOP). A SOP will also be developed to address concerns with accessing medical support in emergencies at the nurse-led Brodey Centre at the Horton General Hospital. All issues raised have an associated action to resolve them within a defined time period.
25. Good practice in all areas visited was noted. Patient feedback and consideration of the patient experience have influenced developments in several areas including the introduction of soft-closing doors in ward 6A to reduce noise at night.

Patient Safety

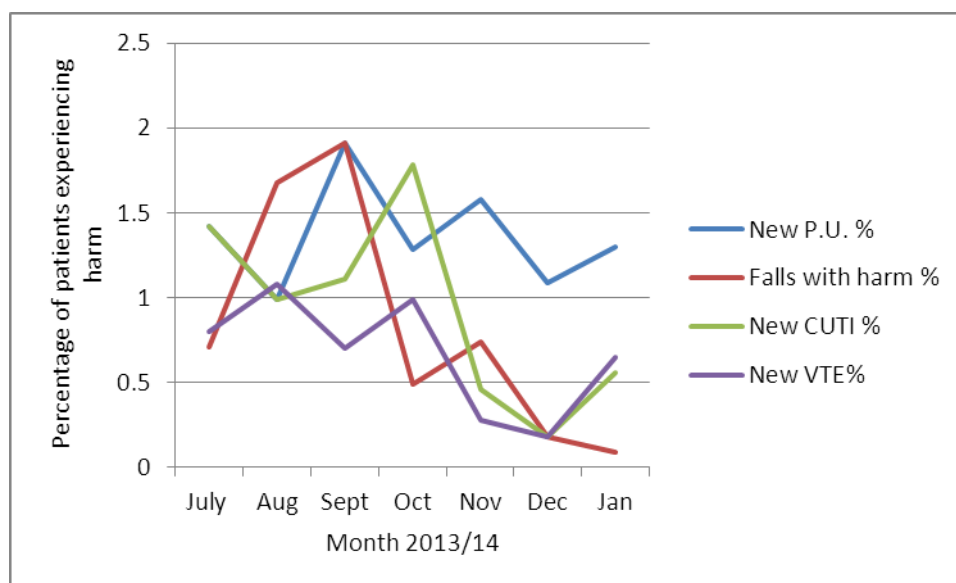
26. In January the NHS Patient Safety Thermometer indicated a 'harm free' rate of 93.48%. This is a decline from the previous month (94.55%). When identifiable 'old' harms are removed from the data, the 'harm free' rate in January is 97.48%, a decline from the previous month (98.37%). Detail of the 'harm free' care rate for the past 3 months within the OUH is provided below:

Table 1: 'Harm free' care rate within the OUH during November, December and January.

	Nov	Dec	Jan
Patients	1077	1101	1073
'Harm Free' Care % *	97.21	98.37	97.48

*'Harm free' rate when 'old harms' are removed from the data.

27. The Safety Thermometer enables identification of the harms caused to patients. The chart (Chart 4) below provides a breakdown of the 'new' harms by category, since July 2012.



Percentage of 'new' harm by category since July 2012.

28. There was a slight increase in the number of Pressure Ulcers in January and these continue to account for the largest percentage of 'new' harms in the OUH. In January Pressure Ulcers caused 'harm' to 1.30% (n=14) of the patients surveyed; 1.03% (n=11) were category II, an increase from December and 0.28% (n=3) category III, a slight increase (although the same number) as December.
29. A trust wide audit has been undertaken by The Trust's current bed/mattress supplier in February, including prevalence results of pressure ulcers, preventative equipment utilised and processes of skin integrity assessment and care planning. This report is due later this month. The Trust has identified through a previous audit a number of mattresses that require replacement, a case of need has been sanctioned and the Trust will proceed to replace these mattresses within the next 3 weeks. This will be followed by a business case in order to enable a sustainable mattress replacement programme.
30. It has been confirmed that to meet the 2013/2014 CQUIN associated with the NHS Patient Safety Thermometer a 50% reduction in Pressure Ulcers across the whole health economy is required. The Trust is working in collaboration with Oxford Health in order to develop an improvement strategy. The Trust has reviewed the terms of reference for the Tissue Viability Working Group to incorporate Oxford Health partners in order to develop a health economy wide strategy in the prevention of pressure ulcers, including equipment and dressing formularies.
31. The Trust-wide Falls Group has re-convened and met in January 2013. The group will focus on delivering, monitoring and evaluating the FallSafe care bundle throughout the organisation. All hospital acquired VTEs (HATs) are investigated by the Trust Thrombo-prophylaxis nurse. The incidence of HATs is consistently decreasing (April to September 2012 data), with most non-fatal HATs occurring in general medicine and trauma, and most fatal HATs occurring in medicine. Work continues to ensure risk assessments are completed accurately and appropriate prophylaxis is prescribed which should reduce the number of VTEs acquired as a

result of care within the OUH. This work is monitored by the Trust Thromboprophylaxis Committee.

32. The OUH Continence Service Team estimate the cost to the Trust of treating Catheter Associated Urinary Tract Infection to be over £4.6 million every year and are working to reduce the incidence by monitoring the prevalence of catheter use through audit, identifying and removing inappropriate urinary catheters and providing training for nurses, midwives, clinical support workers and medical students. Additionally there are plans to procure devices which will further reduce the rate of catheterisation and risk of developing an infection. The team provide regular reports to the Hospital Infection Control Committee.

Central Alert System (CAS)

33. There are no alerts currently breaching the required deadline. Three new Medical Device Alerts (MDAs) and two new Estates and Facilities Alerts were issued in January 2013. Seven MDAs were due for closure in January 2013; all were closed within the given time frame.

Complaints

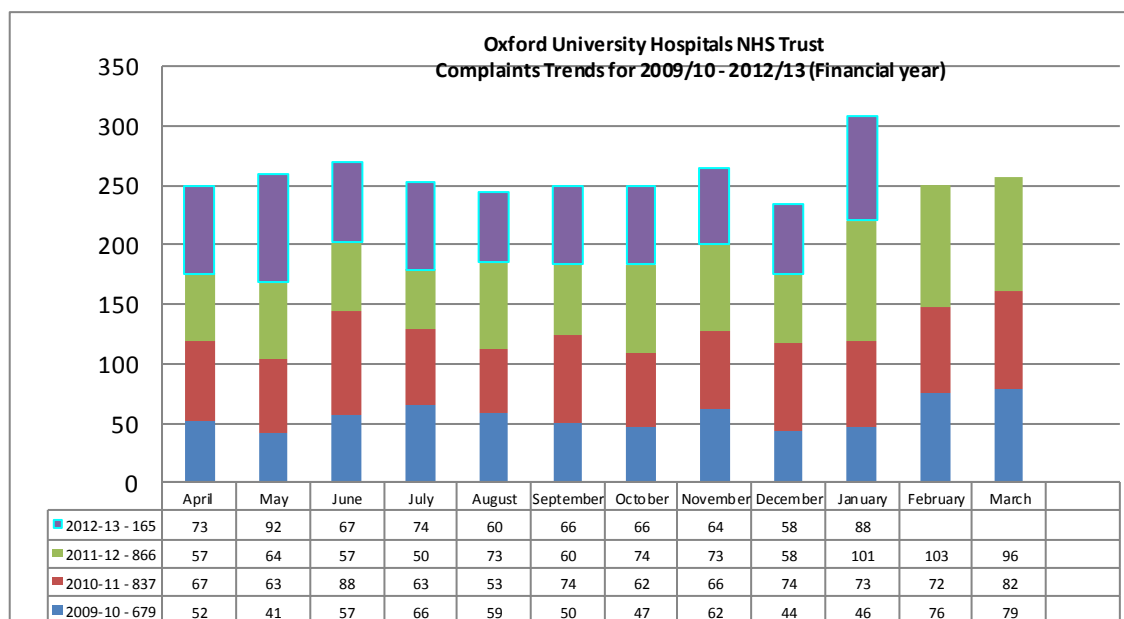
34. The number of complaints received in January (88) is an increase in the number of complaints received compared to December (58). The table below demonstrates the rate of complaints as a percentage of overall activity.

Division	Activity Jan 2012 to Jan 2013	Complaints Jan 2012 to Jan 2013	%
Cardiac Thoracic & Vascular	58976	51	0.08%
Critical Care Theatres Pharmacy & Diagnostics	21394	50	0.20%
Children & Women's	154474	154	0.10%
Emergency Medicine & Therapies	320072	176	0.05%
Musculoskeletal & Rehabilitation	133837	80	0.06%
Neurosciences & Specialist Surgery	253025	261	0.10%
Surgery & Oncology	291327	189	0.06%

35. Further work is being undertaken to understand the differences in the percentage rate of complaints between divisions.
36. The four key themes identified remain patient care/experience, delays/waiting times (appointments, admissions discharge and transport), communication and behaviour. All Divisions have received complaints in one or more of these categories.

New Complaints – January 2013

37. Of the 88 new complaints, 3 were graded red, 12 were graded orange, 52 yellow and 21 green.



Management of complaints

- 38. In January all complaints were acknowledged within the statutory 3 working days.
- 39. There was full compliance in responding to complaints within the agreed timescales for December. There are some complaints for November and December which remain open and within the complaint process.

Ombudsman Investigations

- 40. The Ombudsman requested information on two complaints, one relating to the supply of a prosthetic joint and the other relating to the delayed diagnosis.
- 41. The Trust also received notification from the Ombudsman that one complaint following her review was not upheld and this complaint related to allowing siblings to visit a baby in the Neonatal Unit.

Patient Experience

- 42. Patient experience data has been collected from 126 telephone calls, 50 'let us know your views' questionnaires, 8 comments/suggestions form, 22 attendances to the PALS office in person, 8 comments on NHS choices, and 91 instances of feedback in written form.
- 43. The majority of comments received relate to issues that need resolving (65%). Additionally, 11% of the feedback in January was negative (without an issue to resolve). However, 16% of the comments received were positive.

Issue for resolution	185	65%
Positive Feedback	45	16%
Negative Feedback	30	11%
Advice/ information request	16	6%
Mixed positive and negative	8	3%

44. The table below provides a summary of the top four feedback issues.

Top 4 patient feedback issues	
Caring, friendly and helpful attitude/high quality care	33
Appointment, treatment and discharge delays	83
Communication/Consent/Confidentiality	36
Negative attitude (disinterested/rude)	11
Source of patient experience reports	
Telephone	126
Email	78
Let us know your views Leaflet	50
In person	22
Letter	13
Comments/suggestion form	8
NHS Choices	8
Not specified	4

45. Problems with the Trust's appointment systems remain prominent amongst issues raised with PALS, though the number has reduced from 138 in November to 83 in January. Historically, the services with the most issues are ENT and ophthalmology. The Complaints and PALS coordinator for the Division has been working with the specialist surgery management team to monitor improvements, which include increasing consultant and administrative capacity and on-going audits on unanswered calls.
46. The number of PALS contacts relating to ENT appointments have reduced: there were 4 comments in January, down from 11 in November. Although the comments relating to appointments in ophthalmology have reduced from 23 in November to 15 in January, this remained the highest number of comments in the trust. The team have investigated why this remains an issue: the complaints relate to the AMD (age-related macular degeneration) service, for which the guidelines have recently changed to require patients to be seen more quickly and more often. This was an immediate change to the guidelines which is why there have initially been problems in coping with the increased demand, but the service is now running extra lists to accommodate this.

Friends and Family Test

47. The Trust is testing the methodology for this test and during February rolled out the requirement to all inpatient wards and emergency departments. The Patient Experience and Involvement Manager is now visiting all sites to remind staff and discuss this important feedback mechanism with ward managers. There is a national CQUIN for achieving a 15% response rate in quarter 1 2013-14 and a 20% response rate in quarter 4; several methods will be used to encourage patients to respond, including leaflets and posters in patient areas.

48. The methodology for scoring the Friends and Family Test is carefully defined by national guidance and involves a calculation as follows: the proportion of patients who would strongly recommend, less those who would not recommend, or who are indifferent. The proportion of people who would recommend (but not strongly) are not counted in this calculation.

Ward Sister /Charge Nurse Leadership programme

49. The first (pilot) cohort of 21 band 7 leaders has completed the programme of 5 one day workshops over a ten month period. Whilst individual evaluation is positive, the review of the programme suggests scope for improvements to the next programme in terms of measureable outcomes in clinical care. The evaluation will be presented to the April Quality Committee.

Nursing Quality Indicators

50. The key issues arising from these are the safe staffing of the escalation beds. This is managed on a twice daily basis with the addition of bank and agency staff.

Recommendations

51. The Board is asked to receive the report and note the actions being taken.

Professor Edward Baker, Medical Director

Elaine Strachan-Hall, Chief Nurse

February 2013