

Quality Account Update

Key Highlights and priorities

Jo Bennis – Chief Nurse

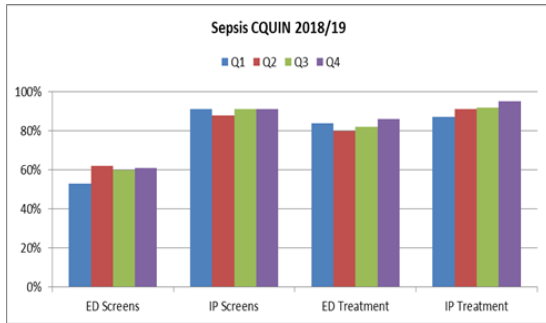
Kanchan Rege – Medical Director
and Deputy CEO



Priorities update for 2018/19

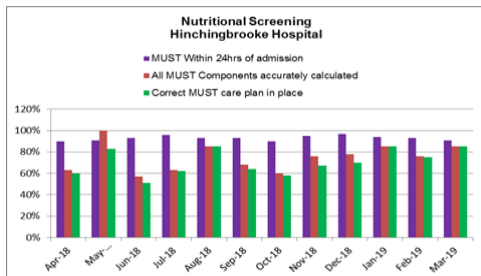
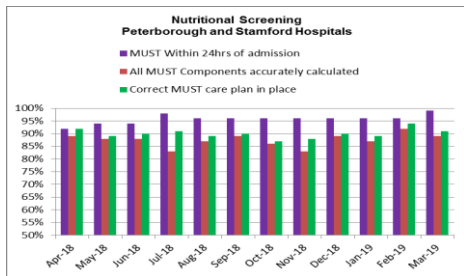
- Goal One - Safe domain – Sepsis - ACHIEVED

- Recruited two part-time Sepsis Specialist Nurses
- Continued roll out of education programme and mandatory training
- Worked with Associate Medical Director to improve medical engagement
- Reviewed Sepsis care bundles for effectiveness and ease of use
- Completion of Sepsis CQUIN data for quarterly reporting



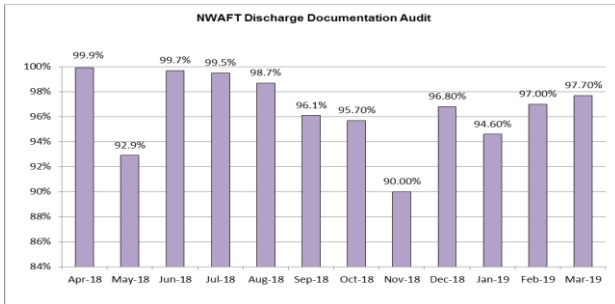
Priorities update for 2018/19

- Goal Two - Safe domain - Nutritional Screening – PARTIALLY ACHIEVED
 - Year end results improved across the Trust
 - 94% of patients had a nutritional screening assessment completed within 24 hours of admission
 - 80.4% of patients had all aspects of the nutritional screening tool completed accurately
 - 77.3% of patients had an appropriate nutritional care plan in place



Priorities update for 2018/19

- Goal Three - Safe domain – Complete and safe patient discharge – **ACHIEVED**



The target of 90% compliance with discharge checklists was consistently achieved by the end of Q2; however compliance with the target of 95% by the end of Q3 has been variable, only achieving two out of three months during quarters three and four respectively.



Priorities update for 2018/19

- Goal Four - Effectiveness domain – Mortality Surveillance and SJRs - **ACHIEVED**
 - **SJR**
 - Triage of **92%** of all inpatient deaths to identify if they meet the criteria set down by the NQB
 - **51%** of deaths subjected to case record review year to date (YTD) (using SJR or NCEPOD methodology)
 - **56%** of all deaths reviewed identified a **good or excellent standard of care**
 - **Less than 2%** of deaths reviewed identified care 'more likely than not' to have caused or contributed to the patient's death
 - **Five** cases were referred into the Serious Clinical Incident Group (SCIG) with **three** meeting SI criteria
 - Reviews of **19** patients with a Learning Disability were undertaken:
 - 13 identifying a Good or Excellent standard of care overall
 - Three cases identified an Adequate standard of care
 - Three cases; the care was deemed to be Poor. In two of these cases, the reviewers did not consider the poor care caused or contributed to the patient's death but opportunities for peripheral learning were identified. One case was referred to SCIG and subsequently declared as an SI
 - A total of **14** SJRs identified an **Excellent standard of care** (including three LD patients).



Priorities update for 2018/19

- Goal Four - Effectiveness domain – Mortality Surveillance and SJRs - **ACHIEVED**
 - **Medical Examiners:**
 - A total of nine Medical Examiners were recruited
 - Training for the Medical Examiners was provided which involved completion of 26 online modules from the Royal College of Pathologists
 - There was also mandatory attendance at a face to face training event
 - The new Medical Examiner policy was endorsed in March 2019
 - Workstream now on hold due to roll out of national guidance



Priorities update for 2018/19

- Goal Five – Effectiveness domain – Datix Clinical Incident reports – **PARTIALLY ACHIEVED**
 - 91% of fully investigated incidents were ready to be finally approved within 30 days of the reported date
 - One Division exceeded the target and achieved 95% of incidents within 30 days.
 - There is greater divisional ownership of incidents across the Trust with all three Clinical Divisions including this metric in their Divisional Governance report.
 - 70% of finally approved incidents had a learning outcome
 - There remains further work to achieve 90%
 - One of our key considerations at present is how we make this a mandatory field to ensure investigators identify a learning outcome.













Priorities update for 2018/19

- Goal Six – Effectiveness domain – Implement Healthroster Medics - **ACHIEVED**
 - Healthroster Medics was successfully rolled out to five key departments across the PCH and Hinchingsbrooke sites by the end of March 2019
 - Six further departments had been set up for use of the system which was in its infancy



Priorities update for 2018/19

- Goal Seven – Patient Experience domain – FFT for Emergency Department – not achieved

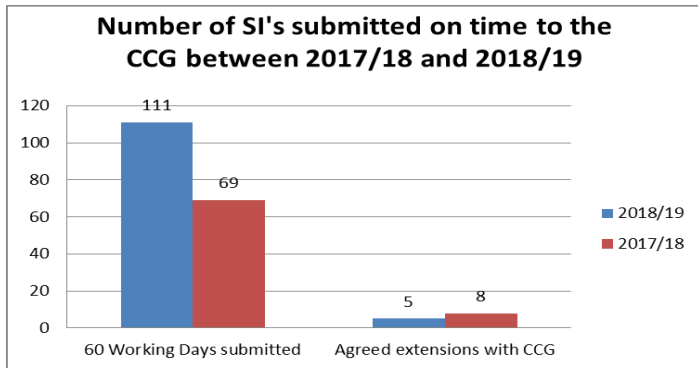
ED FFT Response Rate %	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Trend	FYTD
National	12.9%	12.4%	13.0%	12.8%	12.9%	12.2%	12.2%	12.1%	11.4%	11.9%	12.2%	9 May 2019 for March 2019 data		12%
ED NWAFT	1.4%	1.7%	2.6%	2.0%	2.8%	3.2%	3.2%	3.0%	2.2%	2.9%	2.6%	3.5%		3%
ED FFT Recommendation %	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Trend	FYTD
National	87%	87%	87%	87%	88%	86%	87%	87%	86%	86%	85%	9 May 2019 for March 2019 data		87%
ED NWAFT	89%	91%	95%	94%	85%	90%	92%	94%	86%	87%	90%	90%		90%
ED PCH	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Trend	FYTD
ED Response Rate	0.3%	0.2%	0.8%	1.1%	2.1%	1.8%	2.4%	2.6%	2.1%	3.8%	1.9%	3.5%		2%
ED Returns	16	15	45	70	124	105	137	99	125	233	111	219		
Recommendation %	75%	73%	87%	93%	73%	91%	88%	89%	78%	86%	87%	80%		83%
ED HH	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Trend	FYTD
ED Response Rate	0.7%	3.0%	5.1%	2.8%	3.5%	3.7%	5.1%	5.0%	3.2%	1.9%	5.4%	4.4%		4%
ED Returns	19	98	120	70	84	83	108	105	71	47	123	114		
Recommendation %	79%	92%	94%	96%	94%	95%	95%	99%	97%	94%	95%	96%		94%

The Trust has failed to match the response rate of the national average YTD however, it has exceeded the national average satisfaction score at year-end



Priorities update for 2018/19

- Goal Eight – Patient Experience domain – Serious Incidents – ACHIEVED

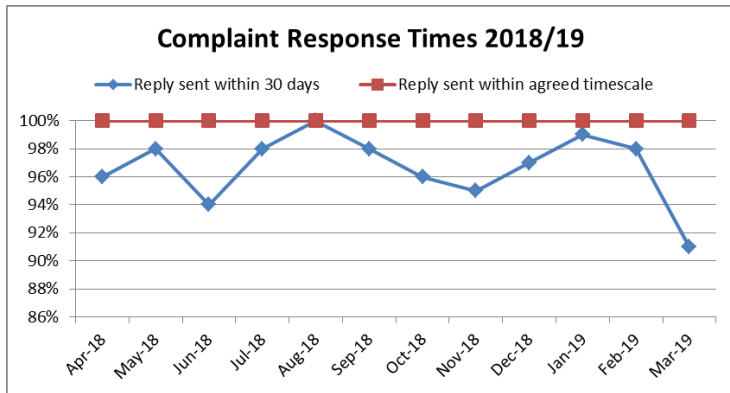


The Trust achieved the target of 100% of serious incident reports completed within 60 day or agreed timeframe



Priorities update for 2018/19

- Goal Nine – Patient Experience domain – Complaints – ACHIEVED

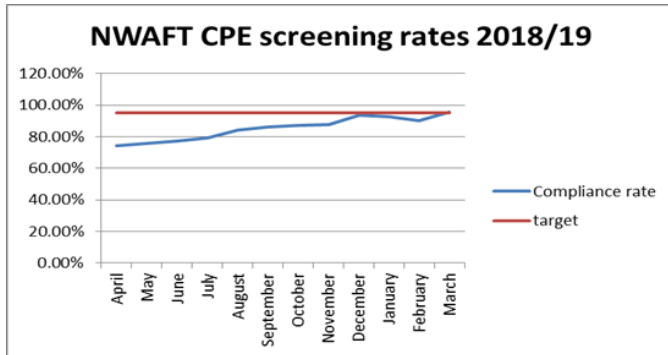


The Trust achieved the target of 90% of complaints responded to within 30 working days and 100% of complaints responded to within 40 working days



Priorities update for 2018/19

- Goal 10 – Infection Control domain – CPE risk assessments – **ACHIEVED**

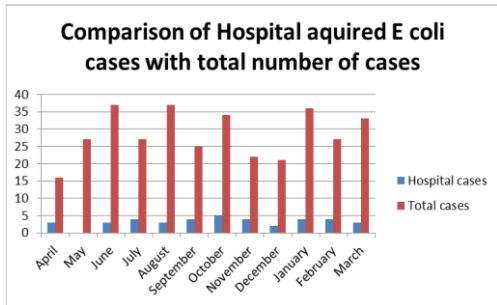
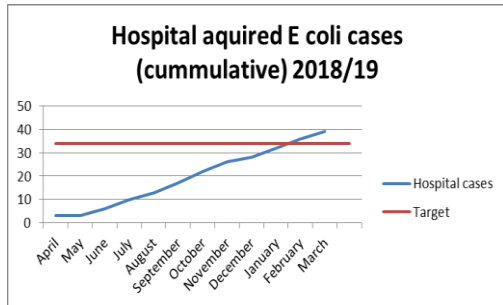


The Trust achieved the target of 95% compliance with CPE risk assessment being completed on admission for all in-patients



Priorities update for 2018/19

- Goal 11 – Infection Control domain – E. Coli reduction – PARTIALLY ACHIEVED

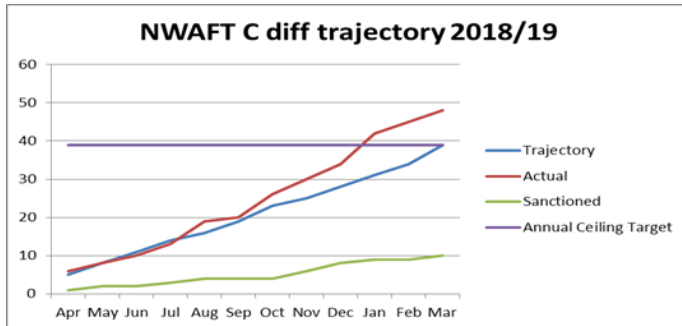


The Trust partially achieved the target of a reduction of 20% on 2017/18 year end total of 42 hospital acquired cases. By the end of Q4 there had been 39 cases of hospital acquired E. coli bacteraemia. This is a 7% reduction on 2017/18 cases.



Priorities update for 2018/19

- Goal 12 – Infection Control domain – C. diff reduction – PARTIALLY ACHIEVED



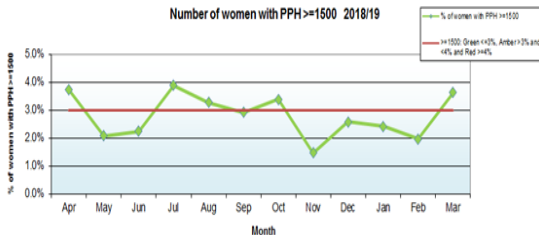
The Trust did not meet the target of a total of less than 39 crude cases of C. diff in year, having reported a total of 48 cases. The Trust did however reduce the number of sanctioned cases from 2017/18 total of 17 to a year end total of 10.



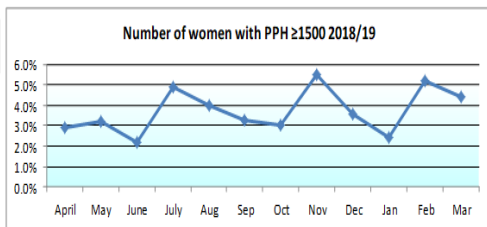
Priorities update for 2018/19

- Goal 13 – Maternity domain – Post-Partum Haemorrhage (PPH) – PARTIALLY ACHIEVED

Peterborough City Hospital



Hinchingbrooke Hospital



The Trust partially achieved the target of a reduction in PPH rates of $>1.5L$ (below national target of $<3\%$), and fully achieved a zero error rate in incorrect data entries on the K2 maternity electronic document management system.



Priorities for 2019/20

Domain: Patient Safety		
Subject Matter	Overarching Aim	Metrics / Actions
Children's Safeguarding	Quality Improvement in Children's Safeguarding processes in Emergency Departments	Introduction of CWILTED (children's assessment tool) at Hinchingbrooke Hospital
		Roll out of concern sheets at Hinchingbrooke Hospital
		Introduction of Child Protection - Information Sharing (CP-IS) checks on all children (0-18 years) at Peterborough City Hospital
Emergency Planning	Business Continuity Plans (BCPs) to be in place and within date for all departments to ensure all areas can respond effectively to any incident affecting their area	Improvement in compliance with BCPs (as at 31.03.19 - 23 out of 123 had expired) <ul style="list-style-type: none"> • Bi-weekly reminders to BCP authors of those out of date • Compliance reports shared with Divisional triumvirates and Corporate leads every month to enable action
Falls	To reduce falls in the inpatient group, that are over 65 by the early recognition of postural hypotension	Add Lying and standing blood pressure to all mandatory and ward based training.
	Introduce Lying and Standing Blood Pressure across the Trust	Roll out the process to all wards and departments



Priorities for 2019/20

Domain: Patient Safety

Subject Matter	Overarching Aim	Metrics / Actions
Sepsis	To provide early identification of patients with sepsis. Aim to improve sepsis screening and treatment rates in the Emergency Departments (EDs) as well as inpatient areas.	Training and focused work in the EDs around the emergency pathway for patients with sepsis Increase screening rates by accurate completion of the screening tool
		Increase treatment rates of antibiotics given within one hour



Priorities for 2019/20

Domain: Patient Experience		
Subject Matter	Overarching Aim	Metrics / Actions
Serious Incidents	<p>To involve families in a more inclusive manner with Serious Incident (SI) investigations in line with Being Open and Duty of Candour requirements</p> <p>Ensure more robust lessons learnt by listening to families prior to the investigation</p>	<p>Patients / Families to be contacted by telephone once incident has been declared an SI</p> <p>CRA invite patient / families to attend an pre-investigation meeting before investigation</p> <p>Letter to be sent to patient / families which includes the offer of the meeting and if this was accepted by them</p>
Complaints	Complaints to maintain 100% compliance of responses within agreed timeframes	<p>Ensure complaints are responded to within 30 working days</p> <p>Ensure complaints are responded to within 40 working days or within agreed extension timeframe</p>
Friends and Family Test	Improve Friends and Family Test (FFT) patient satisfaction rates for Emergency Departments across the Trust	Satisfaction rates should improve in the EDs above the national average of 87%
	FFT for Inpatient Rehabilitation Services	<p>Consistently achieve at least 3 star rating of those who would recommend the service</p> <p>Achieve 4 star rating by making changes as a result of the feedback received</p>

Priorities for 2019/20

Domain: Patient Experience		
Subject Matter	Overarching Aim	Metrics / Actions
Therapies Services	Introduction of patient survey (Musculoskeletal Physiotherapy – MSK-HQ Health Questionnaire) for patients who complete their rehabilitation programme with the aim of people with MSK conditions to report impact from their symptom and QOL in a standardised way.	Questionnaires will be given out at the reception in PCH and given to patients by staff at Stamford Spreadsheet to collate data



Priorities for 2019/20

Domain: Effectiveness		
Subject Matter	Overarching Aim	Metrics / Actions
Research and Development	Continued growth in R&D portfolio	Increase recruitment of patients to each commercial research trial within target timescales, from 56% to 80% Increase number of home grown studies that are approved by ethics, including student studies.
Safeguarding training	Children's safeguarding training to be compliant in line with intercollegiate guidance	Focus on increasing and maintaining level 3 core and specialist training compliance
Adult Safeguarding	To improve MCA and DOLS training compliance across the Trust	Complete planned training on all sites
Medical	To ensure all medical staff have job plans to deliver safe and effective services	Timely appraisal rate for Consultants and Trust doctors Agreed job plans for Consultant and Trust doctors



Priorities for 2019/20

Domain: Effectiveness		
Subject Matter	Overarching Aim	Metrics / Actions
Therapy Services	To improve the quality of the patient experience for stroke survivors	<p>Median % of Physiotherapy and Occupational Therapy received for each day in hospital.</p> <p>Provide stroke/neuro training for PT and OT staff within the medicine team at HH</p> <p>Speech and Language Therapy</p> <p>Provide monthly training to the Therapy Services staff and the RNs and HCAs regarding communication</p>
Clinical Audit	Ensure recommendations from published national audits are reviewed with a SMART action plan (or quality improvement project) followed through to implementation	<p>Review of all published reports from Quality Account Audits from the HQIP list on a monthly basis.</p> <p>SMART action plan will be developed to meet recommendations.</p>
	Audits where the recommendations are not to be implemented, clinical rationale will be provided and held by the Quality Governance and Compliance department.	Ensure recommendations are considered and an appropriate SMART action plan is developed within 8 weeks of publication of the audit report



Priorities for 2019/20

Subject Matter	Overarching Aim	Metrics / Actions
Domain: Infection Control	Ensure acquisition of healthcare associated infections is at its irreducible minimum	To reduce hospital acquired E. coli bloodstream infections by 20% to achieve national target of 50% reduction across whole health economy by 2021
		Reduction in crude C. diff cases to maintain annual ceiling target of 68 set by NHSE
		MRSA screening - Improve compliance of emergency screening to be ≥95% on all sites by the end of Q2 Standardise the format for elective screening by the end of Q2
Domain: Maternity	To embed national guidance in order to ensure the provision of the quality improvement agenda	<p>Roll out of 'A-Equip'</p> <p>Supporting the national agenda of continuity of care following launch of 'Better Births'</p> <p>Reduction in induction of labour rate</p>
Domain: Care Quality Commission	Compliance with quality improvement actions identified from CQC inspection 2018	<p>Review and updates to the CQC action plan as detailed in monitoring section</p> <p>Share updated action plan with the CQC, NHSI and Commissioners</p>



Any questions?

