

Integrated Performance Report

Section 2 - Quality

Month 12

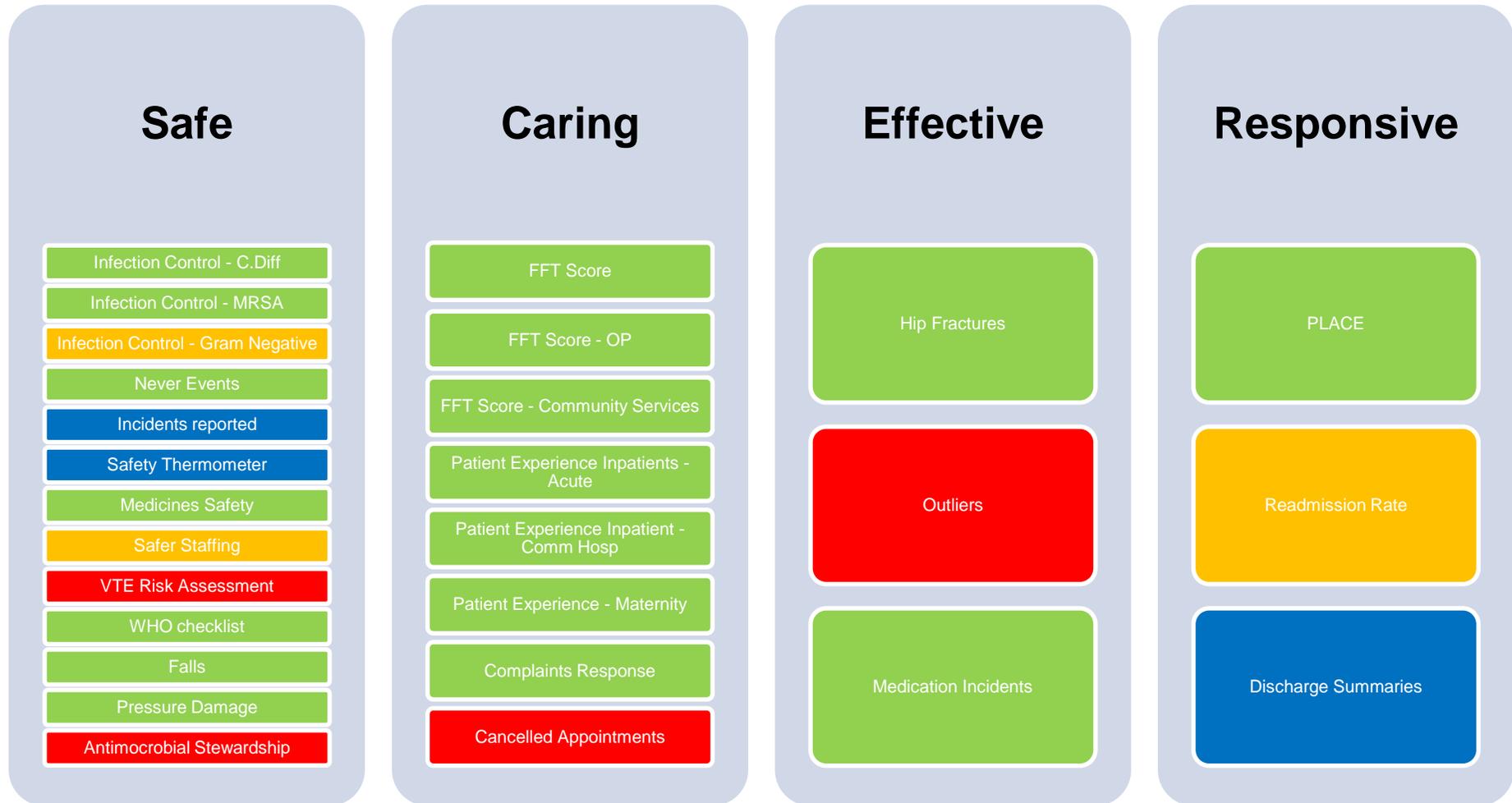
March 2019



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Executive Summary



Key	At or above target	Below Target but within threshold/No change	Below threshold	No Rating
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10a - 'Safe' metrics

Description	Current Performance	Trend	Comments
Infection Control - C.Difficile > 3 days – Monthly Totals	There have been 0 cases of hospital acquired C.Difficile cases reported over the past six months.		Performance continues to track below the Trust threshold, with the last case recorded in September 2018. Each case undergoes a full causal investigation and no case in 2018/19 to date has an identified lapse of care within the causal themes.
Infection Control - MRSA >3 days – Monthly Totals	There have been 0 cases of hospital acquired MRSA cases reported.		The Trust continues to see no cases of MRSA bacteraemia, with the last case being reported four years ago.
Infection Control - Gram Negative >2 days – Monthly Totals	There have been 5 cases of gram negative bacteraemia >2 days in March.		<p>There has been an increase in recorded cases through February and March, a causal analysis has been undertaken for each case which is reported to IPDAG.</p> <p>There is an established task and finish group to focus on further sustained reductions linked to urinary tract causal themes, due to this being the highest attributable cause.</p>



<p>Never Events</p>	<p>There have been 0 Never Events reported over the past six months.</p>		<p>There were three never events reported in 2018. all three never events linked to wrong site surgery:</p> <p>Two cases linked to dermatology and the third to a failed sterilization.</p> <p>All three cases have been investigated and learning introduced.</p> <p>There have been no recorded never events since September 2018.</p>
<p>Incidents Reported</p> <ul style="list-style-type: none"> - All incidents reported onto DATIX 			<p>There has been an increase in reporting for January 2019. However there are no areas of significance or outlying trends.</p> <p>There is currently a full review of Datix and incident reporting tools which has led to a delay in reporting total numbers in February and March. The work is now reaching completion and reporting will be updated for the April report.</p>
<p>Safety Thermometer</p> <ul style="list-style-type: none"> - Point in time care prevalence audit. Completed on one specific day each month by all inpatient wards and community nursing teams 	<p>86.7% of care was assessed as harm free in March 2019</p>		<p>The Safety Thermometer website is now live and can be found at https://www.safetythermometer.nhs.uk/</p> <p>Harm free care is currently at 86.7% on point prevalence. Further analysis is indicative that this percentage below target links to high incidence of patients with indwelling catheters. A task and finish group is in place to reduce the use of indwelling catheters and an increase in pressure damage is also noted with a deep dive requested through Patient Safety Operational Group there is also a review of reporting metrics to ensure reporting against community metrics is being undertaken.</p>



<p>Medicines Safety</p> <p>Omitted Doses</p> <p>% of medicine doses given on time</p>	<p>97.2% of doses were given on time in February 2019</p>		<p>Data runs a month behind. Although trajectory shows a continued decline in performance, January and February have seen an increase in performance with 97.2% of medications given on time which is above the 96% target.</p>																																																																											
<p>Safer Staffing</p> <p>All Staff</p> <p>Average % fill rate</p>	<p>Safer nursing and Safer nursing and midwifery staffing is monitored daily and reported monthly</p>	 <p>CHPPD - Monthly (all NDDH wards)</p> <table border="1"> <thead> <tr> <th></th> <th>Apr-17</th> <th>May-17</th> <th>Jun-17</th> <th>Jul-17</th> <th>Aug-17</th> <th>Sep-17</th> <th>Oct-17</th> <th>Nov-17</th> <th>Dec-17</th> <th>Jan-18</th> <th>Feb-18</th> <th>Mar-18</th> <th>Apr-18</th> <th>May-18</th> <th>Jun-18</th> <th>Jul-18</th> <th>Aug-18</th> <th>Sep-18</th> <th>Oct-18</th> <th>Nov-18</th> <th>Dec-18</th> <th>Jan-19</th> <th>Feb-19</th> <th>Mar-19</th> </tr> </thead> <tbody> <tr> <td>HCA</td> <td>46.5</td> <td>43.2</td> <td>46.8</td> <td>53.4</td> <td>52.2</td> <td>45.7</td> <td>46.5</td> <td>52.9</td> <td>47.4</td> <td>43</td> <td>50.1</td> <td>43.5</td> <td>47.9</td> <td>51.2</td> <td>50.6</td> <td>53.4</td> <td>50.5</td> <td>48.7</td> <td>49.7</td> <td>54</td> <td>53.6</td> <td>51.2</td> <td>49.7</td> <td>69.7</td> </tr> <tr> <td>RN</td> <td>95.7</td> <td>86.5</td> <td>83.3</td> <td>114</td> <td>87.6</td> <td>81.7</td> <td>80.9</td> <td>104</td> <td>82.9</td> <td>77.9</td> <td>91.5</td> <td>83</td> <td>88.8</td> <td>93.2</td> <td>92.1</td> <td>95.8</td> <td>88.9</td> <td>92.8</td> <td>88.5</td> <td>89.1</td> <td>92.9</td> <td>85</td> <td>80.4</td> <td>95.8</td> </tr> </tbody> </table>		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	HCA	46.5	43.2	46.8	53.4	52.2	45.7	46.5	52.9	47.4	43	50.1	43.5	47.9	51.2	50.6	53.4	50.5	48.7	49.7	54	53.6	51.2	49.7	69.7	RN	95.7	86.5	83.3	114	87.6	81.7	80.9	104	82.9	77.9	91.5	83	88.8	93.2	92.1	95.8	88.9	92.8	88.5	89.1	92.9	85	80.4	95.8	<p>Matrons exercise professional judgement to safely staff wards and departments according to the acuity and dependency of patients.</p> <p>Escalation areas open during February and March include the Alex Gym, beds at South Molton and day surgery unit. Using these areas placed additional challenges in staffing.</p> <p>Overseas recruitment continues, to bridge the gap of the national UK shortage of registered nurses.</p> <p>Overall fill rate has been maintained and stabilised at 94% and care hours per a patient have been met.</p>
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19																																																						
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		<p>Safer Staffing (Day and Night) - RN - March 2019</p> <p>Safer Staffing (Day and Night) - HCA - March 2019</p>	
<p>VTE Risk Assessment</p> <p>There is a national standard of conducting VTE risks assessments for 95% of eligible patients</p>	<p>The Trust achieved 77.3% against the target of 95%</p>		<p>There continues to be poor data compliance, based upon TrakCare data audits. Point prevalence indicates true performance is at 98% for 2018 which has continued through, January February and March. The number of patients with new VTE remains at zero.</p> <p>Performance against the VTE assessment standard continues to be linked to poor TrakCare data capture, as point prevalence data against VTE assessments within the Safety Thermometer results are significantly higher than the above figures.</p> <p>The Trust has appointed a new Head of</p>

			Quality and Safety and a deep dive is being conducted, equally there is a review to ensure the new standards of assessment from 16 years and above are met, a clinical lead for VTE remains a gap.
<p>WHO Checklist</p> <p>The Trust is committed to ensuring the WHO surgical safety checklist is applied appropriately and consistently in our theatres</p>	The Trust achieved 99.7% against the target of 100%		The trajectory has sustained improvement with 99.7% achieved in March 2019.
<p>Falls</p> <p>Fall rate per 1000 bed days (harm and no harm)</p>	The rate of falls per 1000 bed days was 5.29 in March 2019	<p>NDHT - Fall rate per 1000 bed days</p>	The number of falls per 1,000 bed days continues on a downward (improving) trajectory and below the national averages with 5.29 per 1,000 bed days recorded in March.
<p>Pressure Ulcers</p> <p>Pressure Ulcers rate per 1000 bed days (grade 1 - 4)</p>	The rate of pressure ulcers per 1000 bed days was 6.69 in March 2019	<p>NDHT - Pressure Ulcers (Grade 1 - 4) rate per 1000 bed days</p>	Despite the current challenges across both acute and community services, there were fewer healthcare acquired pressure ulcers at grade 2 and above reported in February 2019. This reduction has been achieved in the community services. There was only one healthcare acquired category 3 pressure ulcer reported in February 2019 across the Trust. Overall March saw an increase in the number of healthcare acquired pressure ulcers reported across the acute and community services.



<p>Antimicrobial Stewardship</p> <p>Antibiotic reviews < 72 hours - Sepsis</p>	<p>Data is submitted quarterly as part of the 2017/19 CQUINS</p>	<table border="1"> <caption>Quarterly Antibiotic Reviews < 72 hours - Sepsis</caption> <thead> <tr> <th>Quarter</th> <th>Actual Performance (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>17/18 Q1</td> <td>95</td> <td>105</td> </tr> <tr> <td>17/18 Q2</td> <td>95</td> <td>95</td> </tr> <tr> <td>17/18 Q3</td> <td>95</td> <td>85</td> </tr> <tr> <td>17/18 Q4</td> <td>100</td> <td>75</td> </tr> <tr> <td>18/19 Q1</td> <td>45</td> <td>65</td> </tr> <tr> <td>18/19 Q2</td> <td>60</td> <td>60</td> </tr> </tbody> </table>	Quarter	Actual Performance (%)	Target (%)	17/18 Q1	95	105	17/18 Q2	95	95	17/18 Q3	95	85	17/18 Q4	100	75	18/19 Q1	45	65	18/19 Q2	60	60	<p>This quarter has seen an increase in antibiotic reviews although it remains below target.</p> <p>Individualised prescriber feedback continues on a monthly basis within the Medical and Surgical Division. However there will be a focus on improving this position through IPADG.</p>																														
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10b - 'Caring' metrics

Description	Current Performance	Trend	Comments
<p>Friends and Family Test</p> <p>National Submission that is collated monthly to provide regular feedback from patients about the quality of the care that they receive</p>	<p>Below is a table to show the figures for March 2019:</p> <p>Acute = 97 ED and MAU = 81 Maternity = 97.6 Comm Hosp = 100</p> <p>February 2019: NDDH Outpatients = 95.8 Childrens Comm Nursing = 100 Comm Daycases = 100 MIU = 100 Comm Outpatients = 100 Pathfinder Complex Discharges =100 Pathfider Urgent Care = 100 Rapid Response Service = 100 Comm Spec Services = 96.8 Comm Nursing = 100 Comm Therapy = 96.2</p>		<p>Response rate for inpatient and day case FFT has remained stable</p> <p>Although overall percentages who would recommend are exceptionally positive, work is required to increase response rates.</p> <p>The appointment of a patient experience matron will help with a focus to increase response rates.</p>
<p>Patient Experience</p> <p>- Acute Inpatients</p> <p>Collated monthly to provide regular feedback from patients about their experience of the services that was provided</p>	<p>March 2019 position was 91.1</p>		<p>Patient experience in acute inpatients has a composite score which increased slightly in February and again in March with an overall stable position of 91.1%.</p> <p>The main area of improvement required is linked to ratings for staff having explained and answered questions related to medications.</p> <p>Work needs to be undertaken to increase overall percentages targeted to medications information.</p>



<p>Patient Experience</p> <p>- Maternity</p> <p>Collated monthly to provide regular feedback from patients about their experience of the services that was provided</p>	<p>February 2019 position was 100</p>		<p>Maternity patient experience remains high and increasing trend with 100% reported in February 2019.</p>
<p>Complaints</p> <p>Number of complaints received</p>			<p>The number of complaints received continues to see a downward trend despite increases in January and February 2019.</p> <p>Main theme relates to staff attitude in one specific area which is being addressed and access to services across the Trust.</p>
<p>Complaints</p> <p>Complaints response performance to the Complainant</p>			<p>Response rate performance remains on target.</p>
<p>Cancelled Appointments</p> <p>Number of New and Follow-Up appointments that have been cancelled</p>			<p>Cancelled follow up appointments has stabilised although remains at 10% with new appointment cancellations reducing to below 10%.</p>



10c - 'Effective' metrics

Description	Current Performance	Trend	Comments
<p>Hip Fractures</p> <p>Fracture Neck of Femur patients treated within 36 hours</p>			<p>Performance against target remains positive with 80% of individuals with a fractured Neck of Femur undergoing surgery within 36 hours.</p>
<p>Outliers</p> <p>Total number of medical outliers</p>			<p>With increased activity and increased days on OPEL 3 the number of medical outliers remains high with and upward trend.</p>
<p>Medication Incidents</p> <p>Medication incidents per 1000 bed days</p>			<p>The current review of Datix has meant a delay in reporting through February and March, the indications suggest that errors linked to medications remain low and reporting will be addressed with the April data.</p>

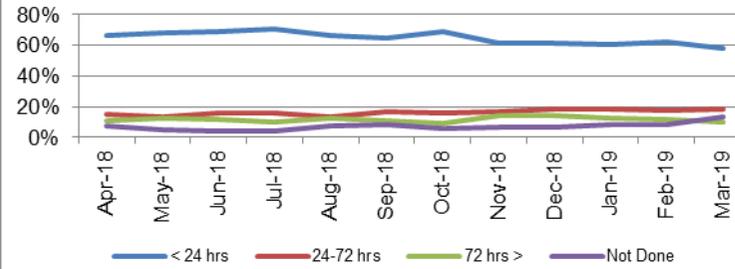
10d - 'Responsive' metrics

Description	Current Performance	Trend	Comments
<p>PLACE</p> <p>National Patient Led Assessment of the Care Environment</p>	<p>Annual Audit for:</p> <ul style="list-style-type: none"> * Cleanliness * Food and Hydration * Organisation Food * Ward Food * Privacy, Dignity and Wellbeing *Condition, Appearance and Maintenance * Dementia * Disability 		<p>PLACE action plan monitored through patient experience sub-committee. Mini-PLACE programme of work in progress</p>
<p>Readmission Rate</p> <p>Unplanned readmission rate - 0-14 years - 28 day relative risk</p> <p>Unplanned readmission rate - 15 years + - 28 day relative risk</p>			<p>Readmissions for individuals over the age of 15 is tracking just above target and is linked in part to data quality issues in readmission associated to myocardial infarctions and the pathway between the Trust and Royal Devon and Exeter NHS Trust.</p> <p>There is a potential outlier within 0-14 year olds although this has been addressed and tracking just above target this area has undergone a deep dive associated with neonates. There are again identified data quality issues and predominance of readmission associated with neonatal jaundice.</p>

Discharge Summaries

Discharge Summaries sent:

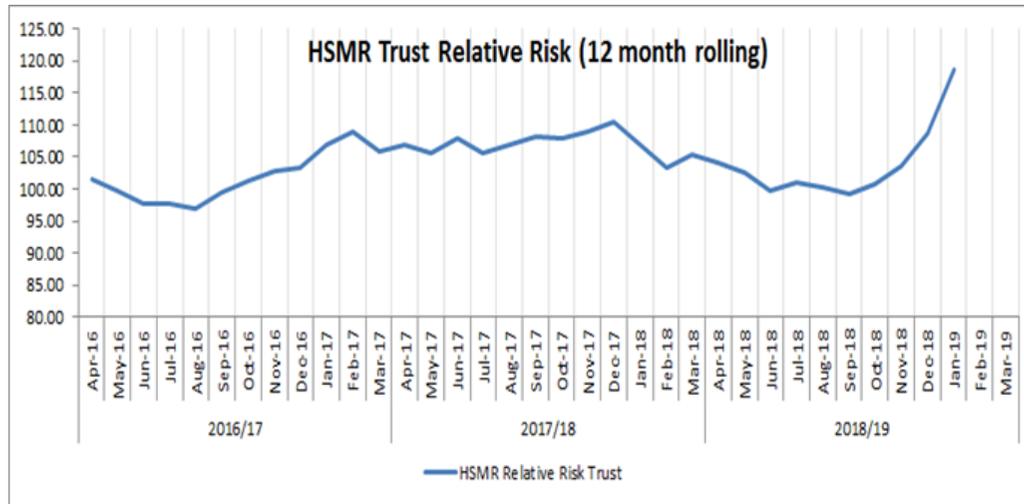
- * < 24 hours
- * 24 - 72 hours
- * 72 hours >
- * Not Done



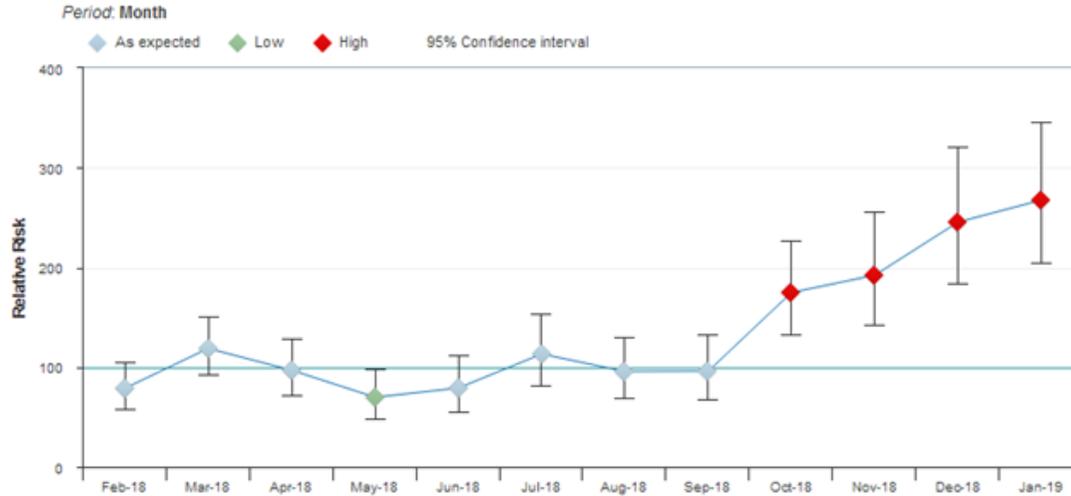
There is a significant piece of work being undertaken to address the timeliness of discharge summaries



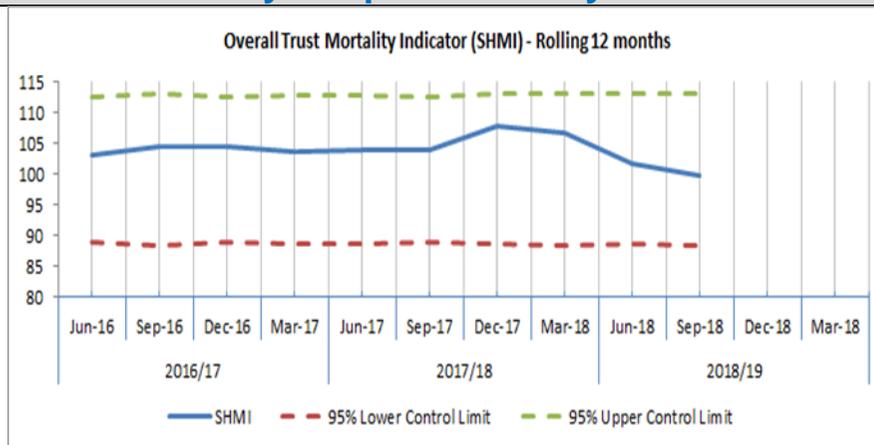
11a – Hospital Standardised Mortality Ratios



Diagnoses - HSMR | Mortality (in-hospital) | Feb 2018 - Jan 2019 | Trend (month)



11b – Summary Hospital Mortality Indicator



Performance in the period:

The latest HSMR rolling 12 month figure for the Trust is 118.26 against the national benchmark of 100, a slight increase from 108.83 the previous month. The Trust is consequently now in alert as both the confidence intervals are above 100. Previous reports showed our rolling 12 month figure was above 100; however as the lower confidence level was below 100, the Trust was within the expected range.

Pneumonia is now subject to 2 CUSUM alerts in December 2018 on the maximum detection setting which would normally cause an Imperial College Mortality Outlier letter.

Uncoded spells continue to affect national benchmarking with the backlog currently reporting within Dr Foster at 11.25% over the 12 month reporting period shown above. For the month of January the uncoded figure is 37.33%.

Actions taken:

- A business case was approved to increase establishment in clinical coding by three members of staff. These members of staff will be trainee staff and will require a period of time to become fully qualified.
- A recovery action plan is in place to address the uncoded episodes of care to ensure the data gap is met before the annual data submission date. This has included a commitment for additional temporary staff and full use of existing staff to ensure the backlog is cleared.
- Regular reports are being presented to the Mortality and Morbidity Group and Safety and Risk Committee on a monthly basis to monitor progress.
- A structured judgement review (SJR) will be carried out for 30 of the 121 pneumonia deaths triggering within the 12 month period. A report and action plan will be completed and a copy will be sent to the CQC to suffice their assurance requirements following the alert.
- The Medical Director is taking steps to review the SJR process with the intention during this period of uncertainty created by the coding issue to undertake a structured judgement review on all deaths. He is also seeking support for the clinical leadership of mortality from the RD&E with this being anticipated to be on site within two weeks.