

## REPORT TO THE TRUST BOARD (Part 1 - Public) ON 8<sup>th</sup> November 2018

<b>Title</b>	Quality		
<b>Sponsoring Executive Director</b>	Shaun Stacey, Chief Operating Officer		
<b>Author(s)</b>	Iain Hendey - Deputy Director of Information		
<b>Purpose</b>	To inform the Board of the progress against the Single Oversight Framework		
<b>Action required by the Board:</b>	<b>Assurance</b>	<input checked="" type="checkbox"/>	<b>Approve</b>
<b>Previously considered by (state date):</b>			
<b>Sub-Committee</b>	<b>Dates Discussed</b>	<b>Key Issues, Concerns and Recommendations from Sub Committee</b>	
Trust Leadership Committee			
Audit & Corporate Risk Committee			
Charitable Funds Committee			
Finance, Investment, Information & Workforce Committee			
Mental Health Act Scrutiny Committee			
Remuneration & Nominations Committee			
Quality Governance Committee			
Information & Communications Technology Assurance Committee			
Integrated Improvement Framework Programme Board			
<b>Please add any other committees below as needed</b>			
Board Seminar			
Other (please state)			
<b>Integrated Improvement Framework:</b>			
IIF Workstream			
<b>Staff, stakeholder, patient and public engagement:</b>			
<b>Executive Summary &amp; Analysis:</b>			
<b>Recommendation to the Board:</b>			
The Board is recommended to receive the report			
<b>Attached Appendices &amp; Background papers</b>			
Isle of Wight NHS Trust Board Single Oversight Framework Performance Report 2017/18			
For following sections – please indicate as appropriate:			
<b>Trust Goals &amp; Priorities</b>	ALL		
<b>Principal Risks (BAF)</b>	ALL		
<b>Legal implications, regulatory and consultation requirements</b>	NHSI Regulations		
<b>Date:</b> 31 <sup>st</sup> October 2017			
<b>Completed by:</b> Iain Hendey, Deputy Director of Information			

## Isle of Wight NHS Trust Board Single Oversight Framework Performance Report 2017/18

September 17

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September 17

## Pressure Ulcers

### Commentary:

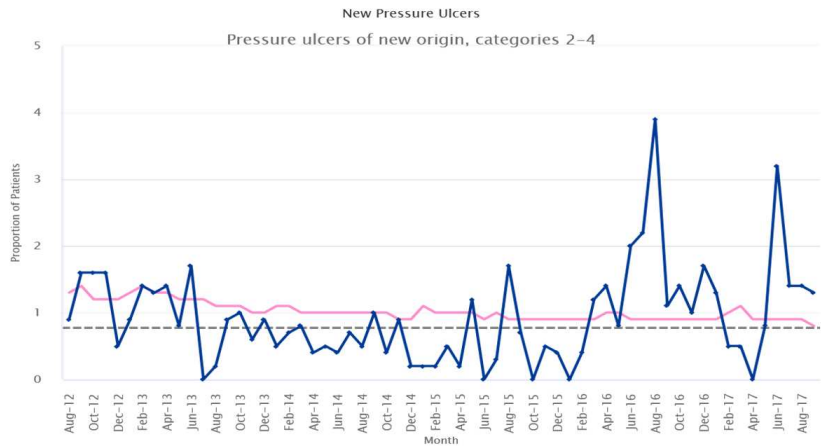
**N.B. Figures for previous months will continue to change as validation occurs during the process of investigation and attribution.** Pressure ulcer development contributes to clinical incident numbers and the higher grades contribute to the numbers of Serious Incidents Requiring Investigation. (SIRIs). They also form part of the National Safety Thermometer snapshot audit scheme which is reported nationally. Further details of the Safety Thermometer are available here. <http://www.safetythermometer.nhs.uk>

The Pressure Ulcer Collaborative continues to review all pressure ulcers that occur in the IW NHS care on a weekly basis. This has focussed further attention on this issue and raised awareness in the Business Units. Whilst there has been a rise in the overall reporting, this has been mainly in the area of grade 1 and 2 pressure ulcers and is consistent with national trends. There are a number of ungradable pressure ulcers that are still under review, the numbers will continue to change following investigation and validation of all lesions as attribution is more accurately assessed and learning shared with the appropriate teams.

The Clinical Directorates took full responsibility for the management of pressure ulcer incidents in June including approval status and checking for duplicates. This is a move away from overall final responsibility for pressure ulcers incidents sitting with the Nutrition and Tissue Viability Service. Increased awareness is continuing to lead to increased numbers being reported.

The report now separates out Ungradable pressure ulcers as a distinct reporting line so that it is clear that these ulcers (which were previously counted as grade 4s) have not yet been assigned a grade and do not automatically mean that this is an incident that has resulted in patient harm. Numbers will continue to change over several months as investigation continues validation and correct attribution.

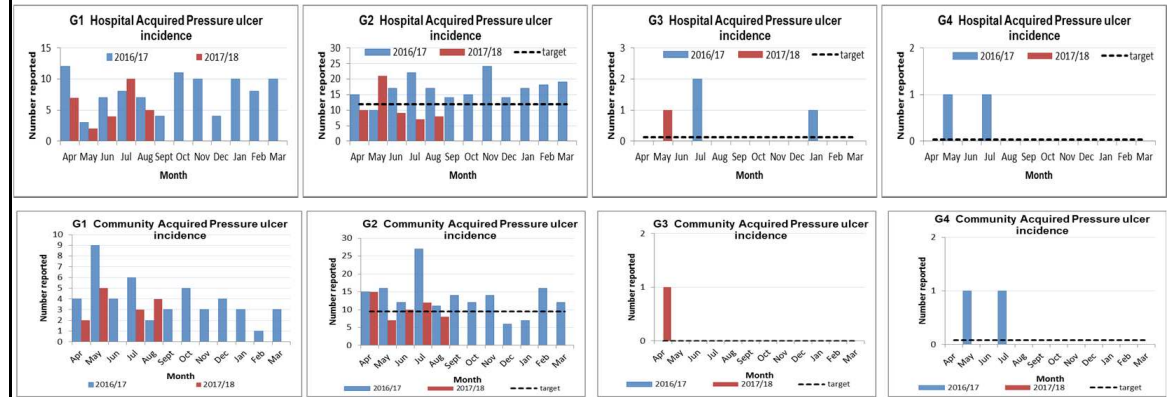
### Pressure Ulcers benchmark



Although the Trust has been above national average on the Safety Thermometer (in pink, national average), this is due to reporting of grade 2s. No grade 4s and only 2 grade 3s have been reported since the start of this financial year.

### Analysis:

### Quality Account Priority 2 & National Safety Thermometer CQUIN schemes Prevention & Management of Pressure Ulcers



Action Plan:	Person Responsible:	Date:	Status:
<ul style="list-style-type: none"> <li>• Patient Safety Working Group meets weekly.</li> <li>• Wards and community nursing teams continue to provide clustering information on grade 2 pressure ulcers.</li> <li>• Local monthly Tissue Viability and MUST audits are being established by Tissue Viability Service.</li> <li>• Pressure Ulcer Reporting has been handed to Matrons and Locality leads to supervise to develop local ownership of reporting and understanding the scale of the issue.</li> <li>• Work is also ongoing to identify where patients are admitted from their home address who have been receiving non NHS care assistance.</li> </ul>	Clinical Business Unit Heads of Nursing & Quality & Tissue Viability Nurse Specialist	Sep-17	Ongoing
The Patient Safety Working Group continues to meet weekly. The overall trends are encouraging and the recent increases in numbers are more indicative of increased awareness and reporting of lower grades than of increasing incidence. The trend continues to decrease.	Clinical Business Unit Heads of Nursing & Quality & Tissue Viability Nurse Specialist	Sep-17	Ongoing

September 17

Patient Safety

**Commentary:**

**Clostridium Difficile**

Root cause analysis is undertaken both for Trust attributed Clostridium Difficile Infection (CDI) cases and those cases attributed to the CCG where the patient had been admitted to IWNHS Trust within the 3 months before diagnosis. There is no agreement between the Trust and CCG as to what constitutes a lapse in care however and these needs to be agreed (discussion with CCG requested). As a result of recent investigations, the catheter care pathway is being revised and further investigation into the use of antimicrobials undertaken.

Whenever there is an inpatient with CDI, the ward is expected to undertake CDI management audit, regardless of whether or not the bacteraemia is hospital or community acquired. The IPCT undertake regular CDI audit at such times for assurance that IPC management is effective. The IPC Nurse undertakes a weekly CDI and C Difficile colonised patient review weekly with the pharmacist taking a lead in antimicrobial therapy. Continued actions to drive CDI reduction include education regarding management of loose stools and utilisation of hydrogen peroxide vapour (HPV) for terminal environmental decontamination post discharge/transfer of patients with active Clostridium difficile infection or colonisation.

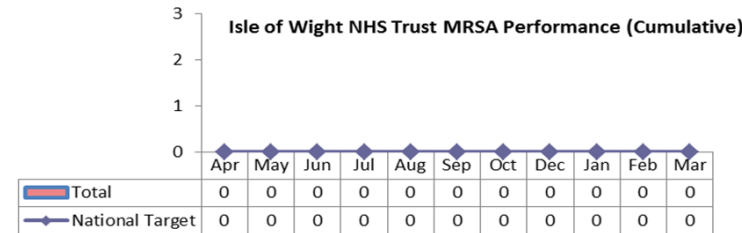
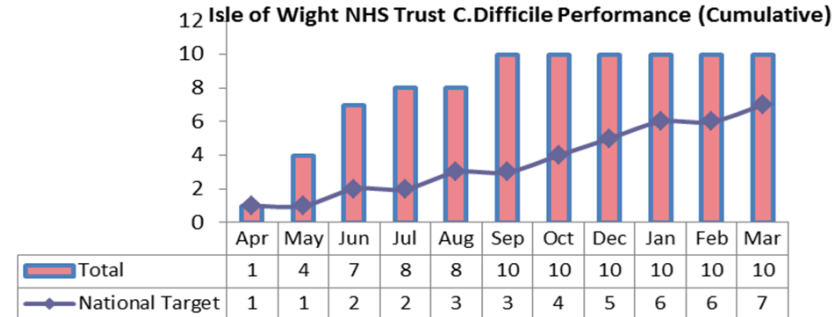
A team from IWNHS participated in a national NHS improvement programme in the year 16/17 and focused on improved bed space cleaning methodology with the aim of introducing a standardised approach to bed space cleaning following patient discharge/transfer within the organisation. A training video was developed to support staff.

**Methicillin-resistant Staphylococcus Aureus (MRSA)**

There have been no cases identified as Healthcare acquired infections during September.

**Analysis:**

**Clostridium Difficile infections against national and local targets**



Isle of Wight NHS Trust

MRSA	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Acute Target	0	0	0	0	0	0	0	0	0	0	0	0	0
Actual	0	0	0	0	0	0							0

**Action Plan:**

Organisational roll Participation in National 90 day improvement programme with results discussed at national meeting. This has now resulted in a tutorial bed space cleaning video shared across the trust.

Continued drive to improve and maintain stool sampling in accordance with policy

Continued use of HPV terminal environmental decontamination post discharge/transfer of patients with active Clostridium difficile infection or colonisation.

**Person Responsible:**

DIPC as team lead. HONQ and Ward Sisters to drive at ward level with support from IPCT

Ward Sisters

Hotel Services Manager

**Date:**

Sep-17

Ongoing

Sep-17

**Status:**

Continuing

Completed

Continuing

# Isle of Wight NHS Trust Board Performance Report 2017/18

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## Formal Complaints

Commentary:	Analysis: Complaints only																																																																																																														
<p>There were 24 formal Trust complaints received in September 2017 (19 in the previous month) with 0 compliments received by letters and cards of thanks for the same period. In addition to the 24 formal complaints, a further 58 concerns (61 in the previous month) were raised.</p> <p>Across all complaints and concerns in September 2017: Top subjects were:</p> <ul style="list-style-type: none"> <li>- Communication (21)</li> <li>- Clinical Treatment (20)</li> <li>- Values and Behaviours (Staff) (7)</li> </ul> <p>Top areas of complaints and concerns were:</p> <ul style="list-style-type: none"> <li>- Emergency Department (7)</li> <li>- Urology (5)</li> </ul>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Primary Subject</th> <th>Jul-17</th> <th>Aug-17</th> <th>Sep-17</th> <th>RAG rating</th> </tr> </thead> <tbody> <tr><td>Access to treatment or drugs</td><td>0</td><td>0</td><td>0</td><td style="text-align: center;">✓</td></tr> <tr><td>Admissions and discharges</td><td>3</td><td>0</td><td>0</td><td style="text-align: center;">✓</td></tr> <tr><td>Appointments</td><td>1</td><td>0</td><td>3</td><td style="text-align: center;">↑</td></tr> <tr><td>Clinical Treatment</td><td>6</td><td>2</td><td>6</td><td style="text-align: center;">↑</td></tr> <tr><td>Commissioning</td><td>0</td><td>0</td><td>0</td><td style="text-align: center;">✓</td></tr> <tr><td>Communication</td><td>8</td><td>6</td><td>4</td><td style="text-align: center;">↓</td></tr> <tr><td>Consent</td><td>0</td><td>0</td><td>0</td><td style="text-align: center;">✓</td></tr> <tr><td>End of Life Care</td><td>0</td><td>0</td><td>0</td><td style="text-align: center;">✓</td></tr> <tr><td>Facilities</td><td>1</td><td>3</td><td>1</td><td style="text-align: center;">↓</td></tr> <tr><td>Integrated Care</td><td>0</td><td>1</td><td>0</td><td style="text-align: center;">✓</td></tr> <tr><td>Mortuary</td><td>0</td><td>0</td><td>0</td><td style="text-align: center;">✓</td></tr> <tr><td>Other (Use with Caution)</td><td>1</td><td>0</td><td>1</td><td style="text-align: center;">↑</td></tr> <tr><td>Privacy, Dignity and Wellbeing</td><td>1</td><td>0</td><td>2</td><td style="text-align: center;">↑</td></tr> <tr><td>Prescribing</td><td>1</td><td>1</td><td>1</td><td style="text-align: center;">→</td></tr> <tr><td>Patient Care</td><td>2</td><td>2</td><td>2</td><td style="text-align: center;">→</td></tr> <tr><td>Restraint</td><td>0</td><td>0</td><td>0</td><td style="text-align: center;">✓</td></tr> <tr><td>Staff numbers</td><td>1</td><td>0</td><td>0</td><td style="text-align: center;">✓</td></tr> <tr><td>Trust admin/Policies/Procedures</td><td>1</td><td>0</td><td>0</td><td style="text-align: center;">✓</td></tr> <tr><td>Transport (Ambulances)</td><td>0</td><td>1</td><td>2</td><td style="text-align: center;">↑</td></tr> <tr><td>Values and Behaviours (Staff)</td><td>7</td><td>3</td><td>2</td><td style="text-align: center;">↓</td></tr> <tr><td>Waiting Times</td><td>3</td><td>0</td><td>0</td><td style="text-align: center;">✓</td></tr> </tbody> </table>	Primary Subject	Jul-17	Aug-17	Sep-17	RAG rating	Access to treatment or drugs	0	0	0	✓	Admissions and discharges	3	0	0	✓	Appointments	1	0	3	↑	Clinical Treatment	6	2	6	↑	Commissioning	0	0	0	✓	Communication	8	6	4	↓	Consent	0	0	0	✓	End of Life Care	0	0	0	✓	Facilities	1	3	1	↓	Integrated Care	0	1	0	✓	Mortuary	0	0	0	✓	Other (Use with Caution)	1	0	1	↑	Privacy, Dignity and Wellbeing	1	0	2	↑	Prescribing	1	1	1	→	Patient Care	2	2	2	→	Restraint	0	0	0	✓	Staff numbers	1	0	0	✓	Trust admin/Policies/Procedures	1	0	0	✓	Transport (Ambulances)	0	1	2	↑	Values and Behaviours (Staff)	7	3	2	↓	Waiting Times	3	0	0	✓
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Action Plan:	Person Responsible:	Date:	Status:
<p>The Datixweb complaints module has commenced roll out and the Clinical Business Units in conjunction with the Complaints Team continue to work to improving timeliness and quality of complaint responses</p>	<p>Executive Director of Nursing / Patient Experience Lead</p>	<p>Oct-17</p>	<p>In Progress</p>

**Commentary:**

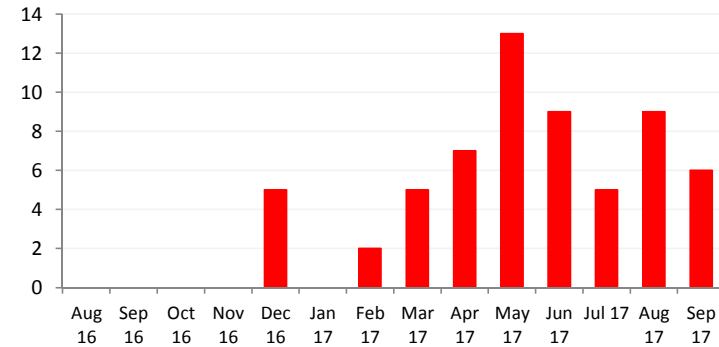
There were 5 mixed sex accommodation breaches during September that involved sleeping/personal care accommodation. However, there was 1 additional incident of ACP endings over 4 hours where the patient was unable to be returned to ordinary level care and personal care facilities were not of the standard required. All 6 of the MSA breaches during September involved lack of available stepdown beds at the end of Acute Care Pathways and were on ICU.

Critical care areas such as Acute Coronary Care or Intensive (High Dependency) Care are exempt from the accommodation/bathroom requirements as highly specialised critical care needs take priority and patients are generally too unwell to manage their own personal care or mobility at this time, making facilities for self-care unnecessary. However, when the critical care period ends the patient should be returned to a stepdown/general ward with the appropriate facilities as privacy and dignity (of both those both recovering and still requiring critical care) could otherwise be compromised. This is now reported as an ACP end breach if there is no appropriate bed available and obviously has an added effect of blocking beds needed for critical care use such as acute cardiac events, sepsis, following major surgery or trauma.

There is a risk of recurrence during periods of high bed occupancy levels and delayed discharges despite the opening of further contingency beds in periods of high demand. Although every effort is made to avoid the situation, the changing patient mix remains challenging as isolation requirements take priority and may require movement of some patients to accommodate the greater needs of others. Work is underway to redesign the day surgery unit so that privacy and dignity standards can be updated to those currently applicable but this is a long term project and will involve rescheduling of future surgery for the period of rebuilding. More detailed auditing of patient moves now in place will give further data towards understanding the increased operational needs.

**Analysis:**

**Mixed Sex Accommodation**



**Action Plan:**

Daily review of situation with increased reviews as alert status escalates.

**Person Responsible:**

Executive Director of Nursing / Senior Clinical Capacity Manager

**Date:**

Oct-17

**Status:**

Ongoing

# Isle of Wight NHS Trust Board Performance Report 2017/18

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I Want Great Care

Clinical Business Unit	Reviews	Average Score	% Likely to Recommend
Surgery, Women's and Children's Health	245	4.81/5	94.7%
Medicine	157	4.71/5	94.3%
Clinical Support, Cancer and Diagnostic Services	794	4.89/5	96.9%
Ambulance, Urgent Care and Community Services	438	4.80/5	93.4%
Mental Health & Learning Disabilities	24	4.82/5	91.7%

Clinical Business Unit	Cleanliness	Staff	Dignity/ Respect	Information
Surgery, Women's and Children's Health	4.87/5	4.91/5	4.89/5	4.77/5
Medicine	4.75/5	4.90/5	4.87/5	4.53/5
Clinical Support, Cancer and Diagnostic Services	4.88/5	4.93/5	4.93/5	4.87/5
Ambulance, Urgent Care and Community Services	4.76/5	4.88/5	4.88/5	4.74/5
Mental Health & Learning Disabilities	5.00/5	4.83/5	4.83/5	4.83/5

## Surgery, Women's and Children's Health

Top three services (with 5 reviews or more)

Asthma and Allergy - Children's	4.93/5
St Helen's Ward	4.91/5
Whippingham Ward	4.85/5

Bottom three services (with 5 reviews or more)

Ophthalmology	4.77/5
Children's Outpatients	4.59/5
Children's Ward	4.42/5

## Medicine

Top three services (with 5 reviews or more)

Respiratory	4.83/5
Community Stroke Rehabilitation Team	4.81/5
TIA Clinic	4.81/5

Bottom three services (with 5 reviews or more)

Appley Ward	4.61/5
General Rehabilitation	4.47/5
Colwell Ward	4.40/5

## Clinical Support, Cancer and Diagnostic Services

Top three services (with 5 reviews or more)

OHPIT	4.95/5
Endoscopy	4.94/5
Breast Screening and Imaging	4.92/5

Bottom three services (with 5 reviews or more)

Main Outpatient Department	4.83/5
Fracture Clinic	4.78/5
Diagnostic Imaging	4.58/5

## Ambulance, Urgent Care and Community Services

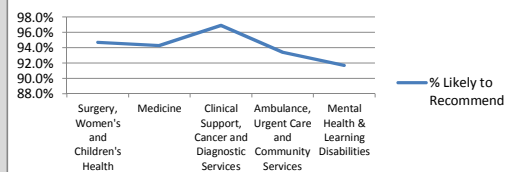
Top three services (with 5 reviews or more)

School Nursing	5.00/5
Sexual Health Service	5.00/5
Physiotherapy	4.98/5

Bottom three services (with 5 reviews or more)

District Nurses	4.64/5
Emergency Department - Children's	4.48/5
Inpatient Physiotherapy Rehab & Stroke	4.42/5

% of Reviewers Likely to Recommend by CBU



## Mental Health & Learning Disabilities

Top two service (with 5 reviews or more)

ECT Clinic	5.00/5
Osborne Ward	4.77/5

Bottom two service (with 5 reviews or more)

ECT Clinic	5.00/5
Osborne Ward	4.77/5

I Want Great Care reports split by Clinical Business Unit to show reviews received in September, the average score each Business Unit received and how many of those reviewers are likely to recommend. There are Business Unit breakdowns of best reviewed service and worst reviewed service within that business unit.