



CATEGORY OF PAPER					
Specific action required:		Provides Assurance:	✓	For Information:	✓

Board of Directors' Meeting – 25/10/2018	
Report title:	Quality Dashboard – September 2018
Purpose of report:	<p>The Quality Dashboard is produced monthly and enables oversight on high level quality and safety performance information to ensure any issues or concerns are identified and addressed, that good practice and performance is noted and where issues remain a concern that actions are identified</p>
Key issues: <i>(key points of the paper, how this supports the achievement of the Trust's corporate objectives, overview of risk implications, main risk details on page 2)</i>	<p>This report covers a rolling 12 month period up to 30th September 2018. However the Friends and Family Test and controlled drugs audit information is up to 31st August 2018.</p> <p>There have been data quality issues with the Duty of Candour data previously presented. In light of this an additional report is provided, which outlines Duty of Candour compliance for Q2 in more detail.</p> <p>Key areas to highlight:</p> <p>Incident reporting</p> <ul style="list-style-type: none"> • There were 370 adverse incidents reported in September 2018 of which 37% were patient safety related and 63% non-patient safety related. The reduction in reported patient safety incidents is as a result of including an option for an incident to be identified as relating to another organisation, and these have been excluded. This option has been introduced to support appropriate identification of Duty of Candour cases relating to the Trust. We are required to report nationally all incidents and this complete data will be uploaded to NRLS. • Actual harm has equated to a 4.4% level of moderate harm or above for closed incidents this month, which is the highest it has been in the preceding 12 months but remains below the 5% threshold outlined in the Quality Strategy measures. Work continues to look at themes to ensure actions are taken promptly. • There were 2 patient safety incidents closed in Q1 which were identified as severe harm. Both of these were identified as a serious incidents and investigated in line with this. • There were no SI's reported in September. • Of the non-patient safety incidents, violence and aggression continues to be the highest reported this month. The pilot project for body worn cameras has commenced and is receiving national attention. • The second highest incident cause is vehicle incident and third is equipment issue. • Of the patient safety incidents the highest is access, admission, delay, transfer, discharge, followed by 111 triage then 3rd party provider / private contractor issue. • There are 187 adverse incidents open past the 28 day timescale (excluding SI's), 156 were reported last month, 167 the previous month. The majority of which 43% are in emergency care (48.7% the previous month), though they have the highest levels of reporting.

There is focused work being undertaken within Operations & EOC to address this.

- We have removed the Duty of Candour data on the dashboard as it remains inaccurate. We are continuing to embed the process of reviewing all patient safety incidents identified as moderate harm or above at the Clinical Review meeting to advise where Duty of Candour is applicable.

Complaints

- There were 30 complaints received in September 2018, the lowest received since May 2018.
- Acknowledgement within 3 days has reduced slightly to 96.7% and final response time is 92.7%, which has deteriorated from the previous month, however significantly better than Q1 performance.
- There were 104 appreciations received, a significant increase on the previous month, which is usual following the summer months.
- From April – September we have reopened 9 complaints (it was 14.5 mid-year if we pro rata last year's information). No new Parliamentary Health Service Ombudsman (PHSO) cases received in September.

Friends and Family

- See & Treat – 99.3%
- PTS – 96.5%
- 111 – 93.4%

All well above the 85% threshold

It is pleasing to note that we have continued to maintain an excellent position for our 111 service. NEAS continue to lead the way in the ambulance sector in terms of the number of patients surveyed and the consistently high feedback on the services we provide.

Safeguarding referrals

- There were 1136 safeguarding referrals made in September 2018, with an upward trend in numbers of referrals made in 2018/19 compared to the previous year.
- We have continued to note at the Safeguarding Operational Group that Scheduled Care make very low referral rates and these are reviewed in the Safeguarding Operational Group and will be highlighted again in the Provisions meetings in October.
- We have commenced a 3 – 6 month project to improve the quality of safeguarding referrals, which include referrals made by scheduled care. Progress will be reported at the Safeguarding Operational Group
- Work is now being scoped with Cleric to develop the ePCR safeguarding referral process.

Medicines

- Due to issues with reporting un-validated controlled drugs audit data within the dashboard we have only presented August 18 position. To provide assurance to the Board the Patient Safety Group receives controlled drugs audit data which has been validated, though reports a month in arrears to enable this to occur. It should be noted that over the past 12 months we have exceeded 95% compliance with CD audits (validated audits)
- Self-audit of Controlled drugs compliance in August is 99.6%. The dashboard does not display CCM validation audits as they are undertaken on a quarterly basis and will therefore be displayed on a future dashboard

- Informatics have developed an auditing and reporting function within the newly developed medicines module, which enables crews to order medicines on this system. It was hoped this new programme would be ready to launch in September 18, however this has been delayed due to focus on ARP / 111 contract requirements. A revised date of November has been provided and at this point we will be able to report compliance with undertaking audits alongside actual audit results.
- It should be noted that the drug discrepancy – pharmacy audit which are discrepancies with drugs issued by Lloyds pharmacy have been identified as an incident relating to another organisation in this dashboard. There were in fact (is pleasing to note there have been no drug discrepancy incidents (linked to Lloyds pharmacy) since May 18.

Clinical practice

- Hand hygiene – there has been a slight deterioration in performance 78.1%, it was 81.1% in August, in July it was 76%.
- Bare Below Elbows – 100%
- Use of PPE continues to be a challenge in the ambulance sector, compliance with gloves use at 83.9%, an improvement from the previous month, though use aprons compliance has reduced to 50%. We have reviewed audit results since 2016, where the baseline was 33.3% and noted over this time the average is 60% compliance. There is a historical reluctance to use aprons in practice, despite them being available
- IV cannulation results were a concern noted last month, however compliance is 100% this month

Actions update

When reporting the Quality dashboard over previous months a number of actions were identified, are underway or have been completed.

- **Understand safeguarding and referral patterns / volume for the Scheduled Care** – monitoring in place, project commenced in September 18 which will include specific engagement with scheduled care service
- **Continue to work with informatics to further develop the dashboard, with agreed timeframe for completion** – improvements outlined. Further work progressing
- **Operations Directorate to consider how and when the Quality Dashboard will be used by the teams / clusters / divisions** – Quality & Safety links have been identified to work with the Operations Directorate to support developments in patient and staff safety, experience and effectiveness
- **To review the process for Clinical Review / RCA / SI's to streamline this** – completed. A booklet to document the updated process has been developed in draft for circulation this will be finalised by the end of October.
- **To ensure recovery of incident investigation completion, now the Trust is at Reap 1/2** – The company has been identified to deliver investigation and report writing training – dates for delivery of this to be finalised.
- **To progress the development of CD drug audits undertaken within the medicines management system, to improve accuracy and reduce manual processes** – there has been a delay in implementing the new system. Testing is underway prior to roll out in November 2018.
- **Review incident reporting, grading of incidents and down grading of incidents** - This work will be included in phase 2 of the Ulysses project and will progress earlier when an appointment to the Risk Manager post occurs.

	<ul style="list-style-type: none"> • Develop a bespoke programme to ensure CCM's and COM's are equipped with the knowledge and skills for their role when dealing with Quality & safety issues – A draft programme has been developed for discussion with the Deputy Chief Operating Officer. • Review of process for managing externally reported incidents – work underway to be led by Head of Patient Safety as part of a RPIW • Duty of Candour – multi disciplinary group reviewing process of managing Duty of Candour & has met twice. Separate paper on Duty of Candour provided. • IPC audit compliance has reduced – IPC Manager is reviewing the audit tools to ensure they are relevant for the ambulance sector and are completed appropriately. <p><u>Summary</u></p> <p>Overall issues relating to patient safety and experience witnessed a reduction during September; this is across patient safety incidents, serious incidents and complaints. Furthermore the number of appreciations increased. This is however offset by the increase in moderate harm and above patient safety incidents.</p> <p>Themes and trends of incidents and complaints remain consistent against previous months.</p> <p>Area to focus upon relate to compliance with closure of incidents and reducing the level of harm. IPC results show that hand hygiene and PPE require attention. Good progress is noted in relation to the actions updated provided above.</p> <p><u>Assurances</u></p> <ul style="list-style-type: none"> ▪ Good performance in responding to complaints, which is maintained for a second month ▪ Good controlled drug audit results maintained, validated results now presented ▪ Excellent Friends and Family Test (FFT) across all three areas ▪ Body cam project has commenced <p><u>Risks</u></p> <ul style="list-style-type: none"> ▪ 4.4% for moderate harm or above patient safety incidents is highest it has been for the preceding 12 months ▪ Ongoing challenge in managing incidents within 28 days in the Emergency Care directorate=78, previous months 81, 84 from 75 in the previous month ▪ Hand hygiene and PPE audit results are red status, which was the case the previous month ▪ Scheduled care safeguarding referrals remain very low
<p>Issue previously considered by:</p>	<p>All of the issues highlighted in the paper have been discussed at Quality Governance Group / Quality Committee</p>
<p>Recommended actions:</p>	<p>The group/committee is asked to note the content of the report and pay particular notice to the strategic risks.</p>
<p>Sponsor / approving director:</p>	<p>Director of Quality and Safety</p>
<p>Report author:</p>	<p>Deputy Director of Quality & Safety</p>

Governance and assurance						
Link to Trust Priorities: <i>(please tick)</i>	Organisational Sustainability	Improving Quality & Safety	Workforce & Investors in People	Clinical Care & Transport	NHS 111 & Clinical Assessment Service	Comms & Engagement
	✓	✓	✓	✓	✓	✓
Link to CQC / KLOE: <i>(please tick)</i>	Caring		Responsive	Effective	Well Led	Safe
	✓		✓	✓	✓	✓
Link to Trust values: <i>(please tick)</i>	Pride	Strive for excellence	Respect	Compassion	Take responsibility & be accountable	Make a difference – day in & day out
	✓	✓	✓	✓	✓	✓
<i>(Please explain how this paper supports the application of the Trust's values in practice)</i>						
<p>The various areas of compliance/performance covered within this report cross into each value, for example complaints and appreciation cover all of the above.</p>						
Any relevant legal / statutory issues? <i>(Such as relevant acts, regulations, national guidelines or constitutional issues to consider)</i>	Duty of candour compliance					
Equality analysis completed If this is not relevant please explain why:	Yes		No	Not Relevant		
				✓		
<p>An equality analysis is a review of a policy, function or significant service change which establishes whether there is a positive or negative impact on particular social groups</p>						
Key considerations	Details					
Confirm whether any risks that have been identified have been recognized on a risk register and provide the reference number:	<p>The main risk relates to delayed ambulance response and is captured within;</p> <p>ORR-41, failure to deliver ambulance KPI's</p> <p>ORR-45, links in STP's and the impact on service delivery</p> <p>ORR-46, failure to meet various KPI's resulting in long delays</p> <p>ORR-51, insufficient resources to meet demand</p> <p>ORR-53, potential risk of delivering CQC improvement plan</p>					
Please specify any Financial Implications Please explain whether there are any associated efficiency savings or increased productivity opportunities?	<p>Currently no financial implications have been identified; however failure to enact Duty of Candour may result in financial penalties.</p> <p>Potential further savings as a result of reduced litigation, excess payments and premiums</p>					
Are any additional resources required e.g. staff capacity?	None					

<p>Is there any current or expected impact on patient outcomes/experience/quality?</p>	<ul style="list-style-type: none"> ▪ Delayed ambulance response and associated impact on care; ▪ Delay in applying Duty of Candour; ▪ Vehicle incidents may have an impact on patients, staff, fleet availability and insurance claims ▪ Violence and aggression may result in higher levels of sickness absence. This in turn impacts on service delivery. 			
<p>Specify whether appropriate clinical and/or stakeholder engagement has been undertaken: <i>(stakeholders could include staff, other Trust departments, providers, CCGs, patients, carers or the general public)</i></p>	<p>The report is produced by the Quality and Safety Directorate and shared with the Quality Governance Group, Quality Committee, Board of Directors and Quality Review Group. The information is considered by relevant groups, such as Patient Safety Group and ECLIP's.</p>			
<p>Are there any aspects of this paper which need to be communicated to our stakeholders (internal or external)? <i>(Please tick – if 'yes' then please complete all boxes. Please briefly specify the key points for communication and ensure the Comms team are informed via mailto:publicrelations@neas.nhs.uk)</i></p>	Yes	No	Positive	Negative
	✓		✓	
	Proactive	Reactive	Internal	External
	✓	✓	✓	✓