



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

Board of Directors' Meeting – 26/09/19	
Report title:	Quality Dashboard – August 2019
Purpose of report:	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.
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 31st August 2019. However the Friends and Family Test are reported up to 31st July 2019.</p> <p>Key areas to highlight:</p> <p>Safe domain</p> <p>Patient safety incidents</p> <ul style="list-style-type: none"> • There has been a slight reduction in patient safety incidents reported this month • 111 triage incidents reported this month have reduced to 40, there were 69 in July. A deep dive into the incidents in July 19 occurred • Near miss reporting (actual harm) appears on a downward trend • Where moderate harm or above incidents (excluding SI's) are reviewed there are two themes emerging – C2 delay and delay in clinician call back • Year to date position of patient safety incidents which are deemed to cause moderate harm or above is 0.7%. • Duty of Candour compliance – 1 case in July not enacted – however based on the information to date this is being reduced to no / low harm <p>Non patient safety incidents</p> <ul style="list-style-type: none"> • Of the non- patient safety incidents reported violence, assault and aggression has increased to 61, an increase from the previous month. High level review has not indicated a specific geographical location, and alcohol and drugs are noted to be contributory factors related to the increase. The highest cause groups were physical abuse (no injury) / patient lashing out verbal abuse (16) and intimidating behaviour. Two of the incidents are graded as moderate harm and are being investigated • Of the 25 security incidents reported, 2 relate to members of the public, one causing criminal damage by slashing tyres whilst a crew were on scene and another attempting theft of items in the ambulance while a crew were on scene at a hospital <p>Serious incidents – There was 3 SI's reported in July and 1 reported in August 2019. Year to date total as of 31st August 2019) is 5</p> <p>Responsive domain</p> <p>Patient experience</p> <ul style="list-style-type: none"> • The number of complaints received in August is 37, a reduction in the previous month, achieving 97.3% compliance with acknowledgement within 3 days and an improved position in complaint response to 94.6%. The Emergency Operations Centre have met the response target, however PTS has struggled this month • The average days to respond to a complaint has reduced to 22 days, which is excellent

- Quality of care, timeliness or response and staff attitude remain the top three complaint types, for the past 2 months staff attitude has been the highest type of complaint. When reviewing the themes in July the majority of staff attitude concerns were in the South Division
- We have had 1 case file requested from PHSO in August relating to the complainant being transported to ED but was not made aware she would have to arrange her own transport home, she feels Health Advisors should make patients aware of this when offering them an emergency ambulance
- We have had 4 reopened complaints in August, there were 38 closed (10.5%), in July there were 3.9% reopened complaints
- Appreciations have increased to 103 in August, there were 89 in July
- Friends & family test: See & treat are at 96% however PTS has reduced to 75% and no data appears available for 111 - this is currently being investigated

Effectiveness domain

Clinical practice

- IPC audits: There has been a slight increase in volume of IPC audits undertaken in August, hand hygiene and PPE compliance continues to be less than 95%. A delay in the hand hygiene / PPE project 'gloves off' is noted due to staffing resources in the IPC team, which should resolve in October 2019
- Of the medicines incidents being reported none were administration errors, there was 1 incident where a patient did not receive furosemide, relating to a national shortage.

Well led domain

Incidents beyond 28 days (patient safety and non-patient safety)

There are 149 incidents open past their timescale (excluding SI's), which is a deteriorating position from the previous month. A review of incident management / closure of incidents has been undertaken and a paper was presented to the Quality Committee in July 2019 and a presentation will be delivered at Quality Committee in September to consider the national Patient Safety Strategy to inform decision making regarding this.

The deteriorating position in EOC is noted from 54 incidents beyond 28 days in July to 71 in August is due to the staffing resources in EOC, with 3 senior managers being absent.

The patient safety overdue incidents are being tracked monthly and reviewed as part of the CQC action plan delivery.

Assurances

- Overall patient safety incidents reported as causing moderate harm or above is 0.7%
- 111 incidents have reduced this month
- Excellent Friends and Family Test (FFT) results for see & treat
- Reduced number of complaints received in August

Risks

- Incident reporting has largely plateaued
- Overdue patient safety incidents continue to be a challenge, particularly in EOC
- There has been an increase in non-patient safety incidents relating to violence and aggression
- Very low numbers of IPC audits are visible on the dashboard
- There has been a significant reduction in FFT results for PTS and 111 services

In summary

It is reassuring to note that 99.3% of patient safety incidents are low harm / no harm or near miss. However, there have been 3 serious incidents reported in July and 1 in August.

	There are challenges to providing a timely response to patient complaints and closing down incidents within 28 days, with noticeable pressure in EOC due to vacancies in clinician cover in the service. A proposal to review incident management was considered at Quality Committee, but requires further discussion.						
Issue previously considered by:	Quality Governance Group receives the quality dashboard bi monthly, Quality Committee receive it bi monthly and the Board of Directors receive the quality dashboard monthly.						
Recommended actions:	The Board is asked to review the content of the report and pay particular attention to the strategic risks.						
Sponsor / approving director:	Director of Quality and Safety						
Report author:	Deputy Director of Quality & Safety						
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>	The various areas of compliance/performance covered within this report cross into each value, for example complaints and appreciation cover all of the above.						
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		
					✓		
	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						
Key considerations	Details						
Confirm whether any risks that have been identified have been recognized on a risk register and provide the reference number:	The main risk relates to delayed ambulance response and is captured within; ORR-41, failure to deliver ambulance KPI's ORR-45, links in STP's and the impact on service delivery ORR-46, failure to meet various KPI's resulting in long delays ORR-51, insufficient resources to meet demand						

<p>Please specify any Financial Implications</p> <p>Please explain whether there are any associated efficiency savings or increased productivity opportunities?</p>	<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>			
<p>Are any additional resources required e.g. staff capacity?</p>	<p>No</p>			
<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 investigating patient safety incidents may cause harm ▪ 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:</p> <p><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.</p>			
<p>Are there any aspects of this paper which need to be communicated to our stakeholders (internal or external)?</p> <p><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
	✓	✓	✓	✓