Royal Papworth Hospital
NHS Foundation Trust

Agenda item 5.4.1

Report to:	Board of Directors	Date: 20th November 2018
Report from:	Josie Rudman, Chief Nurse	
Principal Objective/ Strategy and Title	PIPR Safe KPI Review	
Board Assurance Framework Entries	CQC and Safe Care	
Regulatory Requirement	CQC	
Equality Considerations	None	
Key Risks	CQC and Safe Care	
For:	For information prior to submission to Q&R Committee	

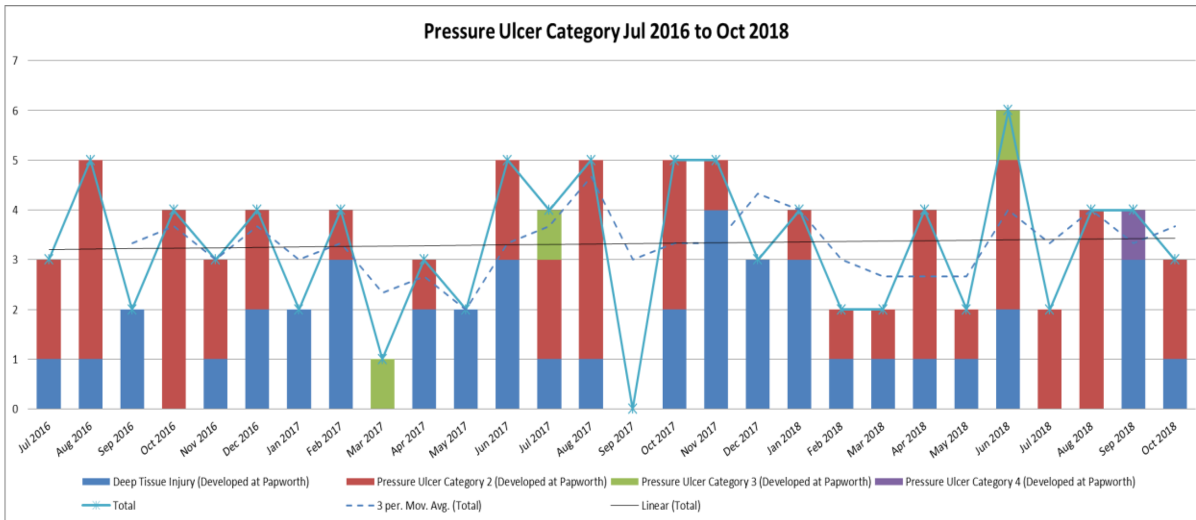
Q+R have been charged with reviewing possible KPIs to be placed in PIPR as Dashboard KPIs. This paper reviews proposed KPIs as presented in the Combined Quality report to the Board on the 1st November 2018.

The revisions are proposed after reviewing neighbouring Trusts *safe* KPIs (appendix 1) and considering national and local priorities.

Falls (appendix 2)
The Falls Prevention Co-Ordinator and Risk Manager have presented the data in national context. It can be seen that the national average of fall per 1000 patient episodes is 6.6, our average is 2.2 with the highest being 4.1. We currently have a ceiling target of 2.2.

Falls are considered a nurse sensitive indicator, i.e. demonstrate care deficiencies due to reduced numbers of nurses per patient. Despite having RN vacancies across the Trust a positive position has been maintained, with a downward trajectory
The committee is asked to consider this KPI for inclusion reported as falls per 1000 patient bed days and recommend a ceiling trajectory of 4.
Type of KPI: Outcome
Anticipated RAG : Green

Pressure Ulcers
There is a national drive to continue to reduce pressure ulcers with #stopthepressure taking place on Thursday 15th November. NHSI have recently introduced a new way of recording pressure ulcers. Our neighbouring Trusts report pressure ulcers in differing ways, neither have a target level, and both have significantly more PUs (Appendix 1). If this outcome is to be included in the Dashboard KPIs, then a rolling average should be applied as is demonstrated below, due to low numbers there are natural peaks and troughs. It is recommended that the Trust works through this transition and Q+R consider changing the PU KPI for the next reporting year.



Type of KPI: Outcome
Anticipated RAG: Green

Care Hours per patient day (CHPPD)
The measurement of care hours per patient day has been embedded in the Trust, and demonstrates the numbers of hour's care the Trust has achieved on average per patient. By demonstrating that the Trust has managed to remain above the minimum requirement demonstrates the mitigation put in place to offset the safer staff figures which have remained red for over a year.

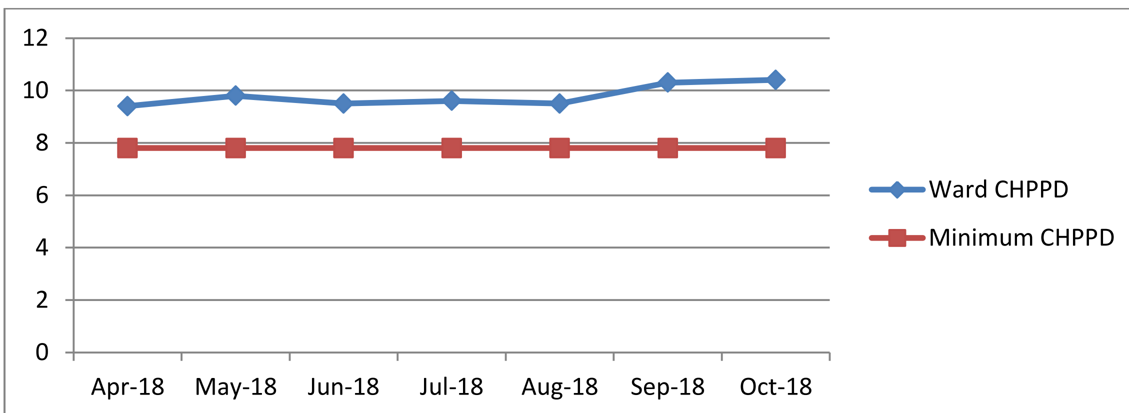


Figure 1 Ward CHPPD

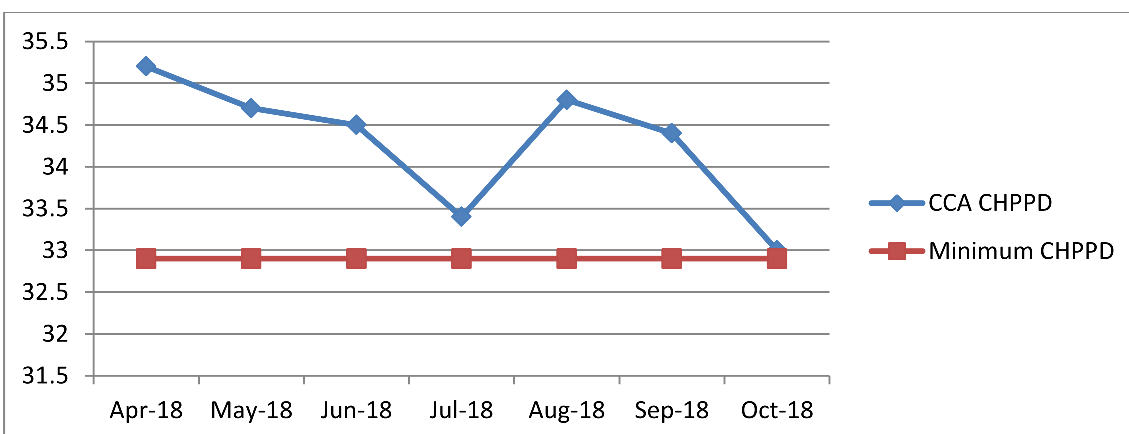
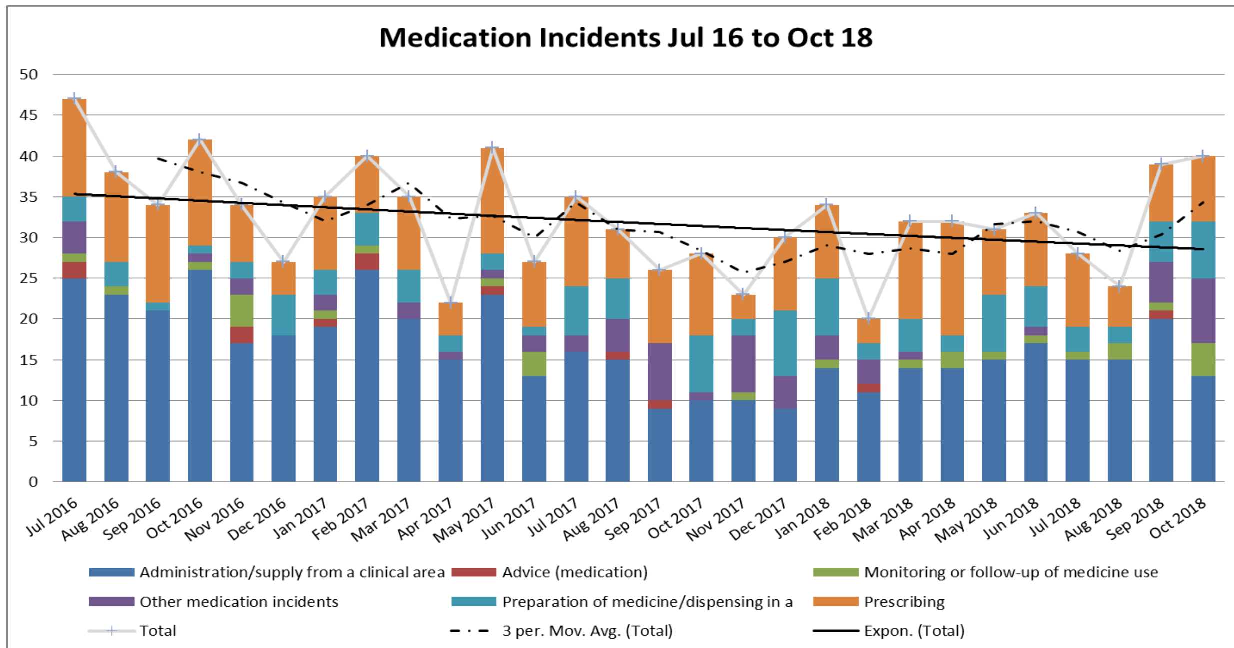


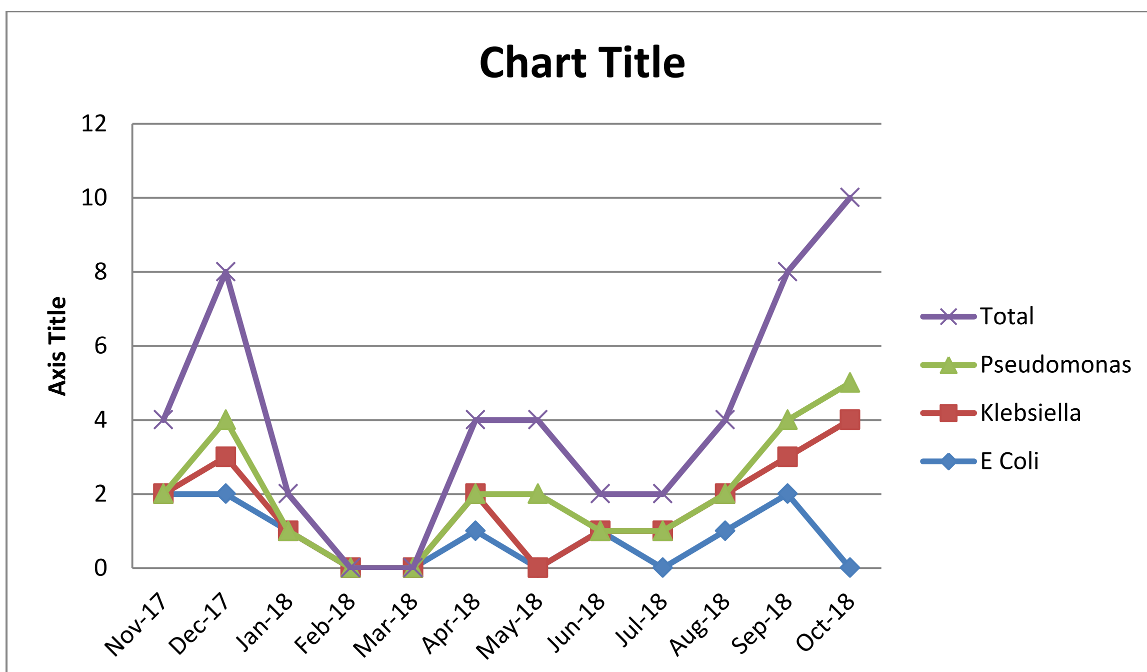
Figure 2 CCA CHPPD

It is recommended to consider this as a Dashboard KPI, as it will demonstrate the triangulation between safe care and nurse staffing levels.
Q+R are asked to consider this as a monitored KPI and set a target of:
7.8 for the ward areas
32.9 for CCA
Type of KPI: Process
Anticipated RAG: Green

Medication Errors
The Trust has done a great deal of work around reducing medication errors, and monitors this closely. It is important to maintain a healthy reporting culture, so any target cannot encourage a reduction in reporting. The harm rate associated with medication errors is very low. Q+R are asked to discuss medication errors and consider what if any elements can be included in the PIPR KPIs.



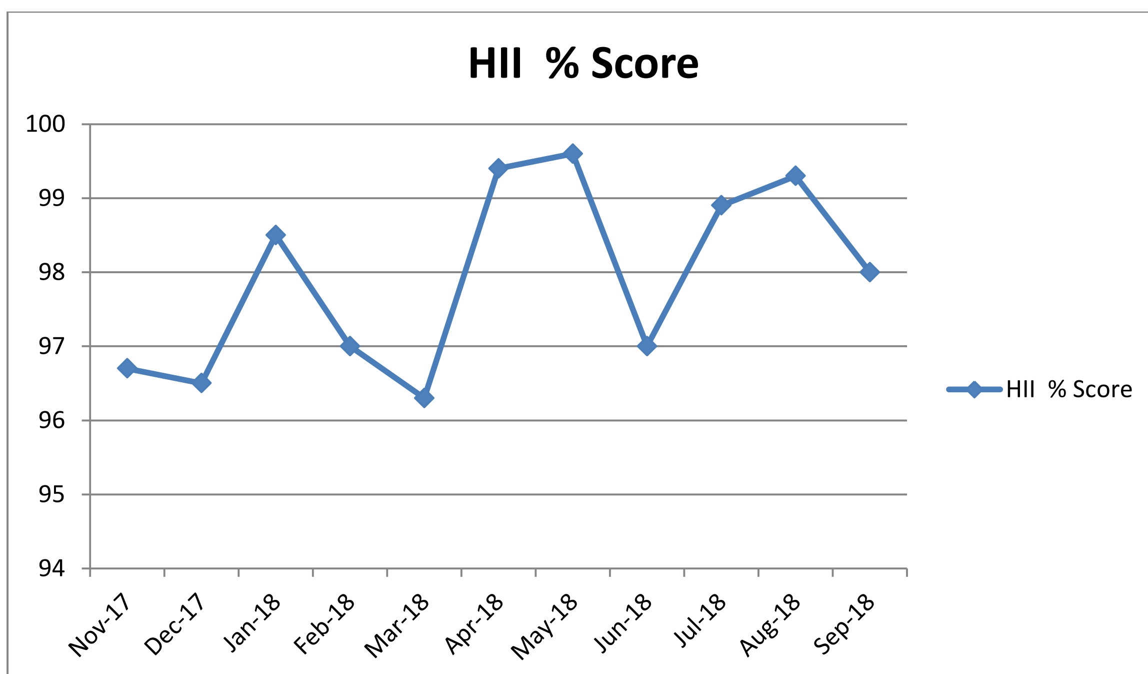
MRSA / gram negative bacteraemia
There is a national drive to reduce gram negative bacteraemia by 10% year on year.
MRSA has a national zero tolerance and our ceiling target is zero for this Trust. This KPI could be considered for a dashboard KPI, both neighbouring organisations report on their MRSA bacteraemia, CUH have a RAG rated target, whereas NWAFT have an unrated target. In the last 12 months we have had 2 cases of MRSA, in the last 6 months zero cases.
Gram negative organism bactereamia (E Coli, Klebsiella, Pseudomonas) have been reported in PIPR for this reporting year and previously in the DIPC report. There is a national ambition to reduce these infections, with a target of reducing E coli by 50% over 6 years, a year on year 10% reduction.



	E Coli	Klebsiella	Pseudomonas	Total
Nov-17	2	0	0	2
Dec-17	2	1	1	4
Jan-18	1	0	0	1
Feb-18	0	0	0	0
Mar-18	0	0	0	0
Apr-18	1	1	0	2
May-18	0	0	2	2
Jun-18	1	0	0	1
Jul-18	0	1	0	1
Aug-18	1	1	0	2
Sep-18	2	1	1	4
Oct-18	0	4	1	5
Total	10	9	5	24

A total of a year's gram negative infections is 24, with a target to reduce this, 10 % would be 2.4, giving a monthly average of 1.8 (less than 2 patients). As this data has been for monitoring only for this year to April 2019, it may be worth introducing a total rolling average target into the monitoring KPIs next year, and maintain the separate organisms as additional KPIs.
Type of KPI: Outcome
Anticipated RAG rating: Green / Amber

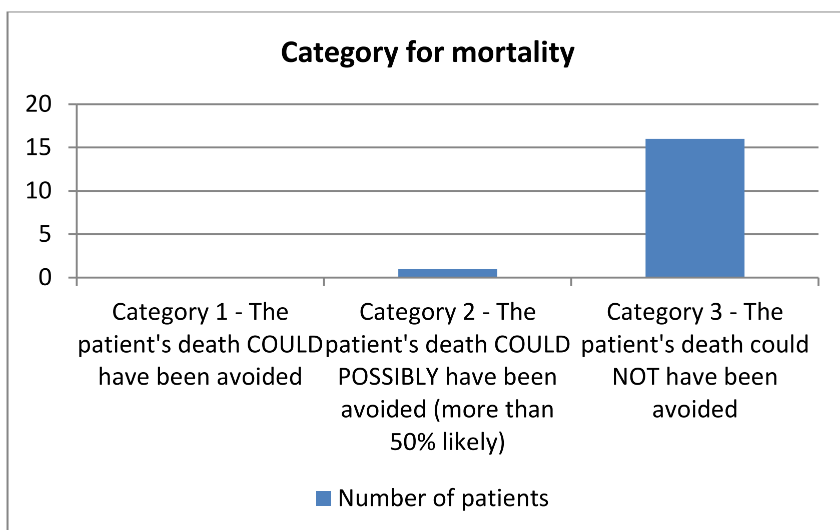
High impact interventions
A process KPI rather than outcome, but reflective of the IPC culture across the hospital. A high level of compliance has been achieved for a 12 month period, so a target of 97% (in the absence of a national target) is suggested.



Type of KPI: Process
Anticipated RAG: Green

CVC related infections
This would be a critical care specific measure – this is already captured in DIPC and CCA quality report. We rely on feedback from a central reporting. It is recommended that a quarterly report continues to be presented in the DIPC report.

Learning from deaths avoidability
Other organisations report compliance % of deaths reviewed (CUH) and plan to report against crude number of deaths, crude number of deaths (patients with learning disabilities), total number of death, more likely than not due to problems in care, total number of death, more likely than not due to problems in care (patient with learning disabilities (NWAFT).



Between 01/04/2018 and 23/10/2018 there have been 76 in hospital deaths

Speciality	Total	Subspecialty	Total	RCR completed
Cardiology	23	Interventional	23	8
Respiratory ECMO	9		9	0 All discussed at ECMO MDT
Surgery	25	Cardiac surgery	18	0
		Thoracic surgery	5	0
		PTE	2	0
Thoracic Medicine	14	Cystic Fibrosis	2	0
		ILD	2	1
		Lung Defence	1	0
		Oncology	2	1
		Pulmonary Hypertension	3	0
		RSSC	4	4
Transplant	5		5	3 1 SUI
Total in hospital deaths	**76**		**76**	**17**

On a quarterly basis the category for mortality and the numbers of reviews carried out, along with a rating of care delivered are reported to Q+R and the Board. Including a measure in PIPR would provide a process (numbers reviewed) and an outcome (category) KPI. As this is a relatively new process, it is recommended that this KPI is considered in for the New Year reporting April 2019 onwards.

Sepsis 6
For the last 2 years the Trust has engaged in the Sepsis 6 CQUIN. The compliance has been good (90 -100%). The number of patients with sepsis remains low, and therefore sample sizes remain low.

Sepsis Screening and IV antibiotics 2018-2019

	Sample size	Required Sepsis Screening?	Screening completed?	IV antibiotics given with 1 hour?
January	5	5	5	5
February	6	6	6	4
March	3	3	3	2
Quarter 4	**14**	**14**	**14**	**11**
Compliance		100%	100%	90%

Sepsis Screening and IV antibiotics 2018-2019

	Sample size	Required Sepsis Screening?	Screening completed?	IV antibiotics given with 1 hour?
July	5	5	5	5
August	6	6	6	6
September	4	4	4	4
Quarter 2	**15**	**15**	**15**	**15**
Compliance		100%	100%	100%

Other organisations report and have targets against the Sepsis 6 bundle. NWAFT have a target of 100% against each requirement, and CUH have a target of 90% for the complete bundle, but have yet to report against this figure. This would be a process KPI if included, and as these are small numbers of patients may not be the most appropriate KPI to choose. To improve transparency, it is recommended that this is reported quarterly in the DIPC report in the combined quality report.

Recommendation

Q+R are asked to consider the proposed additional KPIs and decide which should be recommended to the Board for inclusion as Dashboard KPIs