

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST  
BOARD OF DIRECTORS  
THURSDAY 24 APRIL 2014**

<b>Title:</b>	<b>PATIENT CARE QUALITY REPORT</b>
<b>Responsible Director:</b>	Philip Norman, Executive Chief Nurse
<b>Contact:</b>	Michele Owen, Deputy Chief Nurse; Extension 14725

<b>Purpose:</b>	To provide the Board of Directors with an update on care quality improvement within the Trust.
<b>Confidentiality Level &amp; Reason:</b>	None
<b>Annual Plan Ref:</b>	Aim 1. Always put the needs and care of patients first.
<b>Key Issues Summary:</b>	This paper sets out the position for defined aspects of care quality within the Trust and supporting actions to ensure continued improved performance.
<b>Recommendations:</b>	The Board of Directors is asked to receive this report on the progress with Patient Care Quality.

<b>Approved by:</b>	Philip Norman	<b>Date:</b> 14 April 2014
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## BOARD OF DIRECTORS THURSDAY 24 APRIL 2014

### PATIENT CARE QUALITY REPORT

#### PRESENTED BY THE EXECUTIVE CHIEF NURSE

#### 1. Introduction and Executive Summary

This paper provides an update of progress against the Trust's Patient Care Quality agenda. The paper includes measurement of the patient experience through both internal and external initiatives, performance against the Safety Thermometer National Commissioning for Quality and Innovation (CQUIN). It gives a position update regarding safeguarding of children and vulnerable adults as well as a summary of complaints received in the previous 3 months. There are also updates on dignity, the cancer and chemotherapy patient surveys and pressure ulcer performance.

#### 2. Measuring the Patient Experience

##### 2.1 Enhanced Patient Feedback

In March, there were 3294 responses to the electronic bedside inpatient survey and 151 in the Emergency Department Survey, bringing the total to date for this year to 33,168 for the inpatient survey and 1780 for the Emergency Department survey. Positive responses achieving above 95% continue to relate to the overall rating of care, privacy when treated, cleanliness of hospital and ward and cleanliness of toilets. The least positive responses were for noise at night from staff (67%) and conflicting information (77%). An action plan for improvement is currently being developed and will be presented to the Care Quality Group.

##### 2.2 National Patient Surveys

The National Emergency Department Survey is currently under way, with the sample of patients drawn from March 2014. Preparation for the National Inpatient Survey will begin in the summer, with the sample of patients drawn from June 2014.

##### 2.3 Net Promoter Friends and Family Response

From 1 April 2013 the Trust transferred to the new Department of Health Guidance for the Friends and Family Test requirements. This requires us to report the response rates and scores for each ward, and from May 2013, to publish the information on the Trust website. The net

promoter score is identified by subtracting the percentage detractors from the percentage of promoters.

The National CQUIN target for this year is that by Quarter 4 we will achieve a combined 20% response rate and an increase in the score compared with Quarter 1. This has been achieved.

The scores and response rates to date are:

Month 2014	ED Score	ED Response	Ward Score	Ward Response	Combined Score	Combined Response
January	62	10.21%	82	39.88%	75	20.85%
February	59	16.46%	77	39.68%	69	24.25%
March	60	19.94%	73	58.14%	67	32.02%

Positive response rates for the Emergency Department (ED) increased again in March. From October 2014 we will be required to ask the Friends and Family question of patients attending for an Outpatient appointment or attending as a Day Case. National guidance will be published by NHS England in June 2014 to inform Trusts of the specifications. A project group has been convened to decide the methodology to be used and to plan the implementation.

### 3. **Cancer Survey**

The final action plan has been forwarded to the Clinical Commissioning Group (CCG). The relevant clinical teams are progressing the actions and Cancer Services are monitoring and collating evidence of completed actions for inclusion as part of the Peer Review evidence.

#### 3.1 Chemotherapy survey

The main issue highlighted in this survey was the delay in chemotherapy delivery. This had already been identified as a concern at the chemotherapy 'away day' held in December 2013. Work to improve this has already commenced. The newly appointed Lead Chemotherapy Nurse takes up post in April, a priority will be to improve this aspect of the service.

### 4. **Safety Thermometer**

The National Health Service (NHS) Safety Thermometer 2013/14 is a standardised data collection/improvement tool which enables NHS organisations to measure patient outcome in three key areas:

- Pressure Ulcers (both Community and Hospital acquired)
- Falls
- Urine infections and urinary catheter use

The CQUIN scheme rewards submission of data generated through the use of the NHS Safety Thermometer tool which is published via the NHS Information Centre. It is nationally recognised that pressure ulcers represent the majority of harm reported and therefore the Trust is required to maintain or improve performance in this area. As the source of the harm may occur in both a health and social care setting, the concept is to reduce the prevalence of pressure ulcers regardless of their source.

New Harm is associated with care within the health care setting undertaking the survey. Old Harm is associated with harm which is present on admission.

The New Harm seen in March 2014 is associated with all 3 patient outcome measures. The Trust has established care quality groups for both Pressure Ulcer Prevention and Falls Management which set and monitor the strategic ambition to reduce avoidable harm associated with falls and hospital acquired pressure ulcers. A group is being established to review urinary tract infections and urinary catheter use which will be led by the Infection, Prevention and Control Team.

For 2014/5 there will be a further National Safety Thermometer CQUIN, all 4 harms will form part of the CQUIN with "new" blood clots (Venous Thrombo Embolism or VTE) now included as part of the data collection. The Trust has agreed to continue to focus on reducing avoidable pressure ulcers and the final contract details are being discussed with Commissioners.

### Trust outcomes

Overall 2013/14	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Total patients surveyed	1083	1065	1059	1042	1060	1071	1065	1060	1060	1089	1084	1058
Harm Free %	98.71	98.03	98.49	97.79	99.64	98.04	96.71	97.26	96.89	97.80	98.52	98.30
Old Harm %	0.55	0.94	0.76	0.67	1.32	1.40	1.88	0.75	1.23	1.38	0.46	1.04
New Harm %	0.74	1.03	0.85	1.63	1.13	0.56	1.41	1.98	1.98	0.83	1.11	0.76

## 5. **Avoidable Hospital Acquired Pressure Ulcers**

A pressure ulcer is a localised injury to the skin and/or underlying tissue, usually over a bony prominence as a result of pressure or pressure in combination with shear.

Hospital acquired pressure ulcers are defined as new harm which develops 72 hours after admission to the Trust.

The Trust uses the International Classification system to grade ulcers from Grade 2-4 (Grade 4 being the most severe). A number of contributing factors are also associated with pressure ulcer development and all Grade 2-4 pressure ulcers are subject to an internal investigation where the outcome identifies if the pressure ulcer was avoidable or unavoidable using the NHS Midlands and East definitions.

An internal review of the methodology applied to the reporting of pressure ulcers has led to detailed discussions with Commissioners and recognised that reporting methodologies are inconsistent between grades of pressure ulcers. For 2014/5 a methodology will be applied consistently across all grades.

The tables below detail the information split into the sub classification

Patients who developed Grade 2 Avoidable Hospital Acquired Pressure Ulcers

<b>2013</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
Grade 2	47	52	48	29 ( 2 months data only )

Number of Grade 3 & 4 Avoidable Hospital Acquired Pressure Ulcers

<b>2013/14</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>
Grade 3	20	5	5	6 To date
Grade 4	9	5	5	1 To date

Divisional Associate Directors of Nursing and the Executive Chief Nurse are reviewing the current action plans alongside individual cases to ensure all actions required to support a reduction in avoidable pressure ulcers are in place and to enable learning to be identified and improvements made.

## 6. Safeguarding Adults and Children

### 6.1 Adult Safeguarding

#### **Referrals**

Below is a breakdown of safeguarding referrals for January, February and March 2014.

<b>Month</b>	<b>January 2014</b>	<b>February 2014</b>	<b>March 2014</b>
Alerts	32	26	30
Advice Calls	26	27	23
<b>Total Referrals</b>	<b>58</b>	<b>53</b>	<b>53</b>

## Referrals by Types of Abuse Category

Type	January 2014	February 2014	March 2014
Potential Domestic Violence	2	1	3
Potential Financial Abuse	5	5	3
Potential Omission of Care	8	16	13
Potential Physical Abuse	11	4	10
Potential Sexual Abuse	1	1	0
Emotional Abuse	1	0	2
Self Neglect	5	3	2
No Abuse	25	23	20
<b>Total Referrals</b>	<b>58</b>	<b>53</b>	<b>53</b>

The number of referrals during January - March is the highest over the past 12 months, with the increase being notably in the 'No Abuse' referral category. This is due to the increased training and awareness around safeguarding which has taken place over the last few months.

In February the total number of 'potential omissions of care' was 16, this was broken down to 6 occurring in care homes, 4 in hospital and 6 in patients own home. Potential omissions of care fell in March with one relating to hospital and the other 12 in patients home or care homes

Potential physical abuse cases increased in January and March. These primarily related to care home settings. However 3 related to the hospital setting: 1 relating to a hospital staff member and 2 from patients regarding other patients.

Cases are followed through and investigated where required.

Deprivation of Liberty Safeguards (DoLS) numbers have also increased, again mainly due to the visibility of the safeguarding team and an increased awareness through teaching.

There was one new Domestic Homicide Review request made to the Trust in March 2014.

There were no 'Position of Trust' referrals within this period.

### 6.2 Safeguarding Children

There were 89 referrals to Children's Services over the last three month period (January – March 2014).

### 6.3 Safeguarding Training

Adult and children safeguarding awareness training (level 1) – current compliance stands at 99%.

## 7. Dignity

### 7.1 Dementia Care Bundle Project

An allocation of funding from the West Midlands Dementia Care Bundle Project has enabled the Trust to employ a dignity nursing assistant to further support quality improvements related to the 'See Me Care Bundle' and 'Make Specialing Special'. They will support nursing assistant staff at the bedside in delivering person centered compassionate care.

### 7.2 Research

The Trust has been selected as a research site for the Prevention of Delirium (PoD) project. This project aims to improve delirium prevention for older people in hospital. 2 research assistants will be recruited to support this project and the intervention ward will be West 2 (Older Adult) with Ward 410 (Trauma) as the control ward.

### 7.3 Education

In collaboration with the University of Birmingham (UOB) from April 2014 a development module to support staff in the delivery of high quality evidenced based practice for patients with dementia and associated mental health concerns, will be available.

A two day programme will be introduced from May 2014 to support the roll out of Make Specialing Special, by addressing complex care needs with enhanced communication skills.

Dr David Sheard, Chief Executive/Founder, Dementia Care Matters will be leading a dementia training session for Senior Sisters/Charge Nurses at the Trust on Wednesday 21 May 2014.

## 8. Patient Relations Report

### 8.1 Number of Formal Complaints by Month by Division

Division	Number of Complaints Jan 14	Number of Complaints Feb 14	Number of Complaints Mar 14	Total Complaints
Division A	1	4	2	7
Division B	19	18	12	49
Division C	27	13	13	53
Division D	22	22	9	53
Corporate Services	3	1	2	6
Total Complaints	72	58	38	168

The number of complaints received in March 2014 decreased again to 38, compared to 58 in February. This reflected the first full month of divisional 'triaging' of new, potential complaints, whereby such cases are assessed by the divisional Associate Director of Nursing to try and secure a swift resolution of the issues highlighted to the satisfaction of the complainant, where appropriate and feasible. This often involves a telephone call from a Matron or Group Manager. The largest divisional decrease was seen in Division D, where complaints reduced from 22 in February 2014 to 9 in March 2014.

During March, new Complaints Officers were assigned to specific clinical divisions, providing one point of contact for queries relating to that division's complaints. This is already improving relations between the complaints department and the divisions and the service we offer both internally to the divisions and externally to patients and relatives making a complaint.

## 9. **Recommendations**

The Board of Directors is asked to receive this report on the progress with Patient Care Quality.

Mr Philip Norman  
Executive Chief Nurse  
14 April 2014