

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

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

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

Approved by:	Philip Norman	Date: 14 July 2014
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**BOARD OF DIRECTOS
THURSDAY 24 JULY 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, nutrition and hydration actions and shows pressure ulcer performance.

2. Measuring the Patient Experience

2.1 Enhanced Patient Feedback

In June, there were 2,269 responses to the electronic bedside inpatient survey and 186 in the Emergency Department (ED) Survey, bringing the total to date for this year to 6,931 for the inpatient survey and 623 for the ED 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 previous reported 3 less positive responses: noise at night from staff, rating of hospital food, and patients given conflicting information all improved in the latest month (June). These being:

Did staff help to promote rest and sleep at night scored 76.82%, did patients find someone to talk to about worries and fears, scored 72.36% and involvement in decisions 80.97%. Further work continues in these areas.

A new question has been implemented from May, "did staff introduce themselves". The June score being 79.12%, this was up by half a percentage point from the first month this was asked. The roll out of the 'hello my name is' approach is expected to further improve this score.

2.2 National Patient Surveys

The National Emergency Department Survey is currently under way, with the sample of patients drawn from March 2014. The surveys were posted out in June with the report due in September 2014. Notification for the National Inpatient Survey has been received. Fieldwork will begin in September 2014 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 scores and response rates to date for 2014-15 are:

Month 2014-15	ED Score	ED Response	Ward Score	Ward Response	Combined Score	Combined Response
April	58	29.54%	77	54.48%	66	37.49%
May	49	14.76%	75	47.34%	65	25.54%
June	54	24.11%	76	56.99%	66	34.52%

The National CQUIN target for inpatients is to maintain a response rate of 30% or over, by March 2015 this will increase to a response rate of 40% or over. For the Emergency Department (ED), a response rate of 20% or over remains in place. By October 2014 we are required to implement the Friends & Family Test in Outpatients and Day Case Departments. National Guidance has been delayed and is now expected by the end of July 2014.

3. **Safety Thermometer**

The National Health Service (NHS) Safety Thermometer 2014/15 is a standardised data collection/improvement tool which enables NHS organisations to measure patient outcome in four key areas:

- Pressure Ulcers (both Community (old) and Hospital acquired (new)
- Falls
- Urine infections and urinary catheter use
- Venous thrombo-embolism events (VTE) – included from April 2014

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 improve performance in this area.

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.

Trust outcomes

Overall 2014/15	April	May	June
Total patients surveyed	1071	1097	1104
Harm Free %	94.30	93.25	95.47
Old Harm %	2.43	2.55	2.08
New Harm %	3.36	4.19	2.54

4. **Avoidable Hospital Acquired Pressure Ulcers**

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 deemed to be avoidable or unavoidable using the NHS Midlands and East definitions.

The tables below detail the information split into the sub classification of device related and non device related pressure ulcers for April and May 2014.

There were no avoidable Grade 3 or 4 Pressure Ulcers in April 2014. May 2014 data is currently being verified and subject to root cause analysis review. This data will be included in next month's report.

Outcome Avoidable Non Device Related Pressure Ulcers

	Grade 2	Grade 3	Grade 4
April 2014	17	0	0

Outcome Avoidable Device Related Pressure Ulcers

	Grade 2	Grade 3	Grade 4
April 2014	8	0	0

The Trust wide action plan has been updated which details strategies to ensure further pressure ulcer reduction which are being cascaded via the monthly Trust wide Pressure Ulcer Action Group.

5. Safeguarding Adults and Children

5.1 Adult Safeguarding

Referrals

Below is a breakdown of safeguarding referrals for April, May and June 2014.

Month	April 2014	May 2014	June 2014
Alerts	30	29	35
Advice Calls	24	36	25
Total Referrals	54	65	60

Referrals by Types of Abuse Category

Type	April 2014	May 2014	June 2014
Potential Domestic Violence	3	5	4
Potential Financial Abuse	3	5	8
Potential Omission of Care	16	11	13
Potential Physical Abuse	5	6	1
Potential Sexual Abuse	2	1	2
Potential Emotional Abuse	0	0	4
Potential Self Neglect	7	4	4
No Abuse	18	33	24
Total Referrals	54	65	60

There was 1 formal alert raised against the Trust in June 2014, this related to a discharge with an undocumented pressure ulcer. This is being investigated.

For the 13 Potential Omissions of Care shown for June in the above table these were:

- 1 alert explained above. The remaining 12 related to pre hospital care.

All of the above are being dealt with through safeguarding processes.

There were 13 Deprivation of Liberty Safeguard (DoLS) patients in June - 3 authorised, 3 pending, 3 ongoing and 4 not authorised.

There were no new Domestic Homicide Review requests made to the Trust in June 2014.

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

5.2 Safeguarding Children

Month	April 2014	May 2014	June 2014
Safeguarding Referrals	43	31	20
Health Visitor / School Nurse Referrals	100	71	60
Advice Calls	4	8	12
Total Referrals	147	110	92

Referrals	April 2014	May 2014	June 2014
Potential Domestic Violence	7	4	3
Potential Parental Capacity	29	12	13
Potential Omission of Care t	3	3	1
Potential Physical Abuse	0	0	1
Potential Emotional Abuse	0	0	0
Potential Sexual Exploitation	0	0	2
Category Not Initially Stated	4	12	0
Total Referrals	43	31	20

5.3 Safeguarding Training

Level one – compliance at level one (awareness) is via Trust Staff Handbook at Trust induction and is at 99%.

6. **Nutrition and Hydration**

6.1 Food Survey reports

Below are the responses from some key questions asked on the Trust's television survey regarding food. Work is currently being undertaken to establish differences in similar questions received from internal questionnaires and the National Patient Survey. This information informs the annual action plan which forms part of the Trust's Nutrition and Hydration Strategy.

How well do you feel your meals were presented?

Answer	Jan-14	Feb-14	Mar-14	% Jan-14	% Feb-14	% Mar-14
Very good	29	31	52	30%	30%	29%
Good	32	35	70	33%	35%	38%
Average	18	29	43	19%	28%	24%
Poor	12	5	6	13%	5%	3%
Very poor	5	2	11	5%	2%	6%

How would you rate the taste and flavour of the food?

Answer	Jan-14	Feb-14	Mar-14	% Jan-14	% Feb-14	% Mar-14
Very good	23	28	51	24%	27%	28%
Good	32	34	54	33%	34%	30%
Average	21	26	47	22%	25%	26%
Poor	12	6	13	13%	6%	7%
Very poor	8	8	17	8%	8%	9%

Was there help available for you to eat your meal?

Answer	Jan-14	Feb-14	Mar-14	% Jan-14	% Feb-14	% Mar-14
Yes, always	19	20	61	54%	53%	69%
Yes, mostly	6	7	12	18%	18%	14%
Yes, sometimes	4	7	4	11%	18%	4%
No, never	6	4	12	17%	11%	13%

Were your hot meals hot enough?

Answer	Jan-14	Feb-14	Mar-14	% Jan-14	% Feb-14	% Mar-14
Yes, always	54	67	118	57%	65%	66%
No, not always	32	26	38	34%	25%	21%
Rarely	2	7	19	2%	7%	11%
Never	7	3	4	7%	3%	2%

6.2 Red Equipment (where patients require assistance to eat and/or drink)

A review of the distribution of this equipment is being undertaken. Alongside this each Division is reviewing its own ward processes to ensure that, when a patient is identified as requiring this equipment, they not only receive the equipment but the associated assistance required.

6.3 Patient Led Assessments of the Care Environment (PLACE) Food scores

In May 2014 a National Environmental Audit (PLACE) was undertaken with the help of staff, patient representatives and governors as well as external reviewers. Below are the scores achieved from the audit of food from all the wards visited. There has been a significant increase from last year's scores in this area.

- 2012/13 score was **75.77%**
- The average score for the country was **84.5%**
- 2013/14 score was **90.51%**

Note: The Patient-Led Assessments of the Care Environment (PLACE) Programme replaced the Patient Environment Action Team (PEAT) Programme from April 2013.

7. **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 July 2014