

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 27 MARCH 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: 17 March 2014
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BOARD OF DIRECTORS THURSDAY 27 MARCH 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 pressure ulcer performance, the dementia carers survey and discharge quality.

2. Measuring the Patient Experience

2.1 Enhanced Patient Feedback

In February, there were 2606 responses to the electronic bedside inpatient survey and 168 in the Emergency Department Survey, bringing the total to date for this year to 29,874 for the inpatient survey and 1629 for the Emergency Department survey. Positive responses achieving above 95% continue to relate to the overall rating of care, privacy when treated, respect and dignity as patient, cleanliness of hospital and ward and cleanliness of toilets. The least positive responses were for noise at night from staff (70%) – score down by 1 percentage point than previous month, and conflicting information achieving score of 79%, which is same as in January.

Whilst some patients state that they are being disturbed by staff at night, other patients are reporting that staff do all they can to help them rest and sleep. Sleep kits are now available in all inpatient areas.

Communication with patients will continue to be a focus for the action plan for improvement for 2014/15. Whilst we have seen an improvement over the year, there is still further improvement needed.

2.2 National Patient Surveys

Preparation for the National Emergency Department Survey is under way, with the sample of patients drawn from January, February or March 2014. The surveys will be sent out in April.

The results of the National Chemotherapy Survey and the Cancer Outpatient Survey have now been provided to the Trust. The results are currently being considered alongside the results for the National Cancer Patient Survey and will be incorporated into the action plans currently being finalised.

The results of the National Adult Inpatient Survey will be published by the Care Quality Commission in May 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.

The scores and response rates to date are:

Month 2013-14	ED Score	ED Response	Ward Score	Ward Response	Combined Score	Combined Response
Dec 13	62	9.94%	74	37.50%	70	18.99%
Jan 14	62	10.13%	83	50.42%	77	23.38%
Feb 14	59	16.46%	77	39.68%	69	24.25%

Response rates for the Emergency Department (ED) increased significantly in February. This is in part due to the introduction of a further method for collecting feedback from patients. Along with feedback cards and text messaging service, patients are also given the opportunity to respond by dropping a token into the relevant box, corresponding to their answer, on their way out of the department.

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 to inform Trusts of the specifications. A project group has been convened to decide the methodology to be used for Outpatients and plan the implementation.

3. **Dementia Carer Questionnaire August 2013 to January 2014**

223 questionnaires were distributed within this period and 47 have been returned, a response rate of 21%.

How likely are you to recommend our ward to friends and family if they needed similar care?

	No	%
Non responder	4	8.51
Extremely likely	23	48.94
Likely	16	34.04
Neither likely or unlikely	3	6.38
Don't know	1	2.13
	47	100.00

Do you feel your role as a carer has been acknowledged by the healthcare professionals?

	No	%
Non responder	6	12.8
Acknowledged by all	22	46.8
Acknowledged by some	14	29.8
Not acknowledged	5	10.6
Total	47	100.00

3.1 Action Plan Key Points

- People living with dementia and their carers - Continue to provide direct training to staff via the Dignity Conference, Junior Doctor Workshops etc.
- The Dignity in Care Team: - Promotes and provides training on the See Me Dementia Care Bundle. This includes highlighting:
 - Principles for supporting carers
 - The supported mealtimes
 - Guidelines for overnight stays for relatives/carers
 - Provides a Memory Lane Café, giving support and advice for both patients living with dementia and their carers
 - Delivers events throughout the year e.g. Dementia Awareness Week, Dignity Launch, Mental Health Awareness Week
 - Completion of the All About Me document has been monitored via the Safety Thermometer from April 2013 this has shown a sustained improvement, not only for people with dementia but for those with acquired brain injury and communication problems.

3.2 Refinements to the Questionnaire for 2014-2105

- A business reply envelope has now been introduced. The impact of this will be reported back through the next report.

- Only 14.8% (7 individual carers) reported that they had received the Useful information for carers sheet attached to the back of the questionnaire from August 2013, Following helpful comments from Patient /Public Governors, this will now being made into a leaflet and will be attached to the front of the questionnaire.

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 February 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 (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 details are being discussed as part of the contract with Commissioners.

UHB outcomes

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

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.

The table below details the number of patients who developed avoidable pressure ulcers by grade for the year to date for Quarter 1 – Quarter 3

2013/14	Q1	Q2	Q3
Grade 2	47	52	48
Grade 3	20	5	5
Grade 4	9	5	5

Divisional Associate Directors of Nursing and the Executive Chief Nurse are reviewing their current action plans alongside individual cases to ensure all actions required to support a reduction in avoidable pressure ulcers are in place and that this remains a high priority within their Division. Root Cause Analysis Reviews will also take place for Grade 3 & 4 pressure ulcers to enable learning to be identified and improvements made.

6. Work on Safeguarding Adults and Children

6.1 Adult Safeguarding

Referrals

Below is a breakdown of safeguarding referrals for December 2013, January and February 2014.

Month	December 2013	January 2014	February 2014
Deprivation of Liberty Safeguards (DoLS)	2 authorised 2 pending	2 authorised 2 not authorised 1 pending 1 extended	3 authorised 2 not authorised 3 extended 1 pending
Independent Mental Capacity Advocate (IMCA)	1	1	1

Month	December 2013	January 2014	February 2014
Alerts	18	32	26
Advice Calls	11	26	27
Total Referrals	29	58	53

Referrals by Types of Abuse

Type	December 2013	January 2014	February 2014
Potential Domestic Violence	1	2	1
Potential Financial Abuse	3	5	5
Potential Omission of Care	7	8	16
Potential Physical Abuse	3	11	4
Potential Sexual Abuse	1	1	1
Emotional Abuse	1	1	0
Self Neglect	6	5	3
No Abuse	7	25	23
Total Referrals	29	58	53

The numbers of referrals increased during January and February, with the increase being notably in the 'No Abuse' referral category. Enhancing the safeguarding team has improved visibility within the Trust; this is a contributory factor to this rise.

Deprivation of Liberty Safeguards (DoLS) numbers have also increased; this again being due to the visibility of the safeguarding team and increased awareness through teaching.

There were 2 new Domestic Homicide Review requests made to UHB in February 2014; the person or members of their family had been treated in the Trust.

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

6.2 Safeguarding Children

There were 86 referrals to Children's Services over the last three month period (December – February 2014).

6.3 Safeguarding Development

Adults/ children safeguarding level 1 training - compliance at level 1 for new starters within the Trust (awareness training) for adult and children safeguarding is currently achieved through the distribution of the Trust Staff Handbook during induction and stands at 97.5%.

7. Patient Relations Report

7.1 Number of Formal Complaints by Month by Division

Division	Number of Complaints Dec 13	Number of Complaints Jan 14	Number of Complaints Feb 14	Total Complaints
Division A	1	1	4	6
Division B	14	19	18	51
Division C	11	27	13	51
Division D	25	22	22	69
Corporate Services	1	3	1	5
Total Complaints	52	72	58	182

The number of complaints received in February 2014 decreased by 19% to 58, compared to 72 in January 2014. The largest decrease was in Division C, reducing by 52% from 27 in January 2014 to 13 in February 2014, principally reflecting a fall in Emergency Medicine complaints to 4 in February 2014, compared to 18 in January 2014.

7.2 Complaints Issues

The total number of issues highlighted decreased to 135, compared to 195 received in January 2014, in line with the overall decrease in complaints received.

Clinical treatment issues declined from 67 in January 2014 to 50 in February 2014. Communication issues also decreased to 32 in February 2014, compared to 46 in January 2014. The most dramatic decrease was in issues around admission/discharge/transfer, which decreased to 9 in February 2014, compared to 23 in January 2014.

8. Discharge

From March 2014 the Discharge Quality Group (Chaired by the Chief Nurse) and the Discharge CQUIN Group (Chaired by the Chief Operating Officer) will merge to form one group which will focus on both the quality and timeliness of discharge.

Key stakeholders met in February 2014 to hold initial discussions which related to revised terms of reference and to agree attendee's from across professional groups and services.

The terms of reference are being revised to reflect the differing needs of the "new group" and will ensure that whilst the focus on the process and quality of discharge is monitored that the timeliness and preparation for discharge becomes an integral part of the whole multidisciplinary team.

The group will ensure all health care professionals understand the common key elements when planning for discharge, regardless of whether a patient is receiving emergency or elective (inpatient or day case) care. These include:

- Specifying and recording a date and / or time of discharge as early as possible in one common document / place within the medical records.
- Early assessment and identification whether a patient has simple (80% of all discharges) or complex discharge planning needs or if after the patient's acute phase recovery in a different health care setting is required.
- Identifying what these needs are and how they will be met.
- Ensuring that all discharges and transfers of care are both safe and timely and consider both the needs of the patient and the support or ongoing care provision they require.
- Agreeing how the Trust will measure and audit discharge practice and quality to ensure that our policy and procedure are reflective of the current needs of our patients and fulfill our contractual requirement.
- Support the any local CQUIN associated with Discharge.

The meetings will continue to be held monthly, the regular reporting reporting of the group will be considered once the final terms of reference and reporting cycle is agreed.

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
17 March 2014