

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 26 MARCH 2015**

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: 16 March 2015
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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 continence care and end of life care.

2. Measuring the Patient Experience

2.1 Enhanced Patient Feedback

In February, there were 1,834 responses to the electronic bedside inpatient survey and 216 in the Emergency Department (ED) Survey, bringing the total to date for this year to 23,931 for the inpatient survey and 2,103 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, cleanliness of toilets and patients admitted to a single sex ward.

Positive responses increased for 10 questions:

- Positive responses to staff introducing themselves increased by 2.90%
- A further 9 questions showed an increase in positive responses however the increase was less than one percentage point.

Seven questions produced a drop in positive responses in February:

- Ward staff doing all they can to help patients rest and sleep at night decreased by 3.07%
- Finding someone to talk to about worries and fears decreased by 2.62%
- Giving privacy when discussing care and treatment decreased by 2.28%
- Staff talking in front of patients. Positive responses decreased by 2.10%
- Staff help to control pain decreased by 1.12% and

- Positive responses to two other questions dropped by less than one percentage point.

Focused actions continue on the above areas to ensure further improvements are made.

2.2 National Patient Surveys

The National Inpatient Survey fieldwork from the 2014 survey is now complete and final data has been submitted to the Care Quality Commission (CQC). We expect to receive our final results from the CQC in April with publication April/May 2015.

2.3 Net Promoter Friends and Family Response

The tables below show percentage recommendations and response rates for the last 3 months for Wards and the Emergency Department (ED).

Inpatient 2014/15	% Recommend	National average % recommend	% Not recommend	Ward Response rate
December 14	95%	95%	2%	45.21%
January 15	95%	94%	2%	44.90%
February 15	96%	Not yet published	2%	41.36%

ED 2014/15	% Recommend	National average % recommend	% Not recommend	ED Response rate
December 14	88%	86%	9%	18.66%
January 15	86%	88%	9%	17.60%
February 15	88%	Not yet published	8%	21%

The National CQUIN target for inpatients is to achieve a response rate of 30% or over in quarter 4, with an increased response rate in March 2015 of 40% or over and the Trust is on target to achieve this. In terms of the percentage of patients recommending UHB, the Trust remains equal to or above the national average.

For the Emergency Department (ED), a response rate of 20% or over is required for quarter 4. This has been a challenge nationally and the Emergency Department is working hard to achieve this CQUIN for the year (all previous quarters this year have achieved the 20% goal). In terms of recommendation, the Trust remains around the national average.

3. Improving End of Life Care for patients and their families

The End of Life Care Steering Group and the Bereavement Services Steering Group were combined in December 2014. Terms of Reference for the group have been agreed and approved by Executive Chief Nurse.

Electronic Treatment Escalation and Limitations (TEAL) and Significant Conversations care plans have been constructed in the Prescribing Information and Communication System (PICS). The current format is under review by clinicians to ensure this is user friendly and that appropriate fields are in place. The launch strategy is under development.

The End of Life Care, Bereavement and Chaplaincy Services Training and Education group was established in February 2015 to review current provision and develop an overarching strategy to address any shortfalls and encourage further innovation in practice.

The Lead Nurse for End of Life Care, Bereavement and Chaplaincy Services will take up post in April 2015.

4. 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-Embolic events (VTE)

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	Dec	Jan	Feb
Total patients surveyed	1109	1133	1118
Harm Free %	93.51	95.85	96.69
Old Harm %	3.52	2.38	1.79
New Harm %	3.16	1.77	1.52

5. Contenance Action Group

Areas identified for focus:

- Some lack of awareness in knowledge around urinary catheter care and the risks associated with the use of this medical device.
- Some confusion regarding rationale for use/continued use of urinary catheters and removal.
- Some patients have acquired a urinary catheter related pressure ulcer.

Action being taken:

- Nursing practice alert issued
- Urinary Catheter Maintenance Poster developed advocating the use of catheter securement products (G Strap & Clinifix)
- Targeted education
 - Theatres/Recovery
 - Medical Team
 - Nursing Staff

6. Medicines Management

Recent audits have demonstrated a continuing improvement in all aspects of medicine management and storage.

A new medicines key system is currently being piloted in Ambulatory Care and depending on the evaluation and affordability may hopefully be rolled out across the Trust. The pilot is demonstrating that the system offers savings in time spent 'searching' for keys and the time patients wait for medicines.

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
16 March 2015