UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 6 FEBRUARY 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 Care Quality

Approved by:	Philip Norman, Executive Chief Nurse	**Date:** 20 January 2014

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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 with the Trust's Patient Care Quality agenda which includes measurement of the patient experience through both internal and external initiatives. It gives an update of the continued performance against the National Safety Thermometer, information regarding the safeguarding of children and vulnerable adults position, an update of falls performance, a summary of the numbers of complaints received in the previous 3 months, the management of discharge quality as well as progress against the National Commissioning for Quality and Innovation (CQUIN) Framework.

2. Measuring the Patient Experience

2.1 Enhanced Patient Feedback

In December, there were 2646 responses to the electronic bedside inpatient survey and 166 responses to the Emergency Department (ED) survey, bringing the total to date for this year to 23,991 for the inpatient survey and 1299 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 (70%) – score down by 2 percentage points than previous month, and conflicting information, which achieved score of 75%, which is 2 points down from score in November. Focussed work is under in both these areas to enable further improvements to be made.

2.2 National Patient Surveys

The results of the National Chemotherapy Survey and the Cancer Outpatient Survey are awaited. Currently there is no indication as to when these results will be published.

The National Adult Inpatient Survey has been completed. We expect to receive the initial data at the end of January 2014. The weighted, benchmark reports will be published by the Care Quality Commission (CQC) in May 2014.

Preparation for the National Emergency Department Survey is underway, with the sample of patients drawn from January, February or March 2014.

2.3 Net Promoter Friends and Family Response

From the 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 Trust started 2012 with a score of 60 for inpatients and achieved the target score of 72 by year end. The inpatient response rate decreased in December, however the score increased by two points. The Divisional Associate Directors of Nursing have been working with ward areas to improve the response rate.

The scores and response rates to date are:

Month 2013/14	ED Score	ED Response	Ward Score	Ward Response	Combined Score	Combined Response
April	45	1.86%	79	27.34%	75	10.17%
May	50	2.81%	77	38.79%	74	14.24%
June	62	2.42%	78	43.14%	77	15.18%
July	58	2.05%	79	45.51%	77	15.74%
August	35	2.78%	74	38.14%	69	14.09%
September	39	4.91%	78	28.95%	67	12.42%
October	59	9.79%	75	40.22%	70	19.25%
November	57	8.55%	72	41.25%	68	18.94%
December	62	9.94%	74	37.50%	70	18.99%

Response rates for the Emergency Department (ED) increased again in December as did the score. The mobile telephone text messaging pilot, which started in September 2013, has been extended until the end of March 2014 and more work has been undertaken with reception staff to ensure they are aware of the need to collect the patient's mobile telephone number. An additional method for patients to be able to

answer the Friends and Family question, by dropping a token into the relevant box on their way out of the department, is being installed at the end of January.

2.4 National CQUIN targets for 2014/15

The guidance for the National Commissioning for Quality and Innovation (CQUIN) Framework for the forthcoming year includes some further challenging targets for the implementation and maintenance of response rates for the Friends and Family Test

- For inpatients a baseline rate in Quarter 1 of 25% and by Quarter 4 30% or over, or, maintaining a response rate that is over 30%.

- For ED a baseline of 15% in Quarter 1 and by Quarter 4, 20% or over, or maintaining a response rate that is over 20%.

- 40% of funding for reducing (or maintaining at zero) negative responses from the ED and Inpatients, dependent on achievement across all services in aggregate.

- 15% of funding for early implementation of the Friends and Family Test in Outpatient and Day Case Departments.

These new targets will pose further challenges for teams, particularly reducing to zero the negative responses from patients, in particular within the ED and implementation within the Outpatient Department.

3. Safety Thermometer

The National Health Service (NHS) Safety Thermometer 2013/14 is a standardised data collection/ improvement tool that 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 recognised that nationally 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 or 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 within a pre set criteria.

During November 2013, 1060 patients were surveyed and 97.26% were harm free.

Trends during the last 3 months indicate that there has been an increase in old harm associated with patients admitted with pressure ulcers which are reported on admission to University Hospitals Birmingham (UHB).

Urinary tract infections are the most common healthcare associated infection in acute hospitals; during October and November 2013 there has been an increase in harm associated with both new and old urinary tract infections and urinary catheters. Further work is underway to determine the actions required to deliver further improvement in this area.

UHB outcomes

Overall 2013	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**
Total patients surveyed	1083	1065	1059	1042	1060	1071	1065	1060
Harm Free %	98.71	98.03	98.49	97.79	99.64	98.04	96.71	97.26
New Harm	0.74	1.03	0.85	1.63	1.13	0.56	1.41	0.75
Old Harm	0.55	0.94	0.76	0.67	1.32	1.40	1.88	1.98

4. Work on Safeguarding Adults and Children

4.1 Adult Safeguarding

Referrals

Below is a breakdown of safeguarding referrals for October, November and December 2013.

Month	**October 2013**	**November 2013**	**December 2013**
Safeguarding Alerts	15	25	18
Advice Calls	22	27	11
Total Referrals	**37**	**52**	**29**

Referrals by Types of Abuse

Referral - Type of Abuse	**October 2013**	**November 2013**	**December 2013**
Potential Domestic Violence	7	2	1
Potential Financial Abuse	5	3	3
Potential Omission of Care	10	10	7
Potential Physical Abuse	2	13	3
Potential Sexual Abuse	2	3	1
Emotional Abuse	0	1	1
Self-Neglect	0	4	6
No Abuse	11	16	7
Total referrals	**37**	**52**	**29**

Month	October 2013	November 2013	December 2013
Deprivation of Liberty Safeguards (DoLS)	**2** (2 authorised)	**7** (4 authorised, 1 extended, 2 pending)	**4** (2 authorised, 2 pending)
Independent Mental Capacity Advocate (IMCA)	**0**	**2**	**1**

Following the previously reported increase in alerts for the month of November, December saw a return to a more usual average monthly figure. During September and October training in relation to making a referral was included in study days for safeguarding; this is considered to have contributed to the increase in referrals seen in November (raised awareness).

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

4.2 Safeguarding Children

There were 72 referrals to Children's Services over the last three month period (October to December 2013).

4.3 Safeguarding Development

Adults / Children Safeguarding Level One training – compliance at level one (awareness training) for adult and children safeguarding is currently achieved through the distribution of the Trust Staff Handbook during Trust Induction and stands at 97.5%.

The Lead Nurse for Safeguarding is currently carrying out a scoping exercise to establish staff who have and those who require higher level training.

5. Falls

Falls for Quarter 3 - September to December 2013

Table 1 details the number of falls and the level of harm sustained for Quarter 3 with 720 falls in total.

The levels of harm as categorised below remain constant with the majority of harm consisting of minor harm

Table 1

	No harm/Near miss	Patient harmed	Total
Insignificant	0	0	0
Minor	595	117	712
Moderate	0	1	1
Severe	0	7	7
Catastrophic	0	0	0
Totals:	588	125	720

The Falls Steering Group continues to meet bimonthly. Action plans from the Divisions will concentrate on improving the level of assessments achieved.

The Lead Nurse for falls has developed a new Root Cause Analysis/Serious Incident Requiring Investigation falls tool. The methodology entails a round table exercise to be undertaken, ensuring early completion and sign off by the Divisions enabling early production of action plans to support quicker learning from incidences.

6. Patient Relations Report

6.1 Number of Formal Complaints by Month by Division

Division	Number of Complaints Oct 13	Number of Complaints Nov 13	Number of Complaints Dec 13	Total Complaints
Division A	6	5	1	12
Division B	13	15	14	42
Division C	24	10	11	45
Division D	21	14	25	60
Corporate Services	0	3	1	4
Total Complaints	64	47	52	163

The number of complaints received in December increased to 52, compared to 47 in November. The largest increase was in Division D, rising from 14 in November to 25 in December. This mainly related to complaints regarding cancelled operations which were caused due to increased emergency admissions.

7. Discharge

The Trust Policy stipulates that our overall aim is to provide a framework that delivers safe, effective and timely discharge or care transfer for all patients, with appropriate support to enable them and their families and carers to be fully involved in the process.

The monthly Discharge Quality Meeting agrees and monitors processes around discharges and length of stay in order to maintain best practice. Core members

of the group also attend the Discharge CQUIN meeting which is chaired by the Chief Operating Officer.

- During November the group discussed and agreed to review and revise the questions associated with the monthly inpatient audits. The aim is to widen the scope of the questions, which relate to the process of discharge and continue to maintain the consistency whilst examining the quality aspects. The audits are reported by Ward / Division as part of a series of key performance indicators. This demonstrates where compliance with the procedures associated with Discharge may require attention, review or amendment.

- There is an agreed cycle of reporting to the Discharge Group which ensures reports are received in a timely manner ie: patient experience / self discharge / incidents and procedural updates. The group agrees where focus and review is required in response to patient experience and amend the procedures associated with discharge to ensure that practice remains dynamic and safe and has encompassed patient experience feedback. From 2014 the patient experience and incident report will be combined to explore any association.

- Key performance indicators for Discharge are reported monthly at the meeting which include the adherence to process described in the procedure, the dispensing of medication to take home and the process of discharge undertaken on the day of discharge. (Appendix 1).

8. **Recommendations**

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

Philip Norman
Executive Chief Nurse
20 January 2014

Discharge Performance Indicators - Trustwide

Key Performance Indicators (KPIs) 1-9 exclude Ambulatory Care/Short Stay Surgery and Clinical Decision Unit as they use tailored audit tools

Ref.	Indicator	Data Source	Target	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
1	Number of cases audited	Discharge Notes Audit	N/A	233	236	273	280	302	293	323	294	275	260	286	267
2	Simple	Discharge Notes Audit	N/A	92%	94%	86%	85%	85%	88%	87%	87%	86%	86%	86%	85%
3	Complex	Discharge Notes Audit	N/A	8%	5%	14%	13%	13%	11%	12%	12%	14%	14%	14%	15%
4	Blank	Discharge Notes Audit	N/A	0%	1.3%	0.4%	2.5%	1.3%	1.1%	0.6%	0.7%	0.4%	0.0%	0.0%	0.0%
5	Nurse discharge letter printed from PICS	PICS	90%+ green 70%-89% amber <70% red	93%	94%	96%	93%	92%	95%	97%	92%	96%	94%	94%	94%
6	Medical discharge letter printed from PICS	PICS	90%+ green 70%-89% amber <70% red	99%	99.6%	96%	100.0%	99.7%	99.6%	99.7%	99.6%	100%	99.6%	99.3%	99.6%
7	Nursing discharge letter fully completed	Discharge Notes Audit	90%+ green 70%-89% amber <70% red	85%	88%	88%	89%	89%	93%	95%	89%	95%	89%	91%	94%
8	Nursing discharge letter present in the notes	Discharge Notes Audit	90%+ green 70%-89% amber <70% red	83%	89%	87%	86%	86%	91%	95%	90%	93%	91%	89%	92%
9	Able to identify the nurse who discharged the patient *(wording changed from August 2013)*	Discharge Notes Audit	90%+ green 70%-89% amber <70% red	71%	80%	76%	79%	78%	79%	83%	89%	94%	89%	91%	90%
10	Minutes between TTOs being sent to print to Pharmacy and being listed on tracker as complete (median) WEEKDAY	PICS and Pharmacy Tracker data	120 minutes	154	163	144	155	143	148	140	135	130	125	122	119
11	Minutes between TTOs being sent to print to Pharmacy and being listed on tracker as complete (median) WEEKEND	PICS and Pharmacy Tracker data	120 minutes	106	140	131	169	161	147	121	117	113	110	106	105
12	Dispensing incidents (internal)	Datix Incident Data	TBC	3	2	1	4	5	0	4	3	5	3	4	1
13	Dispensing incidents (external)	Datix Incident Data	TBC	0	0	0	0	0	0	0	0	0	0	0	0
14	Number of items dispensed	Pharmacy System	n/a	35927	33950	36099	36974	38092	34914	37469	33896	34066	33435	35993	36818
15	Dispensing error rate per 100,000 items	Calculated from KPIs 12 & 14	TBC	8	6	3	11	13	0	11	9	15	9	11	3
16	Dispensing complaints	Datix Incident Data	TBC	3	0	0	0	0	2	0	0	0	0	0	0
17	Dispensing PALS contacts	Datix Incident Data	TBC	0	0	0	1	1	0	0	0	0	0	0	0
18	Transport incidents relating to discharge	Datix Incident Data	TBC	0	1	1	0	0	0	0	2	0	0	0	0

PICS Prescribing Information and Communication system
TTOs Tablets to take out
PALS Patient Advice and Liaison Service
TBC To be confirmed
N/A Not applicable