UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 24 OCTOBER 2013

Title:	**PATIENT CARE QUALITY REPORT**
Responsible Director:	Kay Fawcett, 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
Medium Term 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:	**Kay Fawcett**	**Date:** 16 October 2013

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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, including measurement of the patient experience through both internal and external initiatives, and continued performance against the Safety Thermometer National CQUIN. An update of the position regarding the safeguarding of children and vulnerable adults is provided. It also provides a summary of numbers of complaints received in the previous 3 months progress. Finally there are reports on the management of discharge quality, dignity and pain.

2. Measuring the Patient Experience

2.1 Enhanced Patient Feedback

In September there were 2118 responses to the electronic bedside inpatient survey and 132 in the A&E Survey, bringing the total to date for this year to 15,763 for the inpatient survey and 756 for the A&E survey. Positive responses achieving above 95% continue to relate to the overall rating of care; privacy when treated; and being treated with respect and dignity. The least positive responses were for noise at night from staff (79%) although the score had increased by 4 percentage points than previous month, and conflicting information, which achieved score of 79%, one percent higher than in August.

The Patient Experience Team held a training day for new Lead Patient Experience Champions for wards and departments, which was well attended and evaluated positively. Drop in sessions have been organised to continue to provide education, information, advice and support to Champions.

The Patient Experience have been short listed for a Nursing Times Award regarding their work tackling noise at night, the results will be announced at an awards ceremony at the end of October 2013.

2.2 National Patient Surveys

The results of the National Cancer Survey were presented to clinical and managerial staff by Quality Health who undertook the survey on behalf of the Department of Health. Overall, there was an improvement on the results from the previous survey. An action plan is currently being developed to address the areas for improvement and will presented to the Care Quality group. We are awaiting the results of the Chemotherapy Survey; and the Cancer Outpatient Survey. The reports of the findings are expected in the autumn.

Field work for the National Adult Inpatient Survey commenced in October and surveys have been sent out to 850 patients. The fieldwork is due to close in early January 2014 and reports will be published by the Care Quality Commission in May.

2.3 Net Promoter Family and Friends Response

From the 1 April 2013 the Trust transferred to the new Department of Health Guidance for the Family and Friends 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 of 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 score has dropped in August to 69 and remained the same in September.

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	1.91%	80	24.8%	78	12.6%
May	48	2.55%	78	27.22%	74	11.8%
June	61	1.88%	79	31.6%	77	11.16%
July	48	1.66%	81	35.32%	78	12.36%
Aug	36	2.64%	75	31.47%	69	11.38%
Sep	32	2.76%	78	24.40%	69	9.52%

As can be seen from the results in the table above, response rates for the

Emergency Department have been considerably less than the wards. Therefore, an alternative methodology, SMS text messaging, has been sourced and a pilot started in September. Whilst it is very early days, the response rates are encouraging.

3. Safety Thermometer

The NHS Safety Thermometer 2013/14 is a standardised data collection/ improvement tool that allows 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 will reward submission of data generated through the use of the NHS Safety Thermometer tool which will be 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.

UHB outcomes

Overall	April	May	June	July	Aug	Sept
Total pts surveyed	1050	1051	1059	1059	1060	1071
All Harm %	1.05	2.0	1.51	2.17	2.36	1.96
1 Harm	1.05	2.0	1.51	2.17	2.36	1.96
2 Harms	0	0	0	0	0	0
3 Harms	0	0	0	0	0	0

4. Work on Safeguarding Adults and Children

4.1 Adult Safeguarding

Referrals

Below is a breakdown of safeguarding referrals for July, August and September 2013.

Month	July 2013	August 2013	September 2013
Total Referrals	25	40	42
Alerts	5	9	12
Advice Calls	12	21	21
Dols	3 (1 authorised)	2 (1 authorised; 1 pending)	2 (1 authorised, 1 not authorised)
IMCA	0	2	0

Types of Abuse

Type	July 2013	August 2013	September 2013
Potential Domestic Violence	3	1	2
Potential Financial Abuse	1	3	6
Potential Omission of Care	6	11	14
Potential Physical Abuse	3	8	3
Potential Sexual Abuse	4		1
Emotional Abuse		2	
Self Neglect	2	2	3
Position of Trust	1	1	0

There were no new Domestic Homicide Review requests made to QEHB in September 2013.

There were no new Position of Trust enquiries regarding members of staff. There is no formal progress from the Local Authority Designated Officer (LADO) on the cases which are currently on going.

Safeguarding Training

Level one – compliance of level one awareness training for both adult and child is currently via Trust Staff Handbook distributed at Trust Induction and stands at 99.5%. The training strategy for safeguarding children training is currently under review.

Safeguarding Adults – level two – face to face training, including Mental Capacity, for clinical nursing and therapy staff. Training was given to 152 clinical staff in Quarter 2. A multi agency training day was held in September which 36 staff attended. A further one is arranged for October 2013 at which will be attended by safeguarding police officers for adults and children and a representative from the Senior Practitioner Team in Social Services.

4.2 Safeguarding Children

There were 60 referrals to Children's Services over the last three month period

Safeguarding Children level two training continues to be delivered to staff in specialised areas of ED, Sexual Health (SHS), and Radiotherapy. Compliance in theses areas: ED:82%; SHS:67%; Radiotherapy: 55%

5. Patient Relations Report

5.1 Number of Formal Complaints by Month by Division

Division	Number of Complaints July 13	Number of Complaints August 13	Number of Complaints Sept 13	Total Complaints
Division A	7	2	5	14
Division B	18	21	10	49
Division C	14	16	23	53
Division D	13	17	18	48
Corp Services	4	3	1	8
Total Complaints	56	59	57	172

Complaint levels have stabilised over the last 3 months, with 57 being received in September, compared to 59 in August. The most significant change was in Division B, which received 10 complaints in September, compared to 21 in August.

5.2 Complaints Issues

The total number of issues highlighted reduced to 161 in September compared to 181 in August.

Despite the overall reduction, the number of issues highlighted about Outpatient appointments delays/cancellations increased to 17, from 9 in August. Communication/information issues increased slightly from 38 in August to 41 in September.

6. 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.

- Monthly audit of discharge quality is reported by Ward / Division as part of a series of key performance indicators to the Discharge Quality Group. 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 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 is dynamic and safe and has encompassed patient experience feedback.

- During September 2013 the Trust underwent and passed NHSLA Level 2

Assessment and the Discharge and Transfer of Care Policy and associated procedures were included and passed this assessment.

- 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). From October 2013 the Group will review the Key performance indicators and consider where new focus is required following a review of all the monthly audit questions

7. Dignity

7.1 Dementia Carer Survey Pilot April – July 2013

This pilot carer questionnaire was developed in response to the National Dementia CQUIN 2013-2104.

A pilot survey for carers of people living with dementia was commenced in April 2013. 32 questionnaires were distributed within the period of April to July 2013 and 19 were returned, a response rate of 59.4%.

7.2 Discussion

It is widely acknowledged in both regional and national reports that many carers are concerned about the care delivered in acute hospitals. They describe poor physical care that left them unwilling to leave their loved ones alone in the hospital.

At UHB there has been a focus on 'Seeing the person', welcoming carers and providing a social environment of care with activities and mealtimes. There is a daily list produced of patients with dementia so that these patients can be reviewed by the Dignity/Dementia Team to ensure that best care is provided and that staff fulfil the elements of the **See Me: Dementia Care Bundle.**

Pilot questionnaires were initially distributed to carers whose relative was on the point of discharge. Following the pilot, the system has been changed to involve ward staff in the distribution of questionnaires. Some of which have gone out an earlier stage.

7.3 Key Findings and Actions

- 63.2% of respondents indicated they are *likely* or *extremely likely* to recommend their ward to friends and family if they required similar care.
- Although 100% of respondents indicated a positive response to being able to speak with a senior member of nursing staff, only 68.4% said they were introduced to a nurse on the ward, who they could talk to about the care of their relative/friend.

- The carers indicated that the vast majority of them (89.5%), thought their role as carer was acknowledges by health care professionals, compared with 82% in the Patients Experience Carers survey December 2011; however only 60% stated that staff involved them sufficiently in the planning of care on discharge.
- Only 21.1% reported that they were offered information regarding carer/family support services.

An action plan has been developed that focuses on:

1. Promoting the **See Me Dementia Care Bundle**
2. Developing a system to ensure that carers are informed of a ward move.
3. Addressing the **lack of information** provided to support carers
4. A further update on this plan will be provided in 6 months time.

8. Pain

A Trust wide MDT pain monitoring & advisory group (PMAG) has been developed chaired by a Professor of Anaesthesia. This provides leadership and oversight for pain management in order to maintain and improve service delivery, patient experience and outcomes. This group will routinely monitor, identify themes and agree actions on patient feedback, complaints and incidents.

Pain has been included in the follow up questions in the friends and family questionnaire for the Emergency department. A named consultant in ED has been appointed to lead on pain management.

All complaints, clinical incidents and, PALS contacts that cite pain to be copied to consultant nurse to address pain management problems in real time.

Essence of Care 8 benchmarks for the prevention & management of pain to be completed trust wide in November. A QuORO indicator has been developed and gone live on the system monitoring pain assessments, analgesia prescribing and administration.

9. Recommendations

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

Kay Fawcett
Executive Chief Nurse
16 October 2013

Discharge Performance Indicators - Trustwide

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

Ref.	Indicator	Data Source	Data Provider	Target	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13
1	Number of cases audited	Discharge Notes Audit	Samantha Baker	N/A	233	236	273	280	302	293	323	294	275
2	Simple	Discharge Notes Audit	Samantha Baker	N/A	92%	94%	86%	85%	85%	88%	87%	87%	86%
3	Complex	Discharge Notes Audit	Samantha Baker	N/A	8%	5%	14%	13%	13%	11%	12%	12%	14%
4	Blank	Discharge Notes Audit	Samantha Baker	N/A	0%	1.3%	0.4%	2.5%	1.3%	1.1%	0.6%	0.7%	37.0%
5	Nurse discharge letter printed from PICS	PICS	Samantha Baker	90%+ green 70%-89% amber <70% red	93%	94%	96%	93%	92%	95%	97%	92%	96%
6	Medical discharge letter printed from PICS	PICS	Samantha Baker	90%+ green 70%-89% amber <70% red	99%	99.6%	96%	100.0%	99.7%	99.6%	99.7%	99.6%	100%
7	Nursing discharge letter fully completed	Discharge Notes Audit	Samantha Baker	90%+ green 70%-89% amber <70% red	85%	88%	88%	89%	89%	93%	95%	89%	95%
8	Nursing discharge letter present in the notes	Discharge Notes Audit	Samantha Baker	90%+ green 70%-89% amber <70% red	83%	89%	87%	86%	86%	91%	95%	90%	93%
9	Able to identify the nurse who discharged the patient *(wording changed from August 2013)*	Discharge Notes Audit	Samantha Baker	90%+ green 70%-89% amber <70% red	71%	80%	76%	79%	78%	79%	83%	89%	94%
10	Minutes between TTOs being sent to print to Pharmacy and being listed on tracker as complete (median) WEEKDAY	PICS and Pharmacy Tracker data	Vijay Dabhi*	120 minutes	154	163	144	155	143	148	140	135	130

11	Minutes between TTOs being sent to print to Pharmacy and being listed on tracker as complete (median) WEEKEND	PICS and Pharmacy Tracker data	Vijay Dabhi*	120 minutes	106	140	131	169	161	147	121	117	113
12	Dispensing incidents (internal)	Datix Incident Data	Jessica Richardson*	TBC	3	2	1	4	5	0	4	2	5
13	Dispensing incidents (external)	Datix Incident Data	Matt Onions*	TBC	0	0	0	0	0	0	0	0	0
14	Number of items dispensed	Pharmacy System	Jessica Richardson (figures sent from Pharmacy)	n/a	35927	33950	36099	36974	38092	34914	37469	33896	34066
15	Dispensing error rate per 100,000 items (also a QuORU indicator)	Calculated from KPIs 13 & 15	Jessica Richardson	TBC	8	6	3	11	13	0	11	6	15
16	Dispensing complaints	Datix Incident Data	Derek Ball*	TBC	3	0	0	0	0	2	0	0	0
17	Dispensing PALS contacts	Datix Incident Data	Derek Ball*	TBC	0	0	0	1	1	0	0	0	3
18	Transport incidents relating to discharge	Datix Incident Data	Matt Onions^	TBC	0	1	1	0	0	0	0	2	0

* = validated by Inderjit Singh

^ = validated by Carolyn Pitt