

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 26 SEPTEMBER 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.

Signed: Kay Fawcett	Date: 16 September 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, falls, nutrition and hydration.

2. Measuring the Patient Experience

2.1 Enhanced Patient Feedback

In August there were 2590 responses to the electronic bedside inpatient survey and 163 in the A&E Survey, bringing the total to date for this year to 13,651 for the inpatient survey and 624 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 (75%) – score down by 2 percentage points than previous month, and conflicting information, which achieved score of 78% one percent higher than in July.

The patient experience team have been leading improvements to enhance rest and sleep at night and have been successful in procuring a sleep kit, consisting of an eye mask and ear plugs, which has now been added to the product list for NHS Supplies, so available across the NHS. This is supported by some guidelines for patients and staff that enhance the restful environment at night. The Patient Experience have been short listed for a Nursing Times Award regarding their work tackling noise at night, the results will be known at the end of October 2013.

2.2 National Patient Surveys

The Trust has received the results of the National Cancer Survey. Overall, they show an improvement on the results from the previous survey. A presentation to clinical and managerial staff will be given by Quality Health who undertook the survey on behalf of the Department of Health, in mid September. Following this an action plan will be developed to address the areas for improvement and presented to the Care Quality group. We are currently 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 Inpatient Survey will commence in October.

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 continued to increase to a high of 81 in July, but has dropped to 75 in August.

The Emergency Department has now been included in the collection of the Family & Friends Test which creates a challenge in the collection of the responses to the question from the volume of patients that attend the department each day.

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%

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 will start in September. This method has proved successful for other Trusts.

2.4 WiFi Survey

As part of a fact finding exercise in preparation for a paper by the Director of Information Technology to the Trust's Management Board, members of the Young Person's Council carried out a survey on six wards at the Queen Elizabeth Hospital Birmingham in June 2013 in relation to WiFi (wireless internet connection).

Responses were received from 66 patients and carers. 29% of respondents were under 34 years old and 32% were 61yrs and over. The overwhelming conclusion from the survey was that patients would benefit from having access to WiFi whilst in hospital (89%).

Importantly, 86% agreed or strongly agreed that having access to WiFi would enable them to keep in touch with family or friends, therefore, making them feel less isolated from them. This would have a significant impact on the psychological health and well being for many patients.

The following were the other activities that respondents stated they would use WiFi access for:

Stream content from the internet	79%
Download content from the internet	61%
Email family, friends or colleagues	77%
Supporting education	58%
Supporting work	66.5%
Social networking	67%

It would appear that whilst most patients would appreciate free access to WiFi, some would be prepared to pay for the facility; however, this would need to be kept at a minimum cost to the individual.

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. Variation in the % of harm is attributed in July 2013 to an increased presence of hospital acquired pressure ulcer and falls with low harm. The variation in August 2013 is related to pressure ulcers detected on admission to UHB. It is to be noted that the incidence rate for hospital acquired pressure ulcers is demonstrating a reduction and the first Quarter Submission to the CCG demonstrated the Trust is on target to achieve the locally agreed CQUIN to reduce avoidable hospital acquired pressure ulcers at Grade 2.

UHB outcomes

Overall	April	May	June	July	Aug
Total pts surveyed	1050	1051	1059	1059	1060
All Harm %	1.05	2.0	1.51	2.17	2.36
1 Harm	1.05	0	1.51	0	0
2 Harms	0	0	0	0	0
3 Harms	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 May, June and July 2013.

Month	May 2013	June 2013	July 2013	August 2013
Total Referrals	33	29	25	40
Alerts	16	5	5	9
Cases were alert not completed following discussions with social services		3		2
Advice Calls	6	11	12	21
Dols	2	3	3 (1 authorised)	2 (1 authorised; 1 pending)
IMCA	0	0	0	2

Types of Abuse

Type	May 2013	June 2013	July 2013	August 2013
Potential Domestic Violence	2	3	3	1
Potential Financial Abuse	2		1	3
Potential Omission of Care	12	7	6	11
Potential Physical Abuse	4	1	3	8
Potential Sexual Abuse	3	1	4	
Emotional Abuse		1		2
Self Neglect	1	2	2	2

There were no Domestic Homicide Review requests made to QEHB in the period of July/August 2013 however there was one “near miss” being investigated in Sandwell where the patient was admitted to QEHB with the injury acquired.

There was one request to both Birmingham Safeguarding Adults and Children Boards of a UHB patient to go forward for a Serious Case review; each board rejected the request but agreed to a table top discussion following serious incident investigation by all agencies involved.

There were two Position of Trust enquiries regarding members of staff. The cases are currently on going awaiting information and progress reports and actions from the Local Authority Designated Officer (LADO).

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. Currently compliance within ward managers is currently 74% and there is an even distribution across clinical areas of trained band 6s. Two further multi agency training days have been arranged in September and October 2013 aimed at Band 5 and 6 nurses and therapists.

4.2 Safeguarding Children

There were 62 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 and Radiotherapy.

Overall compliance across these three areas is currently 60%. There was one request from Birmingham Safeguarding Children Board for individual management reviews for Serious Case Reviews during July and August 2013.

5. Patient Relations Report

5.1 Number of Formal Complaints by Month by Division

Division	Number of Complaints June 13	Number of Complaints July 13	Number of Complaints August 13	Total Complaints
Division A	8	7	2	17
Division B	10	18	21	48
Division C	13	14	16	44
Division D	13	13	17	43
Corp Services	2	4	3	9
Total Complaints	46	56	59	161

Following significantly reduced complaint numbers in the previous 2 months, there was an increase in July to 56 and a further small rise to 59 in August. The most significant increase was in Division B, which received 18 complaints in July and 21 in August compared to 10 in June.

5.2 Complaints Issues

The total number of issues highlighted increased in August to 181 compared to 155 in July and 169 in June.

In July there was a marked change in the issues raised in that communication/ information issues accounted for 32% of all issues noted; an increase on the 18% highlighted in June. In August, however, communication issues accounted for only 20% of all issues raised. In August, 17 privacy and dignity issues were highlighted compared to 5 in July. Admission, discharge and transfer issues accounted for 12% of all issues raised compared to 6% in July.

6. Discharge Quality

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 monitors processes around discharges and length of stay in order to maintain best practice. Core members of the group now 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.

- Amendments and updated to the Discharge and Transfer of Care Procedure were published and communicated in August 2013.
- 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).

7. End of Life

7.1 Committing to the Priorities of Care training

A programme has been developed to deliver this 20 minute training session across clinical areas. The lead trainer is Catherine Claridge (Bereavement Sister) in collaboration with the End of Life and Bereavement Care champions. The initial focus has been in Division C, particularly on Level 5, ED and CDU where there are a high percentage of dying patients in comparison to other areas of the Trust. Training will be further rolled out across the Trust in collaboration with the ADN's and Matrons.

The overall number of staff trained since April 11th 2013 is 369 and the breakdown of this is;

Division A – 59 staff
Division B – 30 staff
Division C – 179 staff
Division D – 75 staff
Student Nurses and AHP – 26 staff

7.2 SAGE and THYME Foundation Level training

A programme of these communication skills workshops commenced on Monday 15 July attended 2013 by 16 Band 3 nurses. The format of the workshop was a combination of a lecture, several pieces of small group work and a couple of interactive rehearsals. Further dates are being planned from September

7.3 Training and education bid

Each locality within the West Midlands has been invited to submit bids for support with multi professional end of life care education and training in line with the national strategy. Alongside this funding of up to £25,000 is available to support ten acute hospitals with the implementation of one or

more of the key enablers as identified by the National End of Life Care Team through the 'Transform Programme.

Objectives of UHB proposal:

1. To train an additional 12 facilitators to provide SAGE and THYME foundation level training
2. Facilitators to deliver SAGE and THYME Foundation level training to 360 staff across the Trust and Community partners over one year.
3. To conduct a further End of Life care review in 6 months following completion of all training to compare key findings from initial review.

Notification of successful bids will be given in August as the work will need to be completed by 31 March 2014.

8. **Recommendations**

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

Kay Fawcett
Executive Chief Nurse
16 September 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
1	Number of cases audited	Discharge Notes Audit	Samantha Baker	N/A	233	236	273	280	302	293	323
2	Simple	Discharge Notes Audit	Samantha Baker	N/A	92%	94%	86%	85%	85%	88%	87%
3	Complex	Discharge Notes Audit	Samantha Baker	N/A	8%	5%	14%	13%	13%	11%	12%
4	Blank	Discharge Notes Audit	Samantha Baker	N/A	0%	1.3%	0.4%	2.5%	1.3%	1.1%	0.6%
5	Nurse discharge letter printed from PICS	PICS	Samantha Baker	90%+ green 70%-89% amber <70% red	93%	94%	96%	93%	92%	95%	97%
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%
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%
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%
9	Able to identify the nurse who discharged the patient <i>(wording changed from August 2013)</i>	Discharge Notes Audit	Samantha Baker	90%+ green 70%-89% amber <70% red	71%	80%	76%	79%	78%	79%	83%
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

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
12	Dispensing incidents (internal)	Datix Incident Data	Jessica Richardson*	TBC	3	2	1	4	5	0	4
13	Dispensing incidents (external)	Datix Incident Data	Matt Onions*	TBC	0	0	0	0	0	0	0
14	Number of items dispensed	Pharmacy System	Jessica Richardson (figures sent from Pharmacy)	n/a	359 27	3395 0	3609 9	3697 4	38092	34914	3746 9
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
16	Dispensing complaints	Datix Incident Data	Derek Ball*	TBC	3	0	0	0	0	2	0
17	Dispensing PALS contacts	Datix Incident Data	Derek Ball*	TBC	0	0	0	1	1	0	0
18	Transport incidents relating to discharge	Datix Incident Data	Matt Onions^	TBC	0	1	1	0	0	0	0

* = validated by

Inderjit Singh

^ = validated by

Carolyn Pitt