

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST  
COUNCIL OF GOVERNORS  
THURSDAY 13 NOVEMBER 2014**

<b>Title:</b>	<b>PATIENT CARE QUALITY REPORT</b>
<b>Responsible Director:</b>	Philip Norman, Executive Chief Nurse
<b>Contact:</b>	Michele Owen, Deputy Chief Nurse; Extension 14725

<b>Purpose:</b>	To provide the Council of Governors with an update on care quality improvement within the Trust.
<b>Confidentiality Level &amp; Reason:</b>	None
<b>Annual Plan Ref:</b>	Aim 1. Always put the needs and care of patients first.
<b>Key Issues Summary:</b>	This paper sets out the position for defined aspects of care quality within the Trust and supporting actions to ensure continued improved performance.
<b>Recommendations:</b>	The Council of Governors is asked to receive this report on the progress with Patient Care Quality.

<b>Approved by:</b>	Philip Norman	<b>Date:</b> 31 October 2014
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## COUNCIL OF GOVERNORS THURSDAY 13 NOVEMBER 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 pressure ulcer performance, safeguarding of children and vulnerable adults, mental health and discharge.

#### 2. Measuring the Patient Experience

##### 2.1 Enhanced Patient Feedback

In September, there were 2,134 responses to the electronic bedside inpatient survey and 188 in the Emergency Department (ED) Survey, bringing the total to date for this year to 13,881 for the inpatient survey and 1297 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.

The following questions produced a drop in positive responses:

- Finding someone to talk to about worries and fears decreased by more than 4%.
- Staff did all they can to help control pain dropped by more than 1%.
- Rating of hospital food scored 78.86%, a decrease of almost 3%.

Positive responses increased for:

- Noise at night from staff scored 68.35%, an increase by almost 3%.

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

##### 2.2 National Patient Surveys

The National Emergency Department Survey is now complete and results are expected shortly.

The National Inpatient Survey is underway with questionnaires going out to a sample of patients drawn from June 2014.

The Cancer Patient Experience Survey results were published in September and an action plan based on the results is currently being produced. This will be provided in due course.

### 2.3 Net Promoter Friends and Family Response

Response rates and scores are reported by ward and published on the Trust website. The net promoter score is identified by subtracting the percentage detractors from the percentage of promoters.

The scores and response rates to date for the previous 3 months are:

Month 2014/15	ED Score	ED Response	Ward Score	Ward Response	Combined Score	Combined Response
June	54	24.11%	76	56.99%	66	34.52%
July	55	24.90%	78	56.07%	67	34.95%
August	54	22.96%	77	47.82%	65	30.71%

The National CQUIN target for inpatients is to maintain a response rate of 30% or over, by March 2015 this will increase to a response rate of 40% or over. For the Emergency Department (ED), a response rate of 20% or over remains in place.

As an early implementer the Trust is required to implement the Friends & Family Test in Outpatients and Day Case Departments by October 2014. This has been delivered.

## 3. **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) – included from April 2014

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

<b>Overall 2014/15</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>
Total patients surveyed	1104	1106	1091	1135
Harm Free %	95.47	94.58	94.41	94.19
Old Harm %	2.08	2.44	2.11	2.91
New Harm %	2.54	3.25	3.48	3.26

**4. Avoidable Hospital Acquired Pressure Ulcers**

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 deemed to be avoidable or unavoidable using the NHS Midlands and East definitions.

The tables below detail the information split into the sub classification of device related and non-device related pressure ulcers for the first 4 months of the year 2014/5. There has been progress in reducing the number of Grade 3 & 4 avoidable hospital acquired pressure ulcers, when compared to the same time period for 2013/14, the focus now is on reducing Grade 2 pressure ulcers whilst continuing the drive to further reduce Grade 3 & 4 pressure ulcers.

**Outcome Avoidable Non Device Related Pressure Ulcers**

<b>2014</b>	<b>Grade 2</b>	<b>Grade 3</b>	<b>Grade 4</b>
<b>April</b>	17	0	0
<b>May</b>	8	1	2
<b>June</b>	13	1	2
<b>July</b>	12	2	1
<b>Total</b>	<b>50</b>	<b>4</b>	<b>5</b>
<i>( Total 2013/14 same time period )</i>	68	23	13

## Outcome Avoidable Device Related Pressure Ulcers

2014	Grade 2	Grade 3	Grade 4
<b>April</b>	10	0	0
<b>May</b>	8	2	0
<b>June</b>	13	0	0
<b>July</b>	6	0	0
<b>Total</b>	<b>31</b>	<b>2</b>	<b>0</b>
( Total 2013/4 same time period )	47	14	6

The Trust wide action plan has been updated which details strategies to ensure further pressure ulcer reduction which are being cascaded via the monthly Trust wide Pressure Ulcer Action Group.

## 5. Safeguarding Adults and Children

### 5.1 Safeguarding Children

Below is a breakdown of safeguarding referrals for July August and September 2014.

#### Referrals

Month	July 2014	August 2014	September 2014
Safeguarding Referrals	20	31	25
Health Visitor / School Nurse Referrals	60	57	50
Advice Calls	12	3	0

#### Referrals by Types of Abuse Category

Referrals	July 2014	August 2014	September 2014
Potential Domestic Violence	2	5	2
Parental Capacity	13	18	15
Potential Neglect	1	4	2
Physical	0	1	4
Emotional	2	0	2
Not Stated	2	2	0
Sexual Exploitation	0	1	0
<b>Total Referrals</b>	<b>20</b>	<b>31</b>	<b>25</b>

### 5.2 Safeguarding Training

Level 1 – compliance at level one (awareness) is via Trust Staff Handbook at Trust induction and is at 99%. Progress has been made regarding the agreed training plan with the Clinical Commissioning Group (CCG).

Level 1 - staff within Trust (8,500) compliance is 100% as all staff have been issued with a leaflet for Level 1 Adult Safeguarding via their payslip.

## **6. Recommendations**

The Council of Governors is asked to receive this report on the progress with Patient Care Quality.

Mr Philip Norman  
Executive Chief Nurse  
31 October 2014