

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
FRIDAY 5 SEPTEMBER 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 Council of Governors 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 Council of Governors is asked to receive this report on the progress with Patient Care Quality.

Approved by:	Philip Norman	Date: 19 August 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 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 safeguarding of children and vulnerable adults. There are also updates regarding the dementia survey, end of life and continence care and pressure ulcer performance.

2. Measuring the Patient Experience

2.1 Enhanced Patient Feedback

In July, there were 2,559 responses to the electronic bedside inpatient survey and 266 in the Emergency Department (ED) Survey, bringing the total to date for this year to 9,491 for the inpatient survey and 883 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 and cleanliness of toilets.

Regarding did staff help to promote rest and sleep at night - This scored 79.33% which is an increase of more than 2%. Did patients find someone to talk to about worries and fears - This scored 74.40%, up by 2%, and involvement in decisions scored 83.41%, another increase of 2%. Focus continues in these areas to enhance patient experience.

The new question implemented in May, "did staff introduce themselves" continues to show a small increase in positive responses. The score for July was 80.85%, this was up by more than 1% from the previous month. Focus continues to further improve in this area.

2.2 National Patient Surveys

The National Emergency Department Survey has now finished, analysis of the results is underway with the report due in September 2014. Notification for the National Inpatient Survey has been received. Fieldwork will begin in September 2014 with the sample of patients drawn from June 2014.

2.3 Net Promoter Friends and Family Response

From 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 scores and response rates for the last 3 months are

Month 2014-15	ED Score	ED Response	Ward Score	Ward Response	Combined Score	Combined Response
May	49	14.76%	75	47.34%	65	25.54%
June	54	24.11%	76	56.99%	66	34.52%
July	55	24.90%	78	56.07%	67	34.95%

By October 2014 we are required to implement the Friends & Family Test in Outpatients and Day Case Departments. National Guidance was published in mid-July and the implementation plan is currently being finalised.

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-embolism 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

Overall 2014/15	May	June	July
Total patients surveyed	1097	1104	1106
Harm Free %	93.25	95.47	94.58
Old Harm %	2.55	2.08	2.44
New Harm %	4.19	2.54	3.25

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 April and May 2014.

Outcome Avoidable Non Device Related Pressure Ulcers

	Grade 2	Grade 3	Grade 4
April 2014	17	0	0
May 2014	8	1	2

Outcome Avoidable Device Related Pressure Ulcers

	Grade 2	Grade 3	Grade 4
April 2014	8	0	0
May 2014	8	2	2

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. Contenance

Contenance Back to the Floor Rounds (BTTF) have continued. Catheter usage and care has been the focus of BTTF rounds in all Divisions in the drive to reduce urinary catheter acquired infection or pressure damage. This focus has also been reflected in the provision of education within the hospital resulting in existing training programmes adding more urinary catheter and continence education. Contenance education focuses on how poor management of bladder and bowel function can impact upon the incidence of falls, urine infection and the breakdown of skin in addition to the loss of patient dignity. In the national drive to reduce the number of hospital acquired pressure ulcers, 6 clinical areas have participated in a research study investigating the role of skin cleansing when caring for patients with incontinence, in reducing the risk of developing skin conditions such as moisture lesions which may predispose to further breakdown of skin. The study finishes at the end of August and will then be published. The findings will be reported in the next update to the Care Quality Group.

6. Safeguarding Adults and Children

6.1 Adult Safeguarding

Referrals Below is a breakdown of safeguarding referrals for May, June and July 2014.

Month	May 2014	June 2014	July 2014
Alerts	29	35	33
Advice Calls	36	25	37
Total Referrals	65	60	70

Referrals by Types of Abuse Category

Type	May 2014	June 2014	July 2014
Potential Domestic Violence	5	4	5
Potential Financial Abuse	5	8	8
Potential Omission of Care	11	13	16
Potential Physical Abuse	6	1	7
Potential Sexual Abuse	1	2	4
Emotional Abuse	0	4	0
Self-Neglect	4	4	2
No Abuse	33	24	28
Total Referrals	65	60	70

There was one formal alert raised against the Trust in July 2014, this related to an incorrectly documented pressure ulcer; this is being investigated.

The 7 potential physical abuse cases related

- 3 from family members
- 2 neighbours/ friends
- 1 health care worker in patient's own home
- 1 from a stranger in a street

All of the above are being dealt with through safeguarding processes.

There were 16 Deprivation of Liberty Safeguard (DoLS) referrals in July one authorised, 6 pending, one ongoing and 8 not authorised.

The 8 not authorised were as a result of the national changes in relation to the recording / submission of DoLS. This has resulted in a marked increase in applications which has caused some delay in Birmingham Authority completing the processes within the time scales required. The 8 patients concerned had, prior to authorisation either been discharged home or had gone to another care setting.

There was 1 new Domestic Homicide Review request made to the Trust in July 2014.

There were no 'Position of Trust' referrals within this period.

6.2 Safeguarding Children

Referrals Below is a breakdown of safeguarding referrals for May, June and July 2014.

Month	May 2014	June 2014	July 2014
Safeguarding Referrals	31	20	20
Health Visitor / School Nurse Referrals	71	60	60
Advice Calls	8	12	12

Referrals by Types of Abuse Category

Referrals	May 2014	June 2014	July 2014
Potential Domestic Violence	4	3	2
Parental Capacity	12	13	13
Neglect	3	1	1
Physical	0	1	0
Emotional	0	0	2
Not Stated	12	0	2
Sexual Exploitation	0	2	0
Total Referrals	31	20	20

6.3 Safeguarding Training

Level one – 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).

7. **End of Life Care**

7.1 Leadership Alliance for the Care of Dying People

Following concerns expressed nationally, an independent review of the Liverpool Care Pathway (LCP) was commissioned which recommended the withdrawal of the LCP. In response to the review panel's report, 21 national organisations came together to form the Leadership Alliance for the Care of Dying People to take collective action to secure improvements in the consistency of care given in England, including 'Improving people's experience of care in the last few days and hours of life'. The Trust End of Life Steering Group will lead on the review and implementation of this guidance. Initial comments on the guidance

have been that this 'framework' should not be confined to the last few days or hours of a patient's life, but actually be initiated much earlier in the patient's journey.

7.2 Training and education opportunities including

Committing to Priorities of Care for the Dying patient and their families – this teaching resource has so far been delivered to over 800 nurses.

SAGE & THYME communication skills workshops - The Trust has invested in 15 facilitators to deliver foundation level workshops on a monthly basis to clinical and non-clinical staff, as well as multidisciplinary speciality teams.

End of Life Care seminars - The first of a series of seminars related to end of life care was held on Tuesday 15 July 2014. The main point of discussion was the recent Court of Appeal judgement, related to Do Not Attempt Cardio Pulmonary Resuscitations (DNACPR) discussions with patients.

8. **Dignity**

8.1. Dementia Carer Survey Pilot April 2013 – March 2014

This pilot carer questionnaire was developed in response to the National Dementia CQUIN 2013/14 and it has continued to be part of the Dementia CQUIN in 2014/15. 268 Questionnaires were distributed within the period of October 2013 to March 2014 and 36 were returned, giving a response rate of only 13.4%

8.2 Key Findings and Actions

Due to the low number of responses, it is difficult to draw direct comparisons to the previous quarter but the key findings are that more carers were given the *All about me* documents and 100% felt that their role as a carer was acknowledged. However they wanted to be more involved in the care provided. Improvements in being able to speak to a senior nurse were significant.

Continuing actions are:

1. Continuing to promote the *See Me Dementia Care Bundle*.
2. To ensure there is a robust protocol to monitor decision making regarding transfer of people with altered cognitive states around the hospital, in response to significant bed management issues.
3. To improve the response rate from carers. A postcard has now been developed requesting that carers give permission to be contacted by telephone to provide instant feedback. This will be issued from September 2014.

4. To reconvene The Carer Advisory Group.
5. To review the new stand-alone accredited module which has been developed and delivered at University of Birmingham on “Dementia and Mental in the care of older people in acute hospital settings” from May 2014.

Data will continue to be collected and a further report will be available in 6 months.

9. **Recommendations**

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

Mr Philip Norman
Executive Chief Nurse
19 August 2014