

Report to:	Trust Board	Agenda item:	8
Date of Meeting:	27 February 2013		
Title of Report:	Quality Report		
Status:	Standing Item		
Board Sponsor:	Mary Lewis, Acting Director of Nursing		
Authors:	Sharon Manhi, Head of Quality Improvement Jo Miller, Assistant Director of Nursing Patient Safety Theresa Hegarty, Head of Patient Experience		
Appendices	None		

1.	Purpose of Report (Including link to objectives)
<p>This report provides an update on progress in January 2013. The work supports the delivery of the 'quality pillar' and the Trust's priorities for 2012/13 and the Patient and Carer Experience Strategy for RUH 2012- 2015.</p> <p>As a member of the NHS South Quality and Patient Safety Improvement programme the patient safety culture is widely embedded in the Trust and forms a key part of the Quality Improvement work.</p>	

2.	Summary of Key Issues for Discussion
<p>Quality Accounts priorities for 2013/14 - proposed topic areas The Board needs to take account of patient feedback via the real time Meridian system and support improvements to practice linked to this feedback. Details of the safety thermometer reporting.</p>	

3.	Recommendations (Note)
<p>To update and inform the Board on progress to improve quality, patient safety and experience at the RUH.</p>	

4.	Care Quality Commission Outcomes (which apply)
<ul style="list-style-type: none"> • Outcome 1: Respecting and involving people who use services • Outcome 4: Care & Welfare of people who use services. • Outcome 8: Cleanliness and Infection Control • Outcome 9: Management of medicines • Outcome 16: Assessing and monitoring the quality of service provision 	

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5.	Legal / Regulatory Implications (NHSLA / Value for Money Conclusion etc.)
Care Quality Commission (CQC) Registration 2012/13	
6.	NHS Constitution
This report demonstrates compliance with the following principle: 3. The NHS aspires to the highest standards of excellence and professionalism	
7.	Risk (Threats or opportunities link to risk on register etc.)
Lack of sufficient and appropriate isolation facilities. This risk is being addressed via the Isolation Strategy action plan monitored by the Saving Lives Infection Control Committee. (Risk 180 on the Trust Risk Register).	
8.	Resources Implications (Financial / staffing)
Resource implications have been identified to support implementation of the Friends and Family Test (FFT) and are being addressed.	
9.	Equality and Diversity
Ensures compliance with the Equality Delivery System (EDS).	
10.	Communication
The Patient Safety campaign "Safety Matters" involves internal communication. Implementation of the Patient and Carer Experience Strategy for RUH and Quality Improvement Strategy requires both internal and external communication.	
11.	References to previous reports
Monthly quality reports.	
12.	Freedom of Information
Public.	

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Section I - Quality Improvement

1. Introduction

This report supports the Trust strategic vision of delivering high quality care, in particular the quality improvement pillar that 'we will continuously improve the quality of services we provide, focussing on patient safety, clinical outcomes and patient experience.

2. Quality Accounts

At the Quality Board meeting in January, There was an initial discussion regarding the priorities for 2013/14 and whether they should remain the same as for 2012/13. The current 2012/13 priorities are:

- Reducing Infections
- Improving the care and experience of patients with Chronic Obstructive Pulmonary Disease (COPD)
- Improving the care and experience of patients at the End of Life Care(EOLC)
- Promoting Organisational Learning
- Improving continence care

The work with the King's Fund patient pathways for COPD and EOLC continues, together with the SHINE project which links to 'Promoting Organisational Learning' priority. These supportive projects to Quality Accounts provide some of the rationale for continuing with these areas. Quality discussed whether there would be advantage in changing the focus of the improving continence care to another area of priority, for example sepsis. This is an area that is now being included in the Patient Safety Work. Quality Board will discuss in more detail at the next meeting.

The views of clinicians and senior nursing staff regarding the Trust priorities have been sought, in addition to colleagues in primary care through the CCG's. Responses are awaited. Views of Foundation Trust members are also being explored.

Quality Accounts are becoming an increasingly important tool for strengthening accountability for quality. There is a formal requirement on all NHS Trust's for the Quality Accounts to be externally audited in 2013/ 2014. This will build on testing that the RUH participated in last year. In addition to reporting on performance against a range of mandatory indicators, Trusts are required to publish how they compare to national averages (where these are available) together with an explanation of any variation from the average, alongside plans for improvement.

3. Quality, Effectiveness and Safety Trigger Tool (QuESTT)

QUESTT provides robust and reliable information from 'Ward to Board' offering the Trust Board the potential of further assurance for the quality of care, specifically at an individual ward team level. This is one of the systems in place that provides

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assurance and monitoring at ward level; others include the patient safety general ward work-stream programme and the safety thermometer.

A set of sixteen (16) questions answered by the ward sister/charge nurse will generate a score between 0 and 36. An overall score of more than twelve (12) indicates that remedial action needs to be taken to prevent a later impact on the quality of care provided within that area.

Scores 0 - 36	Quarter 1			Quarter 2			Quarter 3		
	0-12	13-24	25-36	0-12	13-24	25-36	0-12	13-24	25-36
Medical wards	12	3	0	15	1	0	13	1	0
Surgical wards	5	5	0	7	3	0	7	3	0

The QuESTT process has been being developed over the last 18 months with the aim of assisting ward leaders and matrons to monitor the quality of care and performance of the wards they lead, and to implement any early remedial actions required. The Divisional Assistant Directors for Nursing (Medicine and Surgery) and the Divisional Boards have responsibility for monitoring the QuESTT scores and process. The Divisions are engaged in plans to refresh and strengthen the roll out and monitoring arrangements for the use of this tool.

4. Dementia Peer Review

A Dementia peer review by Weston Hospital NHS Trust of the RUH was held on 1 February 2013. The team from Weston together with colleagues from the RNHRD visited Fracture clinic, MAU, Midford and Combe ward. Initial feedback was excellent; the review team were pleased to see that the work undertaken since the initial review in October 2011 had been sustained and increased. In their opinion they felt that the RUH was a 'Dementia Friendly' hospital as the care of patients with Dementia was embedded amongst all staff groups throughout the hospital. They commended the Trust's clinical leadership, use of the Dementia Charter Mark and the BIME clock as areas of exceptional practice. A report will be forwarded and outcomes included in future quality report. The Dementia Strategy group will continue to oversee any actions arising from this review.

5. Patient and Family Centred Care (PFCC) programme pathway work

A faculty event was held on 24 January 2013 at the RUH with the Implementation and Development Manager, Royal College of Psychiatrists' Centre for Quality Improvement as a visiting expert from the Kings Fund to facilitating event and specific sessions.

The day was attended by multi-disciplinary teams representing the two pathways: COPD and EOLC. The teams identified challenges within the projects and exchanged ideas. There was excellent clinical engagement with this event.

Following the event a summary of the day was received and highlighted key areas including:

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- Teams have successfully tackled the challenge of agreeing their aims and measures.
- Identified the need for additional qualitative feedback from staff and patients to support engagement with change by staff
- Ward teams highly supportive of and engaged with the improvement activities.
- Plans in place to involve further groups.

The teams will be involved with on-going work with the Kings Fund for the duration of the projects.

A Caring for You – End of Life Care membership event took place on 29 January. A report will be provided in the next Quality Report, when the public feedback has been collated.

Patient story for Trust Board

The patient story for Trust Board at this meeting involves the carer of a patient with Parkinson's Disease telling the story of a patient who has had several recent admissions to the RUH and has been involved with the Health Foundation Safer Clinical Systems RUH project to ensure that patients get their medication on time.

Section II – Patient experience and feedback

6. Patient feedback

The Meridian patient and carer real-time feedback system continues to be used in inpatient and outpatient areas; this month usage has increased significantly.

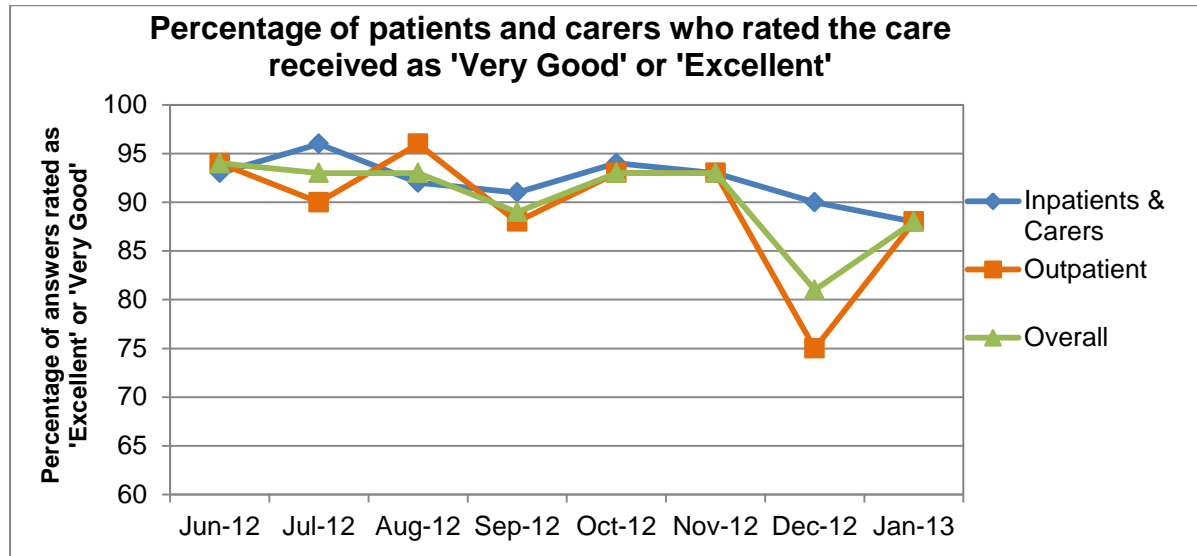
Total numbers of Meridian questionnaires completed:			
2012	Inpatient	Outpatient	Carer
June	80	78	5
July	87	77	6
August	106	81	12
September	70	55	1
October	75	44	3
November	73	46	1
December	88	136	1
January 2013	162	471	2

Matrons, Sisters, Management and Trust Board members have access to the Meridian desktop results and review patient and carer feedback on services to ensure that their areas of responsibility are taking appropriate actions following patient feedback. Sisters and matrons feedback quarterly on practice changes as a result of patient feedback for inclusion in the Quality report. This information will be included in the Quality Report in March 2013.

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January results show an improvement in the score for the question: **Overall, how would you rate the care you received?:**

Table 1



The following Tables 2 and 3, show the detail of the positive and negative responses from both inpatients and outpatients, which are generally positive, for the period November 2012 to January 2013:

Table 2 - Inpatient responses / results:

	Excellent	Very good	Good	Fair	Poor	N/A
November 2012	50	19	2	1	1	0
December 2012	46	33	7	2	0	0
January 2013	74	68	13	5	2	0

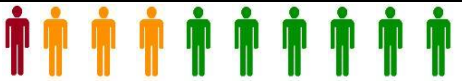
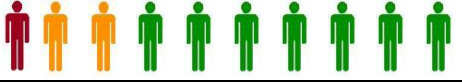
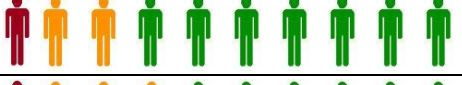
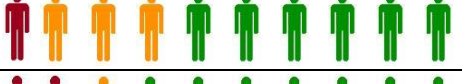
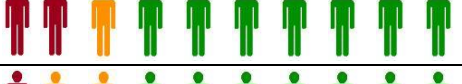
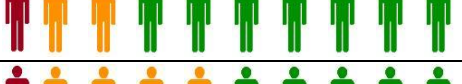
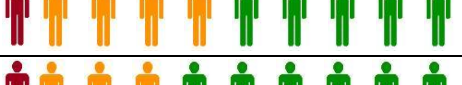
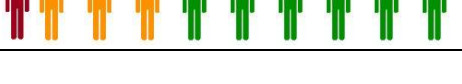
Table 3 - Outpatient responses / results:

	Excellent	Very good	Good	Fair	Poor	N/A / not had my appointment yet

November 2012	34	9	0	1	1	1
December 2012	56	35	24	4	2	15
January 2013	171	165	42	5	0	35 definitely had not had appt. yet/ 9 don't know

Meridian surveys enable patient feedback to the net promoter question, which is soon to become the Friends and Family Test (FFT): ***How likely are you to recommend our ward (inpatients)/department (outpatients) to friends and family if they needed similar care or treatment?*** As previously reported, from 1 November the answers were changed from a 0-10 scoring, to word answers (in line with national FFT changes); this change could have had an impact on the results initially. Table 4 shows net promoter responses/results:

Table 4 – Trust wide Net Promoter Score

Month	Net Promoter Score	% of voters			
		Detractor	Passive	Promoter	
June	+54	9	28	63	
July	+57	12	19	69	
August	+58	12	18	70	
September	+51	11	27	62	
October	+57	16	11	73	
November	+58	8	26	66	
December	+36	10	45	46	
January (2013)	+52	6	36	58	

An analysis was made of the results to the question: ***How likely are you to recommend our ward (inpatients)/department (outpatients) to friends and family if they needed similar care or treatment?***

Patient responses are shown in Tables 5 and 6 below:

Table 5 - Outpatient responses / results

	Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't know
November 2012	30	11	0	1	0	1
December 2012	55	67	6	3	2	3
January 2013	234	175	15	2	1	35 had not had their appointment/ 9 responded: "don't know"

Table 6 - Inpatient responses / results

	Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't know
November 2012	46	20	3	1	1	1
December 2012	46	34	4	2	1	1
January 2013	110	36	7	7	2	0

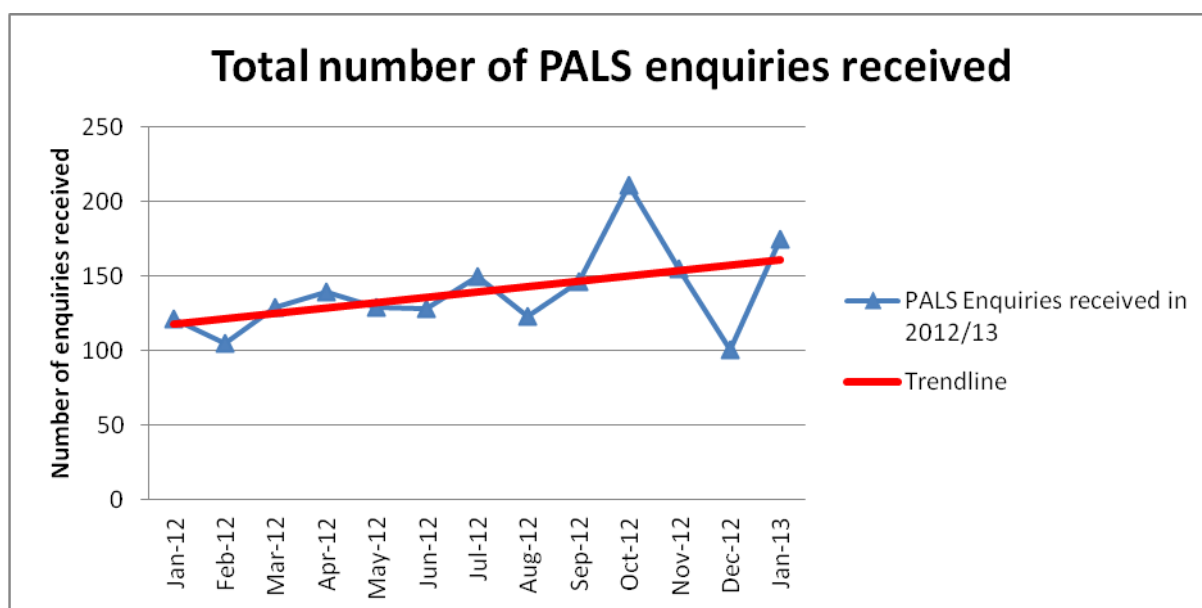
5.1 Friends and Family Test (FFT)

Preparations are in progress to implement the Friends and Family Test (FFT) across the RUH on 1 March 2013. From 1 April, all NHS Trusts are required to provide official national reporting and this data will be available publicly. An implementation plan for FFT has been previously reviewed and agreed by Management and Trust Board for an initial 3 month pilot.

6 Patient Advice and Liaison (PALS) report

PALS continues to provide a person centred service; this month 38% of contacts were by phone with 17% visiting the PALS Office and 28% using e-mail via the PALS website. The total number of PALS contacts for January 2013 was 175:

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The top three PALS themes in January 2013 are:

1. Patients waiting for angiogram and pacemaker procedures.

Inpatient delays for angiogram and pacemaker procedures continue to be a theme.

Action taken:

The Specialty Manager is working with the Cardiology Department to establish additional capacity. PALS are updated daily on all patients waiting for these procedures in order for the service to be proactive and work with the divisions and clinical staff and be available to speak to the patients. The Medical Division are currently putting on additional lists at the weekends but capacity is still a challenge. An action plan to ensure improvement is in place.

2. Appointment information

Another recurring theme is patients experiencing difficulties contacting the Outpatient Orthopaedic services as well as the Appointment Centre and a range of other clinics. These inquiries include patients who require advice, need to re-arrange a follow up appointment or cancel an appointment. Many of the contacts in January were as a result of the bad weather as a number of elderly patients did not want to go out in the snow and ice and wanted their appointment's to be rearranged for when the weather improved. Patients report difficulty in contacting the department via telephone and trying to speak with staff without success. This results in frustration and distress for patients, many of whom are fully aware of the importance of attending these appointments and the costs incurred to the RUH in lost revenue and do not wish to have a "did not attend status" recorded on their record.

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Action taken:

The Orthopaedic Administration Manager is aware of the telephone pressures relating to the fracture clinic and there are continued discussions in relation to this issue.

3. Waiting times for orthopaedic surgery

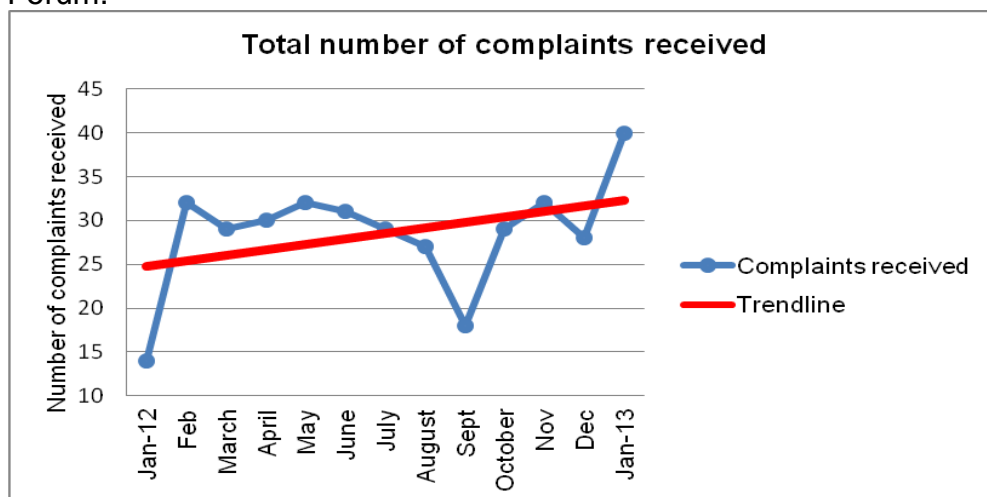
Patients continue to enquire about waiting times for orthopaedic elective surgery. Many of those patients are 18 week breaches and are waiting for revisions and due to capacity and working arrangements of some surgeons this is proving to be difficult. The majority of the contacts were patients who had been cancelled on the day of their surgery at the beginning of January.

Action taken:

Work continues with the Specialty Managers and the Elective Booking Team plans to contact the patients within five working days of cancelling the operations of patients with certain conditions to offer a new date for their operation. Detailed Datix reports highlighting the issues will continue to be circulated to the divisions and departments.

7. Complaints

In January 2013 the Trust received 40 formal complaints. This is an increase compared to the number of complaints received in December 2012; as previously noted this could be linked to the decline in Meridian results in December. The key themes related to patient falls, wrong diagnosis and incorrect medication being administered. However, there has been a reduction in complaints relating to lack of treatment and to the quality of nursing care. Work is planned with the divisional teams to both better understand this increase and link into the RUH Improvement Forum.



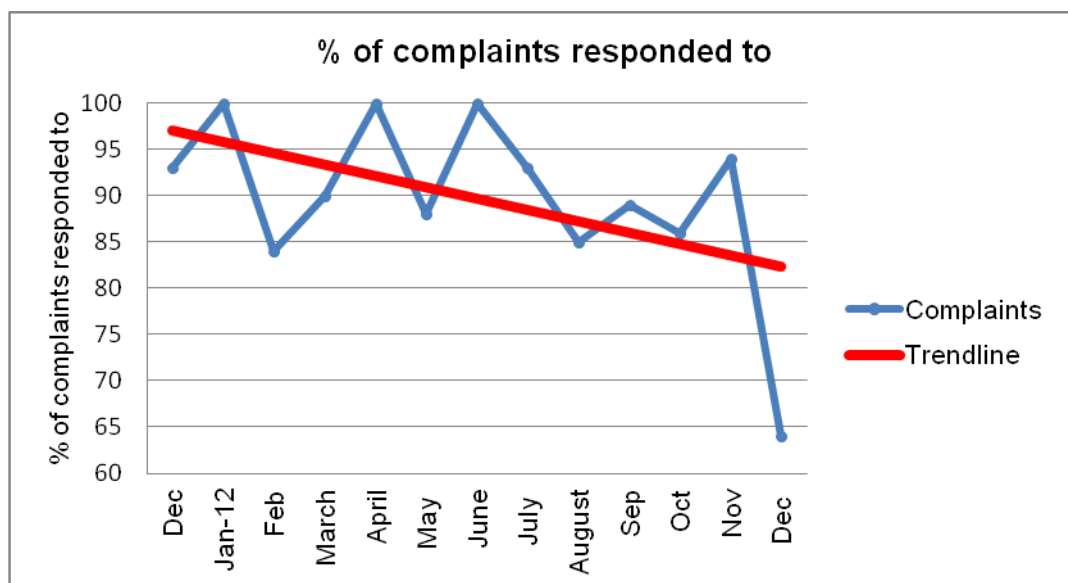
The top three areas that received the most complaints in January were Orthopaedics (n=6), Emergency Department (n=6) and Gastroenterology department (n=5). An analysis of the themes of these complaints shows the over-arching theme of

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concerns about clinical treatment. This includes communication about treatment, patient expectations of clinical intervention and waiting for treatment.

7.1 Complaints responded to within 25 working days

64% of complaints were responded to within 25 working days in December 2012 against a target of 90% target. This relates to four overdue responses in Surgery and six in Medicine. The graph below shows a worsening situation in the percentage of complaints responded to against this target since the beginning of this year. The RUH Improvement forum is scoping the procedure for investigating complaints to assist in the delivery of timely response. One option being planned is to have a LEAN event for complaint responses.



25 Working Day Standard

Following changes to the NHS Complaints Policy in April 2009 the legislation is very specific in relation to the timescale for addressing and investigating complaints. It states:

The arrangements for dealing with complaints must be such as to ensure that:

- (a) *Complaints are dealt with efficiently;*
- (b) *Complaints are properly investigated;*
- (c) *Complainants are treated with respect and courtesy;*

At the time an organisation acknowledges the complaint, it must offer to discuss with the complainant:

- (a) *the manner in which the complaint is to be handled; and*
- (b) *the period ("the response period") within which—*
- (c) *the investigation of the complaint is likely to be completed; and*
- (d) *the response required by regulation 14(2) is likely to be sent to the complainant.*

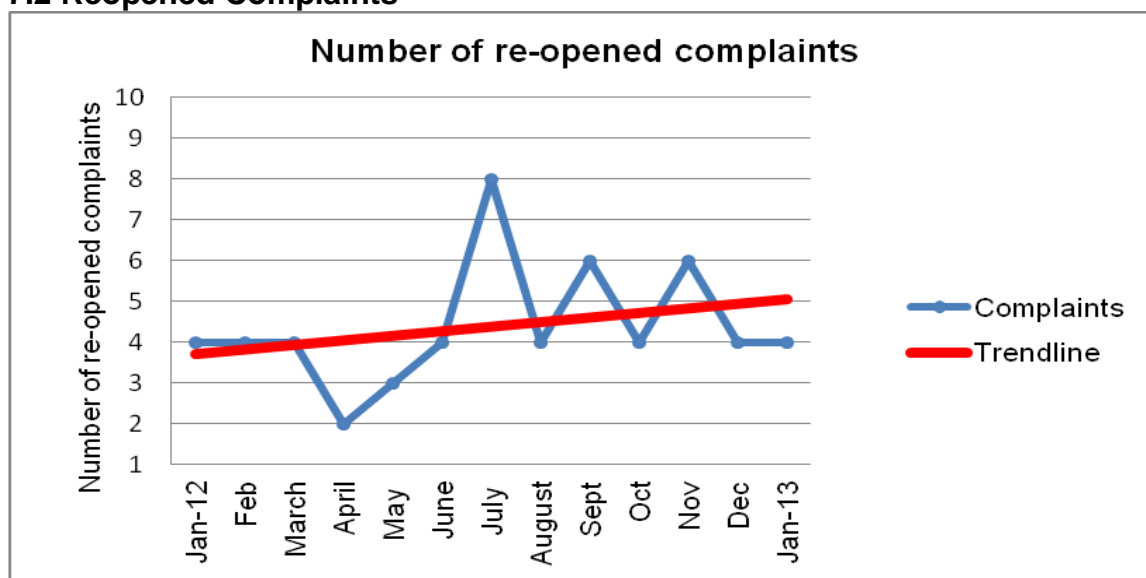
If the complainant does not accept the offer of a discussion under paragraph (7), the responsible body must—

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- (e) determine the response period and
(f) notify the complainant in writing of that period.

The regulations do not mention a time period of 25 working days however, as a general rule, many organisations nationally continue to use this time period for guidance. For complex complaints there is an option that the Trust could agree a longer timescale however the target of 25 working days is a measure included on the Trust's integrated business scorecard. It is important that there is a balance between identifying an appropriate timescale whilst recognising that some complaints could be addressed in a shorter timeframe.

7.2 Reopened Complaints



There has been an increase in the number of re-opened complaints. The above graph shows that four complaints were re-opened during January. This highlights the variation in the number of complaints reopened in the last year. An audit undertaken in April 2012 identified that the main reason complaints were reopened was due to the poor quality of the complaint response and not about our care. For example, inaccuracies in the response, lack of factual detail or improvements and initial questions not being addressed.

Work is taking place to improve the quality of the complaint response and to encourage more face to face meetings with complainants. It is anticipated that this will reduce the number of unresolved/re-opened complaints. All complaints are now graded and those deemed 'high risk' or require a high level multi-disciplinary investigation are given priority.

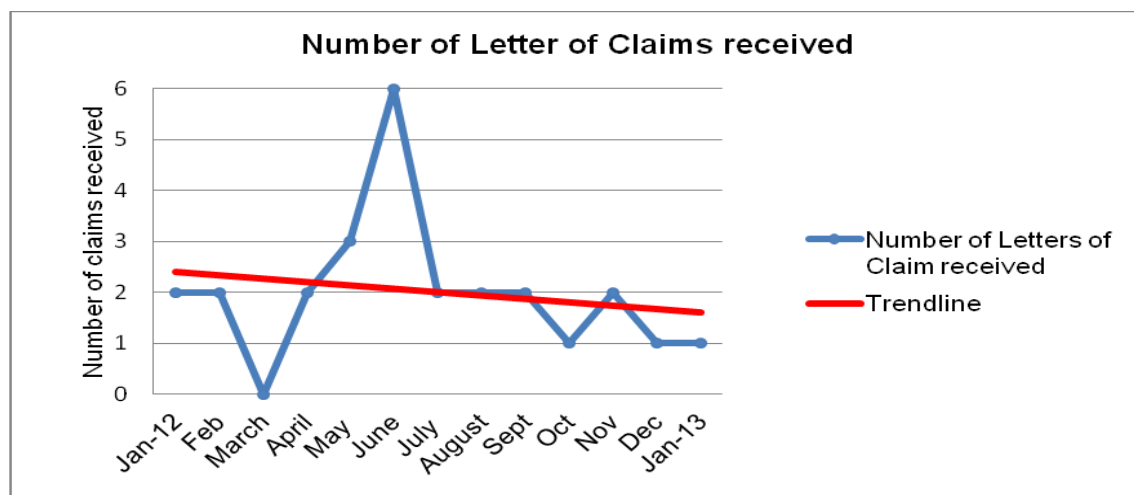
To avoid re-opened complaints it is important that a thorough investigation of a complainant's concerns take place. To support managers the Trust has developed a training session for 'Investigating Managers' which provides tools and techniques for managers who are investigating personnel issues, complaints and Serious Untoward Incidents (SUIs). The Improvement Forum is overseeing this work and a follow up

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audit of reopened complaints is planned for February 2013 and will involve the complaint co-ordinators from each Division.

7.3 Clinical Negligence Claims received

The number of claims the Trust receives each month is unpredictable, however there has been a decrease in the last two months compared to the rest of the year. The Trust is currently dealing with 202 cases for alleged clinical negligence. These cases are at various stages of the claims process. Many legal cases are ongoing for several months once the medical records have been disclosed to solicitors.



Inquests held

There were no inquests in January 2013. However there are a number of on-going cases including the inquests of two patients involved in the ITU fire.

Section III – Patient Safety

This section provides an update on the progress against the five work streams of the South West Quality and Patient Safety Improvement programme, together with details on the national monthly Safety Thermometer data collection.

Figure 1 shows the RUH adverse events data. This data is obtained from the monthly notes review using the Global Trigger Tool. This graph from April 2010 shows the number of adverse events per 1000 bed days decreasing with the spread of the improvement work.

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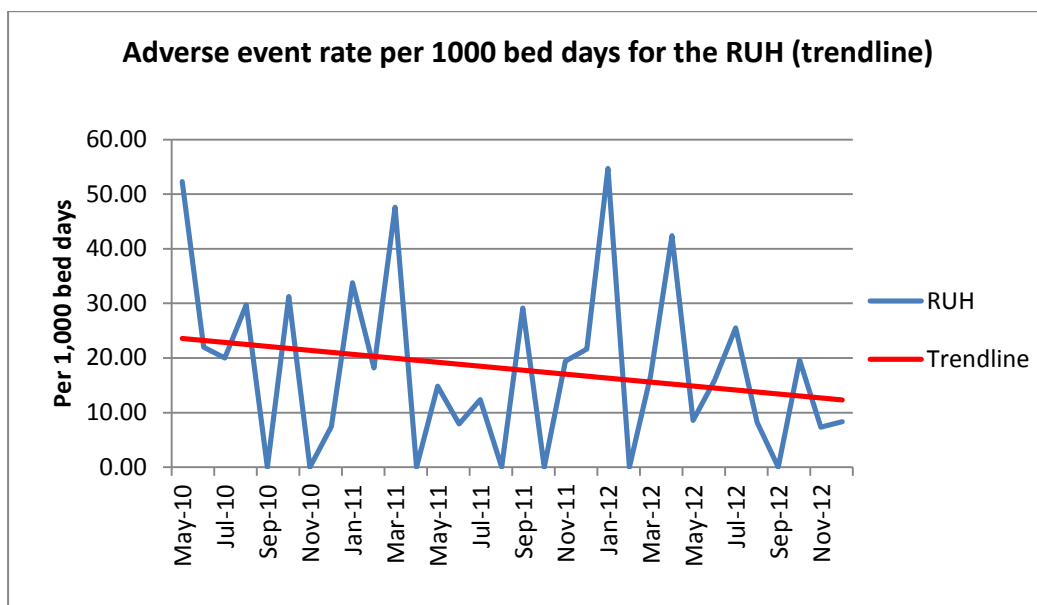


Figure 1

Safety Thermometer

The NHS Safety Thermometer was developed as a point of care survey instrument, which provides a 'temperature check' on harm that can be used alongside other measures to assess local and system progress.

Use of the safety thermometer to measure "harm free care" became mandatory in 2012/13, with a supplementary national CQUIN scheme to incentivise full compliance.

This tool is used to collect data nationally on pressure ulcers, venous thrombosis embolism (VTE), falls and catheter associated urinary tract infections(CAUTI).

The survey takes place once a month, and includes all inpatients on the day of the survey, with exception of; day cases, outpatients, and emergency department attendances.

Current Performance:

Data collection	All applicable wards have been completing the Safety Thermometer since July 2012.
CQUIN 12/13	The trust is delivering the CQUIN targets for full data submissions, and is on track to deliver the full scheme at year end, securing £214,585.

The Trust has been recognised as an example of best practice in regards to Safety Thermometer implementation, and in July 2012, the Trust was visited by members of the Safer Care team at the NHS Institute for Innovation and Improvement. The team were extremely impressed by the systematic approach to the implementation the

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Safety Thermometer, how the data input has been sustained and integrated with the patient safety work and the Trust's wider data systems.

CQUIN

In 2013/14, (for those Trusts who delivered the CQUIN scheme in 2012/13) the focus is to reduce the prevalence of the dominant cause of harm, as indicated by the safety thermometer data collection – nationally this is pressure ulcers. Pressure ulcers are the dominate harm within the Trust, at 45% of all identified harms.

The national scheme requires an improvement trajectory to be based on both 'new' (hospital acquired) and 'old' (pre-72hrs of admission) pressure ulcers. The improvement trajectories must be based on a minimum of 6 months robust data, therefore a trajectory for 2013/14 will be agreed following the February 2013 survey. The national evidence base suggests a reduction in pressure ulcers of 30-50% is achievable.

An action plan to deliver a reduction in hospital acquired pressure ulcers is being developed by the pressure ulcer steering group which will be finalised following the confirmation of the scheme. The Pressure Ulcer Steering group will report to the Patient Safety Steering group where the action plan will be monitored, with quarterly updates to Quality Board.

Summary

RUH staff continue to support high quality care as set out in the Quality Improvement Strategy 2010-2014, the NHS South Quality and Patient Safety Improvement Programme and the Patient and Carer Experience Strategy for RUH.

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