Report to:	**Public Trust Board**	**Agenda item:**	**7**
Date of Meeting:	**26 June 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	**Appendix 1 MRSA recovery plan**		

1. Purpose of Report

This report provides an update on progress made in May 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.

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.

2. Summary of Key Issues for Discussion

Proposal that future monthly quality reports provide a commentary, by exception on the revised Quality Scorecard. This is planned for July 2013. A more detailed quality report from Quality Board which will include quality improvement, patient experience and patient safety will be provided to Trust Board on a quarterly basis.

- Update on the Safer Clinical Systems project
- Feedback from Meridian, PALS and complaints
- Update on the Friends and Family Test (FFT)
- Update on the Safety Thermometer
- Progress against the pressure ulcer CQUIN
- Progress on the MRSA recovery plan

3. Recommendations (Note, Approve, and Discuss)

Note progress to improve quality, patient safety and experience at the RUH.
Support the proposed revisions to Quality Reporting system

4. Care Quality Commission Outcomes (which apply)

- 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

5.	Legal / Regulatory Implications (NHSLA / Value for Money Conclusion etc.)
Care Quality Commission (CQC) Registration 2013/14	

6.	NHS Constitution
This report demonstrates compliance with the following areas from the *NHS Constitution:* 1. Principles that guide the NHS 2a. Patients and the public – your rights and NHS pledges to you 3b Staff – your responsibilities NHS values	

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.	

Section I - Quality Improvement

1. Introduction

This quality report supports the Trust's 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.

1.2 Quality Improvement Strategy 2010-2013

The Quality Improvement Strategy is due for review by September 2013. As we also have the 'Every Patient Matters' strategy, plans are in place to merge the two documents and involve staff and patients in developing a strategy for the next three years that will link to the Trust vision.

Section II – Patient experience and feedback

2. Patient feedback via Meridian

The total number of Meridian questionnaires completed is shown below in Table 1

Total numbers of Meridian questionnaires completed:			
	Inpatient	**Outpatient**	**Carer**
June 2012	**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**
February	**157**	**455**	**10**
March	**176**	**106**	**30**
April	**45**	**100**	**2**
May	**71**	**92**	**3**

Table 1

Extra support will be provided to focus on increasing the numbers of carers using the Carer questionnaire during June and July.

2.1 The percentage of patients who rated their care as "Very Good" or "Excellent" is shown in Table 2

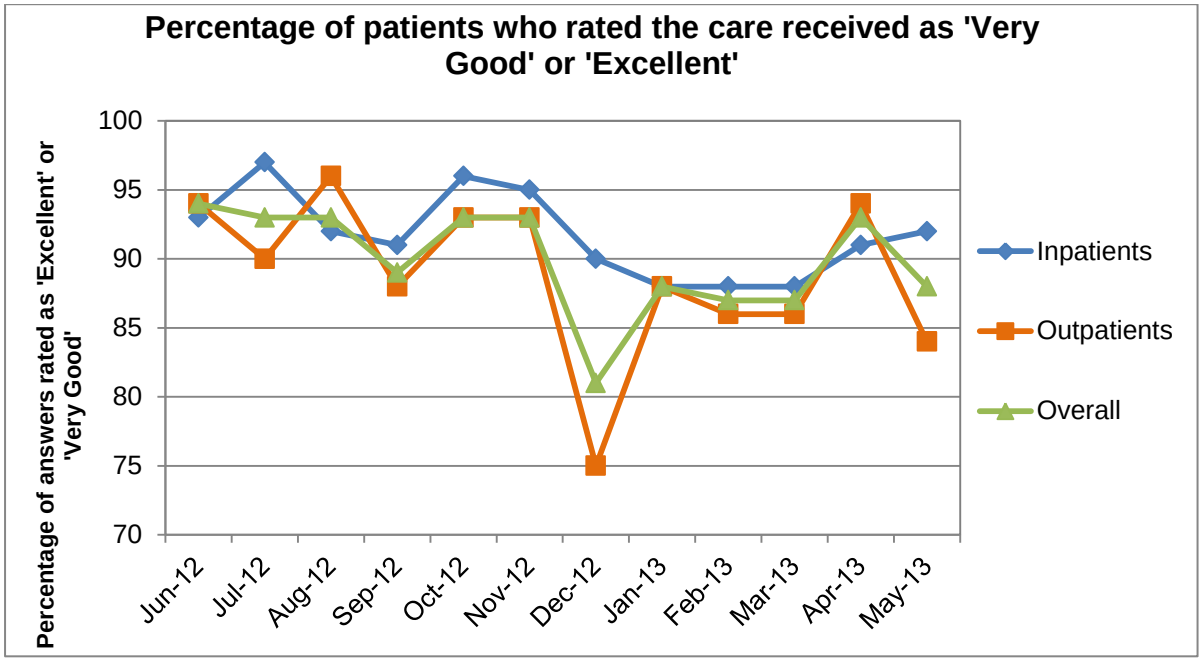


Table 2

2.2 Themes from Inpatient feedback via Meridian:

- Since Meridian has been used on wards, patients have constantly rated the hospital food below the target score of 75% and comments made on food have also be very critical. The Meridian patient feedback has been analysed and used to build a business case, which has recently been approved to make investments to improve RUH patient meals, specifically by ensuring the availability of a hot meal on every ward in the evenings as well as at lunchtime.

2.3 Themes from Outpatient feedback via Meridian:

- The RUH scores poorly on whether patients are given a choice on appointment times. Choose and Book will address this for very limited numbers of patients but further analysis will take place and report next month.
- Patients' feedback that they need more privacy when talking with the receptionist; staff are working to improve the situation, an update on the action taken will be provided in the August Quality report.
- Staff are also aware of poor feedback from patients about the lack of information about how long they would have to wait to be seen, this is also an area of action for staff in outpatient areas, with a report due in August on the action taken.

2.4 Friends and Family Test (FFT)

Patient feedback via the FFT Cards for May is the most positive the RUH has received to date.

All staff working with patients deserve praise and congratulations for the improved and excellent patient feedback.

The response rate for May has increased significantly, due to staff efforts and particularly extra bank staffing employed to go out and complete FFT Cards with patients. The RUH is on track to reach the CQUIN target of 15% response rate from eligible patient groups and is expected to be met by the end of June; the FFT Steering Group continues to monitor progress.

A separate paper reporting on the progress of the FFT implementation to the June Management Board contains further details.

The FFT question is: ***How likely are you to recommend our ward (inpatients) /department (Emergency Department patients) to friends and family if they needed similar care or treatment?***

2.5 Net Promoter and FFT Score

Month	Net Promoter Score	% of voters		
		Detractor	Passive	Promoter
June 2012	**+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
February 2013	**+41**	14	30	55
Friends and Family Test (FFT) score				
March 2013	**+70**	4	23	74
April 2013	**+69**	6	19	75
May 2013	**+72**	3	22	75

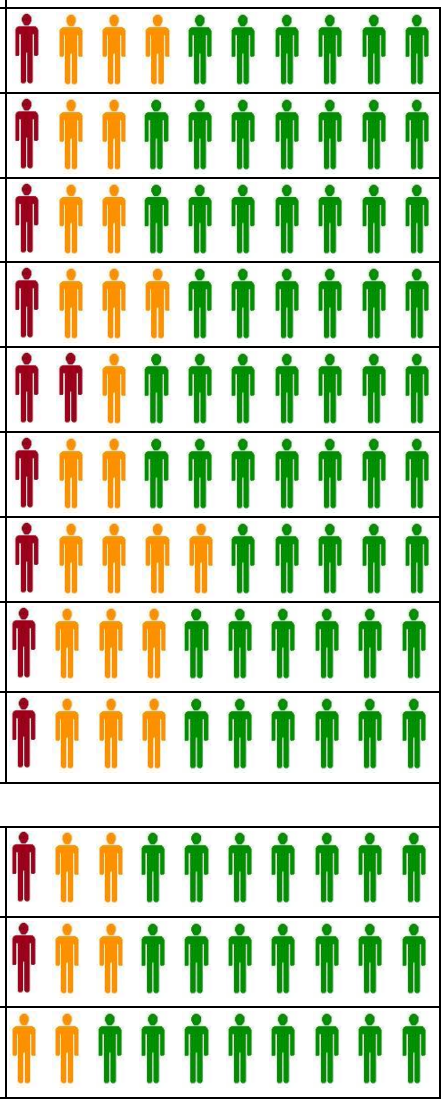
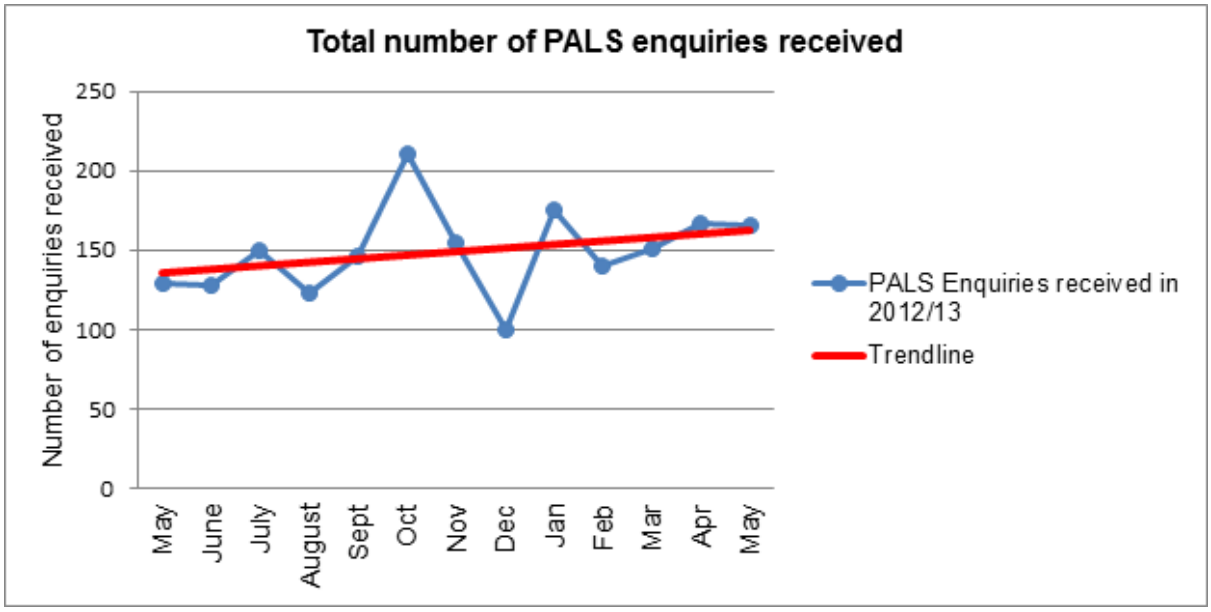


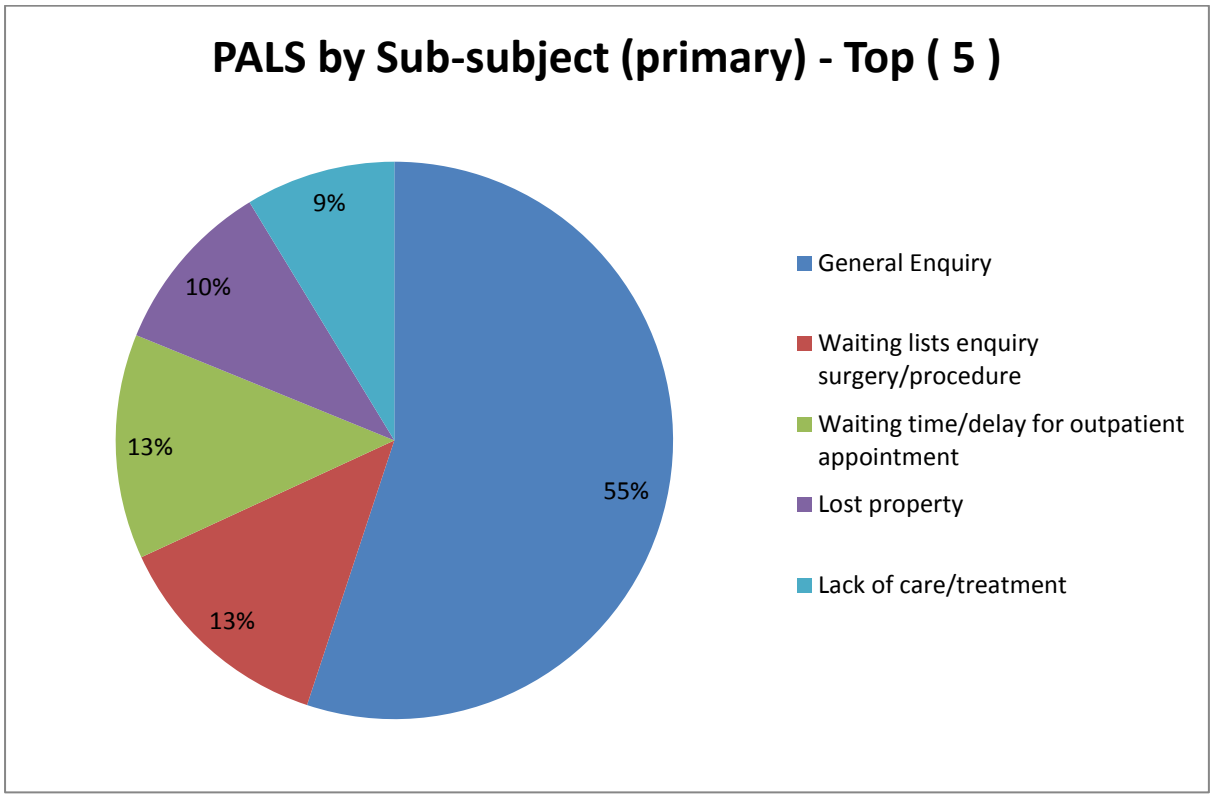
Table 3

3. Patient Advice and Liaison (PALS) Report

165 patients contacted the PALS service in May; 39% of contacts were by phone, 23% visited the PALS Office and 30% used e-mail via the PALS website.

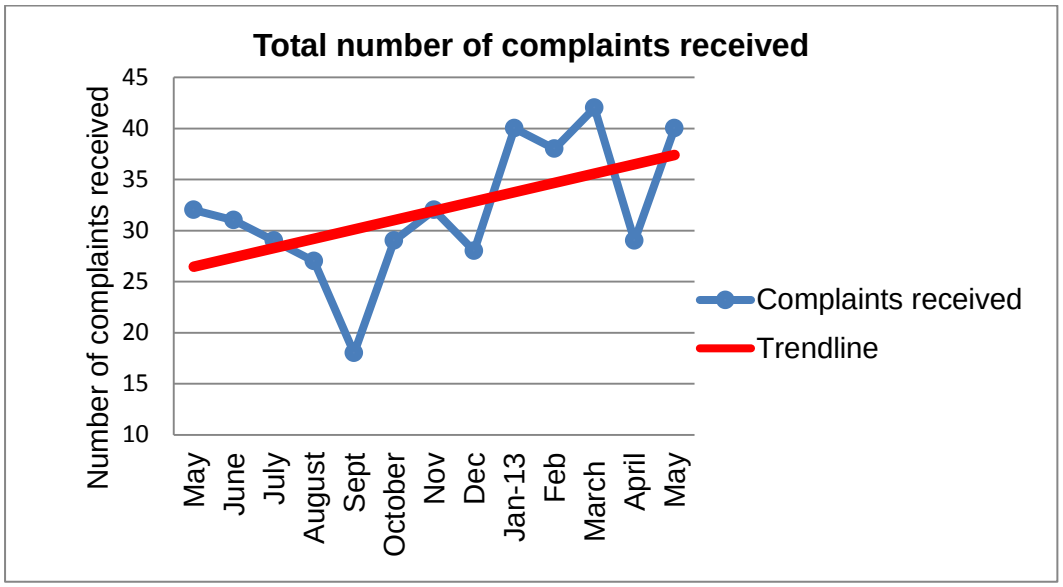


3.1 The top five PALS themes in May remain consistent with previous months:

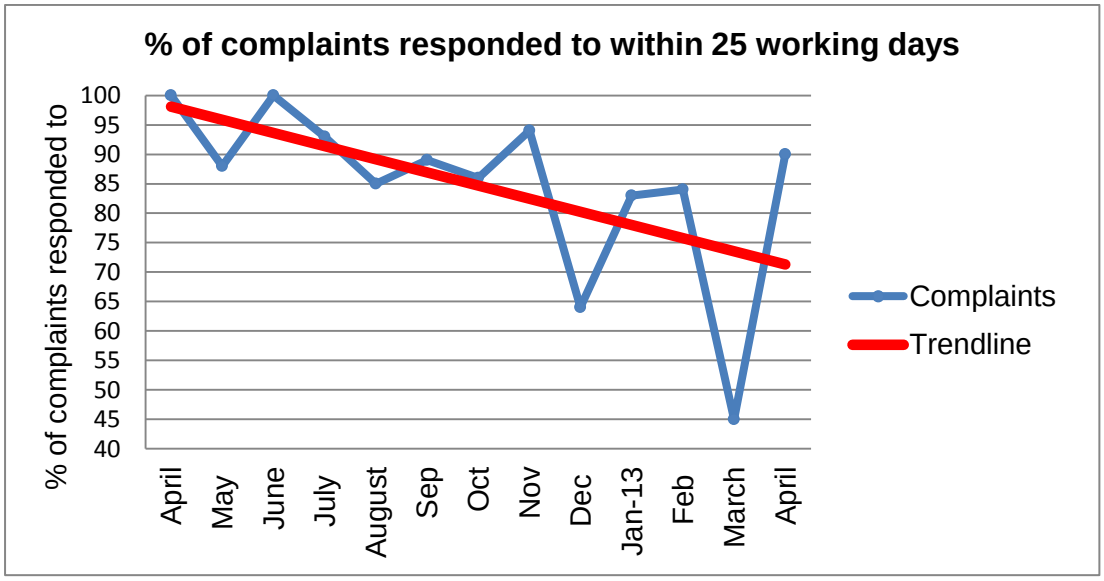


3.2. Complaints Report

40 formal complaints were received in May. This is an increase from the previous month.



3.3 Complaints responded to within 25 working days

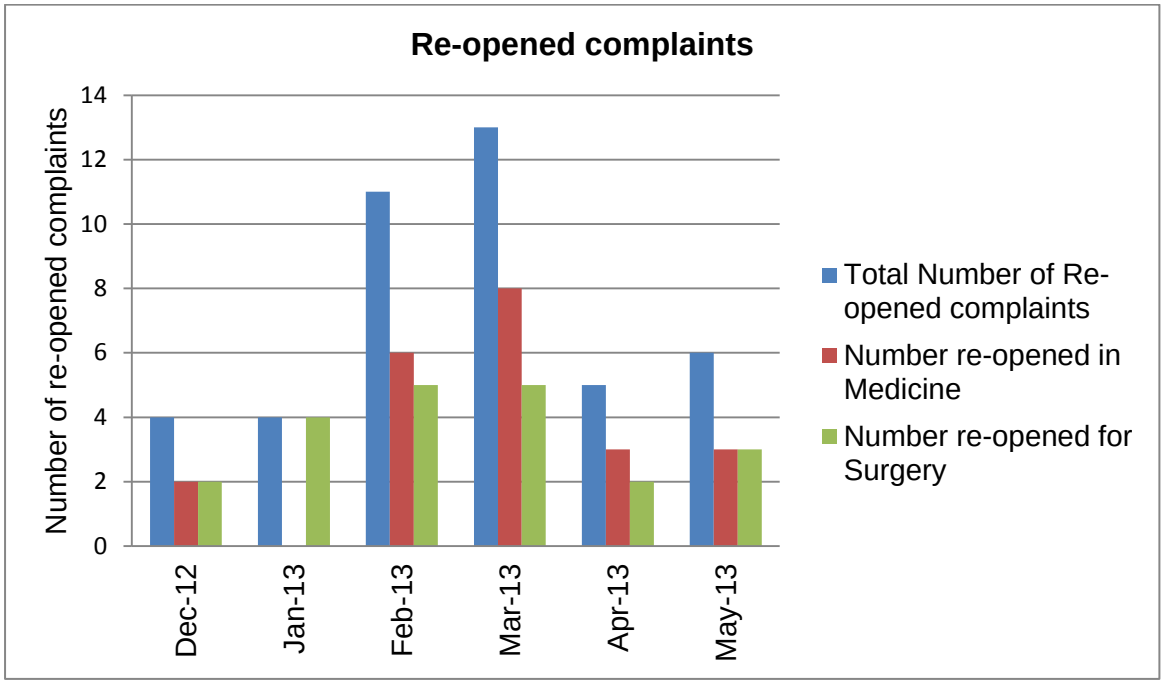


There has been a marked improvement in the response rate to complaints in April with 90% of complaints responded to within 25 working days. There were three breaches of response times, one in Surgery and two in Medical Division.

3.4 Re-opened complaints

The following graph shows the number of complaints that have been re-opened in the last six months by Division. From May 2013, when a complainant contacts the Trust because they are dissatisfied with our response, it is now the Divisions responsibility to decide whether a further investigation is required and senior

members of the divisions will contact the patient to discuss their outstanding concerns. 6 re-opened complaints were received in May.



3.5 Claims Received

The Trust received four letters of claim in May 2013. Two related to care received in the orthopaedic department, one related to obstetric care and one related to the delay a patient had in being reviewed in the Ophthalmology department.

3.6 Inquests held

In May 2013 two inquests were held. One related to a family's concern about the care received in the Emergency Department and one related to a patient who died in ITU shortly after the ITU fire. The post mortem confirmed that the fire did not contribute to the patient's death.

Section III – Patient Safety

4. The Patient Safety Programme

The Patient Safety Programme continues to progress the improvement work within the 5 workstreams. One of the aims of the programme is to reduce the number of harm events by 30%. The harm events are measured by reviewing monthly 20 random sets of notes of patients who were discharged the previous month using the Global Trigger Tool. Figure 1 below illustrates the number of adverse events per 1000 bed days.

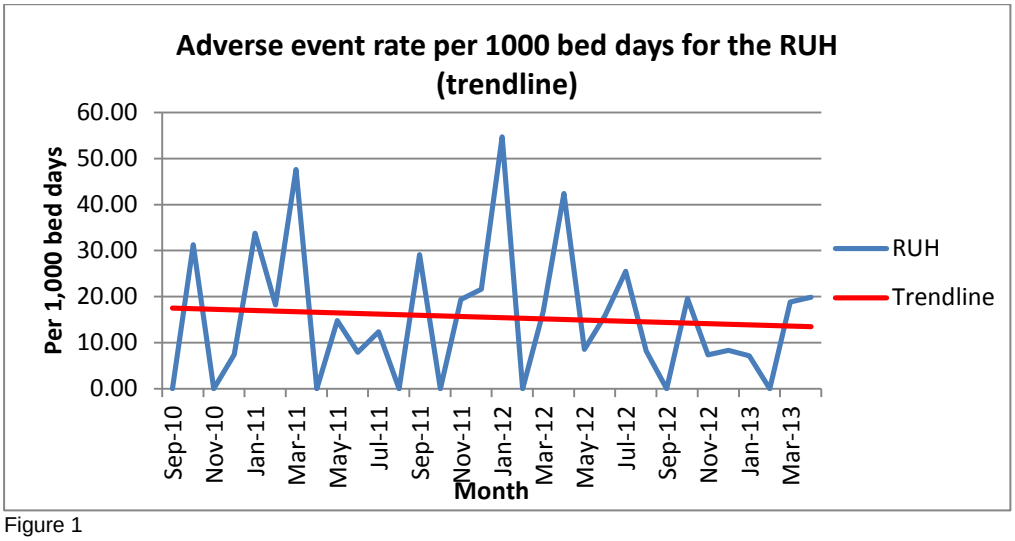


Figure 1

4.1 Update on the Safer Clinical Systems Project

Emergency patient pathway – the focus in the Emergency Department is that all patients who are admitted on regular medication will have a medication chart completed before they leave the department. For patients on critical medications, the aim is to administer these prior to admission to a ward. The overall aim is to create and embed a reliable and sustainable system for the timely administration of medication.

Elective patient pathway – prior to the project, no patients were prescribed their regular medication before surgery. Staff working in the central pre-operative assessment department now have access to the 'summary care record' for information on medication. A reminder to patients to bring in their medication is now included in the admission letter. Posters in GP surgeries reminding patients to bring in their medication have also been successful in raising awareness.

The overall aim of this workstream is to ensure that following pre-assessment, a list of their current medication is included in their medical records. The focus for the next few months is to ensure that junior doctors go to the Admissions suite to complete the patient's medication chart prior to surgery.

4.2 Safety Thermometer

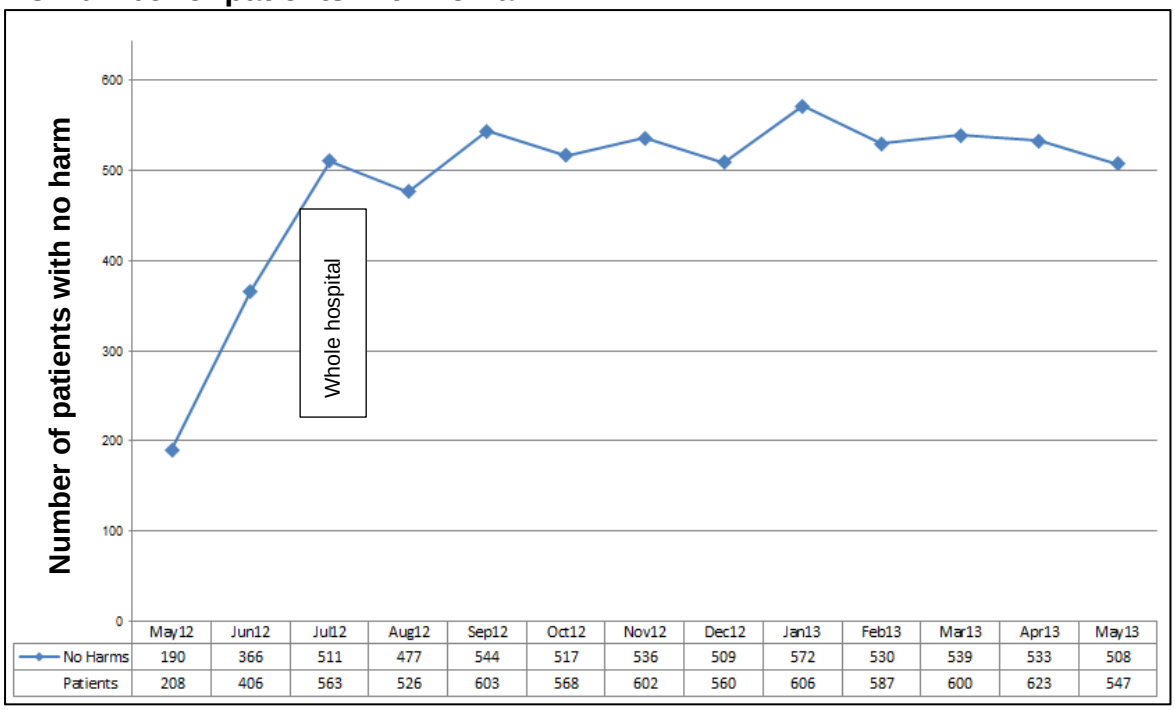
The NHS Safety Thermometer was developed as a point of care survey instrument, which provides a 'temperature check' on harm that can be used alongside other measures to assess local and system progress.

Use of the safety thermometer to measure "harm free care" became mandatory for all trusts in 2012/13, with a supplementary national CQUIN scheme to incentivise full compliance. This tool is used to collect data on pressure ulcers (RUH and community acquired), 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. All applicable wards have been completing the Safety Thermometer since July 2012.

Outcomes

4.3 Number of patients with no harm:

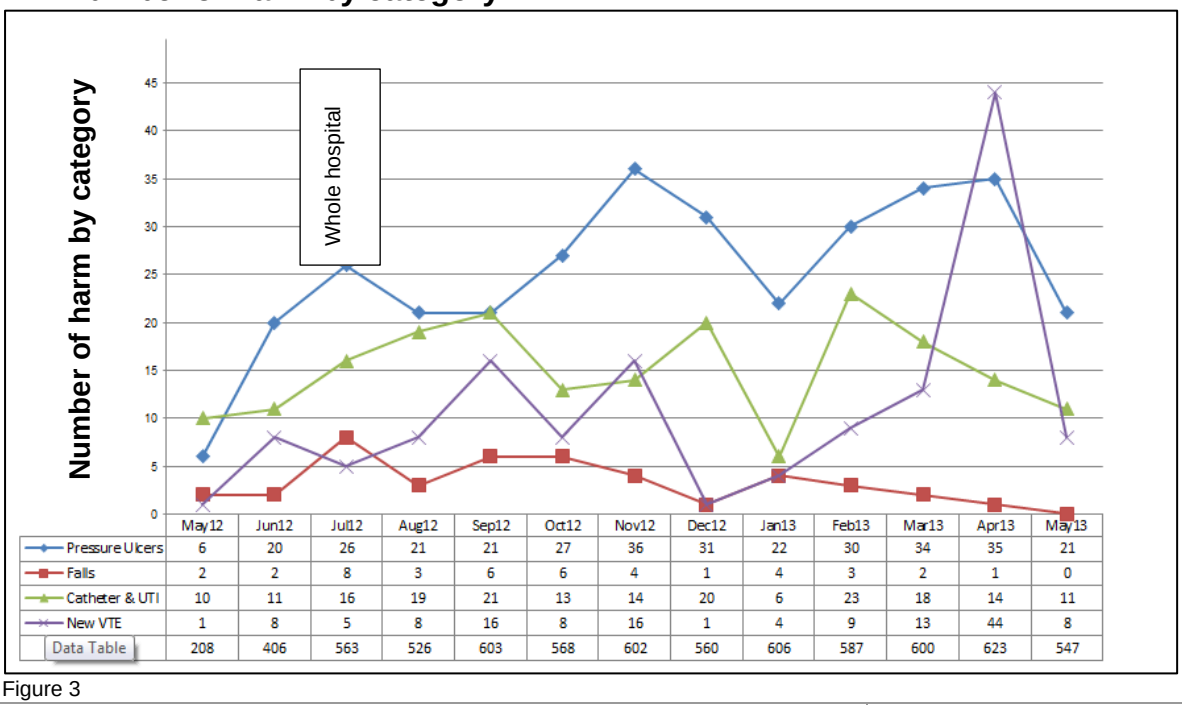


	May12	Jun12	Jul12	Aug12	Sep12	Oct12	Nov12	Dec12	Jan13	Feb13	Mar13	Apr13	May13
No Harms	190	366	511	477	544	517	536	509	572	530	539	533	508
Patients	208	406	563	526	603	568	602	560	606	587	600	623	547

Figure 2

Figure 3 graph illustrates the number of harms by category: number of pressure ulcers, number of falls resulting in harm, CAUTI and new VTE.

4.4 Number of harm by category:



	May12	Jun12	Jul12	Aug12	Sep12	Oct12	Nov12	Dec12	Jan13	Feb13	Mar13	Apr13	May13
Pressure Ulcers	6	20	26	21	21	27	36	31	22	30	34	35	21
Falls	2	2	8	3	6	6	4	1	4	3	2	1	0
Catheter & UTI	10	11	16	19	21	13	14	20	6	23	18	14	11
New VTE	1	8	5	8	16	8	16	1	4	9	13	44	8
Data Table	208	406	563	526	603	568	602	560	606	587	600	623	547

Figure 3

4.5 Safety Thermometer and CQUIN

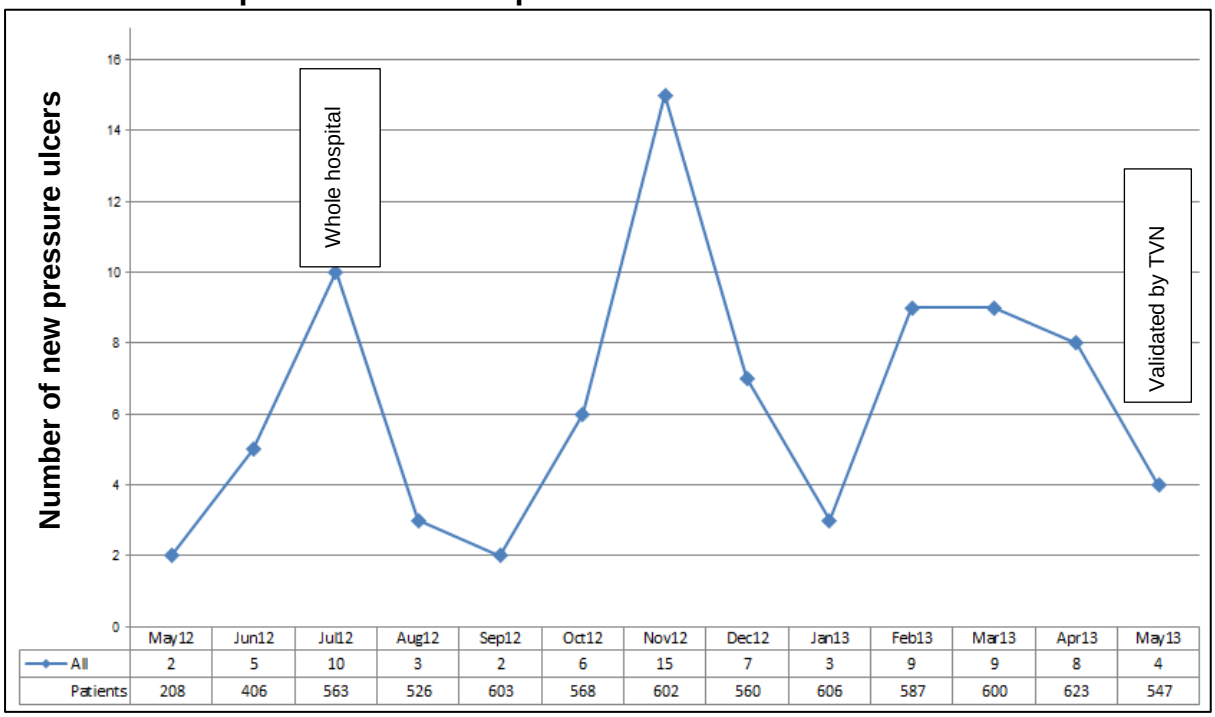
In 2013/14, (for those Trusts who delivered the CQUIN scheme in 2012/13) the focus is to reduce the prevalence of the dominant cause of harm, as indicated by the safety thermometer data collection – nationally this is pressure ulcers.

The RUH target is for a 50% reduction in the number of new (RUH acquired) pressure ulcers in 6 months and a reduction in deterioration for old (community acquired) pressure ulcers.

An action plan to deliver a reduction in hospital acquired pressure ulcers has been developed by the pressure ulcer steering group, which reports to the Patient Safety Steering group where the action plan will be monitored, with quarterly updates to Quality Board.

In May the Tissue viabilty nurses validated all reported new pressure ulcers on the day of data collection and by doing this reduced the reported number from 12 to 4. This illustrates the need for continued education at ward level regarding the aetiology and categorisation of pressure ulcers. Figure 4 graph illustrates new pressure ulcers. This validation will continue each month along with the validation of reported falls by cross checking with datix reported falls.

4.6 Number of patients with new pressure ulcers:



	May12	Jun12	Jul12	Aug12	Sep12	Oct12	Nov12	Dec12	Jan13	Feb13	Mar13	Apr13	May13
All	2	5	10	3	2	6	15	7	3	9	9	8	4
Patients	208	406	563	526	603	568	602	560	606	587	600	623	547

4.7 Infection Control

During May there were 3 cases of ***Clostridium difficile*** (C diff); one case over trajectory for the month. The cases occurred on Cardiac, Haygarth and Helena Wards and root cause analysis investigation has been commenced by the appropriate clinicians.

The C diff action plan was updated following a Healthcare Associated Infection (HCAI) recovery plan meeting chaired by the Director of Infection Prevention and Control. A number of actions have been completed and the deep clean programme has commenced, targeting wards with a high risk of contamination.

There have been no Trust assigned cases of **MRSA bacteraemia** year to date, however as there were 4 cases last year an MRSA recovery action plan has been developed and will be monitored by the Saving Lives Implementation Committee (SLIC).

5. Summary

We 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.