1. **Purpose of Report**


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**

- Dementia Peer Review report
- Improving our meal provision
- Feedback from Meridian, PALS and complaints
- Implementation of Friends and Family Test (FFT)
- Progress on the Patient Safety Work/hosting the Patient Safety Programme

3. **Recommendations (Note, Approve, and Discuss)**

Note progress to improve quality, patient safety and experience at the RUH.

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 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.
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.

The report includes an update on the Quality Accounts; summary of the Dementia Peer Review Report; Improvements to our food service; Complaints; Patient Experience: monthly report from Meridian; update on the Patient Safety work and an overview of the rate of harm from the monthly Global Trigger Tool notes review.

2. Dementia Peer Review
The report from the Dementia peer review of the Trust on 1st February has been received. The visiting team comprised of senior staff from Weston General Hospital, the Royal National Hospital for Rheumatic Diseases (RNHRD) and a commissioner and was led by a representative from the South West Expert Reference Group. The team reviewed the pathways for patients with dementia and memory problems. This included a visit to the Fracture Clinic; Medical Assessment Unit; Combe Ward and Midford Ward.

The report that the RUH team were ‘extremely open in their approach throughout the day, and keen to gain the perspectives of the visiting part of the team. This set a positive learning approach, which was evident throughout the visit.’

The visiting team commented on the many strengths observed including:

- The major impact of the RUH Dementia Charter Mark framework, as a key driver for ongoing improvement.
- The impressive clinical leadership which has inspired staff across RUH and increased the numbers of staff who are able to influence or action improvements in care
- Empowered staff with a ‘can do’ approach
- Board commitment to improving Dementia care
- Improvements to the ward environment, clocks, artwork, signage
- Development of the hospital ‘Dementia Care Pathway’

The following challenges and opportunities were also recognised:

- Embedding the ethos and standards across the hospital to provide a consistent approach across the whole organisation 24/7
- Challenge of working with commissioners to address the shortfalls in appropriate facilities for timely discharges across the care home sector, thereby reducing a longer than average length of stay
- Consistent use of the ‘This is me’ document
• Support for carers, for example, subsidised meals/car parking
• The pressure on capacity within the hospital which can impact on the commitment, and guidance to avoid ward moves and also inhibit the release of staff for training
• The future of the mental health liaison service, and ensuring a sustainable model following the Dementia Challenge bid

The report will be shared with the Lead for Mental Health, Dementia and Autism, NHS South of England for incorporation into a South West summary report. The key themes of which will be shared at the 4th Annual South West Dementia Care in Hospital Conference; Care, Compassion and Community to be held in Taunton on 8th March 2013. Representatives from the RUH will attend this event.

3. Improvements to our food service
 Representatives from the Nutrition and Hydration group have completed a business case for additional funding and changes to meal provision in the hospital. The quality of the hospital food has scored poorly since the implementation of Meridian. The Trust is raising awareness of the importance of nutrition and hydration during the national awareness week 18th-22nd March 2013.

Section II – Patient experience and feedback

4. Patient feedback via Meridian
The total number of Meridian questionnaires completed is shown below:

<table>
<thead>
<tr>
<th>Total numbers of Meridian questionnaires completed:</th>
<th>Inpatient</th>
<th>Outpatient</th>
<th>Carer</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2012</td>
<td>80</td>
<td>78</td>
<td>5</td>
</tr>
<tr>
<td>July</td>
<td>87</td>
<td>77</td>
<td>6</td>
</tr>
<tr>
<td>August</td>
<td>106</td>
<td>81</td>
<td>12</td>
</tr>
<tr>
<td>September</td>
<td>70</td>
<td>55</td>
<td>1</td>
</tr>
<tr>
<td>October</td>
<td>75</td>
<td>44</td>
<td>3</td>
</tr>
<tr>
<td>November</td>
<td>73</td>
<td>46</td>
<td>1</td>
</tr>
<tr>
<td>December</td>
<td>88</td>
<td>136</td>
<td>1</td>
</tr>
<tr>
<td>January 2013</td>
<td>162</td>
<td>471</td>
<td>2</td>
</tr>
<tr>
<td>February</td>
<td>157</td>
<td>455</td>
<td>10</td>
</tr>
</tbody>
</table>

All senior managers have access to the Meridian desktop results and can review patient and carer feedback on the care we provide. Practice changes as a result of patient feedback via Meridian are recorded below:

a) The catering team are reviewing the quality of individual meals and from May 2013, soup will be prepared and cooked in the hospital kitchens.

b) Improvements have been made to the communication on Haygarth ward including a reintroduction of a weekly communication clinic held by the senior nurse for relatives and carers to discuss issues or clarify medical plans.
c) Weekly meeting between nursing staff and the Alcohol Liaison nurse to discuss the management of 'Detox' patients during their inpatient stay

d) Gastroenterology outpatient department staff ensure that information for staff on waiting times is kept updated and that the reception staff are also informed.

e) Patients had commented that they could be overheard when they were at the reception desk so the receptionists are now protecting their privacy.

f) Cleanliness of the waiting room toilets in the Gastroenterology department was passed on to the cleaning team to improve cleaning.

g) A Project Search student has joined the Gastroenterology team to increase the use of Meridian.

The percentage of patients who rated their care as very good or excellent in February is shown in Table 1.

![Graph showing the percentage of patients and carers who rated the care received as 'Very Good' or 'Excellent' over time.]

**Table 1**
Meridian surveys continue to collect data on the Net Promoter question shown in table 2 below (to become the Friends and Family Test/FFT question, within the new time frame in March): **How likely are you to recommend our ward (inpatients)/department (outpatients) to friends and family if they needed similar care or treatment?**

<table>
<thead>
<tr>
<th>Month</th>
<th>Net Promoter Score</th>
<th>% of voters</th>
<th>Detractor</th>
<th>Passive</th>
<th>Promoter</th>
</tr>
</thead>
<tbody>
<tr>
<td>June</td>
<td>+54</td>
<td>9</td>
<td>28</td>
<td>63</td>
<td>火箭头</td>
</tr>
<tr>
<td>July</td>
<td>+57</td>
<td>12</td>
<td>19</td>
<td>69</td>
<td>火箭头</td>
</tr>
<tr>
<td>August</td>
<td>+58</td>
<td>12</td>
<td>18</td>
<td>70</td>
<td>火箭头</td>
</tr>
<tr>
<td>September</td>
<td>+51</td>
<td>11</td>
<td>27</td>
<td>62</td>
<td>火箭头</td>
</tr>
<tr>
<td>October</td>
<td>+57</td>
<td>16</td>
<td>11</td>
<td>73</td>
<td>火箭头</td>
</tr>
<tr>
<td>November</td>
<td>+58</td>
<td>8</td>
<td>26</td>
<td>66</td>
<td>火箭头</td>
</tr>
<tr>
<td>December</td>
<td>+36</td>
<td>10</td>
<td>45</td>
<td>46</td>
<td>火箭头</td>
</tr>
<tr>
<td>January (2013)</td>
<td>+52</td>
<td>6</td>
<td>36</td>
<td>58</td>
<td>火箭头</td>
</tr>
<tr>
<td>February (2013)</td>
<td>+41</td>
<td>14</td>
<td>30</td>
<td>55</td>
<td>火箭头</td>
</tr>
</tbody>
</table>

Table 2

5. Friends and Family Test (FFT)

The Friends and Family Test (FFT) has been implemented across the RUH and went live on 1 March 2013. The FFT Steering Group, chaired by the Director of Nursing (Acting) is monitoring progress.
6. Patient Advice and Liaison (PALS) report
The majority of contacts are by telephone and e-mail via the PALS website. The Trust continues to provide British Sign Language (BSL) Interpreters for our profoundly Deaf patients with a steady increase month on month.

There were 140 PALS contacts in February, as shown in Table 3, below:

<table>
<thead>
<tr>
<th>Total number of PALS enquiries received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of enquiries received</td>
</tr>
<tr>
<td>Feb-12</td>
</tr>
</tbody>
</table>

![Graph showing total number of PALS enquiries received](image)

Table 3

The top three PALS themes for February 2013 are:

**Communication**
Patients report that they are experiencing difficulties in contacting a number of outpatient departments and medical secretaries. Enquiries range from patients requiring advice, needing to re-arrange a follow up appointment/cancel an appointment or enquiring when their surgery will take place as a result of recent cancelled operations.

The PALS service has asked the Divisions to ensure that staff in their area, cover telephone contacts during any periods of absence or to use the voicemail system if they are unable to answer their phones for a short period of time and check messages daily.

**Waiting Times for surgery**
There have been a number of enquiries from patients concerned about waiting times for elective surgery in Orthopaedics, Gynaecology and General Surgery following the recent cancellations of operations.

The Elective Booking Team has informed PALS that they will contact the patients within 5 working days of cancelling their operations with a view to offering a new date for their operation. DATIX reports highlighting the issues are circulated to the Divisions and specialties/departments.
Lost Property
Lost patient property remains a theme and relates to 10% of all contacts. Lost property includes lost dentures, hearing aids and clothing. Patients are unhappy about the length of time it takes for the Divisions to process their claims.

A lean event was held in February to look at the current processes for dealing with lost property claims including documentation in the patient’s notes. An action plan will be put in place to improve the handling of patient’s property and the processing of claims.

7. Complaints Report
During February 2013 the Trust received 38 formal complaints, which is an increase compared to the same period last year. Complaints received in February reflect the capacity difficulties the Trust has experienced particularly with escalation, ward transfers and discharges.

Table 4

Complaints responded to within 25 working days
83% of complaints were responded to within 25 working days in January 2013. Three breaches were in Surgery and four in Medicine. In comparison to the previous month there has been an improvement in the response rate although this is still below the Trust’s target of 90%.
Re-opened complaints
Table 6 (below) shows the number of complaints that have been re-opened in the last six months with a breakdown between the two Divisions.

![Number of re-opened complaints](image)

In February 2013, eleven complaints were re-opened. This is a significant increase compared with other months. These can be broken down by specialty:

- Orthopaedics 2
- Gynaecology 1
- General Surgery 1
- Acute Medicine 2
- Emergency Department 2
- Ophthalmology 1
- OPU 1
- Dermatology 1

The reason why complainants have asked for their complaints to be re-opened is shown in Table 7 below:

![Reason for being re-opened](image)

<table>
<thead>
<tr>
<th>Reason for being re-opened</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disagrees with our response</td>
<td>2</td>
</tr>
<tr>
<td>Failed to address all of concerns</td>
<td>1</td>
</tr>
<tr>
<td>Inaccurate response</td>
<td>1</td>
</tr>
<tr>
<td>Complaint not been addressed</td>
<td>1</td>
</tr>
<tr>
<td>Requesting a meeting</td>
<td>2</td>
</tr>
<tr>
<td>Requesting financial remedy</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 7
An audit of re-opened complaints to be undertaken in March will set out to establish why complainants remain dissatisfied with our response. The team will be reviewing the following issues:

- Did the Patient Experience Team speak with the complainant when their complaint was initially received to discuss their complaint?
- Did we respond to their initial complaint within 25 working days?
- If not, did we contact them to agree a new response date?
- Reviewing our investigation process:
  - Did we use the medical records?
  - Were staff statements obtained?
  - Have the relevant people been asked for comments?

The RUH Improvement Forum monitors re-opened complaints.

**Claims Received**
The Trust received three letters of claim in February.

**Inquests held**
In February 2013 one inquest was held which concerned the birth of a baby. A statement was obtained from a Consultant Obstetrician, but no witnesses for the Trust were called to give evidence at the inquest. The Coroner gave a narrative verdict stating that the baby had received the appropriate medical treatment for his complex disease.

During this period the Trust has responded to a Rule 43 Directive in relation to an inquest, which was held in October 2012 concerning a patient who died as a result of incorrect fluid being used in an arterial line. The Rule 43 specifically addressed concerns that the Coroner had in relation to the management of HR files for members of staff who work for Staffing Solutions, in this case the individual had three HR files all of which contained different information and concerns. The Coroner specifically asked the Trust to consider if it would be more appropriate to hold one HR file for each member of staff to support performance management.

Since receiving the rule 43 the HR directorate have carried out a review of the way in which information regarding the employment relationship is managed within the Trust, particularly how we obtain information about employees, the retention of records, access to records and the disclosure of them. The review has taken account of the Data Protection Act 1998 and the Employment Practice Code, published by the Information Commissioners Office.

As a result of this review, a recommendation is being made to the Information Governance Group that a HR Records Policy is developed, which will define what information is retained in relation to the HR Policy Framework and how it should be shared. The policy will be monitored by the Corporate Records Group.
Section III – Patient Safety

8. This section provides an update on the progress against the five work streams of the South West Quality and Patient Safety Improvement programme. These workstreams are - Leadership, General Ward, Critical Care, Peri-operative and Medicines Management. A monthly report of the 68 data sets is collated and uploaded to the Institute of Healthcare Improvement (IHI) extranet.

The RUH was successful in its bid to the Strategic Health Authority to host the NHS South West Quality and Patient Safety Improvement programme. This will be effective from 1st April 2013.

Figure 1 below shows the **RUH adverse events data** with trend line. 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.

![Adverse event rate per 1000 bed days for the RUH (trendline)](image)

The following provides an update in key areas:

- The **Medicines management workstream** has identified an increase in the number of errors in the prescribing/administration and toxicity of the antibiotic *Gentamycin*. As a result a new prescription sheet has been developed with guidelines and is currently being tested on Respiratory ward. It is planned to spread to Waterhouse ward once the form has been further developed.

  The anticoagulation group are expanding their work on warfarin with GP’s in the community.

- Plans to commence an **end of life collaborative** are underway, where it is hoped the outcomes will improve the care of the dying patient. This work is in conjunction with the Kings Fund project. All wards will be participating over the next year with the first cohort to commence in May 2013.
• Root cause analysis (completed following serious untoward incidents) has highlighted an issue with the **duplication of pressure ulcer documentation**. A new ‘comfort and pressure care’ record has been developed which combines the current four pressure area records and the comfort round form into one single document. The document is currently being tested on Victoria ward prior to spreading to two further wards.

• During January there was an increase in **falls** from 97 in December to 107; however the number of occupied beds days increased therefore we have maintained our relative position. February has seen a decrease of falls to 98. The falls group are undertaking more in depth analysis of all the patients that fell. The OPU wards saw an increase in the number of patients who had repeated falls.

• **Critical Care** has reported an increase in the incidence of ventilator-associated pneumonia (VAP); however the average length of stay patients receiving mechanical ventilation increased slightly but still remains less than 4.5 days. Subglotic Endotracheal (ET) tubes will be introduced following staff training. Access to the ventilator care bundle at the bedside using the computer on wheels is available if staff need to reference any aspect of the bundle, as compliance of the ventilator care bundle also decreased in December. It is anticipated with the introduction of the new ET tubes and easier access to the care bundle that these rates will improve.

• **Central line infections** increased from 5 in November to 7 in December; however in January following some intense focus of education of the care of a central line by the senior staff there has not been any reported cases. It is too early to state if this is going to be sustained. Further tests of change are currently being performed on different types of central line dressings.

**The Peri-Operative workstream** continues to make progress with the WHO Safer Surgery checklist quality audits with 90% of the audits demonstrating compliance. Sustaining the quality audits is a potential issue and is being discussed with the theatre team. New WHO Safer Surgery checklist posters have been distributed to all theatres to use in place of the paper copies. Compliance of the checklist remains >99%.

9. **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.