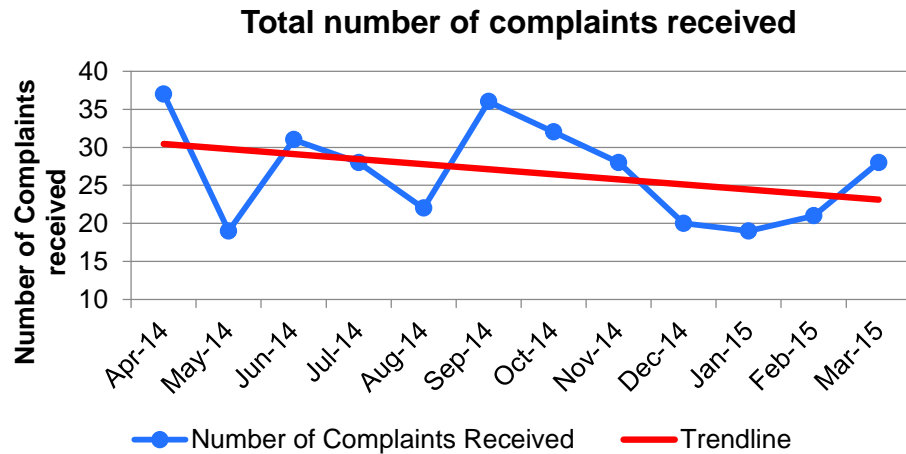


# QUALITY REPORT

## PART A – Patient Experience

## Complaints & Patient Advice and Liaison Service (PALS) Report

### Complaints

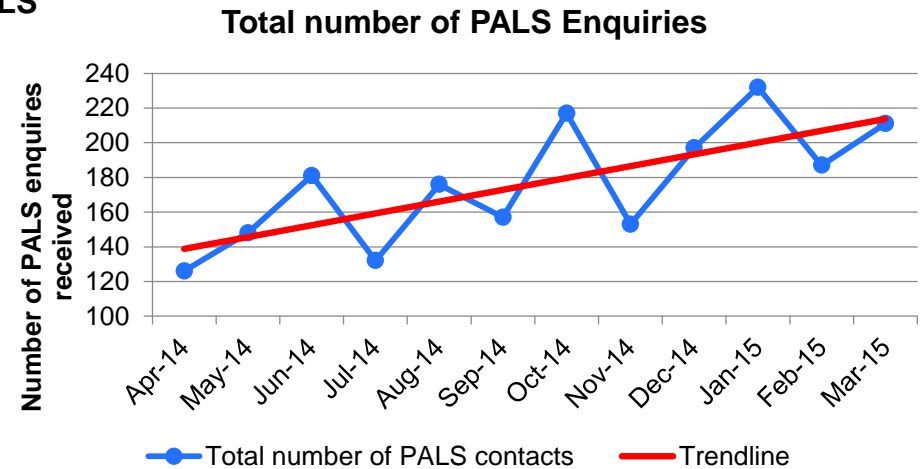


28 complaints were received in March 2015 relating to the Royal United Hospital (RUH) main site services. The Trust receives an average of 27 complaints per month. In March, 10 of the 28 complaints related to outpatient areas. The remaining complaints related to the following:

- Competence/knowledge of staff
- Staff attitude and behaviour
- Coordination of medical treatment
- Inappropriate/unsafe discharge
- Cancellation of admission

The data for the RNHRD site is reported separately until 1 April and will be combined in the report next month. The RNHRD received one complaint in March. The average number of complaints is two per month.

### PALS



There were 211 contacts with the PALS service at the RUH site:

- 50% by telephone
- 26% by email
- 8 % by post
- 16% in person

The office hours opening times were reduced in February and March due to continuing staff sickness. Opening hours returned to normal in April. The telephone service operated as normal. The increasing trend in the number of contacts to the service continues. 68 (32%) contacts related to outpatient concerns, such as general appointment queries, waiting times for appointments to be scheduled, and general administration issues.

The majority of contacts related to: Communication and Information, Clinical Care, Waiting times and delays and lost property.

## Friends and Family Test (Inpatients and the Emergency Department MAU & SAU)

### Current Performance : Inpatients (NHS England data)

| Month 2014/2015 | (% that would recommend) | FFT Score (NPS) | Rank (based on % recommend) Out of 167 hospitals | Response Rate % |
|-----------------|--------------------------|-----------------|--|-----------------|
| April 2014      | 95%                      | 75              | 112  | 47              |
| May             | 96%                      | 81              | 64   | 47              |
| June            | 96%                      | 78              | 75   | 44              |
| July            | 97%                      | 78              | 65   | 44              |
| August          | 94%                      | 75              | 117  | 40              |
| September       | 97%                      | 77              | 34   | 41              |
| October         | 97%                      | 80              | 49   | 37              |
| November        | 97%                      | 78              | 65   | 42              |
| December        | 96%                      | 73              | 69   | 35              |
| January 2015    | 97%                      | 75              | 39   | 40              |
| February        | 97%                      | 75              | 47   | 58              |
| March           | 96%                      | 78              | -  | 64              |

For February the RUH ranked 47 out of 167 hospitals. 97% of patients would recommend the RUH to friends and family. The Net Promoter Score fluctuates between 73 and 81.

The response rate is between 35% and 64%. The response rate for March was 64% and for Quarter 4 the inpatient response rate was 54%. The CQUIN target of 45% for Quarter 4 has therefore been achieved at a value of £90,000. A breakdown of performance by ward, including ED is shown in Appendix A.

There were 20 responses out of a possible 38 eligible patients at the RNHRD. The response rate was 53%; the FFT Score was 85, and the percentage recommending the service they received at RNHRD was 95%. From 1 April 2015 the RNHRD results will be included in RUH results.

### Current Performance : Emergency Department including MAU and SAU (NHS England)

| Month 2014/2015 | (% that would recommend) | FFT Score (NPS) | Rank (based on % recommend) Out of 139 hospitals | Response Rate % |
|-----------------|--------------------------|-----------------|--|-----------------|
| April 2014      | 97%                      | 83              | 5  | 11              |
| May             | 97%                      | 85              | 3  | 15              |
| June            | 97%                      | 79              | 5  | 24              |
| July            | 98%                      | 79              | 6  | 19              |
| August          | 97%                      | 79              | 5  | 24              |
| September       | 98%                      | 81              | 2  | 16              |
| October         | 98%                      | 82              | 2  | 19              |
| November        | 98%                      | 79              | 5  | 21              |
| December        | 98%                      | 82              | 2  | 14              |
| January 2015    | 98%                      | 77              | 1  | 12              |
| February        | 97%                      | 76              | 8  | 31              |
| March           | 97%                      | 76              | -  | 36              |

For February the RUH Emergency Department, MAU & SAU ranked eighth out of 139 hospitals and is consistently ranked within the top 8 trusts. 97% of patients would recommend the RUH to friends and family. The Net Promoter Score, fluctuates between 79 and 85.

The response rate was 36% in March 2015 and was 27% for Quarter 4. The CQUIN target response rate of 20% for Quarter 4 has been achieved, included in the value of £90,000.

## Friends and Family Test (Maternity)

| Indicator                                   | Green | Red  | Jan-15 | Feb-15 | Mar-15 |
|---|-------|------|--------|--------|--------|
| NHS Friends & Family Test Score - Maternity | >=80  | <=75 | 97%    | 97%    | 98%    |
| FFT response rate - Maternity               | >=20  | <=15 | 19.6%  | 25.2%  | 31.5%  |

Friends and Family Test performance continues to improve showing a green rated response rate with performance of 31.5% in March. The improvement is as a result of increased focus particularly in relation to Community antenatal and post natal response rate. A full breakdown of the Maternity results are shown in Appendix B.

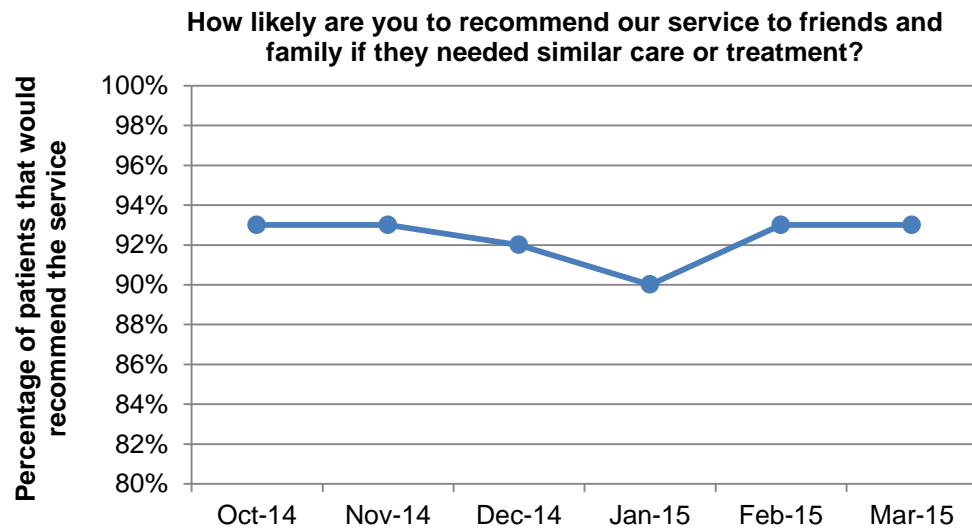
There is still work to do to ensure that responses are captured at all four touch points particularly within the Birthing centres. The Maternity Matrons are working with the teams to support fully embedding the process with a focus on the lower response rates at the Frome and Paulton centres.

The Birthing centres and PAW who have improved response rates are starting to see the benefit of both the positive and negative feedback provided by the women. Going forward this will form part of the Divisional performance report in a “you said we did” section taken directly from the FFT feedback.

## Friends and Family Test (Outpatients)

The Friends and Family Test (FFT) for outpatient departments was implemented early at the RUH on 1 October 2014. National reporting of outpatient FFT is being introduced from 1 April 2015 and benchmarking will be included in Board reports from June.

### Current Performance



93% of patients stated they would recommend the service to friends and family if they needed similar care of treatment in March 2015. No target has been set for the percentage of patients that would recommend the service in anticipation of the national launch.

The main themes to date include problems with car parking and waiting times in the clinics.

| Month         | Number of responses |
|---------------|---------------------|
| October 2014  | 1290                |
| November 2014 | 665                 |
| December 2014 | 530                 |
| January 2015  | 558                 |
| February 2015 | 545                 |
| March 2015    | 422                 |

Overall, the number of responses has declined since the Friends and Family Test for outpatients was introduced. There are currently no targets for FFT for outpatients. This has been escalated to the Outpatient Steering Group to address and monitor response rates at each meeting as an agenda item.

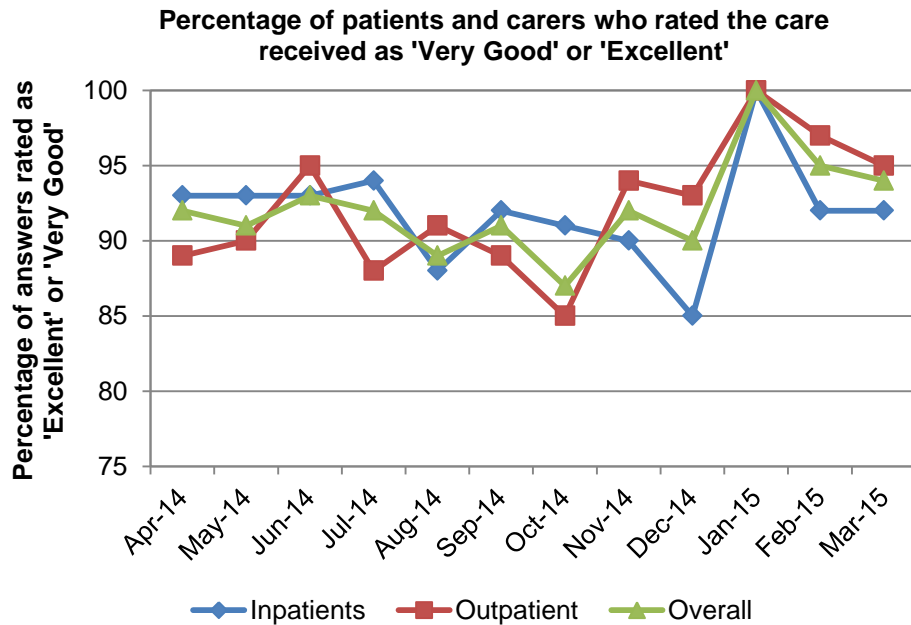
A full breakdown of the results by specialty is shown in Appendix C.

### Monitoring arrangements

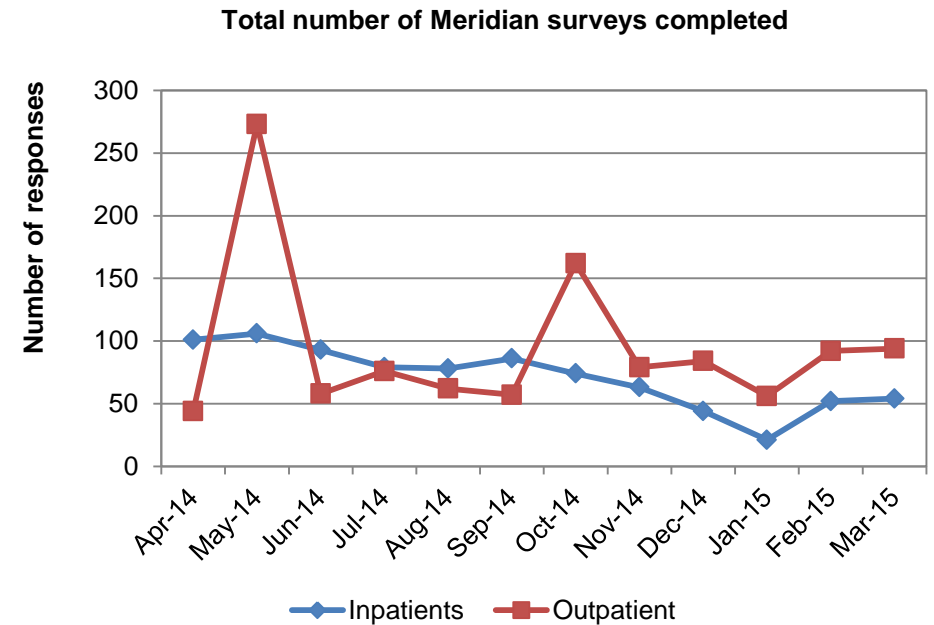
- FFT themes are routinely reported through the Divisions and at the Outpatient Steering Group for information and action.
- Clinical Divisions and Outpatient Transformation Steering Group have responsibility to increase the patient feedback received and report responses to feedback.

# Meridian Survey Results (Inpatient, Outpatient & Carer Surveys)

## Current Performance



The overall percentage of patients that rated their care as 'Very Good' or 'Excellent' was 94% in March 2015. Outpatients scored 95% and inpatients scored 92%



There has been a slight increase in the number of surveys completed for February and March. The patient experience team continues to work with the Heads of Nursing and Matrons to ensure feedback surveys are undertaken, with targets now agreed for Matrons to undertake five surveys per inpatient area per week.

## Family and Carer Hub/point of contact in the Atrium, RUH

### **Vision and purpose of the hub/point of contact for families and carers**

Following a Patient and Carer Experience Group (PCEG) review visit that took place in March 2014, planning and negotiation has been taking place to provide a staffed drop-in facility (a 'hub') for family members of patients and carers; it is planned this will be based within the Atrium. This facility will be staffed by people employed by *Carer Support Wiltshire* and *BANES Carers' Centre* who will provide free information, advice, signposting and access to support and advocacy services. The project has the executive approval of the Director of Nursing and Midwifery and Director of Facilities.

### **Benefits to families, carers and the RUH**

- Enhance carer and patient experience and improve communication with and support for carers
- Support recommendations of Care Act 2014 Part 1; Section 3, 'Promoting integration of care and support with health services', which comes into place on 1 April 2015
- Support the *Better Care Plan*, which emphasizes a more joined approach across the health community and the new CQC regulations, specifically Regulation 9: Person-centred care.
- Provide evidence to our carers, patients and to Healthwatch of the RUH commitment to families and carers
- Provide staff with an easy point of referral for carers within the hospital and where appropriate to provide a source of in-house support for employees of the RUH who also may have a caring responsibility outside work
- Support the Quality Accounts 2015/16 focus on improving the experience of discharge and to support *Home from Hospital* (HFH) workers to resolve some challenging discharges
- Facilitate and allow space for carer organisations to complete carer satisfaction surveys, as appropriate, e.g. Dementia carer survey
- Raise the profile of the RUH nationally as a progressive hospital regarding family and carer support and partnership working.

### **Next steps**

- The Friends of RUH have kindly agreed funding to provide the infrastructure in the Atrium
- The Head of Patient Experience will liaise with the Communication Team to market and publicise the hub to staff and the public
- Plans are beginning to arrange for a launch for this new RUH service during Carers' Week (8-12 June 2015), on the 10<sup>th</sup> June, with press releases, television and radio coverage and a celebrity to open the hub

## Triangulation Chart – Exception Report

### Areas of focus

The full Triangulation Report is shown in Appendix D.

#### Midford Ward (Older persons)

This ward has flagged for the fourth successive month. Staffing levels fill rate is fairly static from last month with RNs day fill rate < 90% although HCA day fill rate increased. Quality matrices to note are:

- FFT net promoter score decreased to 50 (64 last month)
- Negative PALs x 2 (4 last month) (*both lost belongings on ward*)
- Number of falls increased x 11 (8 with last month) (x2 patients fell twice)

#### Acute Stroke Unit

Flag for the first time this month. Staffing levels fill rate for RNs day and night and HCAs day shift <90%. Quality matrices to note are:

- Formal complaints x 2 (one nursing care related)
- Pressure Ulcers x2 Grade 2 (same patient)
- Staff sickness high (RN 13.9% and HCA 18.2% ) \* Feb data

#### Note:

Wards flagged last month but quality matrices have improved this month: ACE Ward (Older persons) and William Budd Ward (Oncology)

### Quality matrices overall

This month the quality metrics regarding harm events have increased overall :

- Pressure Ulcers Grade 2 – x 6 (Nil last month)
- Falls - x3 moderate harms (Nil moderate and Major harms last month)

The number of formal complaints received (7) reduced from last month (10)

### Actions being taken

Heads of Nursing and Matrons will continue to support the Ward Senior Sisters with:

- Managing sickness and vacancies
- Ensuring Safe Staffing each shift
- Close monitoring of quality standards
- Modified Nursing Intensive Support Team (NIST) review commenced on Midford Ward this month



# QUALITY REPORT

## **PART B – Patient Safety and Quality Improvement**

## Patient Safety - Deteriorating Patient work stream report

### Background

The aim of the Deteriorating Patient workstream is to measurably improve the quality of care for patients who deteriorate acutely within the Trust. The aim is to ensure that the National Early Warning Score (NEWS) system is reliably and accurately used to monitor adult patients' vital signs, that care is appropriately and reliably escalated and that correct actions are taken to ensure optimal care for that patient.

Steering group update:

- Repeat audit of NEWS completed February: All adult inpatient wards:10 patients per ward, 5 sets of observations
- Presented RUH implementation of NEWS at Academic Health Science Network conference on 5 March 2015: "A Single Early Warning Score for the West of England"
- Aligned to continue working with AHSN collaborative on EWS
- RUH collaborative first event 25<sup>th</sup> March 2015. Wards which participated are MAU, CCU, Cardiac, Respiratory, Waterhouse

### Next steps

- Planning migration for RNHRD to NEWS
- Collaborative follow up meeting planned for 20 May 2015
- Aim to have overarching Deteriorating Patient Programme with NEWS, Sepsis, AKI as workstreams. Escalation needs to be a standardised process regardless of reason for deterioration, therefore there is a need to work collaboratively on this
- Reporting to Patient Safety Steering Group will be as NEWS, Sepsis and AKI workstreams showing linkage to the whole Deteriorating Patient Programme of work

### Current Performance

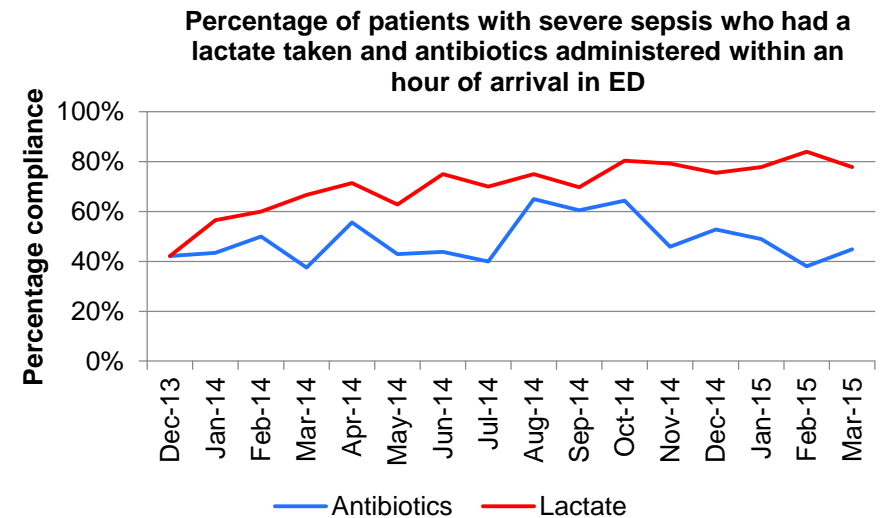
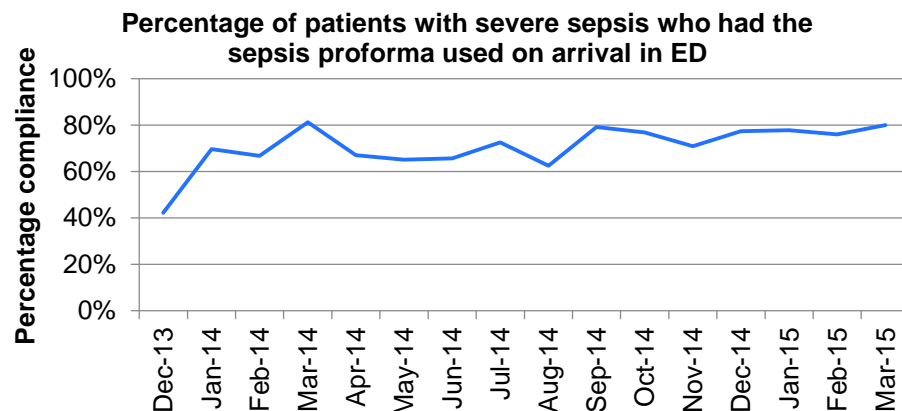
| Ward / department | November 2014<br>Total NEWS recorded is accurate | February 2015<br>Total NEWS recorded is accurate | Change   |
|-------------------|--|--|----------|
| ACE               | 89%  | 95%  | ↑        |
| ASU               | 86%  | 85%  | ↓        |
| Cardiac           | 66%  | 71%  | ↑        |
| CCU               | 41%  | 67%  | ↑        |
| Charlotte         | 94%  | 66%  | ↓        |
| Cheselden         | 100%   | 73%  | ↓        |
| Combe             | 80%  | 70%  | ↓        |
| ED                | 63%  | 46%  | ↓        |
| ED Obs            | 100%   | 88%  | ↓        |
| Forrester Brown A | 72%  | 98%  | ↑        |
| Forrester Brown B | 90%  | 80%  | ↓        |
| Haygarth          | 94%  | Closed   | -        |
| Helena            | 100%   | 96%  | ↓        |
| MAU               | 100%   | 89%  | ↓        |
| Midford           | 69%  | 92%  | ↑        |
| MSSU              | 92%  | 92%  | →        |
| Parry             | 77%  | 100%   | ↑        |
| Philip Yeoman     | 96%  | 100%   | ↑        |
| Pulteney          | 93%  | 98%  | ↑        |
| Respiratory       | 92%  | 84%  | ↓        |
| Robin Smith       | 98%  | 89%  | ↓        |
| SAU               | 96%  | 87%  | ↓        |
| SSSU              | 86%  | 87%  | ↑        |
| Waterhouse        | 79%  | 89%  | ↑        |
| <b>Total</b>      | <b>86%</b>                                       | <b>86%</b>                                       | <b>→</b> |

## Patient Safety – Sepsis work stream report

### Background

- CQUIN targets for the year have both been achieved
- Successful co-hosting of sepsis master class in Swindon with Swindon and Gloucester sepsis teams. Presented 60-day campaign, which was received very well
- Lesley Jordan, Consultant Anaesthetist and Patient Safety Lead chaired discussion on improvement ideas for the community and developed excellent contacts to drive work programme forward
- Subsequent contact with GP, SW paramedic educational lead and patient safety lead from the Academic Health Science Network (AHSN) form basis for initial meeting to scope the work and agree stakeholders
- Patient representative identified to contribute to the team
- Started project on timings of lactate measurements in the laboratories
- Challenge has been maintaining compliance with Sepsis 6 treatment in an hour when the Trust has been in escalation over the last 3 months. Sepsis nurse have concentrated work in ED to ensure CQUIN targets are achieved

### Current Performance



### Next Steps

- Ensure continuation of sepsis nurse posts
- Ensure continuation of data analyst to support sepsis work
- Specific work on MAU with sepsis champion looking at direct admissions in preparation for national CQUIN
- Link with AHSN and regional group to integrate primary and secondary care in sepsis improvement work
- Sepsis collaborative planned for ED, MAU and SAU
- Preparing for delivery of the new national CQUIN 2015/16

## Patient Safety - Venous Thromboembolism (VTE) work stream report

### Background

Between 1<sup>st</sup> January 2015 and 31<sup>st</sup> March, 23 possible Hospital Associated Thrombosis (HATs) were reported, of which 14 were found to be hospital associated following a Root Cause Analysis (RCA). There are 2 additional cases awaiting Root Cause Analyses. The RCAs identified a number of themes:

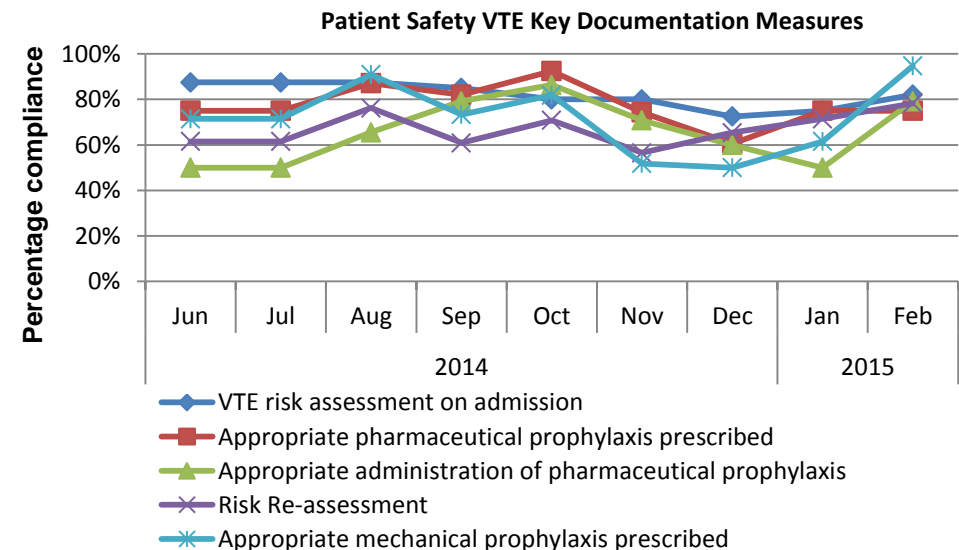
- VTE risk assessments were not always being performed on admission or at 24 hours
- No evidence of VTE verbal or written information being given to patients on admission or discharge
- Incorrect prescription and administration of dalteparin
- There is a need to consider use of mechanical prophylaxis if chemical not a suitable choice
- Lack of availability of intermittent pneumatic compression devices (IPC mechanical prophylaxis)

### Some improvements made to address themes from the RCAs

- New system for elective surgery pathway is being trialled and audited in Trauma and Orthopaedic, and Gynaecology specialties
- Standardised VTE template to be included in electronic operation note
- VTE policy and guidelines fully compliant with NICE now available on 'Survive on Call' App for junior doctors
- Anticoagulation 'CLOTS' web page soon to be launched
- Trial of mechanical prophylaxis completed. Recommendations to be made by the Hospital Thrombosis Committee and decision to be made for trust wide adoption and implementation
- Written VTE patient information leaflets being printed – to be included as part of admission information pack

### Current Performance

- 12 success measures have been agreed to support the achievement of a reduction in HAT. These include compliance with VTE risk assessments, administration of VTE prophylaxis, written information given to patients and VTE training.
- Audit data continues to be collected from the pilot wards – MSSU, SSSU, Philip Yeoman and Forrester Brown ward.



### Next steps

- Dissemination of audit results to trial specialties and roll out new system to using PDSA (Plan, Do, Study, Act) methodology
- Weighbridge for ED to be taken forward by Specialty Manager to ensure patients are weighed on admission
- VTE education package developed for nurses, HCAs and AHPs – to be incorporated into the patient safety education programme

## Quality Improvement projects - Surgery

### Background

The Surgical Division has a number of quality improvement projects in place that support delivery of its Quality Innovation Productivity and Prevention (QIPP) programme.

### Current Projects

Some of these are described below:

- **General Surgery** move from **flexisigmoidoscopy to proctoscopy**. This follows an audit by the Registrar which demonstrated improved clinical effectiveness and patient experience whilst also improving efficiency.
- **Breast Surgery** – use of ‘lypo’ filling for patients following breast surgery. This improves the effectiveness of breast reconstruction
- **Pelvic Floor Clinic** improved patient care experience with one stop shop approach based at the RUH, removing need for multiple attendances at Bath and Bristol
- Implementation of the ‘**Enhanced Recovery Programme**’ for **hips and knees** has led to a reduction in the average length of stay for patients following hip replacements from 8.5 days in January 2014 to 4 days in January 2015. For patients undergoing knee replacements, the length of stay has reduced from 5 days in February 2014 to just under 4 days in February 2015.
- **Dance clinic in Orthopaedics** – the Trust has significant expertise in the management and treatment of patients with dance related injuries. It aims to be a centre of excellence with only one other dedicated service in the country. Over 50 patients have been seen in the clinic to date.
- **Improvements in Audiology** which included a review of the entire service which has informed improvement projects plans. A major benefit for patients is the way in which we have improved access to booking appointments, funding for a hearing aid repair assistant, improving waiting times in community locations and providing care closer to home. A new Head of Department has been appointed.
- **Neck Lump one-stop clinic** has been implemented which means that patients attend only once rather than having multiple appointments. The patient feedback from the clinic is very positive as many of the patients attending have been referred with suspected cancer. The clinic occurs each week and patients have their diagnostics completed at the same time.
- **Local Anaesthetic procedure pack in the Oral Maxillo-Facial service** has reduced the use of surgical packs and released nurses’ time
- **Oral Surgery ‘See and Treat’ clinic** – referred from Dermatology and seen in one clinic. This includes having a biopsy if required.
- **Optometrist led ‘flashes and floaters’ clinic** – this was a junior doctor led clinic seeing patients referred after attending the Emergency Department. This has released doctor time to support other clinics.
- **Patient initiated follow up clinics in Urology** – this applies to a specific group of patients and procedures. They are not routinely given a follow up appointment but can have ‘open access’ to be seen in clinic should they meet certain criteria/have concerns.

### Next steps

An update on the quality improvement projects in Medicine will be provided in the quality report next month.

## Serious Incident (SI) summary

### Current Performance

During March, nine serious incidents (SI) were reported and all were Level 1 incidents. No Never Events were reported during this period

| Date of Incident                | Datix ID     | Summary                                | Investigation Status                |
|---------------------------------|--------------|--|-------------------------------------|
| 04.03.15                        | <b>29925</b> | Patient fall resulting in a fracture   | The incident is under investigation |
| 12.03.15                        | <b>30363</b> | Unexpected return to Theatre           | The incident is under investigation |
| 13.03.15                        | <b>30236</b> | Unplanned admission to ITU post partum | The incident is under investigation |
| 13.03.15                        | <b>30237</b> | Patient fall resulting in a fracture   | The incident is under investigation |
| 14.03.15                        | <b>30418</b> | Patient fall resulting in a fracture   | The incident is under investigation |
| 16.03.15                        | <b>30361</b> | Patient fall resulting in a fracture   | The incident is under investigation |
| 16.03.15                        | <b>30425</b> | Patient fall resulting in a fracture   | The incident is under investigation |
| 05.01.15<br>(reported 19.03.15) | <b>30432</b> | Delay in treatment                     | The incident is under investigation |
| 31.03.15                        | <b>30726</b> | Patient fall resulting in a fracture   | The incident is under investigation |

## Serious Incident reports approved by the Operational Governance Committee (OGC)

| Date of Incident                       | Datix ID | Summary                                 | Learning/recommendations   |
|--|----------|---|--|
| 31.08.14<br>(decision for SI 30.12.14) | 23859    | Patient fall resulting in a head injury | <ul style="list-style-type: none"> <li>The need to continue to implement the 'falls care bundle' and embed into practice;</li> <li>The use of call bells in those patients who are unable to understand their use;</li> <li>The provision of distraction materials on the ward for agitated and/or confused patients, to engage them in tasks;</li> <li>The communication of the patient at high falls risk on the whiteboard, bed-board;</li> <li>Address methodology for gathering information with un-witnessed falls i.e. asking other patients in a bay where appropriate.</li> <li>Re-emphasis of the post-fall protocol and engagement with the Manual Handling Advisor regarding the availability and use of falls retrieval equipment;</li> <li>Re-emphasis of the importance of contact with the patient's family/carers pre-fall, to ascertain how the falls risk is managed at home and whether there is anything that particularly helps in the specific management of risk for the patient;</li> <li>Continued emphasis of the importance of the completion of the Post-fall form and CAPTURE sticker, to document learning from the event and preventative action taken to avoid a further fall.</li> </ul> |
| 11.11.14                               | 26472    | Patient fall resulting in a fracture    | <ul style="list-style-type: none"> <li>To ensure staff are aware of the need for patients who are identified as being at risk of falling should, whenever possible, be placed in a visible bed space;</li> <li>Patients identified as being at an increased risk of falls should be provided with appropriate footwear while in hospital and staff should source safe footwear from a family member/carer;</li> <li>Make arrangements for disposable 'slippers' to be available to wards for patients identified as being at an increased risk of falls and without other access to appropriate footwear.</li> </ul>   |
| 11.11.14<br>(reported 26.11.14)        | 26928    | Deterioration of a neonate              | <ul style="list-style-type: none"> <li>To develop an agreed and written protocol for the identification of babies and ongoing care who can step down from NICU</li> <li>To review and update the NICU parent information leaflet for when a patients' baby steps down from NICU</li> <li>To document all safety briefings given to parents regarding the on-going care of their baby</li> <li>To provide all parents in the step down facility with paediatric resuscitation training.</li> </ul>  |
| 25.11.14                               | 26925    | Category 3 heel pressure ulcer          | <ul style="list-style-type: none"> <li>To ensure the heels of patients with bandaged legs are checked on a daily basis and to document the rationale for any decision not to observe a patient's heels in the patient's health record and also report to the nurse in charge;</li> <li>To create a protocol for the dermatology nurses for the checking of patient heels and subsequent documentation;</li> <li>To document the overview of the decision not to change a patient's bandages;</li> <li>To review the referral process to the vascular services</li> <li>To incorporate the need to have an overview of the decision not to weigh those patients where there is a difficult balance between the need for an accurate weight and the need to manage the patient's pain;</li> <li>Consider the ward for the conversation project.</li> </ul>   |

There are 22 open SIs of which 12 are overdue. Eight of these will be submitted to OGC in April for approval to close. Two incidents were not approved by the OGC in March and required further information, one is awaiting completion of the investigation and one incident remains under investigation by Public Health England. Additional resource has been diverted to support investigators in completing the RCA's. The impact of this should be seen over the next two months.