

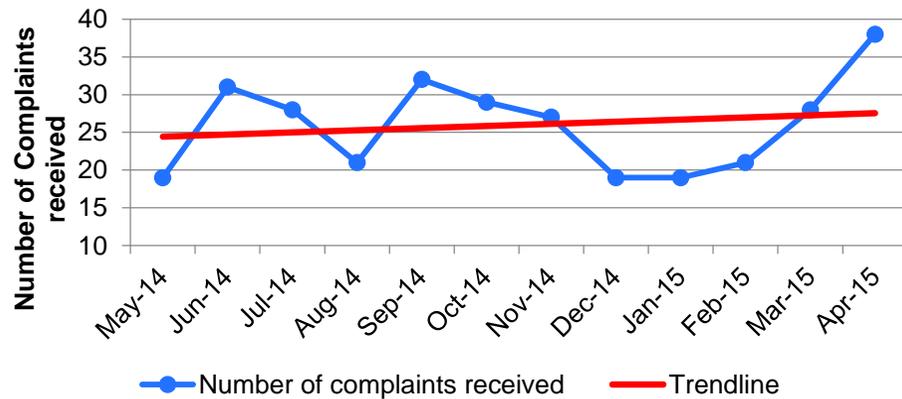
QUALITY REPORT

PART A – Patient Experience

Complaints & Patient Advice and Liaison Service (PALS) Report

Complaints

Total number of complaints received



38 formal complaints were received in April 2015, 13 of these related to outpatient areas.

The Medical Division had 24 complaints, the Surgical Division 12 and the Women and Children's Division had two complaints in April.

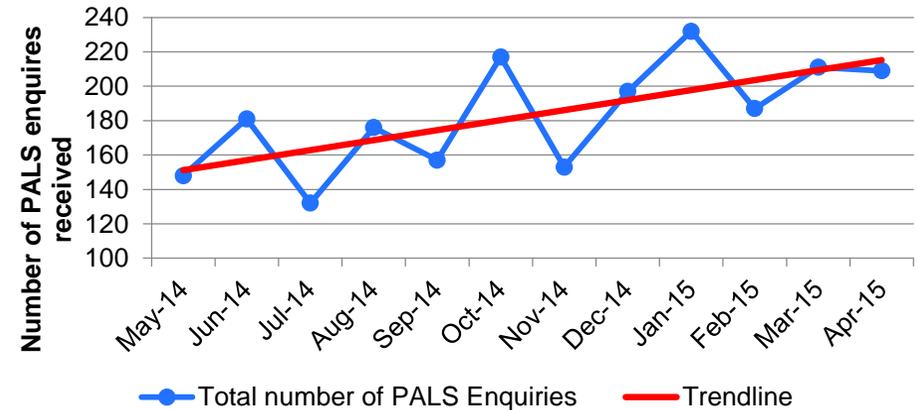
In the Medical Division the quality of nursing care, staff attitude and competence/knowledge of staff were the highest reasons for complaints (12 in total).

In the Surgical Division the coordination of medical treatment is the greatest reason for complaints (four in total) in April 2015.

The Women and Children's Division complaints related to co-ordination of medical treatment and the quality of nursing care. The April complaints are being further analysed, in particular to look at the time period to which the complaint relates, and to compare with complaints received in April.

PALS

Total number of PALS Enquiries



There were 209 contacts with the PALS service, including five contacts specifically relating to RNHRD services:

- 41% by telephone
- 16% in person
- 36% by email
- 6% by post
- 1% other NHS

Contact subjects

The top three reasons for contact were

- 20% Clinical care and concerns
- 20% Communication and Information
- 16% Appointments

Appointment concerns relate to Orthopaedic, Eye and Urology outpatient departments.

Friends and Family Test (Inpatients and the Emergency Department)

Current Performance : Inpatients (NHS England data to date)

Month 2014/2015	(% that would recommend)	FFT Score (NPS)	Rank (based on % recommend) Out of 167 hospitals	Response Rate %
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	69	64
April	98%	84		24

In March (the most recent national report) the RUH ranked 69 out of 167 hospitals. 96% of patients would recommend the RUH to friends and family. The Friends and Family Test (FFT) score has increased to 84 in April but the response rate has dropped significantly to 24%. The results for April include day cases in line with national requirements which has had an initial affect on the response rate. Excluding the day case areas the response rate was 37%. Further work is underway to understand any other reasons for this reduction in responses. The response rate is monitored closely and weekly reports are sent to the Matrons and Heads of Nursing so they can monitor that wards maintain collecting and reviewing patient feedback. FFT has been discussed at Matrons meetings to alert them to the deteriorating response rate; the Heads of Nursing are leading improvements. RNHRD patients are included and integrated into patient experience reports from 1 April 2015.

Current Performance : Emergency Department (NHS England to date)

Month 2014/2015	(% that would recommend)	FFT Score (NPS)	Rank (based on % recommend) Out of 139 hospitals	Response Rate %
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	4	36
April	98%	85		13

In March the RUH Emergency Department (including MAU and SAU) ranked fourth out of 139 hospitals and is consistently ranked within the top 6 trusts. 98% of patients would recommend the RUH to friends and family. The Net Promoter Score, fluctuates between 79 and 85.

The response rate has reduced to 13% in April. A breakdown of performance by ward, including ED is shown in Appendix A.

Friends and Family Test (Maternity)

Indicator	Green	Red	Jan-15	Feb-15	Mar-15	April -15
NHS Friends & Family Test Score - Maternity	>=80	<=75	97%	97%	98%	89%
FFT response rate - Maternity	>=20	<=15	19.6%	25.2%	31.5%	31.7%

Friends and Family Test performance continues to improve showing a green rated response rate with performance of 31.7% in March. A full breakdown of the Maternity results are shown in Appendix B.

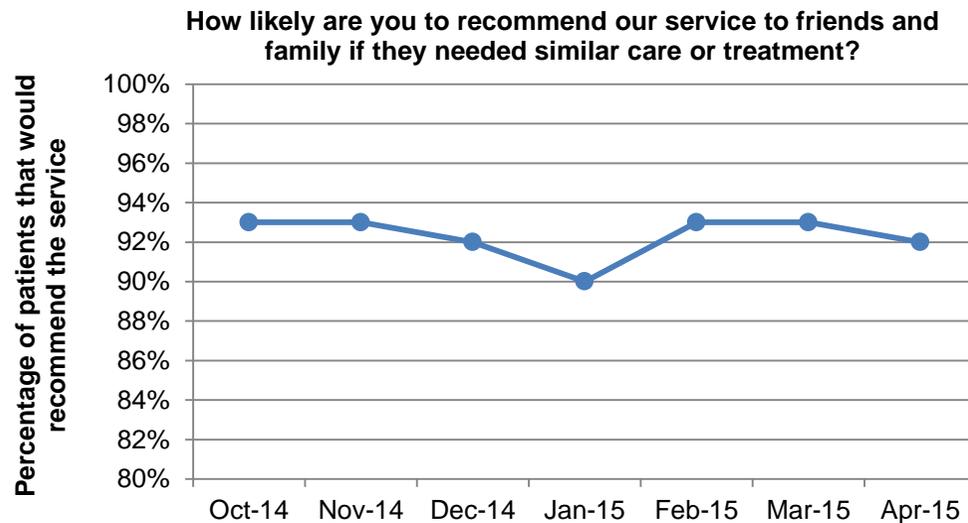
The Maternity Matrons continue to work with the teams to support fully embedding the process with a focus on the lower response rates in the relevant areas.

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. The division have included both positive and constructive feedback in the performance report for April 2015.

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



92% of patients stated they would recommend the service to friends and family if they needed similar care or treatment in April 2015. There is currently no target set for the percentage of patients that would recommend the service.

The main themes consistently include problems with car parking and waiting times in the clinics. These themes are addressed at the Outpatient Steering Group.

Month	Number of responses
October 2014	1290
November 2014	665
December 2014	530
January 2015	558
February 2015	545
March 2015	422
April 2015	728

The number of responses has increased for outpatients in April following escalation to the Outpatient Steering Group to address and monitor response rates at each meeting as an agenda item.

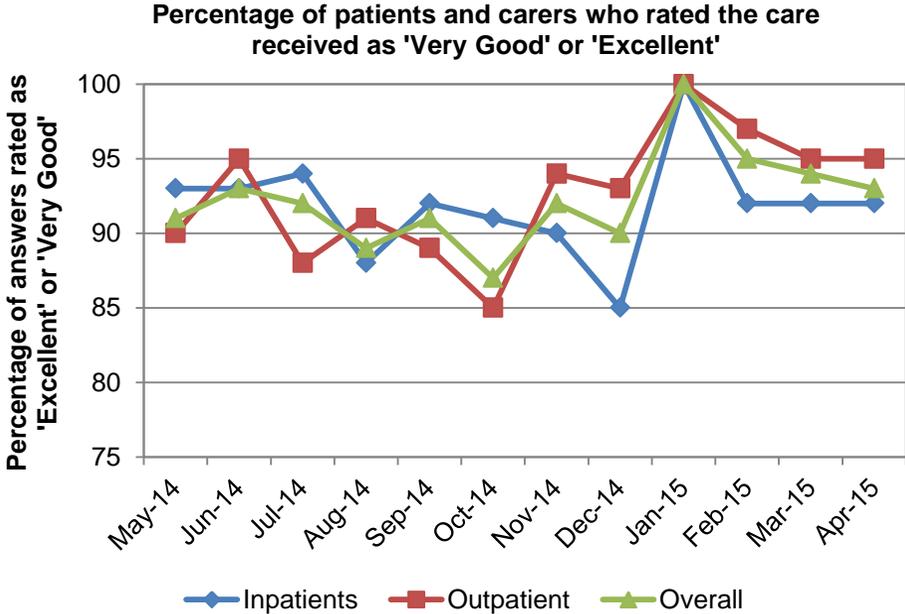
A full breakdown of the results by specialty is shown in Appendix C.

Monitoring arrangements

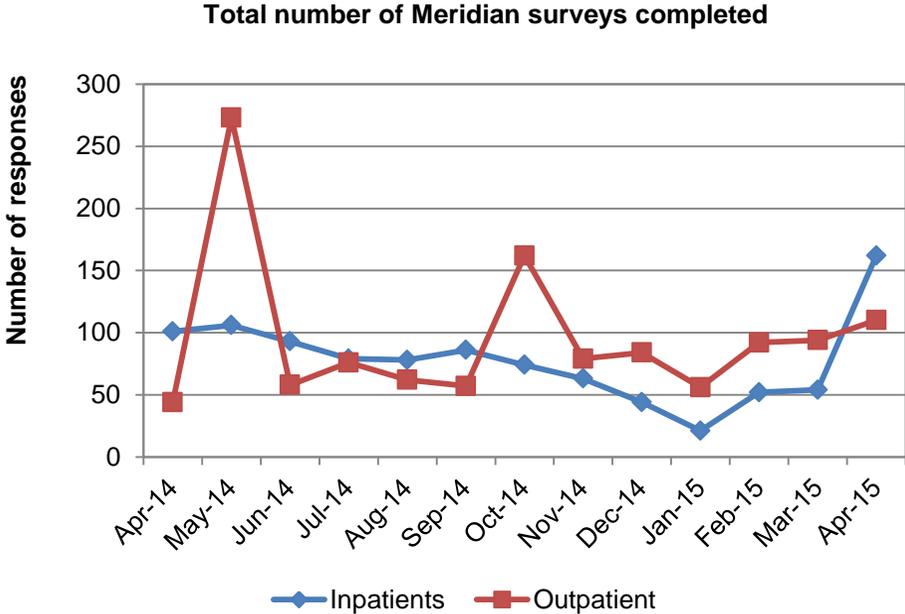
- FFT themes are routinely reported through the Divisions and at the Outpatient Steering Group for information and action.
- Clinical Divisions and Outpatient Transformation Steering Group have responsibility to increase the patient feedback received and report responses to feedback.

Meridian Survey Results (Inpatient and Outpatient Surveys)

Current Performance



The overall percentage of patients that rated their care as 'Very Good' or 'Excellent' has stabilised at 93% overall in April 2015. Outpatients scored 95% and inpatients scored 92%



There has been an increase in the number of surveys completed in April. The patient experience team continues to work with the Heads of Nursing and Matrons to ensure feedback surveys are undertaken, with targets agreed for Matrons of five surveys per week for each inpatient area. Outpatient area targets are to be agreed with the Divisions.

Bereavement Feedback Initiative Report

The Feedback Initiative - introduction

The Feedback Initiative for bereaved families and/or friends was established at the end of October 2014, as part of a CQUIN for end of life care. The aim of the initiative was to provide an opportunity for bereaved people to provide feedback on their experience and the patient's end of life care experience in hospital.

The bereaved family/carer is offered a letter of condolence and information inviting them to provide feedback when attending the Bereavement Office. Feedback can be given through the RUH website bereavement questionnaire, through PALS or telephone contact with a representative from the palliative care team. Details of these choices are given in the letter.

To date over 200 Feedback Packs have been given to bereaved families and friends by the Bereavement Office team since October 2014. There have been 11 returns online via the website. The wards involved include ED, ASU, Coronary Care Unit, Critical Care Services, Midford, Waterhouse, William Budd, Forrester Brown and Cardiac Wards.

It is recognised that the Feedback Initiative is seeking qualitative feedback and a high response rate in the initial months was not expected.

The audit includes seven questions and the opportunity to provide qualitative free text responses. The responses to the questions were as follows (the percentage represents a positive response):

1. Do you feel the needs of your relative or friend were met in the last few days or hours of their life? **83% positive**
2. Were you informed about what was happening to your relative or friend? **83%**
3. Were you given the information at an appropriate time? **79%**
4. Was the information given to you in a way you could understand? **86%**
5. Did you feel involved in the decisions that were made about your relative or friend? **86%**
6. Do you feel we supported you before your relative or friend died? **86%**
7. Do you feel we supported you after your relative or friend died? **75%**

Bereavement Feedback Initiative Report continued

Themes from the free text feedback, included:

Compassion: Compassionate communication with the family by ward staff, respect for family privacy, reassurance that the ward staff cared.

'...it was good to know that such thought and care has been put into the care of the dying and their families.'

'...many wonderful, empathetic, caring, compassionate nurses and doctors. The ancillary staff such as cleaners and other domestic workers were considerate and respectful.'

Dignity: Patient and family treated with great sensitivity and concern. Privacy and dignity when patient moved to a side room.

'The care of the whole team on the ward was exceptional, my mother felt comfortable, secure and well looked after.'

'How my wife was treated and cared for during the hours she was in the Observation ward was first class - it was an example of the NHS at its very best.'

Communication: Family felt that there was a lack of communication from senior nursing staff and the medical team.

'Never saw a Senior member of nursing staff.'

Overall, the bereaved families felt that their family members received good care at the RUH. Families appreciated that staff were trying to do their best, when they are very busy. Families stated that small things made a big difference, for example kindness, cups of tea, somewhere to stay.

The monthly report is monitored by the End of Life Care Committee. Information from the feedback initiative has been used to inform education and on-going learning in end of life care.

Actions following feedback

- Information from the Feedback Initiative has been shared with ward managers and matrons for the wards identified in the feedback to support improvement and learning on the wards and this practice continues.
- A review has taken place of bereavement information and contact with bereaved family/friend by wards following the death of a patient.
- The RUH Bereavement Booklet and website pages have been updated and changed significantly.
- Information on how to provide feedback is included within the new RUH Bereavement Booklet and on the End of Life Care website pages.
- The Bereavement Feedback Initiative will continue in 2015/16.

Safer Staffing Monthly Report

Trust Overview

Staffing hours % fill rate has significantly improved at the RNHRD this month as staff have returned from sickness.

The shortfall in Registered Nurse (RN) day hours at the RUH is fairly consistent with last month and reflects RN vacancies and sickness. The additional HCA day hours cover the shortfall in these hours and include Band 4 Assistant Practitioner posts.

April 2015	Day shift		Night shift	
	Ave fill rate RN/RM	Ave fill rate HCA	Ave fill rate RN/RM	Ave fill rate HCA
RUH	88.6%	108.0%	94.8%	107.8%
RNHRD V.Prince Ward	92.8%	103.9%	97.9%	0.0%
Chippenham Birthing Suite	100%	100%	100%	100%
Paulton Birthing Suite	100%	100%	100%	100%

The ward by ward staffing levels data are provided on Appendix . . and where wards actual hours fill rate are outside of the parameters <90% (red) or >120% (blue) against their planned levels, explanations and remedial actions are provided.

The overall number of individual ward's day and night shifts outside these parameters has reduced this month to 42 from 49 last month. There has also been a noticeable decrease in red shifts which may be attributable to ward closures due to Norovirus last month.

The staffing hours % fill rate have been incorporated on the FFT triangulation chart and mapped against quality matrices (Appendix A). This month two wards have flagged (Midford and Respiratory wards) and cited on the FFT Exception report overleaf.

Nursing Recruitment and Retention

Proactive recruitment and retention continues as per the Recruitment and Retention Group action plan and this is monitored monthly by the Nursing and Midwifery Workforce Planning Group (NMWPG) chaired by the Director of Nursing and Midwifery.

RNs are consistently being recruited to the Trust although a high proportion of them are newly qualified. To support the newly qualified RNs in practice additional Practice Learning Facilitator hours will be provided sourced through funding from Health Education South West (HESW) to support them during their period of Preceptorship and retain them.

Another Return to Acute Care program is being advertised to encourage experienced RNs who are working in community settings to return to hospital nursing. This is planned to commence in September and should bring more experienced RNs into the Trust.

The Commissioners have supported our Bid to provide one-off costs to provide mental health training for Health Care Assistants (HCAs). This training will commence in July for a cohort of 12 which will support patients with mental health needs and negate the need for high cost Agency Registered Mental Health Nurses. It is hoped that some of our existing HCAs will apply for this program in support their development and will assist retainment.

Nursing Workforce Risks

- The lack of Advanced Neonatal Nurse Practitioners is on the Risk Register. Risk mitigated with Doctors and a plan to 'grow our own'.
- RN vacancies in Older Persons Wards remains on the Risk Register. Risk mitigated with Band 4 Assistant Practitioner roles being trialed. Early indications are promising with these new roles.

Triangulation Chart – Exception Report

Areas of focus

The full Triangulation Report is shown in Appendix A.

Midford Ward (Older persons)

This ward has flagged for the fifth successive month although the quality matrices have improved again this month. Staffing levels fill rate has improved slightly although RNs day and night fill rate < 90%.

Nursing Intensive Support Team (NIST) review is being undertaken, however early indications have not flagged any concerns.

Quality matrices to note are:

- FFT net promoter score 50 (50 last month)

Note: 7 of the 10 FFT responses wrote positive comments about nurses and nursing care.

- Complaints and Negative PALs NIL (2 negative PALs last month)
- Number of falls x 9 (x 3 patients fell twice) (11 falls last month)
- C Diff x 1 (nil last month)

Respiratory Ward

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

- FFT net promoter score 62 (5 comments stating ward short staffed)
- 1 Formal complaint and 3 negative PALS contacts (one nursing related)
- Falls x 5 (2 negligible and 3 minor harm) 1 patient fell twice

Note:

Acute Stroke Unit flagged last month but quality matrices have improved this month.

Quality matrices overall

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

- Pressure Ulcers Grade 2 – x 1 (6 last month)
- Falls - x 2 moderate harm (3 moderate harm last month)

The number of formal complaints for wards and ED received in month (15) have significantly increased from last month (7)

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
- Head of Nursing for Medicine and Matron will closely review the day to day staffing levels on the Respiratory Ward and reduce staff deployment to other wards.

QUALITY REPORT

PART B – Patient Safety and Quality Improvement

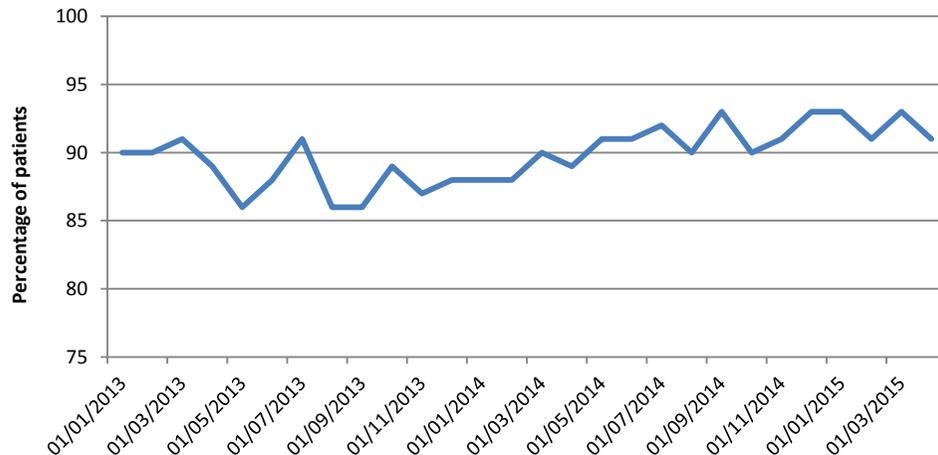
Perioperative Patient Safety Update

Current Performance

Compliance with Surgical Site infection Bundle

- Average **91% patients had a temperature > 36** over the last year, showing reliable improvement which continues.
- 100% shaving is performed with clippers.
- The graph below relates to c1,300 patients per month.

% Patients with temperature >36



Continuation beta blockers perioperatively

Discussion with F2s regarding prescribing of routine medications for elective patients resulted in further work to embed this process with improved engagement from surgical consultants.

WHO Safer Surgery Checklist

WHO checklist compliance remains over 99.5% and a reminder of quality and prevention of never events was presented at the Safer Surgery meeting in May. Quality audits are increasing with ownership by the theatre teams and feedback has led to improved performance.

Documentation of intentionally inserted packs and swabs has been improved, in particular documentation of removal outside of theatres. For context, the number of patients included in the WHO results for March was 1,535.

Percentage patients undergoing surgery at RUH with checklist completed 2010 - present



Next steps

- WHO Safer Surgery Checklist: Continuing to monitor quality through regular audit and feedback. Embed process for removal of intentional insertion of packs and their removal and establish regular audits for assurance.

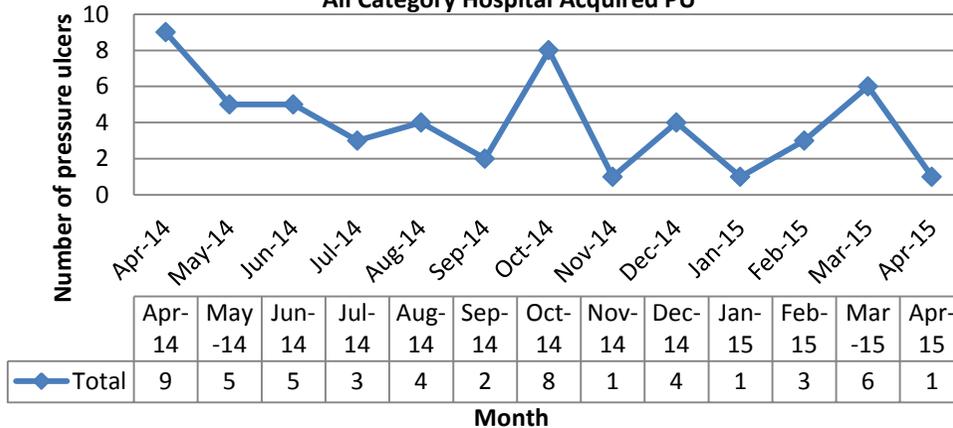
Pressure Ulcers

Background

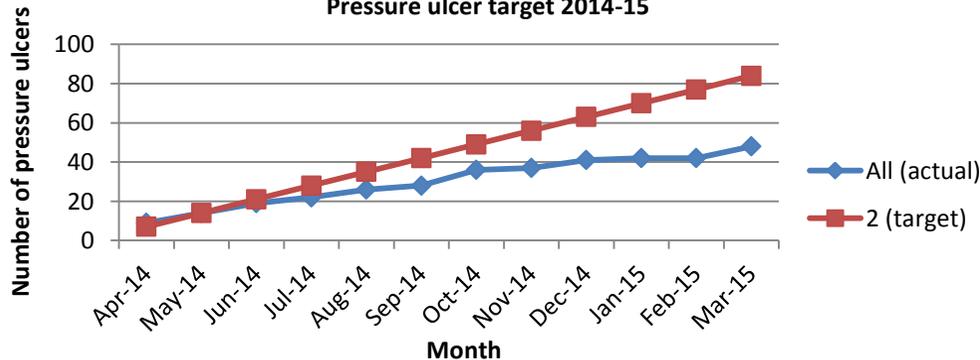
The Rapid Spread Programme was established with the goal to eliminate all avoidable category 3 and 4 pressure ulcers and reduce all avoidable category 2 pressure ulcers by 50%. This was a CQUIN priority for 2014/15.

Current Performance

All Category Hospital Acquired PU



Pressure ulcer target 2014-15



Category 2 Pressure Ulcers performance end of year

- The RUH performed well against the target trajectory with an end of year figure of 31 against a target of 84 up to March 2015.
- April reported one category 2 pressure ulcer on a heel.

Category 3 & 4 Pressure Ulcers performance

- Performance is Green for Quarter 4 as there were no Category 3 or 4 pressure ulcers
- April reported no category 3 or 4 pressure ulcers
- It has been 137 days since the RUH reported an avoidable category 3 pressure ulcer
- It has been 749 days since the RUH reported an avoidable category 4 pressure ulcer

Key issues identified from mini RCAs of category 2 PU

- Delay in dynamic mattress ordering, out of hours a particular problem
- Delay in risk assessment and re-assessment
- Patients with Peripheral Vascular Disease heels not examined on admission by doctors, nor checked daily when under bandaging
- Inadequate repositioning
- Heels not always documented as offloaded as per policy
- No discussion with patient documented and patient information not given until the pressure ulcer had developed

Next Steps

- Phase 2 “Aiming for zero” to be taken forward to address all of the key issues listed above to ensure practice is embedded, sustained and further improved

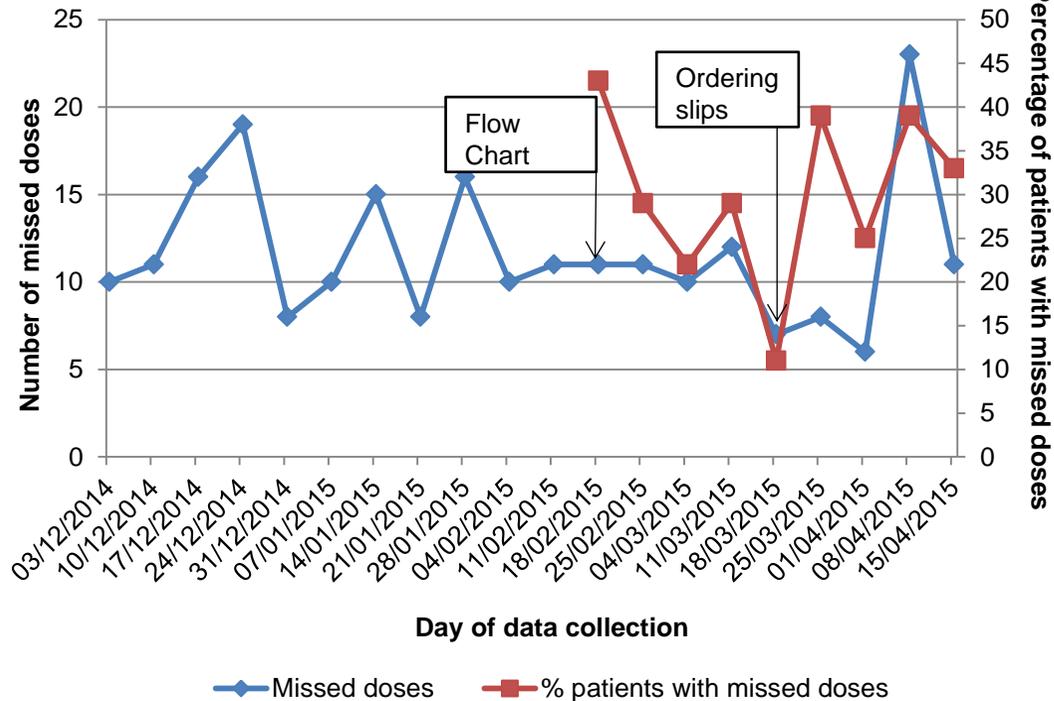
Medication Safety

Background – Missed doses improvement project

Missed doses work continues on Waterhouse and MSS. There was some improvement following interventions but a spike following the April bank holiday. At this stage of the project it is too early to conclude if the interventions are reducing the number of missed doses.

Current performance

Number of missed doses (Medical Short Stay)



Next steps:

- Continued education of nursing staff to embed the pilot interventions in the project.
- Results will be presented regularly to the ward teams in order to highlight key issues and improve compliance.

Medicines on Discharge Improvement project

Referral to community pharmacy

A pilot has commenced with one community pharmacy where we electronically send details of any patient who has started on a new anticoagulant or who is using a pill box and has had changes to their medication. The pilot has gone well and there are plans to expand the pilot to a range of community pharmacies subject to funding.

An electronic discharge prescribing system

An off-line pilot will begin end of May. The current system, of a paper prescription and e-discharge letter to the GP has had an up to 50% discrepancy rate.

Allergy

Following a complaint about a missed allergy where a patient suffered an unnecessary severe rash, the Head of Patient Experience, the Chief Pharmacist and the patient and his wife presented a session to the medical grand round. There was a very useful and open discussion about the learning and both the patient and his wife were very grateful for the opportunity. Initial feedback was very positive by the doctors present and more formal feedback is being collated.

Quality Improvement projects - Medicine

Background

The Medicine Division has a number of quality improvement projects in place that support delivery of its Quality Innovation Productivity and Prevention (QIPP) programme. Some of these are described below:

- **Medical Physics** – improvements to the patient experience for **parathyroid adenoma patients** where the CT contrast investigation and the ultrasound is now undertaken at the same hospital visit.
- **Radiology** – working with the Orthopaedic team, new protocols for radiographers have been developed in the management of **fractured neck of femur patients**. This has reduced the number of unnecessary scans and also means that the patient does not have to undergo an additional procedure.
- **Emergency Department** – development of an integrated alcohol liaison service; introduction of a new mental health assessment matrix to facilitate improved assessment; development of a pathway for thromboprophylaxis for patients in a lower limb cast; new pathway for patients needing endovascular intervention; using ketamine for paediatric sedation allows children to be treated more easily and effectively reducing the need for a general anaesthetic.
- **Rheumatology** - developed and implemented a new pathway for taking Androgen Deprivation Therapy (treatment for prostate cancer). These patients will now have a DXA scan (to measure bone density and bone health assessment). Working alongside our orthogeriatric and orthopaedic teams, we are identifying more patients at risk of falls and referring them to the appropriate falls clinics.
- **Older Person's Unit (OPU)** - following additional investment and with increased levels of therapy input on OPU wards, this project will support early mobilisation of patients, increase in ward based activities and additional therapy support on discharge.
- **Gastroenterology** – improving patient pathways and time to diagnosis for inflammatory bowel disease (IBD) patients; established a paediatric IBD transition clinic has improved the patient experience; improved documentation and communication of escalation treatment decisions made with inpatients on discharge will allow colleagues and GP's to make advance care plans if/when patients are readmitted to hospital.
- **Sexual Health** – introduction of a screening tool to safeguard young people and vulnerable adults seen in the department; homecare delivery of anti-retroviral drugs to patients with HIV. A survey of patient satisfaction with the service has been included in a poster presentation at an International meeting in Glasgow in June 2015.
- **Respiratory** - Specialist clinical psychology input for inpatients with chronic respiratory disease. Working with Bath University we are carrying out a pilot project to examine the impact of psychological support for inpatients. Initial results are encouraging.
- **Cardiology** - improving communication between primary and secondary care via a teleconferencing link at multi disciplinary team meetings.
- **Dermatology** – adopted the use of the WHO Safer Surgery checklist for Dermatology procedures; implemented a training programme for nursing staff in treating patients with eczema and psoriasis; installed a monitor in the outpatient waiting area so that patients are kept informed about waiting times.
- **Stroke** – focussing on improving door to needle times in thrombolysis, direct admit to ASU within 4 hours of admission, swallow check within 4 hours of admission for all stroke patients and reduce time to CT scan.. 'Feed Me Up' project which is working to reduce our incidence of aspiration pneumonia in tube fed patients.

Serious Incident management

Serious Incidents approved at the Operational Governance Committee:

Date of Incident	Datix ID	Summary	Learning/recommendations
31.10.14)	26238	Error in processing laboratory samples	<ul style="list-style-type: none"> Review the storage of all processing chemicals; The reagent cabinet to be clearly labelled with the reagents that can be stored in it. Update the Standard Operating Procedure for changing the tissue processors, Attach detailed COSHH labels to all chemical storage cupboards.
31.12.14	28000	A patient developed a category 3 pressure ulcer.	<ul style="list-style-type: none"> Implement ward system to ensure staff are aware of the most high risk patients; Increase ward staff awareness of the importance of frequent and regular repositioning; Improve ward compliance with initial completion of Braden risk assessment; Improve ward compliance with the use of pressure ulcer prevention care plans; Raise awareness of ward staff of the high level of risk of patients developing heel pressure ulcers.
06.01.15	28170	A patient resulting in fractured ribs.	<ul style="list-style-type: none"> For the MRI department to develop standards for manual handling patients in their department and include these in the local induction packs for staff; For the MRI department to identify a member of staff to undertake additional training in manual handling skills to support the department as a local moving and handling trainer; For all MRI staff to evidence the review of competencies in manual handling; For the MRI department, in partnership with the Trust Manual Handling trainer, to explore and practice alternative methods for the transfer of patients . For the Trust Manual Handling trainer to undertake a regular department observational review of staff manual handling competencies;
12.01.15	28361	Sudden collapse of a child post-operatively.	<ul style="list-style-type: none"> To embed the practice of using the time out theatre checklist to check that all cannulae have been flushed prior to transfer to recovery; To monitor compliance with the requirements of the CAS alert NPSA/PSA/W/2014/008 and local implementation; To discontinue the practice of transferring paediatric patients to theatre with an extension set attached the cannula.

During April, no Serious Incidents were reported. There are 19 open SIs, of which 11 are overdue. It is anticipated that six of these will be submitted to the May OGC meeting for approval. One incident was not approved by the April OGC and required further information and one incident remains under investigation by Public Health England. A lead to support the implementation of the Duty of Candour requirements, as well as Divisional managers with the management of SIs has been recruited and will also assist with the subsequent action plan implementation and monitoring.

Duty of Candour

In the next few weeks, the Duty of Candour lead will be creating and disseminating for consultation, a procedural document for Duty of Candour, to complement the current Being Open policy. Template letters for use when communicating with the patient/family/carers have been created, which will be trialed in May-June.

The current Incident Reporting and Management policy will be revised, to link with the Duty of Candour policy, and disseminated for consultation. Mandatory fields are being built within the Datix record to capture the actions taken.

Information on the Duty of Candour requirements have been presented to:

- The Board of Directors
- The Clinical Reference Group
- The Operational Governance Committee
- The Leaders Forum