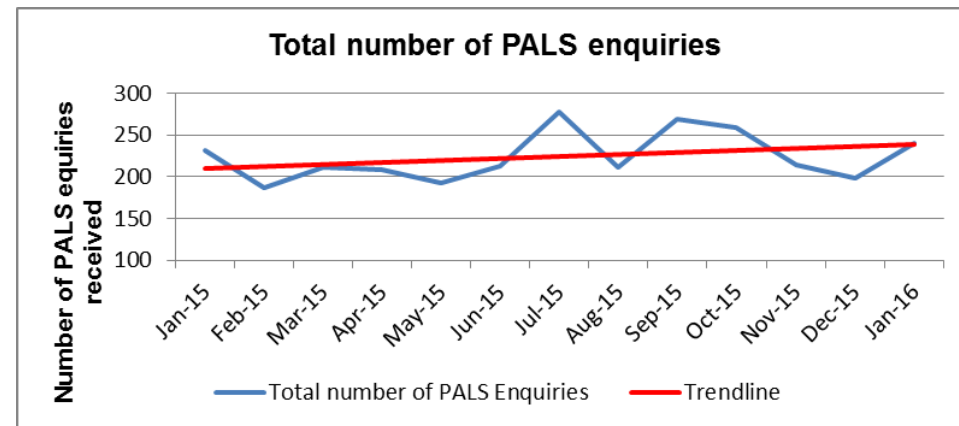
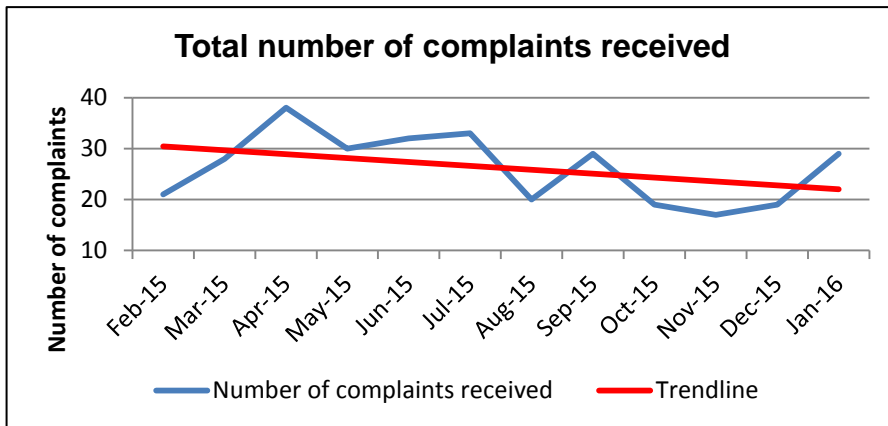


QUALITY REPORT

PART A – Patient Experience

Complaints and Patient Advice and Liaison Report



29 formal complaints were received in January. This compares to 19 in the same month last year. 13 related to wards, 10 to outpatient areas, 3 to Emergency Department, and 1 each for Intensive Care Unit, Community Services and the Cardiac Centre. The increase in complaints on the previous month will be subject to an in-depth review and provided in the Patient Experience report in Q4.

17 complaints were received for Medicine, 8 for Surgery and 4 for Women and Children. 3 complaints relate to care or ongoing care in 2012. 18 relate to care in Q3 of 2015 and 1 relates to care received in January 2016.

The **reasons for complaints** were: clinical care and concerns 17 (**59%**), communication and information 6 (**21%**), staff attitude and behaviour 4 (**14%**), admission/transfer and discharge arrangements 1 (**3%**) Discrimination and Safeguarding 1 (**3%**). Complainants fed back that staff did not listen or take action based on the information they provided, or that planned care was changed without discussion.

There were **240 contacts** with the PALS service at the RUH site: 87 required resolution; 137 requested information or advice; 9 provided feedback and 7 were compliments.

The **top three subjects requiring resolution** were:

Communication and Information – of the 33 contacts (38%) there were 6 contacts regarding difficulties in accessing outpatient services by telephone - this was across 4 departments in the Trust. There are no trends or themes in relation to the remaining contacts.

Appointments – of the 30 contacts (34.5%) were queries regarding outpatient appointments across 13 departments, for example waiting times and changes to appointment date.

Clinical care and treatment – of the 7 contacts (8%) none were attributed to a particular hospital service.

Quarter 3: Friends and Family Test (FFT) responses benchmarked with national results

Emergency Department	National % Response rate	RUH % Response rate	RUH out of 141 Trusts	National % Recommend	RUH % Recommend	RUH out of 141 Trusts
Oct-15	13.60%	9.60%	97	87%	95%	20
Nov-15	13.10%	9.60%	87	87%	93%	44
Dec-15	12.70%	10.40%	82	87%	93%	40

Inpatient	National % response rate	RUH % Response rate	RUH out of 172 Trusts	National % Recommend	RUH % Recommend	RUH out of 172 Trusts
Oct-15	24.40%	22.10%	115	95%	97%	76
Nov-15	24.40%	20.70%	119	95%	97%	61
Dec-15	22.60%	16.70%	137	95%	97%	73

Outpatient	National % response rate	RUH % Response rate	RUH out of 234 Trusts	National % Recommend	RUH % Recommend	RUH out of 234 Organisations
Oct-15	Not reported nationally			92%	96%	117
Nov-15	Not reported nationally			92%	94%	142
Dec-15	Not reported nationally			92%	96%	113

Nursing Quality Indicators Triangulation Chart - Exception Report (January data)

Areas of focus - The full Triangulation Report is in Appendix A. Two wards have flagged this month:

Medical Assessment Unit (MAU)

This ward flagged last month due to RN vacancies and an RN fill rate >90% with poor quality indicators. Despite flagging again this month they have shown slight improvement this month.

Quality matrices to note are:

- FFT score 59 and 2 negative PALs in relation to nursing issues (FFT score 71 and 4 negative PALs last month)
- Falls x 5 (2 negligible and 3 minor) (7 last month)
- RN appraisal rate 75% (same as last month)

Staffing levels fill rate has improved slightly from last month with an increased HCA fill rate to offset the RN shortfall.

To note that MAU were under operational pressure during January due to bed capacity escalation and increased patient numbers in the unit, although additional staff were deployed during these times of peak activity.

William Budd ward (Oncology)

This is the first time this ward has flagged.

Their RN staffing fill rate for day and night shifts was >90% and this was mainly due to RN vacancies (4.3 wte) and RNs deployed to other wards that were on 'Red' staffing at night, although HCA hours were increased at night to offset this and ensure sufficient staffing numbers.

Quality matrices to note are:

- FFT score 73
- Grade 2 pressure ulcers x 2 and Grade 3 pressure ulcer x 1 (2 pts)

With regard to pressure ulcer management, there is a detailed improvement plan in place which the Director of Nursing has had oversight and has approved. RN recruitment is active with new nurses planned to commence in post over the coming months.

Note:

Surgical Admissions Ward (SAU) flagged last month however their quality indicators are much improved this month.

Respiratory ward also flagged last month but their quality matrices have also improved slightly this month. They continue to have RN vacancies with an RN fill rate >90%, although the RN fill rate has improved slightly this month. Cardiac ward did not flag last month but their staffing levels are similar to Respiratory with an RN fill rate >90%.

Both these wards have poor FFT net promoter scores as well as high RN sickness although their patient quality indicators (harm events) are not flagging this month.

The Matron and Head of Nursing are closely monitoring these wards and providing support. In particular with proactive recruitment to ensure nursing skills are maintained. Both wards have new RNs starting in January including EU nurses and more RNs are in the recruitment pipeline.

Ward quality matrices to overall:

Overall the nursing quality matrices have improved again this month and it is noticeable that the RN staffing levels fill rate have also improved which is likely to have a correlation on the improvement.

- Formal complaints x 12 were higher than last month (8) however several of these were issues raised from the previous year.
- Clostridium difficile x 3 cases (4 cases last month)
- Grade 3 Pressure Ulcer x 1 (Nil last month)
- Grade 2 Pressure Ulcers x 2 (x 3 grade 2 last month)
- The number and severity of Falls are fairly consistent again this month.

Norovirus was still prevalent in January (from December) and 2 wards were closed for 13 days. On reviewing the quality indicators Combe ward submitted 6 Datix staffing reports during January and they were closed for 10 days due to Norovirus. During this time staff deployment into the ward would have been restricted to prevent the spread of infection.

February 2016 - Safer Staffing Monthly Report (January data)

Trust Overview

The average number of Registered Nurse (RN) hours at the RUH has improved again this month as more nurses have joined the Trust. The RUH RN day fill rate is still <90%, however the average % fill rate at night has improved >90%, taking this shift out of 'red' where it where has been for previous months.

To adequately staff the wards additional HCA hours and Assistant Practitioners are in place. Additionally, the Supervisory Sisters provide clinical support as required and if necessary staff are deployed from other wards to support on a shift by shift basis.

September 2015	Day shift		Night shift	
	Ave fill rate RN/RM	Ave fill rate HCA	Ave fill rate RN/RM	Ave fill rate HCA
RUH	89.3%	101.9%	93.0%	114.1%
RNHRD V.Prince Ward	100%	99.1%	100%	107.8%
Chippenham Birthing Suite	100%	100%	100%	100%
Paulton Birthing Suite	100%	100%	100%	100%

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 have very slightly increased this month by 2 shifts which most likely reflects the 'winter pressures' during January and periods of bed escalation. However the average staffing levels % fill rates on most wards are still increasing.

Nursing Vacancies and Recruitment

The Registered Nurse vacancies on the wards are continuing to slowly reduce as new RNs join the Trust. RN vacancies are currently around 133 wte, however we have nearly 80 wte RNs in the recruitment pipeline who have been offered posts and are due to commence during the coming months.

The Italian nurses are steadily arriving from Italy and are going through their Induction periods with more planned to arrive in the next few months. It is disappointing to note that some of these nurses who were offered posts have now declined their offers and accepted other posts in the UK. We offered 40wte nurses posts and currently have 31wte that have confirmed. There is heavy competition in EU countries as many UK Trusts are recruiting in the same locations and some times just days apart, therefore the EU nurses can pick the best packages and locations. Recruitment are working closely with the Recruitment Agency to see how we can improve this position.

Trainee Assistant Practitioners (TAPs)

We appointed 13 TAPs that started their 2 year Diploma training programme at the end of January. We were delighted to be able to offer this training opportunity to our existing Healthcare Assistants and this has had a really positive effect on our non-registered nursing workforce.

Nursing Workforce Strategy

A nursing workforce strategy for the next 5 years is presently being developed by the Lead Nurse for Workforce Development. This will inform the future direction of the nursing workforce and ensure that it is appropriate for our future patients. The strategy will acknowledge any potential changes in the light of the NHS 5 Year Forward View. A draft strategy document will be in place by March 2015 to share with key stakeholders before finalising.

QUALITY REPORT

PART B – Patient Safety and Quality Improvement



Quality Account Priorities - Proposals for 2016/17

The Trust measures the quality of the services we provide by looking at:

- **Patient Safety**
- **The effectiveness of treatments that patients receive**
- **Patient feedback about the care provided**

In order to ensure alignment of Quality priorities across the Trust, we will align our Quality Account priorities to those areas included in our Quality Strategy and national / local Commissioning for Quality and Innovation (CQUIN) topics. Priority areas are also chosen in response to feedback from frontline clinical staff and review of incidents and complaints/ PALs enquiries. Feedback from Members, Governors and stakeholders including Health Watch and the Clinical commissioning groups has also been sought and received to inform the discussions that have taken place at both Quality Board and Management Board.

The following areas have been proposed by Management Board as Quality Account priorities for 2016/17:

- **Patient safety - Acute Kidney Injury (AKI)**
- **Improving patient experience of Discharge**
- **Improving outpatient communication**
- **The effectiveness of treatments that patients receive - Stroke**

Whilst the above areas are those that we will report back on next year in our Quality Accounts, there are many more quality improvement projects underway, such as the improvements that we continue to make to Nutrition and Hydration, our Dementia 5-year vision, and the continuation of our Safer Six patient safety programme.

Next Steps:

The Board of Directors are asked to endorse these priority areas as the Trust's Quality Account priorities for 2016/17.

Details of the plans and measures for each of these priorities will be detailed when the Trust publishes its Quality Account report.

Quality Improvement (CQUIN) – Carers of People with Dementia

Background

By 2015 there will be 850,000 people with dementia in the UK*

- One in six people aged 80 and over have dementia*
- A quarter of patients in hospital at any one time have dementia
- 47% of people with dementia who go into hospital are physically less well when they leave than when they went in*
- 54% of people with dementia who go into hospital are mentally less well when they leave than when they went in*

The RUH have a multi-professional, multi-agency strategy group who are actively striving towards supporting the vision. The patient and carer experience work stream updates are included in this report.

*Source: Alzheimer's Society 2013

Carers Survey

A carers survey is undertaken monthly as a part of the CQUIN, with themes reviewed by the Strategy Group and shared with Sisters and Charge Nurses.

78 surveys were completed during April 2015- February 2016.

During Quarter 3 a total of 19 surveys were completed.

Findings

- *During Q3 79% (n=15/19) of carers questioned were satisfied with staff knowledge about dementia. Some comments from this section were:*
 - “Care has really improved since his last admission”
 - “The staff are so kind and supportive to me and they manage him very well and keep him calm”
- However the overall finding from April 2015 to February 2016 is that 77% (n = 60/78) of carers questioned were satisfied with the knowledge of staff.
- *For Q3 89% (n = 17/19) of carers stated that they were satisfied with the staff recognising the patient had dementia on admission. The overall level of satisfaction April 2015 - to date is 79% (62/78).*
- *84% (n = 16/19) of carers questioned had input from the dementia coordinators, 75% (n = 12/16) of those carers found the dementia coordinators input helpful this is a lower than the over all satisfaction level for April 2015 - to date which is 85% (n = 47/55).*

Quality Improvement (CQUIN) – Carers of People with Dementia

The following table shows the survey results for Q3

Standard	Compliance
On admission, how satisfied were you with the RUH staff at recognising that your relative / friend has dementia?	89%
How satisfied were you with the dementia knowledge of the RUH staff who cared for your relative/ friend during their stay at the RUH?	79%
How satisfied have you been about the staff taking time to listen and act upon your relative / friends individual needs, likes and dislikes.	63%
How satisfied were you with the level of information you were given about the treatment of your relative/friend during their stay at the RUH?	79%
How satisfied have you been with the amount of involvement you have had in the care of your relative / friend whilst they have been at the RUH?	74%
Thinking overall, how satisfied have you been with the level of communication you have had with staff about the care of your relative / friend?	68%
How satisfied have you been with the degree of respect and dignity given to your relative / friend whilst they have been at the RUH?	89%
How satisfied are you with the discharge plan for your relative / friend?	75%
If you were contacted by a Dementia Coordinator, did you find their input helpful?	75%

Areas for improvement this Quarter

- 63% (n=12/19) of carers were satisfied that staff spent time listening and acting upon individual needs, likes and dislikes this is a drop from the previous two quarters – 75% (n=36/48). Comments from this section were:
 - Has a 'This is me' - needs updating
 - No one has asked me about his food preferences. No “This is me”
 - Has “This is me” which is used well

Next Steps

- The Dementia Coordinators are focusing on the use of the “this is me” document to encourage its completion and use. Initial results have been positive and usage has increased in particular within admission areas.
- The Dementia Strategy group continue to monitor and progress actions in response to feedback from carers.

Quality Improvement (CQUIN) – Improving Experience of Discharge

Work stream 1

Safe and Proactive discharge

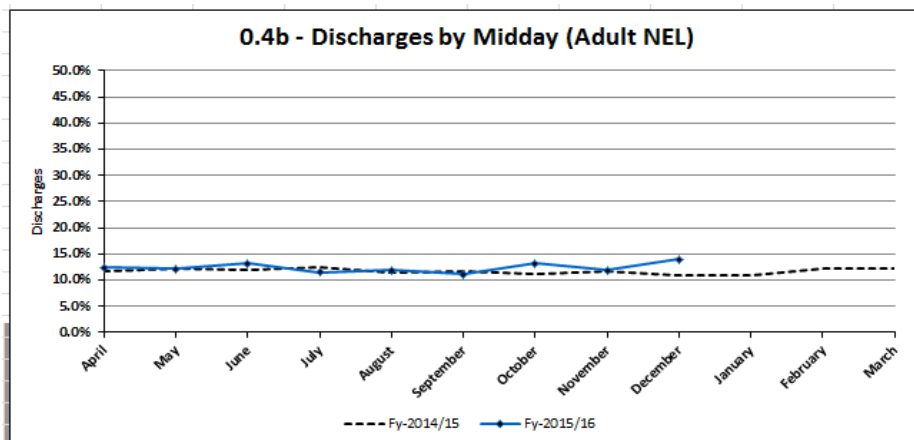
To standardise the discharge process across the Trust. For staff to be confident to facilitate a safe and proactive discharge

Update:

- Core standards for discharge planning, white board round principles developed and rolled out
- Amber discharge status removed
- Staff training needs scoped
- Criteria Led Discharge group established to review current guidance

Table 1 below demonstrates that there has been slight and sustained increase in the number of discharges by midday.

Table 1



Work stream 2

Patient engagement and involvement (CQUIN)

To improve the patients' experience and the effectiveness of discharge

Update:

Pilot

- The first draft discharge passport was rolled out across the pilot wards from mid-September 2015, with a second version rolled out following a review by staff and patients in mid-November 2016. An additional document "Information about my Medication" was drafted and is available on the Pilot wards
- A total of 307 discharge passports have been issued between the commencements of the pilot in September to 17th December 2015. Feedback about its contents and usage is being collected from patients and staff

Quality Improvement (CQUIN) – Improving Experience of Discharge

Work stream 3

CHC Fast track and End of Life (EOLC)

To improve the patient and family experience of discharge to preferred place of care for patients at the end of life. Update:

- MDT discharge plan developed and now being rolled out across the wards
- Discharge to preferred place of care information leaflet developed
- Intranet EOLC page coordination and discharge planning updated
- Pilot with B&NES CCG for BEMS Focused Weekend Working - GP contact/visit over the weekend for patients with EOLC needs discharged on a Friday
- Pilot for completion of community TEP for B&NES and Wiltshire CCG agreed
- eLearning module for end of life care developed and being tested

Table 2 demonstrates a slight decrease in the number of CHC discharges in less than 2 days (6 discharged within 2 days out of 32 patients with CHC FT), however there is a decrease in the number that are delayed due to incomplete paper work (4 patients out of 32). Staff awareness for Q3 is running at 80% (data from 2 pilot wards).

Work stream 4

Integrated Discharge Team (IDT)

Amalgamation of all discharge services

Update:

Daily IDT huddles

Telephone referral trial completed and reviewed positively

Single referral form agreed

Continued interagency working.

Next Steps

Co-location of the integrated discharge service Feb 2016

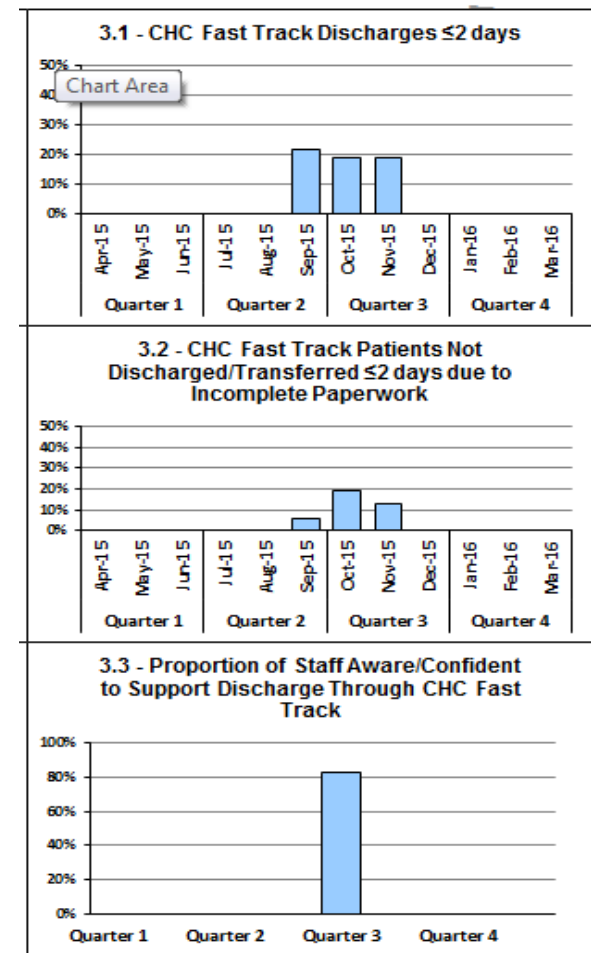
Choice Policy review

Discharge patient information review

Single referral form generated by Millennium April 2016

Patient engagement focus group event planned for February 2016 to review the Discharge Passport.

Table 2



Quality Improvement (CQUIN) - Raising the awareness of Stillbirth

Background

The CQUIN for Improvement Programme raising awareness of Stillbirth is split into 4 parts. Part A – Giving all pregnant women information about reduced fetal movements and Part B – All women having a Stillbirth risk assessment completed. Only a few similar projects have taken place across the UK and Europe and studies show the outcome has seen a significant decline in the Stillbirth rate in the area.

Progress at end of Q3 Part A and Part B

- Staff training is now complete and information giving at various forums continue
- The documentation is being routinely used with women in the antenatal period and the table opposite shows compliance at end of Q3. Overall compliance for Q3 was 54%.

Part C

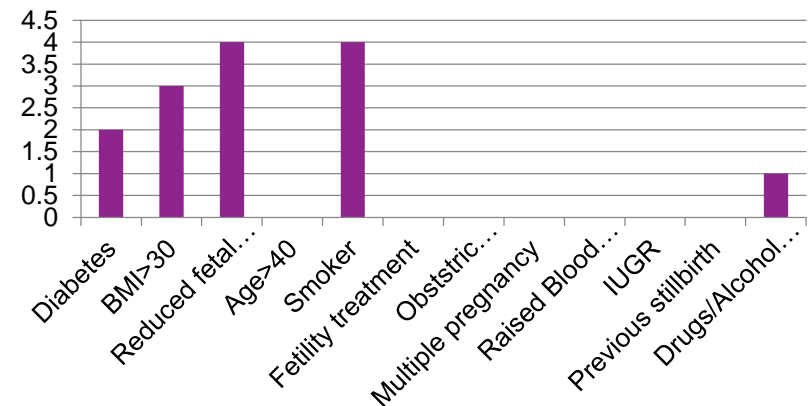
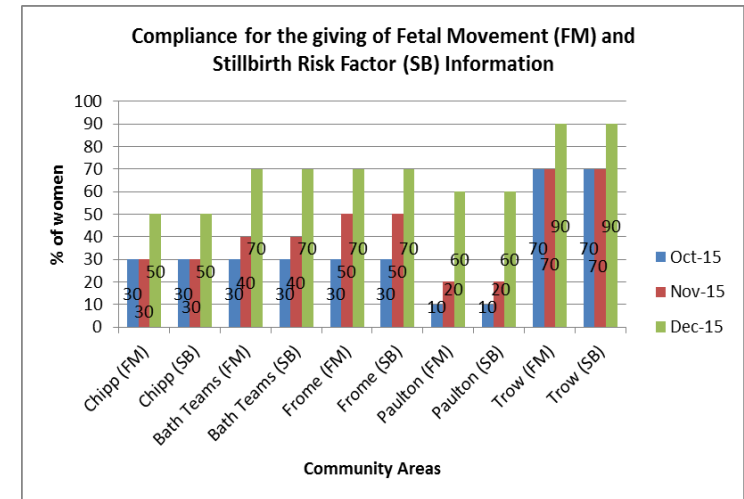
Amendments to guidelines have been developed and the revised guideline has now been published.

Part D

The fourth element of the improvement programme is a review of all stillbirths to identify themes and learning. All Stillbirths in Q3 have been reviewed and information provided to the commissioners and shared at maternity governance meetings.

The table opposite shows the themes from the Q3 report

Measures

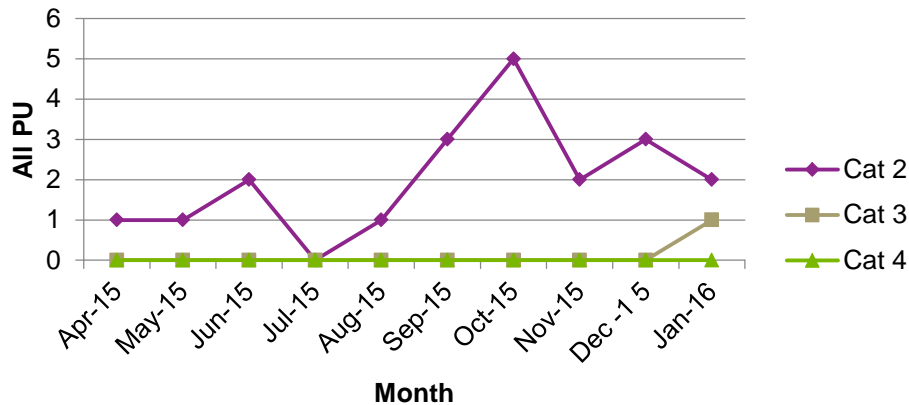


Next Steps

- To continue to drive improvement to reach 80% target for documentation of Stillbirth information sharing at the end of Q4
- To continue to monitor Stillbirth cases to review themes and lessons learned.

Patient Safety - Pressure Ulcers

Hospital acquired PU 2015-16



Category 2 Pressure Ulcers performance November 2015 – January 2016

- The RUH is one Pressure Ulcer over the internally set improvement trajectory - set to achieve a 22% reduction for 2015/16. In 2014/15 82.% reduction was achieved against a target of 50% reduction
- November reported two category 2 pressure ulcers
- December reported three category 2 pressure ulcers
- January reported two category 2 pressure ulcers

Category 3 & 4 Pressure Ulcers performance

- January reported one category 3 pressure ulcer on William Budd ward
- It has been 934 days since the RUH reported an avoidable category 4 pressure ulcer

Key issues identified from mini RCAs of category 2 PU

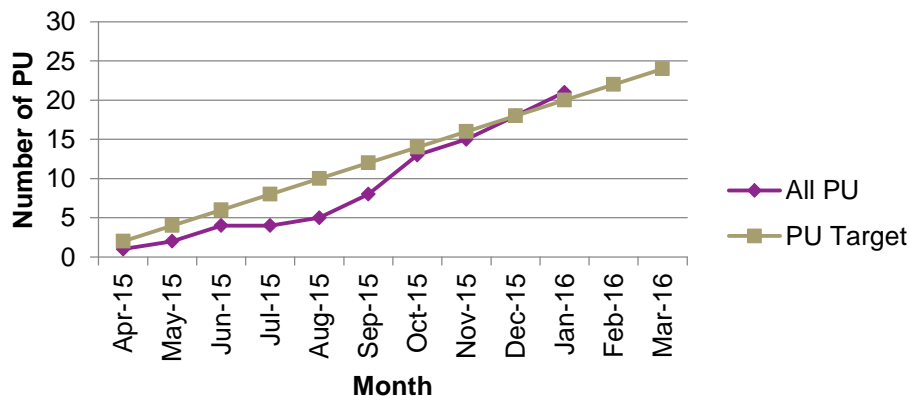
- Delay in risk assessment and re-assessment
- Inadequate repositioning
- Inaccurate categorisation
- No plan of care insitu until the pressure ulcer had developed
- Heels not always documented as offloaded as per policy
- No discussion with patient or carers documented and no patient information given until the pressure ulcer had developed

RCA is pending for the category 3 but initial findings reveal areas to be improving including repositioning of a lady who was reluctant to move and strict adherence to the pressure ulcer policy

Next Steps

- The Pressure Ulcer Steering group is monitoring the action plans for the wards where the pressure ulcer have developed
- An e-learning package is due to be piloted with a view to being rolled out in Spring 2016

PU cumulative and trajectory 2015-16



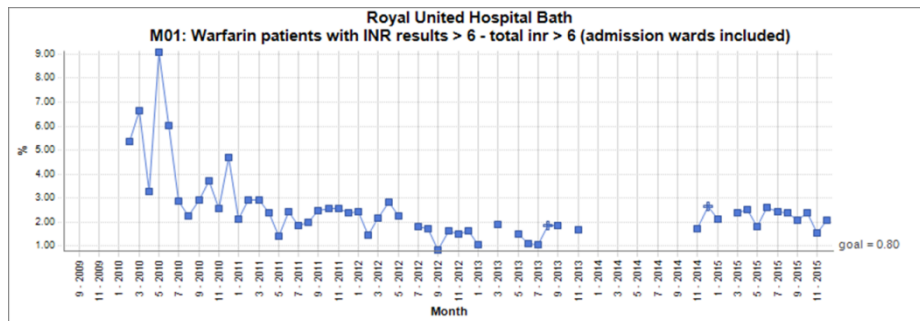
Patient Safety - Medicines Management

Background

The work streams that continue to be measured include medicines reconciliation and patients with INR greater than 4 (daily) and greater than 6 (monthly). Work improving insulin safety has been ongoing but a new programme to include measurements will start soon. The driver diagram has been agreed at the insulin safety group. Each month the pharmacy department include top safety tips into the F1 teaching programme.

High Risk Medicines Warfarin, Gentamicin

Daily reviews of patients on Warfarin with an INR > 4 continue to be done and also those of patients on Gentamicin > 1. This is to enable early intervention by pharmacists to avoid harm. Patients with an INR greater than 6 also continue to be measured monthly and reviewed at the anticoagulant safety group. See Fig below. In general it is patients who have been admitted that have the high INRs or patients undergoing a cardiac procedure.

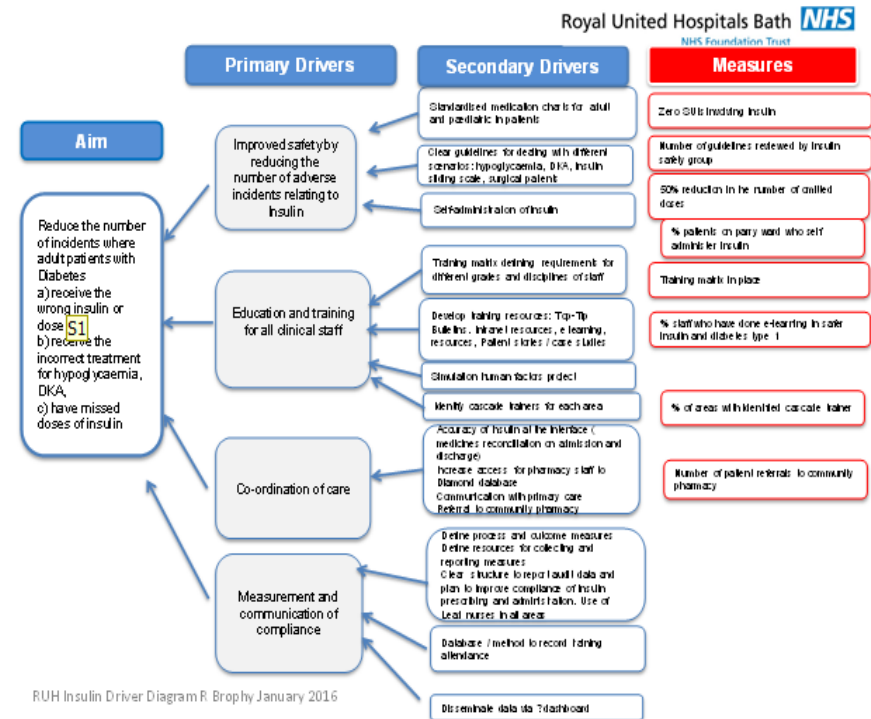


Next Steps

An area is being identified to start an insulin work programme. Interface work with community pharmacies will soon be able to expand.

High Risk Medicines Insulin

A Safety Bulletin was issued to all doctors, nurses and pharmacists as part of learning from an incident. A driver diagram (see below) has also been agreed for future safety work around insulin and is in keeping with the WEASHN programme. Since the introduction of the new diabetes chart (Sep 15) there have been no administration errors related to time of administration (previously 1 datix per month).



Serious Incident (SI) summary

Current Performance

During January, six Serious Incidents were reported. Four of these remain under investigation.

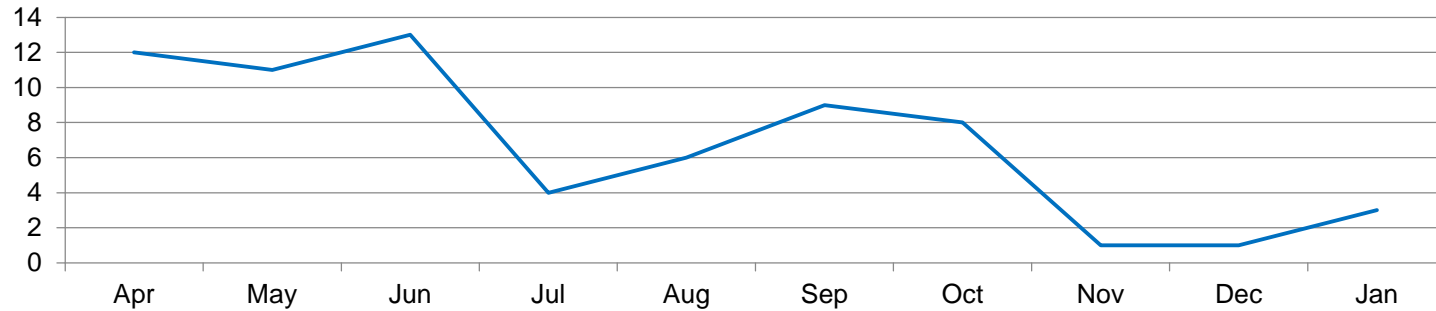
The incidents have been discussed with the patient and/or their family, an apology given verbally and in writing and they are aware of the investigation process, in line with the Duty of Candour framework.

Date of Incident	Datix ID	Summary
02.01.16	38967	Patient fall resulting in a fracture
15.01.16	39335	Allegation of physical and verbal abuse of a patient
15.01.16	39342	Patient fall resulting in a head injury
16.01.16	39385	Baby born unexpectedly unwell, requiring transfer for management
09.01.16	39164	Baby born unexpectedly unwell, requiring transfer for management
20.01.16	39299	Hospital acquired category 3 pressure ulcer

Serious Incident reports approved by the January Serious Incident Review Panel

Date of Incident	Datix ID	Summary	Learning/ Recommendations
16.03.15	30425	Patient fall resulting in a fracture	The report identified that no direct intervention could have prevented the fall. The patient was at high risk of a fracture due to their underlying co-morbidities. The key recommendations were: <ul style="list-style-type: none"> • Staff education on the use of the Falls care bundle • Increase doctor knowledge and compliance with the completion of their section of the post-falls protocol documentation, in order to ascertain the extent of any injury and intervene appropriately.

Overdue Serious Incident Reports Summary



As of 8th February, there are 24 open Serious Incidents (SIs); of these, five are overdue.

The investigation has been concluded for 11 of the open incidents and the reports will be submitted to the recently convened Serious Incidents Review Panel for approval at the February meeting.

A target of no more than 3 SIs by the end of the financial year had been agreed. Progress had been made since July 2015 in providing completed investigation reports, that are of a good quality within the timescales however despite agreed extensions to the deadline from the relevant CCG, some investigators have struggled to complete the root cause analysis. The delay in providing a final report is escalated to the relevant Divisional Management team, for them to identify what further support can be provided to the investigator to assist them in completing the report.

Trajectory	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Actual	12	11	13	4	6	9	8	1	1	3		
Target	-	-	-	12	10	9	8	7	6	5	4	3