

TRUST BOARD

Date of Meeting: 22/01/2013	Agenda Item No: 6.1	Enclosure: 4
Intended Outcome:		
For noting ✓	For information	For decision
Title of Report: Patient Experience, Safety and Quality		
Aims: To update the Board on patient experience, safety and quality within NCUH		
Executive Summary: This report summarises the Trust performance relating to patient safety and quality which includes <ul style="list-style-type: none"> • Quality Dashboard • CQUIN • Infection Prevention • Advancing Quality • Harm from Slips Trips and Falls • LSA Annual Audit Supervision of Midwives • CQC • Patient Experience • Listening and Learning: The Ombudsman's review of complaint handling by the NHS in England 2011-2012 • Alternative Responsible Officer • Audit 		
Specific implications and links to the Trust's Strategic Aims:		
Ensure we provide high quality, safe and effective care for all our patients including meeting essential standards of safety and quality as set out by the CQC		✓
Develop a viable integrated clinical strategy for secondary care services which is sustainable and affordable		
Develop a new healthcare facility in West Cumbria that is fit for the 21st century		
Achieve sustainable financial balance through the delivery of the Trust's internal Cost Improvement Programme, securing a viable contract income from our GP commissioners and contributing to the system wide cost reductions		
To develop and implement a successful merger or acquisition plan that enables the Trust to become part of an existing NHS Foundation Trust		
Recommendations: The Board is recommended to note the content of this report		
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APPENDIX 1



1. QUALITY DASHBOARD

Significant progress has been made on the new format of the Trust's safety and quality dashboard. Further work is being finalised on the metrics for some of the standards including data validation with the business units. A draft format of the dashboard was presented to the Board in December and the new format of the dashboard is enclosed in the Board's Service Performance Paper, (enclosure 6, agenda item 6.3). As this is work in progress it was agreed with the Board that the Trusts quality dashboard (appendix 2) will continue to be reported alongside the new formatted dashboard through this transition period.

1.1 CQUIN

The Trusts performance on the Commissioning for Quality Improvement (CQUIN) measures are reviewed and monitored by our commissioners, NHS Cumbria. CQUIN measures are based on three separate categories; the Department of Health (DOH) National Measures, the Strategic Health Authority Regional Measures and agreed measures set locally with NHS commissioners.

Quarter three CQUIN data is due for submission to NHS Cumbria for approval for release of payment on 18 February 2013. There are no risks reported from the executive and managerial leads for quarter three and the trust will be requesting full payment.

In January 2013 planning will commence with the Trust commissioners for the 2013/2014 CQUIN measures. Each business unit will be represented at the planning meeting to ensure that the trust secures improvements for measurement in the quality of services we provide with better outcomes for our patients, whilst maintaining strong financial management.

The NHS Commissioning Board during 2013/2014 will be working with stakeholders to oversee a review of the incentives, rewards and sanctions within the NHS standard contract, including CQUIN which will inform the planning requirements for 2014/2015.

In December 2012 the NHS commissioning board published a draft guidance document for 2013/2014 for CQUIN. The final document is not due for release till February 2013 and no date has yet been confirmed. The document identifies significant changes for 2013/2014 CQUIN process through introducing prequalification criteria for providers.

The Innovation Health and Wealth, Accelerating Adoption and Diffusion in the NHS set out that from April 2013, compliance with high impact innovations would become a prequalification requirement for CQUIN. By 31 March 2013, all providers will need to have put in place measures to meet the criteria set in order to qualify for the release of any 2013/2014 CQUIN funding. Whilst the minimum CQUIN measures for providers are set nationally, providers will be required to work with their local commissioners to ensure that plans are aligned with local commissioning strategies.

The guidance document clarifies that local commissioners are responsible for assessing whether their providers meet the prequalification criteria. The pre qualification criteria will however apply equally to the clinical commissioning groups (CCG). In order for providers to qualify for CQUIN payments, they need to satisfy at least 50 per cent of the prequalification criteria.

The Trust is currently working with commissioners to agree how these criteria will be assessed which will be addressed as part of the 2013/2014 CQUIN planning process meetings in January/February 2013. A further update will be provided to the Board in February.

2. EXCEPTION REPORTING ON AREAS OF UNDERPERFORMANCE

2.1 C.difficile

During December 2012 there were twelve post 48 hour cases of C.difficile. At the Cumberland Infirmary, nine cases were reported and three cases at the West Cumberland Hospital.

With the significant increases in cases in December the Trust has breached its annual target for C.difficile of 40 cases with the current reported cases at 42.

A C.difficile sub group has been established and the root cause analysis of all cases has been reviewed to establish the core drivers.

The key actions identified relate to the following;

- **Antibiotic prescribing and management** – As part of the actions identified each unit has been instructed to identify champions for antibiotic use within the business units who will link into the Antimicrobial Management Team.
- **Non Compliance of antibiotic prescribing and management** - Any issues of non-compliance will be dealt with by the Business Unit Director and reported to the Director for Infection Prevention and Control and Medical Director.

- **Audit of compliance across all Business Units** - The business units will audit compliance and will act on failure to comply with Trust antimicrobial policy, namely that whenever an antibiotic is prescribed a working diagnosis and a stop/review date or intended duration is given on the prescription chart. The antimicrobial agent chosen must also be compliant with trust antibiotic guidelines.
- **Root Cause Analysis (RCA)** – all RCA's for each case will involve the consultant responsible for that patient's care, who will also review antimicrobial prescribing.
- **Raise profile of antimicrobial prescribing at ward level** - We are working with colleagues in Northumbria to raise the profile of prudent antimicrobial prescribing at ward level and ensuring that our antibiotic policy minimises the use of those antibiotics known to have a higher risk of C.difficile infection.
- **Monitor overall antibiotic use across the Trust** – Continue to monitor overall antibiotic use across the Trust and audit compliance against the antimicrobial prescribing policy on a quarterly basis which will be reported to the.
- **Cleaning** - Although Spray and Glow audits have demonstrated an improvement of cleaning standards at the Cumberland Infirmary this has not been adequate to curtail the outbreak of infection with both noro virus and C.difficile. The Infection Prevention Team have reviewed the cleaning agents and following that review and on advice from the DIPC and the Infection Prevention Team, the Trust have invested in technology that is more effective in removing C.difficile from the environment namely hydrogen peroxide vapour, paracetic acid wipes and chlorine-dioxide containing disinfectants.

The Trust Infection prevention team have been working with our colleagues in Northumbria who have used hydrogen peroxide vapour (GLOSAIR) for some time to ensure a smooth introduction of these products and that operationally we are using them in the same way throughout the new organisation.

2.2 Norovirus Outbreak

The Trust continued to have a significant increase in Norovirus outbreaks and cases of diarrhoea and vomiting throughout December at the Cumberland Infirmary. This caused increased pressure and significant challenges from an operational perspective on the Trust's bed capacity which over the same period saw an increase in emergency admissions. Unfortunately some elective operations had to be cancelled in order to support the flow of emergency admissions as a third of the Cumberland Infirmary bed base was affected with the Norovirus outbreak

The clinical teams along with the Infection Prevention Team monitored this daily and immediate actions were put in place. To increase awareness with the public we used the support of the media and our internal communications processes to raise

awareness of symptoms and advice for the public on when or when not to visit our hospitals.

2.3 Advancing Quality

2.3.1 Acute Myocardial Infarction

The data for September shows an underperformance with fibrinolytic therapy for the Acute Myocardial Infarction measure at 78%. This measure is where fibrinolytic therapy is administered within thirty minutes of arrival and four patients were included in the measure. One of the four patients did not receive the therapy within the thirty minute timeframe.

2.3.2 Heart Failure

Smoking cessation advice and counselling shows an underperformance at 67%. The AQ team along with the clinical team have introduced a revised pathway which will support an increase of patient referrals to the smoking cessation advisors.

2.3.3 Pneumonia

Underperformance is shown with the measure for initial antibiotic selection for community acquired pneumonia in immunocompetent patients at 67%. This relates to three patients of which one patient is not documented nor recorded to have met this measure.

The CURB score is also showing an underperformance at 70%. This relates to the score being recorded in the patient's medical notes. Seven of the ten patients who met the criteria had documented evidence however in three patients this was not recorded.

The AQ team with the support of the Associate Director for Operations are working with clinicians in developing a revised care bundle which will be initially piloted across the Trust.

2.4 Harm from Slips Trips and Falls

In December 2012, 123 patients were reported to have slipped, tripped or fallen with the cumulative figure of 841 falls. The increased in reporting is in line with the work we have undertaken with staff to encourage reporting and raising awareness through the Slips Trips and Falls Group.

There were no fractured neck of femurs reported in December and to date there have been ten fracture necks of femurs this year and all actions and recommendations are in place.

3. LSA ANNUAL AUDIT OF SUPERVISION OF MIDWIVES

In December the Trust received the annual audit report of supervision of midwives which is an annual audit undertaken by the Local North West Supervising Authority.

This report is currently being reviewed by the Trust midwifery supervisors and a summary of the report and the supervisor's action plan will be presented to the Board in February. In relation to standard 4, criteria 4.2; *where each midwife has a named Supervisor of midwives, of his or her choice with the option to change to another*, this criteria was not met as two midwives spoken to at the time of the audit could not identify who their named supervisor was. This has been addressed and it was noted that a letter had been sent to all midwives prior to the audit following a recent reallocation of Supervisors.

4. CARE QUALITY COMMISSION (CQC)

4.1 CQC/Ofsted Safeguarding/Looked After Children Inspection

The Director of Nursing and Head of Nursing for Family Services are contributing and participating with other health providers and partners in the Health Economy action plan. This plan is also aligned to the Ofsted action plan led by Children's Services. There are no exceptions to report on the Trusts action plan to date.

4.2 In November 2012, it was reported to the Board that the evidence in place to demonstrate full compliance with the CQC outcomes was being reviewed.

This specifically related to the following outcomes:

- Outcome 2 – Consent to Care and Treatment
- Outcome 8 – Cleanliness and Infection Control
- Outcome 10 – Safety and Suitability of Premises
- Outcome 11 – Safety, Availability and Suitability of Equipment
- Outcome 14 – Supporting Workers
- Outcome 16 – Assessing and Monitoring the Quality of Service Provision
- Outcome 17 – Complaints

Evidence is currently being reviewed with colleagues for Northumbria as part of the Governance Workstream and the PCAs will be updated for the above outcomes by February 2013. The Board will receive a report on the outputs from this work with clarification on the action which needs to be taken in order to achieve full compliance with the above outcomes in order to ensure quality performance can be evidenced.

Penrith Hospital – Maternity

The Trust has specific registration obligations in relation to Penrith Community Hospital for diagnostic and maternity services. The Director of Nursing and Head of Midwifery have undertaken spot check assessments on the following outcomes:

- Outcome 1 - Respecting and involving people who use services
- Outcome 4 - Care and welfare of people who use services
- Outcome 8 – Cleanliness and Infection Control
- Outcome 9 - Management of Medicines
- Outcome 10 – Safety and Suitability of Premises

Outcome 11 – Safety, Availability and Suitability of Equipment
Outcome 12 – Requirements relating to Workers
Outcome 13 – Staffing
Outcome 14 – Supporting Workers

There are no immediate concerns raised from the spot check visits. A full report is being prepared which will be reported to the Board in March 2013.

Audits are in place for the Penrith Hospital Maternity Service, including the rolling programme of audits which are undertaken by the supervisors of midwives. A summary on the outcomes from the audits will also be included in the report to the Board in March 2013.

5. PATIENT EXPERIENCE

5.1 Patient Perspective

It was agreed by the board in November 2012 that the Trust will be implementing patient perspective which is one of a number of patient experience tools used in Northumbria. Crea Simpson Matron for Patient Experience is working closely with Northumbria's Director for Patient Experience to ensure this is up and running from April 2013.

We are currently providing Patient Perspective with the data they require which includes;

- List of sites and wards needed and activity data
- List of all outpatient consultants
- Business Unit Structures
- Caldicott Guardian Approval

It has also been agreed that the Trust will use the same process for the national inpatient survey and maternity survey which will be undertaken in 2013.

5.2 Friends & Family Test

The Friends & Family Test will provide timely feedback from our patients about their experience. NHS Providers are required to provide the scores from the 1 April 2013. The Trust is working with our colleagues in Northumbria and our Commissioners and we are adopting the Northumbria post card system to deliver this. The Information Department is also working with colleagues in Northumbria to ensure that the system and processes are aligned.

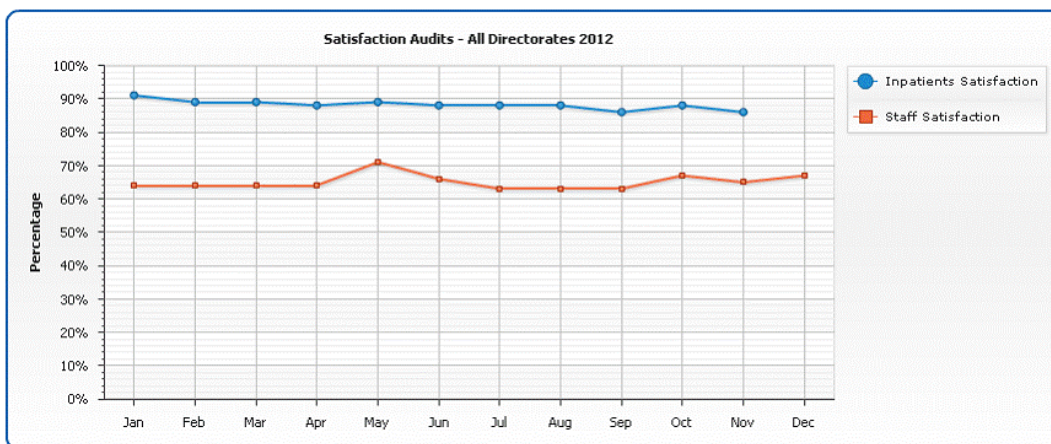
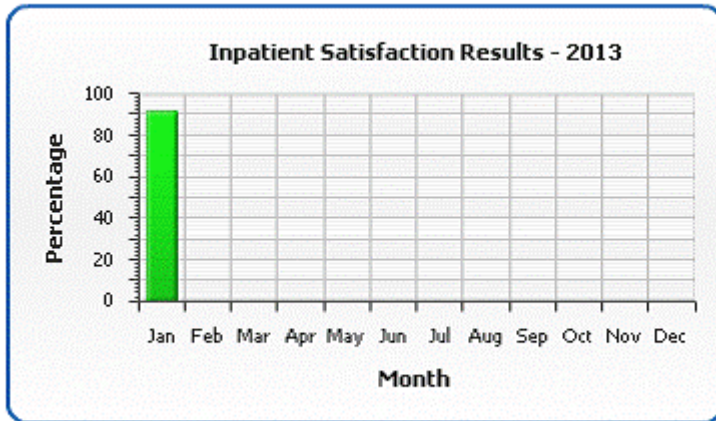
5.3 Patient Stories

Three detailed patient stories were undertaken in December by the Nursing and Quality Team. As agreed with Board a summary of the feedback received will be reported quarterly;

- Patient on Langdale Ward WCH - Excellent experience, communication good and I was well introduced to all staff looking after me. The male nurse was really informative about my procedure. All the staff was very friendly and re-assuring. The male nurse who looked after me had excellent communication skills and knowledge of my investigation and post investigation was very informative. I was also impressed with the consultant. Nothing negative to say.
- Patient on Willow C and Heart Centre, CIC; I was satisfied with both the attitude of the doctors and nurses in both areas, although one nurse made my daughter angry because she did not check her facts before telling me that the my blood pressure was very low because I taken too much GTN, when I had only had one dose earlier that day. I am happy with the way the Doctors and Nurses answered my questions. I knew that that the staffs were experienced because they had looked after me when I was in the ward earlier this year.
- Heart Centre CIC completed by relative; the medical and nursing staff were very professional, caring and re-assuring. All aspects of the procedure were explained and my mum felt very safe. Excellent knowledge base, nothing was too much trouble to explain. Time was spent with my mum explaining the procedure and after care. Efficiency of staff, constant visibility of staff. Professionalism of staff. Information provided at discharge was very informative. Thank you, her fears and anxieties of coming into hospital have ceased.
- Patient admitted to A&E CIC prior to admission to ward; I had to wait a long time, I felt there was a delay and then I needed an x ray in the early hours. The level of communication was not what I expected; I would have appreciated more information, earlier, so that I would know when I was going to the ward, when I would see the Doctor and what tests I would be having done. Suggestions for improvement would help if staff could provide more information regarding delays in seeing a Doctor and transferring between departments more frequently, it is stressful waiting to know what is happening.

5.3 Trust Patient Experience Feedback

The graphs below show the January 2013 data on inpatient satisfaction which is 90% for January across the Trust. Future quarterly patient experience reports will provide inpatient satisfaction at ward/department level. The satisfaction audit for 2012 shows that inpatient satisfaction across the Trust has ranged from 87-90%, with staff satisfaction at 62-70%. The list of questions that our patients are asked as included as appendix 5.



5.4 CQC Accident and Emergency Department Survey 2012

The CQC, Accident and Emergency Survey was published in December 2012 and forms part of the CQC National NHS patient survey programme (appendix 3). This is the fourth survey of accident and emergency (A&E) patients undertaken by the CQC with similar surveys carried out in 2003, 2004 and 2008.

The surveys form part of a wider programme of CQC patient surveys which cover a range of areas including mental health services, adult in patients and adult outpatient services.

The fourth survey of A&E patients involved 147 acute and specialist NHS trusts with a major accident and emergency department. The CQC received responses from 46,000 patients with a response rate of 38%. Patients were eligible to take part in the survey if they were aged 16 years or older, were not hospital in patients at the time of the survey, and if they attended A&E in January, February or March 2012 (sampling months chosen by the trust).

The report (appendix 3) shows how the Trust scored for each question in the survey, compared with the range of results from all other trusts that took part.

The benchmark reports for all national patient surveys have recently been re-designed and scores are now reported out of 10 rather than 100. All Trusts data is reported to identify whether a trust performed 'better' or 'worse' or 'about the same' as the majority of other trusts for each question.

The survey covers eight section headings which include;

1. Travelling by ambulance
2. Reception and waiting
3. Doctors and Nurses
4. Care and Treatment
5. Tests
6. Hospital environment and facilities
7. Leaving the A&E department
8. Overall views on experience

Overall for each section the Trust performed the same as other trusts and better than some trusts in the reception and waiting and the overall views on experience. The Trust was not reported in any category to be performing worse than any other trust.

The report has been shared with the Senior Management Team (SMT) and the Emergency Medicine Business Unit will review the results from the survey and identify any actions required.

5.5 Safety & Quality Priorities

Patient experience is included in the Trust's Safety & Quality Priorities, where we aim to have better communication with our patients so they feel ready to return to their place of residence. This will be achieved through ensuring the following:

- Ensure discharges are planned on the right day and at the right time;
- All patients should receive better explanation of their medicines and how to manage them when they leave the hospital;
- More patients and their GPs should be provided with an electronic discharge communication;
- There needs to be better engagement and feedback from children, young people and their parents about the care they have received.

Each Business Unit will identify metrics in which they can measure and monitor compliance.

6. LISTENING AND LEARNING: THE OMBUDSMAN'S REVIEW OF COMPLAINT HANDLING BY THE NHS IN ENGLAND 2011-2012

The Ombudsman's review of complaint handling by the NHS in England, Annual Report "Listening and Learning" has now been published for 2011/2012 financial year. The report has two main themes this year; communication and embedding good complaint handling in the NHS. Within the report anonymised examples of poor complaint handling are highlighted and the lessons learnt from these. There have been no cases of poor complaint handling highlighted for this Trust.

The report also provides a breakdown by both SHA and by Trust. The Ombudsman's office received a total of 1,848 enquiries for the North West SHA (this figure includes complaints made about GP practices, Mental Health, Opticians, Pharmacies, PCT etc.), the total for the North West SHA being is the third highest total in England. Of that figure, 930 approaches to the Ombudsman were specific to NHS hospitals, specialist and teaching trusts (acute) - the North West SHA being the second highest figure (following London SHA). 27 approaches were made to the Ombudsman's office directly involving North Cumbria University Hospitals NHS Trust none of which required any intervention by the Ombudsman or were accepted for investigation.

7. ALTERNATIVE RESPONSIBLE OFFICER FOR NCUH

The Trust is required to appoint an Alternative Responsible Officer in case a conflict of interest arises between the present Responsible Officer (RO) of North Cumbria University Hospitals and existing Trust processes. This recommendation has been made to the Trust by the General Medical Council (GMC) and is suggested in order to help protect all parties.

Following discussions led by the Medical Director, Mr David Evans RO for Northumbria Healthcare Foundation Trust has agreed to act as the Alternative RO should a conflict of interest arise and deem it impossible for the existing RO to operate without compromising their position. This arrangement requires both acknowledgement and support of the Trust Board.

8. CLINICAL AUDIT

A review of the current position of the Trust's Clinical Audit programme has been undertaken. The Board is required as a minimum to ensure the National Audits which the Trust is required to participate in are in place and there are clear mechanisms for where these are reported to across the organisation.

The National Audit Programme consists of three key components:

- Audits identified in the Quality Account Schedule
- National Confidential Enquiries
- National Clinical Audit and Patient Outcomes Programme

The table below summarised the current position against the National Clinical Audit programme for 2012/13:

Total number of National Audits	59
Total number applicable to the Trust	49
Number of Audits Trust taking part in	27
Number of Audits with no data collection for 2012/13	4
Number of Audits with data collection due to commence 2013	2
Number of Audits which require clarification due to:	14
<ul style="list-style-type: none"> • Individual hospital site participation • Previous data collection • Audits which are partially complete 	
Number of Audits Trust not taking part in	2

Appendix 4 outlines in further detail the Trust's position against the National Audit Programme.

The audits which require clarification as at January 2013 will be discussed and reviewed by Senior Management Team with an action plan agreed to address any issues. This will be reported to the Board in February 2013.

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APPENDIX 2

QUALITY DASHBOARD