UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 28 APRIL 2011

Title:	**PATIENT CARE QUALITY REPORT**
Responsible Director:	Kay Fawcett, Executive Chief Nurse
Contact:	Michele Morris, Deputy Chief Nurse; Extension 14719
Purpose:	To provide Board of Directors with an update on care quality improvement within the Trust
Confidentiality Level and Reason :	None
Medium Term Plan Ref:	Aim 1. Always put the needs and care of patients first
Key Issues Summary:	
Recommendations:	The Board of Directors is asked to receive this report on the progress with Care Quality.

Signed:	Date:

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PRESENTED BY THE CHIEF NURSE

1.   **Introduction and Executive Summary**

This paper provides the bimonthly update of progress with the Trust's Patient Care Quality agenda, including measurement of the patient experience through both internal and external initiatives, and the safeguarding of children and vulnerable adults. It also provides a progress report on the management of falls, eliminating mixed sex accommodation and enhancements in end of life care. Finally, it provides a summary of numbers of complaints received during the previous 2 months.

2.   **Measuring the Patient Experience**

   2.1   National Inpatient Survey

   The results of the National Inpatient Survey will be published by the Care Quality Commission on 21 April 2011. The Trust has improved its overall score in six out of the ten sections of the survey (Appendix 1). This has been a significant achievement against a national downward trend. The improvements are also significant as the survey was conducted with inpatients during August 2010, a time when the Trust was in a period of flux following the new hospital move.

   Areas for improvement identified from the survey include the wait to get to a bed following admission, someone to talk to about worries or fears, food, number of nurses on duty and wait for help, noise at night from patients, and discharge, in particular the planning, information provided and the delays caused by the wait for medication.

   These areas for improvement identified by the survey will be considered alongside the results of the local electronic bedside inpatient survey to inform the development of an action plan for improvement for 2011-12.

   2.2   Enhanced Patient Feedback

   At the end of 2010/11 more than 23,000 items of feedback from patients, carers and the public has been received. This figure includes all the different methods of feedback including patient surveys, compliments, PALS contacts, complaints, mystery patient, and NHS Choices. This information forms the basis of a report to the Care Quality Group and is used to inform the deep dive reports to highlight areas for improvement, undertaken by the Patient Experience Analyst.

Over 16,300 patients have responded to the electronic patient survey for 2010/11 which is 50% more than responded in 2009/10 (10,700). The Patient Experience Team is facilitating wards that currently have a low response rate to improve this. The most positive responses were for the overall rating of care, cleanliness, privacy and respect and dignity. The least positive responses were for someone to talk about worries, noise at night, conflicting information and food.

The causes of noise at night are currently being explored further via an audit which was completed mid March. The data input and analysis will be completed at the end of April. The results of the audit will inform further actions to be undertaken to make improvements.

A Discharge Telephone Survey commenced in January and is capturing around 30 patients each month. The results and survey administration will be reviewed by the Discharge Quality Group to highlight areas for improvement.

An action plan for improvement in 2011/12 will be agreed and progress monitored by the Care Quality Group and through the Back to the Floor programme.

3.   Falls

3.1   Falls Assessment on PICS

The initial falls assessment was transferred from paper to electronic capturing of data at the end of July although the uptake of the assessment on PICS has not been as successful as hoped, with 44% of assessments completed on PICS; this data for March does show an improvement in the % of falls assessments completed on PICS to 51.82%. With the launch of the Care rounds we hope that this percentage will increase further.

 Informatics have developed a new clinical dashboard indicator for each clinical area, therefore the areas that are not completing the assessments on PICS can be identified and targeted to improve their compliance, a training programme for all wards is currently disseminating this information. The monitoring and facilitating the wards to complete the assessments on PICS is an ongoing process.

The falls and Fracture Prevention Nurse Specialist is working with the Informatics teams who have developed a multiple faller alert. The system has been tested and this will now alert, Ward Manager, Consultant, Matron and ADN.

The Initial Falls assessment is also linked to the Patient at a glance board where there is an indicator of assessments completed and the patient's risk. This is to aid the communication of patients risk to all Multidisciplinary teams.

The falls teams are now able to access on a real time basis which wards have the most at risk patients and can target clinical visits to increase preventative measures.

3.2 Expert advice Requested

Peterborough and Stamford Hospital Trust has requested advice from the Falls and Fracture Prevention Nurse Specialist in regards to reducing risk of falls in their new build hospital.

3.3 Bed Rails Survey

The Trust participated in a National bed rails overnight survey in conjunction with National Patient Safety Agency and Loughborough University in September 2010. The results show that the usage of bed rails within the Trust is significant but we are lower than the National average. The survey also demonstrated that the use of bed rails with patients who are confused continues to be an issue. The Falls and Fracture Prevention Nurse Specialist is currently working with some wards to trial the usage of cable ties on the integral bed rails to prevent bed rails been raised without the appropriate risk assessment being completed first.

The NPSA have also included bed rails as part of a 'Never event', there is an agreement with BBW that as part of the bed maintenance non integral rails will be removed to reduce the risks further. The Falls and Fracture Prevention Nurse Specialist has discussed this alert with Senior Nurse for Corporate to ensure future purchase of beds will have a different type of rail to ensure appropriate resource of bed rail for smaller adults that have an increased risk of entrapment with open type bed rails. By employing these measures where a patient requires the use of bed rails will eliminate the risk of entrapment/entanglement.

3.4 National Patient Safety Awards

The Trust and South Birmingham NHS Trust have been short listed as a National Finalist for the National Patient Safety Awards for a collaborative project, reducing falls in Nursing Home residents. The team did not win the award. The Nursing Standard are interviewing the Falls and Fracture Prevention Nurse Specialist and Public Health Nurse Consultant to run a feature on the project.

4. Care Rounds

Care rounds were launched by the Chief Nurse on 14 February 2010 at an internal event to an audience of Ward Sisters, Matrons and Professional Development and Clinical Education staff and therapists.

Care rounds enable healthcare professionals to be proactive instead of reactive to patients' needs, driving nursing care to the bedside and improving productivity.

Following the event an intense 4 week period of training and education was undertaken by the Project Team leading up to the implementation of Care Rounds on 16 March 2011.

All 29 inpatient wards are participating across both old and new hospital sites and since April Compliance Audits have been undertaken and the results have been published on the Clinical Dashboard.

The progress and how the concept has been embedded was discussed at the Band 7 away day on 12 April 2010 where the participants discussed sustainability.

The key to the success of care rounds is the accurate and validated recording of interactions and interventions with every patient, every hour on every ward.

- To change from paper to PICS based nursing assessment documentation for Falls, Waterlow and M.U.S.T assessments
- To introduce and implement care rounds which enhance patient interaction at regular intervals, ensuring patients' comfort, well being and experience
- To introduce and implement the S.K.I.N tool (replacing skin inspection and repositioning charts)

5. **Work on Safeguarding Adults and Children**

    5.1 Adult Safeguarding

    Since February 2011 there have been twenty seven new safeguarding adult investigations. Of these, fifteen were formal multi-agency alerts. One deprivation of liberty safeguard application was made and authorised in the period and three patients required an independent mental capacity advocate to be appointed for proposed serious medical treatment.

    5.2 Safeguarding Children

    There have been three requests from Birmingham Safeguarding Children Board for detailed individual management reviews for Serious Case Reviews and two from other local safeguarding children boards, Lancashire and North Yorkshire since February 2011. In all of the cases, adult members of the family attended for outpatient appointments or minor elective procedures which had no bearing on the subsequent death or serious injury of the children involved.

6. **Same Sex Accomodation**

    The Trust declared Compliance in Eliminating Mixed sex accommodation on 14 January 2011. Internal monitoring of compliance has been in place since December 2010 alongside external reporting since January 2011. Any incidents that do occur are investigated using a route cause analysis (RCA) methodology and the case(s) is discussed at the monthly RCA of Care meeting and subsequently at the Care Quality Group, both of which are chaired by the Chief

Nurse. During March the Trust declared a breach which affected 4 patients on one clinical area, the RCA has been presented at the internal meetings and is now with SBPCT for consideration of sanctions.

7. **End of Life Care/Bereavement**

7.1 Bereavement Questionnaire

This initiative commenced in September 2009 and continues to date. The bereavement questionnaire was introduced as there were no previous methods to measure relatives' views or to gain feedback in relation to their care, support or guidance. The results would also enable us to evaluate performance and to ensure that best practice is in evidence.

The questionnaire is sent out 2-3 weeks post bereavement with a pre-paid return envelope, to relatives who collected the medical cause of death certificate from the bereavement service from the hospital. The questionnaire consists of 19 yes /no questions relating to:

- information and communication
- valuable and personal belongings
- bereavement care office

After each question a space is provided for further comments.

The questionnaire is anonymous, however, information regarding the ward and the hospital are requested to enable feedback to be given where necessary or to identify areas where training is required.

From September 2009 – March 2011 there were 2100 questionnaires sent out, 980 returned equating to a 47% return.

Impact: Relatives use the questionnaire as an opportunity to convey positive comments and experiences about the care their relative received and about the bereavement service. However, it has increased formal complaints regarding end of life and bereavement care as we have provided an opportunity for relatives to express their feelings and to feedback.

Areas for improvement that have been identified include:

- Communication
    - Language and correct terminology is important when information is given

- Nursing Care
    - Environment
    - Support of the dying/relatives

- Ongoing Support of Relatives
- Deceased's property condition when returned to relatives

Service improvement:

- Feedback, including the increase in complaints, has allowed the Trust to review its nursing practice
- Relatives have been given a voice
- Results are fedback to divisions to cascade to all staff
- Results influence on-going education and training to health care professionals to maintain high quality standard of care, for example regarding correct use of terminology
- Property procedure has been amended – purple property bags and purple jewellery bags sponsored by Queen Elizabeth Hospital Charities
- Opening of new Queen Elizabeth Hospital Birmingham – increase of side rooms available for dying patients – improving environment

7.2   Military Support Project

At the end of March 2011, the Lead Nurse for Bereavement commenced a 6 month pilot project working with the Royal Centre for Defence Medicine (RCDM) and CRUSE.

The project provides a confidential service to military personnel, working together with existing military support and welfare personnel / professionals, to enhance the immediate and longer term support available to them and their families.

The service provides information, guidance and support in the following circumstances:

- Following the death of a military person
- Following a personal bereavement
- Having witnessed the death of a colleague in action, and
- Providing support for the carers who are supporting the military person in above circumstances

8.   **Nursing Quality Metrics**

The nursing quality metrics group continues to oversee the implementation of a number of National and Regional Quality Indicators which are nurse specific and relate to care delivery. The care quality measures outlined in national strategies have been brought together within the existing quality frameworks outlined in the 2010/2011 Operating Framework, Quality Accounts and CQUINs. The measurement of these quality measures is now in place and is reported at the Care Quality Group. A report will be made to Trust Board quarterly from the end of quarter one.

9.   **Complaints Report**

9.1   Number of Formal Complaints by Month:
        January 2011- March 2011

Numbers of complaints remained high, with a peak in January of 101; February 77; March 82. This represented an increase of 21% compared with the previously reported period and an increase of 40% compared with the equivalent period in 2009/10.

9.2   Patient Services Department actions

The Trust had anticipated an increase in the number of complaints as a result of the move of services to the new hospital, in line with the experience of other Trusts where there has been re-organisation across sites. In order to manage this and to provide the best possible complaints resolution service, the Trust has increased staff numbers in its Patient Services Department and continues to look at improvements to its complaint handling process. The service is currently in consultation with new Divisional management teams regarding optimal processes for investigation and tracking of complaints at Divisional level.

9.3   Trust actions in response to complaints

Complaints continue to be reported to the Care Quality Group as part of the wider Patient Experience report and a monthly complaints report is also presented at the Chief Executive's Advisory Group. Selected complaints are being reviewed at the new Executive root cause analysis process.

10.   **Recommendations**

The Board of Directors is asked to receive this report on the progress with Care Quality.

Kay Fawcett
Chief Nurse
18 April 2011

University Hospitals Birmingham NHS
NHS Foundation Trust

NATIONAL INPATIENT SURVEY 2010

The results from University Hospital Birmingham NHS Foundation Trust are based on 434 respondents[1].

The data in the following table will be displayed on the Care Quality Commission website on the UHB Trust page from 21st April. This information is the same as that contained in the benchmark report, just analysed and presented in a slightly different way.

The 'trust page' data includes nearly all of the survey questions[2], grouped in the same way as they are on the questionnaires that patients complete. A score has been calculated for each of these groupings, referred to here as the 'section' score (e.g. The Emergency Department, Doctors, Nurses).This is based on the average score for questions included within that section.

The results show that the trust has improved in six out of the ten sections compared with the scores for 2009.

Sections   ☐ denotes an improvement on 2009 scores

Section heading	Score out of 10 for your trust	How this score compares with other trusts	**2009** Score out of 10 for your Trust
The emergency / A&E department, answered by emergency patients only	7.39	about the same	7.73
Waiting lists and planned admissions, answered by those referred to hospital	6.5	about the same	6.4
Waiting to get to a bed on a ward	7.41	about the same	8.23
The hospital and ward	7.91	about the same	7.6
Doctors	8.49	about the same	8.35
Nurses	8.18	about the same	8.11
Care and treatment	7.29	about the same	7.42
Operations and procedures, answered by patients who had an operation or procedure	8.54	about the same	8.3
Leaving hospital	7.1	about the same	7.17
Overall views and experiences	6.55	about the same	6.48

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[1] Please note that this number may differ from that provided to you by your approved survey contractor. This is because the data used here is standardised by age, gender and method of admission. If this information was missing then those respondents had to be dropped from the analysis.
[2] A minority of questions are excluded from the scoring, and hence the reporting, because they do not assess trusts in any way, or they may be 'filter questions' designed to filter out respondents to whom following questions do not apply. An example of such a question would be Q50 "During your stay in hospital, did you have an operation or procedure?"