AGENDA ITEM NO: 13

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 26 APRIL 2012

Title:	**PATIENT CARE QUALITY REPORT**
Responsible Director:	Kay Fawcett, Executive Chief Nurse
Contact:	Michele Morris, Deputy Chief Nurse; Extension 14719

Purpose:	To provide the Board of Directors with an update on care quality improvement within the Trust
Confidentiality Level & Reason:	None
Medium Term Plan Ref:	Aim 1. Always put the needs and care of patients first
Key Issues Summary:	• To indicate any implications, eg Clinical, Financial, Human Resources • To report any benefits, risks or costs associated with the decision
Recommendations:	The Board of Directors is asked to receive this report on the progress with Care Quality.

Signed:	**Date:** 17 April 2012

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS
THURSDAY 26 APRIL 2012

PATIENT CARE QUALITY REPORT

PRESENTED BY THE EXECUTIVE CHIEF NURSE

1. Introduction and Executive Summary

This paper provides an 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 Patient Surveys

The Trust recently took part in the National Inpatient Survey, as required by the Care Quality Commission (CQC). The postal survey was sent to 850 patients who were inpatients for one night or more in June 2011 and the response rate was 50%. The National Benchmark results will be published by the Care Quality Commission in May 2012.

2.2 Enhanced Patient Feedback

For the period ending 29 February, 30,355 items of feedback from patients, carers and the public have been received. This figure includes all the different methods of feedback including patient surveys, compliments, PALS contacts, complaints, and NHS Choices. This information forms the basis of a report to the Care Quality Group and is used to inform the actions taken by each Division to improve the experience of patients, carers and visitors.

In February there were 2,143 responses to the electronic bedside survey bringing the total for the year to end of February to 20,927. The most positive responses continue to relate to the cleanliness of wards and bathrooms, overall rating of care, and privacy when being examined, all of which achieved a score above 90 (out of 100). The least positive responses were for someone to talk about worries, noise at night, and conflicting information which achieved scores below 80.

An action plan for improvement in 2011/12 has been agreed and progress is monitored by the Care Quality Group and through the Back

to the Floor programme.

The electronic Patient Experience surveys have been formulated for use on the trust internet site and went live on 1 March. Work is underway with the Communications Team to promote the surveys to patients and the public. In particular it is anticipated that this will support an increase in feedback received relating to discharge from hospital.

As part of the Regional Commissioning Framework 2012/13 from the Strategic Health Authority (SHA) there was a requirement to include the family and friends "net promoter question" for inpatients from 1 April 2012. The question asks patients if they would recommend the service to family and friends, and will be used by commissioners as a temperature gauge of patient satisfaction. The question has already been added to all surveys that relate to inpatient care and a reminder for staff to encourage patients to complete the survey has been added to the discharge checklist.

The net promoter score is identified by subtracting the percentage of detractors from the percentage of promoters. The results since the question has been in place are detailed below:

Week	19–25 March	26 – 31 March	1 – 7 April	8 – 14 April
Score	**36.9**	**65.25**	**70.28**	**53.94**

2.3 Patient Experience Champions

The Trust has a range of methods to explore patients, carers and the public account of their experience. We believe that by actively listening to those who use our services and understanding more about their experience we can ensure that we celebrate where things are done well and identify where there are areas for improvement. For this to be successful it is important that staff in all areas of the organisation are engaged and involved in this process. The way in which we are engaging with staff is by encouraging them to become Patient Experience Champions. There are currently 224 champions registered and a programme of education and training has commenced to enable the Patient Experience Team to support staff to ensure that feedback is used more consistently to improve the patient experience.

3. Falls

3.1 Falls Assessment on PICS

The monitoring of the falls assessments on PICS continues and areas are targeted by the falls team to improve their compliance to assessment. The areas not achieving 70% or who have a reduction in the % risk assessment from the month previous are

contacted by the team and action plans for improvement are requested and monitored, These areas are also escalated to Matrons and ADN's.

The falls team have ensured that the ward staff are aware of the new tool on the clinical dashboard `my area in the last 24 hours` to help them monitor which patients have not received risk assessments.

3.2 Harm from inpatient falls

There were 9 incidents in Q4 - 2012 that caused serious harm to patients. These incidents will all be investigated to identify if they could have been prevented and what learning outcomes need to be achieved.

February had 5 incidents; two serious harm incidents occurred on the same ward, the falls team have been working with the ward team to improve falls assessments and patient care in relation to falls. This area achieved a significant improvement in their % of falls assessments in February.

3.3 AHP collaborative work streams for Falls Prevention

The PICS group has agreed that the Ward Pharmacists will receive an alert when a patient in their area has been assessed at risk of falls, advisory notes are being audited. The H.M Coroner has also communicated a recent Rule 43 at a local Trust in relating to a patient fall and medication issues, all ward areas and pharmacy have been made aware of required actions to reduce the risk of a similar incident at QEHB.

4. Care Rounds

In March 2011 "Care Rounds "were introduced to all inpatient wards across UHB with the aims of improving the quality, consistency and reliability of essential care elements, reducing patient harm and improving experience.

Over the past year the project leads have been monitoring a series of metrics associated with care rounds and looking at the impact that care rounds have on patient safety and communication.

During March the project leads began a series of refresher training sessions aimed to refocus staff on the need to ensure consistency and the link between care rounds and patient safety. In addition to staff training the metric associated with care rounds required review and there was an opportunity to link the patient outcome to a National Safety Thermometer CQUIN.

From April 2012 the Trust, as part of a National CQUIN will be collecting and submitting data which captures the prevalence of pressure ulcers by grade, falls and the associated harm venous thrombosis events and urinary catheters and infection.

In order to prepare for this the metrics have been agreed nationally and during February and March 2012 the ability to collect the data has been explored and discussed internally and externally with key stakeholders.

The measurement associated with the Safety Thermometer is aligned to the concept of care rounds and the implementation plan is being developed to ensure that the outcomes associated with this measurement can be collated as required.

The National Safety Thermometer CQUIN will allow Trusts to compare similar data sets which have all been measured in the same way, and the ability to have a consensus nationally on how we report will allow the Trust to measure the impact that Care rounds have on patient outcomes against a nationally defined metric system which will be made available to the public.

5. Work on Safeguarding Adults and Children

5.1 Adult Safeguarding

During the period there have been forty new safeguarding adult investigations. Of these, twenty five were formal multi-agency alerts. The remainder comprised enquiries related to complex care arrangements. Four patients without family or close friends required independent mental capacity advocates to be appointed for serious medical treatment and changes to accommodation after discharge for patients lacking mental capacity to make such decisions. Two DoLS assessments were made but did not proceed to the need for authorisation of deprivation of liberty. There were three requests for domestic homicide reviews and in one case both adults identified had attended the Trust.

5.2 Safeguarding Children

There were no requests from Birmingham Safeguarding Children Board for individual management reviews for Serious Case Reviews during the period. Two referrals were made to the integrated access teams where adults presented to ED and had the responsibility for the care of children and one call for advice was received from sexual health services. One level 3 MAPPA case is ongoing where an adult patient poses a significant risk to those less than 18 years of age.

6. Same Sex Accommodation

6.1 The revised Operating Framework for 2010/2011 specifies that NHS Organisations are expected to eliminate mixed-sex accommodation except where it is in the overall best interest of the patient or reflects their personal choice.

6.2 Progress

On 14 January 2011 the Trust first declared compliance having eliminated mixed sex accommodation within the hospital. The annual declaration is published on our external web site and was updated April 2012.

6.3 Breach Declaration

Since December 2010 we have been submitted breach data in relation to incidents of mixed sex accommodation.

To date the following data has been submitted:

Year	Month	No of incidents	Number of patients affected	Internal RCA Outcome	Contract Review outcome
Q1	Apr	0	0		
	May	1	4	Clinically Justified	Agree
	Jun	2	5	Clinically Justified	Not yet reviewed
Q2	July	0	0		
	Aug	0	0		
	Sep	0	0		
Q3	Oct	0	0		
	Nov	0	0		
	Dec	0	0		
Q4	Jan	0	0		
	Feb	0	0		
Total		**3**	**9**		

7. End of Life/Bereavement

7.1 Care of the Dying Patient Pathway

A Care of the Dying Patient Pathway with a focus on the last 5-7 days of life is under development for all dying patients and will also to be used in conjunction with the Supportive Care Pathway (SCP) where appropriate.

The review of these pathways will incorporate the elements of care rounds to ensure consistency and also reduce the need to record information in more than one place. In order to support staff to have the difficult conversations required to start a patient on a supportive care pathway a one day advanced communication skills workshop is being piloted in May and June with 24 consultants. Traditionally advanced communication skills training programmes have been delivered over a three day period, however, recognising that it is difficult for staff to be released from their clinical commitments a challenging course that has been tailored to be delivered in one day has been developed. The course will focus on how participants have

difficult conversations and break bad news to patients, their families and other health professionals. As a part of the evaluation process of the pilot, patients and their families will be asked to complete pre and post workshop questionnaires on the communication skills of the candidates.

7.2 End of Life Care and Bereavement Services Training DVD

A training DVD is being produced which is designed for dying patients and their families. Staff have expressed that at times they do not feel that they have the skills to ensure that patients at the end of life, are as pain and symptom free as possible. The DVD will be used to encourage staff to use support mechanisms which are available to them such as the Supportive Care Pathway and the Care of the Dying Patient Pathway. The role of the Palliative Care Team will also be discussed as well as how to access useful information. Support for bereaved families is also important and ensuring that they also have the information and support that they need at a very difficult time. This DVD will be shown to staff when they attend their annual mandatory training updates.

7.4 Bereavement

Improving Death Certification Process

The 'Early Adopter' for the new Medical Certification Process commenced 2nd April 21012. The Trust has a lead medical examiner with junior specialist doctors who provide cover twice daily (total of 4 hours per day) to bereavement care. The Medical Examiners officers are experienced bereavement care officers who are on secondment to this role. Regular updates will be provided.

National Bereavement conference is to be held at UHB on 15 May 2012.

Small Actions Big Difference – The Birmingham Bereavement Project's conference (UHB and HEFT) is the third national conference which forms part of Dying Matters Awareness week. The conference aims to highlight the work of the Birmingham Bereavement Project and the development of a seamless model for bereavement across traditional boundaries. The day will include presentations from keynote speaker, Eve Richardson, Chief Executive of Dying Matters.

8. Nursing Care Quality Indicators

The Nursing Quality Indicator group continues to progress 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, they continue to be reported at the Care Quality Group, with each indicator lead presenting progress on a quarterly basis.

The focus for the next year will be on improving patient safety associated with the following key areas:-

- Hospital acquired unavoidable pressure ulcers
- Hospital falls associated with harm
- Nutritional assessment and interventions
- Infection associated with urinary catheters

The National Safety Thermometer CQUIN will capture prevalence data on pressure ulcers, falls, VTE, urinary catheters and infection.

The National Dementia CQUIN will focus on 3 elements (screening, risk assessment, and referral for specialist diagnosis/referral back to GP

There will be a local CQUIN aimed at reducing the number of hospital acquired avoidable grade 3&4 pressure ulcers.

9. Complaints Report

9.1 Number of Formal Complaints by Month: January and February 2012

A total of 51 complaints were received in January 2012 and 61 in February 2012. Whilst this shows complaints numbers increasing; the sustained, pro-active triaging of complaints to more appropriate avenues of resolution (e.g. PALS, direct Divisional staff contact) has ensured that numbers have not returned to historic levels. This enables the Trust to provide a more responsive service to the complainant.

9.2 Patient Services Department actions

The Department continues to work hard to deliver a service that will meet the expectations of patients, their representatives and the Trust. Every effort is made to provide a personal service whilst observing “best practice” guidelines and meeting legislative requirements. Wherever possible, complainants are contacted to discuss their concerns and to elicit their preferred method of resolution. This provides the opportunity to offer a fast-track complaints service, where arrangements are made for the complainant to receive a telephone call from senior medical or nursing staff. There are benefits to the Trust in providing a service in this way but, most importantly; it allows patients and the public to be reassured that their complaints receive speedy and personal attention. The intention is that, rather than complainants being driven through a process, we deal very directly with their specific concerns and their desired outcomes.

9.3 Trust actions in response to complaints

Complaints continue to be reported monthly to the Care Quality Group as part of the wider Patient Experience report. A monthly complaints report is also presented at the Chief Executive's Advisory Group. Each quarter, a detailed analysis of complaints is presented to the Audit Committee and data are also included in quarterly updates to the Quality Account. Selected complaints form part of the Executive root cause analysis sessions into omissions in care and, where trends are identified; trust-wide actions can be implemented to prevent recurrence. Complaints continue to be used as a trigger for bespoke customer care sessions for staff in areas where attitude and communication issues have been highlighted.

A comprehensive review of both Complaints and PALS services in the Trust has recently been completed, which has recommended a fundamental restructure of both services to create a more streamlined, responsive, joined-up service. Implementation of the proposed plan should provide improved internal processes to benefit the Trust in terms of providing a more efficient service which has a greater emphasis on embedding learning from contacts and a faster, more efficient service for users.

Additionally, the main database for both PALS and Complaints is being redesigned to provide not only a more efficient way of capturing information to clearly highlight trends and drive the completion of actions from complaints but also to allow Divisional staff to have direct access to the database to streamline the process and underpin Divisional ownership of the complaint, and its associated issues and actions.

Finally, an audit is being undertaken of the Patient Services Department and the complaints processes and procedures by Deloitte, which will also contribute to the review.

10. Discharge Quality

The Trust Policy stipulates that our overall aim is to provide a framework that delivers safe, effective and timely discharge or care transfer for all patients, with appropriate support to enable them and their families and carers to be fully involved in the process.

10.1 Audit of practice

As part of the Quality Improvement Cycle during October 2011 the Trust undertook a large scale audit of current practice across all clinical

divisions by reviewing over 1000 discharges. The aims were to identify areas of good practice and to explore where further action was required to improve the consistency and quality of discharge practices.

Action Plan update

- A Trust wide action plan for improvement has been developed and is being monitored at the Discharge Quality Meetings chaired by the Executive Chief Nurse.

- The Discharge and Transfer of Care Policy and Procedure were amended following the audit and approved in January 2012. During March 2012 the final implementation meetings were held with key stakeholders which build upon the communications plan linked to the policy and procedure changes.

- The ongoing audit of the revised procedural documents lies within Divisions and is included in the new policy.

- The audit outcomes have been developed into Divisional reports and Divisions are developing action plans specific to their services which are to be tabled at the Discharge Quality Group.

- A cycle of reporting has been developed to ensure the Discharge Quality Group receives reports in a timely manner ie: patient experience / self discharge / incidents and procedural updates.

11. Recommendations

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

Kay Fawcett
Executive Chief Nurse
17 April 2012