

AGENDA ITEM No:

UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 24 FEBRUARY 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 with an update on care quality improvement within the Trust

Signed:	Date: 15 February 2011
----------------	-------------------------------

UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 24 FEBRUARY 2011

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 Enhanced Patient Feedback

Over 12,500 patients have responded to the electronic patient survey in as at the end of January 2011. As predicted, we did see a dip in response rates in quarter three following move two, due to the limited number of televisions that were available initially in the new QEHB. However, we expect to see this improve in quarter four.

Up to the end of December 2010 more that 16,600 items of feedback from patients, carers and the public has been received. This figure includes all the different methods of feedback including the 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.

Steady progress has been made against the actions set out in the Inpatient Survey Action plan. Progress is monitored through the Back to the Floor meetings in each Division and by the Care Quality Group. The causes of noise at night are currently being explored further with an audit due to take place in early March. The results of the audit will inform further actions to be undertaken to make improvements.

As well as the Outpatient Telephone Survey, a new Discharge Telephone Survey commenced in January. The survey captures information about the quality of the patient experience of discharge from a ward. The information will be used by the Discharge Quality Group to highlight areas for improvement.

The mystery patient project with the Pharmacy Dispensary highlighted issues around the waiting room, waiting times and processes within the department. These have informed an improvement plan which is currently being implemented.

In the recent National Patient Experience Network Awards the Patient Experience Team were in the top three for two separate projects; the systematic capture of real time feedback; and, the support given to ensure that older patients have the opportunity to use the bedside survey.

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. The uptake of the assessment on PICS has not been as successful as hoped, with 44% of assessments completed on PICS. 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. The monitoring and facilitating the wards to complete the assessments on PICS is an ongoing process.

The falls and Fracture Prevention Nurse Specialist is also working with the Informatics team to develop an automated system to identify patients who have fallen more than once to the ward teams.

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.

3.2 New Hospital Bathrooms

As an update from the last report BBW have completed works to all bathroom door thresholds and shower areas that were identified as requiring extra work to contain the water. There have also been complaints in regard to the lights within the bathroom areas turning off when patients were still in them. The New Hospital Team, BBW and the Falls and Fracture Prevention Nurse Specialist have been working on a solution for this. The installation of a 360 degree sensor and a fixed time period of 15 minutes after last movement has been trialed and a plan of works to install in all patient bathrooms is in progress.

3.3 Optimal Care Project

The Optimal Care Project for Frail Elderly consists of three streams; falls, Stroke and Dementia. This project is in conjunction with Birmingham City Council; NHS South, West Midlands Ambulance Service, South Birmingham PCT and PWC. The workshops were completed and a plan of suggested cost effective projects was presented to the Optimal Care

Board in December for consideration. There is yet to be a decision on the projects that will move forward to have funding allocated.

3.4 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.

3.5 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 Award Ceremony is on 9 March 2011 where the winner will be announced.

3.6 H.M Coroners Inquest

An inquest on the 7 and 8 of February into a death of a patient in May 2009, following inpatient falls concluded that; the nursing staff failed to carry out a falls assessment on six separate occasions and did not obtain a medical review following one of the falls. These were considered gross failures and contributed to the patient's death. The Coroner concluded that Neglect contributed to her death.

The H.M Coroner is aware of all the improvements that have been put in place since this patient's death and the Trust did not receive a Rule 43.

4. **Care Rounds**

The Trust is undertaking a project using a rapid spread methodology to introduce and implement care rounds. A Care Round includes hourly checks of patients to assess their comfort, hydration, nutrition, continence and environmental needs.

All 29 inpatient wards will be participating in the implementation across both old and new hospital sites. The exclusions are Emergency Department, ICU and Ambulatory care.

The aims of the project are:

- To stop paper based nursing assessment documentation for Falls, Waterlow and M.U.S.T assessments
- To introduce and implement care rounds which enhance patient interaction

- To introduce and implement the S.K.I.N tool (replacing skin inspection and repositioning charts)

The project was launched by the Chief Nurse on Monday 14 February. There will be a four week training period and staff will commence using the Care Round Checklist on March 16.

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

5.1 Adult Safeguarding

Since December 2010 there have been sixteen new safeguarding adult investigations. Fourteen were raised internally where vulnerable patients at risk were admitted in a poor condition. One deprivation of liberty safeguard application was made and authorised in the period and two 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 since December 2010. In two of the cases adult members of the family attended for outpatient appointments, which had no bearing on the subsequent death of the children involved. In the third case, a sibling had contact with the Trust at the time the Burns & Plastics Service transferred to Birmingham Childrens Hospital.

6. **Single Sex Accomodation**

The Department of Health requires all Trusts to virtually eliminate mixed sex accommodation for patients and this has presented a challenge in the Trust's old buildings. Since June 2010, all inpatient areas within the new hospital have become single sex compliant. Following Move 3 at the end of January 2011 the vast majority of remaining inpatient areas have become compliant in both the old and new estate. The Trust delivery plan for this agenda is measured monthly and monitored by South Birmingham PCT. The Trust has now developed a procedural document which outlines the actions to be taken should a breach in Policy occur. Since the breach policy has been in place only one breach has occurred and a full RCA of this incident is underway.

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

7.1 Electronic End of Life Care Pathway

UHBTF have been successful in collaboration with St Mary's Hospice in securing funding from NHS West Midlands for an electronic end of life care pathway pilot project. The aim of the project is to improve communication by means of an electronic tool between UHBTF, St Mary's Hospice and a number of local GP surgeries, with a focus on documentation of difficult conversations and patient choice regarding end of life. With immediate

access to current patient information appropriate decisions can be made. Documented decisions regarding patient choice can be viewed and also contact numbers for community support. This would facilitate patients who present to A&E to be able to be discharged home rather than admitted to hospital and could also lead to reduce length of stay for those patients who are admitted. St Mary's Hospice and the GP's surgeries will also benefit from being able to access information regarding their patients who having been recently discharged or remain inpatients. The pilot will initially be focused across Harborne and Bourneville wards, A&E dept and Clinical Decision Unit. These areas have been selected as there are already relationships established to ensure effective development of the tools for the pilot and a firm base from which to expand the use of the template to non-cancer specialities beyond the pilot.

7.2 Training and education

The University of Birmingham has been successful in a bid for funding for the delivery of a programme of inter-professional learning related to end of life care for medical and nursing teams at University Hospital Birmingham NHS Trust. There are 3 workshops to be held in August and September with places for 20 qualified staff from various disciplines per workshop. We will be looking to utilise this opportunity to focus the education and training on issues raised by patients and relatives in PALS contacts, complaints and the Bereavement Service relatives questionnaire.

7.3 Last offices packs

A standardised pack which contains all resources required to perform last offices will be launched on 4th March 2011 across all clinical areas. QEHB charities have funded the containers for these standardised packs as well as specifically designed purple bags for deceased patient's property.

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 them 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 monthly at the Care Quality Group

9. **Complaints Report**

9.1 Number of Formal Complaints by Month: October 2010- December 2010

Numbers of complaints remain high, showing a 4% increase compared with the previous quarter. There was a rise to 63 in October and to 77 in November, before a small drop to 73 in December. During this quarter, the Patient Services Department has worked toward improved complaint

management and reporting, in order that the Trust may learn from complaints and deliver service improvements. Reports continue to be provided direct to Divisions for quality improvement work to be carried out on the spot.

9.2 Root Cause Analysis of Care Quality

Where there are complaints or serious incidents requiring investigation which relate to the quality of care delivered, these are discussed as part of the care quality root cause analysis process and action plans are developed and evidence is provided month on month that changes are being made in practice. The outcomes are reported to the Care Quality Group along with the assurance that change is being effected.

10. **Recommendations**

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

Kay Fawcett
Chief Nurse
15 February 2011