


UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 22 DECEMBER 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: 15 December 2011
---	----------------------------------

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 22 DECEMBER 2011

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 Inpatient Survey

The Trust is currently taking part in the National Inpatient Survey, as required by the Care Quality Commission (CQC). The postal survey has been sent to 850 patients who were inpatients for one night or more in June 2011. The fieldwork completed in November. The results will be available to the Trust in February and will be published by the CQC in May 2012

The National Outpatient Survey fieldwork has now completed. Results have been provided to the Care Quality Group and to Division C. The headline results demonstrate an improvement on the previous survey in 2009. An Action plan will be presented to the Care Quality Group in January and progress monitored by the group. The National Benchmark results will be published by the Care Quality Commission in February 2012.

2.2 Enhanced Patient Feedback

For the period ending 30th November, 21,228 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 actions taken by each Division to improve the experience of patients, carers and visitors.

In the electronic patient survey the most positive responses were for the cleanliness of wards and bathrooms, overall rating of care, and privacy when being examined, all of which achieved a rating above 90%. The least positive responses were for someone to talk about worries, noise at night, and conflicting information, and food which achieved ratings 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.

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.

Month	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct
Total	1849	1772	2041	2359	2919	2909	2986	2984	2892	2851
% Assessments	47.40%	50.80%	51.82%	67.8%	75.31%	80.25%	80.62%	79.81%	80.51%	78.52%
Total falls	236	229	232	213	225	193	235	216	195	198
Patient harm	48	40	44	34	34	39	41	51	35	49

The ongoing audit monitoring compliance with completing a falls assessment on PICS on admission continues, 26 wards were audited, 2 areas achieved more than 90%(wards 411, 518) Ward 517 is consistently achieving 100%. 4 areas failed to achieve 70% (wards 514,519,623,727) the falls team are working with these areas to improve compliance.

The monitoring of the falls assessments on PICS continues and areas are targeted by the falls team to improve their compliance to assessment.

3.2 Harm from inpatient falls

There were 3 incidents in Q2- 2011 that caused serious harm to patients. This is a 50% reduction from 6 to 3 falls compared with Q2-2010

In July 2011 was a serious harm free month for patient falls. There has been serious harm to patients following a fall in September and October with two incidences and one reported incidence in November. There has been an increase of 2% of harm in quarter 2 in comparison to quarter 1 2011/12; this increase is demonstrated to the minor/moderate harm category.

3.3 Collaborative work streams for falls prevention

From June 2011 ward Pharmacists are completing medication reviews for patients who are risk of falling. There was an initial audit in August to monitor the compliance to the pharmacy standards; an extended audit is planned in December.

3.4 Falls Standard Requirements

There are requirements for falls prevention strategies as part of the NHSLA standards. The falls team has been working with the Governance teams to ensure evidenced compliance with these requirements.

The Policy for the prevention, reduction and management of slips, trips and falls, including work at height and the Inpatient Falls and Injuries prevention procedure have been revised in line with latest evidence, CQC and NHSLA requirements.

As part of this revision of documents the inpatient falls leaflet has also been revised and is due to be reviewed at patient counsel in the near future.

A Post falls training and Education programme is taking place during November and December.

4. Care Rounds

In March 2011 “Care Rounds” were introduced to all 28 inpatient wards across UHB with the aims of improving the quality, consistency and reliability of essential care elements, reducing patient harm and improving experience.

At the beginning of the project a set of metrics was agreed to be monitored monthly. The outcome measures that are associated with the implementation of care rounds are shown in the table below.

Metric % Shown as a % of total number of patients admitted	Jan 2011	Feb 2011	March 2011	April 2011	May 2011	June 2011	July 2011	Aug 2011	Sept 2011	Oct 2011
4 hour Patient risk assessment on PICS , Falls	47.4%	50.8%	51.82%	67.77%	75.31%	80.25%	80.62%	79.09%	80.51%	78.52%
6 hour Patient risk assessment on PICS , Waterlow	46.4%	48.11%	48.08%	61.02%	69.61%	74.87%	75.94%	74.37%	76.39%	74.99%
0 > 24 hour Patient risk assessment on PICS , MUST	36.61%	39.68%	42.17%	50.45%	55.65%	62.26%	62.07%	62.07%	61.47%	63.81%
No of falls	236	229	230	212	224	192	234	215	196	198
Harm from fall reported	48	40	44	34	34	39	41	51	35	49
Referral to dietician	357	324	378	341	370	390	412	451	422	438
Grade 2 Pressure Ulcer **	32	36	37	42	48	40	44	46	45	68

** The pressure ulcer metric is complicated by the need to review and compare like for like data at the same time of year, direct comparison of ward size and case mix is not possible until each ward has been in place in QEHB for 1 year and classification and grading of pressure Ulcers @ UHB changed on 01.04.11

5. Work on Safeguarding Adults and Children

5.1 Adult Safeguarding

During the period there have been twenty two new safeguarding adult investigations. Of these, nineteen were formal multi-agency alerts. The remainder comprised enquiries related to complex discharge arrangements. Three patients required independent mental capacity advocates to be appointed for changes to accommodation after discharge for patients lacking mental capacity to make such a decision. Three deprivation of liberty assessments were made however none required authorisation as care was being delivered in the least restrictive manner possible. One request has been received for an individual management review of a domestic homicide.

5.2 Safeguarding Children

There have been three requests from Birmingham Safeguarding Children Board for individual management reviews for Serious Case Reviews during the period. Two interagency alerts were raised for children attending ED. Both were known to the Children & Families social care teams.

6. Same Sex Accommodation

6.1 The revised Operating Framework for 2010/2011 made it clear 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 14th January 2011 the Trust declared compliance having eliminated mixed sex accommodation within the hospital. The declaration is published on our external web site and we are required to make an annual declaration in relation to compliance.

6.3 In place are electronic and manual local monitoring systems and robust breach reporting guidelines which have been published on the intranet. Copies of our breach reporting guidelines have been sent to South Birmingham PCT and NHS West Midlands (SHA).

6.4 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	No of patients affected	Internal RCA Outcome	Contract Review outcome
2010	Dec	0	0		
2011	Jan	0	0		
	Feb	0	0		
	March	1	4	Clinically Justified	Agree
	Apr	0	0		
	May	1	4	Clinically Justified	Agree
	Jun	2	5	Clinically Justified	Not yet reviewed
	Jul	0	0		
	Aug	0	0		
	Sep	0	0		
	Oct	0	0		
	Nov	0	0		
Total		4	13		

7. **End of Life/Bereavement**

7.1 Improving Death Certification Process

The Trust will to be an 'early adopter' for the new Medical Certification process. A paper presented to today's Board meeting explains the national changes in the process, the increased scrutiny involved and the role of the Medical Examiners.

7.2 Care and Compassion Follow Up Calls

The first 7 months of the care and compassion calls pilot (April-October 2011) resulted in 406 calls being made to relatives. The calls, 4 weeks post bereavement, are made by the Bereavement Care Officers as part of their responsibilities.

The majority of individuals said that they found the call helpful and were appreciative of the time taken to contact them. Some individuals had queries regarding practical help such as funeral arrangements or probate (information available in the Bereavement Pack provided) or needed signposting to support services such as CRUSE. Some had queries regarding care issues whilst their relative was in hospital and

these were signposted to the appropriate Division. As a result of the success of this pilot the service will be continued.

7.3 Bereavement Questionnaire (2010 – 2011)

During the period, 527 questionnaires (45% return rate) contained over 1000 written comments from relatives. There were many positives comments from relatives, many using the questionnaire as an opportunity to give compliments to the doctors and nursing staff involved in their relatives' care.

Although the results were similar to those from 2009-2010, there were noticeable improvements this year regarding the environment in which patients died and privacy when relatives were spoken to. Communication in terms of the correct use of terminology, now included in staff training, also showed an improvement. Although general nursing care was highlighted as an area for improvement this will be addressed as part of the hourly Care Rounds.

8. Nursing 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 Q2 report was presented to the Care Quality Group on 29th November.

9. Complaints Report

9.1 Number of Formal Complaints by Month: November 2011

A total of 63 formal complaints were received in November 2011 which was a further reduction on the 69 in October and a significant decrease from the 90 cases opened in September 2011. A more robust triage process is now being completed which is having an effect on the early resolution of both these and the informal contacts.

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 legislation. Wherever possible, complainants are contacted to discuss their concerns and to elicit their preferred method of resolution.

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.

10. Recommendations

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

Kay Fawcett
Chief Nurse
December 2011