

UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 27 OCTOBER 2011

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| 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 Plan Ref: Term | Aim 1. Always put the needs and care of patients first |
| Key Summary: Issues | |
| Recommendations: | The Board of Directors is asked to receive this report on the progress with Care Quality. |

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| Signed: | Date: 18 October 2011 |
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PRESENTED BY THE 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 will continue throughout October and 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 will be published later this year.

2.2 Enhanced Patient Feedback

From 1 April 2011 to 31 August 2011, 13,214 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 August there were 1,846 responses to the electronic bedside survey bringing the total for the year to date to 9,645. 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 above 96%. The least positive responses were for someone to talk about worries, noise at night, and conflicting information, which achieved below 70% positive responses.

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.

2.3 Noise at Night Audit

In the previous two National Inpatient Surveys, patients reported that their sleep was disturbed by staff at night. UHB achieved a score of 73 out of 100 in 2010 whilst the threshold for the top 20% of Trusts was 82 and maximum score by any Trust was 92.

The score on the electronic bedside survey was 77.

To explore further the possible cause, and patient and staff views on this issue, a hospital wide audit was undertaken by the Patient Experience Team in March 2010.

The audit was in three parts: a) patient experience, b) staff survey and c) audit on various aspects of care such as skill mix, staffing pattern, and patient dependency level.

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| Number of patients responding to the survey: | 609 |
| Number of staff responding to the survey: | 342 |
| Number of Divisions covered: | 4 |
| Number of wards covered: | 33 |

The results showed that:

96% of patients stated that staff did all they could to help them rest and sleep. However, 50.5% of patients had experienced disturbed sleep.

Of the patients who had disturbed sleep, the reasons given were:

- Pain
- Need to use the toilet
- Noise from other patients
- Staff attending to me

Noise from staff was reported by 7% of patients, and included:

- Noise from shoes (doctors)
- Staff talking to patients
- Staff talking to each other

Other noise included:

- Clinical equipment
- Patient call bells

The results have been fed back to the Associate Directors of Nursing who will use them to inform their action plans for improvement, reported through

the Care Quality Group. Responses to the bedside survey will continue to be monitored and a repeat audit will take place in 2012.

3. Falls

3.1 Falls Assessment on PICS

Since the transfer of falls assessments to an electronic format in July 2010 here has been a gradual increase in the number completed on PICS. The latest figures demonstrate a continued improvement of assessment on PICS with the September compliance figure being 80.51%. Targeted training continues in areas with lower rates in order to meet 95% required to meet the CQUIN target by Q4.

3.2 Harm from Inpatient Falls

One patient in August and in two patients September fell resulting in serious harm, full root cause analysis has taken place for all three cases.

3.3 AHP collaborative work streams for falls Prevention

From June 2011 ward Pharmacists are completing medication reviews for patients who are risk of falling. A baseline audit has been undertaken and the FFPNS and Lead Pharmacist for Elderly care have met with the PICS Medical lead to agree actions for improvement.

3.3 Falls Essence of Care Benchmarking

The Falls essence of care benchmarking is taking place during September and October, there is a rag rating system and a requirement to complete an action plan for improvements.

3.4 Falls Standard Requirements

There are requirements for falls prevention strategies as part of the NHSLA and CQC Essential Standards. The falls team has been working with the Governance teams to ensure evidenced compliance with these requirements. The falls strategies in place have achieved effective (green) status upon the Performance Accelerator.

4. Care Rounds

In March 2011 "Care Rounds" were introduced to all 28 inpatient wards across UHB.

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 |
|--|--|----------|------------|------------|----------|-----------|-----------|----------|-----------|
| 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% |
| 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% |
| 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% |
| No of falls | 236 | 229 | 230 | 212 | 224 | 192 | 234 | 215 | 196 |
| Harm from fall reported | 48 | 40 | 44 | 34 | 34 | 39 | 41 | 51 | 35 |
| Referral to dietician | 357 | 324 | 378 | 341 | 370 | 390 | 412 | 451 | 422 |
| Grade 2 Pressure Ulcer ** | 32 | 36 | 37 | 42 | 48 | 40 | 44 | 46 | 45 |

** 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 01.04.2011.

5. Work on Safeguarding Adults and Children

5.1 Adult Safeguarding

During the period there have been twenty seven new safeguarding adult investigations. Of these, twenty one were formal multi-agency alerts. The remainder comprised enquiries related to complex discharge arrangements. Five 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.

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 Accomodation

6.1 Revised Operating Framework for 2010/2011

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 14 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. Since December 2010 we have been submitted breach data in relation to incidents of mixed sex accommodation. The Trust has had no single sex breaches for the past 3 months.

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

7.1 End of Life Care PICS Developments

A Supportive Care Pathway (SCP) register is currently under development. Each patient who is on an SCP should have this recorded on PICS by triggering the SCP icon. As well as generating a register of patients it also means that the icon remains on the patient's electronic record and is a continued visual prompt that the patient is on the SCP.

7.2 Significant Communication Documentation Update

The facility to record significant conversations with patients and their families will be available on PICS from Monday 17 October 2011 in Oncology Services .This tool will enable significant conversations with patients to be recorded electronically and shared between UHB and St Mary's as well as a number of local GP practices who are also engaged in the project. A&E and CDU will also be able to use the tool to access information that has been entered onto the system either by the patient's GP or oncology services at the Trust.

7.3 Comfort Care Packs

A 3 month pilot funded by QEHB Charities to support the provision of comfort care packs will start in November 2011. There are to be 8 wards across all the floors involved as well as CDU and a critical care unit.

7.4 Bereavement

Early Adopter for medical certification - A paper is going to Board in November for the future development of the role of medical examiners in relation to the death certification process to commence early next year.

Follow up care and compassion calls - Care and compassion calls continue within the bereavement department to relatives 4 weeks post the families bereavement; a report will be collated for the findings from the first 6 months of calls.

Bereavement Questionnaire - The questionnaire continues, a report for the period July 2010- July 2011 is ready to present to the care quality group.

Mortuary Audit - A last offices audit has taken place over a five week period to look at the wards practice in care of the deceased patient a report is being collated at the present time findings will be presented at a future date.

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 indicators continue to be reported at the Care Quality Group, with each indicator lead presenting progress on a quarterly basis. The Q2 report is ready for presentation at the Care Quality Group.

9. **Complaints Report**

9.1 Number of Formal Complaints by Month: August & September 2011

Following a drop in July, 90 new complaints were received in both August and September.

9.2 Patient Services Department Actions

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.

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.

Agreement has been reached for an upgrade to the complaints management database that sits within the Datix system. This is a more functional system that will allow cases to move between the Patient Services Department and the Divisional investigating officers. Together with the development of the Complaints Dashboard, it is intended that improved data will be available to senior managers at Divisional and Executive level. Complaint investigation reporting will become easier and more structured,

and allow triangulation of data between Complaints, Incidents, Claims and Inquests.

10. **Recommendations**

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

Kay Fawcett
Chief Nurse
18 October 2011