

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

FRIDAY 3 DECEMBER 2010

Title:	PATIENT CARE QUALITY REPORT
Responsible Director:	Kay Fawcett, Executive Chief Nurse
Contact:	Michele Morris, Deputy Chief Nurse; Extension 6355
Purpose:	To provide the bimonthly update on work related to care quality 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 key elements of Care Quality.

Signed:	Date: 16 November 2010
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PATIENT CARE QUALITY REPORT

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 the formal complaints received within the Trust since the beginning of the year.

2. Measuring the Patient Experience

2.1 Enhanced Patient Feedback

Over 10,000 patients responded to the electronic patient survey in the first six months of 2010-11. This is a significant improvement on 2009-10 when a total of just under 11,000 responses were received for the year. Response rates have improved following the dip in quarter two as a result of the new hospital move. We are expecting to see a similar dip in quarter three following move two, due to the limited number of televisions that will be available initially in the new QEHB. However, we expect to see this improve in quarter four.

An action plan to address areas for improvement highlighted by the National Inpatient Survey and bedside survey has been agreed by Divisional leads and the Care Quality Group. Progress is being monitored through the Back to the Floor meetings in each Division.

The Patient Experience Analyst is providing a deep dive report to further interrogate the data and highlight hot spots of negative responses. This is presented and discussed with Divisions at the Care Quality group and used to make improvements in relation to the patient experience within specific wards. This has included a more detailed survey of the food provided for patients.

The Outpatient Telephone Survey is now live and is capturing feedback from 70 patients per month. The survey focuses upon patients who have attended for an outpatient appointment in the previous month. Informatics are currently reorganising the data to align it to specialties.

A mystery patient project with the Pharmacy Dispensary has highlighted issues around waiting times and processes within the department. The information will be fed back to staff in November and an improvement plan developed to address the key issues. A similar mystery shopper project, in collaboration with the Learning and Development Department will support a review of Customer Care training to ensure it is aligned with the Patient Experience Agenda and supports the Trust values.

3. Falls

The management of inpatient falls continues to be a key priority.

3.1 PICS Initial Assessment

The transfer from paper to electronic capturing of data occurred at the end of July, the clinical areas have not reported any difficulties with the transition and ongoing training and education regarding its importance continues. In order to monitor the effectiveness, the Informatics Team are currently developing a new clinical dashboard in line with the CQUIN targets.

3.2 New Hospital Bathrooms

The Falls and Fracture Nurse Specialist have been working in collaboration with the New Hospital Team, infection control and BBW regarding showers and door thresholds. The solution was agreed and a plan of work is now in place to ensure the clinical areas before the phase 2 move are completed prior to the move and the other patient areas to be completed as per New Hospital Team plans.

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. There are scheduled workshops to look at pathways and core themes that are currently being collated.

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 of the survey will be available in January 2011.

4. Work on Safeguarding Adults and Children

4.1 Adult Safeguarding

Since September 2010 there have been twelve new safeguarding adult investigations. Of these, four were raised by nursing homes in connection

with patients discharge. Seven were raised internally where vulnerable patients at risk were admitted in a poor condition. One related to an important drug being stopped suddenly, which has been investigated by the PCT. One deprivation of liberty safeguard application was made in the period and one patient required an independent mental capacity advocate to be appointed for proposed serious medical treatment.

4.2 Safeguarding Children

There have been four requests from Birmingham Safeguarding Children Board for detailed individual management reviews for Serious Case Reviews since September 2010. In each case the parents or other adult family members only attended the Trust. In two cases, a parent had been treated in ED as a result of attempted deliberate self harm or for the effects of alcohol misuse. Local actions have been put in place for these cases and there may be actions from BSCB for all ED's in acute hospitals in the City.

5. **Single Sex Accomodation**

The Department of Health requires our Trust 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 2 by the end of November the vast majority of remaining inpatient areas will become compliant in both the old and new estate. Move 3 in January 2010 will see the final challenges which relate to the building resolved when the affected clinical areas move. 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.

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

6.1 End of Life Care – Presenting Patient and Relatives Views

At the QEHB Grand Round 16 September 2010 Dr John Speakman (Palliative Care Lead) in collaboration with Derek Ball (Patient Services Manager) presented the results from a questionnaire sent to all consultants. The presentation given to a cross section of medical staff related end of life care issues raised in the questionnaire to feedback from patients and relatives. The themes discussed were predominantly with regard to communication and the language used when discussing end of life. These themes are also prevalent in the feedback from the Bereavement Service questionnaires where families have stated that the words "death" and "dying" are often not used by clinicians, leading to confusion and lack of clarity with regard to the condition of the patient.

The clinicians acknowledged that at times there are difficulties in recognising end of life and would also welcome further education and training in particular advanced communication skills. The End of Life Core

Steering Group are currently scoping how this education and training can be appropriately delivered.

6.2 Training and Development for the Unregistered Workforce

The End of Life and Bereavement Care training programme for unregistered staff starts in January 2011. This pilot six month programme will be undertaken by 30 auxiliary nurses from clinical areas across the Trust with a focus on those areas where training issues have been raised either in formal complaints or feedback from the Bereavement Services survey. The programme includes work based competency assessment as well as 6 study days which have been funded by QEHB charities; the content of these days is based on feedback from questionnaires, focus groups and interviews with staff and service users.

6.3 Pathways for Patients at the end of Life

Collaborations are currently underway with NHS West Midlands and NHS South to improve communication mechanisms across secondary care, primary care and communities services. This work also endeavours to improve the knowledge of end of life care services that are currently provided in order to deliver effective pathways seamlessly across organisational boundaries for patients and their relatives.

7. **Nursing Quality Metrics**

The Deputy Chief Nurse has established a nursing quality metrics group to oversee the implementation of a number of National and Regional Quality Indicators which are nurse specific and relate to care delivery. The group has developed a number of care quality measures outlined in national strategies and brought them together within the existing quality frameworks outlined in the 2010/2011 Operating Framework, Quality Accounts and CQUINs. The plan is to implement and facilitate measurement of the quality measures and a first report is going to the November Care Quality Group for ratification and a summary will be provided in the next Care Quality Board paper.

8. **Complaints Report**

8.1 Number of Formal Complaints & Response Rates by Month: July 2010- September 2010

Following the spike in complaints in July, when 90 were received, numbers have declined in the following two months in Quarter 2 to 61 in August and 54 in September. However, the level of post volumes into Patient Services remains high and this will be reflected in the formal complaints data when contact is made with the complainant and consent established. The detail and complexity of complaints remains at high levels, which mirrors the current experience of other Trusts locally.

8.2 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 root cause analyses are reported to the Care Quality Group along with the assurance that change is being effected.

9. **Recommendations**

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

Kay Fawcett
Chief Nurse
16 November 2010