


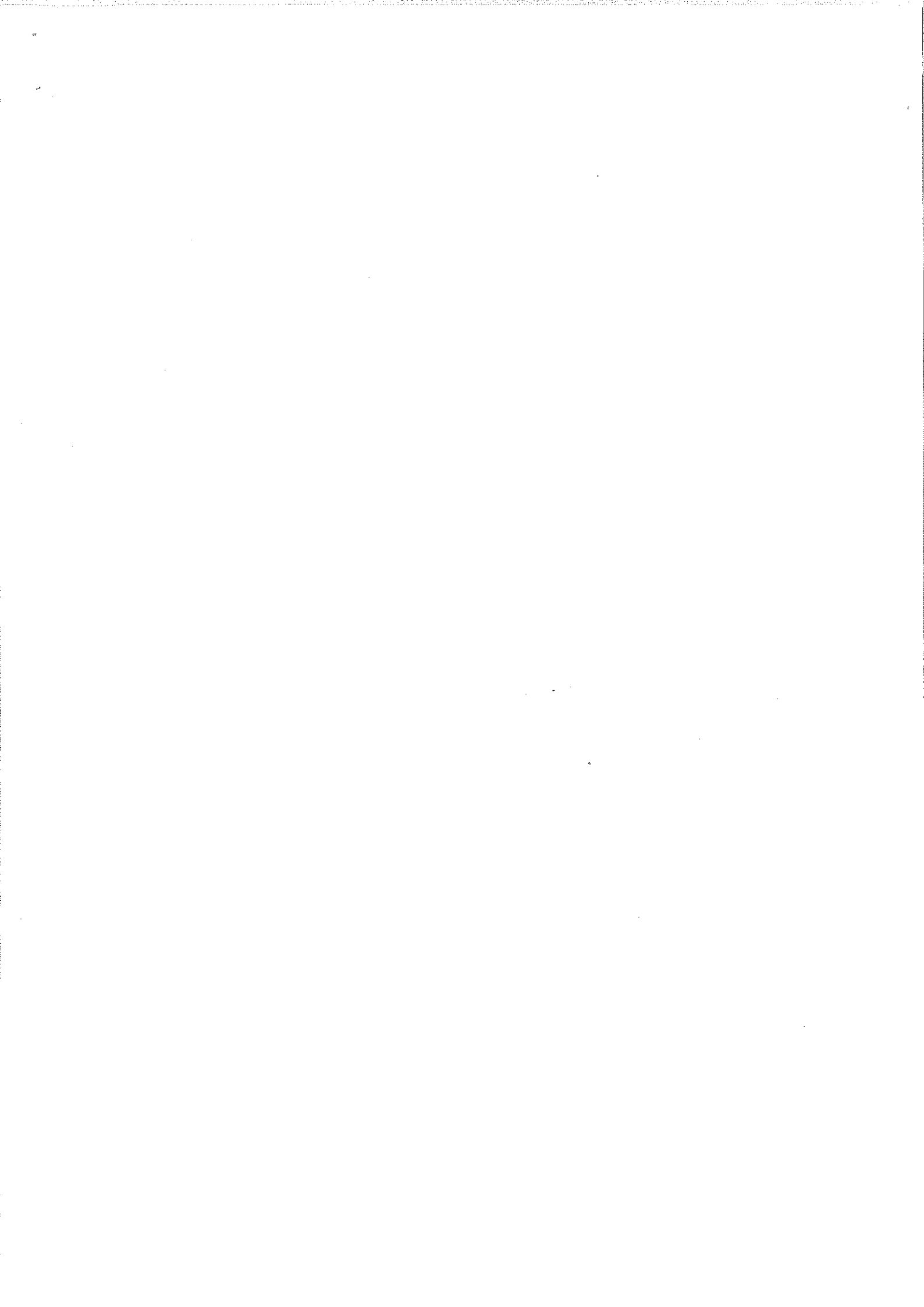
UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

TUESDAY 7 SEPTEMBER 2010

Title:	PATIENT CARE QUALITY REPORT
Responsible Director:	Kay Fawcett, Executive Chief Nurse
Contact:	Michele Morris, Deputy Chief Nurse; Extension 53748
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: 27 August 2010
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TUESDAY 7 SEPTEMBER 2010

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 4,500 patients responded to the electronic patient survey in the first quarter of 2010-11. This is a significant improvement on the 3051 responses received in quarter 4. During the second quarter there has been a fall in responses related to the limited number of televisions in the new QEHB. This will improve over the next few months as the transfer continues.

The Divisions provide monthly reports to the Care Quality group on the action they have taken in relation to the patient experience feedback. Key areas that have been addressed to date have been actions to address noise at night, including changes to lorry delivery times. The Chief Nurse and Chief Executive have also completed unannounced night visits to assess practice.

The Outpatient Telephone Survey pilot has been completed and the survey revised. The survey is focusing upon patients who have attended for an outpatient appointment in the previous month. The Patient Experience Team aim to capture responses from 50 patients per month.

An action plan to address areas for improvement highlighted by the National Inpatient Survey and bedside survey is currently being finalised, with many actions already being implemented. Progress is being monitored through the Care Quality Group.

3. Falls

The management of Falls remains a key priority. The Falls risk assessment went live on PICS on the 28 July 2010.

Following this transfer from paper to electronic capturing of data the following will occur:

- PICs Falls risk assessments will be used to populate the 'Patient at a Glance' boards to demonstrate the numbers of patients who are risk of falling per clinical area and will be visible over time through the spotfire system.
- There will be an opportunity to use the data to show the number of Patients at risk of falling with the Trust and then quantify the percentage at risk and actual numbers that fell.
- The clinical dashboard will include two further icons that can demonstrate the initial Falls risk and the Falls and injury risk screening and management plan compliance per clinical area.

The Trust is participating in a National bed rails overnight survey on the 2 September 2010. This is in conjunction with the National Patient Safety Agency and Loughborough University.

4. Work on Safeguarding Adults and Children

4.1 Adult Safeguarding

Since June 2010 there have been sixteen new safeguarding adult investigations. Of these, seven have been raised by other organisations relating to patient transfers or discharges. The key issue identified in all of these was the importance of accurate and sufficiently detailed written discharge information from nursing and medical staff.

The Chief Nurse is reviewing the quality of current discharge practices with the Divisions to ensure that staff are clear about their role in discharge management.

4.2 Safeguarding Children

There have been four requests for individual management reviews for Serious Case Reviews since June 2010. In one case there was a nil return from the Trust. In two cases, adult members of the family had attended A&E, outpatient clinics or were admitted. In one case the parents/carers had a history of drug and alcohol abuse and formal referral of the children was made to Social Service at the time of parental attendance.

5. Single Sex Accommodation

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, and during phase 2 in November the vast majority of remaining inpatient areas will move into the new hospital and become compliant. The Trust delivery plan for this agenda is measured monthly and monitored by South Birmingham PCT who visited the Trust to discuss progress on 5 August 2010. The Trust is required to submit breach reports in respect of single sex accommodation and the reporting system is currently under joint review with South Birmingham PCT. As part of a process of visiting all non compliant Trusts the Chief Nurse of England visited the Trust on 11 August to review progress, and positive feedback was provided.

6. End of Life Care

A significant amount of work is underway to review current practice relating to end of life care. Key areas which have been addressed are:

6.1 End of Life Care – Assessing the views of Medical Staff

At the Grand Round at QEHB on 16 September 2010 Dr John Speakman (Palliative Care Lead) will be presenting the results from a questionnaire sent to all consultants with regard to end of life care issues. Eighty consultants from a cross section of specialities have responded to the questionnaire so far. Issues highlighted were:

- Difficulties in recognising/acknowledging end of life at appropriate times;
- Profile of the palliative care team outside of oncology;
- Education and training requirements with regard to the Supportive Care Pathway and documentation;
- Continuity of care and communication.

Derek Ball (Patient Services Manager) will also be presenting with Dr Speakman to demonstrate how the responses to the questionnaire link to feedback from patients and relatives.

6.2 Bereavement Services

A relative's bereavement questionnaire has been formulated and we now have 6 months data collated. This has given valuable insight into what relatives expect, what their experience has been within the Trust, and how to improve the service.

6.3 Training and development

Currently under development is the End of Life Care "work book" this will form the building brick on which will be based the training and development resources for the multidisciplinary team. Based on feedback from questionnaires, focus groups and interviews with staff and service users we will be piloting our initial programme with 3 groups of unregistered staff.

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 sensitive. The group will develop, implement and facilitate measurement of a number of care quality measures outlined in High Impact Actions and Energising for Excellence and bring them together within the existing quality frameworks outlined in the 2010/ 2011 Operating Framework, Quality Accounts and CQUINs.

8. Complaints Report

8.1 Number of Formal Complaints & Response Rates by Month: April 2006 – July 2010

The Trust received 90 complaints in July, compared to an average of 53 per month in Quarter 1 2010/11. The experience of other Trusts where new hospitals have been opened is that complaints tend to increase during the transition period. Close scrutiny of complaints issues and locations will be maintained to establish any hotspots that emerge within the new hospital and appropriate action is taken.

8.2 Response Rates by Division

Division/Response Rate %	April 2010 Response Rate %	May 2010 Response Rate %	June 10 Response Rate %
Division 1	n/a	n/a	n/a
Division 2	100	100	56-94
Division 3	96	100	74-100
Division 4	100	100	89-100
Division 5	100	100	71
Corporate Depts.	100	100	100
Trust Response Rate	98	100	72-95

8.3 Complaints Analysis

Total complaints received by Division by Month

Division	Total Complaints April 10	Total Complaints May 2010	Total Complaints June 2010	Total Complaints July 2010	Total Complaints By Division
Division 1	0	0	0	5	5
Division 2	14	17	16	16	63
Division 3	23	13	23	37	96
Division 4	5	4	9	6	24
Division 5	7	7	7	14	35
Corporate Depts.	7	4	3	12	26
Total Complaints by Month	56	45	58	90	249

8.4 Complaints Locations by Division (last 3 months: May 10 – July 10)

Division 1 received 5 complaints in July, of which 4 related to Ambulatory Care, the Division having received no complaints in the previous 3 months. The Ambulatory Care complaints included 2 which mentioned staff attitude, 1 related to late cancellation of an operation and the final related to environmental issues. This has been highlighted to the Chief Nurse, Divisional Management Team and Matron for Ambulatory care, as well as being discussed at the Divisional Clinical Quality Meeting at the end of July.

In Division 2, there were 5 complaints for E2B in Quarter 1 2010/11, whilst W2, W4 and the Max Fac Unit all received 3 each. In July, the complaints were evenly spread with no location receiving more than 2 complaints. For the whole period April–July 2010, issues around clinical treatment dominated, though communication and staff attitude concerns were also highlighted. All complaints are analysed at the monthly Division 2 complaints/incidents meeting. In addition, the Patient Services Manager has discussed complaints trends with the ADN at their regular 1:1 meetings.

In Quarter 1 2010/11, Division 3 received 59 complaints, 14 related to A&E, 10 to MAU/CDU, 6 to Neurosurgery (generic) and 4 to S5. In July 2010, 37 complaints were received, with 7 being for A&E, 6 for CDU/MAU and 4 for Neurosciences OPD. Complaints for A&E and CDU in July contained a high proportion of concerns about staff attitude. This has been highlighted to the Chief Nurse and Divisional Management Team. The Patient Services Manager will attend a future divisional meeting of Band 6/7 nurses to discuss these issues in more detail.

Division 4 received 18 complaints in Quarter 1 2010/11. Of these 4 related to the Cancer Centre and 3 to CT scanning, the latter all being received in 1 month. In July 2010, Division 4 received 6 complaints, 3 of which related to Pharmacy. This has been highlighted to the Division and to the Pharmacy Director, who has asked for a regular report on complaints, PALS contacts and incidents in future.

In Division 5, of the 21 complaints received Hands and Plastics both received 3 complaints, whilst no other location received more than 2 complaints. Concerns around clinical treatment accounted for half of the total issues raised in Division 5 complaints in Quarter 1. In July 2010, of the 14 complaints received in Division 5, Trauma accounted for 3.

A total of 14 complaints were received within Corporate in Quarter 1 2010/11. Of these 4 related to Patient Transport, whilst Medical Records received 3 complaints during the period. The Patient Transport complaints related to external transport and were exacerbated by problems during the introduction of a new computer system. These initial concerns have since been resolved and in July 2010, of the 12 complaints, only 2 related to Patient Transport, neither of which related to the new computer system.

9. Recommendations

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

Kay Fawcett
Chief Nurse
27 August 2010