

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
TUESDAY 22 JANUARY 2013**

Title:	PATIENT CARE QUALITY REPORT
Responsible Director:	Kay Fawcett, Executive Chief Nurse
Contact:	Michele Owen, Deputy Chief Nurse; Extension 14719

Purpose:	To provide the Council of Governors with an update on care quality improvement within the Trust
Confidentiality Level & Reason:	None
Medium Term Plan Ref:	Aim 1. Always put the needs and care of patients first
Key Issues Summary:	This paper sets out the position for defined aspects of care quality within the Trust and supporting actions to ensure continued improved performance.
Recommendations:	The Council of Governors is asked to receive this report on the progress with Care Quality.

Signed:	Date: 9 January 2013
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PATIENT CARE QUALITY REPORT

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 Enhanced Patient Feedback

For the year to date, 21,957 items of feedback from patients, carers and the public have been received. In November there were 2,040 responses to the electronic bedside survey bringing the total so far this year to end of November to 15,763. There is no change to the most positive responses which continue to relate to the cleanliness of wards and bathrooms, overall rating of care, and privacy when being examined, all of which achieved a score above 95%. There has been improvement in scores relating to hospital food and someone to talk to about worries and fears. The least positive responses were for noise at night, and conflicting information which achieved scores at or below 75%.

2.2 National Patient Surveys

Following the publication of the National Benchmark results of the national Emergency care Survey, by the Care Quality Commission a comparison has been done with all other Trusts within our SHA area. University Hospitals Birmingham (UHB) ranked 1st on 16 of the 37 evaluative questions. These included communication / information; involvement in decisions about care and treatment; cleanliness of the department and facilities; confidence in the doctors and nurses; privacy and dignity; provision of food and drinks; and overall care.

An action plan for improvement of other areas highlighted by the survey

results is currently being developed by the Emergency Department Team and will be presented to and monitored via the Care Quality Group.

2.3 Net Promoter Family and Friends Response

As part of the Regional Commissioning Framework 2012/13 from the Strategic Health Authority (SHA) there was a requirement to include the family and friends “net promoter question” for inpatients from 1 April 2012. The question asks patients if they would recommend the service to family and friends.

The net promoter score is identified by subtracting the percentage of detractors from the percentage of promoters. The scores from April to the end of November are detailed below:

Month 2012-13	Score
April	60
May	53
June	62
July	63
August	66
September	63
October	67
November	65

3. Falls

3.1 Overview Quarter 2 July – September 2012

There were a total of 624 patient fall incidents reported Trust wide during quarter 3. This shows a 7.82% (53) decrease in falls reported compared to the previous quarter. Patient fall/slips were the second highest reported incident across the Trust in Quarter 3 2012/13, patient falls/slips accounted for 17% of incidents.

3.2 Subcategory of falls

The most common type of fall was on mobilising 205 incidents. There was a 12.6% (23) increase in this type of fall compared the previous quarter; this is the greatest increase in type of falls. Falls from bed, has also increased by 6.25% with an extra 6 incidents; Falls from commode which includes shower chair has increased by 2. Falls due to fit/faint and on transferring have all seen a small decrease. Falls from chair and falls in toilet/bathroom have demonstrated significant reductions compared to last quarter by 17.2% (18).

	Q1 12/13	Q2 12/13	Q3 12/13
From bed	99	96	102
From chair (including wheelchair)	47	61	46
From commode	3	1	3
Due to fit/faint	18	15	13
Managed	27	32	27
On mobilising	176	182	205
Toilet/Bathroom	100	105	87
On transferring	20	18	11
Unknown cause	149	167	130
Totals:	638	677	624

In regards to falls from chair a work stream with BBW, new Hospital Team, Health and Safety, facilities and corporate nursing have been completing investigations into the hospital floors; recent floor testing will result in a report, we are waiting for the report to be available.

3.3 Harm from inpatient falls

There were 122 (20%) incidents that caused patient harm in Q3 12/13; (Q2 12/13 142 – 21% patients sustained harm from a fall).

6 (5%) patients sustained a fracture as a result of their fall.

There were 47 injuries to the head 17 of these were lacerations

Total of 8 falls in Qtr3 resulted in serious harm;

6 fractured neck of femurs

2 Subdural haematoma

3.4 Updates for Falls on PICS

The FFPNS attended the CQMG where a work stream with Dr Rosser, Ian Clark (PICS), Mark Garrick and FFPNS in regards to recording falls incidents on PICS, the following symbol will be added to PICS to increase awareness to all teams re a patients falls status. The symbol will be a different colour depending upon risk of falls, fall and fall in last 72 hours.

Falls symbol



Other work in PICS will look at INR result, anticoagulation medication and fall, this will then alert Medical teams of fall and these other factors.

4. **Safety Thermometer**

The NHS Safety Thermometer is a standardised data collection / improvement tool that allows NHS organisations to measure patient outcome in four key areas:

- Pressure Ulcers
- Falls
- Urine infections and urinary catheter use
- VTE (Venous Thromboembolism)

Key Points arising from the Audit

- The data set is based on the number of patients surveyed each month which will vary. The first survey was completed in April 2012.
- The outcome measures will be displayed as a % of the total number of patients surveyed each month against a pre set criteria.

UHB outcomes

Overall	April 2012	May	June	July	Aug	Sept	Oct	Nov
Total pts surveyed	983	976	975	961	967	977	985	982
All Harm %	6	5.94	5.23	3.12	3	2.97	3.68	4.07
1 Harm	5.8	5.94	5.03	3.12	3	2.97	3.45	3.97
2 Harms	0.2	0	0.21	0	0	0	0.20	0.10
3 Harms	0	0	0	0	0	0	0	0
4 Harms	0	0	0	0	0	0	0	0

5. Work on Safeguarding Adults and Children

5.1 Adult Safeguarding

The ratio of alerts to referrals continues to be low and reflects the closer working relationships with the Lead Nurse Safeguarding and the Social Services Senior Practitioners.

There has been one DoLS application which was authorised for 4 weeks.

ere There were two Domestic Homicide Review requests, in one of which the subject had previously attended QEHB.

Month	August 2012	Sept 2012	Oct 2012	Nov 2012	Dec 2012
Total referrals	13	22	29	26	16
Alerts	3	10	4	2	4
DoLS	1	1	23	1	0
Staff group		Quarter 2	Quarter 3		
Registered Nurse (level 2)		45	170		
Medical Staff (level 2)		5	37		
All staff (level 1)		265	334		

raining:

A multi agency (nursing and social services) training day was held on 7

December 2012 when 64 members of nursing and therapy staff completed interactive training. Based on its success, the aim will be to repeat this quarterly.

5.2 Safeguarding Children

There were no requests from Birmingham Safeguarding Children Board for individual management reviews for Serious Case Reviews during the period. Five referrals were made to the integrated access teams where adults presented to ED and had the responsibility for the care of children.

One level 3 MAPPA case is ongoing where an adult poses a significant risk to those under 18 years of age.

6. **Bereavement Questionnaire (August 2011 – August 2012)**

During this period, 1485 questionnaires were sent out with a return rate of 49% and the questionnaires contained over 1500 written comments from relatives. There were many positive 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 2010-2011, 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. General nursing care was highlighted as an area for improvement this is continually being addressed.

7. **Pressure Ulcer Prevention / Management**

7.1 Background

From April 2011 the Trust adopted the European Pressure Ulcer Advisory Panel classification system which is widely used across the United Kingdom prior to this a different classification system was in place. From April 2012 we will be able to undertake a month by month comparison which will allow us to analyse data collated from the previous year.

All Grade 3&4 Hospital acquired Pressure Ulcers are subject to a root cause analysis investigation which investigates all the clinical areas / wards where the patient was cared for. The outcome of the RCA is to determine if the pressure ulcer was avoidable or unavoidable, action plans are developed to address any areas where improvement in practice is required.

The following table details the number of Grade 3 &4 hospital acquired pressure ulcers that were recorded during the stated periods:

2012 / Month	Total Number	Avoidable	Unavoidable
April	13	7	6
May	18	12	6

June	14	8	6
July	14	11	3
August	10	7	3
Sept	5	3	2
October	5	5	0
Nov	3	TBC	TBC

During September 2012 the Trust underwent an external peer review which was to give assurance that all actions that can be taken to reduce pressure ulcers are being taken and to understand what further action was required to continue to reduce the number of hospital acquired avoidable pressure ulcers.

Following the review a number of recommendations were considered and a revised action plan has been developed which includes additional resources to provide education in practice and enable the Tissue Viability Nursing Team to review Grade 2 pressure ulcers. During December 2012 the post were advertised as secondments to the Tissue Viability Nursing Team at Band 6 it is anticipated that these will be recruited to internally for 12 months.

Two clinical teams are currently participating in a regional wide collaborative programme and have both demonstrated improvement and engagement across the whole multidisciplinary team with this approach. The Trust has been able to secure bespoke training from the collaborative facilitator in January 2013 to enable further teams to participate in the programme.

8. Patient Relations Report

8.1 Number of Formal Complaints by Month: November 2012

A total of 64 complaints were received in November 2012, a slight increase on the 60 complaints received in October 2012.

8.2 Complaints Actions and Trust Actions in Response to Complaints

Changes continue to be made to systems and processes within the Patient Relations Department to ensure we are delivering the best possible service to staff and patients. Positive feedback has been received from Divisional management teams regarding the quality of responses produced following amendments made to the response templates.

Complaints continue to be reported monthly to the Care Quality Group as part of the wider Patient Experience report, as well as to the Chief Executive's Advisory Group and as part of the Aggregated Governance Report to the Audit Committee.

The revised Patient Relations Report to the Divisional Clinical Quality Group meetings has been further refined to ensure that learning and actions identified in closed complaints remain on the report until the Divisional management confirm that the actions have been completed,

providing assurance that the learning highlighted has been implemented.

Customer care training sessions continue to be delivered to areas where themes around staff attitude or communication have been identified, as well as part of ongoing staff development programmes and Corporate Trust Induction. Recent training sessions have been delivered to 7th floor wards, Neurosciences wards, Private Patient ward, A&E and Critical Care.

9. **Discharge Quality**

The Trust Policy stipulates that our overall aim is to provide a framework that delivers safe, effective and timely discharge or care transfer for all patients, with appropriate support to enable them and their families and carers to be fully involved in the process.

- A Trust wide action plan for improvement has been developed and is being monitored at the Discharge Quality Meetings chaired by the Executive Chief Nurse.
- The Divisional report on their action plans specific to their services which are to be tabled at the Discharge Quality Group.
- Monthly audit of discharge quality is reported by Ward / Division as part of a series of key performance indicators to the Discharge Quality Group.
- There is an agreed cycle of reporting to the Discharge which ensures reports are received in a timely manner ie: patient experience / self discharge / incidents and procedural updates.
- Key performance indicators for Discharge have been agreed and are reported monthly at the meeting which include the adherence to process described in the procedure, the dispensing of medication to take home and the process of discharge undertaken on the day of discharge.
(Appendix 1)

10. **Recommendations**

The Council of Governors is asked to receive this report on the progress with Care Quality.

Kay Fawcett
Executive Chief Nurse
9 January 2013

Indicator	Data Source	Data Provider	Target	Oct-11	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13
Number of cases audited	Discharge Notes Audit	Samantha Baker	N/A	560	-	-	-	293	277	294	269	269				
Simple	Discharge Notes Audit	Samantha Baker	N/A	88%	-	-	-	88%	92%	94%	92.6%	91%				
Complex	Discharge Notes Audit	Samantha Baker	N/A	11%	-	-	-	11%	8%	6%	7%	7%				
Blank	Discharge Notes Audit	Samantha Baker	N/A	1%	-	-	-	1%	0%	0%	0.4%	2%				
Nurse discharge letter completed on PICS	PICS	Samantha Baker	80%+ green 70%-79% amber <70% red	93%	-	-	-	93%	92%	95%	89%	92%				
Nurse discharge letter printed from PICS	PICS	Samantha Baker	80%+ green 70%-79% amber <70% red	90%	-	-	-	87%	87%	90%	88%	87%				
Medical discharge letter printed from PICS	PICS	Samantha Baker	80%+ green 70%-79% amber <70% red	100%	-	-	-	100%	100%	100%	100%	99%				
Nursing discharge letter fully completed	Discharge Notes Audit	Samantha Baker	80%+ green 70%-79% amber <70% red	85%	-	-	-	89%	86%	88%	87%	84%				
Nursing discharge letter present in the notes	Discharge Notes Audit	Samantha Baker	80%+ green 70%-79% amber <70% red	79%	-	-	-	77%	75%	76%	77%	81%				
Nursing discharge letter includes name/signature/designation of nurse who discharged the patient/time and date	Discharge Notes Audit	Samantha Baker	80%+ green 70%-79% amber <70% red	56%	-	-	-	64%	58%	54%	60%	66%				

Minutes between TTOs being sent to print to Pharmacy and being listed on tracker as complete (median) WEEKDAY	PICS and Pharmacy Tracker data	Vijay Dabhi*	120 minutes	-	-	-	-	180	130	126	124	103					
Minutes between TTOs being sent to print to Pharmacy and being listed on tracker as complete (median) WEEKEND	PICS and Pharmacy Tracker data	Vijay Dabhi*	120 minutes	-	-	-	-	123	97	92	90	80					
Dispensing incidents (internal)	Datix Incident Data	Matt Onions*	TBC	5	7	10	13	10	4	4	6	5					
Dispensing incidents (external)	Datix Incident Data	Matt Onions*	TBC	-	-	1	-	-	-	-	0	0					
Number of items dispensed	Pharmacy System	Inderjit Singh	n/a	2514 2	2287 1	2503 8	2408 0	2728 3	2582 7	2785 4	3329 9	34512					
Error rate per 100,000 items (also a QUORU indicator)	n/a	Automatic Calculation	TBC	to be provided by Informatics (QUORU)													
Dispensing complaints	Datix Incident Data	Derek Ball*	TBC	5	0	2	1	2	0	1	1	0					
Dispensing PALS contacts	Datix Incident Data	Derek Ball*	TBC	-	4	4	2	2	3	0	0	1					

* = validated by Inderjit Singh