

AGENDA ITEM No:

UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF GOVERNORS

FRIDAY 18 JUNE 2010

Title:	PATIENT CARE QUALITY REPORT
Responsible Director	Kay Fawcett, Executive Chief Nurse
Contact:	Kay Fawcett, Executive Chief Nurse; Extension 2940
Purpose:	To advise the Board of Governors of progress with the 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 Governors is asked to receive this report on the progress with Care Quality.

Signed:	Date: 3 June 2010
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FRIDAY 18 JUNE 2010

PATIENT CARE QUALITY REPORT

PRESENTED BY THE CHIEF NURSE

1. Introduction and Executive Summary

This paper provides the quarterly update of work underway with the Trust's Patient Care Quality agenda, including measurement of the patient experience through both internal and external initiatives, safeguarding of children and vulnerable adults including falls, tissue viability, work on the dignity and respect agenda including bereavement and end of life, and the focus on quality of care using the "Back to the Floor project".

2. Measuring the Patient Experience

2.1 Enhanced Patient Feedback

Over 10,000 patients responded to the electronic patient survey between April 2009 and March 2010, providing a wealth of information about their experience. The results have been viewed on the Clinical Dashboard, as part of the Back to the Floor visits by the senior nursing team and have contributed to action plans from each visit. The Chief Nurse and Associate Directors of Nursing have been alerted to the excellent and poor responses from patients.

Surveys are currently being piloted in the Ophthalmology Outpatient Department using hand held electronic tablets and will be commencing in the Emergency Department at the end of April using an electronic standpoint.

Fieldwork for the National Cancer Patient Survey commenced in May 2010.

Plans to increase the focus within the Trust on patient experience for 2010-11 include:

- An education programme for Band 6 and Band 7 ward sisters and charge nurses that focuses on a systematic approach to using the data to improve the patient experience.
- Quarterly Patient Experience reports by Division.
- A follow-up telephone survey for use with patients on discharge
- Analysis of data via demographic information to identify the experience of patients from a range of diverse backgrounds to identify potential areas of inequity.

- Extension of the outpatient survey to other outpatient areas.
- Review of the areas in which the Trust underperforms and an action plan to address this i.e noise at night in clinical areas.

3. Falls

3.1 Reduction of Inpatient Falls

For 2010/11 the Trust has a clinical quality measure via a CQUIN (“Commissioning for Quality and Innovation”) to improve the quality of care related to falls prevention. There is a milestone quarterly plan to provide evidence of improvement, the key indicators are:

- A percentage increase in the completion of initial assessment (PHAF) from 80% to 90%.
- A percentage increase in the completion of individual care plans (falls and injury risk screening and management plan) from 63% to 75%.
- A 5% reduction in the rate of patients seriously harmed as a result of a fall.

In order to support this work, several areas have been addressed:

- An Annual review of clinical areas utilising the Falls Benchmarking tool, is planned for April 2010, and there has been a good response from the clinical areas.
- A Falls Champions study day was carried out in March 2010 to support the falls prevention strategy and requirements of the CQUIN, and 84 staff attended.
- An initial falls assessment has been added to PICS with a co-morbidity category for ‘at risk of falls’ this is linked to medication prescription and a prompt for nursing assessment.
- The senior Nurse BTTF (back to the floor) rounds in quarter one include falls prevention reviews.

4. Work on Safeguarding, Dignity and Respect

4.1 Adult Safeguarding

Training for all Trust staff on safeguarding adults continues to be delivered at Trust Induction and ongoing training is provided through the ‘Champions’ programme. A number of face to face training sessions within Divisions and to specific staff groups have been delivered. This includes the Mental Capacity Act. Learning and Development are considering developing UHB produced on line training.

Since February 2010 there have been seven safeguarding adult investigations including strategy meetings and case conferences conducted by the Lead Nurse Safeguarding in line with multi-agency procedures.

After a recent Coroner's Rule 43 applied to another Trust in Birmingham following an Inquest into the deaths of a mother and her two children, the Coroner has asked all Trust's to consider developing a policy to ensure all cases of domestic violence are reported to the police. In UHB a small multi-agency task and finish group has been established to develop procedure for reporting to the police which will be linked to policy on safeguarding children and vulnerable adults.

The Trust participated in a CQC pilot study on the care of patients with learning difficulties and mental health disorders (including dementia) being admitted to acute hospital care settings. The CQC will be launching the national study in May 2010. It will be in the form of an on line questionnaire and there will be questions on whether Trusts have obtained views from carers and on partnership working with other stakeholders. The CQC has indicated that approximately 10% of Trusts will be visited based on results of the study.

4.2 Safeguarding Children

Safeguarding Children and Young People – there were no deficits identified in quarter four for core standard C2. Arrangements are in place for standard 5 (Safeguarding) for the National Service Framework for Children and Young People.

There have been two requests for individual management reviews for Serious Case Reviews since February 2010. In one case there was a nil return from the Trust and for the other; one adult member of the family had attended A&E. This attendance could not be linked to the subsequent death of the child.

Birmingham Safeguarding Children Board has received criticism from Ofsted for the quality of some of its serious case reviews. This followed case 14 (KI.) An independent chairman for BSCB has been appointed. As a result of the criticism from Ofsted, all agencies have been asked to revisit and re-present a number of serious case reviews. For UHB no changes to the original investigations (independent management reviews) were required but the cases have been re-presented into the new format.

4.3 Clinical Care – Root Cause analysis

The Chief Nurse has established monthly reviews of clinical care using root cause analysis methodology where there were circumstances leading to a serious untoward incident investigation or other investigation. In all reviews the focus is on changing practice to improve patient care and findings relevant to all clinical areas are to be implemented across all Divisions. The results of these reviews are discussed at the Care Quality Group and assurance is provided that actions agreed have taken place.

4.4 Single Sex Accomodation

University Hospitals Birmingham NHS Foundation Trust has been working hard to 'virtually eliminate' mixed sex accommodation within our hospitals. At the present time the Trust has not been able to achieve total compliance. We will become compliant in all inpatient areas as a result of the move to the new Queen Elizabeth Hospital Birmingham in June 2010.

UHB measures the patient experience via bed side TV and hand-held computer questionnaires, and will utilise these questionnaires to assist in measuring the success of single sex accommodation in the new hospital. There is also a Delivery plan for virtually eliminating mixed sex accommodation which will be measured monthly.

4.5 End of Life Care

In order to deliver the Trust wide strategy for improving end of life care and choice for patients and their families, a number of task and finish groups are being established. These multidisciplinary groups are led by members of the End of Life Care Core Steering group and will focus on

- Operational issues
- Training & Education - such as advanced communication skills
- Review of Supportive Care Pathway (SCP) documentation - The SCP documentation follows a patient's end of life journey prompting discussion and review of patient care, it is a collaborative document. The focus at present is to educate and promote sound end of life care for the last few days to weeks and then build from there to last few months.
- PICS prompts and prescribing guidelines for symptom control
- Bereavement support – families and staff
- A&E and Outpatients
- Collaborations with other organisations – SHA and PCT engagement in order to facilitate patient choice to die at home if that is their preference and to provide support for relatives and carers.

The medical leads for the core group are developing a questionnaire for medical staff to assess levels of knowledge and attitudes with regard to end of life care and the Supportive Care Pathway. The collated data will be used as a basis to inform the briefing requirements for specialty teams.

5. **IT developments assisting with Care Quality**

5.1 Electronic Observations Chart

The development of directly inputting observations into the PICS system has been successfully trialed within the Burns Unit. Following this trial electronic observation is now embedded on Wards S5/S6 and is currently being introduced into Neuro and a roll out for the rest of the Trust is under development. Recording observations electronically enables:

- Early identification of patient deterioration
- Implementation of Scottish Early Warning Score (SEWS)
- Messaging to Critical Care Outreach requesting review
- Clear audit trail of escalation

Also under development to enhance the available material to Senior Nurse/Site Manager is an 'Electronic Dependency Tool'.

5.2 Electronic Dependency

The ability for nursing staff to utilise a nationally recognised 'Dependency Scoring Tool' along with the added advantage of recording observations electronically will enable a clear and accurate assessment of workload, dependency, skill mix per ward area and therefore enhance quality of care delivery.

The information obtained from dependency is currently available on the 'Dashboard' and further developments are under exploration for example to link activity from PICS data (admissions and discharges) to the overall dependency score for the clinical area. Electronic Dependency is currently available in a number of clinical areas across the Trust and is being rolled out Trust wide.

5.3 Electronic Bed Management

Bed management currently requires significant human resources, so to improve on this an electronic solution has been sought. The decision to embed electronic bed numbering in PICS ensures no in-patient can be in the organisation without an allocated bed number. The provisional information gathered in PICS for each ward area can then be fed into 'Spotfire', an electronic system. The process to commence this in all areas is underway.

6. **Recommendations**

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

Kay Fawcett
Chief Nurse
3 June 2010