

**AGENDA ITEM NO:**

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**

**BOARD OF GOVERNORS**

**FRIDAY 17 JUNE 2011**

<b>Title:</b>	<b>PATIENT CARE QUALITY REPORT</b>
<b>Responsible Director:</b>	Kay Fawcett, Executive Chief Nurse
<b>Contact:</b>	Michele Morris, Deputy Chief Nurse; Extension 14719
<b>Purpose:</b>	To provide Board of Governors with an update on care quality improvement within the Trust
<b>Confidentiality Level and Reason :</b>	None
<b>Medium Term Plan Ref:</b>	Aim 1. Always put the needs and care of patients first
<b>Key Issues Summary:</b>	
<b>Recommendations:</b>	The Board of Governors is asked to receive this report on the progress with Care Quality.

<b>Signed:</b> 	<b>Date:</b> 6 June 2011
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## BOARD OF GOVERNORS

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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 results of the National Inpatient Survey were published by the Care Quality Commission on 21 April 2011. The Trust has improved its overall score in six out of the ten sections of the survey (Appendix 1). This has been a significant achievement against a national downward trend. The improvements are also significant as the survey was conducted with inpatients during August 2010, a time when the Trust was in a period of flux following the new hospital move.

Areas which the Trust needs to consider for improvement include the wait to get to a bed following admission, someone to talk to about worries or fears, number of nurses on duty and wait for help, noise at night from patients, and discharge, in particular the planning, information provided and the delays caused by the wait for medication.

These are being considered alongside the results of the local electronic bedside inpatient survey to inform the action plan for improvement for 2011-12.

##### 2.2 Enhanced Patient Feedback

At the end of 2010/11 more than 23,000 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 deep dive reports to highlight areas for improvement, undertaken by the Patient Experience Analyst.

Over 16,300 patients have responded to the electronic patient survey for 2010/11 which is 50% more than responded in 2009/10 (10,700). The Patient Experience Team is facilitating wards that currently have a low response rate to improve this. The most positive responses were for the overall rating of care, cleanliness, privacy and respect and dignity. The least positive responses were for someone to talk about worries, noise at night, conflicting information and food.

The causes of noise at night are currently being explored further via an audit which was completed mid March. A small number of Matrons and the Dignity in Care team are making night visits to assess noise and behavior at night and this will supplement the findings. The data input and analysis is underway and results of the audit will inform further actions to be undertaken to make improvements.

A Discharge Telephone Survey commenced in January and is capturing around 30 patients each month. The results and survey administration will be reviewed by the Discharge Quality Group to highlight areas for improvement.

Progress against the findings of patient experience is being monitored by the Care Quality Group and through the Back to the Floor programme.

### **3. Falls**

#### **3.1 Falls Assessment on PICS**

The initial falls assessment was transferred from paper to electronic capturing of data at the end of July 2010. Although the uptake of the assessment on PICS was slower than anticipated, with only 44% of assessments completed on PICS; this data for March does show an improvement in the % 51.82%. With the launch of the Care rounds and measures on the clinical dashboard it is expected that this percentage will increase further.

Informatics have developed a new clinical dashboard indicator for each clinical area, therefore the areas that are not completing the assessments on PICS can be identified and targeted to improve their compliance, a training programme for all wards is currently disseminating this information. The monitoring and facilitating the wards to complete the assessments on PICS is an ongoing process.

The falls and Fracture Prevention Nurse Specialist has worked with the Informatics teams to develop a multiple faller alert. The system has been tested and this will now alert Ward Managers, Consultants, Matrons and ADNs in the relevant wards.

The Initial Falls assessment is also linked to the “patient status at a glance” board where there is an indicator of assessments completed and the patient’s risk. This is to aid the communication of patients risk to all Multidisciplinary teams.

The falls teams are now able to access on a real time basis which wards have the most at risk patients and can target clinical visits to increase preventative measures.

### 3.2 Expert advice Requested

Peterborough and Stamford Hospital Trust has requested advice from the Falls and Fracture Prevention Nurse Specialist in regards to reducing risk of falls in their new build.

### 3.3 Bed Rails Survey

The Trust participated in an overnight national bed rails audit in conjunction with National Patient Safety Agency (NPSA) and Loughborough University in September 2010. The results show that the usage of bed rails within the Trust is significant but lower than the National average. The survey also demonstrated that the use of bed rails with patients who are confused continues to be an issue. The Falls and Fracture Prevention Nurse Specialist is currently working with some wards to trial the usage of cable ties on the integral bed rails to prevent bed rails been raised without the appropriate risk assessment being completed first.

## 4. **Care Rounds**

Care rounds were launched by the Chief Nurse on 14 February 2010 at an internal event to an audience of Ward Sisters, Matrons and Professional Development and Clinical Education staff and therapists.

Care rounds enable healthcare professionals to be proactive instead of reactive to patients' needs, driving nursing care to the bedside and improving productivity.

Following the event an intense 4 week period of training and education was undertaken by the Project Team leading up to the implementation of Care Rounds on 16 March 2011.

All 29 inpatient wards are participating across both old and new hospital sites and since April compliance audits have been undertaken and the results have been published on the Clinical Dashboard.

The progress and how the concept has been embedded was discussed at the Band 7 away day on 12 April 2010 where the participants discussed its sustainability.

The key to the success of care rounds is the accurate and validated recording of interactions and interventions with every patient, every hour on every ward.

- To change from paper to PICS based nursing assessment documentation for Falls, Waterlow and M.U.S.T assessments
- To introduce and implement care rounds which enhance patient interaction at regular intervals, ensuring patients' comfort, well being and experience

- To introduce and implement the S.K.I.N tool (replacing skin inspection and repositioning charts)

## 5. **Work on Safeguarding Adults and Children**

### 5.1 Adult Safeguarding

Since February 2011 there have been twenty seven new safeguarding adult investigations. Of these, fifteen were formal multi-agency alerts. One deprivation of liberty safeguard application was made and authorised in the period and three patients required an independent mental capacity advocate to be appointed for proposed serious medical treatment.

### 5.2 Safeguarding Children

There have been three requests from Birmingham Safeguarding Children Board for detailed individual management reviews for Serious Case Reviews and two from other local safeguarding children boards, Lancashire and North Yorkshire since February 2011. In all of the cases, adult members of the family attended for outpatient appointments or minor elective procedures which had no bearing on the subsequent death or serious injury of the children involved.

## 6. **Same Sex Accommodation**

The Trust declared Compliance in Eliminating Mixed sex accommodation on 14 January 2011. Internal monitoring of compliance has been in place since December 2010 alongside external reporting since January 2011. Any incidents that do occur are investigated using a root cause analysis (RCA) methodology and the case(s) is discussed at the monthly RCA of Care meeting and subsequently at the Care Quality Group, both of which are chaired by the Chief Nurse. During March the Trust declared a breach which affected 4 patients on one clinical area, the RCA has been presented at the internal meetings and is now with SBPCT for consideration of sanctions.

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

### 7.1 Bereavement Questionnaire

This initiative commenced in September 2009 and continues to date. The bereavement questionnaire was introduced to measure relatives' views and feedback in relation to their care, support or guidance. The results also enable us to evaluate performance and to ensure that best practice is in evidence.

The questionnaire is sent out 2-3 weeks post bereavement with a pre-paid return envelope, to relatives who collected the medical cause of death certificate from the bereavement service from the hospital. The questionnaire consists of 19 yes /no questions relating to:

- information and communication
- valuable and personal belongings
- bereavement care office

After each question a space is provided for further comments.

The questionnaire is anonymous, however, information regarding the ward and the hospital are requested to enable feedback to be given where necessary or to identify areas where training is required.

From September 2009 – March 2011 there were 2100 questionnaires sent out, 980 returned equating to a 47% return.

**Impact:** Relatives use the questionnaire as an opportunity to convey positive comments and experiences about the care their relative received and about the bereavement service. They also use this opportunity to raise formal complaints regarding end of life and bereavement care, as this provides a mechanism for relatives to express their feelings.

Areas for improvement that have been identified include:

- Communication
  - Language and correct terminology is important when information is given
- Nursing Care
  - Environment
  - Support of the dying/relatives
- Ongoing Support of Relatives
- Deceased's property condition when returned to relatives

**Service improvement:**

- Feedback, including the increase in complaints, has allowed the Trust to review its nursing practice
- Relatives have been given a voice
- Results are fed back to divisions to cascade to all staff
- Results influence on-going education and training to health care professionals to maintain high quality standard of care, for example regarding correct use of terminology
- Property procedure has been amended – purple property bags and purple jewellery bags sponsored by Queen Elizabeth Hospital Charities
- Opening of new Queen Elizabeth Hospital Birmingham – increase of side rooms available for dying patients – improving environment

7.2 Military Support Project

At the end of March 2011, the Lead Nurse for Bereavement commenced a 6 month pilot project working with the Royal Centre for Defence Medicine (RCDM) and CRUSE.

The project provides a confidential service to military personnel, working together with existing military support and welfare personnel / professionals, to enhance the immediate and longer term support available to them and their families.

The service provides information, guidance and support in the following circumstances:

- Following the death of a military person
- Following a personal bereavement
- Having witnessed the death of a colleague in action, and
- Providing support for the carers who are supporting the military person in above circumstances

## 8. **Nursing Quality Metrics**

The nursing quality metrics group continues to oversee the 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 quality measures is now in place and is reported at the Care Quality Group. A report will be made to Trust Board quarterly from the end of quarter one.

## 9. **Complaints Report**

### 9.1 Number of Formal Complaints by Month: April & May 2011

Following a peak in January, complaint numbers reduced to 62 in April and 59 in May, which is the lowest number since October 2010.

### 9.2 Complaint Themes by Division: April 2011

Complaints analysis completed on April's complaints shows the following Divisional breakdown.

#### Division A

There were 5 Division A complaints, spread evenly across 5 Specialties. The following subjects were included in complaints in the numbers shown:

- Attitude or communication 5
- Admission or discharge 1
- Cancelled procedures/operations/appointments 2
- Clinical treatment 4
- Privacy and dignity 2

### Division B

There were 14 Division B complaints, spread across the Division. The following subjects were included in complaints in the numbers shown:

- Attitude or communication 13
- Admission or discharge 8
- Cancelled procedures/operations/appointments 6
- Clinical treatment 21
- Privacy and dignity 2

### Division C

There were 15 Division C complaints, of which 2 related to A&E, 3 to CDU and the remainder spread across other areas. The following subjects were included in complaints in the numbers shown:

- Attitude or communication 7
- Admission or discharge 5
- Cancelled or delayed procedures/operations/appointments 7
- Clinical treatment 12
- Privacy and dignity 3

### Division D

There were 25 Division D, of which 10 related to Neurosciences, 4 to Trauma and 4 to Oncology with the rest spread across other areas. The following subjects were included in complaints in the numbers shown:

- Attitude or communication 7
- Cancelled or delayed procedures/operations/appointments 9
- Clinical treatment 9

### Corporate

There were 3 Corporate complaints, 1 for Patient Transport, 1 for Medical Records and 1 to do with costs of parking.

The following subjects were included in complaints in the numbers shown:

- Transport 1
- Records 1
- Car Park 1

Actions taken as a result of the complaints themes include Customer Care training for staff in key areas, and a renewed focus on delayed appointments and procedures.

Complaints also continue to be reported to the Care Quality Group as part of the wider Patient Experience report and a monthly complaints report is also presented at the Chief Executive's Advisory Group. Complaints now 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 reoccurrence.

Divisional management teams have devised processes for the investigation and tracking of complaints at a local level. In tandem with the Patient Services Manager, new systems will be developed to show how the Trust aims to improve as a result of complaints being raised.

### 9.3 Patient Services Department actions

The Patient Services Department has developed a new database that shows, at a glance, each complaint case and the stage it has reached. This will help to track cases through the system and to identify any bottlenecks in the process.

## 10. **Recommendations**

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

Kay Fawcett  
Chief Nurse  
6 June 2011