

AGENDA ITEM No:

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF GOVERNORS

TUESDAY 16 MARCH 2010

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| Title: | PATIENT CARE QUALITY REPORT |
| Responsible Director | Kay Fawcett, Executive Chief Nurse |

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| 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. |

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| Signed:  | Date: 9 March 2010 |
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

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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

Steady progress continues to be made in measuring patient experience at ward level through the bedside TV surveys available in most wards. The third quarter saw a sharp increase in responses which contributed 59% of the year to date total. From April to December 2009 responses totalled 7011, compared to 1400 for the whole of 2008-09. Responses have reduced in both December and January but the Associate Directors of Nursing in the Divisions are now reviewing the response rates regularly to ensure improvement. Responses are being used to raise the profile of the most significant issues for the Trust related to communication and noise at night.

An outpatient survey has just commenced and preliminary results will be provided in the next report.

2.2 PROMS (Patient Reported Outcome Measures)

University Hospitals Birmingham (UHB) is collecting this data for two procedures, groin hernia, varicose veins. Patients have been given the opportunity to take part and complete the pre-surgery questionnaires.

3. Falls

The number of reported falls from December 2008 to January 2010 (1890) has shown a reduction of 4% on the same period in the previous year. This equates to 77 less falls for the same time period

The new role of the Falls and Fracture Prevention Nurse Specialist commenced in August 2009. The responsibilities of the role are to lead, develop and facilitate a comprehensive and integrated Falls and Fracture prevention service.

As part of this new role a falls documentation audit was undertaken with support from the Professional Development Team in August 09, the main recommendations include; a new falls link added to the Internet page containing all Falls related documentation, documentation amnesty month in December, all ward managers were sent falls documentation electronically, and 'back to the floor rounds' in January and February are dedicated to falls. A reaudit of the falls documentation is taking place this month and Falls Benchmarking will be undertaken in March.

Other developments include:

- A Falls Champion study day March 2010
- A new 'At Risk of Falls' category as part of the co-morbidities section of PICs
- Purchase of 20 Spirit Hi/lo beds which have been delivered to the areas that have the highest number of falls from bed and a training programme on their use is underway
- UHB Charities are supporting the prevention of falls strategy with the supply of patient slippers in key areas of the Trust.

4. Work on Safeguarding, Dignity and Respect

4.1 Adult Safeguarding

The Birmingham Safeguarding Adults Board has developed multi-agency policies and procedures and the Trusts updated policy and procedural documents on safeguarding adults in line with BSAB policy and procedures have been approved and are in place. Training for all Trust staff on safeguarding adults is delivered at Trust Induction and ongoing training is provided through the 'Champions' programme. On line training is being explored.

During the quarter there were twelve safeguarding adult investigations including strategy meetings and case conferences conducted by the Lead Nurse Safeguarding in line with multi-agency procedures.

4.2 Safeguarding Children

Safeguarding Children and Young People – there were no deficits identified in the last quarter for core standard C2. Arrangements are in place for standard 5 (Safeguarding) for the National Service Framework for Children and Young People. The Care Quality Commission (CQC) has published the national findings following the Health Care Commission's review in March 2009. A recent letter to the Chief Executive has confirmed that the CQC consider that we are compliant with core standard C2. We have now published our safeguarding status

on the internet as requested by both Monitor and the Department of Health.

There were three requests for individual management reviews for Serious Case Reviews during the last quarter. In one case there was a nil returns from the Trust and for two, adult members of the families had attended the Trust.

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.

4.4 Dignity in Care Project

UHB has 133 ward and departmental champions plus 14 non clinical champions (hotel services, PALS, ward clerks). 132 of our staff signed up on the National Dignity in Care website and they make up 64% of champions from acute trusts in the West Midlands. In all we have almost 200 staff who are directly involved with the Dignity Champions Project

UHB will be holding its second Dignity in Care Conference on May 12 2010. The conference will be held at The Hawthorns to accommodate 300 delegates. The day will focus on providing dignified care for a range of patients including those with 'behaviours that challenge us', wounded RCDM patients, understanding the needs of people with hearing, visual, mobility and learning disability and those with dementia. There will be sessions on Dignity, Diversity and 'Assisted Suicide'.

4.5 Single Sex Accommodation

The Project for Eliminating Mixed Sex Accommodation is now well established and is being led by an experienced Matron.

The project is utilising the money allocated from the Privacy and Dignity Challenge Fund to support a series of schemes:

- Clinical Educator Post to deliver skills based training to staff caring for patients requiring close observation following major surgery to increase the availability of staff rather than cohorting in a mixed sex bay.
- Additional electronic monitors to allow wards to develop single sex post operative / observation bays for patients.
- Specialist beds and mattresses which have now been delivered.
- Trolleys to facilitate the development of Bournville Assessment Bay and eliminate overnight mixed sex accommodation.

- The 2 Dignity Practice Educators to further develop the Dignity Champions Project are well established.
- Supporting and facilitating wards to develop plans to eliminate mixed sex accommodation – the Neuro wards are now single sex.

Progress has been made in all projects and a fortnightly update is given to DH, PCT and the SHA. The final part of the project is now in progress which is a patient questionnaire; this is being supported by the Dignity Practise Educators. A final declaration related to the Trust's commitment to single sex accommodation will be made at the end of March 2010.

4.6 Nutrition and Hydration

The Nutrition Steering Group has been re-launched by the Head of Dietetics with support from the Deputy Chief Nurse. The committee has set its objectives for 20210 as follows:

- To raise awareness of the link between nutrition and good health and that malnutrition can be prevented.
- To ensure that accessible guidance is available across all sectors and that the most relevant guidance is appropriate and user-friendly.
- To encourage nutritional screening for all people using health and social care services, paying particular attention to those groups that are known to be vulnerable.
- To encourage provision and access to relevant training for front-line staff and managers on the importance of nutrition for good health and nutritional care.
- To clarify standards and strengthen inspection and regulation.

4.7 Bereavement Services

The Bereavement Services Manager has re-launched the multi-disciplinary bereavement steering group that now reports quarterly to the Care Quality Group. A steering group has also been introduced in relation to the education of nursing staff in bereavement care with representatives from each Division and following the 2009 Mortuary Audit, link nurses have been identified on each ward to promote the teaching of 'Last Offices'.

The Trust's Bereavement Care Packs have been reviewed and improved. The Bereavement Service has introduced a more robust Wills Procedure, providing practical guidance for staff where the urgent compilation of a Will by a patient is necessary.

The results of the first Relative's Experience Survey are being compiled following questionnaires having been sent to relatives of deceased patients requesting feedback on patient care at end of life and the Bereavement Offices.

The Trust's Annual Memorial Services took place in October 2009. These were well attended and relatives' feedback indicated a very

positive experience. The services were supported by the Trust Chairman and Deputy Chief Nurse.

The first Trust Bereavement Conference is to be held on 27 April 2010 entitled 'The Bereavement Journey'. This will examine the process that relatives go through during bereavement and how staff can offer support. Speakers will include HM Coroner for Birmingham and CRUSE. The conference is being sponsored by UHB Charities.

4.8 End of Life Care

End of Life Care can be defined as the health and social care received in the period preceding and after death provided to both patients and their carers. It is also not defined by a period of time but can be conceptualised into distinct phases:

- Living well at the end of life
- Care in the last few days of life
- Support for carers after death

To lead the implementation of the National End of Life Care Strategy within the Trust an End of Life Core Steering Group has been established and the inaugural meeting was held on 5th February 2010. Utilising quality markers this group will build upon the significant amount of work that has already been achieved by the palliative and elderly care teams with regard to the Supportive Care pathway and end of life care to establish Trust wide approach. The group will also engage with external organisations to improve the patient experience, to facilitate patients choice of where they would prefer to die and to support relatives and carers.

5. **Contributing to the “Best in Care” – Back to the Floor**

“Back to the Floor” (BTTF) is now established with continuing excellent feedback from observers, patients and staff at ward level. Reports for the visits are displayed on the Ward dashboard and weekly Divisional feedback sessions are happening in all Divisions. Good practice has been seen in many areas and is being shared across Divisions.

The next step with BTTF is to adopt a new theme each month to focus upon, the current theme is falls management, practice is observed against the falls policy criteria, to identify any gaps in training or communication.

6. **Tissue Viability**

Reducing Hospital Acquired Pressure Ulcers

This year the Trust has a clinical quality measure to reduce the amount of hospital acquired pressure ulcers. This is being led under the “Commissioning for Quality and Innovation” framework (CQUIN). Work commenced on this in April 2009 with several key changes being introduced:

- Update of the risk assessment tool (Waterlow) and inclusion on PICs
- Revision of the pressure ulcer report forms to improve accuracy of data collection
- Production of a skin tool, safety cross and development of an educational campaign "Relieve the Pressure" to re focus nursing efforts on pressure ulcer prevention and treatment
- Provision of mandatory equipment training

This agreement will continue into the next financial year with several new milestones to achieve. Initiatives being undertaken to achieve these include:

- Improving documentation still further with redesign of the pressure ulcer charting system and promotion of wound assessments and plans of care
- Education and training with link nurse study days and launch of the Trust pressure ulcer and wound management guidelines.
- An annual prevalence study, with pressure ulcer benchmarking, supporting the ongoing incidence monitoring and direct links to the clinical dashboard
- Investment in new mattresses, cushions and chairs to ensure the correct equipment is available for pressure ulcer prevention.

7. Recommendations

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

Kay Fawcett
Executive Chief Nurse
9 March 2010