


UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF GOVERNORS

MONDAY 20 SEPTEMBER 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: 7 September 2010
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PATIENT CARE QUALITY REPORT

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.

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 has participated 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. **Recommendations**

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

Kay Fawcett
Chief Nurse
7 September 2010