


AGENDA ITEM No:

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS

THURSDAY 8 DECEMBER 2011

Title:	PATIENT CARE QUALITY REPORT
Responsible Director:	Kay Fawcett, Executive Chief Nurse
Contact:	Michele Morris, Deputy Chief Nurse; Extension 14719
Purpose:	To provide the Council of Governors with an update on care quality improvement 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 Council of Governors is asked to receive this report on the progress with Care Quality.

Signed: 	Date: 25 November 2011
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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 Trust is currently taking part in the National Inpatient Survey, as required by the Care Quality Commission (CQC). The postal survey has been sent to 850 patients who were inpatients for one night or more in June 2011. The fieldwork has taken place throughout October and beginning of November. The results will be available to the Trust in February and will be published by the CQC in May 2012.

2.2 Enhanced Patient Feedback

For the period ending 30 September 2011, 15,764 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 actions taken by each Division to improve the experience of patients, carers and visitors.

In September there were 1661 responses to the electronic bedside survey bringing the total for the year to date to 11,306. The most positive responses were for the cleanliness of wards and bathrooms, overall rating of care, and privacy when being examined, all of which achieved above 96%. The least positive responses were for someone to talk about worries, noise at night, and conflicting information, which achieved below 70% positive responses.

An action plan for improvement in 2011/12 has been agreed and progress is monitored by the Care Quality Group and through the Back to the Floor programme.

2.3 Noise at Night Audit

In the previous two National Inpatient Surveys, patients reported that their sleep was disturbed by staff at night. UHB achieved a score of 73 out of 100 in 2010 whilst the threshold for the top 20% of Trusts was 82 and maximum score by any Trust was 92. The score on the electronic bedside survey was 77.

To explore further the possible cause, and the patient and staff views on this issue, a hospital wide audit was undertaken by the Patient Experience Team in March 2010.

The audit was in three parts: a) patient experience, b) staff survey and c) audit on various aspects of care such as skill mix, staffing pattern, and patient dependency level.

Number of patients responding to the survey:	609
Number of staff responding to the survey:	342
Number of Divisions covered:	4
Number of wards covered:	33

The results showed that:

96% of patients stated that staff did all they could to help them rest and sleep. However, 50.5% of patients had experienced disturbed sleep.

Of the patients who had disturbed sleep, the reasons given were:

- Pain
- Need to use the toilet
- Noise from other patients
- Staff attending to me

Noise from staff was reported by 7% of patients, and included

- Noise from shoes
- Staff talking to patients
- Staff talking to each other

Other noise included:

- Clinical equipment
- Patient call bells

The results have been fed back to the Associate Directors of Nursing who will use them to inform their action plans for improvement, reported through the Care Quality Group. Responses to the bedside survey will continue to be monitored and a repeat audit will take place in 2012.

3. Falls

3.1 Falls Assessment on PICS

The initial falls assessment was transferred from paper to an electronic capture system at the end of July 2010. There has been an increase in the number of Falls assessments completed on PICS since this time. The latest figures demonstrate a continued improvement of assessment on PICS with May 75.31%, June 80.25%, July 80.62%, August 79.09% and September 80.51%.

The monitoring of the falls assessments on PICS continues and areas are targeted by the falls team to improve their compliance to assessment.

3.2 Harm from inpatient falls

In Quarter 1, 2011 there was a reduction in harm from patient falls by 10% from the same period 2010.

In July 2011 the Trust experienced a month when there was no episode of serious harm after a fall for patients. Since then there has been one instance of serious harm to patients following a fall in August and for two patients during September. These cases have influenced a 2% increase in harm in quarter 2, against that experience in quarter 1 2011/12.

3.3 AHP collaborative work streams for falls Prevention

From June 2011 ward Pharmacists are completing medication reviews for patients who are risk of falling. A baseline audit has been undertaken and the Falls and Fracture Nurse Specialist and Lead Pharmacist for Elderly care have met with the PICS Medical lead to agree actions improve upon compliance.

3.4 Falls Standard Requirements

The NHS Litigation Authority requires certain assurances against the falls prevention strategy of the Trust. The falls team has been working with the Governance teams to ensure that there is evidenced compliance with these requirements.

CQC Essential Standards of care 4 and 16 require evidence relating to the completion of assessments, audit, and monitoring of falls prevention strategies. The current strategies have been reviewed and are compliant with CQC standards.

4. Care Rounds

In March 2011 “Care Rounds“ were introduced to all 28 inpatient wards across UHB with the aims of improving the quality, consistency and reliability of essential care elements, reducing patient harm and improving experience.

At the beginning of the project a set of metrics was agreed to be monitored monthly. The outcome measures that are associated with the implementation of care rounds are shown in the table below.

Metric	Shown as a % of total number of patients admitted Jan 2011	Feb 2011	March 2011	April 2011	May 2011	June 2011	July 2011	Aug 2011	Sept 2011
4 hour risk assessment on PICS , Falls	47.4%	50.8 %	51.82%	67.77%	75.31%	80.25%	80.62%	79.09%	80.51%
6 hour risk assessment on PICS , Waterlow	46.4%	48.11 %	48.08%	61.02%	69.61%	74.87%	75.94%	74.37%	76.39%
0 > 24 hour risk assessment on PICS , MUST	36.61%	39.68 %	42.17%	50.45%	55.65%	62.26%	62.07%	62.07%	61.47%
No of falls	236	229	230	212	224	192	234	215	196
Harm from fall reported	48	40	44	34	34	39	41	51	35
Referral to dietician	357	324	378	341	370	390	412	451	422
Grade 2 Pressure Ulcer **	32	36	37	42	48	40	44	46	45

** The pressure ulcer metric is complicated by the need to review and compare like for like data at the same time of year, direct comparison of ward size and case mix is not possible until each ward has been in place in QEHB for 1 year and classification and grading of pressure ulcers at UHB changed on 01.04.11

5. Work on Safeguarding Adults and Children

5.1 Adult Safeguarding

During the period there have been twenty seven new safeguarding adult investigations. Of these, twenty one were formal multi-agency alerts. The remainder comprised enquiries related to complex discharge arrangements. Five patients required independent mental capacity advocates to be appointed for changes to accommodation after discharge for patients lacking mental capacity to make such a decision.

5.2 Safeguarding Children

There have been three requests from Birmingham Safeguarding Children Board for individual management reviews for Serious Case Reviews during the period. Two interagency alerts were raised for children attending ED. Both were known to the Children & Families social care teams.

6. Same Sex Accommodation

6.1 The revised Operating Framework for 2010/2011 made it clear that NHS Organisations are expected to eliminate mixed-sex accommodation except where it is in the overall best interest of the patient or reflects their personal choice.

6.2 Progress

On 14 January 2011 the Trust declared compliance having eliminated mixed sex accommodation within the hospital. The declaration is published on our external web site and we are required to make an annual declaration in relation to compliance.

6.3 In place are electronic and manual local monitoring systems and robust breach reporting guidelines which have been published on the intranet. Copies of our breach reporting guidelines have been sent to South Birmingham PCT and NHS West Midlands (SHA).

6.4 Breach Declaration

Since December 2010 we have been submitted breach data in relation to incidents of mixed sex accommodation.

To date the following data has been submitted:

Year	Month	No incidents	of	Number patients affected	of	Internal RCA Outcome	Contract Review outcome
2010	Dec	0		0			
2011	Jan	0		0			
	Feb	0		0			
	March	1		4		Clinically Justified	Agree
	April	0		0			
	May	1		4		Clinically Justified	Agree
	June	2		5		Clinically Justified	Not yet reviewed
	July	0		0			
	August	0		0			
	September	0		0			
Total		4		13			

7. End of Life Care/Bereavement

7.1 End of Life Care PICS developments

A Supportive Care Pathway (SCP) register is currently under development. Each patient who is on an SCP should have this recorded on PICS by triggering the SCP icon. As well as generating a register of patients it also means that the icon remains on the patient's electronic record and is a continued visual prompt that the patient is on the SCP.

7.2 Significant Communication Documentation update

The facility to record significant conversations with patients and their families became available on PICS from Monday 17 October 2011 in Oncology Services. This tool will enable significant conversations with patients to be recorded electronically and shared between UHB and St Mary's as well as a number of local GP practices who are also engaged in the project. There will also be involvement of A&E and CDU to enable these services to use the tool to access information that has been entered onto the system either by the patient's GP or oncology services at the Trust.

7.3 Comfort Care Packs

A 3 month pilot funded by QEHB Charities to support the provision of comfort care packs started in November 2011. There are to be 8 wards across all the floors involved as well as CDU and a critical care unit. The Comfort Care packs will provide a number of items for patients in their last few days of life and their families. These items are aimed at providing comfort and support for the patient and relatives such as toiletries, mints and tokens for newspaper/magazine. There will also be free parking tickets given to relatives as a gesture of goodwill donated by Q Park.

7.4 Bereavement

There are a number of initiatives which are underway to review the experience of relatives after suffering a bereavement. These include:
Follow up care and compassion calls - Care and compassion calls continue within the bereavement department to relatives 4 weeks post the families bereavement; a report is being collated with the findings from the first 6 months of calls.

Bereavement Questionnaire - The questionnaire continues and a report for the period July 2010 - July 2011 will be presented to the care quality group in November 2011.

Mortuary Audit - A last offices audit has taken place over a five week period to look at wards practice in care of the deceased patient. The results are in the process of being analysed and a report will be collated of the findings to influence future training and education of staff.

8. **Complaints Report**

8.1 Number of Formal Complaints by Month: August & September 2011

Following a fall in numbers during July, 90 new complaints were received in both August and September.

8.2 Patient Services Department actions

Wherever possible, complainants are contacted to discuss their concerns and to elicit their preferred method of resolution. This provides the opportunity to offer a fast-track complaints service, where arrangements are made for the complainant to receive a telephone call from senior medical or nursing staff. There are benefits to the Trust in providing a service in this way but, most importantly, it allows patients and the public to be reassured that their complaints receive timely and personal attention.

8.3 Trust Actions in Response to Complaints

Complaints continue to be reported monthly to the Care Quality Group as part of the wider Patient Experience report. A monthly complaints report is also presented at the Chief Executive's Advisory Group. Each quarter, a detailed analysis of complaints is presented to the Audit Committee and data are also included in quarterly updates to the Quality Account. Selected complaints 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 recurrence.

Agreement has been reached for an upgrade to the complaints management database that sits within the Datix system. With a single new database for all contacts across both PALS and Patient Services, it is hoped to provide patients and the public with a more consistent service. Together with the development of the Complaints Dashboard, it is intended that improved data will be available to senior managers at Divisional and Executive level. Complaint investigation reporting will become easier and more structured, whilst triangulation of data between Complaints, Incidents, Claims and Inquests will be facilitated.

9. **Recommendations**

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

Kay Fawcett
Chief Nurse
25 November 2011