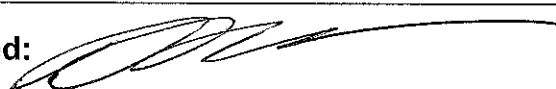


**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST  
BOARD OF GOVERNORS  
THURSDAY 9 DECEMBER 2010**

<b>Title:</b>	<b>Quality Account Update Report April-September 2010</b>
<b>Responsible Director:</b>	David Rosser, Executive Medical Director
<b>Contact:</b>	Imogen Gray, Head of Quality Development, 13687

<b>Purpose:</b>	To provide the Board of Governors with the Quality Account update report for April-September 2010-11 scheduled for publication at the end of December 2010.
<b>Confidentiality Level &amp; Reason:</b>	N/A
<b>Medium Term Plan Ref:</b>	Strategic Aim 1: To deliver the highest levels of quality evidenced by technology, information and benchmarking
<b>Key Issues Summary:</b>	<ul style="list-style-type: none"> <li>The Quality Account update report for April-September 2010 is enclosed at Appendix A.</li> </ul>
<b>Recommendations:</b>	<p>The Board of Governors is requested to:</p> <p><b>Note</b> the content of the Quality Account Update for April-September 2010.</p>

<b>Signed:</b> 	<b>Date:</b> 30 November 2010
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

**BOARD OF GOVERNORS  
THURSDAY 9 DECEMBER 2010**

## **QUALITY ACCOUNT UPDATE REPORT APRIL-SEPTEMBER 2010**

**PRESENTED BY THE  
EXECUTIVE MEDICAL DIRECTOR**

### **1. Introduction**

- 1.1. The aim of this paper is to provide the Board of Governors with the Quality Account update report for April-September 2010 which will be published on the external website at the end of December 2010. The report contains the latest data available for the quality improvement priorities, metrics and specialty indicators.

### **2. Quality Account Update for April-September 2010**

- 2.1 The Quality Account update report for April-September 2010 was discussed by the Clinical Quality Monitoring Group in November 2010 and is shown at Appendix A. The report will be formatted by the Communications Team before publication at the end of December 2010.
- 2.2 The Trust is making progress towards the quality improvement priorities and there are no significant changes in performance to report for the selected metrics. The methodology for Priority 2 (Time from prescription to administration of first antibiotic dose) has now been refined with clinicians; baseline data for June-September 2010 is therefore included in the report.

### **3. Performance**

Performance data for the specialty quality indicators for April-September 2010 is included in section 5 of the report. Performance remains either the same or better for the vast majority of the indicators. Performance for the specialty quality indicators is now being reported to the Clinical Quality Monitoring Group each month by exception. Clinicians can now view performance data for these indicators each month via the new internal QuORU website and are also being alerted to any drops in performance by email.

### **4. Quality Webpages**

The Head of Quality Development is currently working with the Communications Team to review and refine the Quality Webpages. The plan

is to develop a section specifically for clinicians, including GPs, and a simpler section for patients for each of the published indicators. Links to the specialty indicators will also be added to the existing patient information pages to make them more accessible for patients and the public.

**5. Recommendations**

The Board of Governors is requested to:

**Note** the content of the Quality Account Update for April-September 2010.

## **Appendix A: Quality Account Update for April-September 2010**

### **Quality Account Update for April-September 2010**

#### **Contents**

Introduction

Mortality

Quality Improvement Priorities

- Priority 1: Reducing errors (with a particular focus on medication errors)
- Priority 2: Time from prescription to administration of first antibiotic dose
- Priority 3: Venous thromboembolism (VTE) risk assessment on admission
- Priority 4: Improve patient experience and satisfaction
- Priority 5: Infection prevention and control

Selected Metrics

Specialty Quality Indicators

- Acute Medicine
- Anaesthetics, ITU and Ambulatory Care
- Clinical Support Services
- Other Medicine
- Outpatients
- Surgery

## **Quality Account Update for April-September 2010**

### **1. Introduction**

The Trust published its second Quality Account Report in June 2010 as part of the Annual Report and Accounts. The report contained an overview of the quality initiatives undertaken in 2009-10, performance data for selected metrics and set out five key priorities for improvement during 2010-11:

**Priority 1:** Reducing errors (with a particular focus on medication errors)

**Priority 2:** Time from prescription to administration of first antibiotic dose

**Priority 3:** Venous thromboembolism (VTE) risk assessment on admission

**Priority 4:** Improve patient experience and satisfaction

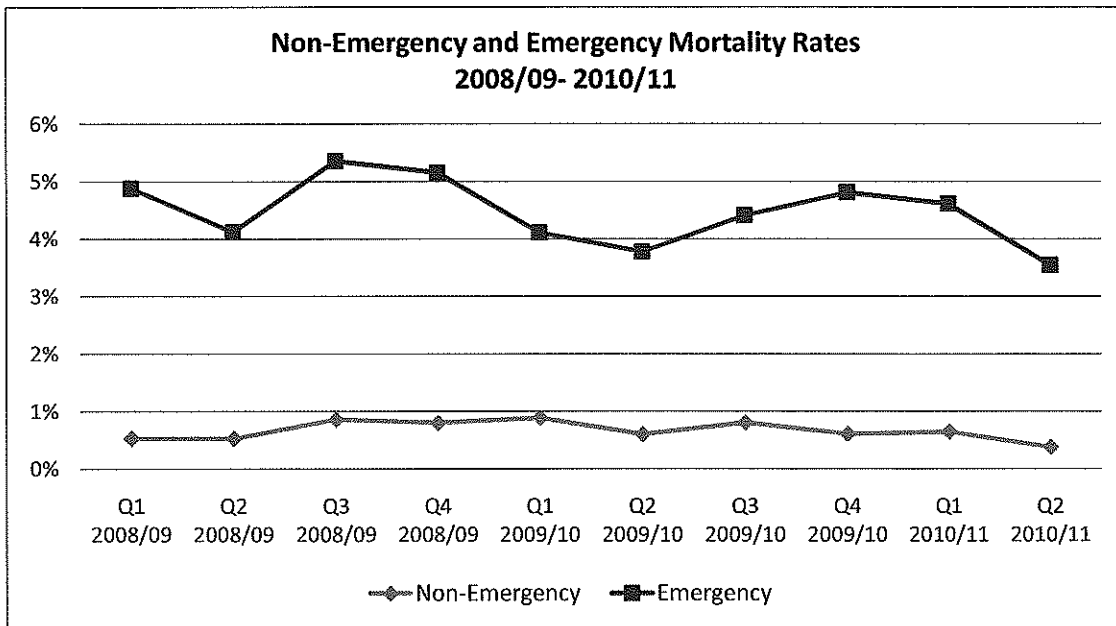
**Priority 5:** Infection prevention and control

This report provides an update on the progress made for the period April-September 2010 towards meeting these priorities and updated performance data for the selected metrics. This update report should be read alongside the Trust's Quality Account Report for 2009-10.

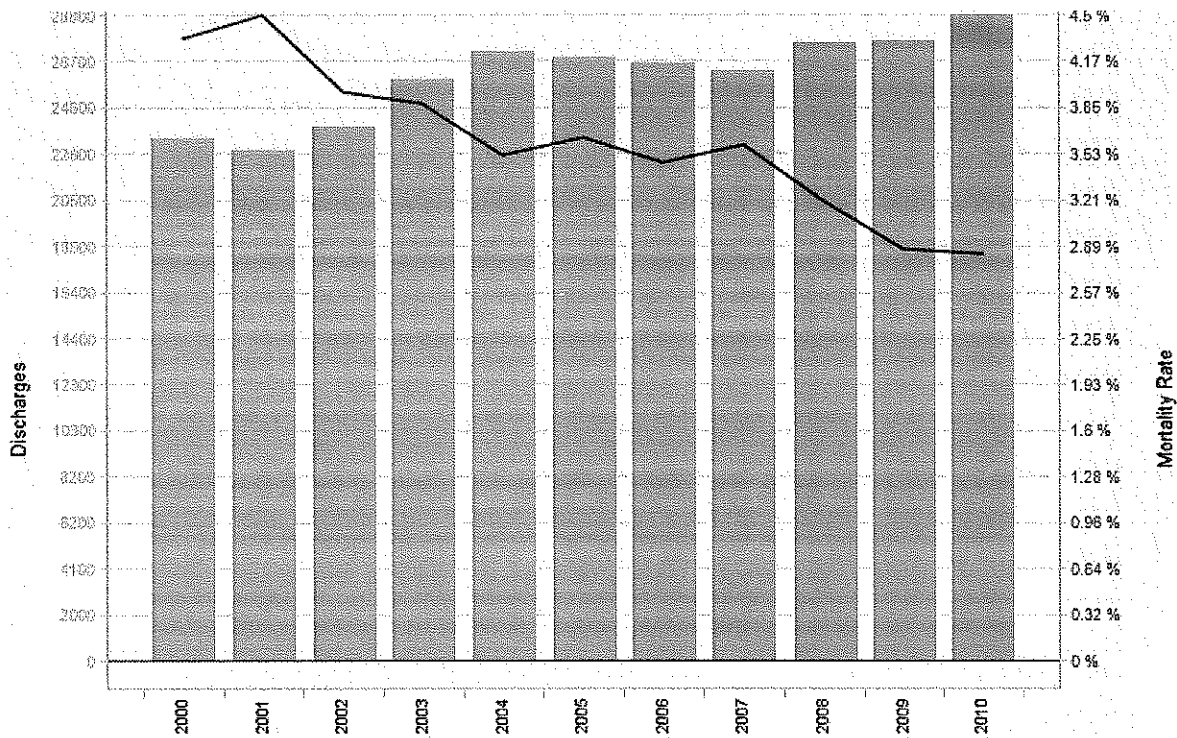
### **2. Mortality**

The Trust continues to monitor mortality as close to real-time as possible with senior managers receiving daily emails detailing mortality information and on a longer term comparative basis via the Trust's Clinical Quality Monitoring Group. Any anomalies or unexpected deaths are promptly investigated.

The graph below shows the non-emergency and emergency mortality rates by quarter for the last three financial years. Although the Trust is generally treating more elderly patients and patients with complex conditions, mortality continues to remain stable.



Non-emergency and emergency mortality has slightly decreased despite an increase in the complexity of patients and increased activity during 2010-11.

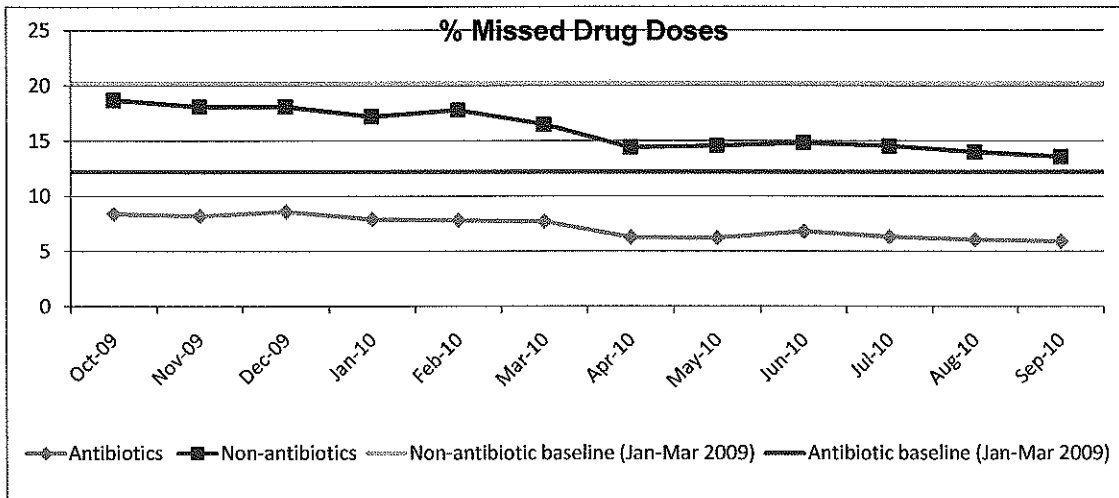


### 3. Quality Improvement Priorities

#### Priority 1: Reducing errors (with a particular focus on medication errors)

Since April 2009, the Trust has focused on reducing the percentage of drug doses prescribed but not recorded as administered (omitted) to patients on the Prescribing Information and Communication System. Omitted drug doses are monitored at divisional, specialty and ward levels and communicated daily to clinical staff via the Clinical Dashboard (which displays real-time quality information at ward-level). Performance is also reported to the Chief Executive's Advisory Group, the Chief Operating Officer's Group and the Board of Directors each month to ensure appropriate actions are taken.

The percentage of omitted antibiotic and non-antibiotic drug doses for the last 12 months is shown in the graph below. The Trust is continuing to reduce the number of missed antibiotic and non-antibiotic doses during 2010-11. Improvement actions are identified following monthly root cause analyses of selected missed dose cases by the Trust's Executive, divisional management and clinical teams.



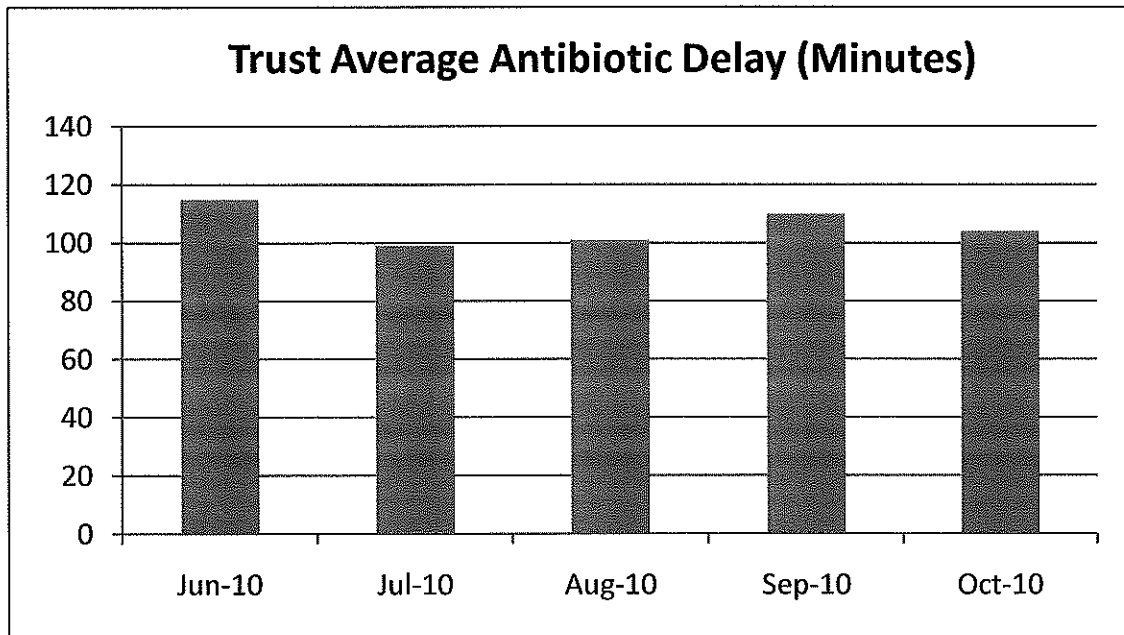
**Priority 2: Time from prescription to administration of first antibiotic dose**

There is evidence within the clinical literature that rapid antibiotic delivery can reduce patient harm and improve outcomes, and that the time from prescription to administration of first antibiotic dose for certain conditions should ideally be 60 minutes or less.

The Trust has now identified clinical exception rules with clinicians and refined the methodology for measuring performance against this indicator. Data has been collected from the Trust's electronic Prescribing Information and Communication System (PICS) for patients admitted with acute illnesses. This does not however include Emergency Department referrals where prescribing data is not yet captured electronically.

This indicator focuses on the first prescription of antibiotics for patients identified as having likely infections (based on white blood cell counts) and measures the time delay between the antibiotic prescription being made and the first dose of this drug being given. All courses of antibiotics lasting for three days are included even where they include a discharge prescription. Baseline performance data is shown in the graph below for June to October 2010. The Trust is focusing on reducing the time between prescription and administration of first doses of antibiotic for this group of patients. Delayed antibiotics are now being included in the monthly root cause analyses of selected missed dose cases by the Trust's Executive, divisional management and clinical teams.



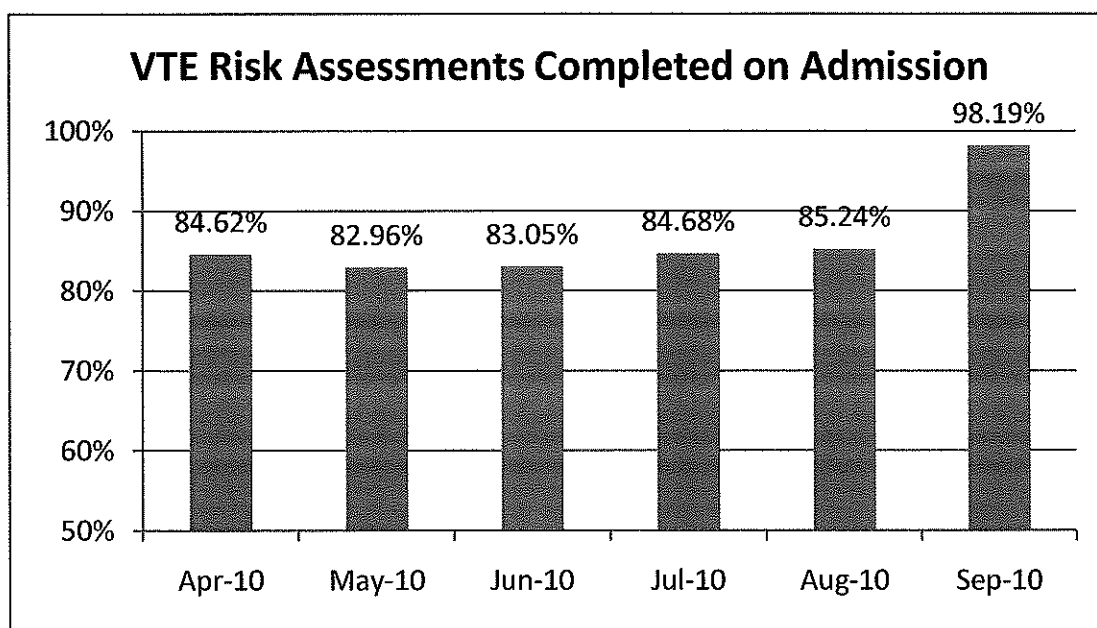


### Priority 3: Venous thromboembolism (VTE) risk assessment on admission

Whilst most other trusts have to rely on a paper-based assessment of the risk of VTE for individual patients, the Trust has been using an electronic risk assessment tool within the Prescribing Information and Communication System since June 2008 for all inpatient admissions. The tool provides tailored advice regarding preventative treatment based on the assessed risk.

The Trust's electronic VTE risk assessment tool has been revised to reflect the latest guidance from the National Institute for Health and Clinical Excellence (NICE). In order to comply with this guidance, new mandatory questions for all inpatients admitted acutely or electively have been included as part of the risk assessment tool. In addition, ambulatory care (day case) admissions have been examined to determine which patients also require a full risk assessment within our systems. Both of these changes have produced a big improvement in VTE risk assessment completion on admission.

The Trust is continuing to monitor the completion of venous thromboembolism risk assessments to ensure that by the end of 2010-11, at least 90% of all our patients have a VTE risk assessment completed on admission.



#### Priority 4: Improve patient experience and satisfaction

During quarter 1 2010-11, the Trust started monitoring the feedback received from patients via the electronic bedside and telephone surveys for the questions set out in the Trust's 2009-10 Quality Account Report. The last two questions relate to discharge and were added into the telephone survey in August 2010.

Time Period	Survey Questions	Answers	Performance
April-September 2010	Have you been involved as much as you want to be in decisions about your care and treatment?	Yes	73%
		Yes, to some extent	21%
		No	6%
June-September 2010	Did you find someone on the hospital staff to talk about your worries and fears?	Yes, definitely	63%
		Yes, to some extent	26%
		No	12%
June-September 2010	Were you given enough privacy when discussing your care and treatment?	Yes, always	87%
		Yes, sometimes	11%
		No	2%
June-September 2010	Do you think that hospital staff do all they can to help control your pain?	Yes, definitely	81%
		Yes, to some extent	16%
		No	3%
August-September 2010	Did a member of staff tell you about medication side effects to watch for when you went home?*	Yes, completely	59%
		Yes, to some extent	16%
		No	25%

<b>August-September 2010</b>	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?*	Yes	<b>84%</b>
		No	<b>16%</b>

\* Responses from Outpatient Survey which started in August 2010.

### Complaints

The overall number of complaints received in Quarter 2 2010/11 was higher than Quarter 1 2010/11. This was mainly due to an increase in the number of complaints received in July 2010; the number of complaints received per month has since reduced.

	<b>Q1 2010/11</b>	<b>Q2 2010/11</b>
Total number of complaints	160	205
Response within deadline	97%	92%*
Referrals for independent review by referral date	4	5

\*Final response rates for August and September 2010 are not yet available so the percentage shown relates to complaints received in July 2010.

<b>Top 3 Complaint categories</b>	<b>Q1 2010-11</b>	<b>Q2 2010-11</b>
<b>Main category</b>		
1. Clinical treatment	71	87
2. OPA (delay/cancellation)	22	31
3. = Communication/information	20	18
3. = Attitude of staff	15	18
<b>All issues</b>		
1. Clinical treatment	135	181
2. Communication/information	56	83
3. Attitude of Staff	29	50

### Ratio of complaints to activity

		<b>Q1 2010-11</b>	<b>Q2 2010-11</b>
Inpatients	FCEs*	30 194	31 670
	Complaints	76	115
	<b>Rate per 1000 FCEs*</b>	<b>2.52</b>	<b>3.63</b>
Outpatients	Attendances**	126 554	131 577
	Complaints	69	76
	<b>Rate per 1000 attendances</b>	<b>0.55</b>	<b>0.58</b>
A&E	Attendances	21 401	20 794
	Complaints	15	14
	<b>Rate per 1000 attendances</b>	<b>0.70</b>	<b>0.67</b>

\*FCE = finished consultant episode which denotes the time spent by a patient under the continuous care of a consultant.

\*\* The Outpatients activity data relates to attendances only and also includes Therapy Outpatients data (physiotherapy, podiatry, dietetics, speech and language therapy and occupational therapy).

## Compliments

The number of compliments received continue to show a sustained and significant increase in Quarter 2 2010/11. The majority of compliments received relate to treatment received, with a number specifically mentioning nursing care and friendliness of staff. Quarter 2 also saw an increase in the number of compliments relating to medical staff.

Compliment Subtype	Q1 2010-11	Q2 2010-11
Treatment received	81	57
Nursing care	29	49
Friendliness of staff	21	50
Efficiency of service	11	8
Medical care	5	21
Facilities	0	1
Other	3	7
Information provided	1	5
<b>Total</b>	<b>151</b>	<b>198</b>

## Priority 5: Infection prevention and control

UHB is continuing to make good progress in relation to infection prevention and control during 2010-11:

- The Trust is now utilising vapour decontamination in standard terminal cleans since the move into the new building. There has also been an initiative to use hydrogen peroxide vaporising in the clinical areas identified as most susceptible to *C. difficile* infection to reduce the microbial load prior to use of the area by patients.
- The Trust's MRSA screening policy includes all elective and emergency patients except those that are excluded from the Department of Health criteria. A decolonisation project to follow cases through into the community is in the process of being agreed with NHS South Birmingham.
- Both MRSA bacteraemias and any episode of two or more *C.difficile* cases are subject to root cause analysis and then review by the Executive Team of the Board. The learning from these RCAs is shared divisionally and assurance on actions taken is reported via the Infection Prevention and Control Committee.
- The Trust has begun a process of surveillance for other key organisms to prepare to monitor and report on them monthly.

The graphs below show the number of post 48-hour *C. difficile* cases and MRSA bacteraemias by month for the period November 2009 to October 2010:

