Birmingham Community Healthcare NHS Trust

Quality Account

2011-12
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Section 1

- Statement of quality from Chief Executive
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Statement of quality from Chief Executive

“Quality Accounts now represent an important part of the overall quality improvement landscape of the NHS. The Health Act 2009 creates the duty for all providers of NHS services to produce an annual Quality Account. The primary purpose of the NHS and everyone working within it is to provide a high quality service, free at the point of delivery to everyone who needs it.

Care provision and the experience patients have of the care they receive is central to all that we do. This report summarises our priorities for the year, what we did and why, where we are now and our ongoing commitment to continue to improve the quality and responsiveness of our services. ‘Quality’ is much more than a word or a set of action plans, it is about the day-to-day excellent care which is delivered by our dedicated clinicians and their teams.

This year has seen a period of major transformation across community health services in Birmingham and as part of this development, Birmingham Community Healthcare (BCHC) has reviewed the organisational values and strategic objectives.

As a Trust Board we have been impressed throughout the year by the commitment of staff to providing high quality care to patients on a daily basis and the pride they take in doing the very best for each and every person they meet. This commitment will continue to be fundamental as we move forward to realise our aspiration of becoming an NHS Foundation Trust.

Our organisation’s stated aim is to deliver quality improvements “with, for, and in the community” and I welcome the chance to share with you the achievements and challenges this year has brought. The organisation is very conscious of the financial restraints that the NHS will face over the coming years and the importance of safeguarding quality of care. The essence of how we will deal with this is through service transformation and service redesign. Meeting this challenge, the Quality Innovation Productivity and Prevention (QIPP) challenge - is about achieving the highest possible value from the resources allocated to the NHS.

In line with the Transforming Community Services Programme, a significant number of community services were transferred to BCHC between December 2010 and March 2011. Throughout 2011-12 a number of benefits have been realised ensuring that we continue to deliver consistently high quality care and standardise services to the best. A full evaluation of all the benefits delivered will be completed in January 2013.
Our focus is on maintaining and improving quality whilst reducing cost by increasing productivity and redesigning services wherever possible. The scale of the challenge means that throughout the transition and going forward, quality must remain our guiding principle. We have focussed on a number of quality and safety priorities and we have developed an Integrated Business Plan (IBP) to ensure we are well placed to deliver those key initiatives. The actions taken and resulting outcomes are described in the Quality Account.

Our Quality Account outlines our commitment to continual improvement in service provision and to be transparent and accountable to patients, the public, commissioners, partners and other stakeholders.

Our intention is to make this document as informative as possible, and we look forward to your feedback, which will assist us in improving the content and format of future Quality Accounts.

On behalf of the Trust Board, I can confirm that to the best of my knowledge and belief the information contained in the Quality Accounts is accurate and represents our performance in 2011-12 and our commitment to quality improvement.

Tracy Taylor, Chief Executive,
Birmingham Community Healthcare NHS Trust

Message from the Chair

The challenge for healthcare providers today is to build high quality service delivery systems and structures that are robust and fair to all yet with the flexibility to adapt and respond to individual need.

This Quality Account is an opportunity to showcase the excellent work of BCHC staff - during a period of considerable change - to integrate and improve services across the city and to embed policies and practices that position patient experience as the key driver of care.

Understanding the healthcare needs of all the communities we serve will be the key to getting decisions right as we move forward. As we progress towards Foundation Trust status, I am encouraged by the work that is under way to build a strong public membership which is truly representative of those communities. Making sure the views and needs of our members are reflected in the way we provide services will be yet more fuel driving the engine of continuous improvement.

I hope you find the Quality Account interesting and informative. If you would like to comment on any part of it, details of how you can do that are included at the back of the document. We would be delighted to hear from you.

Tom Storrow, Chair,
Birmingham Community Healthcare NHS Trust
Putting quality first

BCHC provides a combination of specialist and local healthcare services, delivered on a locality basis, citywide and regionally in a wide variety of settings including community hospitals, intermediate care centres, outpatient facilities and in people’s homes. We strive to deliver high quality local services while recognising that patients travel from across the wider West Midlands region to receive highly specialised services.

Our clinical strategy, approved by our Board, places the individual at the centre of service delivery, supporting our vision of accessible and responsive, patient-focused healthcare for people in all the communities we serve, throughout their lifetimes. BCHC recognises its responsibility to ensure that all the services it provides are safe, of high quality and that the patient has a positive experience when receiving care in any setting.

As part of our ongoing commitment to quality, the Trust Board has in place a number of mechanisms by which they ensure quality is measured, monitored and improved.

Examples of board level assurance

- The Board monitors indicators of essential care, which demonstrates ‘ward to board’ quality of care provision.
- The Trust Board has agreed quality metrics in addition to the national targets that are in place. In the event of deviation, a full narrative is given in the Quality Report, and where necessary the Governance and Risk Committee discusses issues/receive further information to assure the Trust Board that appropriate action is being taken or monitor any resultant action plans.
- The essential care indicators contained within the Board Quality Report are cascaded down to divisional and ward level and all staff are involved in the review of performance against the quality goals.
- The Trust Board receives a monthly Quality Report and Performance Report which contain both national and local quality metrics, whereby the Trust Board approves the key performance indicators (KPIs) and essential care indicators at the start of each year in order to monitor quality and achieve its annual objectives.
- There is an assessment of the impact on quality, innovation and productivity of all strategic intentions and cost improvement programmes.
- The Trust actively involves patients and service users in the formulation of strategy and service developments to identify quality implications.
- Quarterly Care Quality Commission (CQC) assessments are undertaken to review and ensure ongoing compliance and consider risks to compliance.
- All Board members engage in regular Patient Safety Walkabouts, at which they meet and engage with staff, patients and service users and are able to derive an understanding of issues that are affecting staff on the frontline.
During 2011-12 the Trust Board’s clinical priorities were falls and nutrition and hydration, as exemplified in our Commissioning for Quality and Innovation (CQUIN) targets. You can find more about our progress on falls prevention on page 25 and our nutrition and hydration assessments on page 27.

We also prioritised prevention of pressure ulcers and venous thromboembolism which were audited monthly as part of our essential care indicators (a set of standards relating to care assessment, planning and delivery). Services are audited against these indicators on a monthly basis and results are reported directly to the Board). In 2012-13 the Board agreed three clinical priorities:

**Safety Express**

Safety Express is a national programme aimed to reduce harm from pressure ulcers, falls, urinary tract infections with catheters and blood clots (deep vein thrombosis and pulmonary embolism). You can read more about this key initiative from pages 14 to 17.

**Nutrition and hydration**

The Board plans to improve the response to developing good practice across the spectrum of services for good nutrition and hydration and will do so by continuing to closely monitor compliance with assessments of nutrition and hydration captured in the essential care indicators.

To see our details of our monthly essential care indicators audit on page 63.

**Health visitor Implementation plan**

The roll-out of the health visitor implementation plan aims to to expand and strengthen health visiting services, to ensure that families have good parenting support by working in partnership with GPs, maternity and other health services, Sure Start children’s centres and other early years services. The quality goal through implementing the health visitor plan will be to ensure that parents and children have access to the support they need, with early intervention to ensure additional support for those who need it, including the most vulnerable families. Key to success will be intervening early, working with families to build on strengths and improve parenting confidence and, where required, referring early for more specialist help, including specialist mental health services. Health visitors, working in partnership with GPs, midwives, Sure Start children’s centres and the local authority, have a crucial role in ensuring that this happens.

To see our plan for improvement in 2012-13 go to page 18.

The Board receives comprehensive and detailed information providing Directors with a clear picture of progress against our quality goals and demonstrates where we need to improve to ensure we can reach the high standards we set for our organisation.

Clinical quality is the cornerstone of the Board’s strategic vision and I am delighted our Quality Account portrays that vision with such clarity.

John Craggs, Non Executive Director Lead for Quality.
The NHS identifies three fundamental elements of quality care:

1. **Patient safety** - patients are safe and free from harm.

2. **Clinical effectiveness** - the treatment and care we deliver is the best available.

3. **Patient experience** - patients, their carers and relatives have a positive experience that meets or exceeds their expectations.

The sickle cell and thalassaemia team have offered evening clinics to increase attendance to their service.
About our services

BCHC NHS Trust provides high quality accessible and responsive community and specialist NHS services across Birmingham and the West Midlands and employs 5,178 staff (as of May 2011).

We deliver community-based healthcare to people of all ages across Birmingham, covering a population of approximately 1 million people and a geographical area of 103 square miles. These services are delivered in a variety of settings including people’s homes, primary care premises and community inpatient facilities.

We also deliver a range of specialist services for a population of approximately 5 million people in the wider West Midlands region, including Warwickshire, Staffordshire, Worcestershire, Shropshire and Herefordshire. These services include specialist Rehabilitation Services and a purpose-built teaching dental hospital that provides undergraduate teaching and postgraduate dental training, secondary and tertiary specialist dental care.

More than 100 different healthcare services are provided by the organisation. Each year the organisation’s staff engage in more than two million contacts with patients and other service users.

BCHC comprises three clinical divisions providing services to patients:

1. **The Children and Families Division**

   brings together all the specialist community services for children and young people across Birmingham and offers a co-ordinated approach for child healthcare, as well as delivering the universal children’s services of health visiting, mainstream school nursing and the paediatric eye-screening service.

2. **The Adults and Community Division**

   provides a range of services for the local communities within Birmingham including community-based urgent care and hospital admission avoidance, district nursing, community podiatry and physiotherapy to specialist services for older people. The division also operates two community hospitals, enhanced recovery centres and a palliative care facility.

3. **The Specialist Division comprises:**

   - Birmingham Dental Hospital (BDH), in partnership with the University of Birmingham School of Dentistry, provides a range of dental services for people in the West Midlands, training and development of the dental workforce and an extensive research programme
   - Combined Community Dental Services provides a range of specialist dental services across Birmingham, Dudley, Sandwell and Walsall
   - Specialist Rehabilitation Services provides a range of services across the West Midlands for adults with long-term neurological conditions and children and adults with limb amputations
   - Learning Disability Services provides specialist health services for people with learning disabilities across the city of Birmingham.

The clinical services are supported by a range of corporate functions, such as human resources, finance, performance, governance and risk management. A dedicated patient experience team liaises with service users and their representatives.
Our values

<table>
<thead>
<tr>
<th>Accessible</th>
<th>We will provide a range of services that reach out into the community and meet individual need where everyone counts; celebrating diversity and valuing difference.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsive</td>
<td>We will listen and work with our service users and partners to meet needs and improve health and well being. We will encourage innovation and excellence, celebrating success and learn from experiences.</td>
</tr>
<tr>
<td>Quality</td>
<td>We will provide safe effective personalised care to the highest standard, providing information to support service users and their carers to make informed choices.</td>
</tr>
<tr>
<td>Caring</td>
<td>We will deliver our services with respect, compassion and understanding where people are valued and we will act in their best interest.</td>
</tr>
<tr>
<td>Ethical</td>
<td>Promoting a culture of dignity and respect we will make morally sound, fair and honest decisions and be openly accountable. We will commit to investing wisely whilst being socially and environmentally responsible.</td>
</tr>
<tr>
<td>Commitment</td>
<td>Through our actions and commitment we will strive to make a positive difference to people’s lives. We will value our staff, the commitment and contributions they make.</td>
</tr>
</tbody>
</table>
Where our services are provided

<table>
<thead>
<tr>
<th>Key</th>
<th>Service</th>
<th>Coverage</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Community services for children and adults and specialist services for people with learning disabilities.</td>
<td>Birmingham</td>
<td>1.1 million</td>
</tr>
<tr>
<td></td>
<td>Community dental services.</td>
<td>Birmingham, Sandwell Dudley and Walsall</td>
<td>2 million</td>
</tr>
<tr>
<td></td>
<td>Specialist rehabilitation services and Birmingham Dental Hospital.</td>
<td>West Midlands</td>
<td>5.5 million</td>
</tr>
</tbody>
</table>
Accolades for our staff during 2011-12

Kerrie shines at the Nursing Times Awards

Congratulations to neurological rehabilitation nurse Kerrie Naylor, who won the ‘rising star’ award at the Nursing Times Awards 2011.

The accolade was in recognition of Kerrie’s contribution to outstanding care quality. Highlights include her work to reduce inpatient falls - adopted by teams across the Trust and earning her an award for quality and innovation; an audit of care for patients with urinary catheters, led by Kerrie, that brought about care plan improvements to minimise infection risk; and the development of an action plan that led to a sustained improvement in the unit’s essential care indicator scores.

Meanwhile, she has helped streamline the ward’s process for ‘handing over’ from one shift to the next; and completed a mentorship training programme which has enabled her to play a personal, hands-on role in helping student nurses develop their skills.

The whole inpatient rehabilitation unit (INRU) team was highly commended in the ‘team of the year’ category for their continuing inter-disciplinary team work to improve patient outcomes while Allens Croft children’s centre in Kings Heath was shortlisted for its successful integration of health services with education services provided by Birmingham City Council.

Also shortlisted, in the ‘nursing in the community’ category, was the adult community services rapid response team for their delivery of urgent care in patients’ homes and provision of an urgent care bureau.

Chief Executive Tracy Taylor said:

“...We are extremely proud of - and delighted for - Kerrie, whose dedication to patient safety has delivered such benefits for service users, particularly in INRU but also in many services across the Trust.

However, everyone who was shortlisted is a star. There were a lot of entries in these awards this year and some really strong competition so to have four finalists, together representing all our clinical divisions, was a great achievement in itself.

Our excellent staff throughout the Trust work with huge dedication to provide accessible and responsive services of the highest quality."
Section 2

- Our priorities for clinical improvement in 2012-13

- Children and Families Division - improving quality of our health visiting services

- Birmingham Dental Hospital improving the quality of referrals to our services

- Combined Community Dental Services - membership of Quality in Dental Services Scheme
Our priorities for clinical improvement in 2012-13

Adults and Community Division, Rehabilitation Services and Learning Disabilities Services - implementation of Safety Express

Safety Express has formed a key part of our patient safety plans during 2011-12 and will continue to be a priority during 2012-13. Safety Express is a national programme aimed to reduce harm from:

- hospital and community-acquired pressure ulcers (also known as pressure sores)
- falls
- urinary tract infections (UTIs) in patients with catheters
- blood clots (deep vein thrombosis and pulmonary embolism).

These healthcare complications are recognised across the NHS. Birmingham Community Healthcare (BCHC) is working with other NHS trusts to improve patient safety as part of this national programme - a priority as we aim to eliminate all four causes of harm for every patient by developing safer systems in inpatient, bedded units and community settings.

The programme encourages organisations to address safety issues from the patient’s perspective and adopt an integrated approach across teams and departments to minimise the risk of all four causes of harm.

The Learning Disabilities Services are also included in the work programme for Safety Express and the use of the NHS Safety Thermometer (ST). Only learning disability inpatient and community service users aged 65 or over are included in the monitoring of these four causes of harm for the purposes of these programmes.

Learning Disability Services are piloting the monitoring of three further causes of harm:

- violence and aggression from patients
- medication errors
- self harm.
Measuring for improvement

Measuring harm-free care from the patient’s perspective is ambitious and has been helped by the development of the ST, a tool which measures, monitors and analyses causes of patient harms and harm-free care. It has enabled frontline clinical teams to survey their patients every month, measure the four causes of harm and monitor their own safety improvement. Harm from pressure ulcers, falls, urinary catheters and blood clots is estimated to affect over 200,000 people each year and the direct costs to the NHS estimated at over £430 million per year.

Case note review, using a trigger tool (a method for identifying adverse events which may cause harm), has helped to establish a rate of harm and highlighted trends in areas where changes need to be made.

Topics for improvement have also included:
- catheter care
- antibiotic prescribing for UTIs
- observations and prompt escalation procedures
- review of admission criteria.

Data collected from incident reporting is also used to influence improvement work, especially for patients who have fallen or who have pressure ulcers. As we repeatedly measure our patients for harms, we will get a picture of improvement. We will monitor how rapidly this is happening to establish ongoing patient safety work is making a difference to patient care and experience.

On pages 16 and 17 we describe in detail how we will plan to achieve our Safety Express goals for 2012-13.
### Safety Express goals for 2012-13

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Baseline</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Using the NHS Safety Thermometer (ST) to measure harms at the point of care enabling clinical staff to know during their working day the number of:</td>
</tr>
<tr>
<td></td>
<td>• pressure ulcers</td>
</tr>
<tr>
<td></td>
<td>• falls</td>
</tr>
<tr>
<td></td>
<td>• catheter-associated urinary tract infections</td>
</tr>
<tr>
<td></td>
<td>• proportion of patients that are free from harm</td>
</tr>
<tr>
<td></td>
<td>• blood clots.</td>
</tr>
</tbody>
</table>

| Rehabilitation service | Complete the ST for 100% of inpatients every month for the four harms to establish a baseline. Use the results with incident reporting for falls and pressure ulcers, ST for Grade 2, 3, and 4 pressure ulcers. Use Trigger Tool to measure adverse incident rate. Establish a baseline using the safety thermometer and triangulate with incident reporting and case note review. |

| Adults and community | Complete the ST for 100% of patients every month on the specified day for: |
|                      | • every inpatient on the ward and in the bedded units |
|                      | • each patient on that day's caseload for every community nursing team. |
|                      | To establish the baseline for four harms and triangulate with incident reporting for falls and pressure ulcers. |

| Learning disability service | Complete the ST on a monthly basis for the four harms on the specified day for patients over 65 in the inpatient areas and community. Complete the ST as part of the pilot on 100% of inpatients on three new harms: violence and aggression, medication errors and self harm. Establish a baseline using the ST and triangulate with incident reporting on self harm, violence and aggression and falls. |

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Goal - where do we want to be?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BCHC’s plans for patients safety leads with the work of the Safety Express to effectively deliver harm-free care from pressure ulcers, falls, urinary catheter infections, and blood clots. The clinical teams will use the information collected along with incident data, case note reviews and then track improvements over time and aim to eliminate ‘preventable harm.’</td>
</tr>
</tbody>
</table>

| Rehabilitation service | • achieve the Commissioning for Quality and Innovation (CQUIN) and survey 100% of relevant patients |
|                       | • deliver 95% harm-free care by 31 December 2012 for four harms |
|                       | • 30% reduction in avoidable community-acquired, and 50% reduction in avoidable hospital acquired pressure ulcers |
|                       | • 50% reduction in catheter acquired UTIs |
|                       | • 50% reduction in avoidable venous thromboembolism (VTE) events |
|                       | • 25% reduction falls in care. |

| Adults and community | • achieve the CQUIN and survey 100% of relevant patients. |
|                     | • deliver 95% harm-free care by 31 December 2012. |
|                     | • 30% reduction in avoidable community-acquired, and 50% reduction in avoidable hospital-acquired pressure ulcers |
|                     | • 90% of patients admitted to ward / unit have a documented VTE risk assessment |
|                     | • eliminate harm from falls resulting in severe injury death. |

| Learning disability service | • achieve the CQUIN and survey 100% of relevant patients |
|                            | • survey 100% of relevant patients for three new harms. |
|                            | • 95% harm-free care |
|                            | • triangulate with incident data |
|                            | • complete audit programme. |
### Criterion Monitoring and reporting
Safety Express is in the Safety Plan, part of the Trust Board quality report. Data from the ST forms the dashboard to measure improvement. The patient safety report is presented to the clinical governance committee; groups that drive improvement are: falls; pressure ulcer groups; fundamentals of care; safety express group.

<table>
<thead>
<tr>
<th>Rehabilitation service</th>
<th>Progress is included in the business units monthly reports and the rehabilitation governance committee.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults and community</td>
<td>Reports to inpatient and community services clinical effectiveness committees. Internal quality/assurance project provides a source of monitoring and reports.</td>
</tr>
</tbody>
</table>
| Learning disability service | Progress is reported at the two clinical business units and then at the:  
  - learning disability clinical effectiveness group  
  - learning disability clinical safety group  
  - divisional governance committee. |

<table>
<thead>
<tr>
<th>Criterion How the goal will be achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>As part of the Safety Plan, improvements will be tracked over time. The clinical teams are committed to effectively deliver care, free from harm, to patients and are implementing the plan within their teams. It is not about starting again, it is about building on successes and integrating within existing workflows and routines.</td>
</tr>
</tbody>
</table>

| Rehabilitation service | Part of Rehabilitation Services patient safety plan designed to support Safety Express:  
  - completion of safety thermometer  
  - trigger tool case note review  
  - falls reduction programme  
  - audit of catheter care plans  
  - antibiotic prescribing for urinary tract infections  
  - audit of observations and escalation  
  - review of admissions criteria  
  - prescribing of medicines using a risk-based approach. |
|------------------------|--------------------------------------------------------------------------------------------------|
| Adults and community   | Embedded in the Safety Express workstream and includes:  
  - completion of ST  
  - pressure ulcer prevention and launch and implementation of SSKIN (a campaign designed for patients and carers to prevent pressure ulcers)  
  - ‘trust me to care’ campaign and care rounds  
  - falls reduction programme  
  - revision of risk assessments and individualised care plans  
  - nutrition and hydration, meal time audits and roll out of red lids  
  - prescribing of medicines using a risk based approach. |
| Learning disability service | The work will form part of the learning disabilities clinical effectiveness and clinical safety work programme:  
  - completion of ST  
  - the learning disabilities team are involved in developing the three new harms with NHS Midlands and East  
  - ligature points audit  
  - suicide and self-harm audit. |
Children and Families Division - improving the quality of our health visiting services

Rationale
Birmingham is an area with an increasing birth rate and with high deprivation and generally worse health outcomes than for people in other parts of the country. The health visiting service has high caseloads with a significant focus on safeguarding. The Health Visitor Implementation Plan (DH, 2010) sets out the ambitious vision of increasing health visitor numbers by 4,200 by April 2015. This equates to an increase of 122 across Birmingham and represents a significant opportunity to improve health visiting services in the city for future generations. The programme also includes the roll-out of Family Nurse Partnership across the city.

The result will be to ensure healthy lifestyle outcomes for all children and families, by providing access to advice, support and universal services that work in partnership to promote health, intervene early and protect and safeguard vulnerable children and families.

Baseline
We plan to deliver our CQUIN for new birth visits and new-to-area visits. We also plan to exceed our levels of patient satisfaction from the June to August 2011 annual survey.

Our goal
Our aim is that all children known to our service achieve their potential and those with an assessed need have an integrated care plan and all are protected and safeguarded by a competent and confident workforce. We want all users to have a high level of satisfaction with the service they access and our staff to be confident and competent in their roles, as measured by a completed personal development review.
Rationale
Commissioners and the emerging clinical networks wish to understand the quality of referrals being made into Birmingham Dental Hospital. This will enable the successful completion of managed clinical network objectives and the effective commissioning of primary care for the future.

Baseline
An audit will be carried out to understand the quality of referrals currently being received, with plans put in place to educate referring organisations on good referral practices.

Our goal
Poor referrals are a drain on NHS resources. Standardising and improving referrals will improve the pathway in which patients access services along with improving information available.

How we will monitor and report our progress
Information update and reports will be submitted to commissioners on a quarterly basis, evidencing achievements against milestones and the action plan going forward to ensure completion of final indicators.

How our goal will be achieved
The Trust will work in partnership with service leads, commissioners and the local dental committee to ensure achievement of the CQUIN.
Combined Community Dental Services (CCDS) - membership of Quality in Dental Services Scheme

Rationale

The government wishes to put in place an NHS dental service delivering high quality clinically appropriate preventative, routine and complex care for those who choose it.

The Quality in Dental Services Scheme (QIDS) is a quality assurance tool which helps salaried dental services demonstrate how they meet current accepted standards of good practice. The scheme involves completing a self-assessment against the required standards and completing a portfolio of evidence in support of the application for membership. This documentation is independently assessed and verified by the British Dental Association assessors prior to awarding QIDS accreditation.

Our goal

CCDS aim to submit our application for membership of the QIDS in June 2012.

How we will monitor and report our progress

Achievement of this priority will be reported to and monitored by the Specialist Division governance committee which reports through the corporate governance arrangements to the Trust’s clinical governance committee.

How our goal will be achieved

Arrangements include:

- provision of support by the clinical governance lead for CCDS
- identification of a local lead for each clinic who is responsible for progressing the QIDS application process.
Section 3

- Review of clinical priorities for 2011-12
- Quality improvements - snapshots from our clinical teams
- Engaging, listening, learning, improving
- Quality performance data
What are CQUIN’s?
CQUINs are projects agreed between the commissioners (who buy our services) and the Trust. The projects are set up to improve clinical care delivery or processes which support clinical care.

A proportion of Birmingham Community Healthcare’s (BCHC) income in 2011-12 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement, or arrangement with for the provision of NHS services, through the CQUIN payment framework.

Our CQUIN results at a glance...

- **Patient experience Adults and Community**: 100% achieved
- **Patient information about VTE**: 100% achieved
- **Falls prevention**: 100% achieved
- **Reducing smoking and alcohol consumption**: 100% achieved
- **Nutrition and hydration assessment**: 100% achieved
- **Improved access to health visiting teams**: 50% achieved
- **Improving quality of care for complex care patients**: 100% achieved
- **Improve information for dental referrers**: 100% achieved
- **Develop a clinical network in oral medicine**: 100% achieved
- **Review of paediatric dental service**: 100% achieved
- **Patient experience Birmingham Dental Hospital**: 100% achieved
- **Patient experience Rehabilitation Services**: 100% achieved
- **Improve outcome recording in INRU**: 100% achieved
- **Access to specialist neurological rehabilitation**: 97% achieved

...for more detailed information see the following CQUIN results on pages 23-36.
In April 2011 we said... carrying out patient satisfaction surveys and monitoring results helps to ensure that all service improvements are driven by service user feedback and therefore targeted upon improving patient experience.

Baseline
By August, the two initial surveys will have been carried out and the findings will be reported and used as a baseline to improve against in the second half of the year.

Our goal
The second two surveys will show an increase in scores compared to the initial surveys, demonstrating that positive actions have been taken to improve patient experience.

How we will monitor and report our progress
Regular update reports given to the patient safety and experience governance group.

How we will achieve our goal
Implement action plans based upon survey findings.

Achievement by March 2012
Both graphs show improvement in the positive answers given to all five questions in quarter 3 (Oct-Dec) compared to quarter 1 (April -June).
In April 2011 we said...

venous thromboembolism (VTE) is a significant cause of death in hospitalised patients, and treatment adversely affects the quality of life of patients. This initiative will provide important VTE prevention information to patients with the aim of reducing the risk of developing the condition during and after their time as an inpatient.

Our goal

By April 2012, 90% of all inpatients that have been assessed as being at risk of VTE will have received information on VTE prevention.

How we will monitor and report our progress

Quarterly reporting to the clinical quality review group.

How we will achieve our goal

Provide written information about preventing VTE to those patients at risk in order for patients and carers to understand and reduce the risks of developing VTE.

Achievement by March 2012

The practice of providing VTE prevention information to at-risk patients has been successfully embedded into the inpatient units. The target of 90% compliance has been exceeded. The percentage for 2011-12 reached 99%.

“It is enormously encouraging to see that through the hard work of our staff we have successfully implemented a programme to screen and prevent VTE in all our bedded units. VTE is an important cause of morbidity and mortality and we can be proud that we are helping to prevent avoidable harm to the patients in our care.”

Martin Goodman, Clinical Director, Adults and Community Division.
In April 2011 we said... falls have a major impact on quality of life, health and healthcare costs. Reducing falls in hospital and in patients’ own homes will reduce unnecessary increased length of stay and potential admission to hospital.

Our goal
95% of patients who have had initial contact with a member of the community team will have in place a falls risk assessment and where necessary a care plan.

How we will monitor and report our progress
Regular update reports given to the Patient Safety and Experience Governance Group.

How we will achieve our goal
Ensure that all the bedded units and community teams carry out falls risk assessment for all patients over 65. Where a patient is at risk, a care plan and patient information concerning falls prevention is provided.

Achievement by March 2012
98% of patients received a falls risk assessment upon initial contact. For those at risk of falls, 95% received a falls prevention plan.

We recognise the impact that risk and fear of falling have on many of our patients and the complex challenges they face if they are at risk of Falls. Our clinical teams have developed significant innovations in the management and prevention of Falls over the last year using our new Falls Reference group to share good practice between teams.

Lisa Eden, Associate Director of Therapies.
In April 2011 we said... stopping smoking and reducing alcohol intake improves overall health and wellbeing and prevents tens of thousands of premature deaths. Research has shown that identifying problem drinkers helps to reduce alcohol consumption and healthcare use for these conditions. Intervening early to promote healthy lifestyles delivers the most benefit in terms of preventing illness.

**Our goal**
90% of frontline staff trained in brief opportunistic healthy lifestyle advice by April 2012.

**How we will monitor and report our progress**
Quarterly reporting to the clinical quality review group.

**How we will achieve our goal**
All identified frontline staff will attend training to deliver healthy lifestyles support and advice, especially to smokers and those who drink over the recommended number of units of alcohol.

**Achievement by March 2012**
Training has successfully been rolled out across the targeted areas in the Trust and the target of 90% has been exceeded by 3%.

What was really interesting about the training was the advice about understanding a person’s motivation for smoking. It’s all about identifying the opportunity to change someone’s behaviour because they are ready. Unless they have that motivation, the intervention won’t be effective. We’ve really valued playing our part in the podiatry team. Smoking can cause poor circulation which, in turn, can cause problems that see people referred for podiatry care.
So it’s all about providing a joined-up healthcare service, focusing on the whole person. It’s been very rewarding to see people whose primary need was podiatry being supported to adopt a much more healthy lifestyle.

Stephen Eaves, Head of Podiatry, East and North locality.

As NHS employees we are currently using our knowledge and skills to support patients in making healthier life choices. This approach aims to maximise every contact that nurses and other healthcare professionals make in all of the settings where care is provided. The approach to providing health-enhancing information and signposting on to other services can be used to provide information on weight management, smoking, alcohol and substance misuse. Nurses and other clinicians are currently receiving the appropriate training in brief advice and brief interventions which will enable them to develop their skills and knowledge.

Beverly Ingram, Director of Nursing and Therapies.
In April 2011 we said...

malnutrition is associated with poor recovery from illness and surgery. The aim of the nutrition and hydration assessment is to stop inappropriate weight loss and dehydration in NHS-provided care.

Our goal

By April 2012, 80% of community team patients will have a nutritional assessment using the malnutrition universal screening tool (MUST) (or other recognised tool) which will identify those who need additional support.

How we will monitor and report our progress

Quarterly reporting to the clinical quality review group.

How we will achieve our goal

Implement nutritional screening assessments in community teams.

Achievement by March 2012

The target was exceeded by 18%, resulting in 98% of our patients receiving a nutritional assessment when seen for the first time in the community.

Betty Eaglesfield, from Four Oaks, Sutton, has been treated by community nurses for wound care since June 2011. But since the introduction of the MUST tool, the nurses became concerned over Betty’s weight and contacted her GP. Betty said:

“I’ve never been particularly heavy, but when my son Alan passed away two years ago it put me under a lot of stress and I probably started to eat less and lose weight. The nursing team has advised me on ways that I could try to put weight on which I have tried. I feel I can talk to the nurses about anything because they are so friendly and always make me laugh. I walk into the health centre, but skip out!”

Jacqui Hill, Community Staff Nurse, said:

“The MUST tool is extremely useful in caring for Betty and many other patients like her. It enables us to systematically measure a person’s weight at key moments such as first contact or before and after a hospital admission and to look at the causes of any changes and what steps need to be taken.

A person’s nutritional state is a key indicator of other physical or psychological issues so this tool provides an invaluable aid to providing holistic, personalised care.”
In April 2011 we said...

we want to ensure that services provided for children across the city receive equal treatment from our health visiting teams and enable early identification of outlying performance. Team-based reporting against key healthcare professional targets is proposed.

Baseline

Data from quarter 1 (April-June) used as a baseline to set incremental milestones.

Our goal

To increase the percentage of children that receive a primary visit within 15 days of birth from 35% to 45% and to increase the percentage of new-to-the-area families that are contacted within 5 days of referral from 50% to 70%.

How we will monitor and report our progress

Quarterly reporting to the clinical quality review group.

Achievement by March 2012

Whilst improvements have been made in both, neither target has been achieved.

Although the Trust continues to meet the statutory target in respect of new birth visits, the CQUIN target is an improvement target which requires that 45% of new birth visits take place within a 10-14 day window.

Whilst the target was achieved overall at 65%, achievement of the CQUIN is measured by the least well-performing team. Two teams did not achieve the quarter 4 (Jan-March) target of 45% in 15 days achieving 33 and 44% respectively demonstrating a slight deterioration of 1% in the first team and continued improvement in the second team.

The best-performing team achieved 92%.

The Trust will endeavour to improve its results and an action plan has been developed. This action plan will be implemented and monitored to ensure improved performance across all the teams. The plan will be actioned at a board level committee and we will report on our progress in the 2012-13 Quality Account.

Andy Rogers, Children and Families Divisional Director said:

"Health visiting provides vital support to young people and families. The Trust is playing its part building the number of health visitors across Birmingham to ensure we provide a comprehensive, first class service. We have been very pleased with the response to our recruitment campaign and look forward to welcoming the first students to our teams across the city."
In April 2011 we said...
the complex care team undertakes visits to patients who are cared for in their own homes as part of a continuous care package. An appointment is offered to each patient, for example at 9am however currently this may actually take place either two hours before or two hours after the 9am appointment. It has been reported that this can cause distress and frustration to the patient and family and they report finding it difficult to manage the day with such a wide time slots. As the development and expansion of this service continues the team will be working to reduce the current 2 hour time banding to one hour each side of the appointed time for an agreed percentage of patients for example a call booked for 9am will take place between 8am and 10am. This is a measurable and auditable target which will help demonstrate improvements in quality and supports requests from annual service user questionnaires.

Baseline
In quarter 1 (April-June), 70% of patients were seen within a 1 hour window.

Our goal
By quarter 4 (Jan-March), 90% of patients will be seen within a 1 hour window.

How we will monitor and report our progress
Quarterly reporting to the clinical quality review group.

Achievement by March 2012
Both the targets have been exceeded in quarter 3 (Oct-Dec) and quarter 4 (Jan-March) patients were seen within a 1-hour window.

Mark Davies has required round-the-clock care since an accident over 20 years ago left him with severe brain damage. BCHC’s complex care team works with Mark’s mum, Ambia, to attend to his routine daily needs and to help him pursue his interests - he has been to Villa Park to watch his football heroes and enjoys trips out to attractions such as Birmingham Museum and Art Gallery and National Sea Life.

Ambia believes Mark’s quality of life is immeasurably higher living with her at their Marston Green home, thanks to the flexible 24/7 support provided by the complex care team.

“After the accident, I fought for five years to bring him home from hospital. Although his speech is severely impaired, he can say short, single words and he kept saying to me ‘home, mum’. If it wasn’t for the complex care team, it just wouldn’t be possible to give him that wish. It’s a small team and we work together to do the best for Mark, so we get to know them very well. They’re just fantastic, always flexible, always friendly. I trust them completely to give him the best quality of care and quality of life.”
In April 2011 we said...

the dental hospital staff, in conjunction with the Trust’s corporate patient experience team, will develop information for patients to increase their understanding of their dental health. It will also produce information on the practice of the dental hospital so that referrers can be sure that they are referring appropriate patients for treatment.

Information will be published on a specific section of the Trust website, with a clear distinction between information for professionals and patients.

Our goal

By the end of the year to have a completed website for Birmingham Dental Hospital with general and emergency information, access information and referral and specialty information.

How we will monitor and report our progress

Monthly reporting to the dental hospital website short-life working group and quarterly reporting to the dental hospital contract and performance and clinical quality review meeting.

How we will achieve our goal

The successful implementation of a dental hospital website.

Achievement by March 2012

The website has been successfully developed to provide comprehensive information for patients and clinicians about the services at the dental hospital.

To date the website, with its wealth of information, has received over 5,000 hits.

www.bhamcommunity.nhs.uk/dentalhospital
In April 2011 we said...
we aim to enhance the skills of general dental practitioners (GDPs) to share good practice and improve outcomes for patients. The aims are to promote the following:

- **Quality** - by promoting education to GDPs with advice and support from the clinical network.
- **Innovation** - by being the first specialty within the United Kingdom to develop a clinical network which is supported by the British Society for Oral Medicine.
- **Productivity** - improve the quality and appropriateness of referrals.
- **Prevention** - by increasing patient awareness of the benefits of healthy lifestyles in avoiding dental health related problems.

**Our goal**

Develop an excellent, innovative clinical network which will greatly support oral medicine dentistry.

How we will monitor and report our progress

The oral medicine managed clinical network study group will meet once and month and report monthly to the commissioner clinical quality review group.

How we will achieve our goal

Establish a study group which will lead this clinically.

**Achievement by March 2012**

John Hamburger successfully led the study group network throughout 2011-12, which currently has over 25 members. The group has achieved significant progress with regular meetings and the establishment of the necessary infrastructure. This facilitated the implementation of an email based advisory service and web-based educational and reference resources hosted by the Birmingham Dental Hospital website.

The achievements thus far will ensure the transformation of the study group into a full managed clinical network.

Together with my colleagues in oral medicine, we have achieved significant progress since the study group held its first meeting only nine months ago. We have attracted some very enthusiastic GDPs who will take the initiative forward and hopefully also involve their colleagues. IT infrastructure has been established facilitating an advisory service for GDPs as well as providing them with educational resources via a dedicated website.

It is anticipated that these resources together with continuing meetings and postgraduate courses will enhance the GDPs’ confidence and ability when dealing with oral medicine cases which will undoubtedly benefit patient care.

John Hamburger, Senior Clinical Lecturer and Honorary Consultant in Oral Medicine.
In April 2011...
Solihull commissioners introduced this CQUIN in preparation for the planned new dental hospital, to ensure a review of unscheduled care and continuous provision of paediatric general anaesthesia (GA) service for children in the West Midlands. The aims are to promote the following:

- **Quality** - to optimise the paediatric general anaesthesia service by reviewing and improving current pathways, and to help provide guidance for a redesign for the new hospital.

- **Innovation** - to make recommendations to determine what options are needed for the new hospital and reconfigured services.

- **Productivity** - improved efficiency regarding to the management of the paediatric general anaesthetic patient pathway.

- **Prevention** - reviewing the current paediatric general anaesthesia service and providing well planned options for the new hospital will ensure services continue uninterrupted.

**Our goal**
Establish a working group to review the existing service for provision of unscheduled care for children within the paediatric and primary care department, and make recommendations/service redesign for future delivery of service.

**How we will monitor and report our progress**
The paediatric patient experience short life working group will meet and report monthly to the commissioner quality review group.

**How we will achieve our goal**
A working group will develop an options appraisal for the continued provision of the GA service.

**Achievement in March 2012**
Sarah Mckaig successfully championed a working group to undertake a review of services provides for unscheduled paediatric patients and options appraisal for provision of services within the new dental hospital and school. This also included an options appraisal for the delivery of general anaesthesia for paediatric patients. Two papers have been submitted to the commissioners identifying the options.

A clinically-led working group will appraise these options and explore the recommendations, developing a full financial appraisal and business case.

“Birmingham Dental Hospital serves a population group within the region of 5.5 million and has the second highest proportion of population under the age of 16 years old. In preparation for the new dental hospital and school service provision of paediatric GA is explored within these papers and it highlights the efficient and comprehensive service currently being provided and what is required going forward.

Sarah Mckaig, Consultant in Paediatric Dentistry.”
In April 2011 we said...
the extensive survey which provided information, formed the basis for service change in 2011-12 to support our commitment to continually improve services. This will be developed with commissioners, the Trust patient experience team, and all Birmingham Dental Hospital staff and students who will work to enhance the patient experience.

Our goal
To continue to enhance patient experience at Birmingham Dental Hospital.

How we will monitor and report our progress
The dental hospital patient experience short life working group will meet monthly and report monthly to the commissioner clinical quality review group.

How we will achieve our goal
Listening to patient feedback, promoting the importance of excellent customer service, training our workforce and re-running the survey to measure improvements.

Achievement by March 2012
Many improvements have been made at the dental hospital following careful consideration of the 2010-11 survey results. Targeted measures have been put in place throughout the hospital to enhance priority areas which were:
- communication with patients during appointment
- staff and student patient involvement and information
- waiting times and customer service.

The repeat survey carried out in 2011-12 has clearly demonstrated an increase in patient experience in these areas.
In April 2011 we said... carrying out patient satisfaction surveys and monitoring results helps to ensure that all service improvements are driven by service user feedback and therefore targeted upon improving patient experience.

Baseline
The baseline period is last year’s performance which showed satisfaction levels between 75% and 85%.

Our goal
The expectation is that four out of the five scores will be higher in 2011-12 compared to the previous year which will show that patient experience has improved.

How we will monitor and report our progress
Actions are being regularly monitored by the local governance committee, and improvements / concerns are reported quarterly within the patient experience report which goes to the Specialist Division governance committee.

How we will achieve our goal
Devise action plans to roll out improvements based upon last year’s survey. Regularly monitor that improvements are being made.

Achievement in March 2012
Scores for all five questions improved in 2011 compared to 2010 by an average of 5.8%.
In April 2011 we said...
we will encourage electronic reporting to ensure that outcome measuring and comparison is key to the service and service planning. This will allow monitoring of the quality and the impact of the services.

Our goal
All patients admitted to and discharged from the inpatient neurological rehabilitation unit (INRU) in 2011-12 need to have an electronically recorded functional independence measure (FIM) and functional assessment measure (FAM). (FIM and FAM are tools which measure the level of disability).

How we will monitor and report our progress
Written reports detailing progress against specific objectives will be submitted every quarter to commissioners.

How we will achieve our goal
By designing and implementing an electronic database.

Achievement in March 2012
All INRU staff have been trained to use the electronic recording system and all patients have had their two functionality assessments recorded electronically upon admission and discharge. Recording this electronically has enabled the demonstration of significant functional gains made by patients during their periods of stay. Overall, patients have been shown to have made encouraging gains in daily functioning and independence.
In April 2011 we said...

we will develop an innovative pilot service which will provide an early referral process and team to ensure fast, suitable access to out-of-hours services so that progress is not lost and discharges are not delayed. As a result, patients will receive the right care at the right place at the right time, thus improving rehabilitation outcomes.

Our goal

By April 2012 all referrals will be recorded electronically. Outreach visits will take place for each patient prior to their admission to INRU. If admission within 48 hours is not possible, patients will receive a pre-admission rehab management plan. A key worker will be provided for each INRU patient for support and help to ensure timely discharges.

How we will monitor and report our progress

Quarterly progress and activity reports against measured targets.

How we will achieve our goal

We will develop and share an up-to-date regional rehabilitation directory and deliver an annual regional awareness-raising event to key services involved to support discharges, faster good quality referrals and access. A central referral unit and advice and outreach services for local hospitals across the region will be developed.

Achievement in March 2012

This pilot service has been successfully developed as per the required goals and is being continued and improved upon as a CQUIN in 2012-13. Specific achievements are that 100% of outreach visits are undertaken by a consultant in rehabilitation and that 100% of patients in INRU have a nominated key worker to begin discharge planning and establish links with local health and social care teams to facility timely discharge.
Quality improvements - snapshots from our clinical teams

BCHC embeds quality improvement into everyday clinical practice. Every member of staff takes every opportunity to consider how they can ensure services are safe, clinically effective and deliver a positive experience to our service users, their carers and relatives. The stories which follow represent some of the quality improvement work our teams have undertaken throughout 2011-12.

**Specialist Division - Birmingham Dental Hospital**

**Hand hygiene audit**

The dental hospital monthly hand hygiene audits commenced in August 2011. The audit uses the adapted Lewisham observational tool whereby hand hygiene practice is observed by infection control link nurses of all staff groups working on each clinic for 20 minutes. The role of the link nurse is to increase awareness of infection control issues in their clinic and motivate staff to improve practice.

After each audit, the link nurse and senior dental nurse discuss the results and agree any actions to be taken.

During 2011, four additional infection control link nurses were recruited. To further raise awareness of the importance of effective hand hygiene, the infection control lead and link nurses held roadshows in December 2011 giving an opportunity to demonstrate effective hand-washing techniques and share best practice.

In addition, dedicated mandatory training days (including infection control training) were held at Birmingham Dental Hospital from December through to March and are planned to continue on a monthly basis, making it easier for staff and students to attend.

The hand hygiene audits are part of the audit programme and will continue monthly. The results are reported to the link nurse meeting, the dental executive group and the clinical effectiveness group, emphasising the importance of this to the Birmingham Dental Hospital and the University of Birmingham School of Dentistry.

The graph (left) shows the comparison of hand hygiene compliance of 57% in August 2011 to 94% in March 2012. Notably, within one month (September to October 2011) the hand hygiene compliance increased by 25%.
Specialist Division - Rehabilitation Services

Prevention and management of falls

The inpatient rehabilitation unit (INRU) has been involved in the national patient safety first campaign which is all about creating safer and more reliable systems of care and reducing avoidable harm.

Information from the Trust’s incident reporting system for rehabilitation identified falls as the highest recorded incident in 2009-10.

A goal was set to reduce falls by 10% within one year reducing number of falls to 10.2 per thousand occupied bed days.

Actions taken by the division/service to help reduce patient falls include:

- use of a validated assessment tool to assess patients likelihood of falling; steps are taken to actively address risks identified
- completion of a root cause analysis (in-depth investigation) for repeat fallers to understand the reasons which have contributed to the fall; this information is used to recommend preventative actions to staff
- adaptation of the units care plan to enable individuals risk factors for falls and preventative actions to be documented
- introduction of a bespoke training programme on the unit that supports the care of patients
- reviewing the environment in which patients are cared for
- purchase of specialist beds which reduce the impact of a fall.

Outcome

As a result of this work, falls for 2010-11 averaged 6.9 per thousand occupied bed days on INRU, a significant improvement.

The results of spot checks and audits are reported to our governance committee. For the details of our results please see next page.

“ The project changed the way the nurses assessed the risks of falls to patients; putting patient safety as a priority and putting all measures in place to eliminate harm; this has been proven by the vast reduction in the number of falls. ”

Kerrie Naylor, Sister Ward Manager.
The INRU is a brain injury rehabilitation service which, due to balance and cognitive impairments, will always have some service users who will continue to fall despite preventative methods. The unit has a strong falls management ethos which has resulted in low levels of harm to patients who have experienced falls.

In 2011-12 we identified two peaks in our falls data following treatment of two patients who were frequent fallers:

May 2011 - patient with the capacity to make their own decisions chose to mobilise independently, despite being at high risk of falling. Staff provided 1:1 nursing care, physio intervention and regular assessments surrounding the care plan.

Aug/Sep 2011 - patient with capacity chose to mobilise independently despite being at risk of falls. Staff provided a protective helmet to avoid risk of brain injury as the patient had had a craniotomy; no injuries sustained.

Apart from these peaks, we have managed to stay around our target level (below the red line). This is due to completing regular risk assessments; individualised falls care planning and bespoke training for staff.
Adults and Community Division
Single point of access

The single point of access helps professionals arrange the right care for urgent and non-urgent referrals, helping to prevent avoidable hospital admissions and effectively manage long-term conditions in the community. Professionals or patients and carers known to the service can call 0300 555 1919 at any time, seven days a week, to access coordinated care including:

- referral management and messaging for community nursing and therapies
- urgent assessment, care co-ordination and community beds service for any patient registered with a Birmingham general practitioner (GP)
- access to acute bed bureau for urgent medical/surgical management.

Urgent calls will be dealt with by a senior nurse, a direct professional to professional contact. The aim is to ensure patients receive personalised care which meets their health needs.

The single point of access is supported by a comprehensive model of community care, which proactively supports patients in the community.

One of the services which can be contacted via the single point of access is the rapid response service which provides rapid assessment and treatment of acutely unwell patients in community settings.

The service offers a commitment to providing an initial assessment by the most appropriate clinician within a two-hour response time when clinically appropriate. The rapid response service is available to patients over the age of 17 who are registered with a Birmingham GP and who are medically unwell, in need of immediate assessment and at high risk of hospital admission. It offers deep vein thrombosis (DVT) screening; Intravenous (IV) therapy for patients diagnosed with cellulitis; and assessment and rehabilitation for patients who have suffered a fall.

Short-term multidisciplinary care and treatment is available to patients with an acute exacerbation of a long-term condition or ambulatory care condition as an alternative to hospital admission.

Since the citywide service started in October 2011 up to the end of February 2012 2,500 patients have been seen by the Rapid Response Teams, 416 patients have been seen by the Urgent Care Advanced Nurse Practitioners and 6,547 patients have been referred to an acute hospital or BCHC bedded unit via the urgent care bureau.
Adults and Community Division
Patient reported outcome measures: a pilot study

Patient’s experience of treatment and care are major indicators of quality and there has been a huge expansion in the use of questionnaires, interview schedules and rating scales that measure states of health and illness from the patient’s perspective. Patient-reported outcome measures (PROMs) provide a means of gaining an insight into the way patients perceive their health and the impact that treatments or adjustments to lifestyle have on their quality of life.

In BCHC’s physiotherapy service, PROMs are being used to measure the impact of the care provided from the patient’s perspective.

From May to November 2011, the Sutton Cluster of the East and North Locality has piloted the use of PROMs in the day to day management of musculoskeletal patients seen within the physiotherapy service.

Data has now been compiled and evaluated in the form of a clinical audit.

The pilot study initially looked at the clinical entities of neck and low back pain over the 6 month period and audited outcomes against a 50% threshold for improvement.

A total of 98 patients completed a pre-and post-treatment outcome measure for low back pain. The average percentage improvement was 55%, meeting the 50% threshold level. 85 of the 98 patients (87%) improved in some way with 71% of these improving by greater than 50%.

This methodology was then applied to the neck disability index (NDI), the equivalent outcome measure for evaluating treatment effect for neck pain. 49 patients in total completed a pre-and post-treatment NDI outcome measure for neck pain. The mean percentage improvement was 59%, again surpassing the 50% audit threshold. 47 of the 49 patients (96%) improved in some way with 64% of these improving by more than 50%.

It can be seen from the above that in both the treatment of low back and neck pain, the service is making a significant positive impact on patient outcome and meeting our audit criteria.

This pilot study helps to reinforce the effectiveness of our service in improving patient outcomes and reducing disability, strengthening our position in the more competitive health care climate.
Specialist Division - Rehabilitation Services

Work with paralympic athletes

The clinical measurements laboratory (CML) provides a specialist service for people with movement disorders, principally those associated with walking difficulties. This involves accurate measurement of the movements, muscle activity patterns, forces, pressures, posture and energy expenditure and relating these to the patient’s condition. Specialist interpretation of the data allows a comprehensive and evidence-based treatment plan to be produced and to enable quantified outcome evidence following the interventions.

However, the same skills of the staff and range of equipment have also found a role in the development of improved sporting performance for athletes competing in the London Paralympics 2012. Since mid-2011 the staff of CML have seen several key athletes and have produced plans that have resulted in improved performance whilst protecting the athlete from injuries.

In one example, a medal-winning runner with cerebral palsy has been in the lab on three occasions. From these visits, a plan was produced which resulted in improved footwear and foot orthoses (special insoles), a different physiotherapy programme plus targeted use of botulinum toxin injections. These have not only reduced her discomfort during running but enabled her to train longer and get a series of personal best times.

In another example, a wheelchair Boccia player was assessed and following this, not only was his seating changed (to give more support and allow better arm swing) but also his training was changed to focus on the areas needing development. He has improved and continues to do so.

Stephen Miller, a Paralympian club thrower, is prepared for a motion analysis assessment using movement markers and muscle activity sensors.

These interventions also lead to improvements in his wheelchair for everyday use following comments from the assessment team.

Following on from this initial success there are plans to bring more athletes to CML leading not only to the 2012 Paralympics but also to 2016.
Adults and Community Division
Birmingham sickle cell and thalassaemia service

Birmingham sickle cell and thalassaemia service is one of the first haemoglobinopathy services within the UK to offer an out-of-hours clinic, and from the data collected so far over the last 12 months, it has proved that it is something needed and valued by this group of patients.

Rationale
The service identified an increased rate of patients who did not attend (DNAs) appointments. In addition some patients had indicated they were unable to attend clinics during the hours of 9-5 for a variety of reasons.

Following a team discussion, it was agreed to trial evening appointments for some of the clinics to enable patients to access neonatal and general trait clinics, partner screenings, family studies and drop in appointments for individuals with a major haemoglobinopathy disorder. The team set up evening clinics once a week on alternate Tuesdays and Thursdays. The aims were to:

- reduce the number of DNAs
- improve patient access to the service
- improve patient satisfaction.

Clinics started in August 2010, and attendance was monitored to establish whether the aims of the project were achieved.

After the initial six months an audit indicated clinic attendance rate was 95%. Attendance during the first five months was largely either by patients with general traits or with a major haemoglobinopathy. During the last month a change in patient profile towards increased attendance by patients with neonatal traits was observed.

Due to the success of this initiative, it was agreed to make the out-of-hours clinic a permanent feature of the service.

Paulette Gaskin, Specialist Nurse Haemoglobinopathy, visits service user Lilieth Hermit.
Learning Disability Division
Consultation event for service users, carers and stakeholders

The patient experience network hosted a consultation event at Birmingham City Football Club and invited people who use our service, carers and stakeholders to the event.

The aims of the day were:

- to gain people’s views on how to improve our current learning disability service standards
- to identify questions to ask in our surveys that will better inform us of what we need to change to improve service delivery.

Over 80 people attended and feedback at the end of the day showed overall satisfaction was 95%.

Trained facilitators helped people to identify any changes needed. The richness of information provided allowed us to think about what needed to be done differently.

Another event is planned for Spring 2012 and we will ask people to confirm that our changes to our customer service standards are correct and ask people the questions they have suggested to include in our surveys to see if they are the right ones.

“Today is the first time I have been to an event like this and I am so pleased to have been asked my opinion on what needs to change to make the service better.

Wayne Donnelley, service user.

Learning disability service ‘You Said, We Did’

<table>
<thead>
<tr>
<th>You Said</th>
<th>We Did</th>
</tr>
</thead>
<tbody>
<tr>
<td>No signage on the road for the Greenfields Clinic.</td>
<td>3 signs visible to direct people are being installed.</td>
</tr>
<tr>
<td>The occupational therapy waiting list letter was confusing for people.</td>
<td>The letter was changed to make it clearer.</td>
</tr>
<tr>
<td>People would like to have another consultation event for service users / carers and stakeholders.</td>
<td>We are organising another consultation event for summer 2012.</td>
</tr>
</tbody>
</table>
Specialist Division - Birmingham Dental Hospital

Patient journey from primary care to oral surgery

At Birmingham Dental Hospital, after being seen in the primary care department (ground floor), a clinician may confirm that a patient is to be referred on the same day to the oral surgery department (second floor) for further treatment.

In June 2011, the procedure for referring patients between these departments was redesigned following comments received from patients and staff.

Staff were consulted and engaged in the redesign of the service to ensure:
- better patient/nurse interaction resulting in increased knowledge and understanding for the patient
- all case notes to arrive at clinic at the same time as the patient
- an efficient process/patient journey for patients and staff.

Trainee dental nurses now escort patients referred from the primary care department to the oral surgery department and taking patients notes at the same time which means:
- delays are avoided
- patients are informed about the clinic they are going to and how the oral surgery department operates.

The service was excellent, short waiting periods and nice professional staff, thank you.

Dental hospital patient.

In September 2011, a survey was undertaken amongst patients using this service

The results were overwhelmingly positive:

<table>
<thead>
<tr>
<th>Having read how the referral process has been re-designed, do you prefer this new system?</th>
<th>98% stated ‘yes, definitely’/‘yes, to some extent’ having read how the referral process has been re-designed, they prefer the new system.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you consider the hospital to be well organised?</td>
<td>Yes - 92%</td>
</tr>
<tr>
<td>Overall, how would you rate your experience?</td>
<td>95% stated good - excellent 5% stated ‘fair’</td>
</tr>
<tr>
<td>Are you happy with how you were addressed?</td>
<td>100% reported that they were happy.</td>
</tr>
<tr>
<td>How satisfied were you with the information given by the trainee dental nurse who escorted you to the oral surgery department?</td>
<td>95% reported that they were satisfied with the information given by the trainee dental nurse.</td>
</tr>
<tr>
<td>Were you given accurate information in a way you could understand it?</td>
<td>97% reported ‘yes’, they were receiving accurate information in a way they could understand.</td>
</tr>
</tbody>
</table>
Specialist Division - Combined Community Dental Services

Dental anxiety
Most people generally do not look forward to a visit to their dentist. For some, these visits cause such extreme anxiety and fear they cannot even walk into a dental surgery. The impact of phobias on day-to-day living can be significant.

Combined Community Dental Services (CCDS) receive approximately 720 referrals a year for adults with extreme anxiety.

Here is one person’s story.

I have just completed a course of treatment from Nick Ransford at the Stockland Green health centre, and I wanted to express my feelings on how well it went.

Quite simply it’s had a massive effect, radically improving my quality of life.

After some very bad experiences many years ago I developed a phobia about dentists, resulting in being completely terrified to even consider visiting or even passing by one.

I was unable to discuss the subject even with my wife; when in company if the subject ever came up I froze.

Should the topic be covered on the news or a TV programme, I would switch over. The fear of the dentist touched so many everyday ordinary things.

With some prominent front teeth discoloured for the last twenty years I have been progressively more embarrassed about my teeth and less willing to smile or laugh. Logically, I knew that without dental treatment I would eventually end up with toothache probably resulting in emergency treatment/extraction. Regardless there was no way I could face up to visiting a normal dentist.

Sometime after this, I received a call at home by a very sympathetic receptionist who convinced me to make an appointment. That appointment was for 14 December, when I met Nick and that meeting changed my life. He sat me down in a standard chair and took the time to talk to me, discuss and understand my fears and gain my confidence. Eventually I was able to open my mouth and allow him to inspect my teeth. After a programme of familiarisation and confidence-building he started treatment in February. That process is now completed, for which I will be eternally grateful.

Nick and his team have been absolutely fantastic, every facet of the treatment I received was exactly perfect. The service provided can certainly be described as world class.

Kenneth Wilson, Consultant in Special Care Dentistry leads this service for patients with extreme anxiety. Kenneth and his team use special psychological techniques to help patients who want to overcome their phobia. You can make a referral using the BCHC website: www.bhamcommunity.nhs.uk/ccds

Nick Ransford, Consultant in Special Care Dentistry.
Children and Families Division

Customer Service Excellence

The Government wants services for all that are efficient, effective, excellent, equitable and empowering - with the citizen always and everywhere at the heart of service provision.

The Customer Service Excellence (CSE) standard is used as a practical tool to drive customer-focussed change within the Trust. The standard tests areas which research has indicated are a priority for customers, with particular focus on delivery, timeliness, information, professionalism and staff attitude. There is also emphasis on developing customer insight, understanding the user’s experience and robust measurement of service satisfaction.

Birmingham Community Healthcare took significant steps closer to full recognition of our commitment to customer service following successful accreditation of the Children and Families Division in November 2011.

As stated by the CSE assessor 2011:

“The enthusiasm, dedication and commitment of the staff absolutely shine! It is obvious that each of them is focused on what added value they can give to their customers.

In a number of areas the division achieved ‘compliance plus’ status demonstrating they exceeded the required standard.

The assessor recognised the division has a well embedded culture which seeks to deliver excellent and continuously improving services.

One of the initiatives highlighted has been the Trust’s involvement in strengthening arrangements for safeguarding children as part of a co-ordinated approach to protect children from harm in Birmingham which involved consultation with staff, partners and commissioners.

The assessor recognised the division’s commitment and dedication to providing information that meets the many needs of people using our services.

The assessor recognised the work of the family nurse partnership which offers a programme of intensive support, advice and information to young, first-time mothers living in Birmingham and is only one of the many joint working arrangements in the division that benefit our customers.

Areas for consideration include:

• setting targets for customer satisfaction to ensure we can demonstrate improving levels of satisfaction
• continuing to make positive changes to services as a result of analysing customer experience therefore improving customer journeys
• monitoring, measuring and publicising performance against our customer service standards.

The implementation of the CSE programme is monitored through divisional governance arrangements and progress is reported to the divisional senior management teams and to the Trust Board.
Engaging, listening, learning, improving

Community Foundation Trust consultation

An important part of BCHC’s journey towards becoming a Foundation Trust has been its formal consultation period. The 12-week consultation took place between September 2011 and December 2011. As an organisation, we were keen to hear people’s thoughts on how we propose to structure our membership and our council of governors when we are granted Foundation Trust status.

To ensure that we gave as many stakeholders as possible the opportunity to comment and have their say we undertook a variety of listening exercises. We made a point of ensuring we listened to those patients, service users, carers and members of the public with whom we already engage, tapping into their wealth of knowledge around health organisations. Information was presented to our various groups and feedback received from amongst others the public involvement action group, our service specific user groups, and our various carer groups. However we made sure that those individuals who aren’t members of our groups were given the same opportunity to have their say. Patients and carers were approached within our clinical areas and asked to give their thoughts on our proposals. The face-to-face approach proved to be very successful.

We also attended various public events and meetings arranged by external stakeholders and partner organisations, enabling us to gauge the views of members of the public and representatives from other organisations.

Our key partner organisations, particularly those from the third sector, were approached for their views and two stakeholder events were organised by the Trust to allow organisation to find out more about our proposals and to have their say. We were very pleased with the total number of responses - 569 - that we received during the consultation period. This feedback will help the organisation make its final decision as to how we structure our membership and governors when we become a Foundation Trust.

We will continue to recruit our members and identifying our potential governors. If you would like to become a member go to page 77 and 78 of this document where you will find a membership form which you complete and return to us using a Freepost address.

The Foundation Trust consultation exercise gave us the added bonus of being able to engage with individuals and organisations we had not previously communicated with and a main priority moving forward will be to ensure that we maintain a dialogue and continue to work with these individuals and organisations.
“Why I choose to be involved” comments from PIAG members

I have been a carer most of my adult life. I have concerns about medical professionals understanding people with a disability and their carers. I wanted to influence and help shape the care these people receive. I have seen many changes and when I was young you never felt you could express an opinion for professionals from the NHS.

I never felt you could have any influence or express what you felt was right for the person you cared for or yourself. Then things started to change, professionals started to listen to the patients and their carers. I wanted to be part of the Patient and Public Involvement and PIAG and since joining these groups I do feel respected, valued and treated with dignity.

I would encourage others to come and join the group and help shape the future healthcare you and your loved ones will receive.

Pat Thomas, Public Involvement Action Group.

My wife has suffered from Multiple Sclerosis for 38 years and more recently, from two strokes and several epileptic attacks. She has been hospitalised on many occasions, including for the births of three children. We receive excellent care from our GP and district nurses and benefit from resources, such as specialist equipment and home adaptations, provided by social services. As a result I am extremely grateful to the NHS which I believe to be a wonderful national asset.

The reasons for my involvement with the PIAG committee are to repay the service, attempt to influence the development and improvement of the service, drawing on my extensive experience as a user and try to ensure that the NHS remains ‘free at the point of delivery’, available to all.

Vic Cracroft, Public Involvement Action Group.
I am active in my local community and through my position on our local Management Board, I became chair of the Ladywood Patients Network. After a career in medical sales, I know the NHS and how it works in Birmingham. Two factors attracted me to the PIAG, its virtual expansion from South Birmingham to the rest of Birmingham; it would be good to be in at the beginning and help shape services. Secondly, what Birmingham Community Healthcare is offering is where the NHS is heading - treating patients at home with the help of new technology.

Chris Vaughan, Public Involvement Action Group.

There are many ways for you to shape and influence the care Birmingham Community Healthcare delivers. One of these is the monthly patients’ forum where patients get together with members of the patient experience team to discuss matter of interest or concern. These may be issues on the ward such as noise at night, privacy and dignity or quality of the food served to patients.

PIAG comprises interested members of the public who meet on a monthly basis and discuss how the Trust is being run and progress towards Foundation Trust status. Meeting are also attended by senior members of staff and on regular occasions by the Chief Executive and Chairman of the Trust who are able to provide information on strategic aspects of the Trust. The group is always open to new members. To get more information or to join in telephone: 0121 465 7810 or email: adam.dandy@bhamcommunity@nhs.uk

Brian Hanson, Chair, Public Involvement Action Group.
Complaints and our learning

<table>
<thead>
<tr>
<th>Division</th>
<th>Total activity</th>
<th>Number of complaints</th>
<th>Number of complaints shown as a rate per 10,000 contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specialist Division:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Birmingham Dental Hospital</td>
<td>119,292</td>
<td>53</td>
<td>4</td>
</tr>
<tr>
<td>• Combined Community Dental Services</td>
<td>51,012</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>• Learning Disabilities Services</td>
<td>91,556</td>
<td>16</td>
<td>2</td>
</tr>
<tr>
<td>• Rehabilitation Services</td>
<td>59,862</td>
<td>16</td>
<td>3</td>
</tr>
<tr>
<td><strong>Children and Families Division</strong></td>
<td>478,799</td>
<td>33</td>
<td>1</td>
</tr>
<tr>
<td><strong>Adults and Community Division</strong></td>
<td>1,464,780</td>
<td>100*</td>
<td>1</td>
</tr>
<tr>
<td><strong>Corporate area</strong></td>
<td>N/A</td>
<td>1**</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,265,301</td>
<td>230</td>
<td>1</td>
</tr>
</tbody>
</table>

* 18 of these complaints relate to HM Prison Birmingham and are investigated and reported by Birmingham and Solihull Mental Health Trust.

** Whilst initially lodged as complaints these issues raised were dealt with through the human resources team.

Patient advice and liaison services (PALS)

PALS focuses on improving services to NHS patients. It provides confidential, impartial advice and support, helping to sort out any concerns patients may have about the care and treatment provided. The Trust provides a lot of different services and part of the role of PALS is to signpost people to the service they need.

The PALS service is part of the Trust’s wider patient experience team. Each of the clinical divisions (specialist services, adults and community services and children and families) has a named PALS officer.

Contact PALS:

📞 Tel: 0800 917 2855
✉️ Email: contact.bchc@nhs.net
📱 Text: 07540 702477
Number of PALS enquiries

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of enquiries</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specialist Division:</strong></td>
<td></td>
</tr>
<tr>
<td>• Birmingham Dental Hospital</td>
<td>275</td>
</tr>
<tr>
<td>• Combined Community Dental Services</td>
<td>66</td>
</tr>
<tr>
<td>• Learning Disabilities Services</td>
<td>47</td>
</tr>
<tr>
<td>• Rehabilitation Services</td>
<td>105</td>
</tr>
<tr>
<td><strong>Children and Families Division</strong></td>
<td>222</td>
</tr>
<tr>
<td><strong>Adults and Community Division</strong></td>
<td>800</td>
</tr>
<tr>
<td><strong>Total for divisions</strong></td>
<td><strong>1515</strong></td>
</tr>
<tr>
<td><strong>Enquiries about BCHC or other organisations</strong></td>
<td><strong>301</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1816</strong></td>
</tr>
</tbody>
</table>

**Call received**                      | **Response**                                                  |
--------------------------------------|---------------------------------------------------------------|
Lack of accessible parking bays available on site. | Additional car parking has been made available on the Moseley Hall Hospital site. |
Clinical equipment not available at the time of appointment. | The productive ward programme has been implemented in many areas leading to improvements in efficiency and releasing time to care. |
Poor communication and staff attitude. | The patient experience team provided a variety of workshops / programmes to support individuals and teams in developing their skills and knowledge in communication, personal behaviours, equality diversity and human rights, handling difficult conversations and how to make the best use of patient feedback to improve staff and patient experience. This work has been supplemented by the development of a BCHC iCARE programme (based on award winning iCARE programme developed by Yeovil District Hospital NHS Foundation Trust) which is being rolled out through induction and as an ongoing programme with teams. The Trust has reviewed and revised the being open policy and developed a privacy, dignity and respect policy both of which are essential for high quality care and patient experience. |
Difficulties contacting Birmingham dental hospital by telephone. | A new telephone system was installed in May 2012. |
<table>
<thead>
<tr>
<th>Top three complaints themes are:</th>
<th>Action taken</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical care and treatment</strong></td>
<td>Service redesign leading to:</td>
</tr>
<tr>
<td>Waiting times (paediatric speech and language therapy service).</td>
<td>• the introduction of a more consistent initial assessment process across the city and clear care pathways and packages of care to support children with suspected speech and/or language disorders</td>
</tr>
<tr>
<td></td>
<td>• development of a therapy resource for parents and schools</td>
</tr>
<tr>
<td></td>
<td>• development of a website which provides strategies and activities which can be carried out in the home setting.</td>
</tr>
<tr>
<td>A set of dental moulds were mislaid leading to a patient experiencing a delay.</td>
<td>• the dental service have developed and embedded a system which enables staff to track and record when and where dental moulds have been despatched.</td>
</tr>
<tr>
<td>Ward needs upgrading - ward too hot.</td>
<td>Ward relocated to a different building.</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td>service redesign underway leading to:</td>
</tr>
<tr>
<td>Delays in receiving referral letters.</td>
<td>• including the service as part of a central booking service</td>
</tr>
<tr>
<td></td>
<td>• introduction of new systems for acknowledging referrals and processing clinical letters with the establishment of a 2-week standard for letters to be typed.</td>
</tr>
<tr>
<td>Insufficient awareness about protected mealtimes; unsure of visiting times.</td>
<td>• service has ensured appropriate information is now available on the ward so that patients and carers know about protected mealtimes arrangements</td>
</tr>
<tr>
<td></td>
<td>• admission checklists reviewed to ensure patients have all the information they need when admitted to the ward including a welcome pack for patients/relatives.</td>
</tr>
<tr>
<td><strong>Attitude</strong></td>
<td>parents advised in advance of appointments and prepared for the potential that their child may become upset and confused following anaesthetic</td>
</tr>
<tr>
<td>Receptionist and dental nurse attitude commented upon.</td>
<td>• all staff have completed customer care training.</td>
</tr>
</tbody>
</table>
## Incident reports

<table>
<thead>
<tr>
<th>Incident by incident type</th>
<th>Birmingham Community Healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confidentiality, data and Information Governance</td>
<td>244</td>
</tr>
<tr>
<td>Fire safety</td>
<td>42</td>
</tr>
<tr>
<td>Infrastructure</td>
<td>408</td>
</tr>
<tr>
<td>Medication, medical gas, medication delivery system</td>
<td>523</td>
</tr>
<tr>
<td>Patient incident</td>
<td>4929</td>
</tr>
<tr>
<td>Security</td>
<td>305</td>
</tr>
<tr>
<td>Staff, visitor, contractor incident</td>
<td>955</td>
</tr>
<tr>
<td>Total</td>
<td>7406</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incident by incident type</th>
<th>Top 3 categories</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient incident</td>
<td>Slips, trips and falls</td>
<td>1826</td>
</tr>
<tr>
<td></td>
<td>Care delivery (including pressure ulcers)</td>
<td>1346</td>
</tr>
<tr>
<td></td>
<td>Accidents (not slips, trips and falls)</td>
<td>399</td>
</tr>
<tr>
<td>Staff, visitor, contractor incident</td>
<td>Violence, abuse, assault</td>
<td>464</td>
</tr>
<tr>
<td></td>
<td>Contact injury</td>
<td>127</td>
</tr>
<tr>
<td></td>
<td>Needle stick (sharps) incident</td>
<td>108</td>
</tr>
<tr>
<td>Medication, medical gas, medication delivery system</td>
<td>Administration</td>
<td>228</td>
</tr>
<tr>
<td></td>
<td>Preparation/dispensing</td>
<td>118</td>
</tr>
<tr>
<td></td>
<td>Prescribing</td>
<td>63</td>
</tr>
</tbody>
</table>

An Incident is any event which has given rise to actual harm or injury or to damage / loss of property (Ref: NHS Executive).

This definition includes patient or client injury, fire, theft, vandalism, assault and employee accident. It also includes incidents resulting from negligent acts, deliberate or unforeseen.
Serious incidents

<table>
<thead>
<tr>
<th>Birmingham Community Healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
</tr>
</tbody>
</table>

A serious incident (SI) is

- an accident or incident when a patient, member of staff (including those working in the community), or a member of the public (including contractors) suffers serious injury, major permanent harm or unexpected death (or the risk of death or serious injury) on either premises where health care is provided, or whilst in receipt of health care

- any event where actions of health service staff are likely to cause significant public concern

- any event that might seriously impact upon the delivery of services and / or which is likely to produce significant legal, media or other interest and which, if not properly managed, may result in loss of the Trust’s reputation or assets

- damage or loss to property by fire, flood, theft or negligent, deliberate or unforeseen act.

NB: This is the first full year of reporting incidents since the Trust was formed in November 2010, therefore it is difficult to accurately highlight trends and themes within the data. The previous year’s data (2010-11) detailed figures from the three organisations which formed BCHC and an accurate comparison is not therefore practicable. This year’s data will be used to compare incidents for the period 2012-13, when a more detailed trends analysis will be achievable.

Understanding and learning from our incidents

Patient incidents

Slips, trips and falls are the highest number of recorded incidents, which is due to the relatively high proportion of elderly and rehabilitation patients cared for within our services.

Significant work has been undertaken across all services to ensure that patients are appropriately assessed for their risk of falling on admission to hospital or on initial community services contact and that a suitable plan of care is implemented should patients be identified as being at risk. This work has been supported and monitored throughout the year through the CQUIN schemes and through essential care indicators.

We have put in place a number of mechanisms to reduce the number of incidents, specifically we have:

- piloted a holistic nursing assessment tool
- reviewed the ‘falls assessment’ documents
- re-launched the adults and community division nutrition and hydration group.
Incidents that occur at the point of care delivery.

Further interrogation of these incidents shows that the majority of incident reported under this category are incidents of pressure sore development. The CQUIN scheme has significantly raised awareness of the need to report this type of incident and reporting figures have risen significantly throughout the year as a consequence.

Clinical staff have worked consistently hard across our inpatient services to ensure that these incidents are identified and appropriate care and treatment plans are in place. Effectiveness of these measures is monitored through the CQUIN scheme and essential care indicators which have shown a significant reduction in the number of incidents where patients have developed pressure ulcers while in our care.

We have put in place a number of mechanisms to reduce the number of incidents, specifically we have:

- established a tissue viability reference group to provide leadership and expert support for staff. A selection of root cause analyses (RCAs) will be presented to establish common themes and shared learning. Consistency of use of guidelines, risk assessment tools and care plans will be evaluated
- essential care at Moseley Hall Hospital and West Heath Hospital - West Heath Hospital is maintaining good compliance overall and of particular notice is that all wards showed 100% compliance with daily skin inspections for pressure ulcer prevention and management. At Moseley Hall Hospital, Ward 5 showed good overall compliance with all aspects of the indicators and Ward 4 showed 100% compliance with daily skin inspections.

Staff, visitor, contractor incidents

Violence and abuse incidents against staff remain the highest reported incidents affecting staff. The majority of these incidents occur within either learning disability services or within elderly inpatient services and are often related to the nature of illness / disability affecting our patients.

Staff receive training appropriate to their service areas and client groups to help them to effectively manage this type of incident and much work has taken place within learning disability services to demonstrably reduce the number and frequency of this type of incident.

Where malicious violence is targeted against our staff, the Trust takes a strong stance. Staff are supported in a number of ways including counselling and occupational health services and by the local security management specialist should more formal action be required.
Medication incidents

The majority of incidents in this category relate to issues at the point that medication is / should be administered. Many of the incidents recorded report that medication has not been administered at the time it is due.

The medicine management committee maintains an oversight of medication related incidents in order to identify any themes. The committee works closely with services to identify lessons that can be learned and to prevent reoccurrence.

Working with the National Patient Safety Agency (NPSA)

The NPSA manage a national database used by the NHS as a tool for reporting and learning from incidents. NHS Trusts use this information to improve patient safety and compare safety incident reporting trends with other organisations.

NPSA data is indicative of a positive reporting culture. Experience in other industries has shown that staff are more likely to report incidents as the organisation’s reporting culture matures. This reflects a safer organisation where staff collectively have safety at the forefront of their minds and know they will be fairly treated if they report an incident.

Learning from incidents is shared with staff throughout the Trust to improve safety and prevent harm.

Nurses at West Heath Hospital regularly review their safety data.
Patients reap care rounds reward

When David Cameron announced the introduction of hourly ward rounds as part of a government plan to improve NHS patient care, many BCHC staff were able to say they already routinely assure the sort of regular attention to patients’ needs the Prime Minister had in mind.

The Trust introduced ‘care rounds’ on wards last autumn as part of the launch of ‘trust me to care’ - a safety campaign to highlight our commitment to routinely checking patients’ needs at regular intervals to ensure care is tailored to each individual.

Through the initiative, nursing staff are encouraged to talk to patients on a regular and systematic basis about any help they may need, such as whether they need a drink or to use the toilet or whether they are comfortable and free of pain. It also reassures patients that they will have regular opportunities to talk to staff throughout the day.

Early feedback nationally shows that care rounds have already made an impact, with a reduction in the number of patients injured through falls and an increase in patient satisfaction.

Within BCHC, we are routinely monitoring levels of patient falls, pressure ulcers, catheter-associated urinary tract infections and blood clots. We use the concept of a ‘safety thermometer’, taking a ‘temperature check’ of patient care. The patient experience team is also canvassing opinions on care received and positive feedback has been received.

To ensure consistency, a simple form consisting of a set of questions and criteria has been introduced to act as a basis for conversation with patients during care rounds.

Norman Power intermediate care centre in Ladywood has been using the ‘rounding tool’ since August.

Rachel Gnagne, Rehabilitation Assistant, completes the rounding tool with patient Joyce Davies, aged 92, at the Normal Power Centre.

Judith Russell, Unit Manager, said the centre’s rehabilitation assistants had welcomed the potential to reduce harm to patients by increased nursing interventions on a more regular structured basis.

The rounding tool also provides evidence for family members that their loved ones have regular nursing attendance throughout the day to reduce incidence of falls and to support them in their fluid and nutritional intake. The rehabilitation assistants are empowered by this tool as they receive fundamental but vital information from patients throughout the day.

Plans are being drawn up to further develop use of the care rounding tool so that it can be completed by any professional visiting an inpatient such as a doctor, pharmacist, physiotherapist, occupational therapist or dietitian, Patient Safety Lead Julie Jones added.

Beverly Ingram, Director of Nursing and Therapies, said:

“Introducing care rounding as a quality initiative is very much about ensuring a level of reliability in the approach to patient care. Crucially care rounding is aimed at improving the experience our patients have of our clinical services. The idea of systematically rounding is to ensure patients have their essential care and comfort needs met. There has been strong clinical leadership from matrons and the clinical teams and good feedback from patients. I am proud of this particular quality initiative and commend the clinical teams and patient safety team for their positivity and care.”

“"
**Staff survey feedback**

Each year NHS organisations across the country ask their staff to participate in a national survey. The results are provided to each organisation primarily to help them identify how they can improve the working lives of staff and their experiences in the workplace in order to support them to provide safe and high quality care.

The results of the survey are also used to:

- inform our patients, service users and the public of how we are regarded by our employees
- help the Trust monitor how national standards for quality and safety are achieved
- provide the Department of Health with benchmarking information
- make improvements to services and develop policies and procedures.

**How we acted upon the 2010 Staff Survey results**

The results of the 2010 survey identified the four key areas for improvement that are outlined below:

- improving the perception of communication between senior managers and staff and the support received from line managers
- supporting staff who feel harassed and promoting a culture where bullying, harassment and discrimination is not acceptable
- supporting mental wellbeing and management of stress
- improving the availability of hand washing materials.

A range of methods for improving our performance in each of these areas have been successfully implemented. Our score in the 2011 survey results related to staff perceptions of the support received from their line managers has also increased.

**Key findings in 2011**

The results of the 2011 survey have been mapped against the four pledges to staff in the NHS Constitution, which outlines what the NHS expects from its staff and what they can expect from the NHS as an employer, and the key findings are summarised below:

1. **To provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers, and to communities.**

   Although some of our staff felt that they were working additional hours, and indicated that they were feeling pressure at work, the majority felt satisfied with the quality of their work and the patient care that they are able to deliver, the quality of their job design and the Trust’s Commitment to work-life balance.

   69% of our staff are using the flexible working options that the Trust provides and 89% said that they felt that their role makes a difference to patient and that they felt valued by colleagues.

2. **To provide all staff with personal development plans, access to appropriate training for their jobs and the support of line management to succeed.**

   Staff felt that there were good opportunities open to them to develop their potential at work and that appraisals were well structured. We have also improved on the 2010 results in respect of staff feeling that they are supported by their line manager.

   continued...
3. To provide support and opportunities for staff to maintain their health, wellbeing and safety.

A higher proportion of our staff than in the previous year report that they have received health and safety training within the last 12 months and staff witnessing harmful near misses or incidents was below average.

Unfortunately, a number of our staff did however experience physical abuse, harassment, bullying or abuse from staff, patients, relatives or the public.

4. To engage staff in decisions that affect them and the services they provide, individually, and through representative organisations and through local partnership working arrangements. All staff will be empowered to put forward ways to deliver better and safer services for patients and their families.

Many of our staff said that they felt able to contribute towards improvements at work but felt that improvements could be made in relation to communication between senior management and staff.

Looking forward to 2012-13

The Trust has high standards and recognises there is room for improvement in some areas. The results of the survey will be carefully scrutinised and actions developed to ensure that we improve in areas where we did not perform as well, at the same time as ensuring that we retain our strong performance in other areas.
# Quality performance data

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Month 12 position</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methicillin resistant staphylococcus aureus (MRSA) new bacteraemias</td>
<td>0</td>
<td>≤14</td>
</tr>
<tr>
<td>Clostridium difficile (Cdiff) new cases</td>
<td>27</td>
<td>≤106</td>
</tr>
<tr>
<td>Methicillin sensitive staphylococcus aureus (MSSA)</td>
<td>3</td>
<td>≤21</td>
</tr>
<tr>
<td>E coli bacteraemia</td>
<td>15</td>
<td>≤29</td>
</tr>
<tr>
<td>% compliance with Care Quality Commission (CQC) standards</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>18 weeks wait for treatment (admitted pathway)</td>
<td>98.7%</td>
<td>95%</td>
</tr>
<tr>
<td>18 weeks wait for treatment (non admitted pathway)</td>
<td>95.6%</td>
<td>95%</td>
</tr>
<tr>
<td>Delayed Transfers of Care (%) (provider control)</td>
<td>1.70%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Percentage of serious incident reported within 2 working days</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

As a Trust we recognise the importance of good infection prevention and control practice and the priority it is given has been demonstrated by another year where our patients have experienced a significant reduction in serious infections.

Rick Roberts, Medical Director
## Indicator

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Month 12 position</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>% sickness absence (12 months rolling average)</td>
<td>5.43%</td>
<td>4.27%</td>
</tr>
<tr>
<td>Spend on Temporary Staff as a % of total pay</td>
<td>7.91%</td>
<td>N/A</td>
</tr>
<tr>
<td>% of time spent on a stroke unit at BCHC</td>
<td>100%</td>
<td>90%</td>
</tr>
<tr>
<td>Number of children with a breastfeeding status recording as a percentage of all infants due for a 6-8 week check (target shared with commissioner)</td>
<td>97.23%</td>
<td>95%</td>
</tr>
<tr>
<td>Mandatory training (last 18 months)</td>
<td>83%</td>
<td>85%</td>
</tr>
</tbody>
</table>

The Trust recognises the work it needs to do in reducing sickness absence levels and is implementing all nationally recognised Best Practice mechanisms; these include significant targets for the monitoring and access to sickness data from a service level through to the Trust Board. The Trust supports staff by providing services for early intervention both for wellbeing initiatives to prevent sickness (rapid access physiotherapy, seasonal flu jabs and staff support) and management with interventions at the onset of sickness.

David Holmes, Human Resources Director.

Staff and managers continue to work hard to achieve targets for mandatory training, in fact, our result of 83% is an improvement on 2010-11 where we achieved 74%*. Managers have clear information about teams and individual staff members who have not undertaken the training they need, and are able to target support for completion of training.

In addition, training is much more accessible through the development of e-learning packages, workbooks and DVDs which can be completed at a time to suit the staff member. Classroom-based training is offered in the evenings and weekends to ensure all staff can access subjects that need to be delivered by a trainer.

Heather Wilby, Head of Learning and Development.

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* NB this percentage refers to training undertaken by staff in former South Birmingham Community Health NHS Trust only.
The essential care indicators are of a set of metrics measuring essential care provided by nurses, health professionals and support staff and have been adopted as best practice in a number of organisations in order to deliver timely information to the clinical team and to the Board on the quality of care. Monthly scores against a number of essential care indicators for falls, nutrition, pain management, tissue viability, medicine administration, patient observations and infection prevention are produced by all inpatient areas, enhanced recovery units and Intermediate care units. This monthly audit information is used to develop service improvement plans and to share good practice amongst clinical areas.

**Same-sex accommodation: declaration of compliance 2012-13**

BCHC is pleased to confirm that we are compliant with the government’s requirement to eliminate mixed-sex accommodation, except when it is in the patient’s overall best interest, or reflects their personal choice.

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. Birmingham Community Healthcare NHS Trust is committed to providing every patient with same sex accommodation, because it helps to safeguard their privacy and dignity when they are often at their most vulnerable.

We have the necessary facilities, resources and culture to ensure that patients who are admitted to our hospitals will only share the room where they sleep with members of the same sex, and same-sex toilets and bathrooms will be close to their bed area. Sharing with members of the opposite sex will only happen when clinically necessary (for example where patients need specialist equipment such as in the provision of specialist bathrooms which cannot be designated as single sex), or when patients actively choose to share.

This achievement is regularly monitored and if our care should fall short of the required standard, we will report it. We will also set up an audit mechanism to make sure that we do not misclassify any of our reports. The review of compliance forms part of our annual audit programme and we will publish the results of that audit under our clinical governance framework and as part of our Quality Account for 2012-13.

---

**Essential care indicator 2011-12 performance**

- **Patient observations**: 95% target, 97% achieved
- **Falls assessment**: 95% target, 95.3% achieved
- **Tissue viability assessment**: 95% target, 91.7% achieved
- **Nutritional assessment**: 95% target, 93.7% achieved
- **Medication assessment**: 95% target, 98.8% achieved
- **Infection control assessment**: 95% target, 98.8% achieved

---

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Patient Environment Assessment

Patient environment assessment (PEAT) is an annual assessment of inpatient healthcare sites in England with more than ten beds.

PEAT is self-assessed and inspects standards across a range of services including food, cleanliness, infection control and patient environment (including bathroom areas, décor, lighting, floors and patient areas).

Each inspection is carried out by a team of PEAT assessors which includes patients, patient representatives and members of the public.

<table>
<thead>
<tr>
<th>Site name</th>
<th>Environment score</th>
<th>Food score</th>
<th>Privacy and dignity score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good Hope hospital community unit 3</td>
<td>acceptable</td>
<td>acceptable</td>
<td>good</td>
</tr>
<tr>
<td>Heartlands hospital community unit 29</td>
<td>good</td>
<td>excellent</td>
<td>excellent</td>
</tr>
<tr>
<td>Intermediate care rehabilitation unit</td>
<td>good</td>
<td>excellent</td>
<td>excellent</td>
</tr>
<tr>
<td>Ann Marie Howes</td>
<td>good</td>
<td>excellent</td>
<td>excellent</td>
</tr>
<tr>
<td>Perry Tree care centre</td>
<td>excellent</td>
<td>excellent</td>
<td>excellent</td>
</tr>
<tr>
<td>Riverside lodge</td>
<td>excellent</td>
<td>excellent</td>
<td>excellent</td>
</tr>
<tr>
<td>Sheldon nursing home</td>
<td>good</td>
<td>excellent</td>
<td>excellent</td>
</tr>
<tr>
<td>Moseley Hall hospital</td>
<td>good</td>
<td>excellent</td>
<td>good</td>
</tr>
<tr>
<td>West Heath hospital</td>
<td>good</td>
<td>excellent</td>
<td>good</td>
</tr>
<tr>
<td>Norman Power centre</td>
<td>excellent</td>
<td>excellent</td>
<td>excellent</td>
</tr>
</tbody>
</table>

The PEAT scores for 2011-12 show our continued commitment to providing the highest standards for our patient environments.

The very high scores achieved by all but one of our units for the quality of the Food were reflected in the positive feedback from patients on the standards of meals provided and the mealtime experience.

One unit has scored as only acceptable for environment and although this is an improvement on last year’s score for this area, which sits in a large acute Trust, we have now relocated the ward to further improve the environment.

Lisa Eden, Associate Director of Therapies.
Participation in clinical audits

During 2011-12, three national clinical audits and no national confidential enquiries covered NHS services that Birmingham Community Healthcare NHS Trust provides. During that period BCHC participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that BCHC was eligible to participate in during 2011-12 are as follows:
- childhood epilepsy (RCPH national childhood epilepsy audit)
- chronic pain (national pain audit)
- parkinsons disease (national parkinson’s audit).

In 2011-12 there were no national confidential enquiries relevant to BCHC NHS services.

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- childhood epilepsy (RCPH national childhood epilepsy audit)
- chronic pain (national pain audit)
- parkinsons disease (national parkinson’s audit).

The national clinical audits and national confidential enquiries that BCHC NHS Trust participated in, and for which data collection was completed during 2011-12, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

<table>
<thead>
<tr>
<th>Title</th>
<th>Number of cases submitted by BCHC expressed as a % of the number of registered cases required by the terms of the audit or enquiry.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood epilepsy (RCPH national childhood epilepsy audit) BCHC contribution = approx 1% of total number of cases submitted nationally.</td>
<td>100%</td>
</tr>
<tr>
<td>Chronic pain (national pain audit)</td>
<td>100%</td>
</tr>
<tr>
<td>Parkinsons disease (national parkinson’s audit) BCHC contributed to this audit as a partner with Heart of England Foundation Trust.</td>
<td>100%</td>
</tr>
</tbody>
</table>
The reports of five national clinical audits were reviewed by the provider in 2011-12 and BCHC NHS Trust intends to take the following actions to improve the quality of healthcare provided (see table below).

<table>
<thead>
<tr>
<th>Audit</th>
<th>Action taken</th>
</tr>
</thead>
</table>
| National sentinel stroke audit (BCHC participated in this audit in 2010-11). | BCHC have historically contributed to this audit. Strategic and operational plans for the service are reflective of both national stroke audit and CQC assessment results. Some of the key actions taken to improve our service are summarised below:  
**Introduction of early supported discharge team:**  
We are introducing an early supported discharge team which means patients will need to spend less time in the stroke rehabilitation unit and will be able to begin their rehabilitation in the community setting more quickly.  
**Achieving therapy access targets:**  
We have a target that all patients should receive 45 mins of each therapy they require, 5 days per week for as long as they continue to benefit.  
- we have raised awareness of the target to all therapy departments including repeat education for staff on rotation and new starters  
- time and motion audits completed to review use of therapy time in 2011  
- root cause analysis completed should any patient breach time to first assessment target  
- rolling review of performance in order to increase access to therapy and evaluate content of therapy.  
**Patient involvement:**  
- continuation of established patient forum  
- encouraging patient feedback on the service via establishing exit interviews via psychology service.  
**Research:**  
- maintaining current achievements in relation to participation in research  
- recruiting to 2 new rehab trials.  
**Stroke clinical champion:**  
- BCHC clinical leadership forum supports a clinical champion for stroke and brain injury and the projects for this post relate directly to the improvement of stroke care pathways and quality of care. |

<table>
<thead>
<tr>
<th>Audit</th>
<th>Action taken</th>
</tr>
</thead>
</table>
| Implementing National Institute for Clinical Excellence (NICE) public health guidance for the workplace: a national organisational audit of NHS Trusts in England. | The key recommendations from this report have been reflected within the Trust’s Health and wellbeing strategy for employees which is currently being implemented.  
In addition, the Trust has reviewed NICE public health guidance relating to the workplace health of employees published Feb 2012. |
<table>
<thead>
<tr>
<th>Audit</th>
<th>National falls and bone health for older people.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action taken</td>
<td>The latest report related to this national audit was reviewed by the service in May 2011 and had limited relevance to BCHC’s community service. The team has implemented the ‘falls risk assessment tool’ (FRAT) and the Trust’s falls coordinator is currently working with Trust patient safety leads on staff training and review of falls assessment and care plan documentation used in the inpatient setting.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Audit</th>
<th>Diabetes (national adult diabetes audit).</th>
</tr>
</thead>
</table>
| Action taken                | The national diabetes audit involved GP practices and acute Trusts and did not directly involve BCHC’s diabetes service. The recommendations in the national audit report have been reviewed by the service and have influenced the work of the team in the following areas:
  - developments in relation to the specialist training provided by the team to GP services
  - development of local enhanced services for GPs
  - introduction of role of practice nurse with a specialist interest in diabetes to provide enhanced training to GPs and practice nurses
  - the introduction of specialist clinics to help people control their diabetes (especially useful for people who prefer to attend clinics in a community rather than hospital setting)
  - delivering patient education programmes to help people control their diabetes more effectively. |

<table>
<thead>
<tr>
<th>Audit</th>
<th>Chronic pain (national pain audit).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action taken</td>
<td>The phase 1 report published Nov 2011 has been reviewed by the Trust’s pain management service. The majority of recommendations within the report are currently achieved by the pain service. Due to a 64% increased demand for the pain service some patients who require routine appointments wait for more than the eight weeks recommended in the report. The service continues to identify ways to maximise the use of existing resources and has commissioned additional medical involvement in the service from the beginning of May 2012.</td>
</tr>
</tbody>
</table>
Reports due to be published during 2012

<table>
<thead>
<tr>
<th>Report</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood epilepsy (RCPH national childhood epilepsy audit)</td>
<td>Report due to be published Sep 2012</td>
</tr>
<tr>
<td>Parkinsons disease (national parkinson's audit)</td>
<td>Report due to be published June 2012</td>
</tr>
</tbody>
</table>

The reports of 113 completed local clinical audits were reviewed by the provider in 2011-12 and BCHC intends to take the following actions to improve the quality of healthcare provided:

**Procedure for the management of children’s appointments in the Rehabilitation Services:**
- staff training around failure to attend (FTA) procedure
- development of paediatric information sheet and assessment.

**Audit of conscious sedation procedures in the Rehabilitation Services:**
- improvement of records kept by including the reason for conscious sedation and issuing of medication in the patient notes.

**Audit on assessment and intervention of depression in people with multiple sclerosis in the Rehabilitation Services:**
- proforma amended to include additional data, including factors for depression
- recording of actions and plans in monitoring form.

**Clinical record keeping audit in the Adults and Community Division:**
- reviewing current record keeping training for staff
- ensure all records record allergies and hypersensitivities.

**Essential care indicators audit in the Adults and Community Division:**
- expanding staff training around nursing processes, assessments and care planning
- therapy areas changing systems to increase patient satisfaction.

**Audit around the knowledge of staff administering medications by Intravenous therapy (IV) in the Adults and Community Division:**
- revise and improve IV training for staff both in the community and inpatient settings.

**Tissue viability audit in the Adults and Community Division:**
- redevelopment of staff education and support around the prevention and treatment of pressure ulcers.

Progress against the action plans for local audits will be monitored through the divisional governance arrangements or through the corporate workstreams. (For a full report on action plans for local audits please refer to BCHCs clinical audit annual report available by July 2012.)

Please note a number of local clinical audits (23) for this reporting period had data collection periods which spanned quarter 4 (Jan-March) 2011-12 and quarter 1 (April-June) 2012-13.

The Trust anticipates the reports associated with these audits will be completed during quarter 1 (April-June) 2012-13 following data verification and analysis.
Our commitment to data quality

As part of our commitment to improve data quality we will provide a framework for the reporting of data quality performance to national and local standards throughout all levels of the organisation. This framework will be supported through improvement planning, guidance, and training to all users to drive and maintain improvement in all identified data quality areas. All actions will be fully documented, agreed with the Trust where appropriate.

These actions will include, but are not limited to:

- continued development of a data quality reporting suite and schedule
- board monitored key performance indicators (KPIs)
- development and governance of a Trust data quality sub-strategy and the formation of a DQ programme board
- standard system and data quality training (including update training)
- service level support and guidance
- development of organisational data business rules to support quality monitoring and develop quality assurance throughout the Trust
- continued commitment to the development of a standardised organisational data warehouse reporting platform.

By developing a program of data quality metrics, measurement and regular reporting, the Trust can build increased awareness of what data quality means for the business. Metrics can help demonstrate what risks or issues might be presented by any decline in data quality levels as well as what opportunities might be gained by investing in improvement. Metrics also support objective judgment and reduce the influence of assumptions, politics, emotions and vested interests. Trust KPIs and the executive decisions aligned with them will most likely relate to cost, revenue, profitability, procurement, logistics, products, customers, suppliers and other important assets.

Identifying the processes supporting these KPIs, the data required for these to operate effectively and the quality of that data enables the Trust to determine the impact of poor quality in tangible terms. The result is an improved ability to gain business understanding and support for building the business case for data quality. All actions will be fully documented, agreed with the Trust where appropriate.
Our participation in clinical research
The number of patients receiving NHS services provided or sub-contracted by Birmingham Community Healthcare NHS Trust in 2011-12 that were recruited during that period to participate in research approved by a research ethics committee was 352.

Financial statement
During 2011-12 Birmingham Community Healthcare NHS Trust provided and / or sub-contracted 124 NHS services.

Birmingham Community Healthcare NHS Trust has reviewed all the data available to them on the quality of care in all of these NHS services.

The income generated by the NHS services reviewed in 2011-12 represents 100 % of the total income generated from the provision of NHS services by Birmingham Community Healthcare NHS Trust for 2011-12.

Our Information Governance (IG) toolkit attainment level
Information Governance is the way by which the NHS handles all organisational information, but particularly personal and sensitive information about patients and employees. It allows organisations and individuals to ensure that personal information is dealt with legally, ethically, confidentially, securely, efficiently and effectively, in order to deliver the best possible care.

The IG governance toolkits measures our performance against 45 requirements and in 2011-12 the Trust’s Information Governance Assessment Report score overall was 68% and was graded ‘green’.

Our compliance with Care Quality Commission standards
Birmingham Community Healthcare NHS Trust is required to register with the CQC and its current registration status is unconditional.

The CQC has not taken enforcement action against Birmingham Community Healthcare NHS Trust during 2011-12.

Birmingham Community Healthcare NHS Trust has not participated in any special reviews or investigations by the CQC during 2011-12.

In 2011-12 the CQC reviewed compliance against the essential standards of quality and safety at five of the Trust locations, three in our learning disability services and two in our intermediate Rehabilitation Services. We are pleased to report that the CQC confirmed that we are compliant with their regulations in all these locations.

To find out more about the work of the Care Quality Commission visit their website: www.cqc.org.uk
Declarations

In July 2010 the Trust published a declaration about how the Board assures themselves that safeguarding arrangements are in place. The Trust Board continues to take its safeguarding responsibilities very seriously.

- Birmingham Community Healthcare NHS Trust meets the statutory requirement with regard to the carrying out of criminal records bureau checks.

- Child protection policies and systems are up to date and robust, including a process for following up children who miss outpatient appointments and a system for flagging children for whom there are safeguarding concerns.

- All eligible staff are required to undertake safeguarding training and attendance is monitored in line with mandatory training policy and reported to Trust Board. In addition, a review of other training arrangements has been completed and will incorporate the emerging recommendations from the national review of safeguarding training.

- The named doctor, named nurse responsible for safeguarding are clear about their roles and have sufficient time and support to undertake them.

- The Executive Director of Nursing and Therapies is the Board-level Director for safeguarding.

Safeguarding children

The named nurse safeguarding team provides supervision to all health staff involved in child protection cases. Health visitors, school nurses and special school nurses, as front line practitioners working with children and families receive specialist safeguarding supervision from the safeguarding children team, as at 31 March 2012, 87% of health visitors, 83% of school nurses and 76% and special school nurses were compliant with the safeguarding supervision policy.

The named nurses safeguarding team provide support to health visitors and school nurses with the production of court statements requested by the local authority. In 2011-12 the named nurse team supported the writing of 209 court reports, with an 11% increase in numbers of reports over the year.

There is an ongoing robust programme of local and multi agency safeguarding children training for staff in BCHC.

The Director of Nursing and Therapies represents BCHC on the Birmingham Safeguarding Children’s Board (BSCB) and key professionals from BCHC attend the sub committees of the BSCB. BCHC has considered its own processes, procedures and polices in regards to safeguarding children and has worked with its partners to respond to initiatives and reviews at both national and local levels.
**Safeguarding adults**

BCHC is committed to delivering, implementing and monitoring the organisation’s structures, systems and processes to safeguard adults. BCHC recognises some patients may be unable to uphold their rights and protect themselves from harm or abuse. They may have greatest dependency and yet be unable to hold service to account for the quality of care they receive. BCHC has particular responsibilities to ensure these patients receive high quality care and their rights are upheld, in particular their right to be safe when in our care.

The Director of Nursing and Therapies represents BCHC on the Birmingham Safeguarding Adults’ Board (BSAB) and key professionals from BCHC attend the sub committees of the BSAB.

**Learning lessons from serious case reviews:**

The Trust continues to work with agency partners to share learning from recent serious case reviews. The feedback from attendees is positive and future sessions are planned as national and local serious case reviews are published.

**Domestic violence**

The Trust continues to work in partnership with the police, social care and specialist domestic violence services in relation to children and families suffering the impact of domestic violence. The safeguarding team continue to participate in four multi agency domestic violence screening meetings per week in the city. The purpose if the multi agency screening meeting is to assess the potential and actual risk to women and children. In 2011-2012 the safeguarding team participated in the domestic violence joint screening of 9375 children.

**Safeguarding training**

The safeguarding children and safeguarding adult training strategies were revised and approved by the Trust Board in 2011. Both strategies are being implemented. For safeguarding children the training programme has been expanded and incorporates training for levels one to three. A level one e-learning package and workbook option were developed and implemented in December 2011 - January 2012 for all appropriate staff to access via the intranet and via Learning and Development.

Within safeguarding adult training mental capacity act training has been made mandatory training for specific staff groups who work with adults.

**Trust contribution to safeguarding boards**

The trust is represented at all levels within the local safeguarding boards. Board meetings are attended by executive Director of Nursing and Therapies or the designated deputy and there is a widespread representation at the various sub committees.

**Safeguarding annual reports**

A comprehensive Safeguarding Children and Adult Annual Report will be presented to the Trust Board in June 2012.
NHS number and general medical practice code validity

Health records play an important role in modern healthcare. The primary function of healthcare records is to record important clinical information which may need to be accessed by the healthcare professionals involved in providing care. To improve access to healthcare records, the use of the NHS number has been encouraged during the year. Everyone registered with the NHS in England has their own unique NHS number. Using it to identify a patient correctly is an important step towards improving safety and efficiency of healthcare.

To find out your NHS number contact your GP surgery and ask them to look it up. To protect your privacy you may be asked to show a passport, driving licence or some other proof of identity. If you are registered with a GP you will already have an NHS number.

If you know your NHS number or have it on a document or letter you can help healthcare staff to find your records more easily and share them safely with other people who are caring for you.

BCHC NHS Trust submitted records during 2011-12 to the secondary users service for inclusion in the hospital episode statistics which are included in the latest published data. The percentage of records in the published data which included the patient’s valid NHS number was:
- 99.8% for admitted patient care
- 99.9% for out patient care.

The percentage of records in the published data which included patients’ valid general medical practice code was:
- 99.6% for admitted patient care
- 98% for out patient care.

Clinical coding error rate

BCHC was not subject to the payment by results clinical coding audit during 2011-12 by the audit commission.

The National Health Service Litigation Authority membership status

The National Health Service Litigation Authority (NHSLA) handles negligence claims and works to improve risk management practices in the NHS. This is achieved through an extensive risk management programme. The core of this programme is provided by NHSLA standards and assessments. BCHC is compliant with level one NHSLA standards. This means the process for managing risks has been described and documented.
West Midlands quality review service - review of learning disability service

The West Midlands quality review service (WMQRS) has been set up as a collaborative venture by NHS organisations in the West Midlands to help improve the quality of services by:

- developing evidence-based quality standards
- carrying out developmental and supportive quality reviews often through peer review visits
- producing comparative information on the quality of services
- providing development and learning for all involved.

In 2011 our learning disability service was reviewed against the WMQRS standards for learning disability services.

Key findings of the review related to:

- some expected policies and guidelines were either not available to staff or different versions existed across services
- availability of Mental Capacity Act (MCA) and Deprivation of Liberty (DOLS) Policies to staff and attendance of some staff at MCA and DOLS training
- patients did not routinely have access to a GP and there were difficulties with access to social workers.

An action plan to address the findings has been developed and is actively monitored both by the service and at divisional confirm and challenge meetings.

Post-review developments include:

- the learning disability service has led the development of the BCHC Policy associated with the Mental Health Act
- staff have attended BCHC training sessions on the Mental Capacity Act and Deprivation of Liberties Policies
- services ensure all inpatients are registered with a GP and at point of admission, the registration with a GP is maintained
- more effective partnership working with social workers has been achieved and link social workers routinely visit the in-patient units.

Commissioners make unannounced visit to Birmingham Dental Hospital

Unannounced visits are routine in commissioning and monitoring of services. A dental hospital unannounced visit was carried out by Solihull PCT commissioners in March 2011.

The visit was a very positive experience with the commissioners providing a detailed constructive report identifying many areas of good practice. They reported that the majority of staff stated a high level of satisfaction with their work and the Trust, citing career progression and training opportunities as a positive. Staff reported a reminder system about mandatory training, adding that they would like training more tailored to dentistry. Commissioners thanked staff for their openness and willingness to interact with the visiting team.

The report was discussed with staff across the whole hospital which resulted in a comprehensive improvement plan.

In October 2011 commissioners fed back that they were very encouraged about the positive approach taken to the feedback given and the actions taken. All issues are now completed, with most of them resolved very shortly after the visit.
**Statement from our Commissioners**

Birmingham and Solihull Cluster, as lead commissioner for Birmingham Community Healthcare NHS Trust (BCHC) welcomes the opportunity to provide this statement for their 2011-12 Quality Account.

We have reviewed the content of the Quality Account and confirm that it complies with the prescribed information, form and content as set out by the Department of Health.

The Quality Account is, to the best of our knowledge accurate and fairly interpreted, and the range of services described and priorities for improvement are representative based on the information that is available to us.

BCHC has provided an update in this year’s Quality Account against the priorities that they set last year where they produced their first Quality Account as a new organisation. In reviewing the Quality Account for 2011-12 we have taken particular account of the identified priorities and how this work plan will enable improvements for patient care. We agree with the priorities set for this year.

We feel some of the biggest challenges for the Trust in 2012-13 will include recruitment of health visitors and pressure ulcer reduction. Pressure ulcers are incidents that occur at the point of care. In 2011 we undertook a pressure ulcer themed review across all of the Trusts that we commission services. BCHC were included as part of that review and as a result they developed an action plan to address those areas requiring improvements.

In their work to reduce patient harm, BCHC have been taking part in the ‘Safety Thermometer’ initiative, which includes the measurement of four harms on a monthly basis, of which pressure ulcers is one of them.

As part of our monthly quality review group with BCHC we monitor progress against their pressure ulcer action plan. As an ambition to further reduce incidents of pressure ulcers we have agreed a CQUIN with BCHC to reduce the numbers that are avoidable as one of their priorities for the next 12 months.

This Quality Account reflects some of the performance quality indicators which are monitored monthly alongside the areas for improvement at the Clinical Quality Review Group which is part of the contractual agreement.

In addition we are given copies of papers and reports of their internal clinical governance committee.

A draft Quality Account was presented to Birmingham and Solihull NHS Cluster and we have made some specific comments to the Trust directly in relation to their plan. Namely: how the Trust will monitor the plan and take forward the priorities; expansion of the information around the CQUINS and minor textual changes to make it easier to read and understand.

We look forward to continuing to work and support BCHC in delivering this year’s quality targets within their Quality Account and in their aspiration towards becoming a Foundation Trust.

**Denise McLellan, Chief Executive**
**NHS Birmingham and Solihull Cluster**
Statement from Health and Social Care Overview and Scrutiny Committee

We recognise that healthcare providers publishing Quality Accounts have a legal duty to send their Quality Account to the Overview and Scrutiny Committee (OSC) in the local authority area where the provider has its registered office, inviting comments from the OSC by the end of May.

However the role of the OSC in providing assurance over a provider’s Quality Account is a voluntary one.

Birmingham City Council’s Health and Social Care OSC (HOSC) will not be supplying a statement on any of the ten sets of 2011-2012 Quality Accounts it will be sent from nine different providers. In the local elections held on 3 May a third of the Council’s members (councillors), including the Chairman of the HOSC, stood for re-election.

It wasn’t decided until 22 May whom the members of the new HOSC would be, and their first meeting will not be until June, so there is no opportunity for HOSC to provide a statement during May or even early June. HOSC is also reluctant to provide an assurance statement on quality accounts which could compromise the HOSC’s ability to scrutinise matters independently afterwards.

Statement from LINk

Birmingham Community Healthcare NHS Trust has fulfilled its duty in providing a copy of their 2011-12 Quality Account to Birmingham LINk. The LINk were not able to provide a fuller statement for submission to the Quality Account, this is due to internal changes within the LINk which has limited its opportunity to interact with the Trust. The LINk will however focus on developing the relationship with the Trust over the coming year.
Membership application page 1

Please fill in your details below to become a member of Birmingham Community Healthcare NHS Trust. We are collecting information to ensure we contact you in the best way for you. The information you provide will also help us to ensure our membership is representative of the communities we serve.

The minimum age to become a member is 16 years. If you are younger than this and wish to be involved, please email ft@bhamcommunities.nhs.uk

Contact details (please use CAPITAL LETTERS) Fields marked with * are mandatory.

- Title .................................................................
- First name* ..........................................................
- Last name* ..........................................................
- Date of birth ..................................................  Gender ..........................................................
- Address* ..........................................................
- Postcode* ..........................................................
- Telephone (home) ..............................................
- Telephone (mobile) ..........................................  Email ..........................................................

How would you describe your ethnic origin? (please tick as appropriate)
- White/British
- White/Irish
- White/Other
- Asian or Asian British/Pakistani
- Asian or Asian British/Indian
- Asian or Asian British/Bangladeshi
- Asian or Asian British/Any other Asian background ........................................
- Black or black British/Caribbean
- Black or Black British/African
- Black or Black British/Any other Black background ..................................
- Mixed White/Black African
- Mixed White/Black Caribbean
- Mixed White and Asian
- Mixed Any other mixed background
- Chinese
- Any other ethnic group (please specify) .................................................................

How would you prefer to be contacted? (please tick as appropriate)
- Email  
- Post  
- Telephone  
- SMS text message

[continued over the page]
Membership application page 2

Do you have a disability? (please tick as appropriate)

☐ No  ☐ Yes

How would you like to be involved at the current time? (please tick as appropriate)

☐ Level 1 membership (limited involvement)
☐ Level 2 membership (active involvement)
☐ Level 3 membership (full involvement)

Did a member of staff recommend that you become a member? (please tick as appropriate)

☐ No
☐ Yes - please give their name and job title in the space provided below:

☐ Please tick here if you do NOT want your name and constituency to be available to the public through the Foundation Trust Register of Members.

The data you supply will be used only to contact you about the Trust, membership or other related issues and will be stored in accordance with the Data Protection Act.

Please see our website at www.bhamcommunity.nhs.uk/ft for more details.

I apply to become a member of Birmingham Community Healthcare NHS Trust and agree to the processing of my information:

Signature............................................................     Date.........................

Please return completed forms to:

Freepost RSUJ-TESZ-BHS-Membership
Birmingham Community Healthcare NHS Trust
3 Priestley Wharf, 20 Holt Street
Birmingham B7 4BN
Acknowledgements

Thank you to all the staff, service users, carers, and stakeholders who contributed the production of this Quality Account.

Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td>C. Dif Clostridium Difficile</td>
<td>An infection causing vomiting and diarrhoea</td>
</tr>
<tr>
<td>CQC</td>
<td>Care Quality Commission The independent regulator of health and social care in England</td>
</tr>
<tr>
<td>CQUINs</td>
<td>Commissioning for Quality and Innovation Projects agreed between commissioners who buy our services and the Trust to improve quality standards</td>
</tr>
<tr>
<td>ECIs</td>
<td>Essential care indicators A set of care standards used within the Trust</td>
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<tr>
<td>KPIs</td>
<td>Key performance indicators Standards which are used to measure performance</td>
</tr>
<tr>
<td>LINk</td>
<td>Local involvement network A network of local people and groups which work to improve health and social care services</td>
</tr>
<tr>
<td>MRSA</td>
<td>Methicillin resistant staphylococcus aureus An infection caused by the staph bacteria which is resistant to most penicillin based antibiotics</td>
</tr>
<tr>
<td>MSSA</td>
<td>Methicillin sensitive staphylococcus aureus An infection caused by the staph bacteria which is able to be treated with most penicillin based antibiotics</td>
</tr>
<tr>
<td>MUST</td>
<td>Malnutrition universal screening tool A national tool used to identify if people are at risk of malnutrition</td>
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<tr>
<td>NCEPOD</td>
<td>National confidential enquiries of patient outcomes and death review Organisation which reviews the management of patients and makes recommendations for the improvement of clinical practice</td>
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<tr>
<td>NHSLA</td>
<td>National Health Service Litigation Authority Handles negligence claims and works to improve risk management practices in the NHS</td>
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<tr>
<td>NICE</td>
<td>National Institute of Clinical Excellence Provides guidance to the NHS on medicines and treatments</td>
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<tr>
<td>NPSA</td>
<td>National Patient Safety Agency Does research and produces guidance on how to keep patients safe</td>
</tr>
<tr>
<td>VTE</td>
<td>Venous thromboembolism A condition in which a blood clot (thrombus) forms in the vein</td>
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</tbody>
</table>
If you would like to request a copy of this document in an alternative format, or have any other queries about its content, please contact the Birmingham Community Healthcare NHS Trust communications team at:

Communications team:
3 Priestley Wharf
20 Holt Street
Birmingham Science Park
Aston
Birmingham
B7 4BN

Tel: 0121 466 7281
Email: info@bhamcommunity.nhs.uk
Or follow us on Twitter @bhamcommunity

The report is also available at www.bhamcommunity.nhs.uk

Or you can speak to a Patient Experience Officer in our Customer Services Team on
Tel: 0800 917 2855