

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 25 JULY 2019**

<b>Title:</b>	<b>CARE QUALITY REPORT</b>
<b>Responsible Director:</b>	<b>Lisa Stalley-Green, Chief Nurse</b>
<b>Contact:</b>	<b>Hayley Flavell, Deputy Chief Nurse, 12416</b>

<b>Purpose:</b>	To present an update to the Board of Directors.
<b>Confidentiality Level &amp; Reason:</b>	None
<b>Strategy Implementation Plan Ref:</b>	#4 Meet regulatory requirements and operational performance standards, in line with agreed trajectories
<b>Key Issues Summary:</b>	<ul style="list-style-type: none"> <li>• No cases of MRSA Bacteremia in month</li> <li>• Incidence of <i>Clostridium difficile</i> Infection (CDI) decreased in May, slightly over trajectory year to date and learning has been identified to inform a CDI reduction plan</li> <li>• No category 4 pressure ulcers</li> <li>• 4 category 3 pressure ulcers and 63 category 2 pressure ulcers, all are investigated. Lapses in care identified and are incorporated in the Tissue Viability education strategy being reviewed at Care Quality Committee in July.</li> <li>• Falls during the period have increased, a Falls reduction strategy is under development focusing on 3 high impact interventions</li> <li>• Complaints have decreased, trends relate to appointment times and communication</li> </ul>
<b>Recommendations:</b>	The Board of Directors are asked to receive and discuss the content of the report.

<b>Signed:</b> Lisa Stalley-Green	<b>Date:</b> 17 July 2019
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## BOARD OF DIRECTORS THURSDAY 25 JULY 2019 CARE QUALITY

### PRESENTED BY CHIEF NURSE

#### 1. Introduction and Executive Summary

To provide the Board of Directors with a report regarding Infection Control, Tissue Viability, Falls and Patient experience. This report has been discussed at the June 2019 Care Quality Group.

#### 2. Patient Safety Update

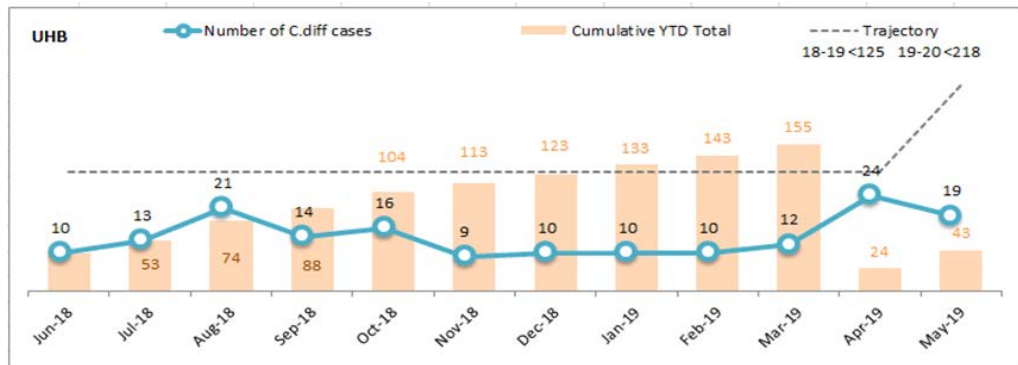
##### 2.1 Infection Control

There were no cases of post-48 hour MRSA bacteraemia reported in May 2019 across UHB.

There have been two Trust apportioned cases of post-48 hour MRSA bacteraemia against a trajectory of 0 year to date. Both cases have been reviewed with no Infection Prevention and Control issues. There was learning around antimicrobial stewardship which will feed into the Trust wide antimicrobial stewardship group.

The annual objective for Clostridium difficile infection (CDI) for 2019/20 at UHB is 250 Trust apportioned cases. In May 2019 UHB had 19 Trust apportioned cases of which 11 were post-48 hour hospital onset.

Currently for this financial year there have been 43 Trust apportioned cases of Clostridium difficile against a trajectory of 42. An action plan is in preparation to tackle the increase in C. difficile. Key initiatives around antimicrobial stewardship (AMS), harmonizing the antimicrobial guidelines and reinvigorating the AMS group which will become Trust wide with involvement from the Deputy Medical Director.



Number of post-48 hour *C. difficile* cases year to date against trajectory for UHB

## 2.2 Tissue Viability

### 2.2.1 Trust Acquired Category 4 Pressure Ulcers

There has been no Trust acquired category 4 pressure ulcers reported in April 2019.

### 2.2.2 Trust Acquired Category 3 Pressure Ulcers

There have been four Trust acquired category 3 pressure ulcers reported in April 2019.

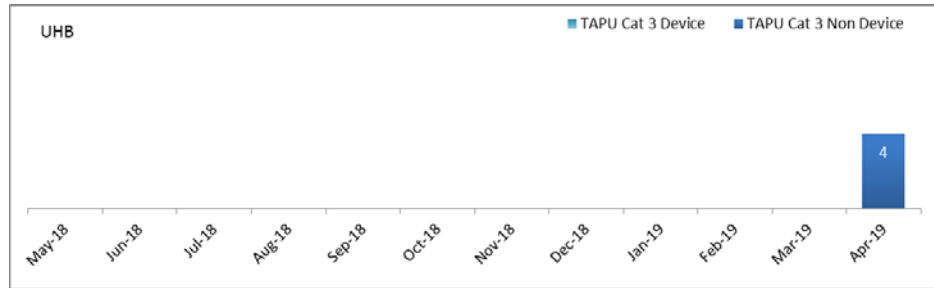
Root causes identified:

- Patients had multiple comorbidities;
- Nutritionally compromised despite intervention;
- Significant pain issues despite interventions. This restricted effective repositioning;
- Misdiagnosed as a skin tear delaying referral to the tissue viability service;
- Inconsistent skin inspection.

The agreed actions were:

- Local and Trust wide education for staff focusing on categorisation, referral pathway, skin inspection and documentation.

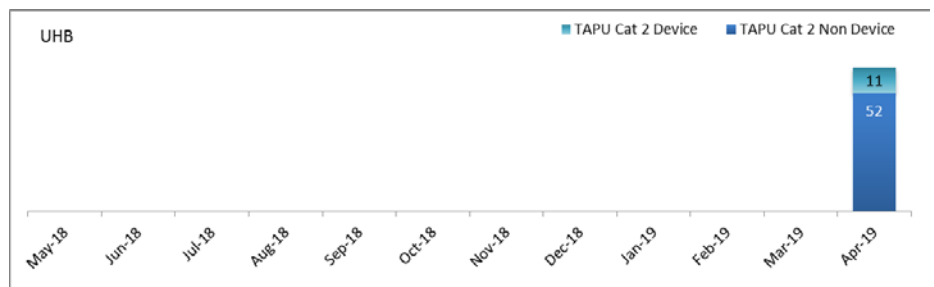
The above themes/actions will be shared with the divisions via the Nursing Incident Quality Assurance Meeting (NIQAM) and the Pressure Ulcer Steering Group.



Number of Trust Acquired Category 3 Pressure Ulcers

### 2.2.3 Trust Acquired Category 2 Pressure Ulcers

There have been 63 Trust Acquired Category 2 Pressure Ulcers reported in April 2019 (52 non-device and 11 device related)

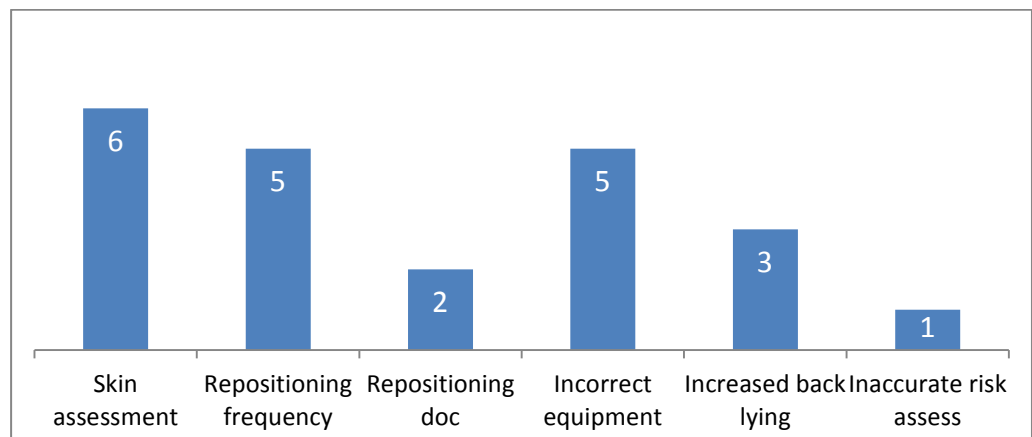


Number of Trust Acquired Category 2 Pressure Ulcers

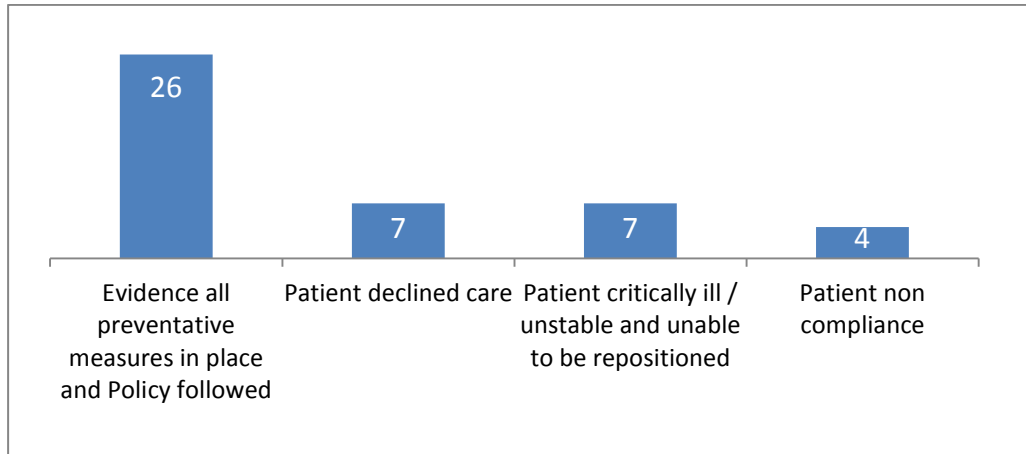
Of the 63 reported pressure ulcers see Figure 1 for lapses in care identified.

Three main themes identified:

- Inaccurate or less than daily skin inspection completed for patients at risk;
- Frequency of repositioning not adequate / effective, repositioning not achieved;
- Incorrect equipment in use prior to the pressure ulcer developing.



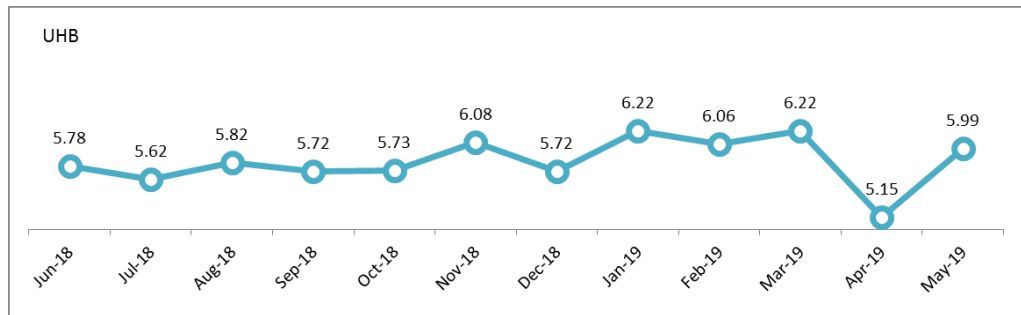
Themes where lapses in care were identified for Category 2 pressure ulcers in April 2019



*Themes where no lapses in care were identified for Category 2 pressure ulcers in April 2019*

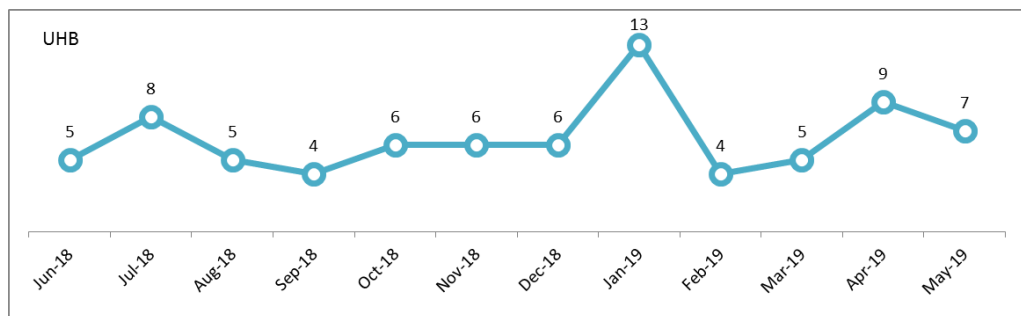
### 2.3 Falls

The Trust falls rate in May 2019 increased to 5.99 falls per 1,000 occupied bed days and is slightly above the Trust year-end target of 5.65.



*Inpatient falls rate per 1,000 occupied bed days*

There were seven falls resulting in severe harm reported in May 2019.



*Number of falls resulting in severe harm*

Site:	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19
QEHB	1	0	3	5	4	3	4	3
BHH	2	1	0	3	0	0	2	1
GHH	2	3	2	4	0	2	3	3
SH	0	1	0	1	0	0	0	0

We are now working towards achieving a 5% falls reduction across the Trust as per the UHB Quality Accounts for 2019/20. In addition we are currently negotiating the terms of the National Falls CQUIN 2019/20 with our Commissioners, which will focus on three high impact interventions:

- Completion of lying and standing blood pressure;
- Documented rationale provided for any anti psychotics, anxiolytics and hypnotics administered; and
- If a walking aid is identified on admission, it is provided within 24 hours of admission.

This will complement the Trusts falls reduction strategy.

### 3. Patient Experience

#### 3.1 Complaints

Responsible Director: Executive Chief Nurse	Care Quality						Target:	85%						2019/20	
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19	April	May
Complaints	156	173	155												
Follow ups	25	15	28												
Response rate	74.5%	*	*												

\*not yet available

The Trust received a total of 155 new complaints in June 2019, a decrease on the 173 received in May. Divisional comparisons cannot be made due to the divisional restructure. The total number of complaints received in quarter one 2019/20 to date (484) represents a reduction of 20 cases compared to the same period last year.

In June at the QEH site, there was an increase in issues around outpatient appointments, patient care and communication (especially communication with relatives), whilst ED/AMU waiting time issues reduced. At BHH, GHH and SH complaints about clinical treatment decreased, as did instances of staff attitude and communication issues following the increases seen in May.

In June 19, a total of 28 follow up complaints were received across the Trust compared to 15 received in May 2019.

The overall Trust complaints response rate against the target of 85% achieving a 30 working day turnaround was 74.5% for April 2019 (latest data available). The most prevalent reason for breaches continues to be delay in receiving medical comments / statements (41% of breaches) with issues arising during the QA process second most (28%).

Patient Relations teams are working through the old divisional cases, and ensuring that any new divisional cases are escalated well in advance to attempt to meet the response rates within the new divisional structure.

### 3.2 Compliments

Month/Site	BHH	GHH	SOL	QEHB	Total
April 2019	43	11	23	131	208
May 2019	22	11	21	102	156
June 2019	22	21	27	177	247
<b>Total</b>	<b>87</b>	<b>43</b>	<b>71</b>	<b>410</b>	<b>611</b>

Examples of some compliments are provided below:

#### BHH

“I had occasion to undergo a medical procedure in your ‘Day Surgery’. Although I felt somewhat uncertain about having to go through the procedure in question, I feel obliged to confess that from the moment I entered the surgery I received outstanding treatment, care, attention and *humour* until the time I departed. I wish to thank all those that got me through what could have been an uncomfortable time: including, Doctors, nurses, auxiliaries and staff.”

#### GHH

“Thank you and well done to all the staff at Good Hope Hospital for 1<sup>st</sup> class care from A&E on Saturday morning and to staff at Dept. Rehab this morning. All I heard while I was waiting was moans (from patients). Really! We are lucky to have the NHS!”

#### QEH

“I would like to thank you from myself and my family for the treatment given to both my father and to all of the friends and relatives who attended the hospital. I would like to highlight the treatment given to my father and his immediate family, the consultant who was attending him treated him and us with the utmost professionalism, compassion and care. The ward staff were also a credit to the hospital, again giving only the best care and compassion.”

#### SOH (Community Palliative Care)

“Thank you for all your help and support you gave to me and my husband during his illness. You was so helpful and supportive, can’t thank you enough for all the good work you do at these sad times. it was good to have someone to talk to god bless you for being so caring and thank you for everything.”

### 3.3 Chaperones

A task and finish group is underway looking at raising the awareness of the role of the chaperone. A question around chaperones has been included in the local patient experience surveys to gain more data around patients' understanding of this role following concerns raised in a small number of complaints.

An action plan is in place which includes a communications plan as well as investigating the potential to use the Optims system to alert that a patient would like a chaperone and also adding specific wording to the standard outpatient letter. Work is underway to understand the existing processes in place in various departments and to identify where chaperones are a core element of care. A risk assessment is being developed and ongoing monitoring is being considered.

### 3.4 Patient Entertainment

The QEHB site is nearing its final year of the patient entertainment contract with Premier for the bedside TV service. The other sites are served by a Hospedia contract that runs until 2026. A task and finish group is underway looking at potential options for patient entertainment in the future. Patients on the QEHB site have been surveyed to understand their views as this is the first contract to end. An options appraisal is being developed.

## 4. Recommendation

The Board of Directors is asked to **RECEIVE** and **DISCUSS** this exception report on the progress with Care Quality.

Lisa Stalley Green  
Chief Nurse  
17 July 2019