

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 26 OCTOBER 2017**

<b>Title:</b>	<b>CARE QUALITY REPORT</b>
<b>Responsible Director:</b>	Michele Owen Interim Executive Chief Nurse
<b>Contact:</b>	Marie Hale Lead Nurse Quality

<b>Purpose:</b>	<p>To provide the Board of Directors with an exception report regarding infection control within the Trust.</p> <p>This report also provides an update regarding the In-patient survey and some of the initiatives underway in the Trust regarding continence and dignity care.</p>
<b>Confidentiality Level &amp; Reason:</b>	None
<b>Annual Plan Ref:</b>	Aim 1. Always put the needs and care of patients first.
<b>Key Issues Summary:</b>	This paper sets out the position for defined aspects of care quality within the Trust and supporting actions to ensure continued improved performance.
<b>Recommendations:</b>	The Board of Directors is asked to receive this exception report on the progress with Care Quality.

<b>Approved by:</b>	Michele Owen	<b>Date:</b> 16 October 2017
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## BOARD OF DIRECTORS THURSDAY 26 OCTOBER 2017

### CARE QUALITY REPORT

#### PRESENTED BY THE INTERIM EXECUTIVE CHIEF NURSE

#### 1. Introduction and Executive Summary

This paper provides an exception report regarding infection prevention and control performance. The paper also provides an update regarding the In-patient survey and action plan and some of the initiatives underway in the Trust regarding continence and dignity care.

#### 2. Infection Prevention and Control Update (exception report)

The annual objective for CDI for 2017/18 is 63 cases or 17.6 per 100,000 bed days (currently around 71 cases). Performance for September 2017 was 2 Trust apportioned (beyond day 0+2), all of which were reportable to Public Health England (PHE) in accordance with Department of Health guidance. In total we have had 37 Trust apportioned CDI cases for the financial year 2017/18, 3 of these were considered avoidable. Based on our current bed rate (per 100,000 bed days) we are presently under our trajectory for CDI. Actions to further improve CDI performance continue with a specific focus on antimicrobial prescribing, choice and duration of use, hand hygiene, timely isolation of patients with diarrhea, improve timeliness of stool specimen collection and improve access to expert review of patients with *C. difficile*.

The annual objective for MRSA bacteraemias is 0 avoidable cases. There were no MRSA bacteraemias reported during September 2017. In total we have had no Trust apportioned bacteraemias reported for the financial year 2017/18 to date.

In relation to ensuring MRSA performance continues to improve, the following key actions are ongoing:

1. A Trust wide hand hygiene programme - promoting hand hygiene across the Trust.
2. Review the use of non-sterile gloves to reduce inappropriate glove use and focus on the importance of appropriate hand hygiene.
3. Ensuring all relevant staff understand the correct procedure for screening patients for MRSA before admission, on admission and the screening of long stay patients.

4. Increase the compliance with MRSA screening across the Trust. This will ensure prompt identification of people who have or are at risk of developing infection so they receive timely and appropriate treatment and management to reduce risk of transmission to other people.
5. Assess and improve use of decolonisation therapy across the Trust. Ensuring the optimal management of all patients with MRSA colonisation and infection, including decolonisation treatment, prophylaxis during procedures, and treatment of established infections.
6. Improve access to expert review of patients who acquire MRSA within the Trust by:
  - MRSA acquisition specialist nurse ward rounds.
  - In line with the new national CQUIN on the reduction of severe infections with a particular focus on the reduction in use of broad spectrum antibiotics and appropriate timely review of antimicrobial prescriptions. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events.
  - Ensure MRSA post infection review investigations are completed and lessons learnt are feedback throughout the Trust

### **3. National Inpatient Survey/Action Plan**

At the July 2017 meeting three patient experience projects suggested by the Patient Experience Group were agreed, these took into account the National Inpatient Survey results, local survey results, quality and nursing priorities. The projects were:

- the well looked after patient
- responding to call bells
- discharge medications being well explained

The Patient Experience Group comprises Deputy ADNs, clinical and non-clinical staff, patient experience team and public representatives (Governors and Patient and Carer Council members).

Following this the initial action plan was presented to the September meeting, outlining the desired outcomes around increasing patient experience scores, involving staff and patients in the projects and ensuring clear expectations/standards for staff. As this is the initial action plan, focus is given to investigation and benchmarking of the issues to identify the improvement actions needed a further update will be given once the groups produce outcomes.

### **4. Continence Care**

This report to the Care Quality Group summarises the Continence Action Group (CAG) activity from April 2017 to September 2017.

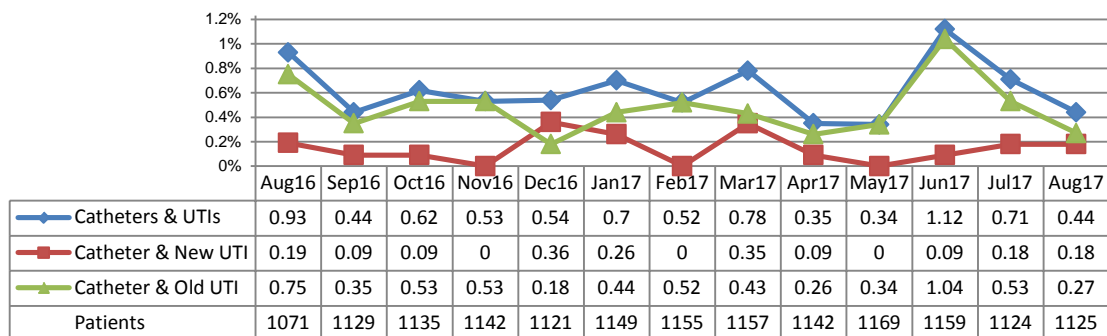
#### 4.1 CAG focus 2017

CAG agreed focus on urinary catheters for 2017.

The Trust continues to be a higher user of urinary catheters within the Shelford Group; however the Trust also continues to have lower prevalence of catheter associated urinary tract infections (UTI's) within the Shelford Group.

#### 4.2 % Catheters with UTI (Urinary Tract Infection)

**Catheters & UTIs: patients with a catheter and a UTI**



#### 4.3 Key areas for action identified in the Trust Urinary Catheter Care Benchmark include:

- Decision making of when to remove a urinary catheter
- Need for a new grading system and RCA process for the review of catheter associated injury
- Reinforcing and supporting standards of urinary catheter documentation
- Focus on education and training

4.4 CAG members recognise that reduction of catheter usage and catheter associated harm are key priorities for the Trust.

4.5 CAG Activity

4.6 Trust wide scope of continence (including urinary catheters), education and training currently available. Identified lots of 'bit-part' training on urinary catheters in various educational forums/study sessions.

4.7 Development and implementation of a nurse led decision flowchart for the removal of urinary catheters.

4.8 In partnership with the Trust Tissue Viability Team, Urology Consultant and Clinical Nurse Specialist, development of a new grading system for

catheter associated injuries (to be launched when the corresponding RCA process is ready to go live).

- 4.9 Development of a new RCA investigation form for catheter associated injuries, draft outline of electronic Datix reporting form (still to be finalised) and RCA process flowchart outlining RCA pathway to be followed currently being piloted in Division D.
- 4.10 RCA investigation to be commenced for hospital acquired level 2 and 3 catheter associated injuries. (No level 2 & 3 harms have been identified; therefore RCA tool being undertaken on level 1 harms).
- 4.11 Facilitated a Trust wide catheter roadshow (28<sup>th</sup> & 29<sup>th</sup> June 2017), with support from the Infection Prevention and Control Team (IPCT), student nurses and catheter product company representatives. This included visiting all inpatient wards with a roving board over two days, capturing 452 members of staff. In addition, information was displayed at educational stands in the Atrium. The IPCT facilitated further publicity via the use of Twitter and News@QEHB article.
- 4.12 Wards and departments continue to be monitored quarterly in terms of their urinary catheter use to enable a more targeted approach for education and support.
- 4.13 Continue to work with the Trust ICPT to address and advise on educational gaps when caring for patients with catheter associated infections.
- 4.14 Education continued to support and inform the Trust's Continence Nurse Educator's activity, including:
  - Supporting a Trust wide continence study day (30<sup>th</sup> May 2017).
  - Identifying and signposting to high use/increased incidence areas to target bedside teaching.
  - Supporting review of patients with catheter associated penile injuries in readiness for new RCA process to be piloted.
  - Ensuring key messages identified by CAG are included in teaching sessions, e.g. a continence session on Tissue Viability link nurse/nursing assistant study days, Division C rolling programme to newly qualified nurses, Continence Champions study days.
  - Supported Trust wide audit of pad usage and relevant documentation.
- 4.15 Future educational work streams include; monthly continence drop-in sessions held by the Continence Nurse Educator and incontinence pad company representative, to be held on each floor for all staff to attend.

#### 4.16 CAG Future Activity

- Continue with urinary catheter focus until 2018.
- Re-launch catheter roadshow November 2017.
- Support pilot of RCA process in Division D, and consider roll out Trust wide towards end of 2017.
- Repeat urinary catheter benchmark towards end of 2017.
- Longer term - PICS – Catheter insertions to be included in “Devices” within new PICS update, with a 7 day review and sign off of all catheters.

## 5 **Dignity in Care**

### 5.1 Dementia

The final results for the Trust following the National Audit of Dementia completed in 2016 have been received. Key findings included:

- Not all patients are being screened for Delirium and the management of patients with Delirium is poor (of note: this was a National finding across all Trusts who participated in the audit).
- Availability of personal information to assist with patient care is not always available or communicated to all relevant staff.
- Carer support and information was variable, with some carers reporting that they had difficulties in obtaining information from staff and being identified as a carer.
- Nutritional needs of people with Dementia, specifically availability of finger foods and access to meals out of hours.
- Staff reported that they would like further training and support with caring for patients with Dementia.

A number of our work streams are already addressing some of the findings e.g. Carer support and information as part of the Carer Strategy Group objectives and actions and the Delirium Group which is looking at management and training.

Dignity staff attended a National Audit of Dementia led Quality Improvement Workshop on October 2<sup>nd</sup> to support the development of an action plan to address some of the key findings.

### 5.2 Delirium

Following on from the National Audit of Dementia, it was shown that as a Trust we need to improve our assessment of Delirium especially with regards to identification and treatment. Actions led by the Delirium Working Group have so far included:

- Pre-assessment clinic staff received teaching on Delirium management, and now provide written information for patients and their relatives about Delirium including what signs to look out for and what to expect if the patient does develop delirium.
- Delirium teaching commenced on Clinical Decision Unit (CDU) during the week of 18<sup>th</sup>- 22<sup>nd</sup> September 2017 by Doctors Thomas Jackson and Sara Ormerod. A total of 16 staff were trained, including medical staff. It is planned that these staff will cascade the information taught to them on spotting delirium to other members of their team. Doctors Jackson and Ormerod are currently determining if more teaching will be delivered on CDU or whether in another clinical area. All attendees of the teaching sessions will be badged as Delirium Champions on the new Royal College of Nursing (RCN) Delirium Webpage.

### 5.3 Learning Disabilities

The Trust, together with Royal Imperial Hospital London, is taking part in a trial learning disability quality check within the Emergency Department (ED). This is in partnership with NHS England and NHS Improvements. The trial will be led by a member of the 'Changing Our Lives' team who has a learning disability and a team member who has experience of health and social care. The focus will be on small improvements that can be made to enhance patient care and experience. The date for the trial has not yet been confirmed.

### **Recommendation**

The Board of Directors is asked to accept this report on care quality.

Michele Owen  
Interim Executive Chief Nurse