

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST  
COUNCIL OF GOVERNORS  
THURSDAY 23 JULY 2020**

<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 end of quarter 1 performance to the COUNCIL OF GOVERNORS
<b>Confidentiality Level &amp; Reason:</b>	NoneBoard
<b>Board Assurance Framework Ref: / Strategy Implementation Plan Ref:</b>	BAF - SR1/19 - Prolonged and/or substantial failure to deliver standards of nursing care  SIP - #3 Provide the highest quality of care to patients through a comprehensive quality improvement programme
<b>Key Issues Summary:</b>	<ul style="list-style-type: none"> <li>• 0 Trust apportioned MRSA bacteraemia</li> <li>• Below trajectory on trust apportioned <i>Clostridioides difficile</i> infection (CDI)</li> <li>• Increased number of device related pressure ulcers as a result of clinical interventions during COVID-19</li> <li>• Increase in falls per 1,000 bed days.</li> <li>• No catastrophic falls, 10 falls with severe harm year to date.</li> <li>• Patient harm and complaints have specifically related to the management of Covid-19, in particular End of Life complaints which will provide a focus for learning for future Covid-19 surges.</li> </ul>
<b>Recommendations:</b>	The COUNCIL OF GOVERNORS is asked to receive and discuss the content of the report.

<b>Signed:</b> Lisa Stalley-Green	<b>Date:</b> 21 JULY 2020
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**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**COUNCIL OF GOVERNORS**

**THURSDAY 23 JULY 2020**

**CARE QUALITY REPORT**

**PRESENTED BY CHIEF NURSE**

**1. Introduction and Executive Summary**

To provide the Council of Governors with an end of quarter 1 report regarding Tissue Viability, Falls and Patient Experience.

During Quarter 1 the Trust managed a significant number of patients who presented with Covid-19. Significant changes were made to focus service resources on managing Phase 1 of the pandemic and ensuring the hospital sites were able to maintain safe services for those patients presenting with Covid-19 and those requiring urgent and emergency care who did not have Covid-19. The Trust has cared for more than 3500 Covid-19 patients to date, more than any other trust in the UK, currently there are still a small number of Covid-19 patients being cared for in the Trust. Local cases are being monitored in partnership with Public Health England as we continue to monitor cases and flex services to respond to the most acute needs in our communities.

The Care Quality Group and the Patient Experience Group for the Trust have continued to meet monthly. The focus on Covid-19 caseload has seen a new profile of harm for patients this includes falls with moderate or low harm and device related pressure damage for patients nursed for prolonged periods in the Intensive Care Units. The Trust has seen a reduction in MRSA cases and C.difficile cases, this may be due to the different patient caseload or may in part be due to enhanced Infection Control practices in the Trust and more widely across the community.

We have seen fewer complaints during this quarter and our response rate has reduced in line with national recommendations to focus capacity on care. The most significant number of complaints relate to End of Life care and at times our inability to predict and facilitate visiting. We are currently reviewing how we can improve in this area given any further surges of Covid-19. We have seen a significant number of compliments about the care provided by or staff to patients, often from loved ones who were not able to visit in person. We have maintained visiting for only the most vulnerable patients and now have in place a visiting Monitoring Group to enable us to make the right decisions to allow people to visit and keep our sites as safe as possible.

## 2. Patient Safety Update

### 2.1 Infection Control

#### 2.1.1 Methicillin-resistant Staphylococcus aureus (MRSA) Bacteraemia

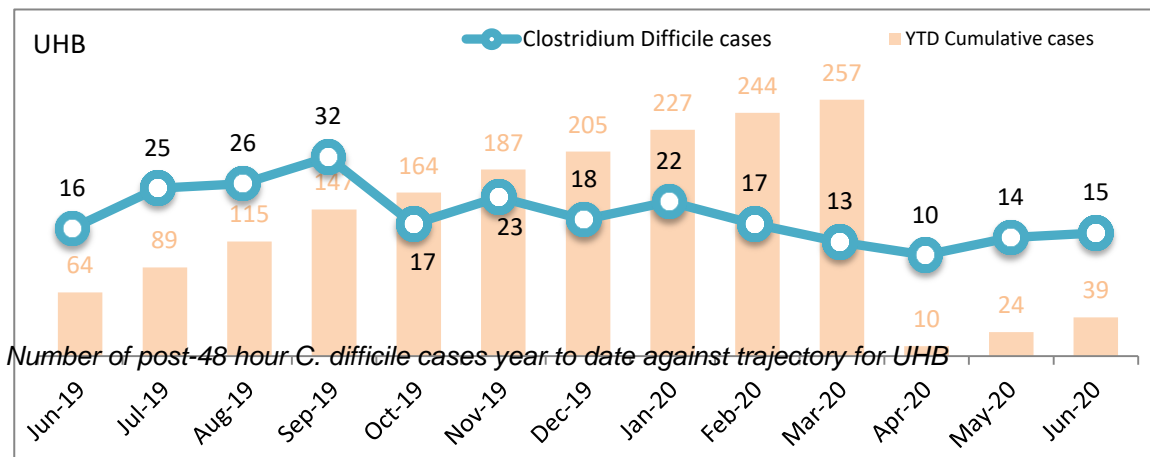
There were no Trust apportioned MRSA bacteraemia identified during Quarter 1 at UHB.

Currently for the financial year 2020/21, UHB have had no Trust apportioned bacteraemia.

#### 2.1.2 Clostridium difficile (C.diff)

The annual objective for *Clostridioides difficile* infection (CDI) for 2020-21 at UHB is 250 Trust Apportioned cases.

Currently for the financial year 2020/21, UHB have had 39 Trust apportioned *C. difficile* which is below trajectory. Antimicrobial stewardship remains the biggest challenge in *C. difficile* prevention. The Trust wide Antimicrobial Stewardship Group is developing its strategic intentions to deliver effective antimicrobial stewardship across UHB.



### 2.2 Tissue Viability

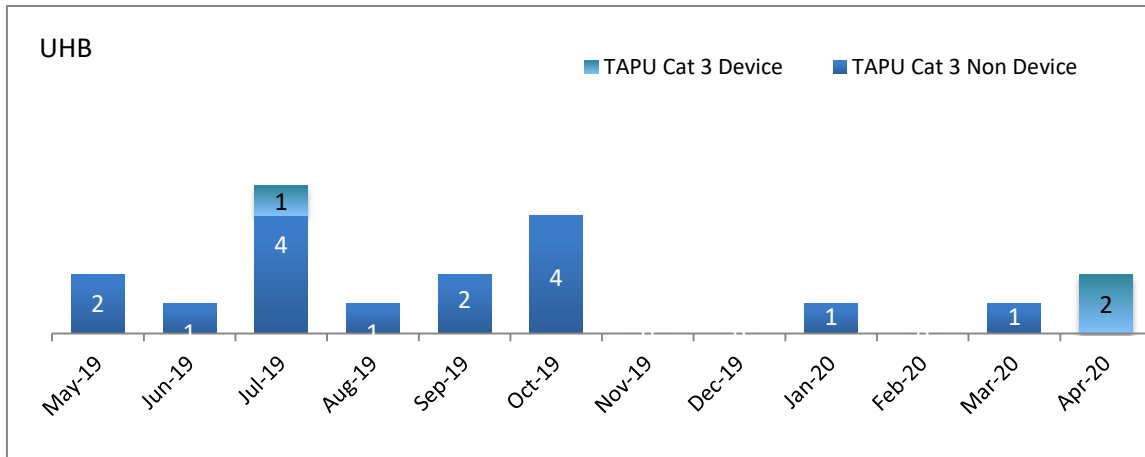
#### 2.2.1 Trust Acquired Category 4 Pressure Ulcers

There were no Trust acquired category 4 pressure ulcers reported in Quarter 1.

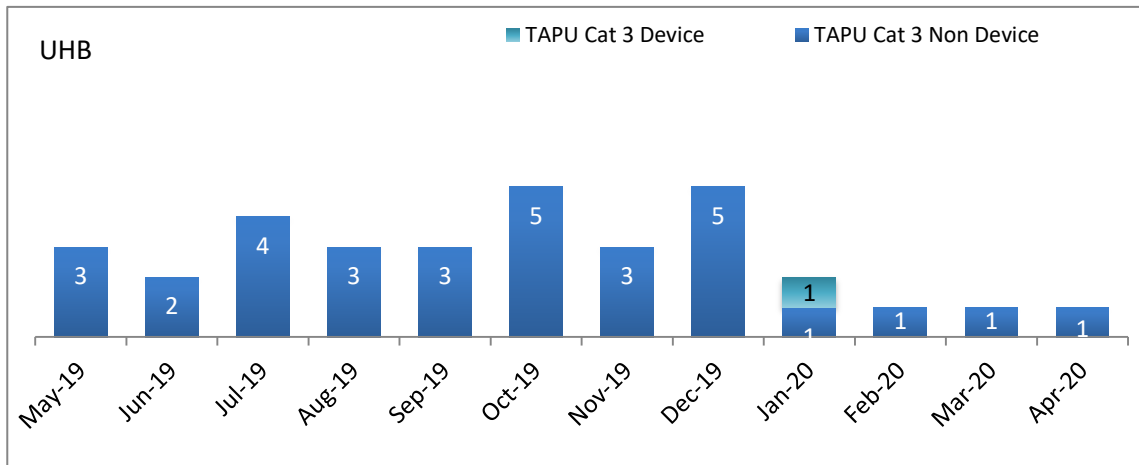
#### 2.2.2 Trust Acquired Category 3 Pressure Ulcers

There were 2 Trust acquired category 3 pressure ulcers reported in April 2020, both were device related. In May 2020 there was 1 category 3 pressure ulcer was reported in Solihull community services, and this

was non device related.



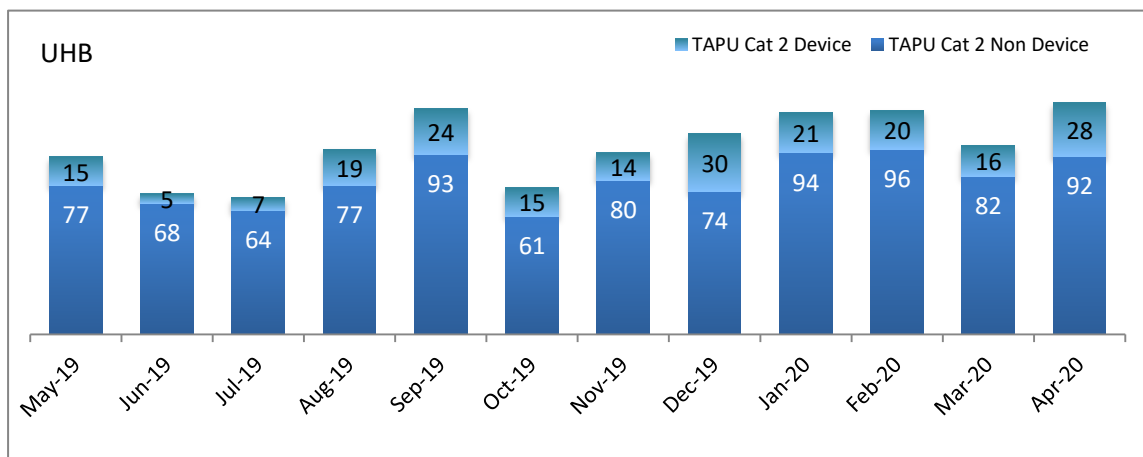
Number of Trust acquired category 3 pressure ulcers for acute hospital sites



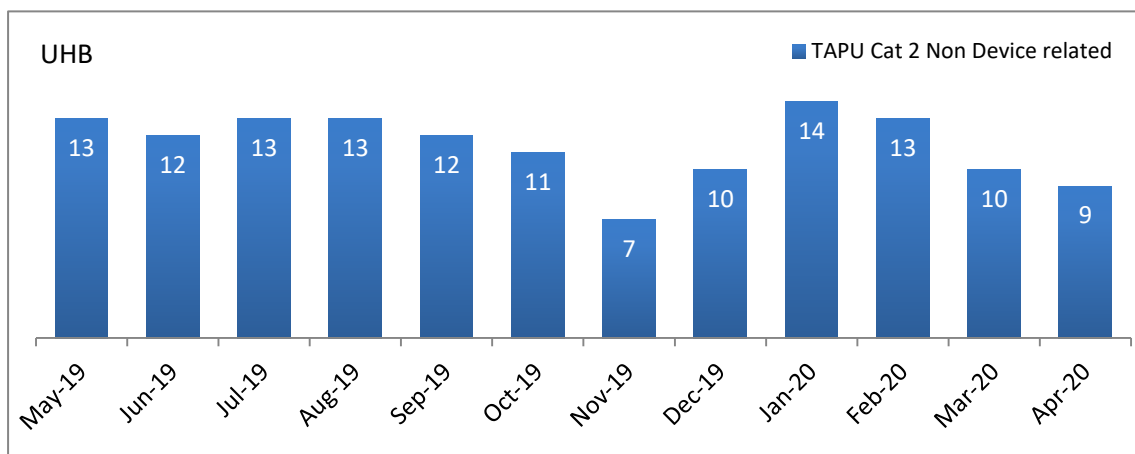
Number of Trust acquired category 3 pressure ulcers for Solihull Community Services

### 2.2.3 Trust Acquired Category 2 Pressure Ulcers

There have been 120 Trust acquired category 2 pressure ulcers reported in April 2020 across the four acute hospital sites (92 non-device and 28 device related), and 9 reported for Solihull Community Services patients (all non-device related).



Number of Trust acquired category 2 pressure ulcers for acute hospital sites



Number of Trust acquired category 2 pressure ulcers for Solihull Community Services

Device related pressure ulcers have increased across intensive care units in April when looking at pressure injury across all categories. The biggest rise has been in mucosal and unstageable ulcers due to the necessity of utilising the prone position for the management of the ventilated COVID +ve patient.

The top themes are:

- Repositioning
- Skin inspection

Whilst these themes remain largely unchanged, analysis of the concise RCAs demonstrated commonalities for the COVID +ve patients these include:-

- High BMI - body shape causing difficulties in positioning, particularly the head and neck
- Haemodynamic instability leading to difficulties in repositioning
- Long periods of being in the prone position
- Inotropes in use
- Low albumin and total protein levels

Actions to address include education and training resources, alternative preventative equipment and intense TN support within the clinical areas.

### 2.3 Inpatient Falls

Falls per 1000 bed days increased to 8.64 in May due to the decreased number of bed days and number of inpatient falls in comparison. The overall number of patient falls reduced in March, April and May, however not so much in line with the reduction in bed days. Therefore the falls rate significantly increased. We saw patients aged between 50-60 years falling more, and a reduction in patients aged over 70 years falling. This was because; we saw a

reduction in length of stay (LOS) during April specifically, where fallers over the age of 70 years had on average a LOS of less than 2 weeks compared to a normal month where 70% of this patient group were having LOS longer than 2 weeks; we saw an increased focus on patient pathways during April with 7 day consultant cover, often twice daily ward rounds, along with 7 day Therapy cover which was supporting a reduced length of stay. In addition 'Ask Opal' were both streamlining admissions, directing some patients to community services and avoiding unnecessary admissions, whilst initiating early interventions for our older adults who were admitted.

Falls resulting in severe harm in response significantly reduced in April and May. Patients aged 50-60 who fall are less likely to suffer a severe injury than patients over the age of 70 years who fall. In addition we reduced the likelihood of patients deconditioning whilst in hospital, reducing their risk of further falls, due to their LOS being considerably reduced.

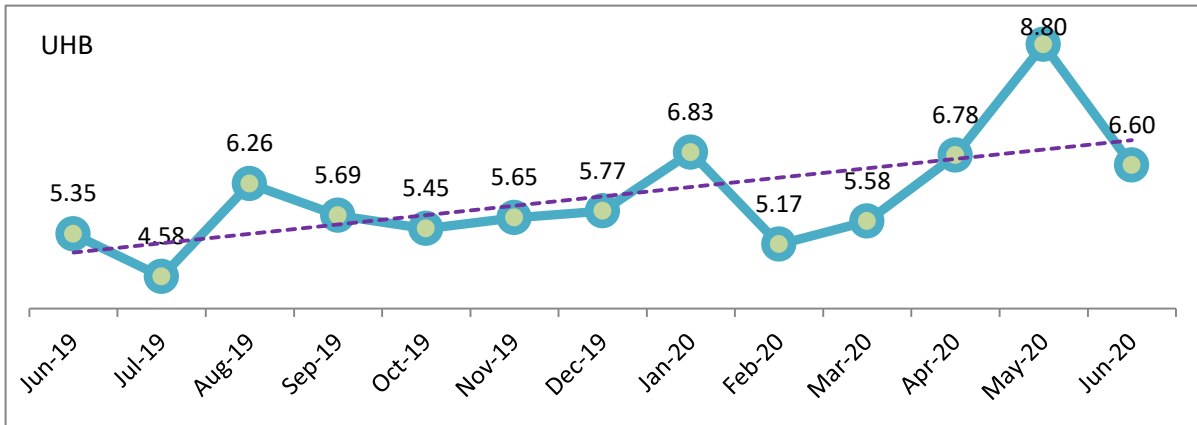
Covid related symptoms accounted for a large proportion of the falls, specifically in the age group of 50-60 years. Falls Datix showed that many of these were sudden collapses, and staff from both nursing and Therapy teams have consistently reported how unpredictable they were in nature. Therapy leads have reported that this made prioritising patients a challenge, where patients appeared to be fine initially but suddenly deteriorated, and priority was given to patients demonstrating a greater clinical need for Therapy support. We saw many patients both confused and with capacity who were not able to tolerate face masks for oxygen therapy, and were in response collapsing from respiratory arrest due to repeatedly removing their masks. And then there were falls related to themes that we normally see; frailty, history of previous falls, and patients with multiple co-morbidities, specifically cardiac.

For June we have seen a turnaround yet again but in the direction of the Trust's previous falls performance; falls per 1000bd have fallen to approximately 6.48 (awaiting final figures) and the number of severe harms rose to 6. This is in response to; reductions in Covid admissions and increase in usual cohorts of patients, and a Trust wide move to resuming usual ways of working; 5 day Therapy cover with weekend priority given to respiratory issues, discharges, and patients whose condition would deteriorate if they were not reviewed; we are seeing a return to weekend on-call cover, and resources are not yet available to increase the capacity of a Trust wide Ask Opal service. For these reasons we are seeing a return to pre-Covid falls performance.

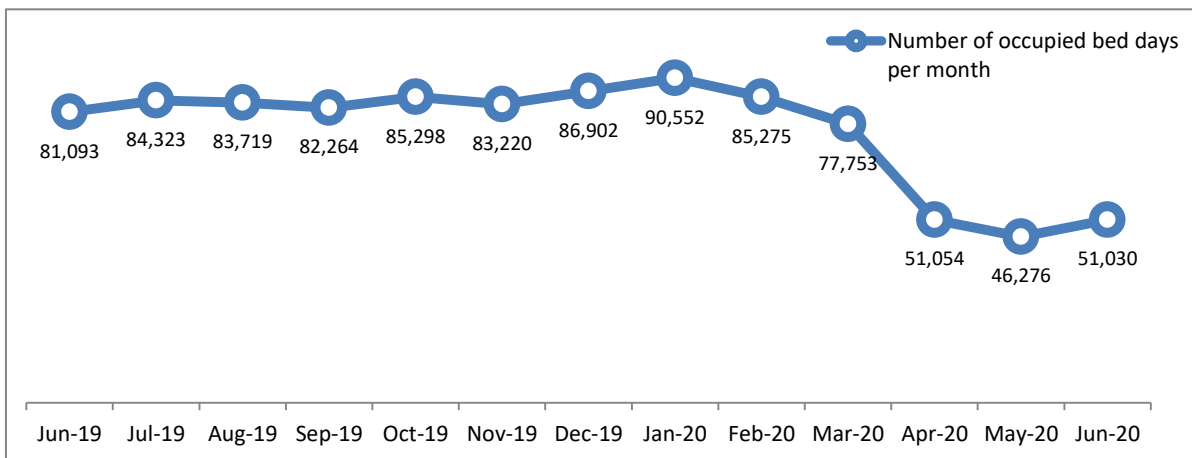
The impact on falls during the last 3 months, and the interventions that have impacted upon them have been fed back to the Geriatrician teams, Therapy leads, and Divisional Nursing leads via the Operational Quality Assurance Group, whilst also being shared in previous Care Quality Reports, with the aim of informing discussions and decisions at Board and Divisional level in regards to how sustainable the above interventions might be going forward.

The falls team are; supporting clinical teams following ward moves where falls prevention becomes an increased challenge due to changes in environment;

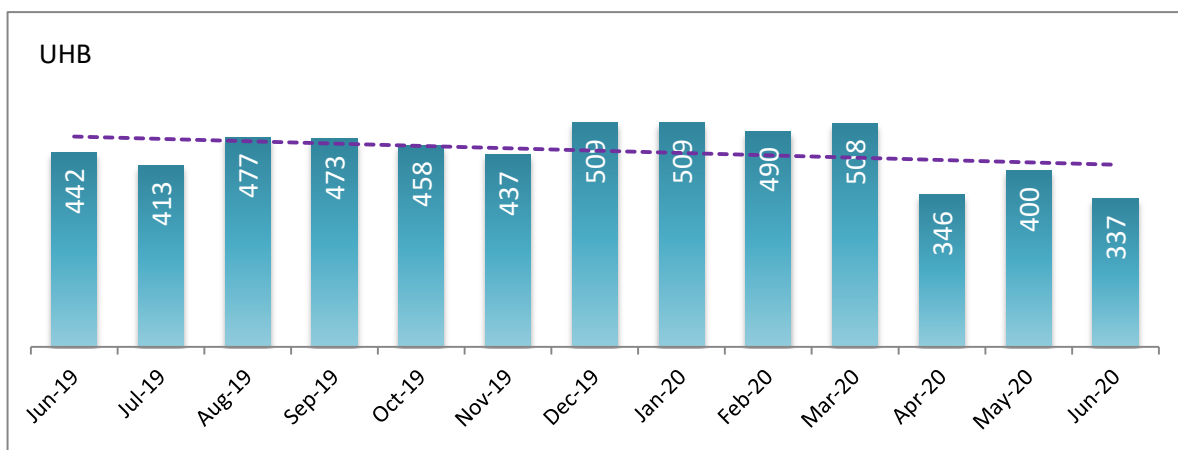
adding Covid as a risk factor to all falls risk assessments in use; setting up Divisional wide falls forums to increase sharing or learning from falls, increase awareness on falls prevention and management that is specific to specialities, and further bolstering falls awareness and relations in general; are reviewing falls services against the NICE guideline baseline tool, where any residual gaps in service can be highlighted and addressed; and are redesigning the falls education and training in order to reach further and wider across clinical teams.



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

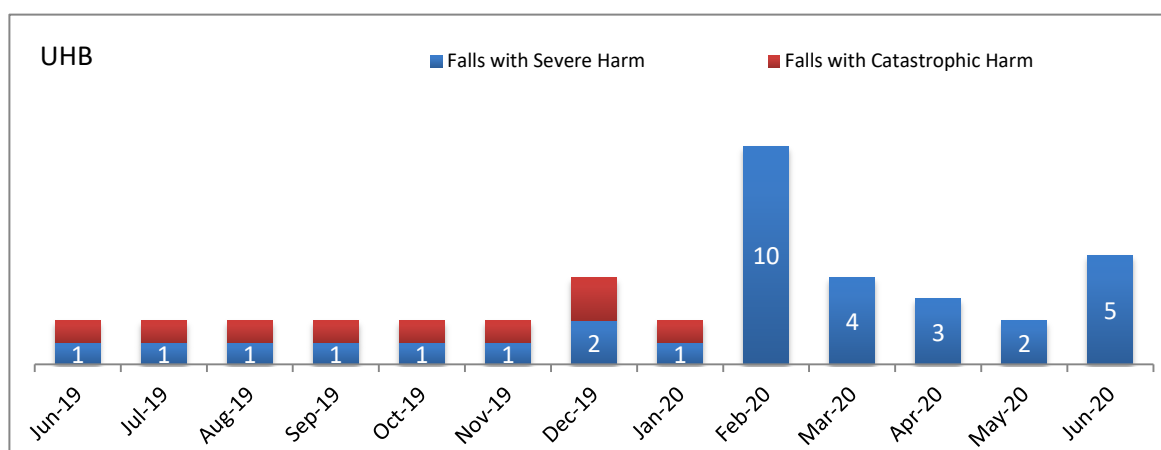


*Total number of occupied bed days per month*



### Number of inpatient falls

There were two falls resulting in severe harm reported in May 2020, none of these were catastrophic. There was an increase in falls with severe harm during June where there were 5, none were catastrophic.



### Number of falls resulting in severe and catastrophic harm

## 3. Patient Experience

### 3.1 Complaints

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
<b>Complaints</b>	145	148	137	184	155	132	143	162	105	54	65	104	<b>223</b>
<b>Follow ups</b>	20	26	21	27	23	16	13	18	14	5	12	28	<b>45</b>
<b>Trust Response rate %</b>	71.6	87.4	84.8	73.8	74.6	82.8	84.2	56.4	18.5	*	*	*	

\*not yet available

CCG response KPI	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Commissioner-led	n/a	100%	100%	100%	100%	100%	n/a	n/a	100%	n/a	*
Non-commissioner	81.6%	95.8%	100%	99.3%	97.3%	100%	99.2%	100%	100%	100%	*

\*not yet available

The Trust received a total of 104 new complaints in June compared to 65 in April, reflecting a return to something like 'normality' in terms of complaints. For context, 155 new complaints were received in June 2019.

Division 3 continues to receive the most complaints, with the greatest number received for Emergency Medicine and Older People's Services. The main issues raised through complaints received in June 2020 were clinical treatment (especially delays in treatment) and communication (especially with relatives). Aspects of COVID-19 featured in some complaints, especially around the treatment of patients with COVID-19, delays in other treatment due to the impact of COVID-19 and communication with relatives.

In June, 28 follow-up complaints were received, compared to 12 in May, as



complaints return to more 'normal' levels. For context, 28 follow-up complaints were also received in June 2019.

Following the move to a tiered response target for complaints based on complexity on 1 April 2020, the longer timescale for more complex cases means final response performance figures for April's complaints onwards will take longer to finalise. At the time of compiling the report, performance for April's cases was in the range of 67.3 per cent to 75.5 per cent of cases meeting the agreed target date. This demonstrates a significant improvement on the 18.5 per cent performance for March's cases. The national complaints pause was lifted at the end of June 2020.

The tiered response rate will also impact on the timing of the CCG response KPI data, although the sustained performance above target is expected to be maintained.

As part of the recovery of the complaints service and following discussion at the Patient Experience Group in June, meetings with patients/relatives are starting to be offered where appropriate, with the Vidyo facility being the preferred option, following discussion with Information Governance, although face to face meetings can be facilitated, if required, following review of the arrangements and associated precautions by the Health and Safety team.

### 3.2 Compliments

<b>Month/Site</b>	<b>BHH</b>	<b>GHH</b>	<b>QEHB</b>	<b>SOL</b>	<b>Total</b>
April 2020	8	16	77	11	112
May 2020	39	19	54	22	134
<b>June 2020</b>	<b>17</b>	<b>13</b>	<b>72</b>	<b>8</b>	<b>110</b>
<b>Q1 2020/21</b>	<b>64</b>	<b>48</b>	<b>203</b>	<b>41</b>	<b>356</b>

Examples of compliments are provided below:

#### Birmingham Heartlands Hospital

"I would like to convey my thanks to all the staff on Ward 5 who made my stay here as comfortable as possible. A lot of issues occur throughout the day with various patients and it is a joy to watch how the staff deal with these. Staff who really stood out were Noel and Freddie on the night staff and Edwin the nurse on the day staff. Well done!"

#### Good Hope Hospital

"My father has been an inpatient on Ward 23 and I would like to highly commend the whole staff in the way he was treated whilst there. Owing to the COVID restrictions we were not able to see him during this time but the communication with the staff was brilliant; they listened to our concerns and came up with solutions for everything with great kindness and empathy. I cannot praise them enough. Thank you Ward 23!"

#### Queen Elizabeth Hospital

“To all the staff on 407 who looked after me in room 1 & Andre the consultant who did my operation. Thank you so much, you guys made my stay here the best it could be under the circumstances. You guys were extremely helpful, caring and reliable .You were all amazing and I just wanted to say a massive thank you! Each and everyone of you are a credit to the NHS, without you guys I wouldn't of had all the care and support”

### Solihull Hospital

“I would like to thank you for all your help in looking after my late husband [patient name removed] during his illness over the last few years. Your kindness was very much appreciated. I hope you all stay safe during these challenging times”

### 3.3 Friends and Family Test (FFT)

National reporting of FFT remains suspended; three months' notice of restart will be given and the Trust is putting plans in place to relaunch the Friends and Family Test safely across all areas.

As the Emergency Department Friends and Family Test is primarily SMS text based, this has continued at usual levels during COVID-19 with increasingly positive results being received. The Trust has seen its positive recommendation rise from 72% in February, 80% in March, to 90% in April. May remained at a high level seeing 89% positive recommendation for the Emergency Departments.

### 3.4 Visiting monitoring group (COVID-19 response)

The first visiting monitoring group was held on 10 July, with all attendees engaged in lively participation pertaining to how the Trust facilitates interaction between patients and families going forward.

The table below shows the numbers of feedback around visiting for June from complaints, PALS and incidents. Key themes from families relate, in the main, to difficulty in getting updates and general concerns around not being able to visit.

	QE	BHH	GHH	SH	TOTAL
Complaints (June)	1	1	3		5
PALS (June)	7		1		8
Incidents (from mid June)	2	1		1	4
TOTAL	10	2	4	1	17

Intelligence from patient experience comments relating to visiting (Q1) was largely positive (84.2%) reflecting on care and how the organisation is managing the situation. “Exceptional”, “over and above” and “compassion, respect and dignity” were common words/phrases used by patients and relatives in this feedback. Whilst most of the reflections were positive, words such as “alone”, “scared” and isolated” were also evident.

Key actions from the first meeting include:

- site representatives to reinforce to matrons the requirements for wards to maintain contact with relatives to provide updates and to make use of the tablets and phones provided for patients to interact directly
- site representatives to discuss the visiting guidelines with matrons to ensure that these are being followed on the wards, with discretion as appropriate
- Reinforcement of the education provided around the outpatient letter template, as some reports from patients of still receiving instructions to bring someone with their to the appointment
- Consideration to be given to the use of iPads at scan appointments

The meeting is scheduled to take place every two weeks to ensure that swift action can be taken on any issues or changes in direction.

## **5. Recommendation**

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

**LISA STALLEY-GREEN**  
**CHIEF NURSE**  
**21 JULY 2020**

