

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
THURSDAY 20 FEBRUARY 2020**

Title:	PATIENT CARE QUALITY REPORT	
Responsible Director:	Lisa Stalley-Green, Chief Nurse	
Contact:	Hayley Flavell, Deputy Chief Nurse, 12416	
Purpose:	To present an update to the Council of Governors.	
Confidentiality Level & Reason:	None	
Strategy Implementation Plan Ref:	#3 Provide the highest quality of care to patients through a comprehensive quality improvement programme	
Key Issues Summary:	<ul style="list-style-type: none"> • There were two Trust Apportioned MRSA bacteraemia identified during December at UHB. Both are currently going through the PIR process. • There have been 18 Trust apportioned cases of <i>Clostridium difficile</i> infection. This was a slight decrease in the numbers compared to November. • There were no Trust acquired category 4 pressure ulcers and no Trust acquired category 3 pressure ulcers. • The inpatient falls rate increased in month. Year to date performance is below trajectory. • Small improvement in complaints response performance at 74.6% for November's cases. • The December Patient Experience Group meeting was given over to strategy development. Further strategy development work has been undertaken with the Chief Nurse Senior Leadership Team and Patient, Carer and Community Councils. A draft strategy will be taken for discussion at PEG in April for onward agreement at Care Quality Group and Board in May. 	
Recommendations:	The Council of Governors are asked to receive and discuss the content of the report.	
Signed: Lisa Stalley-Green	Date: 13 February 2020	

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COUNCIL OF GOVERNORS

THURSDAY 20 FEBRUARY 2020

PATIENT CARE QUALITY REPORT

PRESENTED BY CHIEF NURSE

1. Introduction and Executive Summary

To provide the Council of Governors with a report regarding Infection Control, Tissue Viability, Falls and Patient Experience. This report has been discussed at the February 2020 Care Quality Group.

2. Patient Safety Update

2.1 Infection Prevention and Control

2.1.1 Meticillin-resistant Staphylococcus aureus (MRSA) Bacteraemia

There were two Trust Apportioned MRSA bacteraemia identified during December at UHB. Both MRSA bacteraemia are currently being investigated through the Post Infection review process. One MRSA bacteraemia was taken on ward 6 at Heartlands Hospital two days after admission. Currently no source of infection has been identified, the patient was known to be colonised with MRSA on admission but had no recent admission to the Trust. The other MRSA bacteraemia was taken on ITU. The patient was a complex dermatology patient with pustular psoriasis with previous *S. aureus* bacteraemia. The blood culture was taken three days after admission. The patient presented septic on admission so learning has been identified around timely blood cultures.

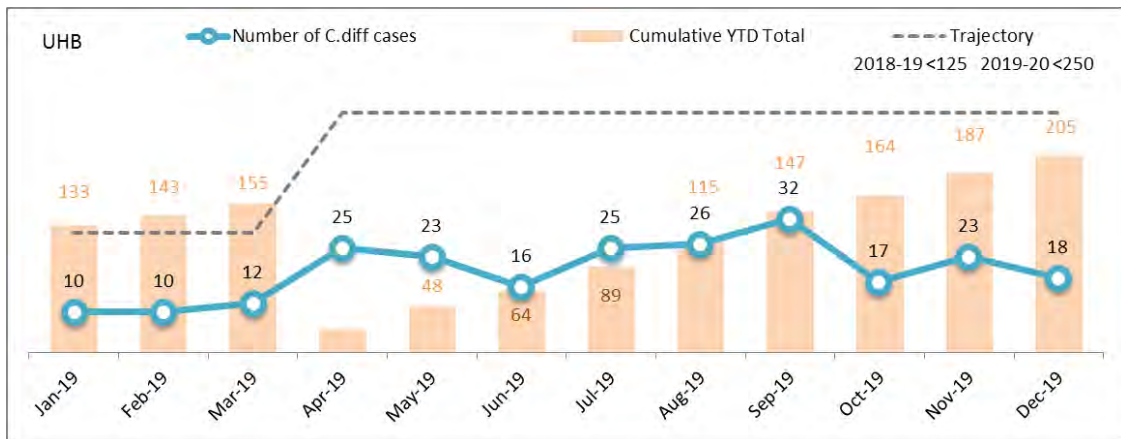
Currently, for the financial year 2019/20, UHB have had nine Trust apportioned bacteraemia. A common theme of learning for these cases includes antimicrobial prescribing, which has been fed into CQMG and the Trust Antimicrobial Steering Group. Other learning includes screening appropriately for MRSA, documentation around devices and prevention of surgical site infection. Screening education has been disseminated around the Trust. A new Trust wide IV-line group has been formed to develop a standardised strategy for the management of IV lines, the first meeting will be held within the next month. Learning from the MRSA bacteraemia cases has been presented to CQMG.

2.1.2 Clostridium difficile (C.diff)

The annual objective for Clostridium difficile infection (CDI) for 2019-20 at UHB is 250 Trust Apportioned cases. In December, UHB have had 18 Trust Apportioned cases. This was a slight decrease in the numbers compared to November.

Part of the overarching NHSI action plan and impending visit has focused on nurse cleaning in ED and AMU across the Trust. This work will have resulted in a reduction in the numbers of C. difficile cases during December.

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.



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

2.1.3 Update on Coronavirus

A new key priority is Trust preparedness for the evolving novel coronavirus (2019 nCov) situation, following the large outbreak in China. Daily executive level strategic meetings are being held and operational table top exercises undertaken, with expert infection specialist input, to ensure robust management plans are in place at all sites to optimise the safety of our patients, staff and the public.

2.1.4 Update on Influenza Campaign

This year's flu campaign was developed and designed by a multi-professional group with representatives from all Divisions within the Trust.

A successful communications campaign was launched in September 2019 to start the programme, using the branding #ProtectUHB.

A delivery plan was supported across all four hospital sites and Community Services. Early uptake was excellent, however due to national supply problems, there was a four-day period whereby vaccines were unavailable. Since then we have shown steady progress with uptake.

There are a total of 15,071 staff members identified as being front-line staff out of a total workforce of 20,455. The aim of this year's flu campaign was for maximum coverage, regardless of staff designation.

The campaign continues, and the Trust will continue to vaccinate until March 2020. The hope is that the Trust will achieve 80% coverage of all front-line staff. To date we have vaccinated 12,540 staff and, although we have not yet met the 80% trajectory, the Trust has vaccinated more staff than any other trust regionally.

Every Trust was required to complete a self-assessment flu vaccination best practice management checklist at the start of this year's campaign to ensure all lessons learned from previous campaigns were factored into our planning process. Please see Appendix 1 of this document.

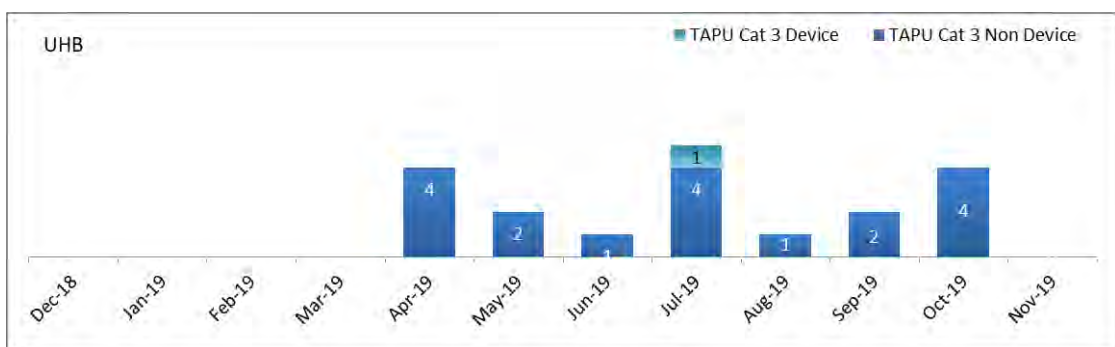
2.2 Tissue Viability

2.2.1 Trust Acquired Category 4 Pressure Ulcers

There were no Trust acquired category 4 pressure ulcers reported in November 2019, and three reported year to date (all non-device related).

2.2.2 Trust Acquired Category 3 Pressure Ulcers

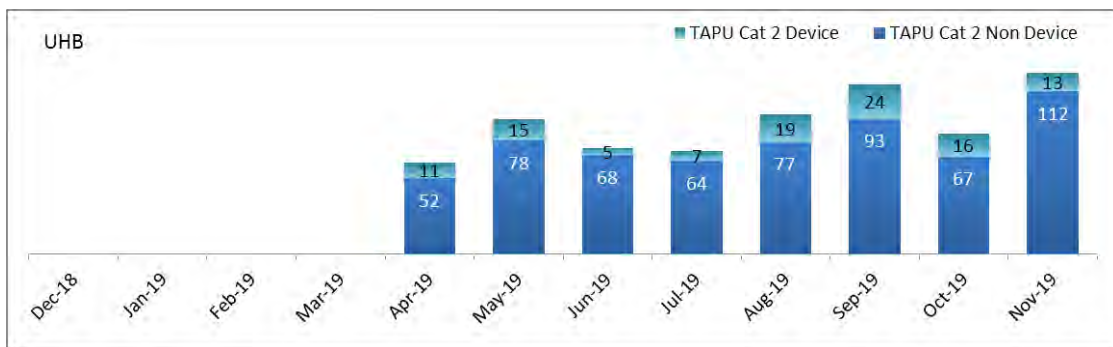
There were no Trust acquired category 3 pressure ulcers reported in November 2019.



Number of Trust Acquired Category 3 Pressure Ulcers

2.2.3 Trust Acquired Category 2 Pressure Ulcers

There have been 125 Trust Acquired Category 2 Pressure Ulcers reported in November 2019 (112 non-device and 13 device related).



Number of Trust Acquired Category 2 Pressure Ulcers

There appears to have been an increase in category 2 pressure ulcers in November, however a themed review of incidents is in progress and it has become clear that a number of these incidents are still awaiting validation as part of the RCA process and are not Trust Acquired pressure ulcers. Once the validation process has been completed, the data will be updated accordingly. The Tissue Viability team are working closely with the Planning & Performance Manager to ensure robust and accurate data reporting.

A thematic review has highlighted some changes required to the concise RCA document to illicit the thematic information required.

Themes emerging from the RCAs are:

- Frequency of repositioning / documentation of repositioning;
- Missed / inaccurate skin inspections;
- Preventative strategies not identified and therefore not implemented.

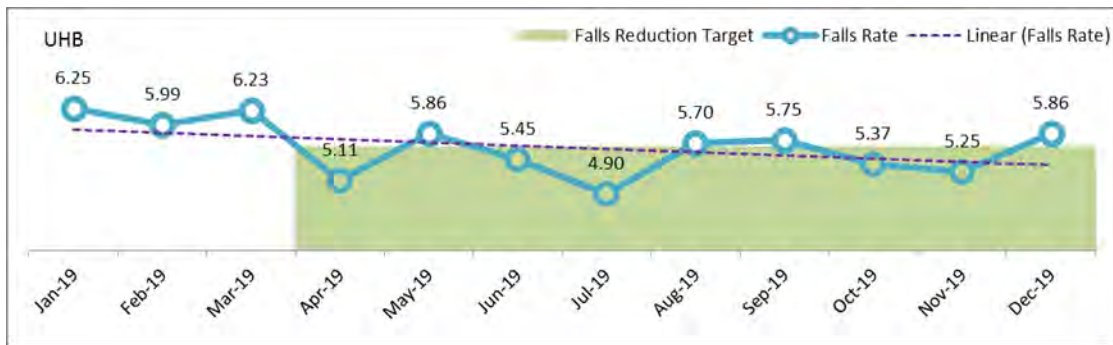
Actions:

- A Quality Improvement (QI) project is being developed to implement a new methodology to introduce and embed the MOVED strategies into ward areas.
- The Tissue Viability team are developing a MOVED resource pack. This is aimed at ward managers and matrons and includes information and supportive resources to start their MOVED campaign. Divisional TVNs will support implementation.

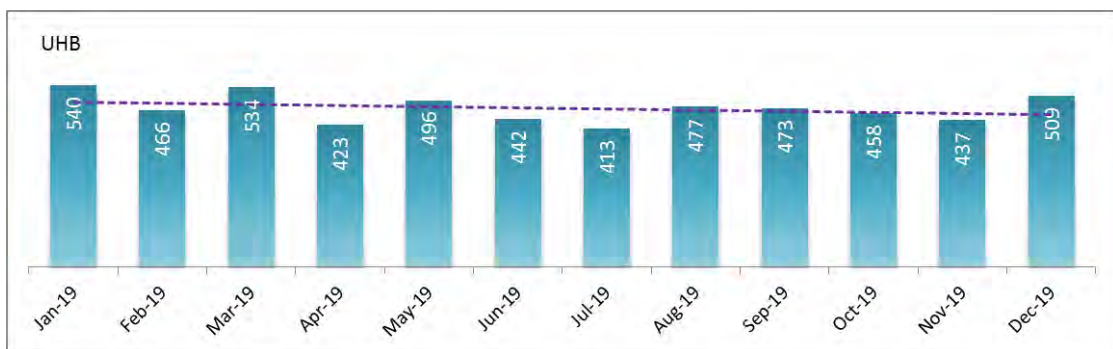
2.3 Inpatient Falls

The Trust inpatient falls rate increased in December 2019 to 5.86 falls per 1,000 occupied bed days which is above the Trust target of 5.65. The trend line for the previous 12 months shows that performance is improving.

The number of inpatient falls also increased in December 2019 to 509 falls. The trend line for the previous 12 months shows that the number of inpatient falls is reducing.

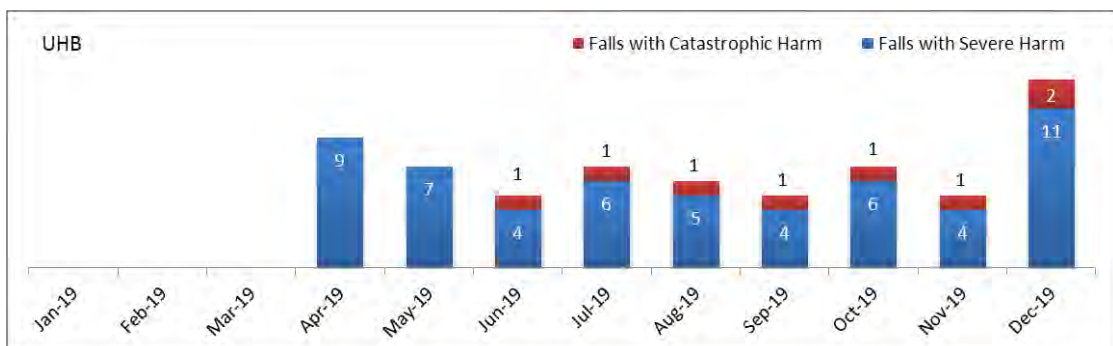


Inpatient falls rate per 1,000 occupied bed days



Number of inpatient falls

There were 13 falls resulting in severe harm reported in December 2019, two of these were catastrophic.



Number of falls resulting in severe and catastrophic harm

A deep dive has been conducted into the falls graded as severe / catastrophic in December 2019 (excluding one fall where we are waiting for further detail in regards to the fall).

Despite the degree of variation in circumstances in how these patients fell, the common themes are:

- Presence of Frailty (ten patients have a past medical history of mobility impairment / dependency requiring additional support with activities of daily living (ADLs);
- History of previous falls (eight patients had fallen previously within the last 12 months);

- Receiving medications that can increase the risk of falling / sustaining a severe harm (nearly all of the patients, ten out of the 12, were on vital medications that have side effects which in turn increased their risk of falling)

Key areas of focus:

- Continue to support speciality teams in identifying speciality specific falls risk factors, eg., oncology / haematology / liver services where treatment levels of anticoagulation is more prevalent, and implementing interventions to improve risk identification and falls prevention. In addition scope what the Trust Anticoagulation nurse teams provide in terms of patient education/information;
- The Falls Steering Group are looking into a more robust alert system to ensure Therapy focus is directed to the high risk patients considered most frail (e.g., review of falling man icon on PICS). Some wards consist of every patient being at risk of falls which creates difficulty for Therapy staff to determine which patients to prioritise first;
- Continue to work with Pharmacy looking at how we ensure routine medication reviews are consistently undertaken, for patients who are receiving medications that increase their falls / falls with harm risk.

3. Patient Experience

3.1 Complaints

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	YTD	Feb	Mar
Complaints	156	173	155	145	148	137	184	155	132	143	1528		
Follow ups	25	15	28	20	26	21	27	23	16	13	214		
Response rate %	74.5	61.6	55.4	71.6	87.4	84.8	73.8	74.6	*				

*not yet available

The Trust received a total of 143 new complaints in January 2020 compared to 132 in December 2019. Division 3 continues to receive the most complaints, with the greatest number received for Emergency Medicine and Acute and Short Stay Medicine. The total number of complaints received in 2019/20 to date (1528) represents a reduction of 82 cases compared to the same period last year.

In January the main issues raised through complaints related to clinical treatment, communication, staff attitude, patient care and appointments.

There was a further reduction in follow up complaints received with 13 being received in January compared to 16 in December. The total number of follow ups received in 2019/20 to date (214) represents a reduction of 22% compared to the same period last year.

There was a small improvement in response performance at 74.6% for November's cases compared to 73.8% for October's complaints. This is still below the Trust internal target of 85%. Further steps have been taken in terms of the active monitoring of the progression of individual cases at a senior level, as they near their due date and ensuring cases are appropriately escalated on a timely basis to help maximise the number being responded to within the target period.

The CCG contractual response performance KPI of 90% of cases responded to within the timeline agreed with the complainant (in place since July 2019) continues to be exceeded.

CCG response KPI	Apr	May	June	July	Aug	Sept	Oct	Nov
Commissioner-led	100%	0%*	n/a	100%	100%	100%	100%	100%
Non-commissioner	96.1%	80%	81.6%	95.8%	100%	99.3%	97.3%	100%

* relates to just one complaint

3.2 Compliments

Month/Site	BHH	GHH	SOL	QEHB	Total
Q1 2019-20	87	43	71	348	549
Q2 2019-20	108	54	89	519	770
Q3 2019-20	82	43	91	426	642
January 2020	21	26	11	160	218
Year to date total	298	166	262	1453	2179

Examples of some compliments are provided below.

Birmingham Heartlands Hospital

"I would like to express my thanks to the staff of the ward for their high standard of professionalism during my time in their care. It was clear that the staff were under considerable time pressure at all times, yet they remained cheerful, pleasant and good humoured in dealing with all aspects of patient care. It takes a very dedicated type of person to operate in that way."

Good Hope Hospital

"Just want to say a massive thank you to the porters/nurse assistants to the paramedics to the nurses/doctors to the surgeons, my experience of care has been amazing especially my nurse who looked after me yesterday in Day Care Unit who was extremely attentive and her care was outstanding. Thank you now for my speedy recovery."

Solihull Hospital

“What an amazing service. Caring, compassionate and professional, everything that the NHS stands for and a shining example of how it should be.”

Queen Elizabeth Hospital

“Today was my first visit to Queen Elizabeth Hospital. I am very impressed with the cleanliness and welcoming environment I experienced. All staff I came into contact with were very helpful and put me at ease. The department is very well run and I had minimal waiting time. Please pass on my thanks to your staff for doing such a good job.”

3.3 Patient Experience Strategy Development

The December Patient Experience Group meeting was given over to strategy development. This was attended by representatives from Council of Governors, nursing, therapy and facilities leads as well as patient experience team members.

The output of group exercises included overarching themes of ‘leadership and culture’, ‘practical patient experience’, ‘projects and improvements’, ‘engagement and involvement’ and ‘carers’. Further strategy development work has been undertaken with the Chief Nurse Senior Leadership Team and Patient, Carer and Community Councils. A draft strategy will be taken for discussion at PEG in April for onward agreement at Care Quality Group and Board in May. It is scheduled to be presented at a Council of Governors seminar in June 2020.

3.4 National Survey of Women’s Experiences of Maternity Care 2019

Results of the 2019 survey of women’s experiences of maternity care were published on 28 January 2020. One hundred and forty three women, who had given birth in February 2019 and met the sampling criteria, responded to the survey; 24% (23% in 2018) versus a national average of 37%

The Trust results were disappointing again for 2019 and again saw the Trust appearing in the outlier report, this year as ‘much worse than expected’, when results across all trusts/questions were analysed simultaneously.

The Trust results published by the CQC only included the three labour and birth sections of the report: your labour and birth, staff caring for you and care in hospital after the birth. The sections for antenatal check-ups, during your pregnancy, feeding your baby and care at home after birth have been excluded from the UHB results due to attribution data not being submitted confirming that the women sampled received this care at the Trust.

Of the three sections reported, two were in the 'worse' than others band: staff caring for you (decreased from 8.3 to 8.0 year on year) and care in hospital after the birth (scored 6.7 in 2018 and 2019).

Individual questions in the 'worse' than others band were:

Labour and birth (0)
Staff caring for you (3)
Did staff treating and examining you introduce themselves?
If you raised a concern during labour and birth, did you feel it was taken seriously?
After your baby was born, did you have the opportunity to ask questions about your labour and birth?
Care in hospital after the birth (2)
Were you given the information and explanations you needed?
Were you treated with kindness and understanding?

On a positive note, all of the questions in the 'worse' category for 2018 in these sections were no longer in that banding.

A local maternity survey is being introduced in order to better track improvements and a full report and action plan is going to the February 2020 Patient Experience Group.

4. Maternity Update

4.1 NHS Resolution – Maternity Incentive Scheme Year 3

NHS Resolution is operating a third year of the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme to continue to support the delivery of safer maternity care.

The maternity incentive scheme applies to all acute trusts that deliver maternity services and are members of the CNST. As in year two, members will contribute an additional 10% of the CNST maternity premium to the scheme creating the CNST maternity incentive fund and, the scheme incentivises ten maternity safety actions. Trusts that can demonstrate they have achieved **all** of the **ten** safety actions will recover the element of their contribution and will also receive a share of any unallocated funds.

Work has started towards achieving this; however there is a significant amount of work required as the amount of evidence required this year is substantially more than previous years, which will require support from Trust Board. The following update on continuity of care and Safety Champions provide evidence for this.

4.2 Continuity of Care

“Better Births: improving outcomes of maternity services in England – A five year view of Maternity Services” was published on 22 February 2016. This was followed by a Cochrane review both recommending that providing a continuity of carer model to pregnant women improves clinical outcomes ensuring care is safe, clinically effective and affords a good experience for women and their families as well as midwives. Findings include that women who receive continuity of carer are:

- 16% less likely to lose their baby at any stage of pregnancy
- 19% less likely to lose their baby before 24 weeks
- 24% less likely to experience pre-term birth
- 15% less likely to have regional anaesthesia
- 16% less likely to have an episiotomy
- 10% less likely to have an instrumental delivery

This makes a compelling case for change to the current model of care as continuity of carer will improve physical and psycho-social well-being in both short and long term trajectories for women and families. The aspiration is that this model of care is available to most women; care cannot be given in a piecemeal fashion, but needs to be a total service approach in order to be successful. Our action plan aims to provide assurance of how at UHB we intend to progress from limited continuity of carer throughout all three elements of pregnancy to providing over 51% continuity of carer. The action plan is presented monthly at the Trusts Care Quality Group.

Progress has included two evening staff engagement events and staff have been identified for the first 2 pilot teams which are to cover Erdington and Highfield (the 2 areas with the most vulnerable groups of women for perinatal mortality). Training needs for the teams have been identified and plans are in place for the teams to go live in March and April 2020. Further staff engagement events have been planned as there remains a large cohort of staff who are reluctant to work in a different way. Plans are also in place to work more collaboratively across the Local Maternity System to develop joint teams in the most socially deprived and vulnerable areas.

4.3 Board Level Safety Champions Production Board meetings

These stand up meetings take place monthly on each site (GHH and BHH) led by Alison Talbot, Head of Midwifery and Lead Midwife safety champion, Amit Chauduri, Lead Obstetrician safety champion and Lisa Stalley Green, Executive Chief Nurse and Board level Maternity Safety Champion.

Production board methodology is used to track key safety metrics including stillbirths and neonatal deaths. Any learning is shared and actions taken immediately and all levels of the multidisciplinary team who attend are given the opportunity to raise any concerns about maternity safety. Each meeting starts with a 'you said, we did' section ensuring timely feedback is given to staff. Staff feedback since these have been commenced has been overwhelmingly positive.

A written pathway has been developed which describes how frontline midwifery, neonatal, obstetrics and our Board level safety champions share safety intelligence between each other, the Trust board, the Local Maternity System and Local learning System.

4. Recommendation

The Committee for Clinical Quality are asked to **RECEIVE** and **DISCUSS** this exception report on the progress with Patient Care Quality.

LISA STALLEY-GREEN
CHIEF NURSE
7 FEBRUARY 2020

Appendix 1 – Healthcare worker flu vaccination best practice management checklist – for public assurance via trust boards by December 2019

A	Committed leadership (number in brackets relates to references listed below the table)	Trust self-assessment
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so.	✓
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	✓
A3	Board receive an evaluation of the flu programme 2018/19, including data, successes, challenges and lessons learnt	✓
A4	Agree on a board champion for flu campaign	✓
A5	All board members receive flu vaccination and publicise this	✓
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	✓
A7	Flu team to meet regularly from September 2019	✓
B	Communications plan	
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	✓
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	✓
B3	Board and senior managers having their vaccinations to be publicised	✓
B4	Flu vaccination programme and access to vaccination on induction programmes	✓
B5	Programme to be publicised on screensavers, posters and social media	✓
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	✓
C	Flexible accessibility	
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	✓
C2	Schedule for easy access drop in clinics agreed	✓
C3	Schedule for 24 hour mobile vaccinations to be agreed	✓
D	Incentives	
D1	Board to agree on incentives and how to publicise this	✓
D2	Success to be celebrated weekly	✓

LISA STALLEY-GREEN
CHIEF NURSE
FEBRUARY 2020