

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
TUESDAY 9 MAY 2017**

Title:	PATIENT CARE QUALITY REPORT(including Infection Prevention and Control)
Responsible Director:	Philip Norman, Executive Chief Nurse
Contact:	Michele Owen, Deputy Chief Nurse

Purpose:	To provide the Council of Governors with an exception report on infection prevention and control within the Trust. This report also provides an update regarding the Trusts Dignity in Care work relating to Learning Disabilities and also provides an update on Nutrition and Hydration.
Confidentiality Level & Reason:	None
Annual Plan Ref:	Aim 1. Always put the needs and care of patients first.
Key Issues Summary:	This paper sets out the position for defined aspects of care quality within the Trust and supporting actions to ensure continued improved performance.
Recommendations:	The Council of Governors is asked to receive this exception report on the progress with Care Quality.

Approved by:	Philip Norman	Date: 24 April 2017
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PATIENT CARE QUALITY REPORT

PRESENTED BY THE 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 some of the initiatives underway within the Trust in relation to Learning Disabilities (Dignity in Care) and Nutrition & Hydration.

2. Infection Prevention and Control Update (exception report – as at Quarter 4, 2016/17)

The annual objective for Clostridium Difficile Infection (CDI) for 2016/17 is 63 cases. Performance for Quarter 4 2016/17 was 21 Trust apportioned cases (beyond day 0+2), all of which were reportable to Public Health England (PHE) in accordance with Department of Health guidance. In total for the financial year 2016/17, we had 92 Trust apportioned CDI cases (i.e. above trajectory), 29 of these cases were considered avoidable. The trajectory for 2017/18 has been set by PHE and remains at 63 cases with a specific focus on avoidable cases.

Actions to improve CDI performance continue with a specific focus on:

- Antimicrobial prescribing, choice and duration of use
- Timely isolation of patients with diarrhoea
- Improved timeliness of stool specimen collection
- Deep cleaning of selected wards to further reduce the bioburden of clostridium difficile
- Improved access to expert review of patients with clostridium difficile infection

The annual objective for Meticillin Resistant Staphylococcus Aureus (MRSA) bacteraemia is 0 avoidable cases. There were no Trust apportioned MRSA cases in Quarter 4 2016/17. In total and as previously reported we had 4 Trust apportioned MRSA cases in the financial year 2016/17.

Actions to maintain improved MRSA performance are ongoing with a specific focus on:

- Hand hygiene
- Correct use of Personal Protective Equipment (PPE)
- MRSA Screening and Decolonisation

3. Dignity in Care Update - Learning Disabilities

The Trust continues to undertake a number of initiatives to further improve the care for those individuals who have a learning disability and who attend our hospital and for their family. Some of these initiatives include:

3.1 Coming into Hospital Booklet

Booklet 1 a pictorial introduction to Outpatients and has been completed.

Booklet 2 is for inpatients and has been drafted. The booklet has been forwarded to the Patient Information Group for approval.

A film for patients has also been produced in partnership with Communicate 2U (Communicate 2U are an external company who are seen as communication experts). The mission of Communicate 2U is to promote better communication between service providers and service users, in health and social care.

Part one of the film was completed in Summer 2016 and covered what might be perceived as routine procedures (for example having blood samples taken, having a blood pressure or temperature recorded etc) and communicating this effectively as well as showing the help and resources available at the Trust for patients undergoing such procedures.

Part two of the film will be made during Summer 2017 and will be looking at the patient's journey from the front door into ambulatory care, through to theatre.

3.2 Local and National Events

- Autism Awareness Week 3rd April 2017 – Advice and support was given.
- Learning Disabilities Awareness 19th – 23rd June 2017. The Trust will further raise awareness locally.
- Dr Imad Soryal, Consultant Neurologist is look at the potential to plan a conference for families with dependent children/young adults with complex needs. The aim of the conference is to share information with families regarding different models of care and adopting coping strategies. It will also help to further empower carers and to hear the patient's voice.

3.3 Activities and My Life Units

Sensory activities are now available on wards and departments; provided by QEHB Charity and supported by input from patients and carers.

Under development is 'My life' unit for people with learning disabilities, the Dignity in Care Team are working with Communicate2U to co-produce the information/games. Also being added are more communication apps (British Sign Language, Expression cards etc.)

4. Nutrition and Hydration Update

This report summarises the activity undertaken over Quarter 3 & Quarter 4 2016/17:

The Trust's Nutrition and Hydration Steering Group meets on a bi-monthly basis. From this each Division has its own Nutrition and Hydration Group in place. The Chair of the Group is Dr Sheldon Cooper, Consultant Gastroenterologist and Clinical Nutrition Lead.

4.1 Staff and Visitor Catering Update

4.1.1 Health and wellbeing

The 'Eat Better' (Healthy Eating) range of food snacks continues to grow and is proving to be successful and popular. This also complies with the National Healthy Eating Commissioning for Quality and Innovation (CQUIN) requirements. The Catering Department also contribute 1p per transaction to the Trust Health & Well-being fund which will, on average, donate £6000 per year.

4.1.2 Dementia Crockery

Dementia care crockery, 'Rio Freedom Crockery', has now been installed in over ten wards and has proven extremely successful. QEHB Charity has been approached with regards to a request to potentially fund additional installations of Rio Freedom Crockery onto other wards.

4.1.3 Outpatient Department Retail Trolley

The Catering Department introduced a mobile refreshment trolley circulating through the seated areas of the Outpatient Department between the hours of 08.00hours to 11.00hours Monday-Friday. This service is now supported by the Volunteer Service in the afternoon; the retail trolley now provides refreshments to Outpatient Department areas from 08.00hours to 14.30hours (Monday-Friday).

4.1.4 Vending Machines

The review of the vending machines tender has now been completed. The Trust worked in partnership with the Heart of England NHS Foundation Trust as a joint collaboration to review the vending service tender. The vending tender contract has reviewed the supply of vending provision to all users of vending and includes healthier snack choices, reducing high in fat carbonated sugary drinks. The vending offer meets the national Health Eating CQUIN guidelines. Installation of new machines will take place in May 2017.

4.1.5 Retail Breakfast /Additional Service periods

Plaza Restaurant has added an additional Healthy Eating chilled breakfast offer for customers from 7.00hours-11.00hours daily.

Catering is working towards extending lunch time service periods with the recent changes (extension) to visiting times across the Trust. With potential increased public footfall over the afternoon periods, catering will supply additional hot food offers within the Plaza Restaurant from May 2017. This will be reviewed after a trial period to ensure its aims are being met.

4.2 **Nutrition Support Team Audit Report**

4.2.1 Overview of service

The Nutrition Support Team at the Trust is a multi-disciplinary team comprising two Consultant Gastroenterologists, five nutrition nurse specialists, two specialist dietitians and two pharmacists. The Nutrition Support Team reviews patients across the Trust with the most complex nutritional needs, particularly those patients who need artificial nutritional support via enteral tube feeding or parenteral (intravenous) nutrition. Primary aims of the service are to ensure that artificial nutritional support is provided appropriately and managed safely. Wherever appropriate, patients are fully counselled and involved in their care.

Referrals are received Trustwide from a variety of specialties including: patients with nutritional difficulties due to neurological trauma, surgery or maxillo-facial trauma and those individuals undergoing complicated gastro-intestinal and hepato-biliary surgery.

In particular, patients who have suffered intestinal failure may have nutritional problems that can be especially difficult to manage. Some of these patients require long term support with parenteral nutrition for many months, or sometimes, lifelong. Thus, the Nutrition Support Team cares for patients who receive home parenteral nutrition. This enables patients to receive the most complex form of nutritional support in their own home with follow-up in the specialist intestinal failure clinic.

4.2.2 Home Parenteral Nutrition Transition Questionnaire 2017

In January 2015 Dr Sheldon Cooper, Consultant Gastroenterologist took up a post in the Trust having previously worked at the Dudley Group of Hospitals (DGOH). With his move it was agreed that fifty-one patients, who required ongoing support for complex nutritional problems could have their care transferred to this Trust's Nutrition Support Team. The transition process started towards the end of 2014 with preparing patients for the transfer. This questionnaire audit details the patients' perspective of how the transition process was managed and the impact of the transfer on ongoing care. Twenty four patients responded (just under 50%).

4.2.3 Managing the Transition

95% of respondents felt the need for the transfer was fully discussed with them.

95% of respondents were aware of transition meetings being held at the relevant hospitals.

90% of respondents attended transition meetings at DGOH and 54% at UHB.

96% of respondents were aware of who to contact should they have any queries or issues during the transition.

4.2.4 Ongoing Care

Patients were asked on a scale of 1-10 about their care. We were aiming for a score of 5 or more to indicate that either their care was at least the same or had improved.

50% scored 8-10 indicating that their care had improved since the transition to UHB.

37% scored 5-7 indicating that their care has remained largely the same or slightly improved since the transition.

4.2.5 Satisfaction with nutritional care at UHB

83% scored 8-10 indicating they were very satisfied with their care.

13% scored 5-7 indicating they were satisfied with their care.

From the results of the audit it would appear that patients are happy with how the transition was managed and their ongoing nutritional care provided at UHB.

The Trust a tertiary referral centre for patients with similar complex nutritional problems, with the Nutrition Support Team receiving referrals from other hospitals around the region.

5. Recommendation

The Council of Governors is asked to accept this report on care quality.

Philip Norman
Executive Chief Nurse
April 2017