

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST  
COUNCIL OF GOVERNORS  
THURSDAY 21 MAY 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 an update 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>• 3 Trust apportioned MRSA bacteraemia</li> <li>• 1 category 3 pressure ulcer for Solihull Community Services</li> <li>• Increase in falls per 1,000 bed days to 6.53 in month.</li> <li>• Trust has achieved a reduction of 6.36% in falls rate for the year 2019-20.</li> <li>• Decrease in complaints response rate in month to 56.4%.</li> <li>• Paper includes an update on Maternity safety.</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> 11 MAY 2020
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**COUNCIL OF GOVERNORS**

**THURSDAY 21 MAY 2020**

**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 May 2020 Care Quality Group.

**2. Patient Safety Update**

**2.1 Infection Control**

The Trust has adapted to the Covid-19 pandemic with novel ways of working and repurposing of staff groups and so far has coped well with the challenges faced. There are multiple initiatives the Trust has undertaken in response to coronavirus from increased laboratory testing, staff screening, multi-disciplinary COVID outreach teams, specialist expert groups, dedicated Trust micro-site, robust informatics dashboard, automated processes for alerting of results on PICS and the NEC Nightingale project ensuring appropriate IPC procedures are in place.

There were three MRSA bacteraemia identified during March at UHB.

Two were community acquired, one presenting to the Queen Elizabeth Hospital and the other at Heartlands Hospital. There was one hospital associated MRSA bacteraemia at Queen Elizabeth Hospital, a repeat MRSA bacteraemia in a patient with severe dermatological problems. For the financial year 2019-20 UHB have had eleven Trust apportioned bacteraemia which is an increase to the previous year.

The increase could be due to a large number of community associated MRSA bacteraemia being identified.

The annual objective for *Clostridioides difficile* infection (CDI) for 2019-20 at UHB is 250 Trust Apportioned cases. In March, UHB have had 13 Trust Apportioned cases. This was lower compared to February.

For the financial year 2019-20, UHB have had 256 Trust apportioned cases of *C. difficile*. 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.

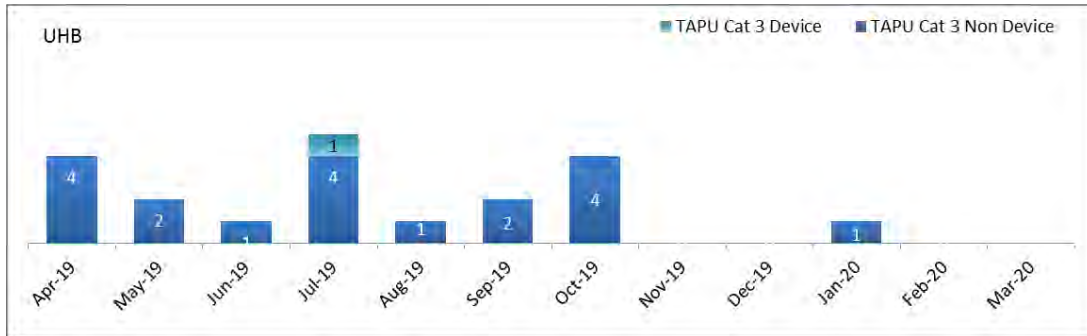
## 2.2 Tissue Viability

### 2.2.1 Trust Acquired Category 4 Pressure Ulcers

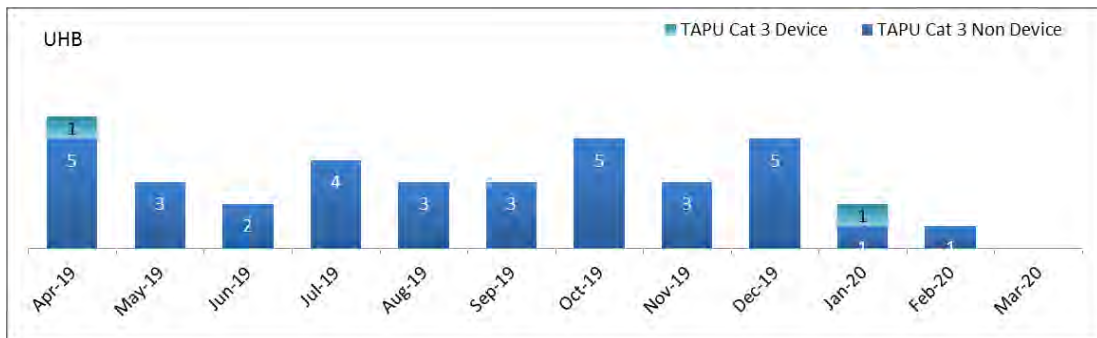
There were no Trust acquired category 4 pressure ulcers reported in February 2020.

### 2.2.2 Trust Acquired Category 3 Pressure Ulcers

There was one Trust acquired category 3 pressure ulcer reported in February 2020 for a Solihull Community Services patient. There were no category 3 pressure ulcers for Queen Elizabeth, Heartlands, Good Hope or Solihull hospitals.



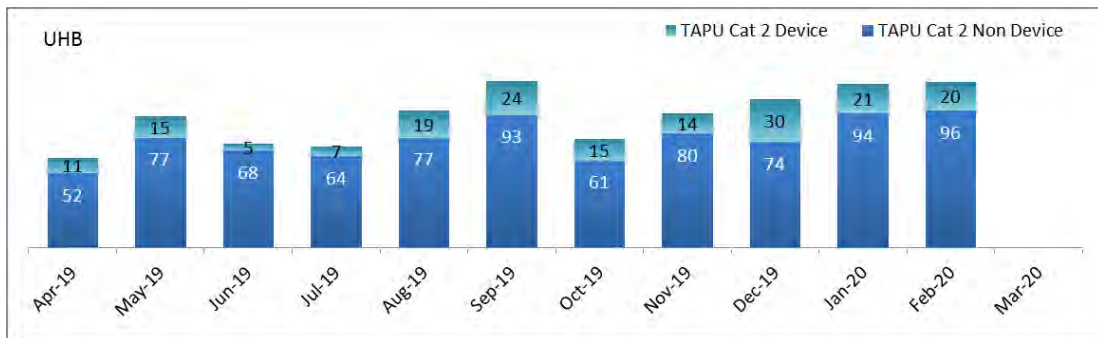
*Number of Trust acquired category 3 pressure ulcers for acute hospital sites*



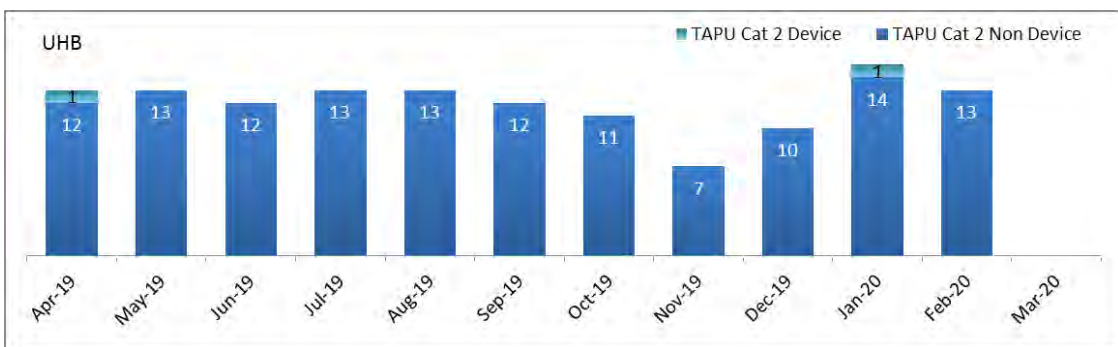
*Number of Trust acquired category 3 pressure ulcers for Solihull Community Services*

### 2.2.3 Trust Acquired Category 2 Pressure Ulcers

There have been 116 Trust acquired category 2 pressure ulcers reported in February 2020 across the four acute hospital sites (96 non-device and 20 device related), and 13 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*

The top themes emerging from the RCAs are:

- Frequency of repositioning / documentation of repositioning;
- Missed / inaccurate skin inspections;
- Inaccurate risk assessment leading to preventative strategies not being implemented;
- Lack of timely implementation of preventative pressure redistributing equipment.

Actions:

- The MOVED campaign is being promoted with a focus on repositioning. In view of the changes regarding COVID-19 the pilot of the QI project has been postponed.
- The joint initiative to improve communication regarding the discharge of patients with a wound to external care providers continues. The “wound communication document”, for use by both the acute trust and community providers to improve communication regarding wounds and pressure ulcers is with graphics and is now on its second draft.
- In view of the changes in workforce due to COVID-19 the TV Team have adapted the concise RCA process and are undertaking the concise RCAs for DTI and unstageable pressure ulcers where required.

In addition, a new pattern of pressure ulcers is emerging in the COVID-19 positive patients that are in Intensive Care due to the acuity of the illness and the need for proning. These are predominantly device-related pressure ulcers and ulcers to the face, ears and toes. Staff are also experiencing facial pressure damage due to the prolonged use of FFP3 masks.

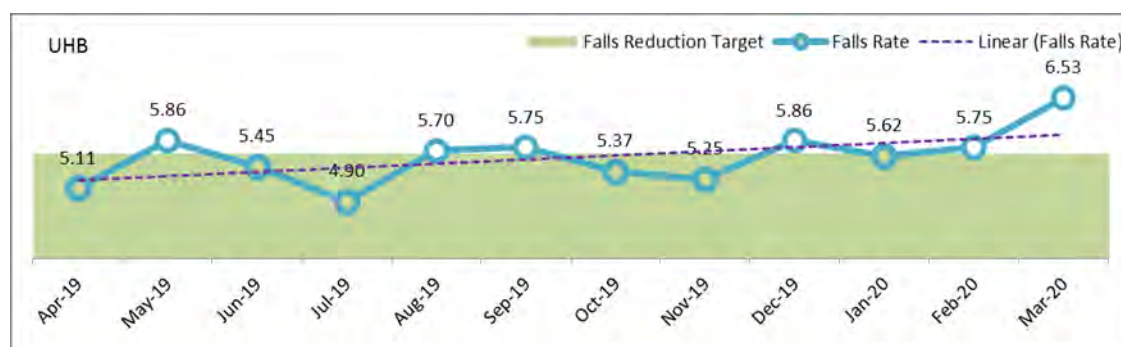
**Actions:**

- Proning guidelines have been updated, agreed and distributed;
- A poster has been developed to guide staff in how to manage endotracheal tubes and tapes when proning patients;
- Advice on equipment to redistribute pressure has been given;
- Lead Tissue Viability Nurse is meeting regularly with ITU matron to support and manage tissue viability needs as they arise;
- The TV Team are supporting and educating a team of ITU nurses who are undertaking administration roles to complete concise RCAs for ITU patients;
- A poster has been developed to guide staff on what to do regarding skin care and management of skin damage to the face from wearing FFP3 masks;
- The lead Tissue Viability Nurse is linking in regularly with the TVNs in the Shelford group. The pattern of ulcers is the same for the organisations within the group for both patients and staff. Shared guidance is being developed;
- Teaching on equipment, PU prevention and management has been provided for staff in preparation for the Nightingale hospital.

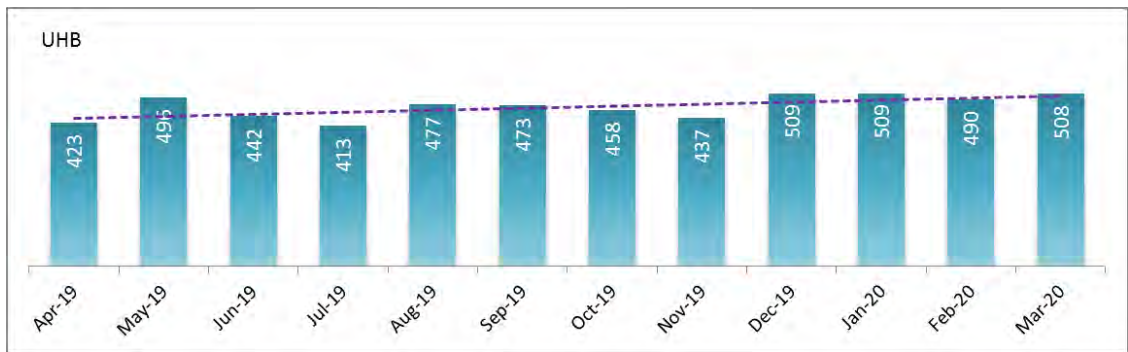
**2.3 Inpatient Falls**

The Trust inpatient falls rate increased in March 2020 to 6.53 falls per 1,000 occupied bed days due to the number of falls remaining the same but with reduced activity. Despite this, the Trust has achieved a reduction in falls rate of 6.36% (5.59) for the year, against a reduction target of 5% (5.65).

The number of inpatient falls increased in March 2020 to 508 falls. The trend line for the previous 12 months shows that the number of inpatient falls is increasing.

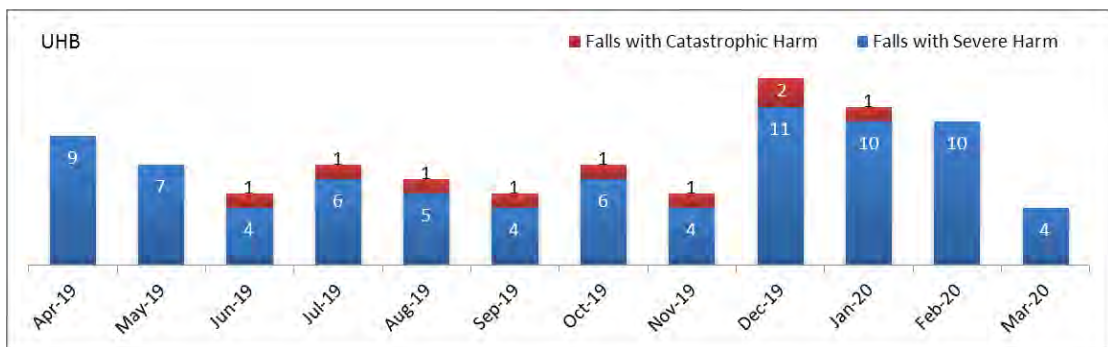


*Inpatient falls rate per 1,000 occupied bed days*



*Number of inpatient falls*

There were four falls resulting in severe harm reported in March 2020, none of these were catastrophic.



*Number of falls resulting in severe and catastrophic harm*

Falls numbers remained relatively the same in March despite significantly reduced activity. Preliminary findings suggest that this is because we are still seeing the same cohort of fallers being admitted, and symptoms associated with COVID-19 are increasing a person's frailty, putting them at an increased risk of falling.

The number of severe harms has reduced significantly in March and April. There were no new themes that emerged from these that were different to what we would normally see. Further investigation is needed into why we have seen a reduction in severe harms but not a reduction in number of falls.

Division 3 have seen the biggest increase in falls rates since March, predominantly in areas such as AMU, frailty assessment units, and allocated COVID-19 wards. These areas are seeing the frailest of patients suffering with respiratory and cardiac associated COVID-19 symptoms, whilst also being in the acute phase of their illness.

Low blood pressure has been a common symptom that patients with COVID-19 have demonstrated. Lying and standing blood pressure completion has therefore been emphasised across clinical teams as a key investigation to help identify those patients most at risk of postural hypotension.

There has been approximately 21 patient falls which have been reported since the middle of March where the patient's death also occurred either at the time of the fall or shortly afterwards. All of these have been investigated

and it was ascertained that they were all related to either: COVID-19 associated pneumonia / acute respiratory distress syndrome; pulmonary emboli; or were expected deaths. All were graded as no harm because it was determined that the fall did not contribute to, or cause the person's death.

The falls team are reviewing how to adapt to a 'new norm' going forward in view of the changes underway across the organisation, and in combination with staff in the team currently being shielded. Some examples of how the team may have to work differently include: the use of Moodle to deliver essential falls training; the use of mobile apps to communicate key messages; and an increased focus on supporting clinical leads to improve management and ownership of patient falls within their own areas.

### 3. Patient Experience

#### 3.1 Complaints

	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	YTD
<b>Complaints</b>	173	155	145	148	137	184	155	132	143	162	105	54	54
<b>Follow ups</b>	15	28	20	26	21	27	23	16	13	18	14	5	5
<b>Trust Response rate %</b>	61.6	55.4	71.6	87.4	84.8	73.8	74.6	82.8	84.2	56.4	*	*	

\*Not yet available

CCG response KPI	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Commissioner-led	0%*	n/a	100%	100%	100%	100%	100%	n/a	n/a	100%
Non-commissioner	80%	81.6%	95.8%	100%	99.3%	97.3%	100%	99.2%	100%	100%

\*Relates to just one complaint

The Trust received a total of 54 new complaints in April compared to 105 in March, a reduction of 48.6%, reflecting the continuing impact of the COVID-19 pandemic. For context, in April 2019, 156 new complaints were received.

Division 3 continues to receive the most complaints, with the greatest number received for Emergency Medicine, Acute and Short Stay Medicine and Older People's Services. In April, the main issues raised through complaints continued to be clinical treatment, communication, staff attitude and patient care.

In April, five follow-up complaints were received, compared to 14 in March. For context, in April 2019, 23 follow-up complaints were received.

The 'pause' in complaints, agreed by NHS England and NHS Improvement and reported last month, impacted on response performance for February's received cases, such that only 56.4% of reportable cases met the response deadline against a target of 85%. Although the Trust took a decision, in conjunction with senior divisional colleagues, to 'restart' the complaints process at the beginning of May,



the impact of the pause will continue to be reflected in response performance in the coming months.

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.

PALS have continued to provide support by email and telephone from a single call centre set up on the Heartlands site.

### 3.2 Compliments

Month/Site	BHH	GHH	QEHB	SOL	Total
April 2020	8	16	77	11	112

Examples of compliments are provided below:

#### Birmingham Heartlands Hospital

*"I would, on behalf of all the family, wish to thank the doctors and staff who looked our dad, granddad and husband. Held his hand, and reassured him when the family were not able to be there till he passed away. I'm sure he is one of many that the wonderful nursing staff had to comfort and we will be eternally grateful to you all. Thank you."*

#### Good Hope Hospital

*"I want to thank you all for the care you gave to my mum. You treated her with great care, compassion, dignity and respect. Everyone from the ward were fantastic."*

#### Queen Elizabeth Hospital

*"We cannot thank you enough for looking after Dad. We miss him so much but we take comfort knowing that you are looking after him. Not being able to see him is horrible, but being able to pick up the phone to see how he is makes all the difference. You have called us on a few occasions to give us an update; this has made our DAY to know he has eaten or even smiled or sang a little song means the world to us as a family. In a time when the NHS is under pressure you have been kind to us as a family, and we appreciate it so, so much. Would you tell him we love him and thank you to all of you."*

#### Solihull Hospital

*"To all you lovely staff in the AMU ward – a little something to keep your strength up as you continue your magnificent work. With our love and praise P.S. some of you may remember looking after my mum – I certainly remember and will never forget your kindness."*

### 3.3 Letters for Loved Ones

This new service enables friends and relatives of inpatients to email lettersforlovedones@uhb.nhs.uk with a message, letter or picture. This is then printed off and delivered to the patient on the ward. If the



patient is unable to read it themselves, staff will read it to them.

In its first three weeks since inception, 773 messages have been delivered to patients.

*“Thank you for passing details on, getting my letters to [patient name removed] and arranging for the photos to reach him. You are a star! He is finally making progress and we can’t wait to speak to him. It has been a very difficult two weeks and we know it is not over yet but please be aware that the support of you and your colleagues is much appreciated.”*

#### 3.4 St John Ambulance (SJA) supporting in the Emergency Departments

A memorandum of understanding has been agreed with St John Ambulance as part of a national initiative funded by NHSE/I to provide support into Emergency Departments. The volunteers will support in a first aider / advanced first aider capacity against a scope of clinical practice for which they have received training. They will be able to undertake observations, recording and basic monitoring, nutritional support, movement of patients, answering call bells, corridor monitoring and emotional support for patients.

The SJA Volunteers will be on site across Heartlands, Good Hope and Queen Elizabeth Emergency Departments from mid-May.

### 4. **Maternity Update**

#### 4.1 Maternity Safety

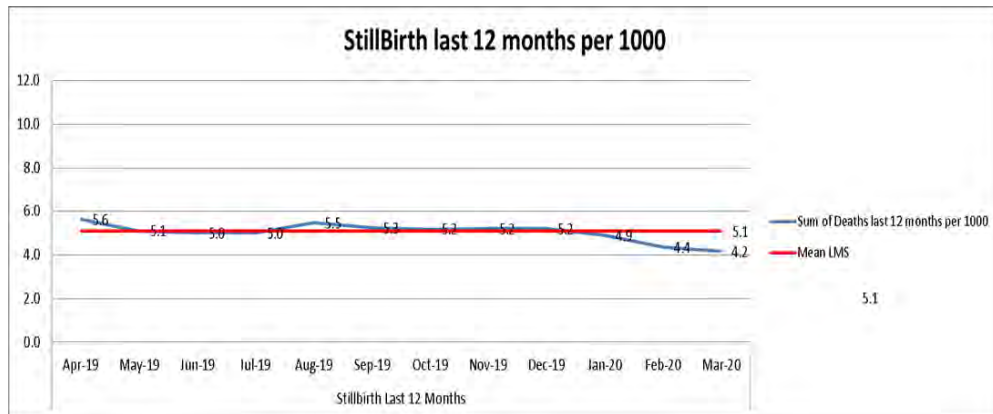
The national maternity transformation has been on hold throughout the COVID pandemic and this includes work required for CNST maternity incentive scheme. However at UHB we have tried to maintain certain areas of this which we had already started and did not want to lose the momentum.

One of these areas is the recommendations from the Saving Babies Lives Care Bundle. We have continued raising staff awareness around this and continued the audits required to demonstrate compliance. We have also continued our Safety Champions Production Board meetings virtually as opposed to face to face. Prior to COVID-19 this had given all levels of staff an opportunity to raise any concerns in relation to maternity safety with the Director of Midwifery, Board Level Safety Champion and CSL.

The production boards remain in the clinical areas for discussion and we have set up a dedicated maternity safety email so that staff can continue to raise concerns in a different way. This will ensure that we can continue the ‘you said, we did’ part of the virtual meeting and our key champions remain updated.

## 4.2 Perinatal Mortality

The continued work with the maternity safety agenda has led to a decrease in the stillbirth rate over the last few months as demonstrated in the graph below.



The figure reported is at the end of each month for a rolling previous 12 months which is an improving picture, however still above our aim of below 3.74 per 1000 which is the national average.

## 4.3 COVID-19 Surveillance

In response to the COVID-19 pandemic and the realisation that we were seeing a relatively high number of COVID-19 positive women, some of whom required ITU care, we have set up a maternity surveillance programme. We have a team of midwives who are non-patient facing due to COVID-19 running this from 8am to 8pm seven days per week. They have instant access to an infectious diseases consultant and support from the senior midwifery team and obstetricians.

All pregnant and post-natal women who are confirmed COVID-19 positive or suspected with symptoms receive a daily surveillance call asking them prescriptive questions about how they are. They receive this for 16 days or longer if their symptoms persist. If they trigger 'yes' to certain questions they are asked to come to a designated separate area in the hospital where they will be seen by an ID consultant, a midwife and the on-call obstetrician and an individual plan made for their care.

The 16 days is based on intelligence that women can appear well at first and then can become quite poorly suddenly. We are including women at home with symptoms, who we home test and then give them their result over the phone and add to the surveillance programme.

Because we are keeping a tracker, we are also able to ensure that women have their thromboprophylaxis, that they receive a scan 14 days post COVID-19 in line with national guidance and use it as an opportunity to talk about foetal movements, a critical part of Saving Babies Lives Care Bundle.

The response to this has been overwhelmingly positive with women reporting reduced anxiety levels throughout this time. We have had lots of interest in our work regionally and nationally and it is now been shared with the National transformation team to be showcased.

**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  
11 MAY 2020**