

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
THURSDAY 28 NOVEMBER 2019

Title:	PATIENT CARE QUALITY REPORT
Responsible Director:	Lisa Stalley-Green, Chief Nurse
Contact:	Lisa Stalley-Green, Chief Nurse, 14332

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 have been two cases of MRSA bacteremia, one case at Queen Elizabeth Hospital and one at Solihull Hospital. Causes were poor device management and MRSA screening practice. • There have been 31 Trust apportioned cases of <i>Clostridium difficile</i> Infection. An Infection Prevention Action Plan is in place. The focus remains on cleaning with Matrons completing a Trust Masterclass. • The falls rate has increased in month; due to multiple fallers of which there will be an in-depth review of the cases. Year to date performance is below trajectory. • There was a further improvement in Complaints response performance of 87.4% in August, meeting the Trust target of 85% for the first time. • The number of compliments received from patients and carers is increasing. • The deep dive enclosure is the Trusts strategy for improving care for people with Learning Disability and Autism
Recommendations:	The Council of Governors are asked to receive and discuss the content of the report.

Signed: Lisa Stalley-Green	Date: November 2019
-----------------------------------	----------------------------

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS THURSDAY 28 NOVEMBER 2019 CARE QUALITY

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 October 2019 Care Quality Group.

2. Patient Safety Update

2.1 Infection Prevention and Control

There were two Trust apportioned *Meticillin-resistant Staphylococcus aureus* (MRSA) bacteraemia identified during September at UHB, one case at Queen Elizabeth and one at Solihull Hospital.

The case at QE was a complicated bilateral lung transplant patient with prolonged hospitalisation and multiple interventions. The learning identified from the Post Infection Review related to device management and MRSA screening. The case at SH was an elderly care patient admitted with cellulitis who subsequently died, with MRSA on Part 1b of the death certificate. Learning from the case was MRSA screening and antimicrobial prescribing.

There have been two pre 48 hour MRSA bacteraemia, one at Solihull Hospital and one at Heartlands Hospital, which are currently under review.

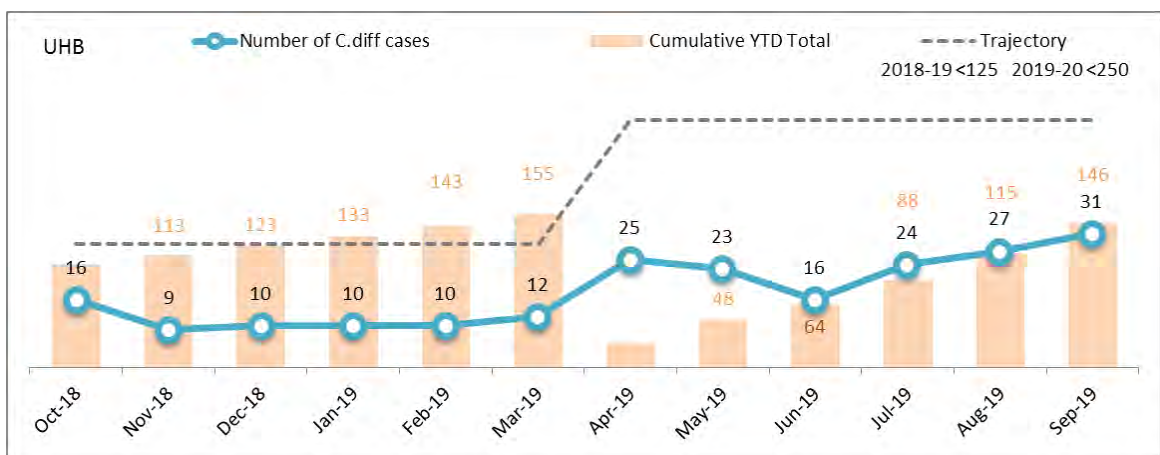
Currently, for the financial year 2019/20, UHB have had seven Trust apportioned bacteraemia.

The annual objective for *Clostridium difficile* infection (CDI) for 2019-20 at UHB is 250 Trust Apportioned cases. In September 2019, UHB had 31 Trust apportioned cases, a significant increase in the numbers compared to previous months.

During winter of the last financial year, some research within AMU, specifically cleaning, resulted in dramatic reductions in the C. difficile numbers at the Queen Elizabeth site. This is one of the reasons why, at the start of the financial year, lower numbers of C. difficile were seen, taking the Trust under trajectory. Since the cessation of this work, an increase in C. difficile numbers has been seen at the Queen Elizabeth site. This novel piece of work is being taken forward by Facilities and AMU to generate a business case for a new role within AMU for discharge/ bed space cleaning.

Antimicrobial stewardship remains the biggest challenge for C. difficile. There is now a Trust wide antimicrobial steering group to tackle this issue. The Trust wide group will develop strategic intentions to deliver effective antimicrobial stewardship across UHB. Undertaking all these initiatives should enable the Trust to reduce numbers in line with the current annual trajectory.

Key initiatives are antimicrobial stewardship (AMS), harmonising the antimicrobial guidelines and reinvigorating the Trust-wide AMS group. Other focuses are in line with the NHS Improvement (NHSI) action plan and include environmental cleaning, governance and assurance regarding C. difficile.



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

2.2 Tissue Viability

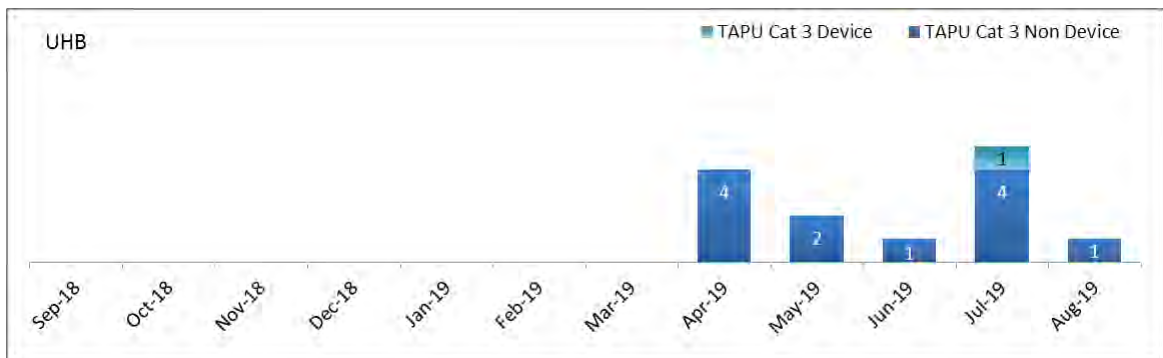
All categories 3 and 4 Hospital Acquired Pressure Ulcers (HAPUs) are classified as a Serious Incident and are subject to an investigation using root cause analysis (RCA) methodology. The investigations are monitored and reviewed by the divisional nursing management teams and Tissue Viability Nurse.

2.2.1 Trust Acquired Category 4 Pressure Ulcers

There have been no Trust acquired category 4 pressure ulcers reported in August 2019.

2.2.2 Trust Acquired Category 3 Pressure Ulcers

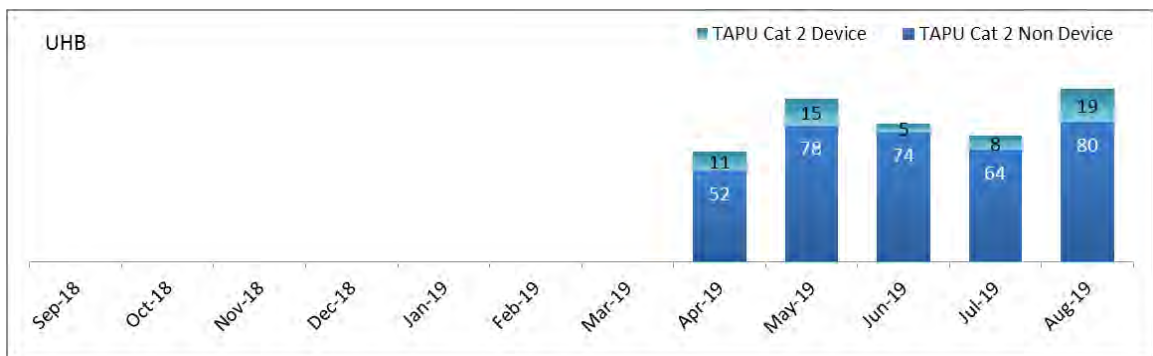
There has been one Trust acquired category 3 pressure ulcers reported in August 2019.



Number of Trust Acquired Category 3 Pressure Ulcers

2.2.3 Trust Acquired Category 2 Pressure Ulcers

There have been 80 Trust Acquired Category 2 Pressure Ulcers reported in June 2019 (73 non-device and 7 device related)



Number of Trust Acquired Category 2 Pressure Ulcers

The changes in the reporting process required by the consensus document from NHSI and the additional education and resources available provided by the TV team continue to influence the increased incidence in category 2 pressure ulcers. In addition there is a historic seasonal increase in pressure ulcer incidence over summer months which is possibly due to the changes in skin microclimate during warmer weather increasing the friction co-efficient. It still remains difficult to ascertain if there is a true increase in pressure ulcers as year on year data cannot be compared following the reporting changes.

Further workshops aimed at ward managers and matrons to educate on categorisation and completion of the concise RCA document that needs to be completed for all Trust acquired category 2, DTI and unstageable ulcers, have been planned due to demand and new dates have been circulated. The concise RCA document identifies any lapses in care to inform action plans and allows for themed reviews to take place.

Themed reviews completed during the quarter reveal areas for action.

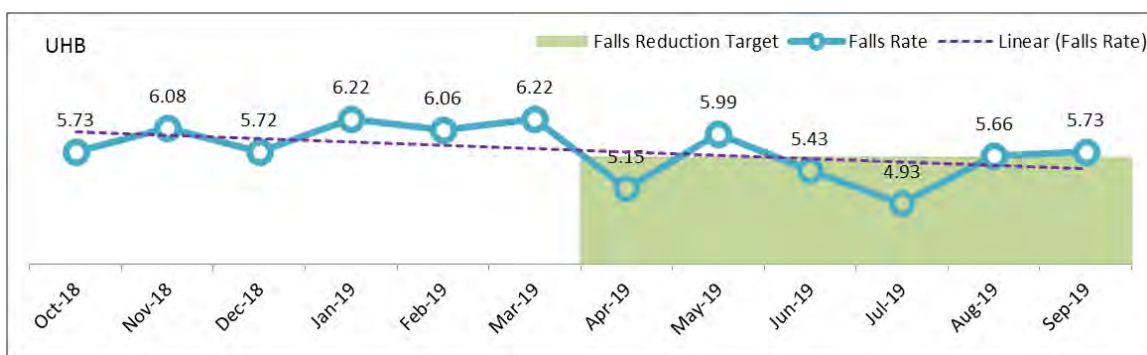
Key themes:

- Inconsistent and inaccurate documentation of skin inspection;
- Inconsistent documentation of repositioning / repositioning not performed effectively or frequently; and
- Equipment / devices for prevention of pressure ulcers not implemented in a timely manner.

The Tissue Viability Team will be meeting with the Quality Improvement Project Team in November to develop a strategy for the MOVED (**M**obility, **O**bservation, **V**erbalise, **E**quipment, **D**ocument) campaign in order to successfully embed the principles across the Trust in a sustainable way. The focus will be on the repositioning element of “MOVED” to include both appropriate frequency of repositioning and the efficacy of repositioning utilising safe side lying and appropriate manual handling practice. Pressure ulcer data is currently being analysed to inform which wards that project will be launched on in the first instance.

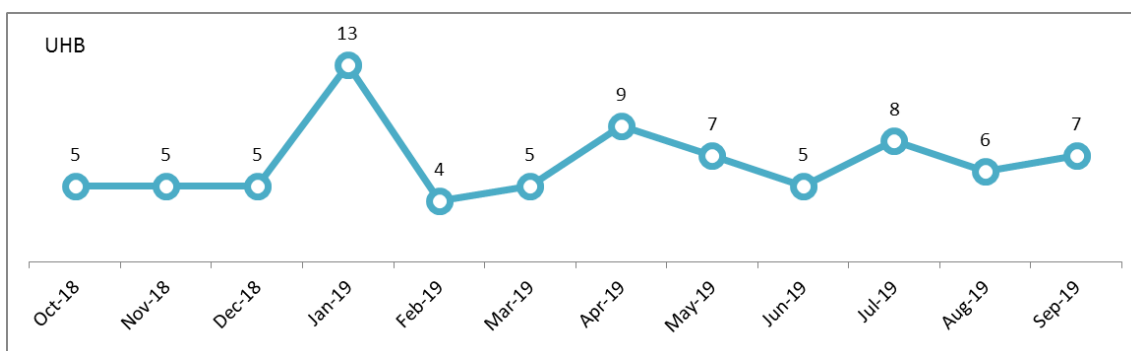
2.3 Inpatient Falls

The Trust inpatient falls rate increased slightly in September 2019 to 5.73 falls per 1,000 occupied bed days. The year to date falls per 1,000 occupied bed days remains under trajectory however at 5.48 (year-end target is 5.65).



Inpatient falls rate per 1,000 occupied bed days

There were seven falls resulting in severe harm reported in September 2019.



Number of falls resulting in severe harm

Site:	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
QEH	5	4	3	4	3	2	4	6	2
BHH	3	0	0	2	1	0	3	0	2
GHH	4	0	2	3	3	3	1	0	3
SH	1	0	0	0	0	0	0	0	0

Number of falls resulting in severe harm by hospital site

There are common themes present in the September severe harms; the majority relate to the issues/challenges of providing adequate levels of supervision in accordance with the patient's needs. In response, the Falls team are liaising with and supporting the Safeguarding team to ensure consistency in Deprivation of Liberty Safeguards (DoLS) applications where patients have one in place in the community, and the need for re-application following admission to hospital should be reviewed and actioned accordingly. In addition, the falls team are working with the Manual Handling team to investigate the need for clearer escalation/referral processes to support staff when patients and/or family members prefer to take responsibility themselves for the patient's personal care; in particular, where this includes the use of equipment to aid mobility/transfers.

3. Patient Experience

3.1 Complaints

	Apr	May	Jun	Jul	Aug	Sep	Oct	YTD	Nov	Dec	Jan	Feb	Mar
Complaints	156	173	155	145	148	137	184	1098					
Follow ups	25	15	28	20**	26**	21**	27	162					
Response rate	74.5%	61.6%	55.4%	71.6%	87.4%	*	*						

*not yet available **note change to figures previously reported due to validation error

The Trust received a total of 184 new complaints in October 2019 compared to 137 in September 2019, an increase of 34%. 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 (1098) represents a reduction of 59 cases compared to the same period last year.

In October the main issues raised through complaints related to clinical treatment, communication and appointments.

The Trust received a total of 27 follow up complaints in October 2019, an increase on the 21 received in September but remaining within the usual range.

There was a further improvement in response performance to 87.4% in August, compared to the 71.6% in July, meeting the Trust target of 85%.

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
October 2019	21	11	30	123	185
Year to date total	216	108	190	990	1504

Examples of some compliments are provided below:

Birmingham Heartlands Hospital

"My daughter had to attend Heartlands A&E suffering with an angioedema attack. I would like to thank staff nurse M for treating my daughter, he ensured her care plan was adhered to. Promptly received treatment as instructed by the immunology team at Heartlands. As a result of M's fantastic care was able to return home later that evening."

Good Hope Hospital

"I was struck by the care, concern and expertise of them all, and I commend them to you without reservation. On the second night, a nurse sat with a disturbed patient all night, talking quietly to him to keep him calm. On the same shift, the Ward Sister N hardly stopped for the whole shift – checking patients and staff and fetching and carrying. Nurses like these are beyond price."

Queen Elizabeth Hospital

"I wish to place on record my gratitude for the prompt and professional care I received from all staff, at every level of hierarchy and also for the excellent attention to personal well-being which I experienced. Aside from the excellent medical care, I was particularly impressed by the efficiency and calm atmosphere of the renal unit, the considerate and friendly engagement with consultants, doctors and nurses and also by the standard and range of food on offer. Attention to hygiene and cleanliness was very noticeable – which is reassuring!"

Solihull Hospital

"Myself and my partner would like to sincerely compliment the exceptional care he has received from the Respiratory Department at Solihull Hospital, namely Dr G and the team of junior doctors and Clinical Nurse Specialists (particularly H R, my partner's allocated CNS). The caring, informative, open and honest communication we have had with everyone involved (including the often unrecognised admin staff) has been exceptionally great. Words cannot thank you all enough for the service you delivered."

3.3 National Children and Young People's (CYP) 2018 Survey Results

Results of the National CYP Survey 2018 were published by the Care Quality Commission on 19 November 2019 and reported the Trust as an outlier being 'much worse than expected' for 8-15 year olds, and 'worse than expected' for 0-7 year olds. These disappointing results saw 19 individual questions in the 'worse than expected' category. A full report and initial action plan was presented at the Patient Experience Group on 20 November 2019. This included developments that have already been put in place since the survey was undertaken on patients with a stay in November and December 2018.

On a positive note, nine questions had improved from the previous survey in 2016, three most notable increases were: not giving conflicting information (parents of 0-7 year olds), explaining operations and procedures (parents of 0-15 year olds), and a significant improvement in young people aged 8-15 reporting that they could talk to staff about any worries.

Among actions underway:

- Young Persons' Council members visited Birmingham Heartlands Hospital on 16 November 2019, accompanied by a Pets in Hospital volunteer and dog, to try to gain more insight from young patients and their parents on their experience.

A pilot programme of fully supervised junior volunteering is being developed and will focus initially on engaging young people to co-produce improvements on the paediatric wards, followed by a choose wisely event in 2020.

3.4 Rest and sleep disturbance

Being able to adequately rest and sleep is an important part of a patient's recovery. Patients are asked about their experience of this in the Trust's local inpatient survey; whether their rest was disturbed during the day/night, and what the cause of the disturbance was.

Quarter two survey results show that the main cause of disturbance during the day and night is noise from other patients. During the day patients then cite noise from staff and visitors as being secondary, whereas at night being in pain or uncomfortable is more often cited (less so at Solihull).

Heartlands and Solihull hospital patients report more disturbances from visitors during the day and also at night-time. Whereas QE and Good Hope patients report less disturbance from visitors during the day and none at night.

QE patients report the least disturbance overall – probably due to sleep kits and guidance being embedded on that site for a number of years. It will be monitored to see whether the roll out across all sites results in less noise disturbance for patients. Further actions are in place to understand and reduce noise disturbance across the wards.

4. Recommendation

The Council of Governors are asked to **RECEIVE** and **DISCUSS** this exception report on the progress with Care Quality.

Lisa Stalley Green
Chief Nurse
November 2019