UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
TUESDAY 14 FEBRUARY 2017

Title:	**CARE QUALITY REPORT (Quarter 3 2016/17)**
Responsible Director:	Philip Norman, Executive Chief Nurse
Contact:	Michele Owen, Deputy Chief Nurse

Purpose:	To provide the Council of Governors with a report on care quality within the Trust. The report provides an exception report regarding infection prevention and control and a summary of the observations of care work being undertaken across clinical areas.
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:** 30 January 2017

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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. As requested at the last Council of Governors meeting, the paper also provides an update on the observations of care initiative being undertaken across the Trust.

2. Infection Prevention and Control Update (exception report as at Quarter 3)

The annual objective for Clostridium Difficile Infection (CDI) for 2016/17 is 63 cases or 17.6 per 100,000 bed days (currently around 70 cases). Performance for Quarter 3 2016/7 was 24 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 we have had 71 Trust apportioned CDI cases at the end of Quarter 3, 27 (38%) of these were considered avoidable.

Actions to further 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, the deep cleaning of selected wards to further reduce the bioburden of clostridium difficile and improved access to expert review via the infection prevention and control team 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 3. In total and as previously reported we have had 3 Trust apportioned MRSA cases year to date (1 case in April, 1 in July and 1 in September).

In relation to ensuring MRSA performance continues to improve, the following key actions are ongoing:

1. Strict attention to hand hygiene and the use of Personal Protective Equipment (PPE).

2. Ensuring all relevant staff understand the correct procedure for screening patients for MRSA before admission, on admission and the screening of long stay patients.

3. Increase the compliance with MRSA screening across the Trust. This will ensure prompt identification of people who have or are at risk of developing infection so they receive timely and appropriate treatment and management to reduce risk of transmission to other people.

4. Assess and improve use of decolonisation therapy across the Trust. Ensuring the optimal management of all patients with MRSA colonisation and infection, including decolonisation treatment, prophylaxis during procedures, and treatment of established infections.

5. In line with the current national CQUIN (Commissioning for Quality and Innovation) on reduction on the use of broad spectrum antibiotics and appropriate timely review of antimicrobial prescriptions. Ensure appropriate antimicrobial use, to optimise patient outcomes and to reduce the risk of adverse events.

6. Ensure MRSA post infection review investigations are completed and lessons learnt are feedback throughout the Trust.

Outbreaks of Diarrhoea and Vomiting

There were 2 outbreaks of diarrhoea and vomiting in Quarter 3 (confirmed norovirus). During November this resulted in the closure of West Ward 1 and during December this resulted in the closure of a bed bay on Edgbaston Ward (both older adult wards).

3. Observations of Care update

3.1 The aims of the Observations of Care Project are:

- To assess current standards of communication and compassionate care within inpatient clinical areas/departments
- To identify, share and celebrate compassionate care being delivered
- To develop action plans for each clinical area/department or Trust-wide, dependant on results of the observations.

3.2.1 An audit tool was developed in order to capture communication and interactions (compassionate care) between our staff and patients across the Trust. Immediate feedback is provided to individuals observed, whether to praise for enriching interactions or guidance on how an interaction might have been improved. Ward senior sisters/charge nurses are also provided with immediate feedback. In addition a written feedback report and action plan is circulated to the ward/department senior sister/charge nurse and relevant Matron. Details of the score categories are provided in Appendix 1.

3.3 Results

3.3.1 The results for Quarter 3 are provided below. A total of 13 clinical areas were visited and 795 interactions were observed.

3.3.2 Chart 1 demonstrates the number of all observed interactions across all 13 areas.

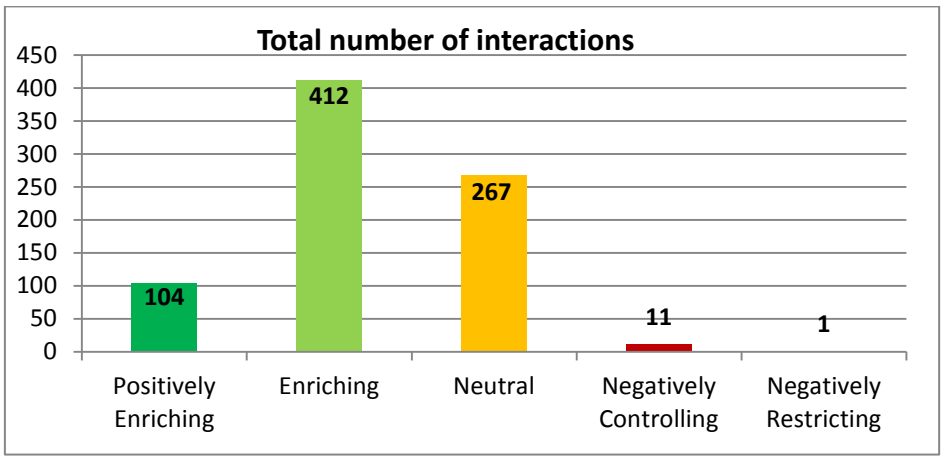


Chart 1: Total number of interactions across all 13 areas.

3.3.3 The results by clinical area, demonstrating the percentage of each type of interaction observed in both 2016 and the previous year are illustrated in Appendix 2.

3.3.4 Examples of interactions observed

Positively Enriching and Enriching

- A nursing assistant was working in a bay of male patients. Two patients were joking and engaging the nursing assistant in a lot of banter. One of the patients in particular was quite direct and often inappropriate which could be considered as quite a challenging and uncomfortable interaction. The nursing assistant dealt with all of the comments in a professional and light hearted way, returning friendly banter but deflecting the more challenging and inappropriate comments extremely well. The nursing assistant remained professional, polite and friendly throughout.
- A housekeeping assistant approached a patient and asked if it would be alright for her to clean around the bed. Whilst cleaning the housekeeping assistant and patient chatted and laughed, the patient was kept informed of what was about to be cleaned at every stage, and was thanked by the housekeeping assistant at the end before she left. The housekeeping assistant demonstrated a friendly manner by smiling, maintaining eye contact with the patient and by addressing the patient in a friendly and respectful manner.
- A nursing student chatted to a patient about folk music, sharing their favourite songs and recommending musical artists to each other. The patient and nursing student were observed to be visibly enjoying the conversation as it continued to flow with ease, sincerity and laughter.
- A consultant and several junior doctors visited a patient. The consultant chatted to the patient in a very respectful and pleasant manner, maintaining eye contact and smiling at the patient. The consultant then assisted the patient to walk around the bed by holding their hand and reassuring the patient, so that a thorough assessment of the patient's mobility could be made. The consultant listened intently to the patients concerns and answered questions reassuringly. The consultant demonstrated compassion and respect throughout the interaction.
- A pharmacist approached a patient to ask questions about their medications. The pharmacist demonstrated a respectful and polite manner throughout. They balanced listening and talking to the patient well

with checking the patient's records so not to ignore the patient when they were speaking. They asked the patient questions in a pleasant tone and involved the patient in decision making throughout, whilst showing respect for the patient's preferences.

- An occupational therapist chatted to a patient about their current progress and how they were feeling. The occupational therapist took the time to listen to the patient's concerns, difficulties and their preferences. The occupational therapist showed respect for the patient's feelings and opinions, and encouraged patient involvement in decision making. The occupational therapist spent time with the patient and did not rush them, demonstrating genuine concern and interest in their progress.
- A porter returned to the ward with a patient. The porter assisted the patient back into bed by explaining carefully and in a way that the patient understood, how to manoeuvre back on to the bed. The porter adopted a caring manner and soft tone of voice, they guided the patient well whilst keeping the patient informed of every action about to be taken by the porter. The patient thanked the porter after they had got back on to the bed.

Neutral

- A doctor asked a patient about his medication. The interaction was very matter of fact, and there was minimal conversation involving the doctor asking what medication the patient was already on, the patient replying what these were, then the doctor stating he would get them as he promptly left. No introductions were made nor any goodbye's given, therefore the observer was unsure if the doctor was planning on returning or not as this had not been made clear to the patient. The doctor did not reappear during the remainder of the observation visit.
- A staff nurse brought a patient a drink, placed it on their bedside table and promptly left with little said to the patient.
- A nursing assistant approached a sedated patient and stood at the end of the patient's bed with a PICS tablet. The patient's relative was sat at the bedside however the nursing assistant failed to have any interaction with the relative before walking away again. This was repeated shortly afterwards by a staff nurse who also stood at the end of the bed for some time and failed to acknowledge the relative before walking away again.
- A housekeeping assistant raised a bed whilst the patient was sleeping on top of it so that they could clean underneath. The patient suddenly opened their eyes startled, saw it was the housekeeping assistant and then promptly settled and went back to sleep. The housekeeping assistant failed to explain what they were doing prior to or during the brief moment the patient was awake. They finished the cleaning, lowered the bed and moved on to the next bed space.

Negatively Controlling and Restricting

- An anaesthetist entered a bay with a staff nurse, and the patient he had come to visit was at the sink near the entrance. Whilst standing at the entrance to the bay the anaesthetist addressed the patient and stated he had been informed that the patient was upset as she was going to have a general anaesthetic. The patient replied that this was not correct, appearing very anxious and frustrated at the remark. The anaesthetist

then asked the patient to continue the conversation at the bedside and continued to discuss with the patient over whether the patient was upset about this or not, and the rationale for a general anaesthetic. The curtains were promptly closed around the bed space however the conversation continued to be easily heard by the observer and the other patients in the bay. The anaesthetist talked over and interrupted the patient on a number of occasions leaving the patient unable to voice her concerns. The anaesthetist did not appear to fully listen to the patient and addressed her in a matter of fact way. He edged away through the curtains as he was still talking towards the end of the conversation, and carried on finishing the conversation as he walked out of the bay. The staff nurse, who had not spoken at all during the whole interaction, left the bay with the anaesthetist. The observer spoke with the patient to reassure her.

- A patient called a nursing assistant over to inform her that she had been brought the wrong pudding. Instead of apologising and replacing the pudding, the nursing assistant stated it was not her who had brought the wrong one. The nursing assistant listened to the patients concerns but showed no sign of acknowledging or resolving the issue before leaving the bay again. The observer asked another member of staff to provide the correct pudding, which they did.
- A staff nurse approached a patient, set up her equipment then said to the patient 'I need to take your blood sugar'. At this point, the nurse immediately took hold of the patient's finger and performed the test with no further warning. Little other conversation was had between the staff nurse and patient.

3.4 Discussion

3.4.1 65% of the interactions observed across all 13 clinical areas were considered to be Enriching and 33.5% as Neutral. Neutral interactions are considered acceptable in many circumstances and to some extent are expected during busy periods of a shift. However, consistently Neutral interactions should be considered with caution due to the potential accumulative effect on patient experience. Negative interactions were observed in 1.5% of the total number of interactions.

3.4.2 Critical Care Area A, Wards 305, 409, 515, 624, 625 and 728 have demonstrated clear improvements in the types of interactions observed. In 2016 all 7 areas have seen a move away from Neutral interactions and an increase in Enriching and Positively Enriching interactions, when compared with the observations undertaken in 2015.

3.4.3 Following the observations undertaken in the first 6 months of 2016, where clinical areas had been visited for a second time, the results for 2015 and 2016 have been compared and statistically analysed. This confirmed that there has been a statistically significant improvement from Neutral to Enriching interactions overall and will be detailed in the end of year report. The aim is to demonstrate that by continuing to raise awareness and encourage reflection on how we interact with others, whilst tackling the small number of negative observations at the time, we can further improve upon the quality and meaningfulness of interactions.

3.5 Limitations

3.5.1 Observations of care provide a snapshot of interactions on a given day at a given time. This does not necessarily mean that interactions recorded are reflective of 'usual' interactions experienced on the clinical area.

3.5.2 Observer bias might interfere with consistent grading of interactions, where one observer views an interaction differently to another. As a team the observers met and discussed examples of the different interaction grading scores in order to try and reduce this from occurring. Routine comparison and discussion regarding observations is also undertaken during the actual visits.

3.5.3 Where the number of interactions observed on a clinical area in 2016 greatly differs from the number observed in 2015, it is difficult to make direct comparisons in terms of improvements within a particular ward.

3.6 Key Actions and Next Steps

- Continue to monitor and review for next quarter, specifically in view of discussing results with clinical leads
- Following a 12 month period of observations, a Trust wide view of the overall results will be published and actions developed
- Continue to provide 3 monthly reports to the Care Quality Group
- Publish the project in a professional journal.

4.0 Recommendation

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

Philip Norman
Executive Chief Nurse
January 2017

Appendix 1: Score categories

PE – Positively Enriching

- Participant is laughing, smiling, joking. Thoroughly enjoying the interaction.
- Expressing reassurance, delight and positivity about their care/situation.
- Staff member is demonstrating empathy, understanding, and is fully engaging.
- They might be sharing experiences, playing cards with the participant, initiating and engaging in conversation, sharing their own views/experiences.
- Participant is being treated with upmost respect, privacy and dignity, and thoughtfulness about the participant's comfort.
- The staff member is 'going out of their way' to ensure the participant's needs are being met.

E – Enriching

- The participant might demonstrate contentment, satisfaction at the interaction.
- The member of staff is demonstrating a caring attitude e.g., whilst assisting the participant with a drink, or with mobilising etc.
- The member of staff demonstrates genuine concern or interest in the participant's well-being.
- Eye contact is maintained, the content and tone of the interaction is warm and reassuring, and the participant is being listened to.
- The staff member **doesn't** engage, initiate or share conversation involving their own views or experiences, but listens to the participant as they express theirs.

N – Neutral

- There is no apparent positive or negative effect of the interaction.
- The member of staff undertakes an interaction with little or no conversation.
- The interaction might include routine care that has become mundane, regimented.
- The basic standards of care or etiquette are being met, but do not appear thoughtful or individualised, but appears indifferent.
- They might be rushing the interaction and so are addressing only the aspect of care the staff member has approached for.

NC – Negatively Controlling

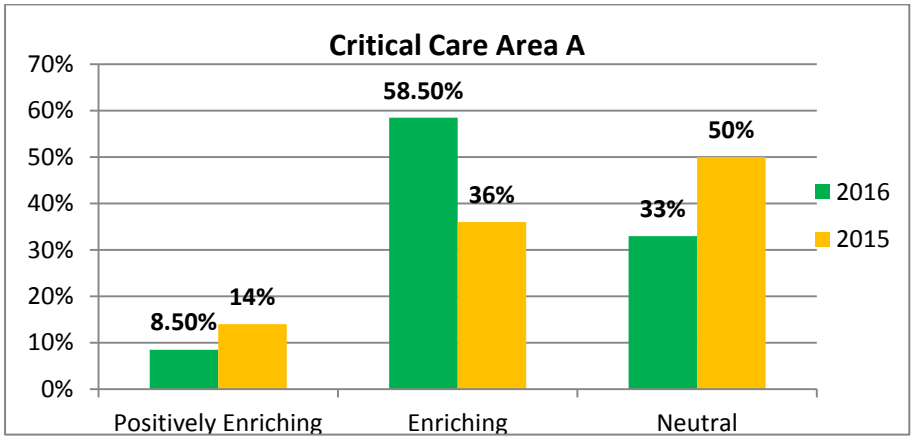
- The member of staff fails to give the participant choice, they are domineering the interaction. E.g. the staff member begins to wash a patient without obtaining their consent, or including them in decisions beforehand.
- There is little or no eye contact, the content and tone of conversation might be stern or reprimanding. The participant is being spoken to like a child.
- The participant might be excluded from conversation about them, for instance two staff members talking over them but not including them.
- The member of staff might be sighing or moaning at having to do something for the participant, and so the participant might appear reluctant to ask for assistance.
- The staff member stands over the participant when talking, in a domineering way.

NR – Negatively Restricting

- Little or no regard is being paid to the participant's feelings or emotions.
- The participant might be ignored when asking for assistance.
- The member of staff might show signs of anger or frustration towards the participant.
- The member of staff might be rude, disrespectful or rough in their handling of a patient or their possessions. The patient might yelp in pain or shock of the rough contact.
- Curtains might be drawn around a patient in order to purposefully obstruct their view.
- Items might be purposefully placed out of reach, e.g. the call bell, their table.
- The staff member argues with the participant, stating they are wrong or that they are just being difficult.
- There is little or no respect shown for the participants needs.

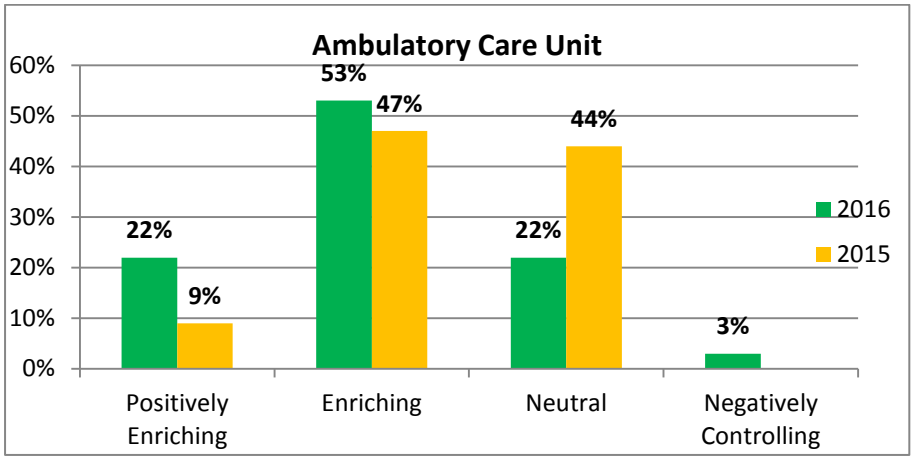
Appendix 2: Results by ward, demonstrating the percentage of each type of interaction observed in both 2016 and the previous year.

Critical Care Area A. (Total number of observations 2016 = 48, 2015 = 56)



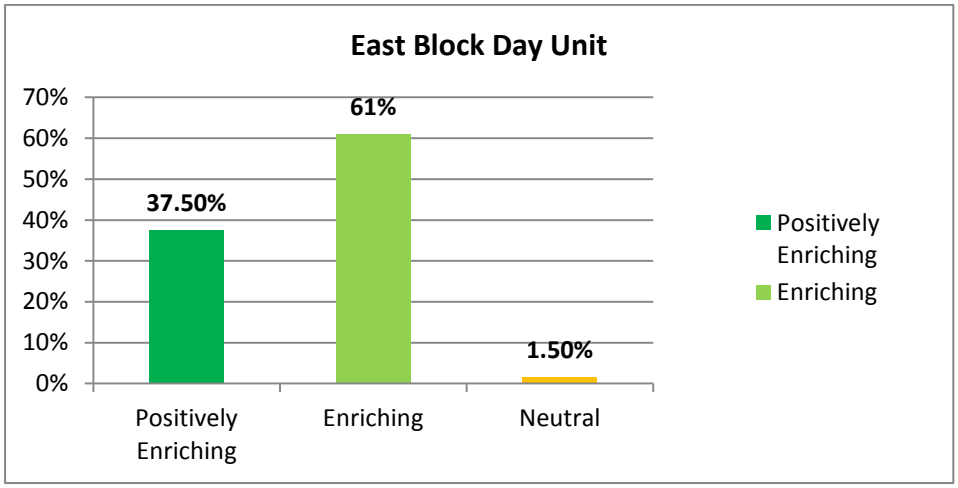
Percentage of each type of interaction observed in 2016 and 2015

Ambulatory Care Unit. (Total number of observations; 2016 = 36, 2015 = 55)



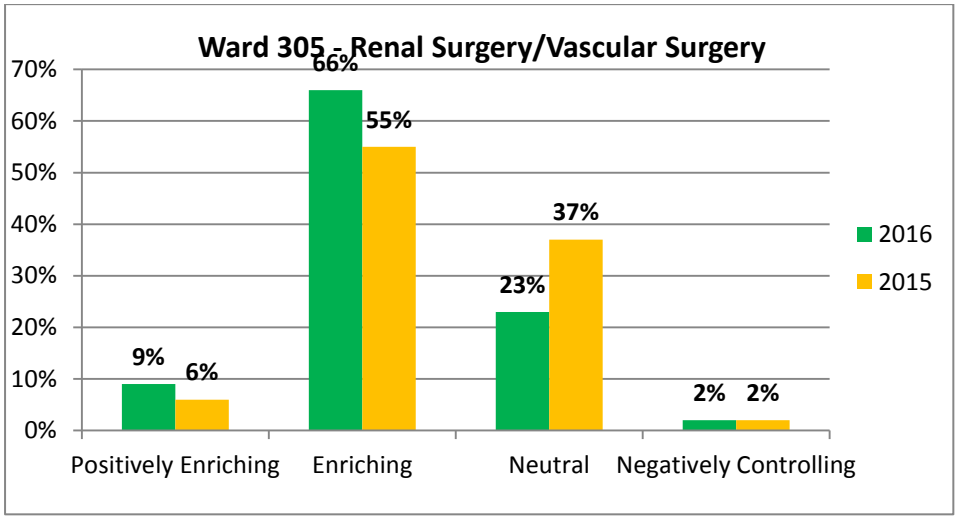
Percentage of each type of interaction observed in 2016 and 2015

East Block Day Unit. (Total number of interactions; 2016 = 64, observations not previously undertaken in 2015)



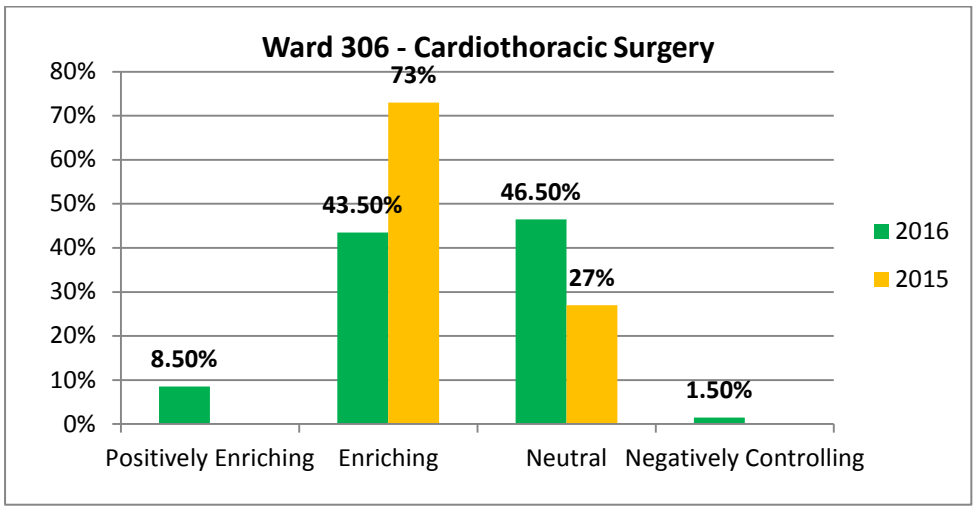
Percentage of each type of interaction observed in 2016

Ward 305. (Total number of interactions; 2016 = 64, 2015 = 49)



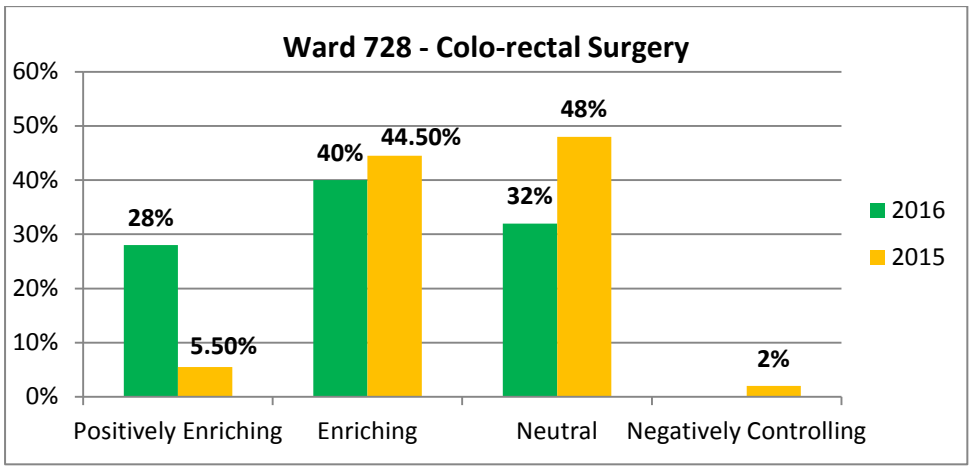
Percentage of each type of interaction observed in 2016 and 2015

Ward 306. (Total number of interactions; 2016 = 71, 2015 = 48)



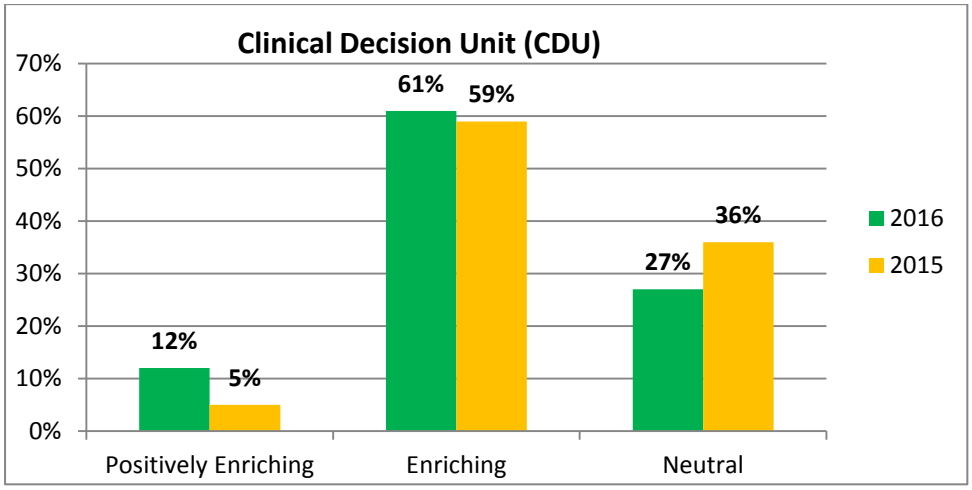
Percentage of each type of interaction observed in 2016 and 2015

Ward 728. (Total number of interactions; 2016 =60, 2015 = 54)



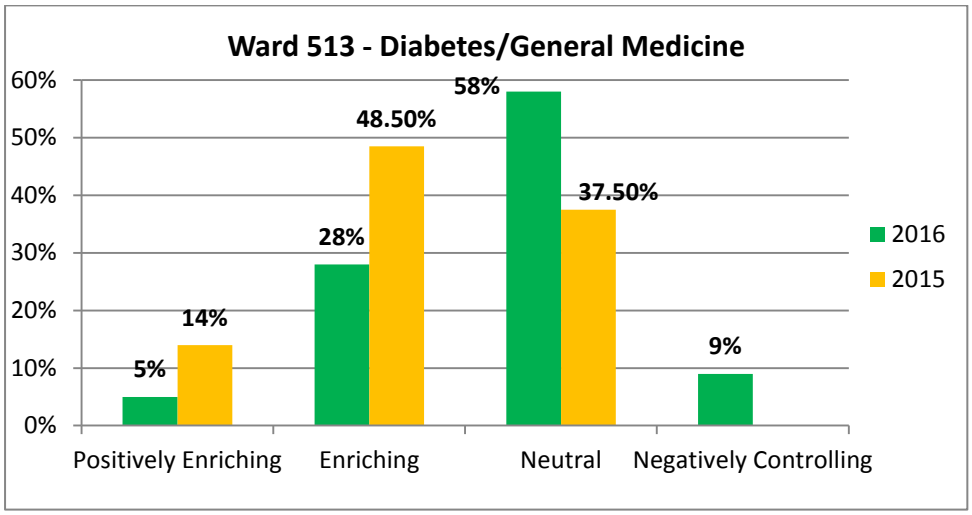
Percentage of each type of interaction observed in 2016 and 2015

Clinical Decision Unit. (Total number of interactions; 2016 = 101, 2015 = 105)



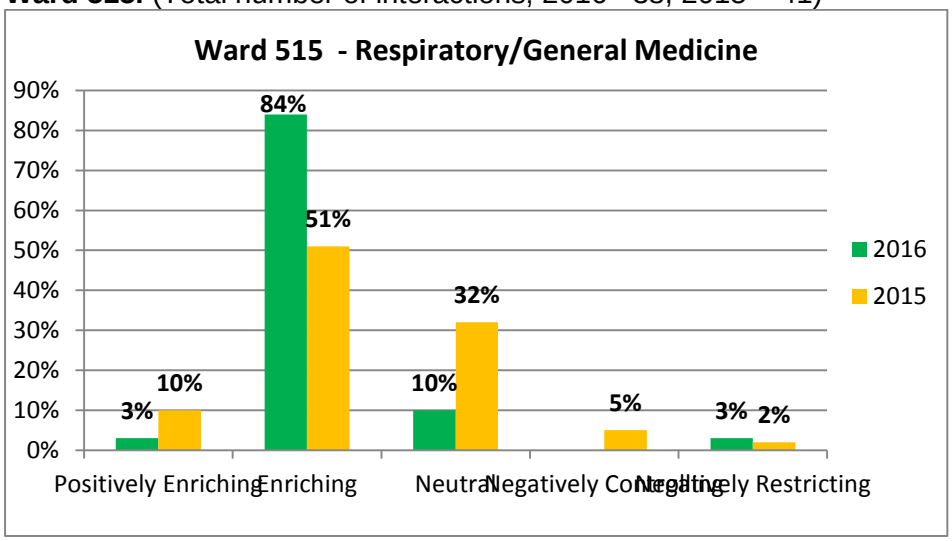
Percentage of each type of interaction observed in 2016 and 2015

Ward 513. (Total number of interactions; 2016 = 67, 2015 = 64)



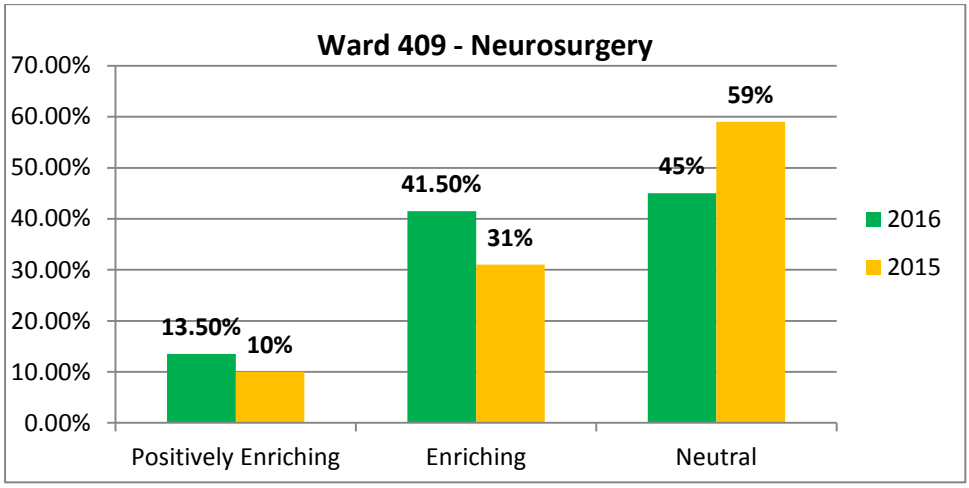
Percentage of each type of interaction observed in 2016 and 2015

Ward 515. (Total number of interactions; 2016 =38, 2015 = 41)



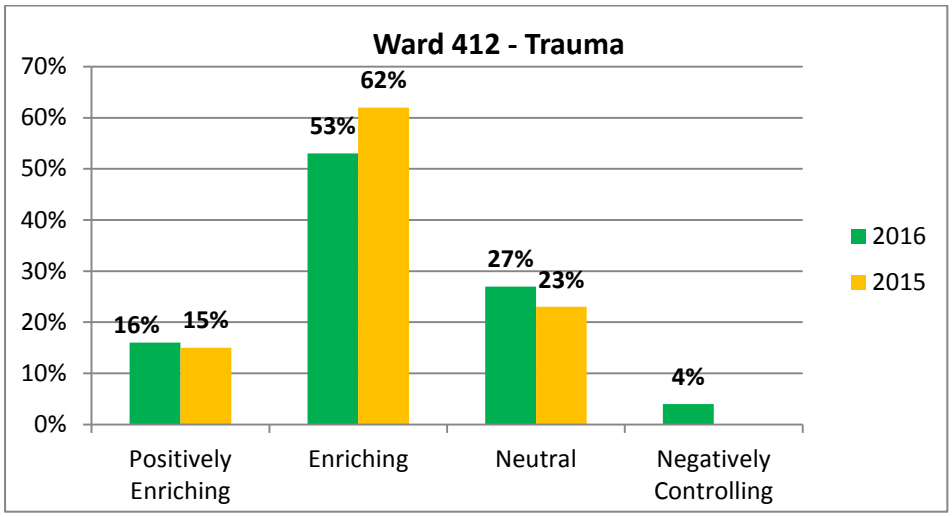
Percentage of each type of interaction observed in 2016 and 2015

Ward 409. (Total number of interactions; 2016 = 82, 2015 = 81)



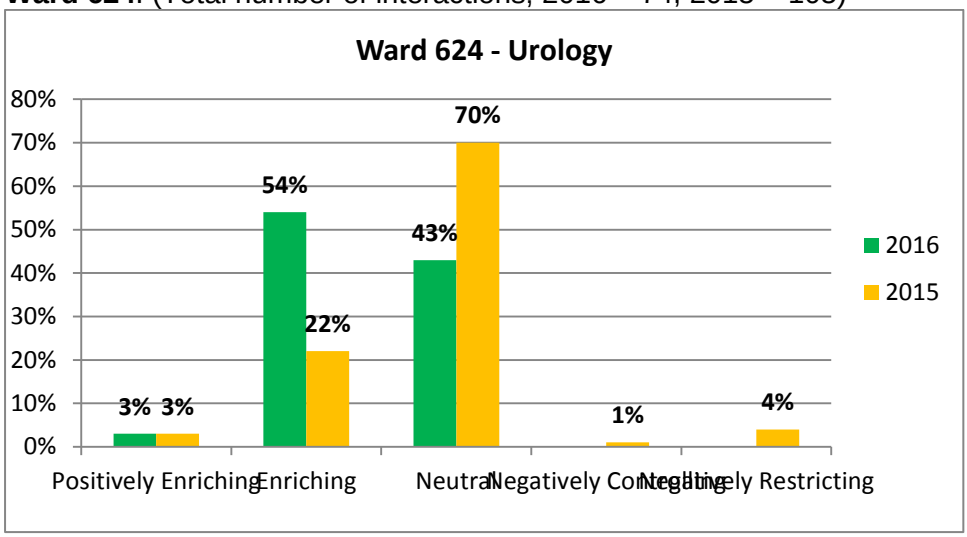
Percentage of each type of interaction observed in 2016 and 2015

Ward 412. (Total number of interactions; 2016 = 45, 2015 = 122 (visited twice))



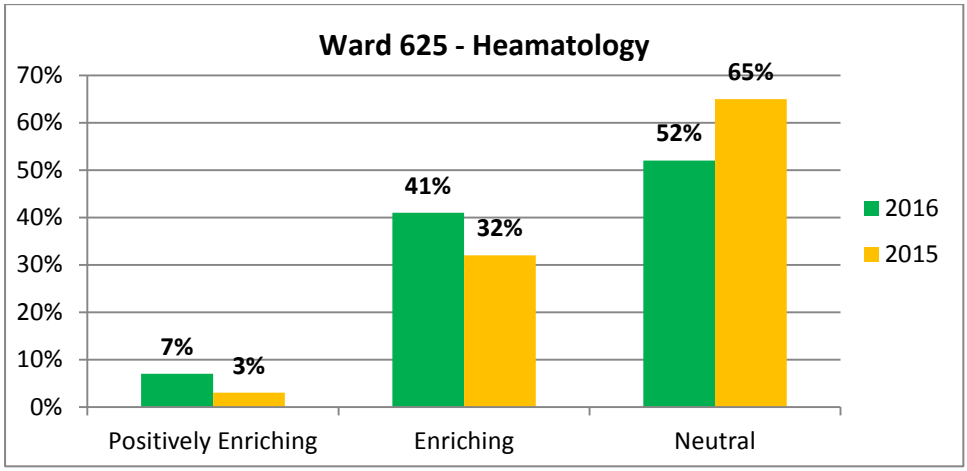
Percentage of each type of interaction observed in 2016 and 2015

Ward 624. (Total number of interactions; 2016 = 74, 2015 = 105)



Percentage of each type of interaction observed in 2016 and 2015

Ward 625. (Total number of interactions; 2016 = 46, 2015 = 37)



Percentage of each type of interaction observed in 2016 and 2015