

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
THURSDAY 24 JANUARY 2019

Title:	CARE QUALITY REPORT
Responsible Director:	Lisa Stalley-Green (Chief Nurse)
Contact:	Hayley Flavell – Deputy Chief Nurse (Safety, Quality & Improvement)
Purpose:	To provide the Council of Governors with an exception report on Care Quality within the Trust.
Confidentiality Level & Reason:	None
Annual Plan Ref:	Aim 1. Always put the needs and care of patients first.
Key Issues Summary:	<ol style="list-style-type: none"> 1. Development of a single corporate Infection Prevention team with site based accountability has begun and will complete by 31st March 2019 2. A further MRSA case related to screening is being addressed through PICS prompt and monitoring. A review meeting is being held to inform our improvement plan for 2019/2020. 3. Performance on complaints management remains good for QE site. From 1st April 2019, following the corporate leadership structure implementation an improvement plan will be agreed with the patient relations team with a trajectory to meet required targets within an agreed timeframe for all complaints. A theme has emerged from complaints related to care at end of life, a review will begin to inform a strategy and improvement plan to be discussed at Patient Experience Group in February 2019. 4. Friends and Family national survey results are now being reviewed monthly at the Patient Experience Group. Trends include pain management and communication. 5. A process for escalation and support following a nil return for FFT from an area has been agreed.

	<p>6. Falls at QE site continue to increase; this will feature as a quality improvement target for 2019/20.</p> <p>7. The Maternity Clinical Strategy was discussed.</p>		
Recommendations:	<ul style="list-style-type: none"> • Discuss the content of the report and areas highlighted as key issues. • Endorse the alignment of corporate nursing teams between sites by 31st March 2019. • Endorse the recommendation of reduction in falls as a continuing quality improvement priority. 		
Approved by:	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Lisa Stalley-Green</td> <td style="width: 30%;">Date: 17.01.19</td> </tr> </table>	Lisa Stalley-Green	Date: 17.01.19
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CARE QUALITY

PRESENTED BY CHIEF NURSE

1. Introduction and Executive Summary

This paper provides an exception report regarding the Trusts infection prevention and control performance. The paper also provides an update regarding complaints, fall and tissue viability performance and actions being taken to make further improvements.

2. Infection Prevention and Control Update (exception report)

2.1 MRSA bacteraemias 2018/19

There was 1 MRSA bacteraemia identified during December at UHB which was a Trust Apportioned case. In total for the financial year 2018/19 UHB have had 5 Trust apportioned bacteraemias. Monthly incidence of MRSA bacteraemias is shown in Table 1.

Table 1: Monthly number of MRSA bacteraemias across UHB up to 31 December 2018.

Month	UHB bacteraemia	Time of bacteraemia acquisition?	
		Non Trust apportioned	Trust apportioned
April 2018	0	0	0
May 2018	2	1	1
June 2018	0	0	0
July 2018	0	0	0
August 2018	1	0	1
September 2018	1	0	1
October 2018	1	0	1
November 2018	1	1	0
December 2018	1	0	1
Total	7	2	5

Note: Objective for the financial year 2018/19 is zero avoidable cases.

In light of the 5 MRSA Trust Apportioned bacteraemias an MRSA bacteraemia reduction plan is being developed across UHB to include key interventions such as:

- Improve hand hygiene for example looking at new metrics to monitor compliance. Focused hand hygiene educational packages across the UHB.
- MRSA management of patients establishing MRSA acquisition wards rounds across UHB.
- Root cause analysis of the MRSA bacteraemias and feedback the learning of these across UHB.
- Focus on antimicrobial stewardship based on the national CQUIN, including timely review of antimicrobials and de-escalation/ IV to oral switch.
- Look into new cleaning methodologies to improve environmental cleanliness across UHB.
- Improve compliance with MRSA screening across UHB through communication and educational packages.

2.2 Incidence of Clostridium difficile Infection (CDI) Current Figures

The annual objective for Clostridium difficile infection (CDI) for 2018/19 at UHB is 125 Trust Apportioned cases. Overall UHB have had 123 Trust Apportioned cases. Performance for December 2018 was similar with 10 Trust Apportioned cases as compared to November where there were 9 cases.

To minimise the risk of CDI the Infection Control teams at both sites have had key focuses this month on:

- QEHB have developed a C. difficile action plan to tackle the increase in numbers seen this financial year with specific focuses on hand hygiene, appropriate cleaning and antimicrobial stewardship.
- HGS continue to focus on antimicrobial stewardship with education sessions around appropriate timely review of antimicrobial prescriptions; ensuring appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events.

2.3 Multiply resistant Gram negative bacteria

During December there were 2 *carbapenemase* producing *Enterobacteriaceae* (CPE) identified from patients admitted to UHB. There was one multiple drug resistant (MDR) *Acinetobacter baumannii* (*carbapenemase* producer) identified at UHB again in a patient admitted to UHB.

2.4 Meticillin-sensitive Staphylococcus aureus (MSSA) bacteraemia

Performance for December 2018 across UHB was 9 Trust apportioned and 16 non-Trust apportioned cases. The number of Trust apportioned bacteraemias was higher as compared to November where there were 7 cases.

2.5 Gram negative bacteraemias

2.5.1 E. coli. Performance for December 2018 across UHB was 12 Trust apportioned and non-Trust 73 apportioned cases.

2.5.2 Klebsiella Performance for December 2018 across UHB was 6 Trust apportioned and 12 non-Trust apportioned cases.

2.5.3 P. aeruginosa Performance for December 2018 at UHB was 4 Trust apportioned and 2 non-Trust apportioned cases.

Overall the number of Trust apportioned E. coli was much lower in December as compared to previous months while Klebsiella species and P. aeruginosa bacteraemias seen in December remained the same as previous months.

2.6 Outbreaks

There were no outbreaks of vomiting or diarrhea across UHB in December as compared to the previous month where there was a sharp rise in norovirus.

2.7 Flu update

The 1st December was the official launch of the staff influenza vaccination sessions; UHB have achieved the target of vaccinating 75% of frontline staff. Influenza season has started with a large number of cases being seen on the emergency departments across all sites of UHB.

2.8 Corporate Infection Prevention Team Review and Restructure

A team review including all Infection prevention and control leaders and staff from across the trust has started with a plan to develop a team providing site based support and shared accountability.

3. Complaints Quarter 3 2018/19 update Number of Complaints Received

3.1 Number of complaints and follow up complaints

Responsible Director: Executive Chief Nurse	Care Quality						Target:	85%		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
QEH - New	72	59	59	42	50	55	62	53	50	502
HGS - New	113	86	117	105	113	108	116	94	74	926
UHB - New	185	145	176	147	163	163	178	147	124	1428
QEH – Follow ups	12	17	14	17	13	7	14	12	15	121
HGS – Follow ups	12	16	25	19	13	13	16	9	14	137
UHB – Follow ups	24	33	39	36	26	20	30	21	29	258
QEH - Response	89.4%	86.4%	84.0%	87.2%	87.8%	92.7%	93.5%	*	*	88.9%
HGS - Response	91.8%	88.9%	77.5%	74.1%	66.1%	71.9%	67.3%	*	*	76.3%
UHB - Response	90.9%	87.9%	79.6%	78.8%	72.8%	79.5%	77.1%	*	*	80.9%

*not yet available

The Trust received 147 complaints in November 2018 and 124 in December 2018, a decrease from 163 in September 2018 and 178 in October 2018.

The overall Trust complaint response rate against the target of 85% achieving a 30 working day turnaround was 77.1% for October (latest data available). This is a slight reduction on the 79.5% performance in September. At the QE site, 93.5% of cases achieved the turnaround time for October, the best ever monthly performance since this target was introduced. At HGS, performance was 71.9%. The complaints team at HGS is working closely with divisional colleagues to improve the timeliness of responses. Actions are being implemented to improve both quality and timeliness including the new complaints timeline with additional KPIs, additional quality assurance stages, and a further check when the responses are received into the QE complaints office for signature, as well as training with the team and with divisional staff. A trajectory will be put in place for recovery.

An identified trend is complaints about care for patients at end of life, a thematic review is being completed which aims to identify recommendations for an end of life strategy any quality improvement plan, this will be reported to the Patient Experience Group in February.

3.2 Patient Experience update

The Friends and Family Test (FFT) for December showed inpatient positive recommendation of 96% for two sites (BHH/GHH), 97% for QE with Solihull remaining an outlier at 94% (all figures are rounded). All bar Solihull hospital are matching or exceeding the current national average of 96%. All sites match or exceed the regional average of 94%. Outpatient positive recommendation varies by site against a national average of 94%; QE currently achieves a higher positive recommendation than other sites at 96%, 88% (BHH), 93% (Solihull) and 92% (GHH).

Emergency Department FFT positive recommendation for all sites (other than Solihull) remains lower than the usual national average of 87%. Solihull currently achieves 88% with other sites scoring less; GHH – 75%, BHH – 66%

and QE – 77%. When the FFT positive recommendation is plotted against the four hour target, this tracks very closely for all sites other than Solihull.

Maternity Birth FFT achieved 77% and 86% for GHH and BHH respectively, a 100% positive recommendation for Solihull is not statistically representative due to very low response numbers. The national average is usually 96-97%. Postnatal ward FFT showed positive recommendation of 86% (GHH), 97% (BHH) and 100% (Solihull). Response rates from all three sites are low so again this may not be statistically representative. Other Maternity and Community FFT response rates are low so also may not be considered representative, response rates across all FFT need to be improved. Maternity postnatal community received zero responses.

December free text comments have not yet been fully analysed/validated but based on November data for all areas the primarily positive themes continue to include friendly, helpful, caring and professional staff whose expertise and kindness made a real difference to patients' stay and made them feel well looked after. Efficient service and an overall positive experience of care and treatment received were also positively reported.

The main themes that could be improved were: communication, staff attitude (not current theme for QE), staffing numbers/busy staff resulting in delays, pain management (mainly ED) and waiting times (ED/OPD). Comments around food and the environment also featured – for QE this relates specifically to noisy ward environment and temperature (cold), for BHH the condition of the environment in ED was a factor. Car parking issues featured for all sites and the impact this has on getting to appointments. FFT feedback is shared locally for areas to note and address comments made.

A process for escalation and support following a nil return on FFT for an area has been agreed. This includes escalation to the Matron and following two failures a short patient survey will be completed by the Patient Relations Team and the performance issue addressed at the Divisional Performance Review.

Healthwatch Birmingham have been visiting Birmingham hospitals looking at waiting areas in outpatients and emergency departments. The Trust facilitated visits to our sites in December. Healthwatch Birmingham has confirmed that this topic was chosen by respondents in a public survey, alongside another project to hear the experiences of primary care patients with mental health problems. It does not reflect any specific negative feedback heard about this Trust. The final report is due in March.

4. Falls Quarter 3 2018/19 Update

All falls (inpatient and outpatient), and falls with severe harm

		Oct 2018	Nov 2018	Dec 2018
No. of falls	QEH	216	266	263
	BHH	138	124	122
	GHH	138	122	103
	SH	33	42	32
	UHB	525	554	520
Severe harm	QEH	1	1	4
	BHH	2	1	0
	GHH	2	3	2
	SH	0	1	0
	UHB	5	6	6

Inpatient falls only, including falls per 1000 bed days and falls with severe harm.

		Oct 2018	Nov 2018	Dec 2018
No. of falls	QEH	203	236	252
	BHH	126	111	108
	GHH	127	120	92
	SH	29	34	28
	UHB	485	501	480
Falls per 1000bd	QEH	5.77	6.67	7.09
	BHH	4.80	4.35	4.07
	GHH	7.52	7.45	5.57
	SH	5.01	5.92	4.88
	*UHB	5.77	6.06	5.69
Falls with Severe harm	QEH	1	1	4
	BHH	2	1	0
	GHH	2	3	2
	SH	0	1	0
	UHB	5	6	6
Falls with Severe harm per 1000bd	QEH	0.03	0.03	0.11
	BHH	0.08	0.04	0.00
	GHH	0.12	0.19	0.12
	SH	0.00	0.17	0.00
	*UHB	0.06	0.07	0.07
Bed Days	QEH	35,199	35,383	35,507
	BHH	26,231	25,501	26,529
	GHH	16,881	16,106	16,519
	SH	5,794	5,740	5,733
	UHB	84,105	82,730	84,288

4.1 Falls Update

There has been an increase in falls per 1000bd across UHB and this is consistent with previous trends. Falls resulting in severe harm across UHB overall also increased in December QEH saw 4, whereas BHH and SHH record a severe harm free month. In the same month GHH saw 2 falls with severe harm.

All of the severe harms sustained in December across UHB were attributed to; accidental (4), medical condition causing the fall (1), and patient mobilising whilst unsupervised when assistance was required (1).

A key area of focus remains on adequate enhanced care cover, ensuring that patients with a cognitive impairment who may also be at an increased risk of falling receive adequate levels of supervision in accordance with their needs. Available staffing to meet all requests for this remains a challenge, however incident investigations and routine ward visits are highlighting that there is also a general lack of understanding around the principles of delivering enhanced care. In response, enhanced care training is being revisited to ensure it remains targeted towards key groups of staff (Locate, Band 6 nurses), and senior sisters/charge nurses have been advised to add the key principles of delivering enhanced care to their ward daily expectations to ensure that these are consistently communicated and reinforced across their teams.

Planning for a joint UHB falls strategy is now underway, and the joint falls team are excited and positive about working towards a more standardised falls service across all hospital sites. Priority will be given to standardising falls prevention and post fall management practice, aligning the incident investigation process, and staff education and training in falls prevention.

5. Tissue Viability

		April 2018	May 2018	June 2018	July 2018	August 2018	September 2018	October 2018	November 2018	Total
Grade 2 non DR	QEH	12	6	5	1	7	5	9	7	52
	BHH	3	1	3	3	2	1	3	0	17
	GHH	0	2	1	2	4	1	2	2	14
	SH	0	0	0	1	0	0	0	0	1
	UHB Total	15	9	9	7	13	7	14	9	84
Grade 2 DR	QEH	1	0	1	1	1	0	2	3	9
	BHH	0	2	0	0	1	0	0	1	4
	GHH	0	1	0	1	0	0	0	0	2
	SH	0	1	0	0	0	0	0	0	1
	UHB Total	1	4	1	2	2	0	2	4	16

Following a raise in avoidable PU in October there has been a drop in grade 2 non-device related PU in November. In addition there has been a grade 4 PU and a grade 3 device related PU reported at the QE site that is currently under investigation. A new educational campaign entitled "MOVED" was launched on International Stop the Pressure day promoting key elements of pressure ulcer prevention such as Movement, Observation, Verbalising, Equipment and

Documentation. This was jointly designed by the TV teams at QE and HGS and has formed part of the NHSi Pressure Ulcer Collaborative work.

Overall, HGS figures suggest a slow but gradual downward trend in hospital acquired category 2's. Of the 3 grade 2 avoidable pressure ulcers, one was medical device related, associated with long term oxygen therapy via nasal cannula, used without ear guards. Work to sustain reduction and embed accurate categorization is ongoing. Typically a number of initially reported category 2's required reclassification as moisture lesions following TVN validation / clinical photography. A moisture lesion care plan and pictorial guidance has been successfully piloted on ward 17, 5 and 28 at BHH with positive feedback. A quality improvement project to improve continence care on 20b (Solihull) has been completed, with plans to share learning.

A new educational campaign entitled "MOVED" is currently being piloted on ward 12 at GH as part of the NHSi Collaborative work previously mentioned. In neonates and in paediatrics (HGS), work streams continue to support improvement in documentation and reporting. Improvements are reflected in the tissue viability metrics. Over 62 % of staff are now compliant and have completed the bespoke educational 'Moodle' launched recently.

There were no community avoidable pressure ulcers. Delays in obtaining equipment have been raised as a concern. This is currently on the risk register.

6. Clinical Strategy – Maternity Services

The Maternity Service Clinical Strategy was presented to Care Quality Group. University Hospital s Birmingham nm provides services with over 9,600 births a year in some of the most deprived and affluent areas across Birmingham and Solihull. A collaborative care model including obstetricians and midwives provide women with a safe environment and risk assessed care plan for delivery either at home or on a hospital site.

The model of care offers choices based upon risk assessment. Low risk births may be offered at all sites and at home. Births requiring obstetrician led care or theatre support are offered at Good Hope and Heartlands Hospitals.

This risk management coupled with choice ensures appropriate levels of skill mix and maintenance of staff competencies is achieved.

7. Recommendation

- Discuss the content of the report and areas highlighted as key issues.
- Endorse the alignment of corporate nursing teams between sites by 31st March 2019.
- Endorse the recommendation of reduction in falls as a continuing quality improvement priority.

Lisa Stalley-Green
Executive Chief Nurse
January 2019