

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
FRIDAY 24 MAY 2019**

Title:	CARE QUALITY REPORT
Responsible Director:	Lisa Stalley-Green, Executive Chief Nurse
Contact:	Hayley Flavell, Deputy Chief Nurse

Purpose:	To provide the Council of Governors with an exception report on performance against nursing and midwifery key performance indicators, in addition to contractual and internal targets.
Confidentiality Level & Reason:	None
Annual Plan Ref:	Aim 1. Always put the needs and care of patients first.
Key Issues Summary:	This paper provides an update to the Council of Governors on the following nursing and midwifery performance activity: <ul style="list-style-type: none"> • Infection Control • Tissue Viability • Falls • Patient Experience
Recommendations:	The Council of Governors is asked to receive this exception report on the progress with Care Quality.

Approved by:	Lisa Stalley-Green	Date: 13 th May 2019
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS FRIDAY 24 MAY 2019

CARE QUALITY REPORT

PRESENTED BY THE EXECUTIVE 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 April Care Quality Group.

2. Patient Safety Update

2.1 Infection Control

The annual objective for MRSA bacteraemia is 0 avoidable cases. There were no MRSA bacteraemia identified during March 2019 at UHB. In total for the financial year 2018/19 UHB have had five Trust apportioned bacteraemia. In light of the five Trust Apportioned bacteraemia an MRSA bacteraemia reduction plan has been developed in conjunction with NHSI. Monthly incidence of MRSA bacteraemia is shown in the table below.

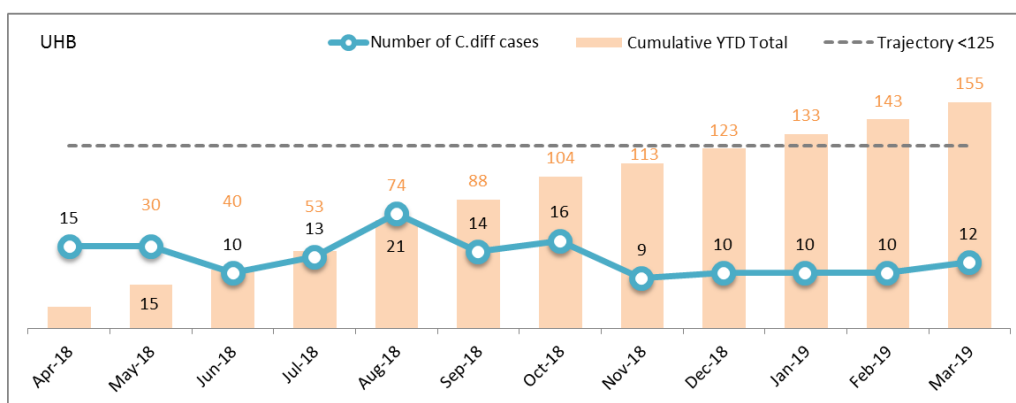
Month	UHB bacteraemia	Time of bacteraemia acquisition?	
		Non Trust apportioned	Trust apportioned
April 2018	0	0	0
May 2018	2	1	1
June 2018	0	0	0
July 2018	0	0	0
August 2018	1	0	1
September 2018	1	0	1
October 2018	1	0	1
November 2018	1	1	0
December 2018	1	0	1
January 2019	2	2	0
February 2019	0	0	0

Month	UHB bacteraemia	Time of bacteraemia acquisition?	
		Non Trust apportioned	Trust apportioned
March 2019	0	0	0
Total	9	4	5

Monthly number of MRSA bacteraemia across UHB up to 31 March 2019
Note: Objective for the financial year 2018/19 is zero avoidable cases

The annual objective for *Clostridium difficile* infection (CDI) for 2018/19 at UHB is 125 Trust Apportioned cases. Overall UHB finished with 155 Trust Apportioned cases for the financial year. Performance for March 2019 was higher than previous months with 12 Trust Apportioned cases. The total number of Trust Apportioned cases in the past 5 months was 52 showing significant improvement compared to the previous 7 months where the Trust saw 103 cases.

This is a significant improvement and will be, in part, due to the Trust's focus on antimicrobial stewardship and the re-introduction of Faecal Microbiota Transplant for the treatment of CDI. Out of the 155 Trust Apportioned cases identified only 30 of these had lapses in care; showing good practice is being conducted across the Trust in relation to the management and treatment of CDI.



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

E. coli causes a significant number of infections, including bacteraemia, which are predominantly associated with the urinary tract. There is a National ambition to reduce the number of bacteraemia due to *E. coli* by 50% by 2021 and one of the CQUIN indicators for 2019/20 is to improve the management of lower urinary tract infections in older people. To support this the Trust has commenced an education campaign to improve the diagnosis and management of urinary tract infections, we are working closely with CCG colleagues and a Trust wide continence group has been established.

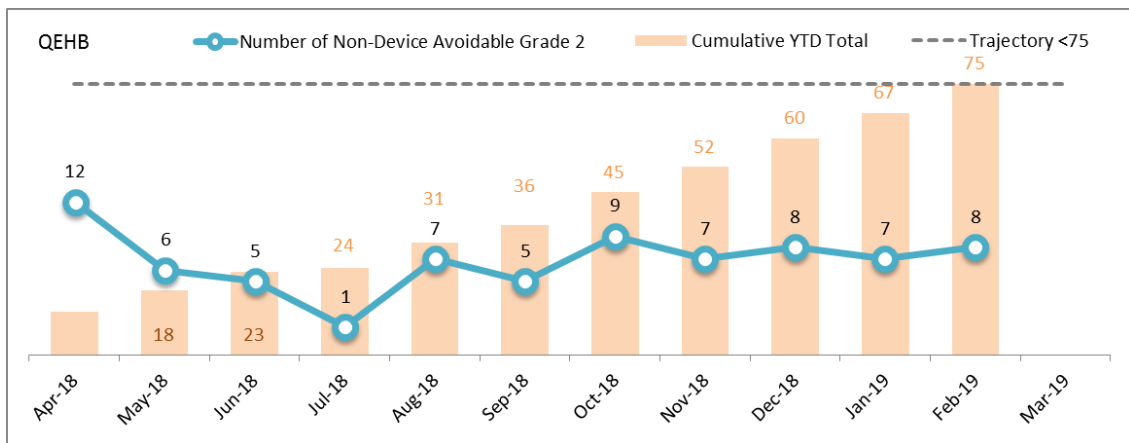
Work is on-going to establish a robust Trust wide surgical site infection surveillance programme, with a business case being written for one full time registered nurse and a part time band 3 secretarial / data entry post to support the nurse. These posts will support across all four hospital sites.

2.2 Tissue Viability

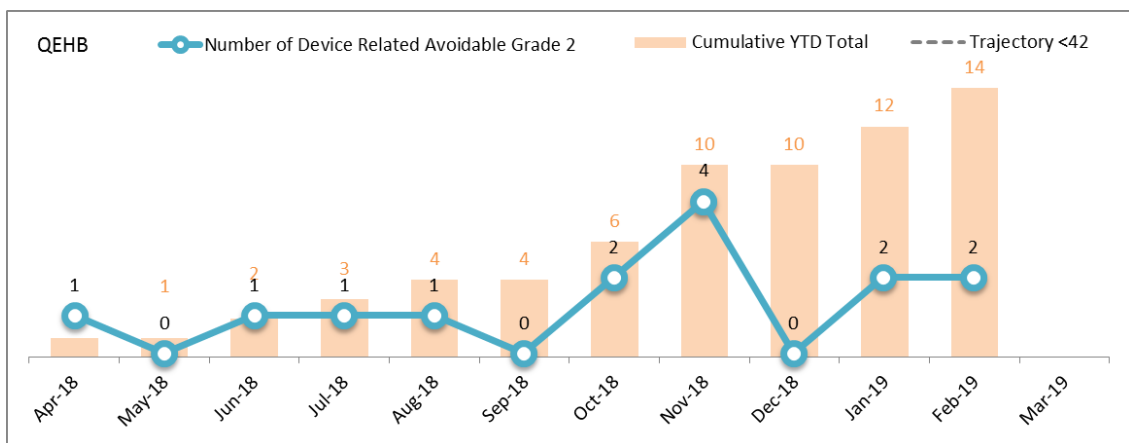
There were 16 avoidable grade 2 pressure ulcers reported in February 2019 across the Trust.

There have been 75 non device related reported on the QE Hospital site year to date against an annual trajectory of no more than 75, and 14 device related against an annual trajectory of no more than 44.

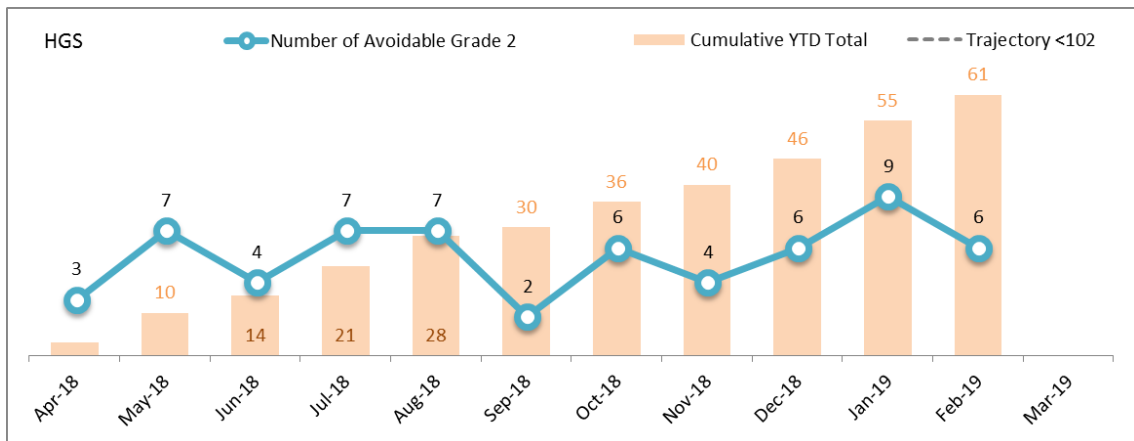
There have been 61 reported across the HGS sites year to date against an annual trajectory of no more than 102.



Number of non device related avoidable Grade 2 pressure ulcers year to date against trajectory at QEHB



Number of device related avoidable Grade 2 pressure ulcers year to date against trajectory at QEHB



Number of avoidable Grade 2 pressure ulcers year to date against trajectory at HGS

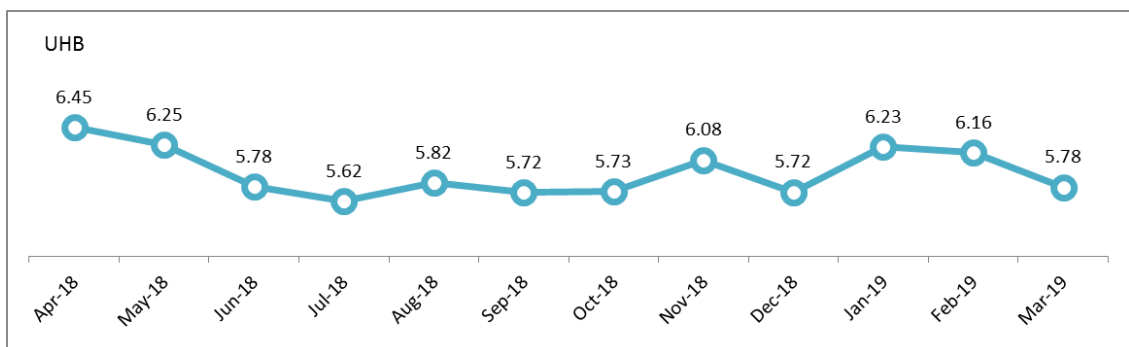
The Clinical Commissioning Group (CCG) visited the Trust on Monday 29th April 2019. The outcome was positive with the CCG feeling assured that processes are in place and staff have a good knowledge of pressure ulcer prevention strategies.

A proposed team structure with site accountability has been developed. Education, policies and processes are in the process of being aligned.

RCA documents and Datix reporting forms have been aligned. The recommendations from the NHSi (2018) consensus document have been implemented. On-going staff support and education is in progress to embed these changes.

2.3 Falls

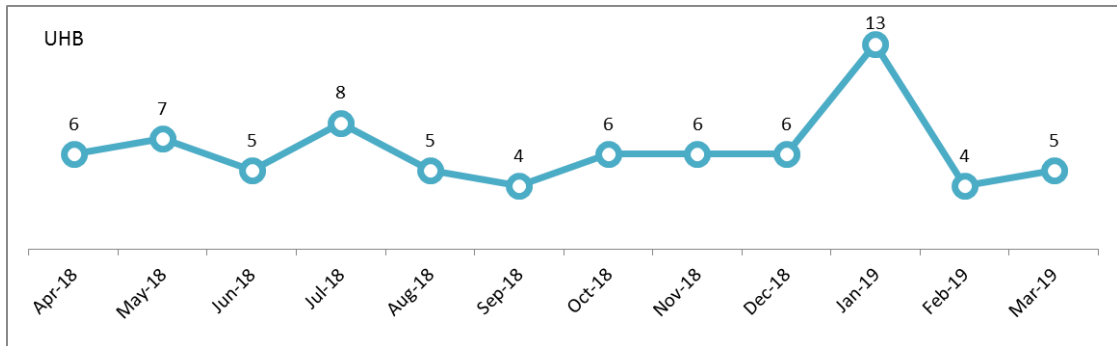
The Trust falls rate in March 2019 shows a further reduction to 5.78 falls per 1,000 occupied bed days and remains below the target of 6.36.



Inpatient falls rate per 1,000 occupied bed days

There were five falls resulting in severe harm reported in March 2019.

There have been a total of 75 severe harm falls reported for the year across the Trust, compared to 82 reported during 2017-18.



Number of falls resulting in severe harm

Key themes and learning from investigations into these injurious falls include; there has been an increase in the number of patients falling where they have attempted to mobilise independently without calling for assistance; there had also been an increase in the number of accidental falls where patients were independently mobile however tripped when walking.

As with all learning from post fall investigations these help to inform falls education and training, and are shared across the Divisions.

The falls team are currently reviewing the Quality Accounts and falls improvement targets for this forthcoming year, in addition the team are in negotiations with key stakeholders and the Contracting team regarding the Falls CQUIN 2019/20 and UHB participation in this. Further updates will be reported shortly following agreement with our Commissioners.

3. Patient Experience

3.1 Complaints

Responsible Director: Executive Chief Nurse	Care Quality							Target:	85%					YTD
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Complaints	185	145	176	147	163	163	178	147	124	182	182	158	1950	
Follow ups	24	33	39	36	26	20	30	21	29	17	30	20	325	
Response rate	90.9%	87.9%	79.6%	78.8%	72.8%	79.5%	77.1%	76.4%	76.8%	74.3%	75.2%	*		

*not yet available

By the end of quarter four 2018/19 the Trust had received 1950 complaints. This is an increase of 8.6 per cent on the 1796 complaints received for the full year in 2017/18.

The total number of complaints received in quarter four was 522, an increase of 16.3 per cent compared with quarter three 2018/19 (449), and an increase of 14.7 per cent compared with quarter four 2017/18 (455).

There was a decrease of 16.3 per cent in follow ups received in quarter four compared to quarter three, continuing the trend from last quarter where a smaller reduction had been seen.

The overall Trust complaints response rate against the target of 85% achieving a 30 working day turnaround was 75.2% for February 2019 (latest data available). The most prevalent reason for breaches continues to be delay in receiving comments / statements. The Patient Relations Team is currently being reshaped to align with the new divisional structure, a training plan is being developed and a new Trust-wide policy is going through the approval process.

3.2 PLACE-Lite (Patient Led Assessments of the Care Environment)

In addition to the annual PLACE inspection, which is currently scheduled for September this year, the Trust has introduced a programme of PLACE-Lite visits. These slightly more informal visits are targeting areas of the Trust where it is thought they might benefit from additional support between the annual inspections.

So far on this new programme three wards have been visited at Good Hope Hospital and two at Heartlands Hospital. The visits have been supported by members of the Patient, Carer and Community Councils, and have highlighted issues such as cleanliness, condition / appearance and privacy and dignity. Those participating have been particularly impressed by the food served to patients. Actions are being picked up by Facilities, Estates and nursing staff. A flowchart detailing a more formal reporting / monitoring framework is being drawn up by the Head of Facilities QEHB for approval at the Patient Experience Group.

3.3 Carer Co-ordinator Service

Through funding obtained via the Better Care Fund in February 2018, the Trust was able to employ two Carer Co-ordinators for a fixed term. As this was a new service the priority was to set up the service, developing and implementing relevant resources to ensure there was a robust framework for staff to work within when identifying, recognising and supporting carers. The Carer Co-ordinator role has been pivotal in making this happen and has so far made a difference to the support and resources available to support carers.

Resources now in place include:

- Carer guest beds
- Carer pathway
- Carer identification card
- Carer leaflet
- Partners in Care agreement
- Carer charter

- Carer Co-ordinator referral form with individual support where needed
- Carer community support services list
- Carer survey
- Signposting to Carer Emergency Response Service (CERS)
- Carer assessment referrals mechanism
- Carer pack
- Carer forum

Development and implementation of Carer Awareness training has been a significant factor in ensuring that staff are well equipped with the appropriate level of knowledge and skills required to identify, recognise and support carers.

To date, over 400 multi-disciplinary staff members have received carer awareness training and individual carers have also been supported.

3.4 Compliments

Below are some examples of compliments received across the hospital sites in quarter four 2019.

Heartlands Hospital: *"My daughter had been booked in for a Tonsillectomy, and from the moment she arrived, your team provided excellent care to ensure that she felt involved around the care and treatment she was about to receive prior to her procedure. Once the procedure had been completed again, your staff ensured that she was recovering and responding well. Special thanks to nurses who made my daughter's experience a very positive one"*.

Good Hope Hospital: *"My first contact with Good Hope Hospital was with the A&E receptionist. Seeing how full the waiting area was I wasn't surprised when she said there could be a waiting time of three to four hours. I was happy when I was called in after one and half hours. The staff from the receptionist, the nurse that saw me, X-ray department and the lady who plastered my foot were all pleasant and highly professional. I was home in under four hours"*.

Queen Elizabeth Hospital: *"The care provided in that period by all staff from reception to discharge was excellent. Procedures were clearly explained and questions answered. All the people I met were caring, understanding and most importantly kept my wife informed on all matters"*.

Solihull Hospital: *“All the staff were so friendly and reassuring (including the receptionist). The surgeon explained everything clearly and made me feel at ease. Unfortunately, I got an infection in the wound and had to phone the department three days later. Yet again they were excellent, friendly and professional. Within one hour they managed to reach the surgeon and I went to see him. He checked my wound and again explained about the wound and its features and why it looked the way it did. He answered all my questions reassured me and invited me to return at any time. I left feeling much more at ease. I would like to say thank you to them all for their care. In this time of uncertainty and the immense pressure on the NHS it was nice to witness professionalism, care and dedication on this level”.*

4. Recommendation

The Clinical Quality Committee is asked to receive this exception report on the progress with Care Quality.

Lisa Stalley Green
Executive Chief Nurse
May 2019