

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST  
COUNCIL OF GOVENORS  
THURSDAY 29 NOVEMBER 2018**

<b>Title:</b>	<b>CARE QUALITY REPORT</b>
<b>Responsible Director:</b>	Lisa Stalley Green Executive Chief Nurse
<b>Contact:</b>	Michele Owen Associate Chief Nurse

<b>Purpose:</b>	To provide the Council of Governors with an update report regarding Infection Control, Tissue Viability, Falls and complaints performance and some key developments regarding dignity and integrity within the Trust.
<b>Confidentiality Level &amp; Reason:</b>	None
<b>Annual Plan Ref:</b>	Aim 1. Always put the needs and care of patients first.
<b>Key Issues Summary:</b>	This paper sets out the position for defined aspects of care quality within the Trust and supporting actions to ensure continued improved performance.
<b>Recommendations:</b>	The Council of Governors is asked to receive this report on the progress with Care Quality.

<b>Approved by:</b>	Lisa Stalley Green	<b>Date:</b> 20 <sup>th</sup> November 2018
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## COUNCIL OF GOVENORS

THURSDAY 29 NOVEMBER 2018

### 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 complaints performance and some key developments regarding Dignity and Integrity within the Trust.

#### 2. Patient Safety Update

##### 2.1 Infection Control

The annual objective for MRSA bacteraemias is 0 avoidable cases. There was one MRSA bacteraemia identified during October at Good Hope Hospital. In total for the financial year 2018/19 UHB have had 4 Trust apportioned bacteraemias. The learning from the MRSA bacteraemias at HGS includes improving compliance with 28 day screening for MRSA. The infection prevention and control teams are focusing on improving 28 day screening for MRSA throughout the next month via education packages.

**Table 1:** Monthly number of MRSA bacteraemias across UHB up to 31 October 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
<b>Total</b>	5	1	4

**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 have had 104 Trust Apportioned cases. Performance for October 2018 was slightly higher with 17 Trust Apportioned cases as compared to September where there were 14 cases. Both infection prevention and control teams have been undertaking activities for World Antibiotic Awareness Week. The QEHB site have a specific action plan to tackle the increase in *C. difficile* seen including; antimicrobial stewardship, a deep cleaning programme and a multimodal hand hygiene strategy.

**Table 2:** Monthly number of CDI cases at QEHB and HGS up to 31 October 2018.

Month	Total number of CDI	Objective (Trust apportioned) Monthly/ (annual)	Time of CDI acquisition		Commissioners reviewed no lapses in care	Commissioners reviewed lapses in care
			Pre	Post 48 hours (Trust apportioned)		
QEHB April 2018	11	5	4	7	6	1
HGS April 2018	21	5	13	8	7	1
QEHB May 2018	16	5	5	11	7	4
HGS May 2018	15	5	11	4	3	1
QEHB June 2018	11	5	5	6	6	0
HGS June 2018	13	5	9	4	3	1
QEHB July 2018	9	5	0	9	8	1
HGS July 2018	17	5	14	3	3	0
QEHB August 2018	20	5	6	14	12	2
HGS August 2018	14	5	7	7	5	2
QEHB September 2018	11	5	6	5	5	0
HGS September 2018	19	5	10	9	8	1
QEHB October 2018	14	5	7	7	-	-
HGS October 2018	12	5	2	10	-	-
<b>UHB</b>	<b>203</b>	<b>70</b>	<b>99</b>	<b>104</b>	<b>73</b>	<b>14</b>

In summary our focussed approach across the Trust threefold; screening, cleaning and hand hygiene.

## 2.2 Tissue Viability

		April 2018	May 2018	June 2018	July 2018	August 2018	September 2018	October 2018	Total
Grade 2 non DR	QEH	12	6	5	1	7	5	9	45
	BHH	3	1	3	3	2	1	3	16
	GHH	0	2	1	2	4	1	2	12
	SH	0	0	0	1	0	0	0	1
	<b>UHB Total</b>	<b>15</b>	<b>9</b>	<b>9</b>	<b>7</b>	<b>13</b>	<b>7</b>	<b>14</b>	<b>74</b>
Grade 2 DR	QEH	1	0	1	1	1	0	2	6
	BHH	0	2	0	0	1	0	0	3
	GHH	0	1	0	1	0	0	0	2
	SH	0	1	0	0	0	0	0	1
	<b>UHB Total</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>12</b>

Following a reduction in avoidable Pressure Ulcers (PU) in September there has been a rise in grade 2 non-device related PU in October. The increase is attributable to the QE site. On investigation 8 of the 9 ulcers are predominantly situated on the sacral/buttock areas most likely related to periods of back lying and/or sitting.

Staff and patient education is being increased along with awareness of “get up, get dressed, keep moving” benefits. A pan Trust team of Tissue Viability Nurses has begun work as part of a national program with NHSI which will report through Care Quality in the spring on plans to further reduce preventable pressure damage.

### 2.3 Falls

		Aug 2018	Sept 2018	Oct 2018
No. of falls	QEH	234	236	203
	BHH	109	105	126
	GHH	123	102	127
	SH	20	20	29
	<b>UHB</b>	<b>486</b>	<b>463</b>	<b>485</b>
Falls per 1000bd	QEH	6.7	6.8	5.7
	BHH	4.4	4.2	4.8
	GHH	7.4	6.3	7.5
	SH	3.7	3.6	5.0
	<b>UHB</b>	<b>5.9</b>	<b>5.7</b>	<b>5.8</b>
Falls with Severe harm	QEH	2	2	1
	BHH	1	1	2
	GHH	2	1	2
	SH	0	0	0
	<b>UHB</b>	<b>5</b>	<b>4</b>	<b>5</b>
Falls with Severe harm per 1000bd	QEH	0.05	0.05	0.02
	BHH	0.04	0.04	0.08
	GHH	0.12	0.06	0.12
	SH	0.00	0.00	0.00
	<b>UHB</b>	<b>0.06</b>	<b>0.04</b>	<b>0.05</b>
Bed Days	QEH	34,867	34,490	35,199
	BHH	25,005	24,804	26,231
	GHH	16,565	16,166	16,881
	SH	5,391	5,573	5,794
	<b>UHB</b>	<b>81,828</b>	<b>81,033</b>	<b>84,105</b>

In October, BHH (+0.6), GHH (+1.2) and SH (+1.4) all saw an increase in inpatient falls (per 1000 bd) in October, whereas QEH saw a reduction. No individual wards demonstrating any significant change. It is therefore reflective of the usual month on month variation in falls numbers, and when considered in line with occupied bed days activity, the following chart demonstrates that this is not statistically significant, however it remains a priority area for quality improvement.



In October UHB saw a total of 5 falls resulting in severe harm; QEH x 1, BHH x 2, and GHH x 2.

Key themes highlighted here are consistent with themes from previous months; some clinical areas are demonstrating clear peak times of falls incidence (e.g. during handover and morning washes), and there continues to be challenges with ensuring adequate supervision for patients with cognitive impairment who fall.

In contrast the majority of falls resulting in severe harm occurred in patients who were over the age of 65yrs; wards in the heritage building see significantly fewer falls with moderate/severe harm in contrast to patients of similar age / frailty in the main hospital wards, this suggests that some of the speciality care on our wards for Older People as very good and learning can be shared across the Trust. Further analysis of this is planned for the new year; and falls in bathrooms and falls whilst mobilising are consistently the most common of themes, however the number of falls whilst mobilising are actually increasing demonstrating a more active patient population.

Key focus continues on; supporting clinical teams to drive falls prevention; education and training; alignment of UHB falls services where possible; and the development of a UHB falls reduction strategy for 2019.

## 2.4 Complaints

New Complaints Received, Re-opened/Follow-up Complaints and Responses in 30 Working Days													
Responsible Director: Executive Chief Nurse								Care Quality				Target:	85%
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	YTD
QEHB - New	64	53	68	47	56	60	57	72	59	59	42	50	282
HGS - New	87	101	84	85	91	99	91	113	86	117	105	113	534
<b>UHB - New</b>	<b>151</b>	<b>154</b>	<b>152</b>	<b>132</b>	<b>147</b>	<b>159</b>	<b>148</b>	<b>185</b>	<b>145</b>	<b>176</b>	<b>147</b>	<b>163</b>	<b>816</b>
QEHB - Follow-up	3	12	11	8	8	8	7	12	17	14	17	13	73
HGS - Re-opened	13	8	14	6	20	21	20	12	16	25	19	13	85
<b>UHB - F.Up/Reopn</b>	<b>16</b>	<b>20</b>	<b>25</b>	<b>14</b>	<b>28</b>	<b>29</b>	<b>27</b>	<b>24</b>	<b>33</b>	<b>39</b>	<b>36</b>	<b>26</b>	<b>158</b>
QEHB - Response	81.0%	77.0%	64.0%	73.0%	79.0%	85.0%	84.2%	89.4%	86.4%	84.0%	87.2%	87.8%	87.1%
HGS - Response	48.2%	68.8%	74.0%	78.3%	73.6%	92.1%	95.2%	91.8%	88.9%	77.5%	74.1%	66.1%	79.2%
<b>UHB - Response</b>								90.9%	87.9%	79.6%	78.8%	72.8%	82.0%

Provisional data for October 2018 shows that the Trust received 157 complaints, compared to 163 in both August and September 2018.

The overall Trust complaint response rate against the target of 85% achieving a 30 working day turnaround was 79.5% for September (latest data available). This is a steady recovery following unexpected long term sickness in the complaints team at HGS (August 72.8%, July 78.8%). At the QE site, 92.7% of cases achieved the turnaround time for September, the best ever monthly performance since this target was introduced. At HGS, performance was 71.9%. The breach report for HGS was not available at the time of writing this report; however actions are being implemented to improve both quality and timeliness of responses.

### **3. Patient Experience update**

The Friends and Family Test (FFT) for October (latest data available at the time of reporting) showed inpatient positive recommendation of 95% for three of the four hospital sites putting them just below the national average of 96%. Solihull was an outlier at 93% with a lower percentage than previous months. Outpatient positive recommendation varies by site against a usual national average of 93/94%; QE currently achieves a higher positive recommendation than other sites at 97%, 85% (BHH), 89% (Solihull) and 90% (GHH).

Emergency Department FFT positive recommendation for all sites (other than Solihull) remains lower than the usual national average which fluctuates between 86-88%. Solihull currently achieves 89% with other sites scoring less; GHH – 78%, BHH – 74% and QE – 80%.

Maternity Birth FFT achieved 86% and 87% for GHH and BHH respectively, a 100% positive recommendation for Solihull is not statistically representative due to very low response rates. The national average is usually 96-97%. Postnatal ward FFT showed positive recommendation of 92% (GHH), 95% (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.

October's free text comments are currently being analysed so are not included in this update. Based on quarter two 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 their 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, staffing numbers/busy staff resulting in delays, pain management and waiting times. Comments around food and the environment also featured. FFT feedback is shared locally for areas to note and address comments made.

Healthwatch Birmingham are planning to undertake visits across Birmingham hospitals looking at waiting areas in outpatients and emergency departments.

The Trust is facilitating visits to our sites in early 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 any particular Trust.

#### **4. Key development update**

##### **Dignity and Integrity**

##### **4.1 Delirium Suspect it, Spot it, Stop it,**

UHB has taken the following approaches to improving identification of delirium;

- Patient story approach used for delirium training using Doug's story (recorded at UHB) and Barbara's Story. Staff to complete a reflection which can also be used for revalidation.
- First joint Delirium meeting across UHB held in September 18.
- The NEWS2 contains an additional element a single question in delirium (SQID). Plan to look at how we incorporate this into PICs as part of ACVPU where C is new confusion to identify patients with possible delirium.
- Review of Dementia/ Delirium guidelines across UHB. Draft with proposed changes developed for review and implementation November 2018.
- Review of sedation and antipsychotics at HGS Rapid Tranquillisation group.

##### **4.2 Learning Disability**

The Confidential Inquiry into the Premature Deaths of People with a Learning Disability<sup>4</sup> (CIPOLD) found that people with a learning disability have far worse health outcomes than those in the general population. These include:

- Low take up for national cancer screening programmes (for example, breast, bowel and cervical)
- Low uptake of immunisations such as 'flu vaccinations
- Increased risk of death due to respiratory infection – one of the highest causes of amenable death.
- Reduced access to and less likely to receive interventions for their obesity, including screening for thyroid disease and diabetes
- Greater risk of death from amenable causes

Reasons for premature deaths include

- Delays or problems with diagnosis or treatment
- Problems with identifying needs
- Difficulty providing appropriate care in response to changing needs.

(Blair J. 2016).

Work underway includes;

- First meeting of UHB Care of People with Learning Disability and Autism group across the whole Trust. This group will meet monthly to promote this work.
- Lead Health Facilitation Nurse (Learning Disability (BCHC) has agreed to chair reconvened City wide Health Care for All group to meet quarterly to share good practice.
- Learning Disabilities Mortality Review (LeDeR) training booked 30 October.
- See Me Care Bundle for people with sensory impairment, now reviewed by HGS, being printed for Dignity launch 2018/2019.
- Completed LD Quality Checking Pilot in ED at QEHB.
- NHSI 'Always Event' follow up January 2019. To include all ED leads from across UHB
- Trust has registered for the NHS Improvements Learning Disabilities Standards Audit - Started in September 2018. Includes 80 patient and 20 staff questionnaires, as well as an organisational audit.
- Our Lead Nurse has recently completed a significant program of leadership development in this area and now has the accolade of being a Fellow of the Kings Fund.

## **5. Recommendation**

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

Lisa Stalley Green  
Executive Chief Nurse  
November 2018