

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST  
COUNCIL OF GOVERNORS  
THURSDAY 13 SEPTEMBER 2018**

<b>Title:</b>	<b>CARE QUALITY REPORT</b>
<b>Responsible Director:</b>	Lisa Stalley Green Executive Chief Nurse
<b>Contact:</b>	Michele Owen Director of Nursing QE Margaret Garbett Interim Director of Nursing HGS

<b>Purpose:</b>	To provide the Council of Governors with an update report on infection control, Tissue Viability, Falls and complaints performance 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 exception report on the progress with Care Quality.

<b>Approved by:</b>	Lisa Stalley Green	<b>Date:</b> 4 September 2018
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## COUNCIL OF GOVERNORS

THURSDAY 13 SEPTEMBER 2018

### CARE QUALITY REPORT

#### PRESENTED BY THE INTERIM EXECUTIVE 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)

The annual objective for *Clostridium difficile* infection (CDI) for 2018/19 at QEHB is 62 cases or a rate of 16.5 cases per 100,000 bed days. Performance for August 2018 was 11 cases which were day 0 +2 (previously referred to as post 48 hours) and attributable to QEHB. The annual CDI objective for 2018/19 at HGS is 63 cases or a rate of 12.2 cases per 100,000 bed days. Performance for August 2018 was 6 cases which were attributable to HGS. Actions to further improve CDI performance will focus on antimicrobial prescribing and choice and duration.

The annual objective for MRSA bacteraemias is 0 avoidable cases. There was one MRSA bacteraemias identified during August across UHB. In total for the financial year 2018/19 UHB have had 2 Trust apportioned bacteraemia. To minimise the risks of further bacteraemias the Infection Control teams across the Trust have predominately focused this month on the following;

- QEHB have moved back over to using mupirocin for decolonising patients with MRSA. Prophylactic decolonisation with mupirocin is now being used across critical care. The high impact interventions have been reinvigorated and launched across the QEHB site.
- HGS have had a focus on hand hygiene and MRSA screening.

During August we saw an increase of carbapenemase producing *Enterobacteriaceae* (CPE) across the region with outbreaks identified in Worcester and Leicester. UHB are screening patients whom have had healthcare in these areas. There were no multiple drug resistant (MDR) *Acinetobacter baumannii* (carbapenemase producer) or MDR *Pseudomonas aeruginosa* (carbapenemase producer) isolated during August. These organisms are prevalent in healthcare institutes abroad and patients admitted to the Trust with a history of healthcare abroad are at risk of carriage.

Initiatives to control the spread of CPE include identifying if patients have had healthcare abroad, following the national toolkit for management and control of CPEs and enhanced cleaning of a room or bay of known patients harbouring CPEs. As there are no new antibiotics to be licensed for CPEs we are dependent on adherence to hygienic precautions in health care to prevent the spread of CPEs.

*E. coli* is part of the normal bacterial flora carried by all individuals. It is the commonest cause of clinically significant bloodstream infection. *E. coli* bacteraemia represents a heterogeneous group of infections. Performance for August 2018 Across UHB was 15 Trust apportioned cases.

*Klebsiella* species are usually harmless colonisers of the human gut. *K. pneumoniae* is an opportunistic pathogen and tends to cause nosocomial infections in immune compromised host. Performance for August 2018 across UHB was 5 Trust apportioned cases.

*P. aeruginosa* is widespread in the environment specifically moist environments. *P. aeruginosa* is an opportunistic pathogen in immunocompromised patients and is often associated with water borne outbreaks in the hospital setting. Performance for August 2018 across UHB was 2 Trust apportioned cases.

There were no outbreaks of diarrhoea or vomiting reported during August 2018 across UHB.

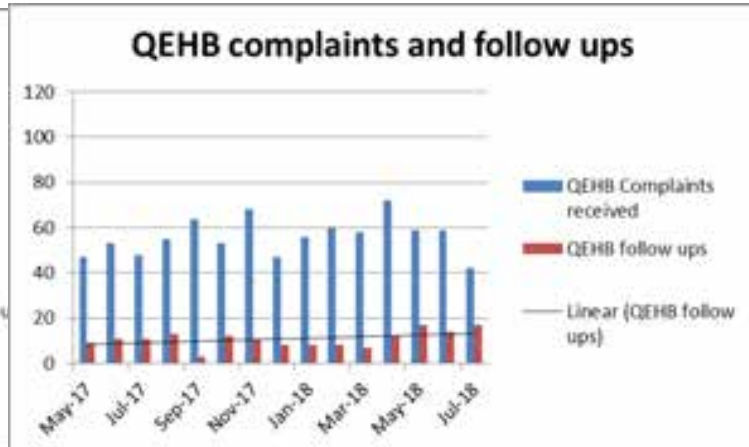
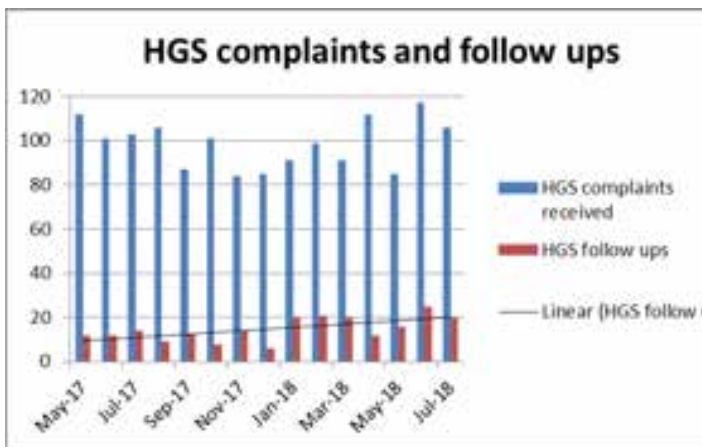
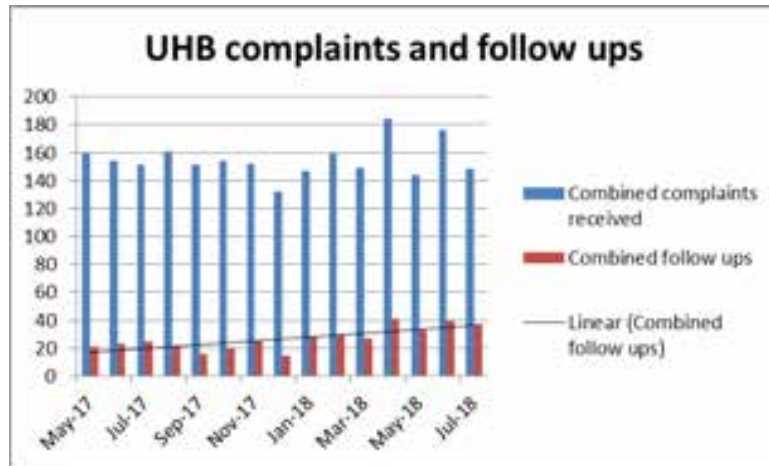
### 3. Complaints 2017/18 update Number of Complaints Received

#### 3.1 Number of complaints and follow up complaints

		May 2018	June 2018	July 2018	Q1 18/19	Q2 18/19
No. of complaints received	QEHB	59	59	42	190	
	HGS	86	117	106	314	
	<b>UHB</b>	<b>144</b>	<b>176</b>	<b>148</b>	<b>504</b>	
No. of follow up complaints	QEHB	17	14	17		
	HGS	16	25	20		
Complaints per 1000bd	QEHB	1.6	1.7	1.2		
	HGS	1.8	2.6	2.3		
	<b>UHB</b>	<b>1.7</b>	<b>2.2</b>	<b>1.8</b>		

Both QEHB and HGS received fewer complaints in July than June, with an overall UHB level similar to that in May.

An increasing trend in follow ups can be seen (see charts at top of page 4).

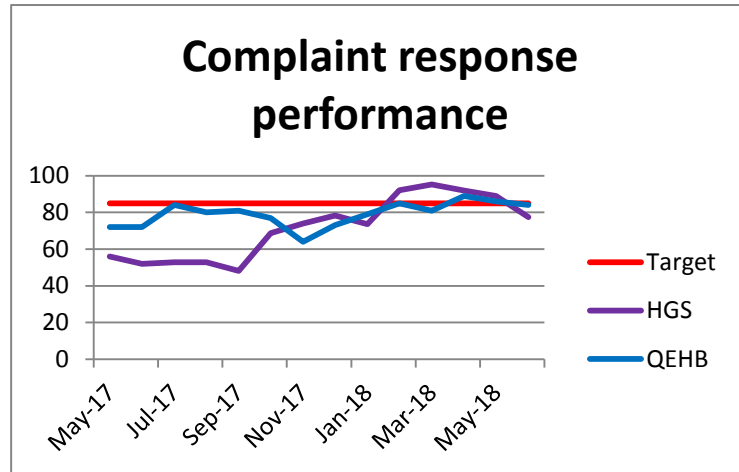


### 3.2 Response rate

		April 2018	May 2018	June 2018	July 2018
Complaints response rate	QEHB	89%	86%	84%	Available 19.09.18
	HGS	92%	89%	77.5%	

For QEHB, the target of 85% was narrowly missed in June.

HGS has been compliant with, and exceeded the target, since February 2018, however staff sickness within the complaints team at a time where annual leave is also high, has impacted on the response rate for June. Some of this sickness absence continues and a plan is in place to mitigate this.



#### 4. Falls 2018/19 Update

##### 4.1 All falls (inpatient and outpatient)

		May 2018	June 2018	July 2018
<b>No. of falls</b>	QEH	270	216	232
	BHH	144	125	112
	GHH	113	126	132
	SH	30	24	22
	<b>UHB</b>	<b>557</b>	<b>491</b>	<b>498</b>
<b>Severe harm</b>	QEH	2	2	6
	BHH	1	0	1
	GHH	3	2	1
	SH	1	1	0
	<b>UHB</b>	<b>7</b>	<b>5</b>	<b>8</b>

##### 4.2 Inpatient falls only, including falls per 1000 bed days.

		May 2018	June 2018	July 2018
<b>No. of falls</b>	QEH	248	209	218
	BHH	128	114	102
	GHH	105	122	122
	SH	27	18	19
	<b>UHB</b>	<b>508</b>	<b>463</b>	<b>461</b>
<b>Falls per 1000bd</b>	QEH	6.8	6.1	6.1
	BHH	5.0	4.6	4.1
	GHH	6.4	8.1	7.5
	SH	4.7	3.3	3.5
	<b>*UHB</b>	<b>6.0</b>	<b>5.8</b>	<b>5.6</b>
<b>Falls with Severe harm</b>	QEH	2	2	6
	BHH	1	0	1
	GHH	3	2	1
	SH	1	1	0
	<b>UHB</b>	<b>7</b>	<b>5</b>	<b>8</b>

Falls with Severe harm per 1000bd	QEH	0.05	0.05	0.16
	BHH	0.04	0.00	0.04
	GHH	0.18	0.13	0.06
	SH	0.17	0.18	0.00
	<b>*UHB</b>	<b>0.08</b>	<b>0.06</b>	<b>0.09</b>
Bed Days	QEH	36,431	34,419	35,650
	BHH	25,481	24,553	24,968
	GHH	16,403	15,039	16,231
	SH	5,745	5,524	5,497
	<b>UHB</b>	<b>84,060</b>	<b>79,535</b>	<b>82,346</b>

\*UHB = Combined total no. of falls/combined total number of bed days x 1000

### 4.3 Key actions throughout 2018/19:

The teams continue to meet and align the services currently in place to share good practice that can be immediately rolled out to all areas. Part of this is to identify the immediate priorities for this coming year, starting with the merging of the Falls root cause analysis (RCA) tool.

The teams aim to perform a gap analysis of the differences starting with post fall retrieval from floor procedures, including; Hoverjack flat lift system, scoop board, and post fall injury assessment, the intention is to standardise post fall retrieval from floor, and post fall clinical management pathways and the associated education programmes needed to support this.

In response to the National Audit of Inpatient Falls Audit 2017 recommendations a 2018/19 priority is to develop a programme of education and training in Lying and Standing blood pressure (BP) measurement for recognising patients with postural hypotension this has always been an underestimated contributor towards falls and will be the focus of training this year. In addition, a lying and standing BP training Moodle is also under development, available for nursing, medical and Therapies to access.

The team are committed to reviewing current patient falls information leaflets to ensure consistent information promoting a standardised approach to falls prevention, advice and support

## 5. Tissue Viability

### 5.1 Avoidable Pressure ulcers (reportable grades 2, 3 and 4 device related and non-device related)

		April 2018	May 2018	June 2018	July 2018	Total
Grade 2 non DR	QEH	12	6	5	1	24
	BHH	3	1	3	2	7
	GHH	0	2	1	0	3
	SH	0	0	0	1	0
	<b>UHB Total</b>	<b>15</b>	<b>9</b>	<b>9</b>	<b>4</b>	<b>33</b>
Grade 3 non DR	QEH	0	0	0	0	0
	BHH	1	0	0	0	1
	GHH	0	0	0	0	0
	SH	0	0	0	0	0
	<b>UHB Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
Grade 4 non DR	QEH	0	0	0	TBC	0
	BHH	0	0	0	0	0
	GHH	0	0	0	0	0
	SH	0	0	0	0	0
	<b>UHB Total</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>
Grade 2 DR	QEH	1	0	1	1	3
	BHH	0	2	0	0	2
	GHH	0	1	0	1	1
	SH	0	1	0	0	1
	<b>UHB Total</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>6</b>
Grade 3 DR	QEH	0	0	0	0	0
	BHH	0	0	0	0	0
	GHH	0	0	0	0	0
	SH	0	0	0	0	0
	<b>UHB Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Grade 4 DR	QEH	0	0	0	0	0
	BHH	0	0	0	0	0
	GHH	0	0	0	0	0
	SH	0	0	0	0	0
	<b>UHB Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

The number of hospital acquired grade 2 pressure ulcers increased in April at QEHB and a themed review was undertaken of mini RCAs. This revealed a lack of documented repositioning. Key actions have been taken to address this. The numbers of grade 2 hospital acquired pressure ulcers have fallen since this.

### 5.2 Key actions throughout 2018/19

The teams from QE and HGS have met regularly to begin to align priorities for the coming year. These are as follows;

- **Improvements in the quality, frequency and documentation of repositioning.**

At QEHB - Focus groups have been held with Band 5 and unqualified nursing staff to explore practice around repositioning and documentation of repositioning. An electronic survey has been sent around to Band 6 and 7 nurses to explore their views regarding repositioning practice. A further meeting of the repositioning task and finish has been arranged to develop an action plan this identified the need for additional training for unqualified nurses regarding pressure ulcer prevention with a focus on repositioning.

- **Focus on strategies to reduce heel pressure ulcers.**

Pilot at QEH – worked with Frontier medical to provide education to ward staff on the use of Dermis plus and Repose foot protectors and Repose Wedges for heel off-loading.

- Continue to promote React to RED strategies.
- Review of education strategies, increase the range and type of education available to staff.
- Review the **Pressure Ulcer Consensus document NHS Improvement (2018)** and agree any changes required. Due for implementation April 2019.

## **6. Recommendation**

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

Lisa Stalley Green  
Executive Chief Nurse  
September 2018