

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS
TUESDAY 12 MAY 2015**

Title:	PATIENT CARE QUALITY REPORT (Including Infection Prevention and Control)
Responsible Director:	Philip Norman, Executive Chief Nurse
Contact:	Michele Owen, Deputy Chief Nurse; Extension 14725

Purpose:	To provide the Council of Governors with an update on care quality improvement within the Trust, including infection prevention and control.
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 report on the progress with Care Quality.

Approved by:	Philip Norman	Date: 22 April 2015
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

COUNCIL OF GOVERNORS TUESDAY 12 MAY 2015

PATIENT CARE QUALITY REPORT

PRESENTED BY THE EXECUTIVE CHIEF NURSE

1. Introduction and Executive Summary

This paper provides an update of progress against the Trust's Care Quality agenda. This paper provides a specific update on Infection Prevention and Control performance, along with an end of year summary of Complaints.

2. Infection Prevention and Control Update (as at 31 March 2015)

2.1 MRSA bacteraemias 2014/15

There were two cases of Meticillin-Resistant Staphylococcus Aureus (MRSA) bacteraemia identified during March with one being deemed Trust apportioned. Regrettably, the end of year position was 6 Trust apportioned MRSA cases.

Monthly incidence of MRSA bacteraemias is shown in Table 1.

Table 1: Monthly number of MRSA bacteraemias at UHB up to 31 March 2015.

Month	Total bacteraemia	Time of bacteraemia acquisition?	
		Non Trust apportioned	Trust apportioned
April 2014	0	0	0
May 2014	1	1	0
June 2014	0	0	0
July 2014	0	0	0
August 2014	1	0	1
September 2014	0	0	0
October 2014	2	1	1
November 2014	0	0	0
December 2014	2	1	1
January 2015	1	0	1
February 2015	1	0	1
March 2015	2	1	1
Total	10	4	6

Note: Objective for the financial year 2014/15 is zero avoidable cases.

2.1.2 Actions to improve performance for MRSA bacteraemia

The process for assignment and review of MRSA bacteraemias in 2014/15 is the same as in 2013/14. Specific areas of focus will be:

- Reinvigorating the focus on hand hygiene and audits of compliance/areas for further learning
- Screening - ensuring all relevant staff understand the correct procedure for screening patients for MRSA before admission, on admission and the screening of patients with an extended hospital length of stay
- Formulating a planned programme for the ongoing deep cleaning of ward areas.

2.2 Episodes of Clostridium Difficile Infection (CDI)

The annual CDI objective for 2014/15 was 67 cases (this reduces to 63 cases for 2015/16). Performance for March 2015 was 8 reportable cases, 6 of which were post 48 hours and attributable to the Trust. In total for 2014/15 we had 66 post 48 hours attributable cases. As for 2013/14 all cases are being reviewed jointly with the Commissioner against avoidability criteria, those deemed unavoidable being excluded from consideration of penalties. The March cases are subject to final review by the local Commissioner.

Table 2 shows monthly incidence of CDI to date.

Table 2: Monthly number of CDI cases at UHB up to 31 March 2015.

Month	Total number of CDI	Objective (Trust apportioned) Monthly/ (annual)	Time of CDI acquisition		Commissioners reviewed unavoidable cases	Commissioners reviewed avoidable cases
			Pre	Post 48 hours (Trust apportioned)		
April 2014	8	5.8	2	6	6	0
May 2014	11	5.8	5	6	4	2
June 2014	9	5.8	5	4	3	1
July 2014	12	5.8	4	8	7	1
August 2014	8	5.8	3	5	2	3
September 2014	7	5.8	0	7	6	1
October 2014	7	5.8	2	5	4	1
November 2014	9	5.8	4	5	4	1
December 2014	15	5.8	9	6	4	2
January 2015	9	5.8	5	4	3	1
February 2015	5	5.8	1	4	2	2
March 2015	8	5.8	2	6	-	-
Total	108	67 (67)	42	66	45	15

2.2.1 Actions to improve performance for CDI 2014/15

We now need to carefully review the lessons learnt from our review process to improve performance in this financial year. Particular immediate actions to focus on include:

- Reinvigorating the antimicrobial stewardship programme which includes: ensuring that antibiotic prescribing is in line with Trust guidelines; mandating the requirement for a written indication for every antibiotic prescription; and ensuring and documenting an early review of the continuing appropriateness of each prescription.
- Ensuring that systems are in place to minimise any chances of transmission of infection either from cases or carriers of CDI.
- Continuation of the rapid reviews by the Infection Prevention & Control team of any area reporting two or more cases of CDI.

2.3 Facilities Update

- Environmental monitoring of clinical areas continues to exceed the 95% compliance requirement
- Notification has been received that PLACE (Patient-led Assessment of Care Environment) for 2015 will need to be completed by 22nd May 2015
- Planned replacement programme of curtains in wards areas continues. New curtains have been received for Wards West 1, 2, 407, 408, 409, 410, 411, 412, 513, 514, 515, Emergency Department, Clinical Decision Unit, Burns Centre and Critical Care.

2.4 Outbreaks of Diarrhoea and Vomiting

There were no outbreaks of diarrhoea and/or vomiting in March 2015.

3. 2014/15 Complaints summary

The Trust welcomes patients and families contacting us where they have any concerns about our services as this helps us to learn and continuously improve our services.

When a complaint is received in the Trust, the complaints team liaise closely with key divisional colleagues to ensure that complaints are investigated and responded to in a timely manner and to the satisfaction of the complainant. Senior divisional management 'triaging' of complaints is now embedded into an updated complaints process and is used effectively to secure an early resolution of complaints wherever appropriate, for example issues around appointments can often be resolved quickly via a personal telephone call to the complainant. This rapid and personal approach has been well received by complainants.

Where a complaint requires a fuller investigation or meeting; a new complaints timeline flowchart has been introduced which is sent out to divisions with all new complaints. This outlines timescales for each stage of the complaints process, along with an escalation plan if any delays are experienced. This process was introduced at the beginning of January 2015 and improvements in response times are already being seen, for example 80% of all responses met the 40 working day timescale in February 2015, compared to an average of 65% of the preceding months.

Improvements are still ongoing in this area and to further improve response times a new target of responding to complaints within 30 working days is being introduced from the end of Quarter 2 2015/16.

Additional quality assurance checks have also been introduced with the aim of further improving the quality of responses and to reduce follow up complaints.

To support staff in the above, bespoke complaints investigation and response training has been provided to complaints and divisional staff. Following this, a review is being undertaken of the style, tone and content of our responses and associated correspondence.

To further improve our complaints service, a survey of complainants was carried out for the first time in Quarter 3 2014/15 to gain an insight into the experience of patients and families going through our complaints process to actively seek their views on what we could do better. The survey results were being analysed at the time of compiling this report; early review of the feedback suggests that the key areas for improvement are:

- Timeliness of our response
- Aspects of the response where further improvements can be made, for example style, wording

The feedback will also be incorporated into the revision of our Complaints Policy and Procedures.

The Trust takes a number of steps to ensure we learn from complaints. Agreed actions from individual complaints are shared with the complainant in the Trust's written response, or at the local resolution meeting where appropriate. A new process was introduced in 2014/15 to track the completion of the agreed actions via the complaints electronic reporting system (datix).

Details of all actions/learning from individual complaints and patient advice and liaison service (PALS) concerns are shared via divisional teams and via various reports – often alongside learning taken from patient experience, compliments, incidents and claims to highlight trends around specific issues and/or wards/departments/ specialties. Learning from complaints will also be incorporated within future reports to the Council of Governors.

Learning from complaints will also be further reviewed and developed by the Complaints Team and the Risk and Compliance Unit to ensure learning takes place where required on a Trustwide rather than Specialty/Divisional basis.

3.1 Complaint numbers and themes

The number of complaints received in 2014/15 was 792, of which 138 (17%) were resolved rapidly (24-72hours) following personal contact with the complainant as outlined above. The breakdown of complaints received in 2014/15 was:

- Inpatients: 429 complaints (relates to 0.34% of overall inpatient activity)
- Outpatients: 271 complaints (relates to 0.04% of overall outpatient activity)
- Emergency Department: 92 complaints (relates to 0.09% of overall emergency department activity)

The top three issues raised in the complaints received in 2014/15 related to:

- Clinical care and treatment
- Communication and information, including discharge
- Inpatient appointment/procedure delay/cancellation

Work to improve in these areas continues.

3.2 Parliamentary and Health Service Ombudsman (PHSO) – Independent review of complaints

The total number of Trust cases referred to the Ombudsman for assessment, agreed for investigation and ultimately upheld or partially upheld remain low, in proportion to the overall level of complaints received by the Trust.

Nine cases were upheld or partially upheld by the Ombudsman in 2014/15. In each case, appropriate apologies were provided, action plans were developed where requested and the learning from the cases shared with relevant staff.

4. **Recommendations**

The Council of Governors is asked to receive this report on the progress with Care Quality.

Mr Philip Norman
Executive Chief Nurse
22 April 2015