

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST  
COUNCIL OF GOVERNORS  
THURSDAY 19th NOVEMBER 2015**

<b>Title:</b>	<b>CARE QUALITY REPORT QUARTER 2 2015/16 (Including Infection Prevention and Control)</b>
<b>Responsible Director:</b>	Philip Norman, Executive Chief Nurse
<b>Contact:</b>	Michele Owen, Deputy Chief Nurse

<b>Purpose:</b>	To provide the Council of Governors with an update on care quality improvement within the Trust, including infection prevention and control.
<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>	Philip Norman	<b>Date:</b> 11 November 2015
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## COUNCIL OF GOVERNORS

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## 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, including infection prevention and control performance, the action plan associated with the national inpatient survey, continence care and medicines management updates, developments in the dignity in care, and feedback from this year's Patient Led Assessments of the Care Environment (PLACE) national environmental audit.

#### 2. Infection Control Update (as of the end of September 2015)

For Quarter 2 there were 32 cases of clostridium difficile infection (CDI) reported, of which 17 were Trust apportioned. This is in line with the annual trajectory of no more than 63 Trust apportioned cases. Actions to further improve CDI performance continue with a specific focus on antimicrobial prescribing, choice and duration of use.

In terms of Methicillin Resistant Staphylococcus Aureus (MRSA), 4 cases of MRSA were reported in Quarter 2, two of which were Trust apportioned (ward 407 neurosciences and critical care). A detailed review has been undertaken to ascertain the root cause of the bacteraemias and the key actions for improvement. From the Executive Review, actions included continued focus on the Trust wide MRSA action plan, in addition to this prophylactic MRSA decolonisation therapy is being reintroduced into Critical Care.

In relation to ensuring MRSA performance improves, a Trust wide action plan has been developed which includes:

1. Reinvigorating the focus on hand hygiene and audits of compliance.
2. 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. This will ensure that decolonisation treatment is instigated at the earliest opportunity.
3. Antimicrobial and decolonisation therapy – ensuring all staff are aware of the MRSA procedure, correct decolonisation treatment and follow the Trusts antimicrobial policy.

### 3. National Inpatient Survey Action Plan

The action plan in response to the National Inpatient Survey 2014 was presented to the Care Quality Group in September 2015. The action plan had been formulated by the Patient Experience Group which comprises of Deputy Associate Directors of Nursing, clinical and non-clinical staff, patient experience team and public representatives (Governors and Patient and Carer Council members).

Key improvements include:

**Dashboard** – the new patient experience dial on the re-launched clinical dashboard will allow ward staff to view their trend data against the inpatient and discharge survey questions. Access is also available to enable Trustwide and Divisional comparisons.

**Divisional exception reporting** – these new reports will highlight to the Division by ward level where they have not met the expected targets for patient experience metrics. This will enable corrective actions to be put in place.

**Qualitative insight** - to provide a focus on better understanding the data to see where efforts are best placed to make improvements. This is to be achieved by the introduction of free text entries onto the bedside TV surveys, Governor drop in sessions to inpatient areas and targeted questions on the Patient and Carer Council adopt-a-ward visits.

The key areas of focus of the plan are: time taken to get help (call bells answered), emotional support, help to eat, noise at night, pain control and communication.

### 4. Continence Care

Nationally, the incidence of urinary and faecal incontinence is notoriously difficult to ascertain due to under-reporting as a consequence of embarrassment not only to the individual but to their family too. A national survey undertaken in 2008 suggested 14 million people have a bladder associated problem and 6.5 million a bowel-associated problem. This equated to more than the number of reported patients with Asthma, Diabetes and Epilepsy added together at that time. Incontinence therefore can impact upon many Trust Care Quality priorities.

A Continence Action Group is in place and has focused upon the following activities in order to support the Trust's Care Quality Agenda:

#### 4.1 Safety Thermometer

The Safety Thermometer data collection identified that our Trust is a high user of urinary catheters. From this a project has been proposed and the Continence Action Group has established a sub group to support this work. An audit by junior medical staff is being undertaken during October 2015 within agreed inpatient areas to better understand the rationale for urinary catheter use. Once the audit results are available, this will enable any required actions for improvement to be agreed and implemented.

## 4.2 Education

A workshop was provided by members of the Continence Action Group at the Trust Dignity Conference in June 2015 with regard to urinary catheter acquired infection and patient harm which evaluated very well. Other education and training initiative around continence care continue.

## 5. Medicines Management Update

This brief summary details the current developments being undertaken to further improve the standards of medicine management within the organisation.

### 5.1 Access to medicines

Safe and secure storage of medicines audits demonstrated a need to further improve the safety and security of medicines stored within wards and departments. In order to address this as a series of focus groups were held with registered nurses and pharmacists with the aim of identifying areas of medicines management which could be improved. One of the recurrent themes was the need to access medication keys in a timely manner. As a result of this feedback a new system of medicines storage has been proposed: Abloy cliq key system

### 5.2 Abloy cliq roll out

Following a successful trial of the abloy cliq system in the Ambulatory Care Unit, the system will be installed into wards and theatre recovery areas during the next 4 months. The abloy cliq system aims to improve the security of medicines by providing a more secure way of accessing medicines and to reduce the time currently taken for patients to wait for their medication. As each member of staff who should have access to medicines will have their own key for the duration of a shift, it will also help to increase patient contact time; and reduce the time staff currently spend locating who has the required key. The system will only allow those who should have access to medicines, to have access.

Phase 2 of the roll out will be the introduction of the abloy cliq system on bed side lockers, providing a solution to the safe storage for patients own medication.

### 5.3 Missed medication doses

In order to avoid missed doses of medication, the pharmacy department has introduced a number of initiatives to ensure medicines are supplied to wards in a timely manner. Patients may not receive a dose of their medication for a number of reasons, for example the medicine may not be a stock item on a particular ward or may be out of stock. The new system involves the Pharmacy Medicines Management Technician carrying a phone which enables wards to have immediate contact with the technician should they require a medicine. The technician will then source the item and deliver to the ward in a new pink 'missed dose' bag.

## 5.4 Medicines Guide

A new mini guide to medicines is being produced as an aid for registered nurses.

## 5.5 Patient discharge

The Discharge Pharmacy opened in July 2015 and is now preparing 85% of the discharge medication. Turnaround is currently approximately 41 minutes. Patients are encouraged to collect their medication from the Discharge Pharmacy as they leave the hospital. This enables the pharmacist to also provide medication advice to the patient.

For patients that leave hospital via the Discharge Lounge a Medicines Management Technician (MMT) is now located in the Lounge. The MMT provides comprehensive counselling for the patients about their medication.

# 6. Dignity in Care

The Trust continues to work towards becoming a dementia friendly hospital.

## 6.1 Birmingham Dementia Action Alliance

Birmingham now has a Dementia Action Alliance (DAA), with an action plan in place to assist hospitals towards becoming a dementia friendly hospital and recruit other partner organisations to the DAA.

## 6.2 John's Campaign

The Trust has registered for John's Campaign. This campaign is calling for the families and carers of people with dementia to have the same rights as the parents of sick children, and be allowed (if they so wish) to remain with their family member in hospital for as many hours as they are needed, and as they are able to give.

## 6.3 Supporting people living with Learning Disability

The Trust has a Named Nurse for Learning Disability who reviews all patients on our daily alert list of people living with a learning disability. The Named Nurse is available to provide additional help, support and advice to patients and our ward teams.

We have also designed a Learning Disabilities See Me Care Bundle (support documentation). This supports staff when caring for this vulnerable group of patients. This resource has been reviewed by stakeholders such as Midland Mencap and Autism West Midlands. A virtual group has also been established, whose members work at the Trust (they either have a learning disability/autism themselves or are caring for someone with a condition). The group helps co-produce documentation around learning disabilities/autism.

The Learning Disability Hospital passports are being given to patients who don't already have one on admission. With their permission these can be scanned so that a copy can be kept on file should the patient be re-admitted.

QEH Charities have kindly purchased equipment that will help patients with learning disabilities/autism during their stay at the Trust. This includes sensory items. Wards and departments also have a learning disability made clear toolkit, which will help with communication.

The patient experience team has been completing a trial of a new easy read friends and family survey. These have been given to patients with learning disabilities/autism and their families. We have received positive feedback about the individuals stay within the Trust.

**7. Patient Led Assessments of the Care Environment (PLACE)**

This year’s PLACE assessment took place in May 2015 and included assessment of 10 wards, the Emergency Department, Clinical Decision Unit, communal areas and patient food. The Trust’s results for PLACE 2015 indicated final scores for cleanliness, food, condition of the environment, appearance and maintenance of the environment, and as in 2014, all the scores were above the national average. The score for the privacy, dignity and wellbeing category for 2015 was also above the national average.

The Dementia assessment category is new within the PLACE assessment for 2015. Once again, results for the Trust were above the national average for this category. PLACE 2015 results are in line with scores from the Trust’s environmental audit programme. This assesses clinical and communal areas over a 12 month period. For ongoing assurance, the results and recommendations of Trust-led environmental audits, together with the annual PLACE score, are monitored and actioned as part of the monthly Infection Prevention and Control Group (IPCG).

The PLACE scores for 2015 are:

<b>Category</b>	<b>Trust Score</b>	<b>National Average</b>
Cleanliness	98.55%	97.57%
Food	94.55%	88.49%
Privacy dignity and wellbeing	93.34%	86.03%
Dementia friendly environment	84.44%	74.51%
Condition, appearance and maintenance of the environment	98.31%	90.11%

**8. Recommendations**

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

Philip Norman  
 Executive Chief Nurse  
 November 2015