UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 25 OCTOBER 2018

Title:	**CARE QUALITY REPORT**
Responsible Director:	Lisa Stalley Green Executive Chief Nurse
Contact:	Michele Owen Associate Chief Nurse

Purpose:	To provide the Board of Directors with a report regarding patient safety, patient experience and key quality developments.
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 Board of Directors is asked to receive this report on the progress with Care Quality.

Approved by:	Lisa Stalley Green	**Date:** 16 October 2018

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CARE QUALITY REPORT

PRESENTED BY THE EXECUTIVE CHIEF NURSE

1. Introduction and Executive Summary

To provide the Board of Directors with a report regarding patient safety, patient experience and key quality developments

2. Patient Safety Update

2.1 Infection Control

MRSA Bacteraemias										**Latest Period:**		**1**	
Responsible Director: Executive Chief Nurse											**Target:**	**0**	
	Oct	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**YTD**
QEHB	0	0	0	0	0	0	0	1	0	0	0	0	**1**
BHH	0	0	0	0	0	0	0	0	0	0	1	0	**1**
GHH	0	0	0	0	1	0	0	0	0	0	0	1	**1**
Solihull	0	0	0	0	0	0	0	0	0	0	0	0	**0**
UHB	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**1**	**0**	**0**	**1**	**1**	**3**

The annual objective for MRSA bacteraemias is 0 avoidable cases. There was one MRSA bacteraemia identified during September at Good Hope Hospital. In total for the financial year 2018/19 UHB have had 3 Trust apportioned bacteraemias the focus remains upon actions to improve performance. The learning from the MRSA bacteraemias at HGS includes improving compliance with 28 day screening for MRSA. The infection prevention and control team are focusing on improving 28 day screening for MRSA throughout the next month via education packages.

***Clostridium Difficile* Infections**										**Latest Period:**		**14 / TBC**	
Responsible Director: Executive Chief Nurse											**Target:**	**10.5 Lapses in Care**	
	Oct	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**YTD**
QEHB > 48h	9	3	7	8	5	7	7	11	6	9	14	5	**52**
QEHB Lapses	1	0	1	0	2	3	1	4	0	3	2	TBC	**10**
HGS > 48h	5	9	2	4	8	7	8	4	4	4	7	9	**36**
HGS Lapses	0	1	0	0	1	1	1	1	1	1	2	TBC	**6**
UHB > 48h	**14**	**12**	**9**	**12**	**13**	**14**	**15**	**15**	**10**	**13**	**14**	**14**	**81**
UHB Lapses	**1**	**1**	**1**	**0**	**3**	**4**	**2**	**5**	**1**	**4**	**4**	**TBC**	**16**

The annual objective for *Clostridium difficile* infection (CDI) for 2018/19 at UHB is 125 Trust Apportioned cases. Overall UHB have had 87 Trust Apportioned cases. Performance for September 2018 improved with 14 Trust

Apportioned cases as compared to the 21 cases in August. The infection prevention and control team are planning activities for World Antibiotic Awareness Week in November. 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.

2.2 Tissue Viability

Pressure Ulcers - Grade 2 Non-Device-Related										**Latest Period:**		**11**
Responsible Director: Executive Chief Nurse								**Care Quality**			**Target:**	**QEHB: 75, HGS: 90**
	Sep	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**YTD**
QEHB	2	5	5	9	6	5	6	12	6	5	1	7	**31**
BHH	1	3	1	4	4	4	7	3	1	3	3	2	**12**
GHH	0	1	3	5	5	5	4	0	2	1	2	2	**7**
Solihull	0	1	1	2	0	2	0	0	0	0	1	0	**1**
HGS	1	5	5	11	9	11	11	3	3	4	6	4	20
UHB	3	10	10	20	15	16	17	15	9	9	7	11	**51**

Pressure Ulcers - Grade 2 Device-Related										**Latest Period:**		**3**
Responsible Director: Executive Chief Nurse								**Care Quality**			**Target:**	**QEHB: 42, HGS: 12**
	Sep	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**YTD**
QEHB	0	1	0	0	2	0	3	1	0	1	1	2	**5**
BHH	0	0	1	2	1	1	1	0	2	0	0	1	**3**
GHH	0	0	1	0	0	0	0	0	1	0	1	0	**2**
Solihull	0	0	1	0	0	0	0	0	1	0	0	0	**1**
HGS	0	0	3	2	1	1	1	0	4	0	1	1	6
UHB	0	1	3	2	3	1	4	1	4	1	2	3	**11**

In August the number of grade 2 non-device-related hospital acquired pressure ulcers rose slightly to 11. There were two grade 3 hospital acquired pressure ulcers but no grade 4 ulcers. The number of device-related grade 2 pressure ulcers remained low at 3. There were no grade 3 or 4 device-related pressure ulcers. The grade 2 pressure ulcers are investigated on an individual basis through completing a mini RCA and discussed at divisional preventing harms meetings. Educational campaigns are ongoing, with a focus on repositioning.

2.3 Falls

Falls											**Latest Period:**	**5.71**
Responsible Director: Executive Chief Nurse							**Care Quality**				**Target:**	**6.3 per 1000 bd**
	Oct	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**YTD**
QEHB	6.97	7.04	8.07	7.55	7.25	7.35	7.11	7.19	6.07	6.09	6.35	6.84	**6.61**
BHH	4.62	5.46	5.37	4.40	5.96	4.65	6.05	5.02	4.64	4.09	4.36	4.23	**4.69**
GHH	5.50	6.92	7.47	7.06	5.79	7.52	6.38	6.40	7.71	7.52	7.43	6.31	**6.97**
Solihull	5.34	3.20	3.47	4.53	6.98	5.28	3.13	4.70	3.26	3.46	3.71	3.59	**3.66**
UHB	**5.85**	**6.26**	**6.78**	**6.27**	**6.56**	**6.42**	**6.43**	**6.21**	**5.76**	**5.59**	**5.79**	**5.71**	**5.91**

Falls Resulting in Severe Injury										Latest Period:		4	
Responsible Directors Executive Chief Nurse								Care Quality			Target:	0	
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	YTD
QEHB	2	2	3	1	6	1	1	2	2	6	2	2	**15**
BHH	2	1	1	1	2	3	2	1	0	1	1	1	**6**
GHH	5	3	2	2	0	0	2	3	2	1	2	1	**11**
Solihull	1	0	0	0	0	0	1	1	1	0	0	0	**3**
UHB	10	6	6	4	8	4	6	7	5	8	5	4	**35**

The overall number of UHB inpatient falls over the last 3 months has remained static with an average of 470 falls per month, (average of 5.7 falls per 1000bd). GHH saw a 17% reduction in inpatient falls in September, and QEH has seen an 8% increase since July. BHH and SH inpatient falls have remained relatively stable each month.

In July QEH had 6 falls resulting in severe harm bringing the total of severe harms that month to 8 across UHB (BHH 1, GHH 1). The performance has improved each month since with 5 severe harms in August (QEH 2, BHH 1, GHH 2), and 4 in September (QEH 2, BHH 1, GHH 1).

Key themes highlighted in the falls with harm include; some clinical areas are demonstrating clear peak times of falls incidence (e.g. during handover and morning washes), a number of patients are falling on mobilising after leaving their walking aid at home, and there have been challenges with ensuring adequate supervision for patients with cognitive impairment who fall.

In response, focus is being directed at multidisciplinary team working, for example ensuring that the most vulnerable patients receive adequate supervision by alerting all staff to where these patients are within their own areas. This also includes consideration of peak times where these patients may be at their most vulnerable, for example during shift handovers, or times where staff might be less visible (during morning washes etc.). Work is in progress on the QEH site looking at the provision of walking aids when patients are admitted via ED without them. OPAL therapy staff have implemented a training programme to enable CDU nursing staff to assess and provide patients with the correct walking aid in the absence of therapy cover. Next steps will involve consideration of how to extend this model across HGS.

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**
UHB - New	151	154	152	132	147	159	148	185	145	176	147	163	**816**
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**
UHB - F.Up/Reopn	16	20	25	14	28	29	27	24	33	39	36	26	**158**
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%
UHB - Response								90.9%	87.9%	79.6%	78.8%	72.8%	82.0%

In September 2018, the Trust received 163 complaints, the same as the total received in August 2018, and a 5% decrease on the total received in the same month last year (September 2017 – 172 complaints).

The response rate has seen a dip against the target of 85% achieving a 30 working day turnaround, with overall Trust performance of 79.6% in June, 78.8% in July and 72.8% in August. Lengthy and unexpected long term sickness in the complaints team at HGS, during a period of increased annual leave both in the department and across HGS, impacted on the overall performance. A plan to recover performance is in place which, along with a re-launch of the complaints resolution pathway incorporating additional key performance indicators, should result in improved performance for future months.

Specific learning is noted around End of Life Care where there were 27 complaints and six concerns identified during quarter two. Measures to improve End of Life Care include Consultant-led End of Life training, undertaking the NHSI supported care review and implementation of the Learning Disabilities Mortality Review (LeDer) review have been put in place as well as feeding back bereavement questionnaire audits to wards and departments.

Further learning came from a complaint about the poor pain management provided to an end of life patient with calciphylaxis (a serious, uncommon disease in which calcium accumulates in small blood vessels of the fat and skin tissues). To prevent a recurrence of this distressing situation for future patients and their families, the palliative care team will provide a laminated advice sheet to go in patients' medical notes. This will contain generic advice on calciphylaxis, inform ward colleagues of the challenges in managing this condition but also remind colleagues of the team's availability seven days a week and out of hours.

The team will back this up by offering, at the time of referral, an initial meeting with the ward and renal medical team to discuss every patient who is referred to the palliative care team with calciphylaxis.

3. Patient Experience update

The Friends and Family Test (FFT) for August (latest data available at the time of reporting) showed Inpatient and outpatient positive recommendation of 95% against usual national averages of 96% and 94% respectively. Emergency Department positive recommendation remains lower than the usual national average (87%) at 78%. Maternity Birth FFT achieved 85% against a national average of 97% and postnatal ward gained 100% positive recommendation; other Maternity and Community FFT response rates are low and may not be considered representative, response rates across all FFT need to be improved. Maternity postnatal community received zero responses.

For all areas the primarily positive themes include friendly, helpful, caring and professional staff whose expertise and kindness made a real different to their

stay. 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 noise at night from other patients also featured. FFT feedback is shared locally for areas to note and address comments made.

A monthly Patient Experience Group, led by the Chief Nurse, is being established to ensure the Trust maintains a high focus on listening to patients and identifying themes and trends around potential improvements, as well as sharing good practice to ensure that all patients receive the best experience.

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 Disability4 (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 at HGS September 2018. 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.

4.3 National Audit of Dementia

NAD measures the performance of general hospitals against criteria relating to care delivery which are known to impact people with dementia while in hospital.

There are four parts to the audit

1. Operational audit
2. Notes audit
3. Carer Questionnaire
4. Staff Questionnaires

The audit was completed on all 4 acute hospital sites in September 2018, the data will be confirmed by the end of the year and the report should be available by April 2019.

4.4 Observations in Care

Update on progress and roll out this year

- All wards at QEHB visited and observations completed. (Practice Development and Dignity Teams)
- End of third year annual report completed at QEHB April 2018.
- 7 wards visited to date at HGS.
- Initial HGS report presented at September 2018 Care Quality Group.
- Awaiting publication of article in Nursing Times
- 3 October half day Observer training at HGS which will enable quicker roll out to wards.

5. Recommendation

The Board of Directors is asked to accept this report on care quality.

Lisa Stalley Green
Executive Chief Nurse
October 2018