UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 26TH APRIL 2018

Title:	**CARE QUALITY REPORT**
Responsible Director:	Michele Owen Interim Executive Chief Nurse
Contact:	Marie Hale Lead Nurse Quality

Purpose:	To provide the Board of Directors with an exception report on care infection control within the Trust. This report also provides an update regarding complaints performance and recent dignity initiatives.
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 exception report on the progress with Care Quality.

Approved by:	Michele Owen	**Date:** 17 April 2018

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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 performance and recent dignity initiatives.

2. Infection Prevention and Control Update (exception report)

2.1 Queen Elizabeth Hospital Birmingham (QEHB)

The annual objective for *Clostridium difficile* infection (CDI) for 2017/18 is 63 cases or a rate of 17.6 per 100,000 bed days (currently around 71 cases). Performance for March 2018 was 7 Trust apportioned (beyond day 0+2), all of which were reportable to Public Health England (PHE) in accordance with Department of Health guidance. In total QEHB have had 76 Trust apportioned CDI cases for the financial year 2017/18, 8 of these were considered to have lapses in care. Based on QEHBs current bed rate (per 100,000 bed days) QEHB were under trajectory for CDI at a rate of 13.2 cases per 100,000 bed days. Actions to further improve CDI performance will continue in the new financial year with a specific focus on antimicrobial prescribing, choice and duration of use, hand hygiene and improve access to expert review of patients with *C. difficile*.

The annual objective for MRSA bacteraemias is 0 avoidable cases. There was one MRSA bacteraemias reported during March 2018. The blood culture was taken on admission and the patient had no recent history of care at QEHB. In total QEHB have had no Trust apportioned bacteraemias reported for the financial year 2017/18. QEHB has gone 15 months without a Trust Apportioned MRSA bacteraemia.

During March there were two cases of carbapenemase producing *Enterobacteriaceae* (CPE) identified in patients admitted to QEHB. There were no multiple drug resistant (MDR) *Acinetobacter baumannii* (carbapenemase producer) or MDR *Pseudomonas aeruginosa* (carbapenemase producer) isolated during March. During 2017/18 QEHB saw an increase in these important nosocomial pathogens. 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/ MDR *A. baumannii* 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/ MDR *A. baumannii*. As there are no new antibiotics to be licensed for CPEs/ MDR *A. baumannii* we are dependent on adherence to hygienic precautions in health care to prevent the spread of CPEs/ MDR *A. baumannii*.

2.2 Influenza

As part of the national CQUIN on staff health and wellbeing, Influenza vaccine uptake in healthcare workers is measured. As part of the CQUIN there was a target for achieving a 70% uptake of the Influenza vaccination in front line staff. QEHB achieved the 70% vaccination target for front line staff. During December through to the end of March 678 cases of respiratory viruses were recorded (x36 RSV, x251 Influenza A and x400 Influenza B).

2.3 Norovirus

Since January through to the end of March 8 wards and 7 bays have been closed with confirmed Norovirus. The following wards x3 Ward West 1, x2 Ward West 2, W625, W518 and Edgbaston and the following bays x1 Ward West 1 and x2 Edgbaston, Harborne and W625 have been closed.

3. Heartlands, Good Hope and Solihull (HGS)

The annual objective for CDI for 2017/18 was 64 cases or a rate of 13 per 100,000 bed days. Performance for March 2018 was 7 Trust apportioned. In total HGS have had 66 Trust apportioned CDI cases for the financial year 2017/18, 11 of these were considered to have lapses in care. Based on HGS current bed rate (per 100,000 bed days) HGS will be under trajectory.

The annual objective for MRSA bacteraemias is 0 avoidable cases. There was one MRSA bacteraemia reported during March 2018. The blood culture was taken on admission and a post infection review of the case is planned. In total HGS have had 3 Trust apportioned bacteraemias reported for the financial year 2017/18. Two cases were associated with PEG site infections and one associated with hospital acquired pneumonia.

During March there were five cases of CPE identified. Four of the cases were identified on admission; two patients had received healthcare in Pakistan and two patients were identified on presentation to a Renal unit after returning from abroad. One inpatient was identified as having a CPE from clinical specimens.

3.1 Influenza

HGS have vaccinated 73% front line staff for Influenza achieving the Influenza requirement of the staff health and wellbeing CQUIN for 2017/18. During December through to the end of March 731 cases of Influenza were recorded (x425 Influenza A and x303 Influenza B).

3.2 Norovirus

Since January through to the end of March two wards (Ward 12 and Ward 14) have been closed with confirmed Norovirus.

A community outbreak of measles was identified in December 2017 focused predominantly in the geographical area surrounding Heartlands Hospital. To date a total of 117 patients have presented with suspected measles of which 67 were confirmed as positive. The majority of patients were at Heartlands Hospital with eleven at Good Hope Hospital and one adult patient at Solihull Hospital. Six members of staff have presented with suspected measles of which three were confirmed.

4. Complaints Quarter 4 2017/18 update Number of Complaints Received

Chart 1a: HGS Complaints received by month and rolling average of complaints

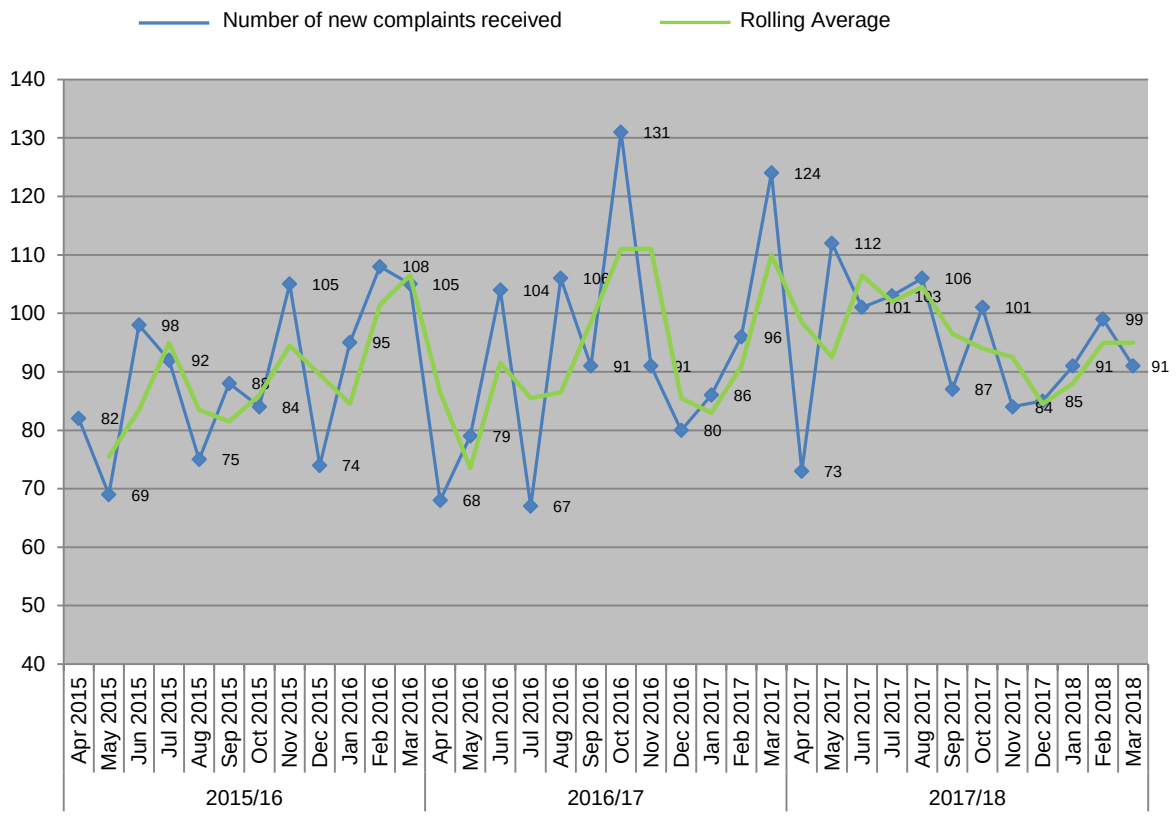

Table 1b: HGS Complaints received by financial year

Year	Number of complaints
2014/15 (full year)	1044
2015/16 (full year)	1075
2016/17 (full year)	1123
2017/18 (full year)	**1133**

For HGS Chart 1 and Table 1 above show the number of complaints received and the rolling average of complaints received up until the end of March 2018. The total number of complaints received by HGS in Quarter 4 2017/18 was 281, a small increase on the 271 received in Quarter 3 2017/18. For the full financial year, the total number of complaints received remained relatively stable.

Chart 1c: QEHB Complaints received by month and rolling average of complaints

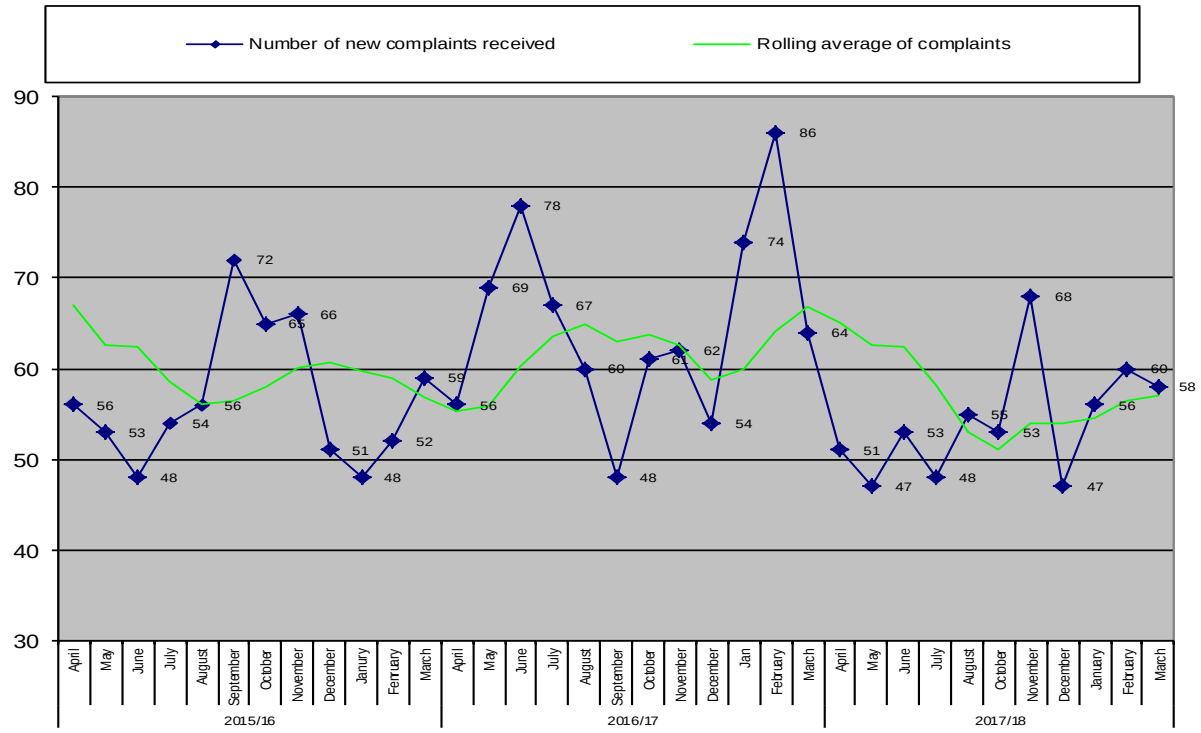

Table 1d: QEHB Complaints received by financial year

Year	Number of complaints
2014/15 (full year)	792
2015/16 (full year)	680
2016/17 (full year)	779
2017/18 (full year)	**660**

For QEHB, the total number of complaints received in Quarter 4 2017/18 was 174, a small increase on the 168 received in Quarter 3 2017/18. For the full financial year 2017/18 there was a 15% reduction in the total number of complaints received compared to 2016/17.

5. Complaint response performance (85% target)

The charts below reflect the overall complaints response performance against the internal target of 85% of cases receiving a response within 30 working days from receipt of the complaint.

For HGS, a dip in performance was experienced at the start of Quarter 4. An improved performance in line with the target trajectory towards 85% remains the team's focus and improved performance has been confirmed for February and March 2018.

Table a: Response rate by Division by cases closed by month HGS

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Division 1: Clinical Support Services	100	69.2	81.8	57.1	70	0	100	100	100	100	100
Division 2: Women's & Children's	40	69.2	71.4	53.8	33.3	60	46.2	100	100	100	91.7
Division 3: Emergency Care	54.2	39.5	20	51.9	51.6	58.8	53.6	47.4	65.2	61	85.2
Division 4: Medicine	70	60	57.1	60	38.9	90	93.3	76.5	100	100	100
Division 5: Surgery	76.9	64.5	58.5	45.5	64.5	85.7	72.7	82.1	76	75.9	92.9
Total	**61.7**	**55.9**	**52**	**52.9**	**52.8**	**48.2**	**68.8**	**74**	**78.3**	**73.6**	**92.1**

Table b: QEHB complaints response rates(%) by month against target (85

For QEHB, the target of 85% was achieved for the first time in February. The other months in the quarter saw performance around the 80% mark.

	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18
Division A	83	100	83	100	100	50	100	75	50	67	63	60
Division B	56	50	40	92	69	100	64	27	77	71	88	88
Division C	68	69	74	74	91	84	95	82	65	69	91	87
Division D	68	91	78	86	79	63	54	62	84	93	86	81
Corporate	67	0	100	100	100	n/a	n/a	100	100	100	100	67
Trust %	**66**	**72**	**72**	**84**	**80**	**81**	**77**	**64**	**73**	**79**	**85**	**81**

6. Complaints referred to the Parliamentary and Health Service Ombudsman (PHSO)

At HGS, there were 3 cases that were subject to a final report by the PHSO in Quarter 4 2017/18, all 3 were partly upheld.

The first partly upheld case related to a failure to gain informed consent to undertake further procedures during the patient's arthroscopy.

In the second case, it was identified that there was a failure to explicitly inform the family that a DNAR order had been put in place. It was also found that the patient was not accompanied to the toilet, despite being at risk of falling, and so apologies were made for incorrectly placing the patient's dignity before his safety.

In the third case, there was delay in a patient being informed that he had cancer due to a missed appointment to discuss the results of his scan and the failure of the clinician to contact him.

At QEHB, 2 cases were subject to a final report by the PHSO. Neither case was upheld.

7. Aligning QEHB and HGS complaints services

Prior to the merger the leads from QEHB and HGS complaints services have been working together to identify different ways of working and have a plan in place for alignment. Some changes have already been implemented which has resulted in improved response rates at HGS now nearing the 80% level.

Ongoing developments include:

- Working towards single Datix package for ease of work and reporting and potentially a single point of contact (as per QE Patient Relations Hub) (dependent on IT capability)

- Alignment of policies, procedures, SOPs etc to enable reporting to be combined
- Introducing PALS/Complaints framework at HGS to ensure understanding of what is PALS and what is a complaint
- Redesigning process around SI/Complaints cross-over to provide a better service to the patient/relative and ensure all staff are clear on who owns which actions
- Looking at the quality of responses across all and implementing any training/away days to ensure consistency of quality with a view to reducing follow ups
- Developing joint training for staff responding to complaints, ensuring all information is also available on the intranet
- Refresh of website information
- Develop shared learning from complaints

8. Dignity in Care

8.1 Dementia

The Dignity in Care Team continues to provide dementia training at awareness and intermediate level within the Trust. Training figures (Table 1) are detailed below; the percentage of staff trained has remained steady for each division, on a month to month basis.

Area	October 2017	November 2017	December 2017	January 2018	February 2018
Corporate	49%	49%	48%	48%	47%
Division A	57%	56%	56%	56%	55%
Division B	69%	66%	69%	69%	69%
Division C	69%	70%	69%	69%	68%
Division D	64%	64%	64%	63%	63%

8.2 Delirium

Following on from the National Audit of Dementia, it was shown that as a Trust we need to improve our assessment of Delirium especially with regards to identification and treatment. Actions as led by the Delirium Working Group have so far included:

- Delirium training has taken place on CDU and Ward 410, as shown to be under- recognised by National audit of dementia. Figures for CDU are 82% of staff trained and for ward 410, 100% of staff have been trained

- Training is now being rolled out to wards 411 and 412 with same format of whiteboard with key messages or formal sit down sessions when possible

- Delirium management pages have been updated for intranet

- Doug's story (patient from Critical care talking about his experience of delirium) has been added to education pages for staff to watch and complete a reflective account

- Staff from the Dementia and Delirium Outreach team undertook an awareness event on "World Delirium day" across the HGS sites. They were raising awareness with staff from all discipline on the recognition and treatment of delirium.

- The Delirium and Outreach team are now working within the elderly care wards across all three HGS sites providing coaching and education for staff and offering practical support for patients experiencing delirium.

- Specific support is now being introduced for the Trainee Nursing Associates in relation to recognizing delirium, screening and treatment. They are also receiving bespoke training and support in relation to the care of patients with dementia and learning disabilities.

8.3 Learning Disabilities

- Staff continue to be asked to complete the accessible information standard modules regarding communicating and meeting the needs of patients with Learning Disabilities. Since 2016, to March 2018, 459 members of staff have completed module 1 and ward 439 staff have completed module 2. Ideally, staff should complete both modules in order to gain appropriate insight in how to support a patient who has communication problems.

- In November 2017, QEHB's Emergency Department took part in a quality check trial in relation to 'Learning Disability', in partnership with NHS England, NHS Improvements and Changing Our Lives who are rights based organisation who work with disabled people, people with learning disabilities and those with mental health issues as partners to find solutions to health inequalities. The Trust evaluated very well with the report indicating particularly strengths in Objects of Reference and Learning Disability, as well as the 'Coming into Hospital' and 'Staying in hospital' booklets. An 'Always Event' will be arranged following the groups visit to the Imperial Hospital London who were also involved in this project, to ensure that all processes are maintained and to share good practice between the 2 sites.

Recommendation

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

Michele Owen
Interim Executive Chief Nurse
April 2018