

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

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

Purpose:	To provide the Board of Directors with an exception report on care infection control within the Trust. This report also provides an update on performance and new developments regarding Tissue Viability, Discharge Management and End of Life Care.
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: 12 January 2018
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS THURSDAY 25 JANUARY 2018

CARE QUALITY REPORT

PRESENTED BY THE EXECUTIVE CHIEF NURSE

1. Introduction and Executive Summary

This paper provides an exception report regarding infection prevention and control performance. The paper also provides an update regarding some of the initiatives underway in the Trust regarding Tissue Viability, Discharge Management and End of Life Care.

2. Infection Prevention and Control Update (exception report)

The annual objective for CDI for 2017/18 is 63 cases or 17.6 per 100,000 bed days (currently around 71 cases). Performance for December 2017 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 we have had 56 Trust apportioned CDI cases for the financial year 2017/18, 5 of these were considered to have lapses in care. Based on our current bed rate (per 100,000 bed days) we are presently under our trajectory for CDI at a rate of 13.1 cases per 100,000 bed days. Actions to further improve CDI performance continue with a specific focus on antimicrobial prescribing, choice and duration of use, hand hygiene, timely isolation of patients with diarrhea, improve timeliness of stool specimen collection and improve access to expert review of patients with *C. difficile*.

The annual objective for MRSA bacteraemias is 0 avoidable cases. There were no MRSA bacteraemias reported during December 2017. In total we have had no Trust apportioned bacteraemias reported for the financial year 2017/18 to date. The Trust has now gone over a year without an MRSA bacteraemia. Key actions continue to be followed.

During December there were no cases of carbapenemase producing *Enterobacteriaceae* (CPE) or multiple drug resistant (MDR) *Acinetobacter baumannii* (carbapenemase producer) identified. During 2017/18 we have seen 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*. 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 is a target for achieving a 75% uptake of the Influenza vaccination in front line staff. The Trust have nearly achieved the 70% vaccination target for front line staff with only 70 more staff required to achieve the target.

During December we have seen an increased number of cases of Influenza throughout the Trust. 36 cases of respiratory viruses were recorded in December (x5 RSV, x13 Influenza A and x21 Influenza B). During January there have been 52 cases of respiratory viruses recorded so far (x5 RSV, x15 Influenza A and x33 Influenza B).

Actions

- The trust have procured new personal protective equipment to protect staff treating patients with influenza
- The infection prevention and control team are working with the operational site team to ensure plans are in place for the increased demand on beds
- Stock levels of oseltamivir have been increased to ensure we can treat all the patients.
- We now have point of care testing for flu in CDU, this allows results in less than an hour.

3. Tissue Viability

The Trusts Tissue Viability vision is to prevent harm from avoidable pressure ulcers and to promote safe, cost effective, high quality wound care.

The teams aim is to provide a Tissue Viability Service that supports clinical teams to deliver the best care possible. The 2017/18 annual plan covers 5 strategic themes focusing on areas from previous data that could be improved and help us to maintain the excellent performance over recent years and meet contractual requirements.

3.1 Strategic Themes:

Work has been on going all year and some of the areas of progress against the strategic themes includes;

- Repositioning strategies and correct documentation promoted at Divisional Preventing harms and through all education and clinical visits. React to RED discs redistributed.
- The equipment selection flowchart being redevise, from this a need for Hybrid mattress that gives more than standard pressure relief was identified and is now being trialled in clinical areas.

- Education delivered on completing the Tissue Viability section of the new documentation accurately due to the impact on the avoidable/unavoidable section of hospital acquired grade 2 ulcers.
- Work has continued with the Shelford group and regionally regarding a standard formulary for wound/ulcer management.
- From an educational perspective the Tissue Viability study day programme has been updated in line with the new documentation and Root Cause Analysis requirements.
- The Trust has fully participated in the International stop the pressure campaign with particular emphasis on prevention of heel drag as this is an area of focus this year.

3.2 Performance

The table below shows the positive impact of the strategic framework actions being undertaken.

Performance to date 2017/18

2017/18 Contract KPI Hospital Acquired Avoidable Pressure Ulcers						
	Grade 2	Grade 3	Grade 4	Grade 2 DR	Grade 3 DR	Grade 4 DR
Goal end Q4(not to exceed)	75	0	0	42	0	0
Q1	13	0	0	7	0	0
Q2	12	0	0	1	0	0
Q3 (Dec tbc)	10	1	1+1 tbc	1		
Total	35	1	1+1 tbc	9	0	0

4. Discharge Management

4.1 Complex Discharge

The focus of the Complex Discharge Team (health and social) is to improve the quality of patient care and discharge, enhance communications and improve collaborative working practices. In order to achieve this, teams such as Social Services and Complex Discharge Nurses involved in discharge work collectively to ensure there are minimal delays in discharge arrangements and the transfer to ongoing care settings.

A number of actions have been identified to improve the current process for complex discharge:

4.1a Discharge Hub and Transfer of Care Referral (TOC)

The Discharge Hub concept and Transfer of Care referrals has now been in place since June 2015. There continues to be a significant increase in referrals to this team which reflects the demand to the Trust as a whole.

Further scoping is in the early stages re social work support and development of the role within the Emergency Department and Clinical Decision Unit.

4.1b Discharge Hub Management System

Further development of the Discharge Hub Management System (DHMS) is taking place which includes update of the Transfer of Care referral, to support staff to provide more appropriate necessary information to aid in the identification of patients suitable for referral to Norman Power. Development is also underway within DHMS to hold a live list with case note tracking of all inpatients in Norman Power, this will support board rounds, case management and bed management for Norman Power in conjunction with the Discharge Hub.

4.1c QEHB Therapy Led Discharge Pilot

A review of the patient pathways found that the ALOS of patients requiring a simple package of care in their home was too high. Often this appeared to be due to delays in assessment. It was also noted that a large number of these cases were already involved with an Occupational Therapist at the point of discharge, and that there was duplication in the assessments and paperwork being produced by Occupational Therapists and the Social Worker Facilitators. To combat this, a therapy led trusted assessor model was piloted. Therapy led discharge uses a Trusted Assessor model.

In the 13th week (25/07/2017), the pilot was rolled out to all wards across the hospital. An average of 7 referrals were made per week. On the 22nd week (25/09/2017) the scope of the project expanded to include patients who required 4 calls a day. Since this change the pilot has seen an average of 10 patients per week. A total of 140 patients have been seen on this pathway since the beginning of the pilot.

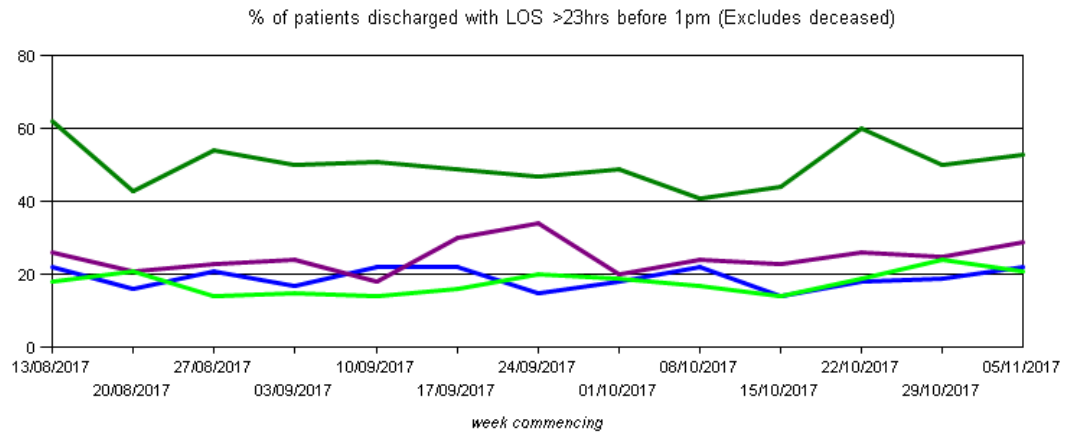
As it currently stands, the therapy led discharge pathway is seeing 13% of all Birmingham based referrals, releasing social worker and social care facilitator resource back into the pool to support other discharges. To further improve the process, training took place November 2017 to allow Occupational Therapists to directly enter their assessments into the Care First 6 system.

4.2 Norman Power

Norman Power opened January 2017 for a 12 week period. The purpose of Norman Power Unit (NPU) is to facilitate a high quality, patient focused approach to inpatient care, rehabilitation and discharge for patients medically fit for discharge being treated and care for a at University Hospitals Birmingham NHS FT. The unit is based in a purposed built facility in Edgbaston so is an “off-site “unit to which patients are be transferred to and subsequently discharged from.

The service will include 24 hour provision of nursing care for adult patient’s and a 7 day therapy service in an environment which will support patient transition and recovery. At the time of writing the report 24 patients have transferred to Norman Power.

4.3 Discharges by 1pm



A number of actions are being employed to assist this piece of work and correct use of the bed declaration policy and the one up work as well as 10 before 10, are all took used daily to ensure as many patients as possible are being discharged earlier in the day.

4.4 None Emergency Patient Contract (NEPT)

1 May 2017 changes were made to the NEPT contract, whilst there have been initial issues with change in contract positive changes to contract includes Hospital site based WMAS Transport Discharge Coordinators now work side by side with Clinical Site Management team, Divisional Capacity and inpatient ward areas, focus on tracking and allocation of vehicle to discharge request. However ongoing work underway with CCG to address difficulties experienced with patients who live ‘out of area’ and require transport which then triggers the need for budget approval by local CCG and also from an OPD point of view particularly around renal dialysis planned appointments. CCG are due to attend time on site to meet and work alongside teams to identify and understand issues.

5 End of Life Care

5.1 Building on the Best - Improving Quality in End of Life Care in Hospitals Partnership

The programme, agreed in partnership between NHS England , Macmillan Cancer Support, the National Council for Palliative Care and NHS Improvement aims to build on what's already been achieved by 10 acute hospitals in England and 3 in Scotland to improve the quality of end of life care. The focus of improvements at UHB have been;

- a new PICS facility called Comfort Observations for patients who are considered by the multidisciplinary team to be in their last days of life. The priorities of care for these patients now include reducing unnecessary physical discomfort such as mechanical blood pressure monitoring.
- the development of a nurse prompt sheet 'Caring for the dying patient and their family' to ensure that the focus of treatment is concentrated around what is important for the dying patients and their families.
- the development of a discharge checklist for patients who have chosen to go home to die or are being transferred to another care setting such as a hospice.

5.2 Training and education

Over 100 champions have been recruited from across the Trust and have attended interactive workshops, discussing the challenges that are faced when caring for dying patients and their families as well as identifying solutions to enable to staff to deliver the best in care. The Champions workshops in November in collaboration with the Specialist Palliative Care team focused on symptom control and best practice. This is in response to the identification of a lack of confidence and skills of nurses related to the administration of anticipatory drugs, particularly if they are prescribed 'as required' rather than regular doses.

5.3 QEHB and Birmingham CRUSE telephone support project

A collaborative project between UHB and Birmingham Cruse pilot started in April 2017 offering bereaved relatives and bereaved staff members compassionate telephone support after the death of a loved one. Initially a phone call is made by a member of the Cruse team approximately 4-6 weeks after the death of a loved one. A further two more calls are offered at a time convenient to the bereaved and if required a referral for face to face support is arranged.

5.4 Learning from deaths

In December 2016 the Care Quality Commission published its review *Learning, candour and accountability: A review of the way NHS trusts review and investigate deaths of patients in England*. In response, the Secretary of State accepted the reports' recommendations and made a range of commitments to improve how the NHS learns from reviewing the care provided to patients who die.

At UHB the Medical Examiner Service has been developed to review in-hospital deaths prior to issue of the Medical Certificate of Cause of Death (MCCD). This 1st stage review involves scrutiny of the care and discussion with the responsible medical team to ensure accuracy of documentation as well as advising on referral of a case to the HM Coroner. During this 1st stage review the Medical Examiner will make a judgement of care and determine whether there are any areas of concern that justify more in-depth review.

Recommendation

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

Michele Owen Interim Executive Chief Nurse
January 2018