UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 27 JULY 2017

Title:	**PATIENT CARE QUALITY REPORT**
Responsible Director:	Philip Norman, Executive Chief Nurse
Contact:	Michele Owen, Deputy Chief Nurse

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 discharge management, the safety thermometer and the work undertaken by therapy services within the Trust.
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:	Philip Norman	**Date:** 17 July 2017

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BOARD OF DIRECTORS
THURSDAY 27 JULY 2017

PATIENT 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 discharge management, the safety thermometer and the work undertaken by therapy services within the Trust.

2. Infection Prevention and Control Update (exception report as at 30.06.17)

The annual objective for Clostridium Difficile Infection (CDI) for 2017/18 is 63 cases or 17.6 per 100,000 bed days (currently around 70 cases). Performance for June 2017 was 10 Trust apportioned cases (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 25 Trust apportioned CDI cases for the financial year 2016/17, 2 of these were considered avoidable.

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 diarrhoea, improved timeliness of stool specimen collection and improved access to expert review of patients with Clostridium Difficile.

The annual objective for Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia is 0 avoidable cases. There was one MRSA bacteraemia reported during June 2017 (sample taken on admission), which is currently being reviewed through the Post Infection Review process. In total we have had no Trust apportioned bacteraemias reported for the financial year 2017/18 to date.

In relation to ensuring MRSA performance continues to improve, the following key actions are ongoing:

1. A Trust wide hand hygiene programme - promoting hand hygiene across the Trust.

2. Review the use of non-sterile gloves to reduce inappropriate glove use and focus on the importance of appropriate hand hygiene.

3. Ensuring all relevant staff understand the correct procedure for screening patients for MRSA before admission, on admission and the screening of long stay patients.

4. Increase the compliance with MRSA screening across the Trust. This will ensure prompt identification of individuals who have or are at risk of developing infection so they receive timely and appropriate treatment and management to reduce risk of transmission to other people.

5. Assess and improve use of decolonisation therapy across the Trust. Ensuring the optimal management of all patients with MRSA colonisation and infection, including decolonisation treatment, prophylaxis during procedures, and treatment of established infections.

6. Improve access to expert review of patients who acquire MRSA within the Trust by:

   - MRSA acquisition specialist nurse ward rounds.
   - In line with the new national CQUIN regarding the reduction of severe infections with a particular focus on the reduction in use of broad spectrum antibiotics and appropriate timely review of antimicrobial prescriptions. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events.
   - Ensure MRSA post infection review investigations are completed and lessons learnt are feedback throughout the Trust.

   During June there were three cases of Carbapenemase Producing Enterobacteriaceae (CPE) two identified in community patients and one case identified in an inpatient (critical care). There were five multiple drug resistant (MDR) Acinetobacter baumannii (carbapenemase producer) identified during June, two cases were identified on admission from patients repatriated to the Trust and three were related to MDR Acinetobacter cases on Ward West 2 and Critical Care. 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 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. As there are no new antibiotics to be licensed for CPEs we are dependent on adherence to hygienic precautions in health care to prevent the spread of CPEs.

3. Therapy Services Update

3.1 Inpatient Quality Summary

Response times for inpatient referrals are meeting the agreed Quality and Outcomes Research Unit (QuORU) standard for occupational therapy, physiotherapy and speech therapy. The current exceptions to this are: dietetics (66% responded to within 2 working days) and podiatry (68% responded to within 2 working days). Reasons for this delay have been staff vacancies. Both services are recruiting staff and new candidates are due to start in the near future.

3.2 Outpatient Quality Summary

Outpatient numbers remain within performance expectations, with the exception of physiotherapy follow up appointments. This is attributed to higher than usual staff vacancy rate from January – April and a planned reduction in follow up appointments as per pathway improvements.

The Dietetic and Upper Limb Service have recently experienced increased Did Not Attend (DNA) rates, and both teams are working to reduce this by linking appointments to medical consultations where possible and sending telephone call reminder.

3.3 Service Developments

Therapy Services have established a tracheostomy weaning programme, in conjunction with the ENT Service, to plan for the earlier removal of a tracheostomy tube and so increase patient confidence and preparation for discharge. Pilot data (2016) evidenced a reduced length of stay of 14 days.

Occupational Therapy is working with Social Care colleagues to develop an Occupational Therapy lead discharge scheme for some general medical and older adult patients. This will reduce the amount of time taken to complete a social care referral and so shorten length of stay. Evaluation results will be available in August 2017.

Physiotherapy was funded during winter 2016/17 to trial physiotherapy in the Emergency Department minors pathway. This has resulted in improved triage of musculoskeletal injuries and treatment at the point of assessment. Where appropriate, patients have been referred for follow up to community physiotherapy or UHB outpatient services. Nurse and junior medical colleagues have reported greater shared learning and confidence in assessing musculoskeletal injury. The pilot will now be continued through recruitment of substantive posts.

4. Discharge Management Update

4.1 Discharge Hub and Transfer of Care Referral (TOC)

The Discharge Hub concept and Transfer of Care referrals have now been in place for 2 years (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. Recruitment into Complex Discharge Nurse posts have been a success, and due to an increase in referral demand to this team a further post was created. Over the winter period UHB supported Birmingham City Council by providing funding for 2 extra agency social workers.

4.2 Allied Health Professional (AHP) Trusted Assessor Role

The AHP Trusted Assessor pilot in conjunction with Birmingham City Council commenced on the 5th floor wards in medicine at the beginning of May 2017. This pilot allows therapy staff to progress discharge for patients who have a

negative continuing health care (CHC) check list whom require a package of care on discharge with a maximum of 3 calls a day. There are currently further plans to roll out to Bournville ward.

4.3 Board Rounds Discharge Hub

Since the opening of the hub in June 2015 daily board rounds have taken place. In May 2017 a pilot has been underway and the initial concept of board rounds with a sole person representing Health and Social Care has been replaced with each member of staff updating against own case load for both social care and from the complex discharge nurse team. This has allowed:

- Case workers to identify any potential issues and receive the appropriate support in progression of case from either the Lead Nurse Complex Discharge or the Team Leader for Social Services.
- More detailed updates available.
- Allocation of referrals to case workers.
- A greater steer to case workers re the use of the Bed Utilisation policy.

4.4 CQUIN: Effective, Safe Transfer and Discharge 2016/17

This CQUIN aimed to improve the transition between inpatient hospital settings and community, care homes or any NHS provider for adults over 65years, improving patient, carer and staff experience of transfer and discharge from hospital by better coordination of health and social care services.

Quarter 1, Quarter 2, Quarter 3 and Quarter 4 milestones have been met, this was following submission from the Trust of a report detailing for commissioners actions from a GAP analysis and progress against a communication strategy.

Perceived improvements include:

- Information provided to the patient by the Complex Discharge Team has been standardised and improved using the new checklist.
- Carer needs have been identified and work completed for the CQUIN has triggered more in depth work.
- Reviewed and updated discharge checklists within the Patient Information and Communication System (PICS) have ensured improved communication at the point of discharge. It is believed that this routine prompt for staff will therefore easily become embedded in practice.
- Improvements to communication between the Complex Discharge Team and the ward staff have been successfully implemented by making the TOC referral process visible at ward level. This is now routine practice across the Trust for all discharges.

Completion of an audit, results clearly showed improvements between the Quarter 1 and Quarter 3 results (Table 1 below). In Quarter 3 all patients had the information provided to them on discharge documented within the discharge letters. The letters were very comprehensive and although they did not specifically detail emergency management specifically for the “emergency services”, they did include information about medication changes, care needs, cognition and capacity and clinical management (e.g. blood sugar management) which would be required in an emergency situation.

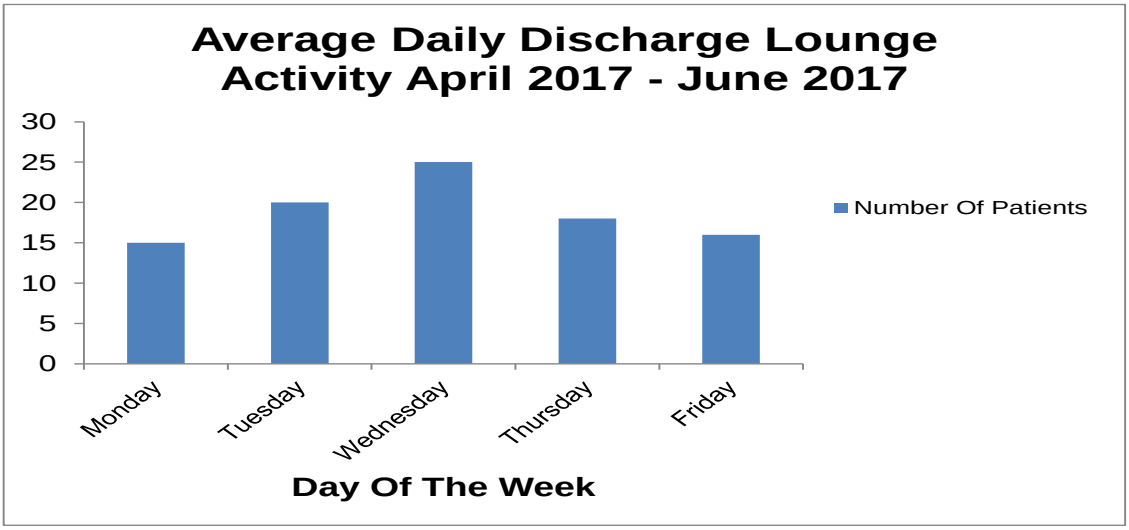
Standard	Q3 Results %Yes	Q1 results %Yes
Diagnosis	100%	87%
Allergies (n=38) (automatically filled through PICS)	100%	100%
Medication (TTO's) (automatically filled through PICS)	100%	100%
Care package or equivalent	100%	99%
Name and contact details of GP (automatically filled through PICS)	100%	100%
Name and contact details of main carer	79%	0%
Advice for patient and carers on likely problems and what to do in an emergency	40%	4%
Advice to emergency services on likely problems and recommendations for their management	*0	0

4.5 Discharge Lounge

The Discharge Lounge currently sees a small percentage of the total Trust wide discharges on a daily basis. To improve utilisation and highlight the benefits of using the setting as part of the patient's pathway a revised staff information document pack has been uploaded to the Trust intranet site. This document outlines crucial information regarding the operational working of the Discharge Lounge along with the benefits of using the setting. Recent initiatives have included removing the requirement for a telephone handover for self-caring patients and the revised protocol of accepting patients prior to completion of their discharge letter and tablets to take out (TTOs) if required.

A weekly report is sent to the Divisional Director of Operations and the Associate Director of Nursing for each Division detailing the use by ward and area. This information is used to enable discussion about improving utilisation rates. The patient feedback from those who have used the setting continues to be extremely positive.

The average number of patients discharged through this setting by day is shown in the table below.



4.6 Non-Emergency Patient Contract (NEPT)

From 1 May 2017 changes have been made to the NEPT contract, whilst there have been some initial issues with the change in contract, positive changes to contract includes hospital site based West Midlands Ambulance Service (WMAS) Transport Discharge Coordinators working side by side with the Clinical Site Management team and inpatient ward areas, focus on tracking and allocation of vehicle to discharge request. Further work to be scoped re improving planning for ambulance discharges. 95% of ambulance discharges are booked on the day.

4.7 Home and Well Pilot with Royal Volunteer Service (RVS)

The Home and Well pilot commissioned through the RVS by the Department of Health started as a pilot on 23 November 2016 through to May 2017. There is currently an evaluation of the pilot underway being led by the RVS project lead. However the pilot has enabled the RVS to pull together a community service of directories. Further work is underway with the Clinical Commissioning Group (CCG).

From the pilot patients were introduced to some of the following:

- Living Well Centre
- Knit and Natter
- Age UK Lunch Club
- Age UK Day Centre
- Age UK Handy Man Service
- Selly Oak Living Scheme.

5. Safety Thermometer

5.1 Introduction

The NHS Safety Thermometer is a standardised data collection/improvement tool that allows NHS organisations to measure patient outcomes in four key areas:

- Pressure Ulcers
- Falls
- Urine infections and urinary catheter use
- Venous thromboembolism (VTE)

The quality measure outcome submission of data is generated through the use of the NHS Safety Thermometer tool which is published via the NHS Information Centre. The data for April and May 2017 is included at Appendix 1.

5.2 Use of data

- All patients in the urinary catheter /urinary tract infection (UTI) category that come back as ‘Harm’ are reviewed by the Infection Prevention and Control Nurse Specialists. Review of all patients with ‘Harm’ so far has not identified any trends or areas for concern.

- The Pressure Ulcer data is reviewed by the Tissue Viability Team and the Falls data by the Falls Team. Live incident data is displayed on the clinical dashboard which gives clinical teams an accurate measurement of overall incidence rather than prevalence.

5.3 Urinary Catheter Roadshow 28th & 29th June 2017

The Trust Continence Action Group (CAG) held a catheter roadshow on the 28th& 29th June to provide a focus on Urinary Catheters. The road show involved educational updates to all inpatient wards/areas, and there were also a small number of display stands on Level 1 in the Atrium.

The roadshow involved all members of the Multi-Disciplinary (MDT) and also involved Nursing Students from both the University of Birmingham and Birmingham City University.

Roadshow areas of focus;

- Supporting the introduction of the new nursing documentation, with particular reference to assessment, care planning and daily monitoring of patients with urinary catheters.

- Introduction of a tool/ flow chart to assist registered nurses in deciding when to remove urinary catheters in order to facilitate their timely removal and reduce the risk of further complications associated with delayed catheter removal (infections, trauma etc).

- Continence products that are utilised by the Trust, along with advice and guidance on how to use them effectively and efficiently.

- The Infection, Prevention & Control Team displayed guidance on how to appropriately manage suspected or diagnosed catheter related infections and were available to discuss advice and guidance.

6. Recommendation

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

Philip Norman
Executive Chief Nurse
July 2017

Appendix 1

Quality Measure Outcome - UHB Outcomes

(all data has been submitted to Unify in line with the national deadlines)

2015/16 %	April 2017	May 2017
Number of patients surveyed	1142	1169
Harm free	1112	1126
Old harm	1.31	1.80
New Harm	1.31	2.05
Harm %		
% All	2.63	3.68
1 Harm	2.63	3.59
2 Harms	0	0
3 Harms	0	0.09
Pressure Ulcers Numbers		
New All	2	3
New Grade 2	2	2
New Grade 3	0	0
New Grade 4	0	1
Old All	12	17
Old Grade 2	10	11
Old Grade 3	1	4
Old Grade 4	1	2
Falls Numbers		
All	18	22
Harmful	5	5
Low Harm	5	3
Moderate	0	1
Severe	0	1
Death	0	0
Urinary Catheters Numbers		
Total	236	254
Days in situ 1-28	205	222
Days in situ < 28	26	17
Unknown days	5	15
UTI All	17	7
UTI Old	13	5
UTI New	4	2
Catheter & UTI All	4	4
Catheter & UTI Old	3	4
Catheter & UTI New	1	0
New VTE Numbers		
All	7	16
VTE	2	2
Pulmonary Embolism	5	6
Other	0	8