UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 30 MARCH 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 infection control within the Trust. This report also provides an update regarding Falls performance.
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 March 2017

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

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THURSDAY 30 MARCH 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 falls performance.

2. Infection Prevention and Control Update (exception report as at 28.02.17)

The annual objective for Clostridium Difficile Infection (CDI) for 2016/17 is 63 cases or 17.6 per 100,000 bed days (currently around 70 cases). Performance for February 2017 was 9 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 86 Trust apportioned CDI cases year to date (i.e. above trajectory), 29 (34%) of these cases were considered avoidable.

Actions to improve CDI performance continue with a specific focus on:
- Antimicrobial prescribing, choice and duration of use
- Timely isolation of patients with diarrhoea
- Improved timeliness of stool specimen collection
- Deep cleaning of selected wards to further reduce the bioburden of clostridium difficile
- Improved access to expert review of patients with clostridium difficile infection

The annual objective for Meticillin Resistant Staphylococcus Aureus (MRSA) bacteraemia is 0 avoidable cases. There were no Trust apportioned MRSA cases in February 2017. In total and as previously reported we have had 4 Trust apportioned MRSA cases year to date.

Actions to improve MRSA performance continue with a specific focus on:
- Hand hygiene
- Correct use of Personal Protective Equipment (PPE)
- MRSA Screening and Decolonisation

2.1 Outbreaks of Diarrhoea and Vomiting

There were no outbreaks of diarrhoea and vomiting reported in February 2017.

3. Update regarding Falls

This report provides an overview of patient fall incidents reported during Quarter 3 2016/17 (October to December 2016).

3.1. Number of falls by Division

The table below shows the number of falls reported during Quarter 3 by Division.

Month	Division A	Division B	Division C	Division D	Total
Oct	4	71	123	63	261
Nov	12	46	128	63	249
Dec	7	55	110	75	247
Total	**23**	**172**	**361**	**201**	**757**

The above figures show that on average there were 8 patient falls per day.

For comparison, the numbers of falls reported for Quarter 1 were 761 and for Quarter 2 the numbers of falls reported were 647.

3.2. Severity of fall

The table below shows the severity of the fall which is classed as minor, moderate or severe harm. (D*efinitions of harm are included in Appendix 1)*

	Minor	Moderate	Severe	Total
Total:	**744**	**8**	**5**	**757**

For comparison, the number of falls with moderate and severe harm for Quarter 1 was moderate x 8, severe x4 and for Quarter 2 moderate x10 and severe 2.

3.3 Subcategory of falls

The table below shows the breakdown of falls by sub category.

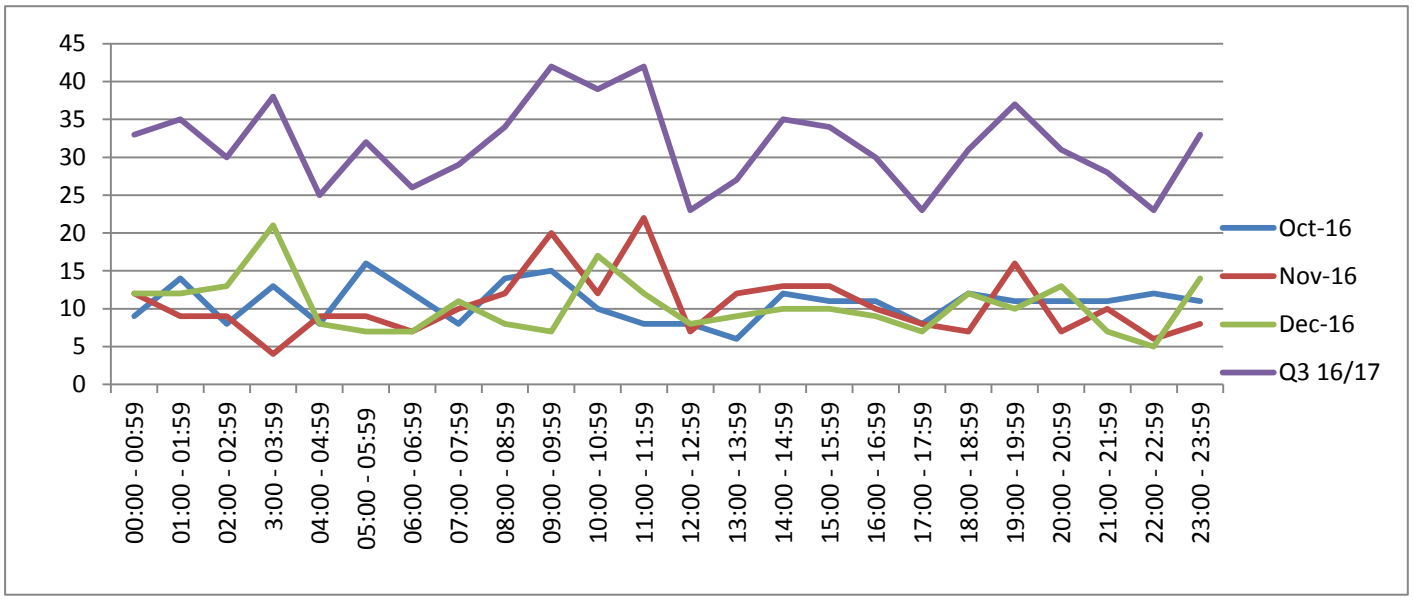
Sub categories	Q3
From bed	71
From chair (includes commode)	49
Due to fit/faint	30
Managed fall (ie assisted to floor)	30
On mobilising	154
From standing	61
Fall in toilet/bathroom	79
On transferring	12
Unknown cause/cause not documented*	271
Totals:	**757**

*Work continues to reduce the number of falls listed within this sub category

3.4. Time of fall

The table below shows the times in which more commonly, falls are occurring.

Times are between 03.00-03.59, 05.00-05.59, 09.00-09.59, 11.00-11.59 and 19.00-19.59 hours. Specific actions are underway to review the activities taking place in clinical areas at these specific times.



3.5. Improvement initiatives underway to further reduce falls

- Training for falls prevention and falls management continues. Current staff update is 90% (April to December 2016)
- The Falls Team continue to work collaboratively with all Divisions to drive the preventative focus on falls and harm from falls
- Prevention of harm meetings are in place in Divisions to share initiatives and learning relating to falls prevention and management
- Actions are in place in each Division to further reduce falls and harm from falls, with each Division having a specific focus which reflects their patient cohorts
- Divisional action plans are fed back at the Trust wide prevention of harm meetings
- The Falls Team continue to provide training and education to all Divisions via the mandatory training days; specialist training sessions and ad hoc training opportunities
- Each Division has recently undertaken a ‘deep dive exercise’ on one ward within each Division. Nursing, therapy and medical teams analysed falls data for a specific ward and developed specific actions to support a reduction in the number of falls. The actions are currently being reviewed
- Benchmarking with other acute hospital providers
- The falls team will be reviewing and refreshing the falls strategy for 2017/18
- Reducing falls with harm will be a Trust priority in the 2017/18 Annual Plan (as chosen by Governors)
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4. Recommendation

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

Philip Norman
Executive Chief Nurse
March 2017

Appendix 1

Definition of Harm

Minor:
Minor injury or illness that required no or minimal intervention or treatment.

Moderate:
Moderate injury which resulted in moderate but temporary increase in treatment, for example bruises, grazes

Severe:
Major injuries with potential permanent harm or irreversible health effect, for example fracture, brain haemorrhage, death