

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 25<sup>TH</sup> APRIL 2019**

<b>Title:</b>	<b>CARE QUALITY REPORT</b>
<b>Responsible Director:</b>	Lisa Stalley-Green, Executive Chief Nurse
<b>Contact:</b>	Hayley Flavell, Deputy Chief Nurse

<b>Purpose:</b>	To provide the Board of Directors with an exception report regarding specific quality and safety updates and an update of the work being undertaking in the Trust Emergency Departments in preparation for winter and feedback following the recent Care Quality Commission inspection.
<b>Confidentiality Level &amp; Reason:</b>	None
<b>Annual Plan Ref:</b>	Aim 1. Always put the needs and care of patients first.
<b>Key Issues Summary:</b>	This paper sets out the position for defined aspects of care quality within the Trust and supporting actions to ensure continued improved performance.
<b>Recommendations:</b>	The Board of Directors is asked to receive this exception report on the progress with Care Quality.

<b>Approved by:</b>	Lisa Stalley-Green	<b>Date:</b> 10 <sup>th</sup> April 2019
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## CLINICAL QUALITY COMMITTEE THURSDAY 25<sup>TH</sup> APRIL 2019

### CARE QUALITY REPORT

#### PRESENTED BY THE EXECUTIVE CHIEF NURSE

#### 1. Introduction and Executive Summary

To provide the Board of Directors with a report regarding Infection Control, Tissue Viability, Falls and complaints performance. This report has been discussed at the March 2019 Care Quality Group.

#### 2. Patient Safety Update

##### 2.1 Infection Control

The annual objective for MRSA bacteraemia is 0 avoidable cases. There were 0 MRSA bacteraemia identified during March 2019 at UHB. In total for the financial year 2018/19 UHB have had five Trust apportioned bacteraemia. In light of the five Trust Apportioned bacteraemia an MRSA bacteraemia reduction plan has been developed in conjunction with NHSI. UHB finished with 5 Trust Apportioned bacteraemia for the year. Monthly incidence of MRSA bacteraemia is shown in the table below.

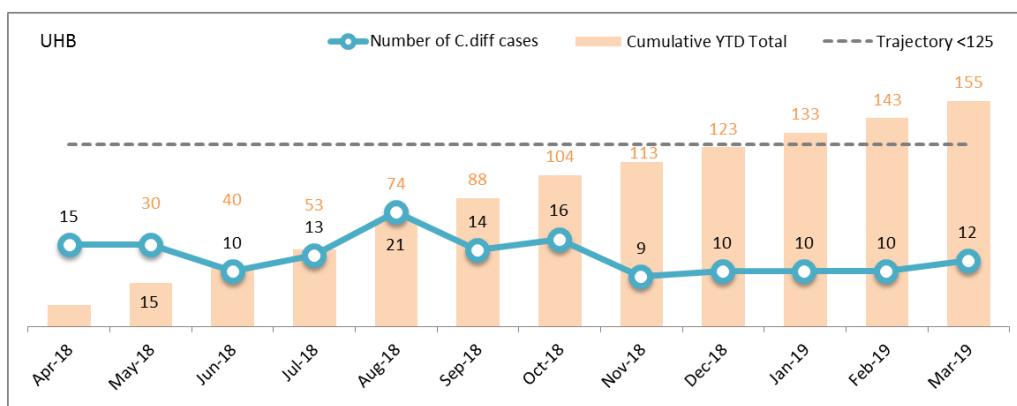
Month	UHB bacteraemia	Time of bacteraemia acquisition?	
		Non Trust apportioned	Trust apportioned
April 2018	0	0	0
May 2018	2	1	1
June 2018	0	0	0
July 2018	0	0	0
August 2018	1	0	1
September 2018	1	0	1
October 2018	1	0	1
November 2018	1	1	0
December 2018	1	0	1
January 2019	2	2	0
February 2019	0	0	0
March 2019	0	0	0
<b>Total</b>	<b>9</b>	<b>4</b>	<b>5</b>

*Monthly number of MRSA bacteraemia across UHB up to 31 March 2019*

**Note: Objective for the financial year 2018/19 is zero avoidable cases**

The annual objective for *Clostridium difficile* infection (CDI) for 2018/19 at UHB is 125 Trust Apportioned cases. Overall UHB finished with 155 Trust Apportioned cases for the financial year. Performance for March 2019 was higher than previous months with 12 Trust Apportioned cases. The total number of Trust Apportioned cases in the past 5 months was 52 showing significant improvement compared to the previous 7 months where the Trust saw 103 cases.

This is a significant improvement and will be, in part, due to the Trust's focus on antimicrobial stewardship and the re-introduction of Faecal Microbiota Transplant for the treatment of CDI. Out of the 155 Trust Apportioned cases identified only 30 of these had lapses in care; showing good practice is being conducted across the Trust in relation to the management and treatment of CDI.



Number of post-48 hour *C. difficile* cases year to date against trajectory for UHB

*E. coli* causes a significant number of infections, including bacteraemia, which are predominantly associated with the urinary tract. There is a National ambition to reduce the number of bacteraemia due to *E. coli* by 50% by 2021 and one of the CQUIN indicators for 2019/20 is to improve the management of lower urinary tract infections in older people. To support this the Trust has commenced an education campaign to improve the diagnosis and management of urinary tract infections, we are working closely with CCG colleagues and a Trust wide continence group has been established.

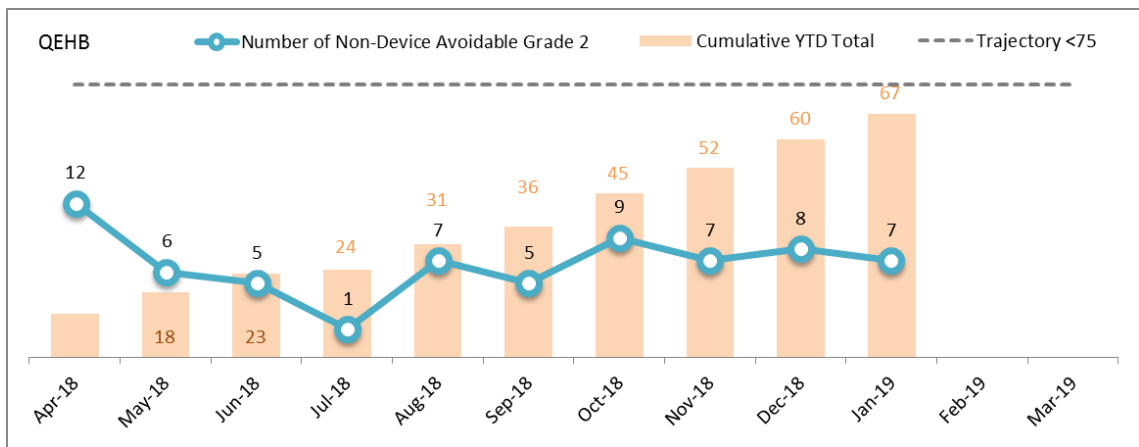
Work is on-going to establish a robust Trust wide surgical site infection surveillance programme, with a business case being written for one full time registered nurse and a part time band 3 secretarial / data entry post to support the nurse. These posts will support across all four hospital sites.

## 2.2 Tissue Viability

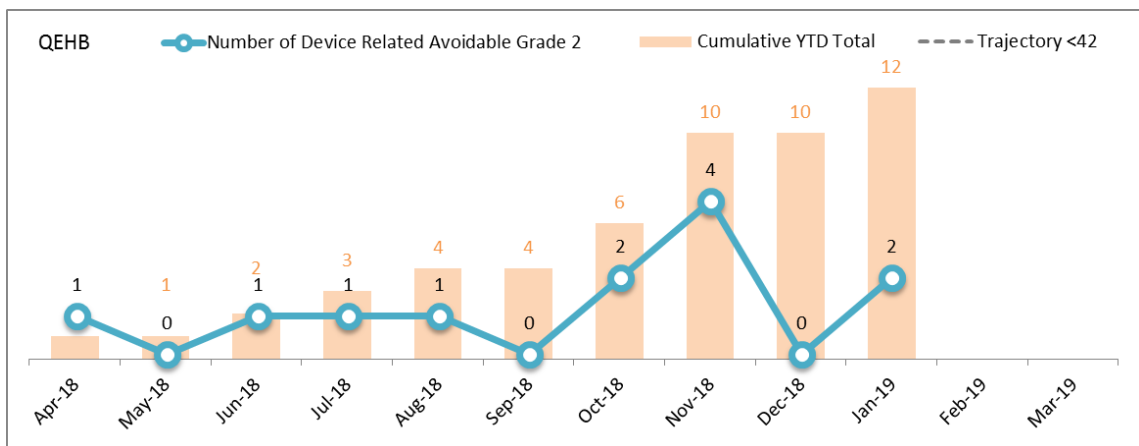
There were 17 avoidable grade 2 pressure ulcers reported in January 2019 across the Trust.

There have been 67 non device related reported on the QE Hospital site year to date against an annual trajectory of no more than 75, and 12 device related against an annual trajectory of no more than 44.

There have been 54 reported across the HGS sites year to date against an annual trajectory of no more than 102.



*Number of non device related avoidable Grade 2 pressure ulcers year to date against trajectory at QEHB*



*Number of device related avoidable Grade 2 pressure ulcers year to date against trajectory at QEHB*

An exception report was submitted to the Clinical Commissioning Group (CCG) identifying the key themes from mini RCAs for the grade 2 hospital acquired avoidable pressure ulcers. These centred around a lack of documented repositioning. A task and finish group was set up to determine the changes required to refocus on repositioning. These have included the development of a story board to show what good reposition looks like and the development of a MOVED campaign and poster that was launched trust wide as part of the International Stop the pressure day in November 2018.

The CCG will be visiting the Trust on Monday 29th April 2019. The visit will be led by the Tissue Viability (TV) Team and will take place at QEHB.

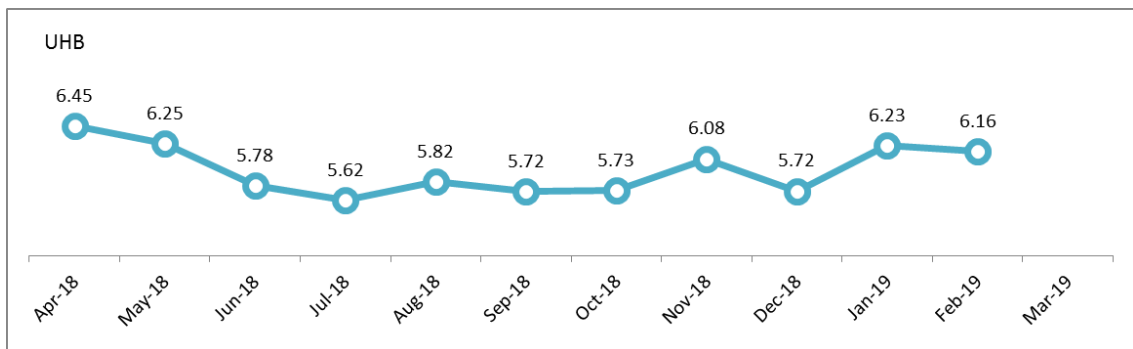
The leads for the TV Team have been appointed and are in the process of agreeing the team structure and site accountability to enable them to support the Divisional teams. Education, policies and processes will need to be aligned.

The TV team have been part of the collaborative initiative led by NHSi. This has involved Ward 411 at QEHB and Ward 12 at Good Hope Hospital. Members of ward staff, therapies and TV attended events to share ideas and present changes in practice to colleagues. This centred around teaching on the MOVED campaign and safe side lying to promote effective repositioning and off-loading of buttock and sacral areas. UHB TV Team were the winners of the NHSi pressure ulcer collaborative easiest roll out at pace category.

Following the launch of the consensus document from NHSi (2018), it is recommended that all NHS organisations use the same definitions and measurements for pressure ulcers. The TV team have been working closely with Risk Management to redesign incident report forms and processes to ensure these meet the recommendations. This has been timely as it will align processes for the organisation as a whole.

### 2.3 Falls

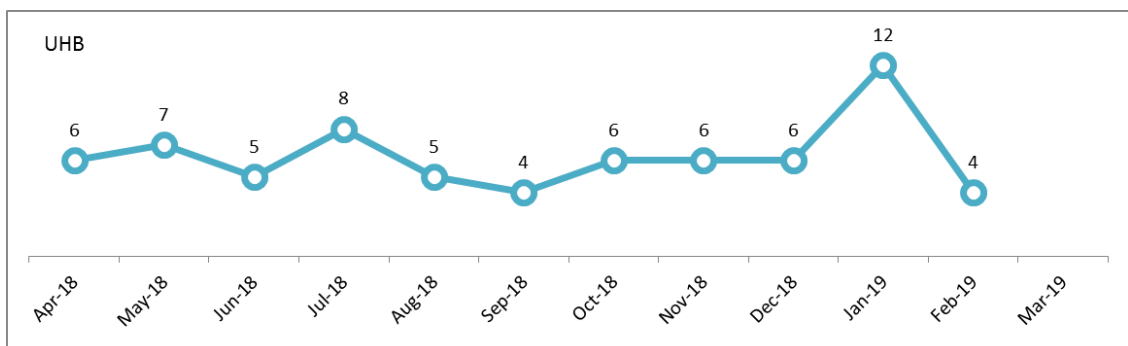
The Trust falls rate in February 2019 shows a reduction to 6.16 falls per 1,000 occupied bed days and remains below the target of 6.36.



*Inpatient falls rate per 1,000 occupied bed days*

There were four falls resulting in severe harm reported in February 2019.

There have been a total of 69 severe harm falls reported year to date across the Trust, compared to 78 reported during the same time period last year.



*Number of falls resulting in severe harm*

In January 2019 the Trust saw an unprecedented increase in falls with harm across UHB, where number of falls continued on a usual pattern. The RCA investigations have highlighted an increase in patients choosing to mobilise without calling or waiting for assistance. Efforts are being made to ensure that all staff are reminded of the importance of patient education and providing reassurances and encouragement to patients that they must call for assistance before mobilising where this is recommended. The common rationale provided by the Patients following these falls all relate to them not wanting to bother the nursing staff as they are aware of how busy they are.

A deep dive of the falls with harm during December, January and February has shown that 71% of patients who fell and sustained a harm were aged between 70 and 90 years of age, that the majority of patients (74%) had had a length of stay of less than eight days prior to falling, that the majority of patients had experienced two ward moves since their admission, and on the QEH site, four of the 14 patients who fell were medically fit for discharge at the time of their fall.

The rate of falls continues to decrease against increasing demand and, on the Heartlands, Good Hope and Solihull sites, the number of falls resulting in severe harm continue to decrease however, QEH have seen a slight increase in falls resulting in harm. The focus of the Falls Team is now on ensuring that staff have the appropriate knowledge and skills to be able to recognise not just patients at risk of falling but also patients who are at an increased risk of harm if they do fall. This will be a key focus in falls education and training going forward.

As part of the alignment work the falls team are in the process of organising consistent and equal access to falls education and training across UHB by working with partner preventing harm groups to ensure the key messages are consistent. The falls team have successfully aligned the RCA tool and process across all hospital sites and next steps include working in partnership with the Head of Quality Development looking at designing a more streamlined Datix tool and system that promotes ease of access and robust interrogation of falls incidents.

### **3. Maternity Update**

Maternity Services continue to work across the LMS with colleagues from Birmingham Women & Children's Hospital within the BUMP programme. Several models are currently being developed and piloted by the specialist teams to provide continuity of care for the most vulnerable women e.g. Mental Health, Teenage Pregnancy and women who are seeking Asylum. This will see the specialist midwives provide antenatal, intrapartum and postnatal care for the most vulnerable of women within a small caseload.

Work continues within the maternity service to improve patient satisfaction and feedback. Maternity Voices Partnership visited the Princess of Wales Unit to undertake the 15 Steps in Maternity Challenge on 7<sup>th</sup> March. The report is awaited, however no immediate concerns were raised. This will support the patient experience agenda and reviews.

The BadgerNet Maternity Information System project is progressing well. Community Midwifery has now gone live using smart phones and laptops to enable real time information to be entered on to the system to improve patient safety. The Intrapartum Module Project has secured funding for improved hardware on all of our delivery suites and training is taking place for a planned 'go live' date at Good Hope of 1st June 2019.

A multi professional QI project 'The warm bundle' and ATAIN project has seen a significant reduction in neonatal hypothermia at Good Hope Hospital. This has reduced admissions of hypothermic babies to the neonatal unit by around 80% in the last quarter and also a reduction in term admissions to SCBU.

A project group is being established to review the Maternity Support Worker role and possible alignment to the Associate role in collaboration with the new Maternity Support Worker Competency, Education and Career development frame work.

A fundraising campaign has commenced to support the development of the Midwifery Led Unit on the Good Hope site, which is planned to be developed and open by the end of 2019.

## 4. Patient Experience update

### 4.1 Complaints

Responsible Director: Executive Chief Nurse	Care Quality						Target:	85%					
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
<b>Complaints</b>	185	145	176	147	163	163	178	147	124	182	182	158	<b>1950</b>
<b>Follow ups</b>	24	33	39	36	26	20	30	21	29	17	30	20	<b>325</b>
<b>Response rate</b>	90.9%	87.9%	79.6%	78.8%	72.8%	79.5%	77.1%	76.4%	76.8%	74.3%	*	*	<b>79.4%</b>

\*not yet available

\*\*correction – incorrectly reported as 146 in previous report

The Trust saw a spike in the number of complaints received in January and February 2019 with 182 complaints received in each month. This is the highest level seen since April 2018 and follows the usual drop in December, though is a more marked increase than the previous year. These increases relate to HGS sites and particularly: ED (where a marked drop had been seen in November/December), acute medicine, obstetrics, imaging, cardiology and stroke. No immediate themes have been identified, but these will be monitored over the next few months.

February also saw an increase in follow up complaints, with the highest number seen in Division D (11). Analysis of these has shown that just three of these related to not all questions having been answered fully.

The overall Trust complaint response rate against the target of 85% achieving a 30 working day turnaround was 74.3% for January 2019 (latest data available). The most prevalent reason for breaches continues to be divisional delay in providing comments. Timely submission and quality of responses is now being monitored at the Patient Experience Group via new KPIs. Leadership is now in place to bring together the teams from across all sites and to ensure a more robust and consistent service. The team is being restructured to align with the new divisional structure, a training plan is being developed and a new Trust-wide policy is going through the approval process.

#### 4.2 Volunteer Long Service Awards

Volunteers are being recognised for their commitment via site-based long service awards. Three hundred and twenty four of our 899 volunteers are receiving an award this year at events hosted by the Chair, Chief Executive and Executive Chief Nurse. Awards are given for one year (135), five years (105), 10 years (55), 15 years (20), 20 years (5) and 25+ years in five year brackets (4). Of the 25+ years, one volunteer will be receiving their 40 year award for volunteering with The Friends of the QE charity.

#### 4.3 Paediatric Emergency Services – Fun day

A family fun day is taking place at Heartlands Hospital on Saturday 27 April. This is the second engagement event as part of the Children's Network Oversight Group, the first of which took place at Birmingham Children's Hospital on 6 April. The engagement events aim to obtain feedback from families who have used the paediatric emergency services as well as provide some education on the range of services available when a child becomes unwell (e.g. when to provide self-care or visit the pharmacy or GP).

#### 4.4 Compliments

Below are some examples of compliments received across the hospital sites in February 2019.

Heartlands Hospital: "Although the department was extremely busy, I cannot fault the care I received and the staff followed my care which had been put in place by the Immunology team. The staff are always friendly, professional and treat everyone with respect."

Good Hope Hospital: "The team who cared for my daughter were very professional and caring. The consultant made a successful diagnosis and devised a management plan, which reassured us in continuing to provide care at home."

Queen Elizabeth Hospital: "I just want to say a huge thank you for all your care for my mum. The respect, care and compassion you showed her – particularly in her last days meant a great deal to me and confirmed you are all amazing. The empathy that you showed towards the family is something I will never forget. You are so wonderful and I hope you realise how important you are during the hardest times of many people's lives."



Solihull Hospital: “Attended Solihull hospital for an MRI scan. A long wait but around 7pm went in for scan. Staff were brilliant, thorough, reassuring and explained everything. They were at the end of their 12 hour shift but this didn't affect their enthusiasm. Just wish I had the ladies names. Please pass on my thanks to a hard working team.”

## **5. Recommendation**

The Board of Directors is asked to receive this exception report on the progress with Care Quality.

Lisa Stalley Green  
Executive Chief Nurse  
April 2019

