UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 23 JULY 2015

Title:	**CARE QUALITY REPORT (Including Infection Prevention and Control)**
Responsible Director:	Philip Norman, Executive Chief Nurse
Contact:	Michele Owen, Deputy Chief Nurse

Purpose:	To provide the Board of Directors with an update on care quality improvement within the Trust, including infection prevention and control.
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 report on the progress with Care Quality.

Approved by:	Philip Norman	**Date:** 13 July 2015

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS
THURSDAY 23 JULY 2015

CARE QUALITY REPORT

PRESENTED BY THE EXECUTIVE CHIEF NURSE

1. Introduction and Executive Summary

This paper provides an update of progress against the Trust's Care Quality agenda, including infection prevention and control performance, patient experience, falls, the safety thermometer and discharge management.

2. Infection Control Update (as at 30 June 2015)

Summary:

The annual objective for Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia is 0 avoidable cases. There were no MRSA bacteraemias reported during June 2015. As reported previously, in total we have had 4 Trust apportioned bacteraemias for this financial year to date.

The annual objective for Clostridium Difficile Infection (CDI) for 2015/16 is 63 cases, with cases judged as avoidable counting towards this objective for local penalties. Performance for June 2015 was 2 Trust apportioned post 48 hour cases, all of which were reportable to Public Health England (PHE) in accordance with Department of Health guidance. Year to date performance is 24 CDI cases, of which 13 cases are Trust apportioned. 5 of these cases have been deemed as unavoidable cases, the remaining 8 cases are currently subject to joint review with the commissioner and the outcome regarding avoidable/unavoidable cases is awaited.

Actions continue to improve MRSA and CDI performance, these include:

2.1 Actions to improve performance for MRSA bacteraemia

- Strict attention to hand hygiene and the use of Personal Protective Equipment (PPE).
- Ensuring all relevant staff understand the correct procedure for screening patients for MRSA before admission, on admission and the screening of long stay patients.
- Ensuring the optimal management of all patients with MRSA colonisation and infection, including decolonisation treatment, prophylaxis during procedures, and treatment of established infections.
- Careful attention to the care and documentation of any devices.

2.2 Actions to improve performance for CDI

- Reinvigorating the antimicrobial stewardship programme which includes: ensuring that antibiotic prescribing is in line with Trust guidelines; mandating the requirement for a written indication for every antibiotic prescription; and ensuring and documenting an early review of the continuing appropriateness of each prescription.
- Ensuring that systems are in place to minimise any chances of transmission of infection either from cases or carriers of CDI.
- Continuation of the rapid reviews by the Infection Prevention & Control Team of any area reporting two or more cases of CDI.
- Reinvigorate CDI Post Infection Review process to meet new national guidelines.

2.3 Facilities Update

- Ward decant of Ward 305 commenced. Programme moving to Wards 516, 515 and 514 over coming weeks with a two week maintenance and terminal clean cycle for each area.
- Electronic dashboard for audit / cleaning results being developed.
- Overall, environmental compliance stands at 95% or over

2.4 Outbreaks of Diarrhoea and Vomiting

There were no outbreaks of diarrhoea and/or vomiting in June 2015.

3. Patient Experience Update

In June 2015, there were 2221 responses to the electronic bedside Inpatient survey and 255 in the Emergency Department (ED) survey, bringing the total to date for this year to 6375 for the Inpatient survey and 721 for the ED survey. Positive responses achieving above 95% continue to relate to the overall rating of care, privacy when treated, cleanliness of hospital, ward and cleanliness of toilets and admission into a single sex bay/ward. This month over 95% positive responses have been achieved for the treated with respect and dignity question.

3 questions produced a drop of 1% or above in positive responses in June, these related to:

- Hospital food (3.16% drop in positive responses)
- Staff helping to control pain (1% drop in positive responses)
- Staff responding to call bell promptly (1% drop in positive responses

Focus work continues on the above areas.

2 questions produced an increase of more than 1% in positive responses in June, these related to:

- Involvement in decisions about care and treatment (2.49% increase in positive responses)
- Privacy when discussing care (1.60% increase in positive responses)

3.1 National Patient Surveys

For the National Inpatient Survey for 2015 the sample size has been increased from 850 to 1250, and the sample month has been fixed to July (previously Trusts could choose between June, July or August and UHB sampled June inpatients).
Four new questions have also been added to the survey, these are:

- *In your opinion, did the members of staff caring for you work well together?*
- *Where did you go after leaving hospital?*
- *After leaving hospital, did you have any continuing support from health or social care professionals to help you recover and manage your condition at home?*
- *When you transferred to another hospital or went to a nursing or residential home, was there a plan in place for continuing your care?*

For UHB, Picker will carry out the 2015 inpatient survey (as in 2014).

3.2 Net Promoter Friends and Family Response

The tables below show percentage recommendations and response rates for the last three months for Inpatients, Emergency Department (ED) and Outpatient Friends and Family Test (FFT). UHB tracks the national average for % recommendation and sits just above the NHS England West Midlands region for both Inpatient and ED. National comparative data for Outpatient FFT has not yet been published.

Inpatient 2015/16	UHB % recommend	National average % recommend	NHS E West Midlands % recommend	UHB % not recommend	Ward response rate
April 15	96%	96%	94%	1.67%	47.61%
May 15	97%	96%	95%	1.33%	35.55%
June 15	97%	Not yet published	Not yet published	1.14%	36.90%

ED 2015/16	UHB % recommend	National average % recommend	NHS E West Midlands % recommend	UHB % not recommend	Ward response rate
April 15	89%	88%	86%	6.49%	18.59%
May 15	89%	88%	86%	6.53%	22.48%
June 15	86%	Not yet published	Not yet published	7.59%	19.69%

Outpatient 15/16	UHB % recommend	National average % recommend	NHS E West Midlands % recommend	UHB % not recommend	Ward response rate
April 15	94%	Not yet published	Not yet published	1.53%	2.58%
May 15	96%	Not yet published	Not yet published	1.50%	3.97%
June 15	97%	Not yet published	Not yet published	1.32%	2.87%

4. Falls Performance Update

The falls data for Quarter 1 (April – June 2015) demonstrates that there was a decrease in the overall number of total falls from 681 to 620; however the falls per 1000 bed days has increased from 6.9 to 7.3.

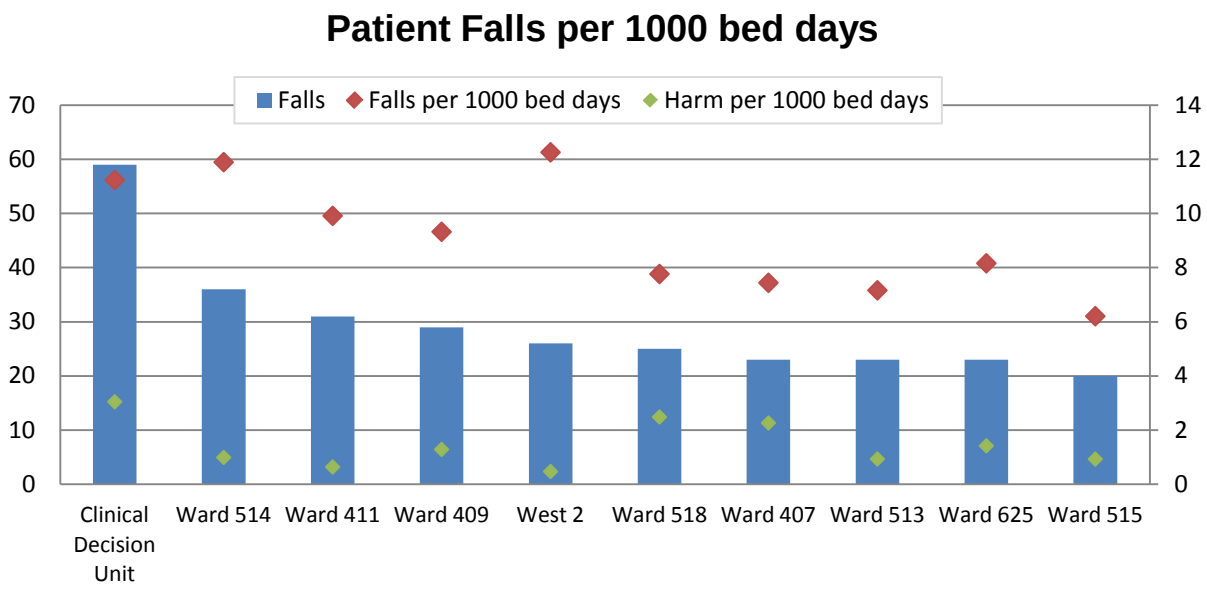
Falls data Quarter 4 2014/15 and Quarter 1 2015/16

Falls Indicator	Q4 2014/15	Q1 2015/16
Bed days	98644	97979
Total patient falls	681	620
Patient falls per 1000 bed days	6.9	7.3
Patient falls resulting in no harm	518 (76.0%)	494 (79.6%)
Patient falls resulting in minor harm	152 (22.3%)	110 (17.7%)
Patient falls resulting in moderate harm	5 (0.7%)	7 (1.1%)
Patient falls resulting in severe harm or death	6 (0.9%)	9 (1.5%)
Patient falls resulting in harm per 1000 bed days	1.64	1.29
Patient falls resulting in severe harm or harm per 1000 bed days	0.06	0.09

The percentage of patients who had no harm improved from 76% to 79.6%; minor harm reduced from 22.3% to 17.7%, the number of moderate and severe harms (predominately fractures) increased, and the total harm has reduced from 1.64 to 1.29.

Of the moderate and severe harm, 11 of these occurred in April 2015. The Lead Nurse for Falls Prevention has reviewed the falls data and root cause analysis and has communicated the number of harm from falls in April to all Divisions and reiterated the importance of identification and implementation of preventative interventions.

Top ten areas identified for falls per 1000 bed days, falls and harm per 1000 bed days



Focused actions continue to further reduce falls and especially falls with harm, these include:

- Royal College of Physicians inpatient audit has been undertaken. This has identified areas for improvement and actions for improvement are underway
- Training and Education continues
- Continue to embed 'CEEPSAFE' documentation
- Focus on falls prevention

5. Safety Thermometer

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.

It is nationally recognised that pressure ulcers represent the majority of harm reported. Over the last 12-18 months, UHB has made significant improvement in performance in this area and is now being held as an exemplar of good practice.

Pressure Ulcers Q1 2015/16	April	May	June
New Grade 2	3	6	6
New Grade 3	0	0	0
New Grade 4	0	0	0
Total	3	6	6

5.2 Urinary Catheters – Focused work is underway around urinary catheters, including the number of urinary catheters inserted and the duration that these remain in place. Comparisons with the Shelford Group of Trusts is also being undertaken (early work suggest that UHB has a higher number of urinary catheters in use).
The Trust's Continence Action Group (CAG) is in the planning phase of understanding the position. An audit tool has been devised to establish the clinical reasons for the insertion of urinary catheters and also to ascertain if the urinary catheter remains clinically appropriate.
The new house of Junior Doctors, in August 2015, will be asked to complete the audit tool as part of their educational audit cycle. The results of the audit will then influence the education strategy that will be rolled out across the Trust.

Since the focus in the area commenced, there has already been a decrease in the % of patients that have a urinary catheter inserted over Q1.

Urinary Catheters Q1 2015/16	April	May	June
Total	269	245	230
Reported urinary tract infection	6	5	2

New Harm is associated with care within the health care setting undertaking the survey. Old Harm is associated with harm which is present on admission.

5.3 Trust outcomes

Overall Q1 2015/16	April	May	June
Total patients surveyed	1140	1106	1120
Harm Free %	95.88	95.48	96.25
Old Harm %	1.93	1.90	2.05
New Harm %	2.19	2.71	1.79

6. Discharge Management

Following significant work undertaken around discharge processes during, inpatient discharge has now been divided into 2 sub categories

1. Complex discharges
2. On the day discharges

6.1 Complex Discharges

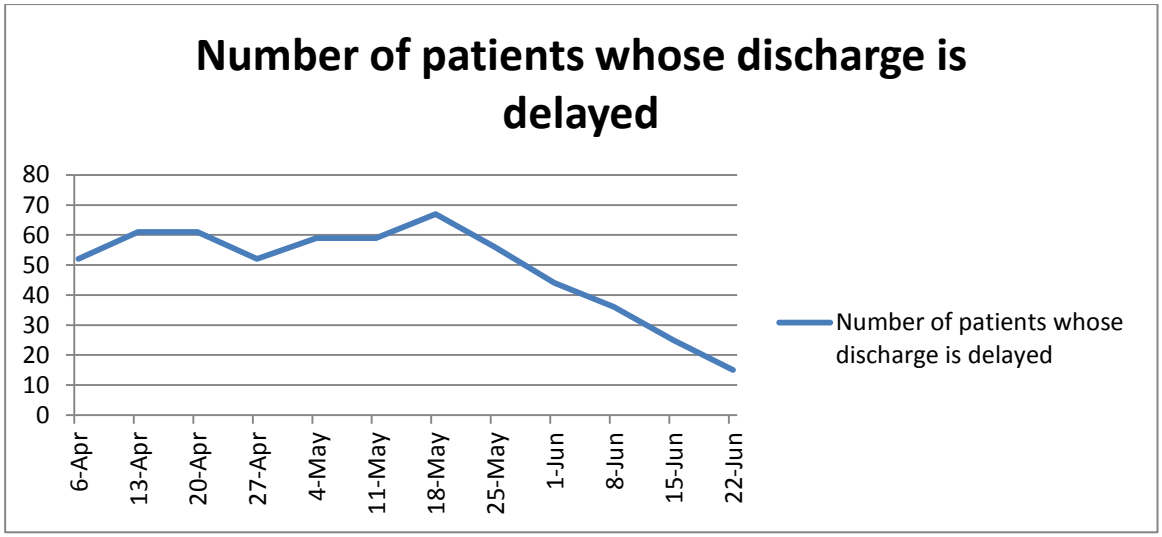
The Complex Discharge task and finish group, chaired by the Director of Partnerships meets with a key focus to improve the quality and pathway for patients referred for ongoing Social and Healthcare at point of discharge.

Since September 2014 a significant amount of work has been underway looking at referrals, processes and the case management of patients referred to Social Services and the Discharge Liaison Nurses (DLN). The aim has been to understand the demand to these services and how as a Trust we can further improve the efficiencies of both services, reduce delays to discharge and improve the overall process for patients, families and clinical teams.

The focus of the Complex Discharge Team (health and social care) 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 to work collectively to ensure there are minimal delays in discharge arrangements and the transfer to ongoing care settings.

June 2015 saw the launch of the new combined Transfer of Care (TOC) referral form for patients requiring assessment by either social services or health as part of discharge pathway planning. Embedded within the Transfer of Care document is the Continuing HealthCare Checklist, by introducing the new referral form, this has enabled screening by health of all forms submitted, screening by social services to the appropriate member of the social services team for example Social Worker or Care Practitioner. This launch enabled defined roles within the administrative team and the introduction of daily meetings with health and social services to discuss every patient referred with a Transfer of Care in place for Birmingham and all outer regions.

Since the launch of the Transfer of Care document there has been a continuing reduction in the number of patients whose discharge is delayed.



Further work is currently underway to co-locate social services and the complex discharge nurses into a Discharge Hub.

6.2 On the Day Discharges

In March 2015 the new Discharge Steering Group, chaired by the Deputy Divisional Director for Division C was launched. The operational group oversees and leads on the quality and process of patient discharge from the Trust.

The terms of reference were agreed and updated to reflect the differing needs of the "new group" to ensure that whilst the focus on the process and quality of discharge is monitored that the timeliness and preparation for discharge becomes an integral part of the whole multidisciplinary team.

The Group aims to innovate and implement initiatives to further improve the processes around discharge and to ensure that key performance indicators and contractual requirements relating to discharge are delivered.

A number of actions have been identified to improve the current process for discharge on the day. These are:

6.2.1 The Criteria Led Discharge Instruction is the process where a senior medical decision maker, following clinical review of a patient, can in conjunction with nursing staff set planned criteria with parameters within the patient's clinical notes using the Criteria Led Discharge Document to enable nursing staff to discharge the patient without the need for further medical review. This was piloted successfully, roll out is currently being driven by divisional senior nursing teams. A total of 6 wards have adopted the tool and further roll out is underway.

6.2.2 A Junior Doctor is leading on a piece of work with colleagues identifying and reviewing medical tasks and the 'bottle necks' around tablets to take out (TTO) prescribing and discharge letter writing. Scoping is currently under way to determine a pilot where pharmacists will take a lead in the prescription of TTOs and medical staff will continue to complete the discharge letter.
Feedback from some other Trust's where this has been introduced, suggests a reduction in TTO prescribing errors from 52% to 2%, reduction in delays: 98% of TTOs were completed on time, better use of pharmacist skills and all patients were discharged with all relevant information and medication changes documented within the discharge letter

6.2.3 The Discharge Lounge has now relocated to a permanent location in East Block of the Heritage Building. In April 2015 management of the discharge lounge became the responsibility of Division A, there is currently a review, audit and scoping for the future use of the discharge lounge underway which will be presented at a future Chief Executive Advisory Group (CEAG) meeting.

6.2.4 A pilot is underway on Ward 515 (respiratory/general medicine ward), where nurse led board rounds are carried out with key representation from clinical teams such as therapies and medicine management technicians. The key focus of the board round is to discuss those patients where discharge is planned ensuring all elements of the discharge pathway are in place. Benefits already identified by these rounds: drive the process for early discharge, clear plans are discussed by all present and identifying patients for Criteria Led Discharge particularly for the weekend.

6.3 Discharge CQUIN 2014/15

30% of inpatient discharges to be before 1pm. This target was met.

Discharge management key performance indicators (KPIs) for 2015/16 are currently being developed.

7. Recommendations

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

Mr Philip Norman
Executive Chief Nurse
July 2015