UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 28 JULY 2016

Title:	**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 regarding Infection Control performance, and to provide an update relating to Discharge Management and to Safety Thermometer 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 and update on progress with Care Quality

Approved by:	Philip Norman	**Date:**	15 July 2016

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THURSDAY 28 JULY 2016

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 on discharge management and safety thermometer performance.

2. Infection, Prevention and Control Update (Quarter 1)

For Quarter 1 2016/ 17 (April to June), there were 34 cases of Clostridium Difficile Infection (CDI) reported (14 in April, 8 in May, 12 in June), of which 24 cases were Trust apportioned (10 in April, 7 in May, 7 in June). During Quarter 1, there was an increase in the number of patients presenting to the hospital with diarrhoea and vomiting and 3 wards had been closed with Norovirus. This has had a direct impact on the number of CDI cases seen in Quarter 1 due to increased sampling and testing. Increased cases have also been seen in the Community. The CDI annual trajectory for 2016/17 remains at no more than 63 Trust apportioned cases.

Actions to further improve CDI performance continue with a specific focus on antimicrobial prescribing, choice and duration of antimicrobial use; appropriate stool collection with early isolation of symptomatic patients.

In terms of Meticillin Resistant Staphylococcus Aureus (MRSA); there were 3 cases reported in Quarter 1 (1 in April, 2 in May, 0 in June), of which 1 case was Trust apportioned (April). This related to a patient who had undergone surgery within the ambulatory care unit (vascular surgery) but was not prescribed the optimal antimicrobial antibiotic on discharge. This case has been reviewed via the post infection review process and the case has been presented at executive root cause analysis review to ensure learning takes place. The remaining 2 cases were non-Trust apportioned. The annual target remains zero MRSA Trust apportioned cases.

Actions to further improve MRSA performance continue with a specific focus on:
- Hand Hygiene - reinvigorating the focus on hand hygiene and audits of compliance/areas for further learning. Strict attention to hand hygiene and the use of personal protective equipment.
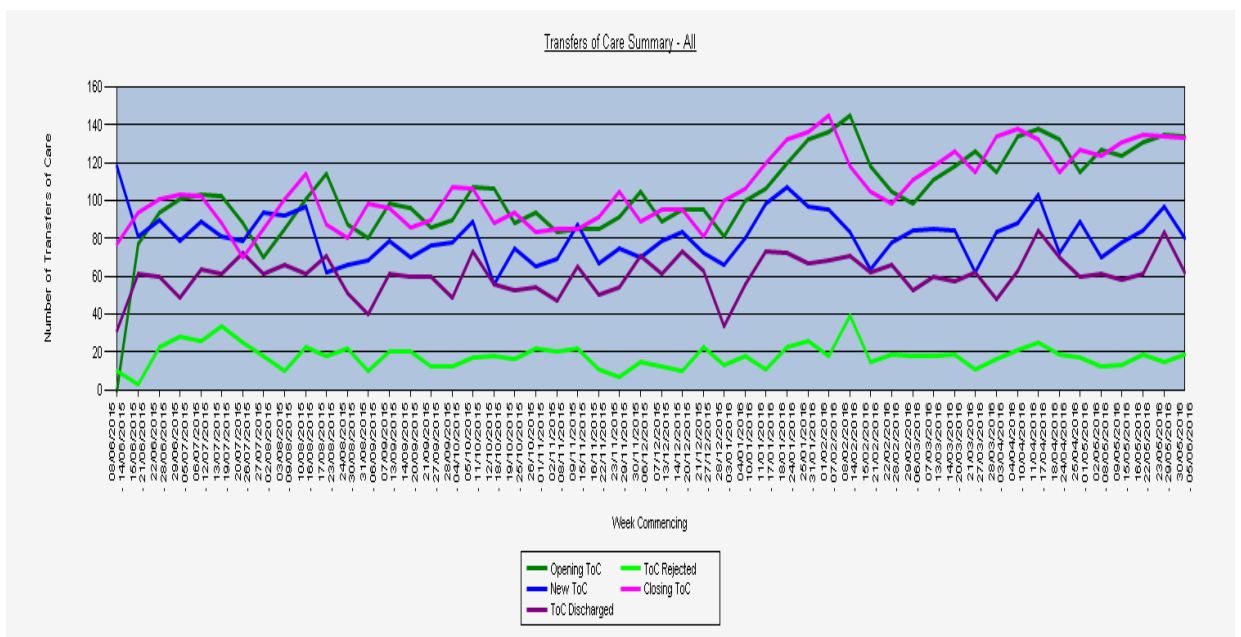
- Screening - ensuring all relevant staff understand the correct procedure for screening patients for MRSA before admission, on admission and the screening of patients with an extended hospital length of stay. This will ensure that decolonisation treatment is instigated at the earliest opportunity.

- Decolonisation - ensuring the optimal management of all patients with MRSA colonisation and infection, including decolonisation treatment, prophylaxis during procedures, and treatment of established infections. This includes the reintroduction of routine decolonisation for patients in critical care which was implemented in Quarter three 2015/16.

- Individual Accountability - ensuring all staff are aware of their responsibility for preventing and controlling infection through mandatory training attendance. With a robust communication strategy around the MRSA reduction plan.

- Learning - ensuring MRSA Post Infection Review (PIR) investigations are completed and lessons learnt are feedback throughout the Trust.

3. Discharge Management Update

3.1 Discharge Hub and Transfer of Care Referral (TOC)

The Discharge Hub has now been in place for 1 year (June 2015).

Since January 2016 the Trust has experienced a significant increase in referrals to this team which reflects the increased patient activity demand seen across the Trust.

Number of Referrals - June 2015 to May 2016	Total
Number of Referrals	4286
Number of patients Discharged with a transfer of care (TOC) in place	3330
Number of TOCs submitted – advice given no social care input required	956

3.2 Delayed Transfer of Care (DTOC)

Between June 2015 and May 2016 DTOC bed days reduced by 40% compared to the previous 12 month period. Between May and December 2015 the reduction achieved was in excess of 50%; however the impact of winter pressures, social care staff sickness and the closure of approximately 90 of Birmingham's 300 out of hospital enhanced assessment beds (EAB) has resulted in a deterioration of performance. The reduction has occurred as a result of some private sector care homes deciding to stop providing reablement beds and Birmingham City Council suspending some homes on quality grounds. The loss of EAB capacity has been particularly significant for those patients with complex dementia as there is little out of hospital capacity now available. This has resulted in patients requiring this type of bed being placed 20th on a waiting list to transfer. Discussions are ongoing with Birmingham City Council and the Clinical Commissioning Groups (CCGs) regarding a short term action plan to address this issue. Until the shortfall in current EAB capacity is addressed monthly DTOC levels will be higher than last year.

3.3 Bed Utilisation Policy

As part of the work to establish the new Discharge Hub, the Trust has revised its application of the patient choice process contained within the Community Care Act 2003. This is the process by which those patients who require either a bed in a permanent residential/nursing home or alternatively a short term reablement bed (EAB) are informed of the choices available to them. A review of the reasons for DTOC delays identified that a significant proportion of days related to patients / relatives who refused to leave the hospital having refused available beds in care homes. In many cases this was a choice that was not available to them. A revised process has been agreed city wide and is now being applied across all Birmingham providers. The process at the Trust is now coordinated by the Discharge Hub to ensure a consistency of approach across all wards and a Complex Discharge Panel is now in place in the event there is a dispute. Membership includes the Director of Partnerships and the Director of Corporate Affairs.

3.4 Commissioning for Quality and Innovation (CQUIN): Effective, Safe Transfer and Discharge 2016/17

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

Care transfer is an essential part of care management in any setting and it bestows responsibilities on organisations, systems and individuals. Smooth and

effective care transfer ensures that health and social care transfer systems are proactive in supporting individuals, their families and carers.

3.5 Discharge Lounge

The Matrons Group are currently leading on a piece of work around the use of the Discharge Lounge by ward areas. In the next scheduled update of the ward view system (electronic system), wards will be able to select the Discharge Lounge as the 'default' which will provide the Discharge Lounge team with a more realistic idea of patients predicted suitable to use the Discharge Lounge and the team will be able to drive 'pulling' patients into the Discharge Lounge.

3.6 Home and Well Pilot with Royal Volunteer Service

Initial work is underway with projects leads for the Home and Well pilot commissioned through the Royal Volunteer Service (RVS) by the Department of Health. The aim of the project is to enable older people who wish to continue living in their own homes to do so independently and safely. This will be achieved by developing a model which supports specially trained volunteers to work alongside health and social care teams to help facilitate home based intermediate care. The volunteers, recruited, checked, trained and managed by Royal Voluntary Service, will build a package of social support to complement the health and social care packages that are in place for the older person.

The project aims to:

- Support the integration of health and social care
- Reduce unnecessary hospital admissions
- Reduce unnecessary re-admissions
- Facilitate timely discharge of older people who are clinically ready to return home but who don't have adequate social support in place

Areas identified to support the initial pilot role out will be Ward West 1, Ward West 2, Ward 518 and Bournville Ward. The date of the pilot start will be confirmed once recruitment has taken place. There was a recruitment event on 27 June 2016 in the main Atrium.

3.7 Discharge Audit and Key Performance Indicators

The discharge policy and procedure is currently under review, this includes the review of necessary audits relating to the discharge process to be undertaken by the Trust in the future, consideration of identified audits will aim tie in with the Effective, Safe Transfer and Discharge CQUIN once bench marking is complete.

4. Safety Thermometer Update

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
- VTE (Venous Thrombo Embolism)

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 is collected monthly as point prevalence outcome data against pre-set criteria by nursing staff and is collected on the same date throughout NHS organisations. Data is collected on all inpatients at the time of the survey; there are nationally agreed exclusion criteria, which ensure consistency of measurement. At the Trust a local data collection tool has been developed to capture patient outcome measures, the data is then subject to further review and validation prior to submission.

4.1 Data for the last 3 months is displayed in Table 1 below and has been reviewed as appropriate:

- All patients in the urinary catheter/urinary tract infection category that come back as 'Harm' are reviewed by the Infection, Prevention and Control Team. Review of all patients with 'Harm' so far has not identified any trends or areas for concern.

- Pressure Ulcer and Falls data is reviewed by the Tissue Viability Team and Falls Team respectively. Real time incident data is displayed on the clinical dashboard giving an accurate measurement of overall incidence rather than prevalence.

Table 1: Safety Thermometer Data

2015/16	March 2016	April 2016	May 2016
Number of patients surveyed	1149	1163	1172
Harm Free	96.26%	96.30%	95.64%
Old Harm (pre hospital)	1.83%	1.98%	1.96%
New Harm	1.91%	1.72%	2.40%
Harm %			
% All	3.74%	3.70%	4.36%
1 Harm	3.74%	3.61%	4.27%
2 Harms	0	0.09%	0.09%
3 Harms	0	0	0
Pressure Ulcer Numbers			
New All	6	5	7
New Grade 2	6	5	7
New Grade 3	0	0	0
New Grade 4	0	0	0
Old All	18	20	17
Old Grade 2	16	20	14
Old Grade 3	0	0	3
Old Grade 4	2	0	0
Falls Numbers			
All	27	21	21
Harmful	1	1	6
Low Harm	1	1	4
Moderate	0	0	2
Severe	0	0	0
Death	0	0	0
Urinary Catheter Numbers			
Total	245	231	252
Days in situ 1-28	215	211	228
Days in situ >28	23	17	14
Unknown days	7	3	10
Urinary Tract Infection (UTI) All	20	14	30
UTI Old	15	11	19
UTI New	5	3	11
Catheter & UTI All	4	6	7
Catheter & UTI Old	3	3	6
Catheter & UTI New	1	3	1
VTE Numbers			
All	14	11	15

5.   Recommendation

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

Philip Norman
Executive Chief Nurse
July 2016