

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 26TH JULY 2018

Title:	CARE QUALITY REPORT
Responsible Director:	Michele Owen Interim Executive Chief Nurse
Contact:	Marie Hale Lead Nurse Quality

Purpose:	To provide the Board of Directors with an exception report on infection control within the Trust. This report also provides an update regarding Tissue Viability, Falls and complaints 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:	Michele Owen	Date: 16 July 2018
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THURSDAY 26th JULY 2018

CARE QUALITY REPORT

PRESENTED BY THE INTERIM EXECUTIVE CHIEF NURSE

1. Introduction and Executive Summary

This paper provides an exception report regarding the Trusts infection prevention and control performance. The paper also provides an update regarding complaints, fall and tissue viability performance and actions being taken to make further improvements.

2. Infection Prevention and Control Update (exception report)

The annual objective for *Clostridium difficile* infection (CDI) for 2018/19 at QEHB is 62 cases or a rate of 16.5 cases per 100,000 bed days. Performance for June 2018 was 11 reportable cases, 6 of which were day 0 +2 (previously referred to as post 48 hours) and attributable to QEHB. The annual CDI objective for 2018/19 at HGS is 63 cases or a rate of 12.2 cases per 100,000 bed days. Performance for June 2018 was 13 reportable cases, 4 of which were attributable to HGS. Actions to further improve CDI performance will focus on antimicrobial prescribing, choice and duration of use and hand hygiene.

The annual objective for MRSA bacteraemias is 0 avoidable cases. There were no MRSA bacteraemias identified during June across UHB. In total for the financial year 2018/19 UHB have had 1 Trust apportioned bacteraemia. To minimise the risks of further bacteraemias the Infection Control teams across the Trust have predominately focused this month on the following;

- QEHB have moved back over to using mupirocin for decolonising patients with MRSA. Prophylactic decolonisation with mupirocin is now being used across critical care.
- HGS have had a focus on hand hygiene promoting hand hygiene in line with the World Health Organisations hand hygiene day.

During June there were 7 cases of carbapenemase producing *Enterobacteriaceae* (CPE) identified in patients across UHB. There were no multiple drug resistant (MDR) *Acinetobacter baumannii* (carbapenemase producer) or MDR *Pseudomonas aeruginosa* (carbapenemase producer) isolated during June. 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.

E. coli is part of the normal bacterial flora carried by all individuals. It is the commonest cause of clinically significant bloodstream infection. *E. coli* bacteraemia represents a heterogeneous group of infections. Performance for June 2018 Across UHB was 18 Trust apportioned and 69 non-Trust apportioned cases.

Klebsiella species are usually harmless colonisers of the human gut. *K. pneumoniae* is an opportunistic pathogen and tends to cause nosocomial infections in immune compromised host. Performance for June 2018 Across UHB was 9 Trust apportioned and 18 non-Trust apportioned cases.

P. aeruginosa is widespread in the environment specifically moist environments. *P. aeruginosa* is an opportunistic pathogen in immunocompromised patients and is often associated with water borne outbreaks in the hospital setting. Performance for June 2018 across UHB was 4 Trust apportioned and 4 non-Trust apportioned cases

There were no outbreaks of diarrhoea or vomiting reported during June 2018 across UHB. There was an outbreak of *Streptococcus pyogenes* (Group A Streptococci) reported on ward 5 at Heartlands hospital.

3. Complaints Quarter 4 2017/18 update Number of Complaints Received

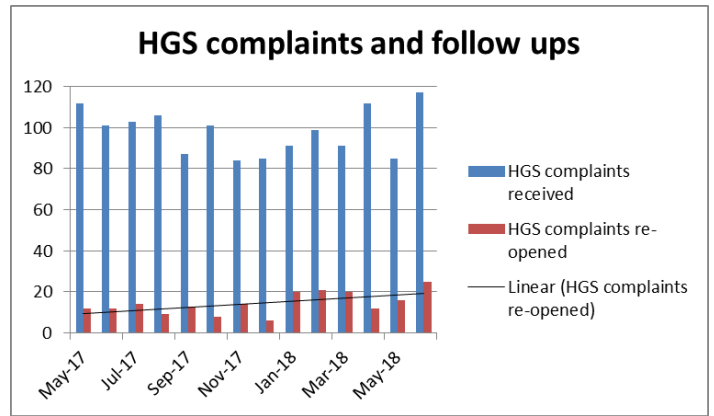
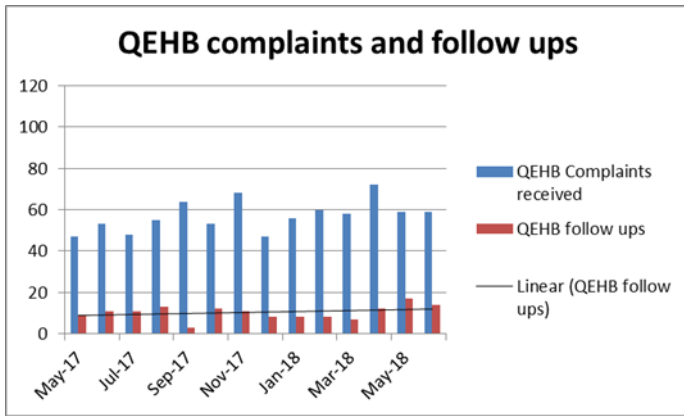
3.1 Number of complaints and follow up complaints

		April 2018	May 2018	June 2018	Q1 18/19
No. of complaints received	QEHB	72	59	59	190
	HGS	112	86	117	314
	UHB	184	144	176	504
No. of follow up complaints	QEHB	12	17	14	
	HGS	12	16	25	
Complaints per 1000bd	QEHB	2.1	1.6	1.7	
	HGS	2.9	1.8	2.6	
	UHB	2.5	1.7	2.2	

The total number of complaints received by HGS in quarter one was 314, a 12% increase on the 281 received in quarter four 2017/18, and a 10% increase on complaints in the same quarter last year (286).

The total number of complaints received by QEHB in quarter one was 190, a 9% increase on the 174 received in quarter four 2017/18, but a 26% increase on the same quarter last year (151).

An increasing trend in follow ups can also be seen, particularly for HGS (see charts at top of page 3).

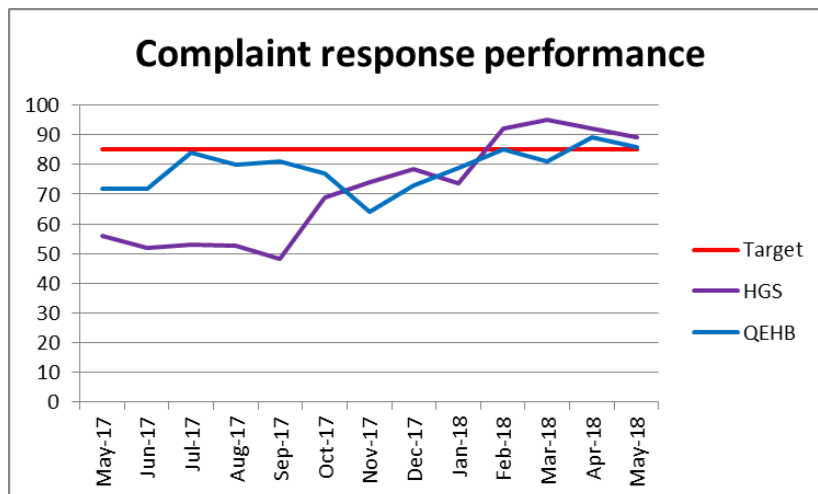


3.2 Response rate

		April 2018	May 2018	June 2018
Complaints response rate	QEH	89%	86%	Available 17.8.18
	HGS	92%	89%	

For QEHB, the target of 85% was exceeded for the first time in April when 89% performance was achieved. This continued into May at 86%. The target was first met in February 2018.

HGS has been compliant with, and exceeded the target, since it was first met in February 2018, with current months no exception.



4. Falls Quarter 1 2018/19 Update

4.1 All falls (inpatient and outpatient)

		April 2018	May 2018	June 2018
No. of falls	QEH	259	270	216
	BHH	139	144	125
	GHH	104	113	126
	SH	19	30	24
	UHB	521	557	491
Severe harm	QEH	1	2	2
	BHH	2	1	0
	GHH	2	3	2
	SH	1	1	1
	UHB	6	7	5

4.2 Inpatient falls only, including falls per 1000 bed days.

		April 2018	May 2018	June 2018
No. of falls	QEH	250	248	209
	BHH	122	128	114
	GHH	91	105	122
	SH	15	27	18
	UHB	478	508	463
Falls per 1000bd	QEH	7.1	6.8	6.1
	BHH	6.1	5.0	4.6
	GHH	6.4	6.4	8.1
	SH	3.1	4.7	3.3
	*UHB	6.4	6.0	5.8
Falls with Severe harm	QEH	1	2	2
	BHH	2	1	0
	GHH	2	3	2
	SH	1	1	1
	UHB	6	7	5
Falls with Severe harm per 1000bd	QEH	0.03	0.05	0.05
	BHH	0.10	0.04	0.00
	GHH	0.14	0.18	0.13
	SH	0.21	0.17	0.18
	*UHB	0.08	0.08	0.06
Bed Days	QEH	35,163	36,431	34,419
	BHH	20,168	25,481	24,553
	GHH	14,269	16,403	15,039
	SH	4,794	5,745	5,524
	UHB	74,394	84,060	79,535

*Total = Combined total no. of falls/combined total number of bed days x 1000

4.3 Key actions throughout Q1 2018/19:

The teams have met to align the services currently in place and share good practise that can be immediately rolled out to all areas. Part of this was to identify the immediate priorities for this coming year, some of this relates to the difference of policies and procedures used across the trust.

The teams aim to perform a gap analysis of the differences starting with post fall retrieval from floor procedures, including; Hoverjack flat lift system, scoop board, and post fall injury assessment, the intention is to standardise post fall retrieval from floor, and post fall clinical management pathways and the associated education programmes needed to support this. Currently there are business cases for the purchase of 5 Hoverjack flat lift systems at QEH and 3 additional Hoverjack systems at HGS in progress.

In response to the National Audit of Inpatient Falls Audit 2017 recommendations a 2018/19 priority is to develop a programme of education and training in Lying and Standing blood pressure (BP) measurement for recognising patients with postural hypotension this has always been an underestimated contributor towards falls and will be the focus of training this year. Over 180 nursing staff on the QEH site have been trained so far, and next steps involve exploring how this can be extended across HGS sites.

The team are committed to reviewing current patient falls information leaflets to ensure consistent information promoting a standardised approach to falls prevention, advice and support.

The makeup of the teams is very different and this year will bring the opportunity to review how the teams work and how we ensure all sites have access to the same advice and support.

5. Tissue Viability

5.1 Avoidable Pressure ulcers (reportable grades 2, 3 and 4 device related and non-device related)

		April 2018	May 2018	June 2018	Total
Grade 2 non DR	QEH	12	6	5	23
	BHH	3	1	3	7
	GHH	0	2	1	3
	SH	0	0	0	0
	UHB Total	15	9	9	33
Grade 3 non DR	QEH	0	0	0	0
	BHH	1	0	0	1
	GHH	0	0	0	0
	SH	0	0	0	0
	UHB Total	1	0	0	1
Grade 4 non DR	QEH	0	0	0	0
	BHH	0	0	0	0
	GHH	0	0	0	0
	SH	0	0	0	0
	UHB Total	0	0	0	0
Grade 2 DR	QEH	1	0	1	2
	BHH	0	2	0	2
	GHH	0	1	0	1
	SH	0	1	0	1
	UHB Total	1	4	1	6
Grade 3 DR	QEH	0	0	0	0
	BHH	0	0	0	0
	GHH	0	0	0	0
	SH	0	0	0	0
	UHB Total	0	0	0	0
Grade 4 DR	QEH	0	0	0	0
	BHH	0	0	0	0
	GHH	0	0	0	0
	SH	0	0	0	0
	UHB Total	0	0	0	0

5.2 Key actions throughout Quarter 1 2018/19

The tissue viability teams from QE and HGS have been meeting regularly to align tissue viability related guidelines, wound care formularies and priorities for the coming year. Whilst each site has specific priorities that are relevant to their patient groups there are a number of priorities that are agreed for the organisation as whole. These are as follows;

- Improvements in the quality, frequency and documentation of repositioning.
- Focus on strategies to reduce heel pressure ulcers.
- Focus on early recognition of reversible skin damage at the red and blanching stage in order that pro-active preventative strategies can be implemented.

- Review of education strategies, increase the range and type of education available to staff.
- Review the Pressure Ulcer Consensus document NHS Improvement (2018) and agree any changes required.

6. Recommendation

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

Michele Owen
Interim Executive Chief Nurse
July 2018