UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 28 APRIL 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 on care quality within the Trust. This report also provides an update regarding medicines management, dignity in care and nutrition & hydration.
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:** 18 April 2016

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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 medicines management, dignity in care and nutrition & hydration updates.

2. Infection, Prevention and Control Update

For March 2016 there were 9 cases of Clostridium Difficile Infection (CDI) reported, of which 4 were Trust apportioned. In total there were 66 Trust apportioned cases of CDI cases in 2015/16; which was just above the annual trajectory of 63 Trust apportioned cases. However, microbiology colleagues have been tracking the national CDI trend and for the first time in recent years, this is increasing and at a rate higher than the Trust is currently experiencing. Actions to further improve CDI performance continue with a specific focus on antimicrobial prescribing, choice and duration of use; appropriate stool collection with early isolation of symptomatic patients.

In terms of Meticillin Resistant Staphylococcus Aureus (MRSA), the Trust reported no cases of MRSA in March 2016. In total for the financial year 2015/16 and as previously reported, we had 8 Trust apportioned bacteraemias, against an annual target of 0 avoidable cases.

In relation to ensuring MRSA performance improves, key actions have been agreed with the Clinical Commissioning Group (CCG) and have been formulated in a Trust wide MRSA reduction plan, including:

- 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 3 2015.

- 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. Medicines Management Developments – 'Abloy Cliq' Progress Report

Since the approval to roll out the 'Abloy Cliq' electronic key system Trust wide the detailed preparation work has now been undertaken and completed.

3.1 Progress to date against the roll out plan:

- 74 'traka' key cabinets have been delivered and installed on all wards and theatres
- 68 wall programming devices have been delivered, installed and programmed on wards and departments
- The traka key cabinets have been programmed with the names of all of the individuals who will have access to the keys held within that traka cabinet
- 1087 separate medicine cupboards/medicine trolleys/ medicine fridges have been individually named and labelled in order to link individually with each lock
- 1087 individual locks have been named and programmed separately to each area
- 4 main control keys have been programmed to allow complete administration of the Abloy Cliq system
- 9 Matron/Clinical Site Manager level control keys have been programmed to allow agreed limited access to the Abloy Cliq system
- 1246 individual Abloy Cliq keys have been labelled and programmed separately to each area
- Access profiles have been created for each area
- A Trust key hierarchy has been put in place

The installation commenced on 21 March 2016, initially with 2 wards and a roll out plan has been devised for the remaining wards which gradually increases the number of wards included in the roll out each week. This will be completed over seven weeks. Following this there will

be a 3 week break before the installation commences into the operating theatre areas.

This roll out plan is supported by the Ambulatory Care Unit Education Team who are ensuring ongoing education and information about the system is in place.

3.2 Monitoring of the system:

An observational medicines round audit tool is being developed to compare pre and post installation medication round activity, time taken to access medications and time to administer the medicine to the patient. This observation will take place in a variety of ward settings.

4. Dignity in Care Update

4.1. Annual Nursing Conference: Dignity and Compassion 2016

The first annual nursing conference will be held in the Education Centre on Thursday 12th May 2016 (national nurses day). There will be a balance of speakers from the Divisions and from visiting speakers.

4.2. Training and Development

The national dementia training mandate is for all patient facing staff to have a minimum of Dementia Awareness training. Health Education West Midlands has agreed that 80% of patient facing staff should have a minimum of awareness level training by April 2016. Dementia Awareness training is delivered by Dementia Friends, plus the See Me Dementia Care Bundle or Barbara's Story. This is available on line along with a reflective activity and dementia awareness questions to enable more staff to achieve this level. This reflection can be used as part of revalidation for some professional groups but for all staff it is a way of translating learning into practice.

Significant training has continued throughout February and March 2016 to targeted groups of staff, many receiving bespoke training, including porters, housekeepers and junior doctors etc.

4.3. Learning Disability Access to Healthcare for People with a Learning Disability

Key actions under way:

- A quarterly assessment is undertaken against the Care Quality Commissions standards and expectations relating to learning disability. A full report on the last quarter's assessment was received by the Care Quality Group in march 2016

- Learning disability training is now embedded in a number of Trust established programmes, including the Nursing Assistant Development Programme
- Trust staff also have access to Shareville, a virtual reality interactive training site provided by Birmingham City University. Further access will shortly be available to tiered training to reflect the need for awareness, intermediate and advanced care for people with learning disability and autism

4.4. Working with Stakeholders

Having previously signed up to the National Dementia Action Alliance, the Trust has now also joined the new Birmingham Dementia Action Alliance. The key aim is to ensure that patients living with dementia receive care from staff who have the necessary skills and knowledge to care for patients with a learning disability.

Key actions underway:

- To use numerous opportunities to ensure that staff are aware of the training opportunities and the resources to further enhance the patient experience. This includes Dementia Friends and Barbara's Story
- To review care environments across the Trust using the Kings Fund Environmental Audit to ensure that they are dementia friendly
- Ensure patient journeys and procedures are informed by people living with dementia and their carers and are consistently kind and compassionate.

4.5. Activities Coordinator

The Trust has appointed a new Activities Coordinator; this individual has attended the 'meaningful activities for people with dementia course' at the Iris Murdoch Dementia Services Development Centre at the University of Stirling. The individual is establishing a group of volunteers to work with her and she established a weekly programme of regular activities across a number of wards.

4.6. Rio China

The Friends of QEHB have generously provided dementia friendly Rio Freedom China to 10 wards (West 1, West 2, Harborne, Bournville, Wards 410, 513, 514, 516, 517 and 518).

5. Nutrition and Hydration Update

Update on Malnutrition Universal Screening Tool (MUST) education and training: Train the trainer.

5.1 Phase 1 Summary:

Key performance indicators

- To train one registered nurse from each ward (as a train the trainer) between December 2015 and April 2016
- To train the Divisional Clinical Educators by June 2016

5.2 Outcome

- 73% of registered nurses have been trained and are MUST competent
- 50% of clinical educators from Division B and C have been trained as MUST competent

5.3 Action Plan

Continue training plan during Quarter 1 2016/17 to ensure above plan is delivered.

5.4 Working with the Shelford Group of Trusts

Following a meeting with the Shelford Group of Trusts, it was agreed that a review of how each Trust manages nutrition and hydration should be undertaken. A baseline measure of each of the Trusts was required and an audit tool was designed by UHB to be utilised by all Shelford Group of Trusts for audit purposes. The Lead Nurse for Quality & Clinical Standards at UHB was identified to be a joint lead for the project.

5.5 Project & Purpose

To harness the experience and expertise available across the Shelford Group of Trusts to positively influence nutrition and hydration especially in the frail and elderly patient group across the Shelford Group of Trusts and to share this work both across the Shelford network and beyond.

5.6 Audit

Following the successful first phase audit, a second workshop was held on the 7 March 2016, UHB hosted the event. The audit tool that had been devised by UHB was reviewed and agreed by the leads of the Shelford Group of Trusts at the workshop. UHB had undertaken a second audit in August 2015, across the older adult wards at UHB, as per the Shelford Group operational scope, to assess improvement against the baseline audit and subsequent PDSA (Plan, Do, Study, Act) cycles. The audit was undertaken in August 2015.

5.7 Audit Results

125 patients were reviewed across the older adult wards. The overall audit findings demonstrate that a number of measures have improved since the first audit, including:

- Provision of additional jugs of squash at mealtimes to encourage fluid intake
- Opportunity for social dining is available in wards
- There were no non-urgent procedures taking place during the mealtime period
- Leg bags were used and secured appropriately for patients with a urinary catheter in place.

5.8 Areas for further improvement

- Encouraging patients to sit out of bed and to wear day clothes where appropriate
- Utilising the adapted cutlery, non-slip mats and plate guards at mealtimes
- Increasing the use of social dining opportunities

5.9 Trust wide Nutrition Audit

The second part of the twice yearly Trust wide nutrition audit was undertaken in February 2016. The Divisional nutrition audit was completed in Divisions A, B and D for inpatient ward areas including Critical Care and Ambulatory Care Units.
Patients were audited against an agreed audit tool. Division C was not included on this occasion as they had been actively involved in the Shelford Group nutrition
project and had been recently been audited on two occasions as part of that project.

The first part of the audit assessed documentation of patient care for example completion of the nutrition score (MUST) and the second section required observation of the mealtime service itself.

A total of 210 patients were audited.

There has been significant improvement on the previous nutrition audit undertaken. Identified actions have been shared with the appropriate Divisions.

6. Conclusion

- Divisional leads for nutrition to feedback audit findings to Divisional staff
- Where any result was below the required level, the relevant Ward/Department Senior Sister/Charge Nurse and Matron will to continue to focus on the required action/s to ensure improvement
- Dietetic team will continue with the MUST education programme and completion of MUST competencies for registered nurses.

7. Recommendation

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

Philip Norman
Executive Chief Nurse
April 2016