

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 29 MARCH 2018

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

Purpose:	To provide the Board of Directors with an exception report on care infection control within the Trust. This report also provides an update regarding safety thermometer data, continence care and observations of care.
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: 20 March 2018
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BOARD OF DIRECTORS THURSDAY 29 MARCH 2018

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 and some of the initiatives underway in the Trust regarding the Safety Thermometer, Continence care and Observations of Care.

2. Infection Prevention and Control Update (exception report)

The annual objective for CDI for 2017/18 is 63 cases or 17.6 per 100,000 bed days (currently around 71 cases). Performance for February 2018 was 5 Trust apportioned (beyond day 0+2), all of which were reportable to Public Health England (PHE) in accordance with Department of Health guidance. In total we have had 69 Trust apportioned CDI cases for the financial year 2017/18, 7 of these were considered to have lapses in care. Based on our current bed rate (per 100,000 bed days) we are presently under our trajectory for CDI at a rate of 13.1 cases per 100,000 bed days. Actions to further improve CDI performance continue with a specific focus on antimicrobial prescribing, choice and duration of use, hand hygiene, timely isolation of patients with diarrhoea, improve timeliness of stool specimen collection and improve access to expert review of patients with *C. difficile*.

The annual objective for MRSA bacteraemias is 0 avoidable cases. There were no MRSA bacteraemias reported during February 2018. In total we have had no Trust apportioned bacteraemias reported for the financial year 2017/18 to date. The Trust has now gone over a year without an MRSA bacteraemia.

During February there was one case of carbapenemase producing *Enterobacteriaceae* (CPE) in an outpatient not admitted to the Trust. There were two multiple drug resistant (MDR) *Acinetobacter baumannii* (carbapenemase producer) identified in February associated with an outbreak on W515 and W516.

Influenza

During January we saw a huge increase in cases of Influenza throughout the Trust. 322 cases of respiratory viruses were recorded in January (x21 RSV, x78 Influenza A and x229 Influenza B). In February we saw a slight reduction

with 241 cases of respiratory viruses being recorded (x6 RSV, x101 Influenza A and x135 Influenza B).

Actions

- The trust have procured new personal protective equipment to protect staff treating patients with influenza
- The infection prevention and control team are working with the operational site team to ensure plans are in place for the increased demand on beds
- Stock levels of oseltamivir have been increased to ensure we can treat all the patients.
- We now have point of care testing for flu in CDU, this allows results in less than an hour.

Norovirus

Since January through to the end of February 8 wards and 3 bays have been closed with confirmed Norovirus. The following wards x3 Ward West 1, x2 Ward West 2, W625, W518 and Edgbaston and the following bays x2 Edgbaston and Harborne have been closed.

Actions

- The infection prevention and control team are working with the operational site team to ensure plans are in place for the increased demand on beds
- A staff wide communication message has been distributed across the Trust notifying all the staff of the increase in norovirus, key messages including; ensure visitors do not have symptoms of diarrhoea or vomiting and ensure all patients with diarrhea and vomiting are isolated in a single room
- The infection prevention and control team are working closely with housekeeping ensuring areas affected from norovirus are cleaned in a timely manner to aid site pressures on bed management
- The infection prevention and control are monitoring all wards on a daily basis for signs and symptoms of diarrhoea, vomiting and flu like illness

3. Safety Thermometer Update (Q1-Q2)

3.1 Introduction

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

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.

3.2 Use of data

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

3.2.2 The pressure ulcer data is of interest only to the Tissue Viability Nursing Teams along with the Falls data, as live incident data is displayed on the clinical dashboard which gives an accurate measurement of overall incidence rather than prevalence.

3.3 Quality Measure OutcomeUHB Outcomes (all data has been submitted to Unify in line with the national deadlines)

2015/16 %	April 2017	May 2017	June 2017	July 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	March 2018
No. of pts surveyed	1142	1169	1159	1124	1125	1158	1163	1127	1111	1163	1171	
Harm free	1112	1126	1106	1072	1093	1119	1128	1094	1068	1121	1133	
Old harm	1.31	1.80	2.42	2.05	1.07	1.04	1.12	1.51	2.16	2.06	1.54	
New Harm	1.31	2.05	1.29	1.78	2.0	2.33	1.98	1.42	1.71	1.55	1.71	
Harm %												
% All	2.63	3.68	3.71	3.83	2.84	3.37	3.01	2.93	3.87	3.61	3.25	
1 Harm	2.63	3.59	3.71	3.74	2.76	3.37	2.84	2.93	3.87	3.61	3.25	
2 Harms	0	0	0	0.09	0.09	0	0.17	0	0	0	0	
3 Harms	0	0.09	0	0	0	0	0	0	0	0	0	
Pressure Ulcers Numbers												
New All	2	3	2	3	4	3	7	4	6	5	7	
New G2	2	2	2	3	4	3	6	4	6	5	6	
New G3	0	0	0	0	0	0	0	0	0	0	0	
New G4	0	1	0	0	0	0	1	0	0	0	1	
Old All	12	17	16	17	9	7	13	18	20	15	12	
Old G2	10	11	13	13	7	4	9	12	13	9	8	
Old G3	1	4	1	2	1	2	3	5	6	5	3	
Old G4	1	2	2	2	1	1	1	1	1	1	1	
Falls Numbers												
All	18	22	18	18	24	15	23	17	23	13	23	
Harmful	5	5	3	3	3	6	4	6	4	1	1	
Low Harm	5	3	3	3	2	5	4	6	2	1	1	
Moderate	0	1	0	0	0	0	0	0	0	0	0	
Severe	0	1	0	0	1	0	0	0	2	0	0	
Death	0	0	0	0	0	1	0	0	0	0	0	
Urinary Catheters Numbers												
Total	236	254	245	274	255	268	250	236	219	259	225	
Days in situ 1-28	205	222	200	240	230	235	209	220	204	229	195	
Days in situ < 28	26	17	29	26	20	29	34	14	13	20	27	

Unknown days	5	15	16	8	5	4	7	2	2	10	3	
UTI All	17	7	21	21	16	25	15	14	14	18	21	
UTI Old	13	5	18	12	11	20	10	9	8	16	16	
UTI New	4	2	3	9	5	5	5	5	6	2	5	
Cath & UTI All	4	4	13	8	5	7	2	5	6	10	7	
Cath & UTI Old	3	4	12	6	3	5	0	3	4	9	6	
Cath & UTI New	1	0	1	2	2	2	2	2	2	1	1	
New VTE Numbers												
All	7	16	9	13	12	16	11	4	7	11	11	
DVT	2	2	4	4	3	3	4	1	4	4	5	
PE	5	6	4	9	5	8	6	3	3	5	4	
Other	0	8	1	0	4	5	1	0	0	2	2	

4. Contenance Care Update

4.1 Contenance Action Group Introduction

4.1.1 This report summarises the Contenance Action Group (CAG) activity for October 2017 to December 2017.

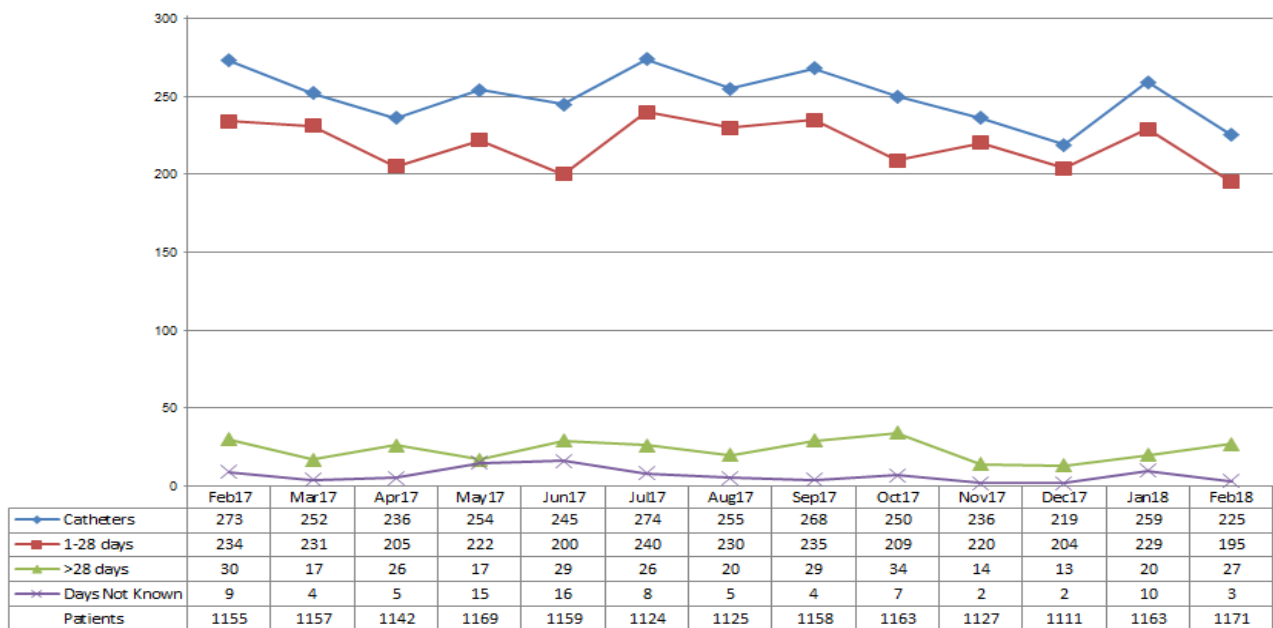
4.1.2 The Group continues to meet on a quarterly basis.

4.2 CAG focus 2017

4.2.1 Continued focus on urinary catheters for 2017.

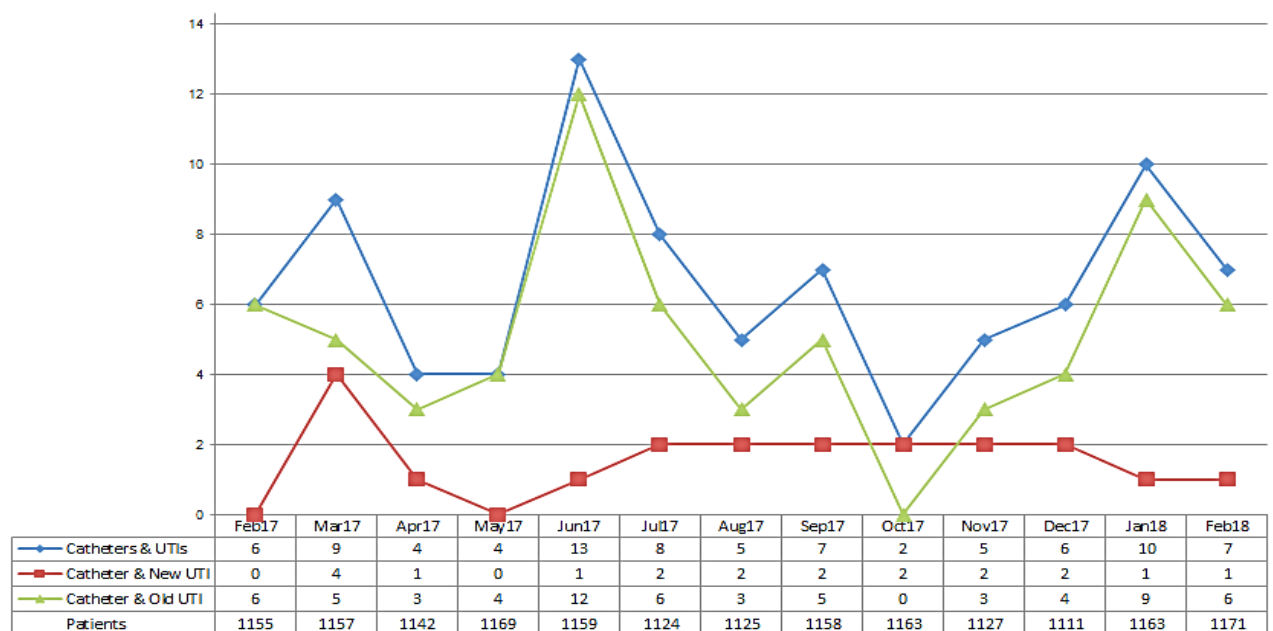
4.2.2 The Trust continues to be a high user of urinary catheters; however the Trust also continues to have low prevalence of catheter associated urinary tract infections (UTI's).

Catheters: Number of patients with a urinary catheter



**Data taken from the NHS Safety Thermometer*

Catheters and UTI's: Number of patients with a catheter and a UTI (new and old)



**Data taken from the NHS Safety Thermometer*

4.3 CAG Activity

4.3.1 A second Trust wide catheter roadshow was undertaken in November 2017, facilitated by the Infection Prevention and Control Team (IPCT) and student nurses. This included visiting all inpatient wards with a roving board. In addition, information was displayed at educational stands in the Atrium. The team focus included the appropriate sampling of urine from urinary catheters, and the appropriate use of antibiotics to treat catheter associated urinary tract infections.

- 4.3.2 The Group has supported the introduction of a new RCA investigation form for catheter associated injuries, electronic Datix reporting form (still to be finalised) and RCA process flowchart outlining RCA pathway to be followed.
- RCA investigation to be commenced for hospital acquired level 2 and 3 catheter associated injuries.
- 4.3.3 The Patient Experience Team and Continence Nurse Educator are currently working on compiling patient stories to be used in future continence education and training.
- 4.3.4 Divisional continence study days and continence champion study days have been planned throughout the forthcoming year in order to deliver education and training to a range of staff that care for patients with all types of continence problems.
- 4.3.5 A further continence conference is being planned for later in 2018. Contributions will be made from teams such as the Patient Experience Team, nurse specialists involved in caring for patients with continence problems, and continence product specialists.
- 4.3.6 The Continence Nurse Educator has continued to provide monthly continence drop-in sessions, held on each floor of the new hospital and Heritage building for all staff to attend.
- 4.3.7 Work has commenced with the PICS team to improve the quality of communication with community teams regarding patients who are discharged from hospital with a urinary catheter in place.

4.4 CAG Future Activity

- 4.4.1 Continue with urinary catheter focus until April 2018.
- 4.4.2 Discuss and identify future CAG work streams for 2018/19.
- 4.4.3 Longer term - PICS – Catheter insertions to be included in “Devices” within new PICS update, with a 7 day review and sign off of all catheters.

5 Observations of Care update.

- 5.1 The aims of the Observations of Care Project are:
- To assess current standards of communication and compassionate care within inpatient clinical areas/departments.
 - To identify, share and celebrate compassionate care being delivered.
 - To develop action plans for each clinical area/department or Trust-wide, dependant on results of the observations.
- 5.2 An audit tool was developed in order to capture communication and interactions (compassionate care) between our staff and patients across the Trust. Immediate feedback was provided to individuals observed, whether it was praise for enriching interactions or guidance on how an interaction might have been improved. Ward managers/nurse in charge were also provided with

immediate feedback before leaving the ward. In addition a written feedback report and action plan was emailed to the ward/department manager, and relevant Matron. Details of the score categories are provided in Appendix 1.

5.3 Results

5.3.1 The results for Quarter 3 only are provided below. A total of 9 wards/departments were visited and 514 interactions were observed.

5.3.2 Chart 1 demonstrates the results for the interactions across all 9 clinical areas. Appendix 2 illustrates the results for each individual clinical area.

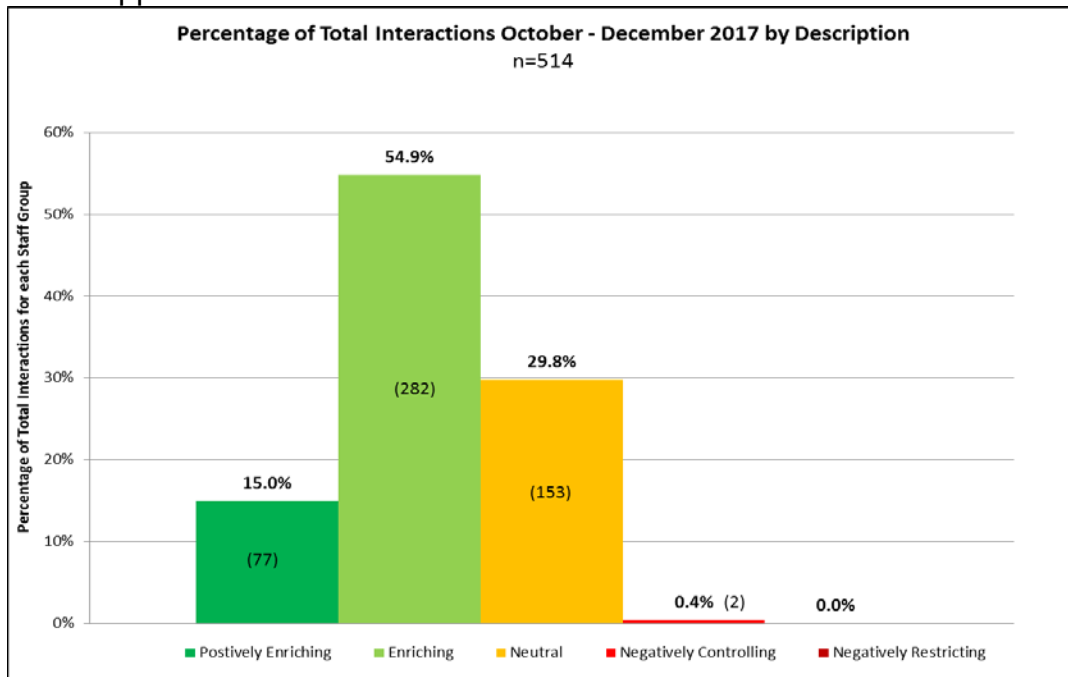


Chart 1: Total number of interactions across all 9 wards, by description.

5. Examples of interactions observed:

5.2 Summary

5.4.1 70% of the interactions observed were considered to be enriching or positively enriching. 2 interactions (less than 1%) were considered negative in some way and 30% were considered to be neutral. Neutral interactions are considered acceptable in many circumstances and to some extent expected during busy periods of a shift. However consistently neutral interactions should be considered with caution due to the potential accumulative effect on patient experience.

5.4.2 5/9 wards (623/YPU, 305, 409, 624 and 625) visited in Quarter 3 have demonstrated a reduction in neutral interactions and an increase in enriching interactions. 2 wards re-visited in Quarter 3 (624 and 305) have seen an increase in negative interactions (1 negative interaction each). 1 ward (412) had a percentage decrease in negative interactions (no negative interactions this year), and a corresponding increase in neutral interactions.

5.3 Limitations

5.3.1 Observations of care provide a snapshot of interactions on a given day at a given time. This does not necessarily mean that interactions recorded are reflective of 'usual' interactions experienced on the ward.

5.3.2 Observer bias might interfere with consistent grading of interactions, where one observer views an interaction differently to another. As a team we meet and discussed examples of the different interaction grading scores in order to try and reduce this from occurring. Routine comparison and discussion regarding observations is also undertaken during the actual visits.

5.3.3 Where the number of interactions observed on a ward in 2017 greatly differs from the number observed in previous years, it is difficult to make direct comparisons in terms of improvements within a particular ward.

5.6 Key Actions

- Continue to monitor and review for next quarter, specifically in view of discussing results with clinical leads.
- Following the 12 month period of observations, a Trust wide view of overall results will be published and actions developed.
- Continue to provide 3 monthly reports to the Care Quality Group.
- Publish results so far nationally.

6.0 Recommendation

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

Michele Owen
Interim Executive Chief Nurse