

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 27 OCTOBER 2016

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 exception report on care quality within the Trust. This report also provides progress reports regarding volunteers, developments in continence care, dignity in care, end of life care and a medicines management update.
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: 14 October 2016
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BOARD OF DIRECTORS

THURSDAY 27 OCTOBER 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 progress reports on volunteers, developments in continence care, dignity in care, end of life care and a medicines management update.

2. Infection, Prevention and Control Update

The annual objective for Clostridium Difficile Infection (CDI) for 2016/17 is 63 cases or 17.6 per 100,000 bed days (currently around 70 cases). Performance for September 2016 was 7 Trust apportioned cases (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 47 Trust apportioned CDI cases for the financial year 2016/17, 19 of these were considered avoidable. Actions to further improve CDI performance continue with a specific focus on antimicrobial prescribing, choice and duration of use, timely isolation of patients with diarrhoea, improved timeliness of stool specimen collection, the annual deep cleaning of selected wards reducing the bioburden of clostridium difficile and improved access to expert review of patients with clostridium difficile infection.

The annual objective for Meticillin Resistant Staphylococcus Aureus (MRSA) bacteraemia is 0 avoidable cases. There were two MRSA bacteraemias reported during September 2016. One is non-Trust apportioned; the second case is currently being reviewed via the post infection review process. In August there was one case of MRSA bacteraemia reported which was non-Trust apportioned. In total and as previously reported, pending the review of the September case (outlined above), we have had 2 Trust apportioned MRSA bacteraemias for the financial year 2016/17 to date (April x1 in Vascular Surgery and July x1 in Renal).

In relation to ensuring MRSA performance continues to improve, the following key actions are ongoing:

1. Strict attention to hand hygiene and the use of Personal Protective Equipment (PPE).
2. Ensuring all relevant staff understand the correct procedure for screening patients for MRSA before admission, on admission and the screening of long stay patients.
3. Increase the compliance with MRSA screening across the Trust. This will ensure prompt identification of people who have or are at risk of developing infection so they receive timely and appropriate treatment and management to reduce risk of transmission to other people.
4. Assess and improve use of decolonisation therapy across the Trust. Ensuring the optimal management of all patients with MRSA colonisation and infection, including decolonisation treatment, prophylaxis during procedures, and treatment of established infections.
5. In line with the current national CQUIN (Commissioning for Quality and Innovation) on reduction on the use of broad spectrum antibiotics and appropriate timely review of antimicrobial prescriptions. Ensure appropriate antimicrobial use, to optimise patient outcomes and to reduce the risk of adverse events.
6. Ensure MRSA post infection review investigations are completed and lessons learnt are feedback throughout the Trust.

3. Volunteers Update (re 16-18 years)

A pilot is due to take place with Harborne Academy to enable young people aged 16-18 years to volunteer at Queen Elizabeth Hospital Birmingham (QEHB). Currently we have a minimum age of 18 years for our volunteers. Accepting younger volunteers into the Trust affords not only better engagement with our community and increased skills and compassion for young people, but also promotes the Trust as a potential future employer.

A key consideration for volunteers aged 16-18 years is safeguarding, and plans are in place to ensure the obligations for this age group to be able to volunteer are met. Particularly that any volunteer under the age of 18 years will require an identified guardian while they are on site – this could be a member of staff, a member of Harborne Academy staff or a responsible experienced volunteer.

An action plan for the pilot has been discussed at the Care Quality Group which would see the Trust welcome 7-10 of Harborne Academy's outstanding students into volunteering for this academic year. Recruitment will take place in Quarter 3 with a plan for students to start volunteering on Wednesday afternoons in the new year.

Evaluation of the pilot will be taken back to Care Quality Group for consideration of continuation or expansion of the scheme.

4. End of Life Care Update

The End of Life Care team hosted a cluster event for 'Building on the Best' programme in July 2016. This project aims to build on what has already been achieved by hospitals to further improve the quality of their end of life care. This was an opportunity to share emerging projects, plans and exchange ideas. There is another event planned in December 2016 where 10 Trusts will present updates of their projects. The Clinical Nurse Specialist End of Life Care has arranged an End of Life Care/Bereavement Champions launch and study session to relaunch the Notification of Death process and the relatives Bereavement Booklet. There are plans to hold an End of Life Care conference next year where champions can contribute and share best practice.

The Chaplaincy team are designing an information leaflet to raise the profile of the Chaplaincy Service and the Faith and Community Centre. The Reverend Richard Wharton Chaplaincy team lead has also been made an honorary Cannon at St Philips Cathedral, Birmingham.

The End of Life Care team were asked to present at the Trust's Nursing Conference in May 2016. The main focus was care after death. The talk was well received with very positive feedback. The conference coincided with Dying Matters week. The theme of which for this year was 'The Big Conversation'. The End of Life Care team with support from the Chaplaincy team visited all clinical areas to reenergise the use of resources already available within the Trust and to introduce the new Clinical Nurse Specialist End of Life Care.

Software (IT) improvements for the Bereavement and Mortuary Services are now complete and will replace paper records. It will enable the teams to be able to easily access and share information and will provide up to date information on each patient.

The National Institute for Health and Care Excellence (NICE) Clinical Guidelines on the Care of the Dying Adult was published in December 2015 and aims to further improve end of life care and experience for dying people and their families. The Guidelines have been reviewed with collaboration from the Specialist Palliative Care team to bench mark current services across the Trust against current guidelines. An update on this review will be presented to the Care Quality Group.

5. Continence Care Update

The promotion of best practice continence care within the hospital has gained further momentum over the last year with the 12 month secondment of a continence clinical nurse educator. This post has been embraced enthusiastically by all clinical areas and a continence champion recruited in each area. It has enabled more focused audit and education whilst addressing any inappropriate use of incontinence pads, which can further enhance patient care and also reduce cost.

In relation to urinary catheter use, support continues with regard to promoting good catheter care, timely removal and the use of the catheter care plan. Work is also ongoing with community teams regarding post discharge care for patients with

urinary catheters; this has included improved communication and educational support. A urinary catheter passport has also been designed in collaboration with our urinary drainage bag manufacturer to reflect our hospital's needs assisting in the education of urinary catheter users; patients and carers.

A study was also undertaken within the hospital to look at the role of cleansers in reducing the risk of skin breakdown in individuals with incontinence. The outcome of this was published in the Journal of Wound Care in May 2016; Non-rinse skin cleansers: the way forward in preventing incontinence related moisture lesions. It demonstrated a 70-76.9% reduction in moisture lesion incidence compared to an 8.3-13.6% reduction in the control groups.

6. Dignity in Care Update

6.1 Carers: John's Campaign (John's Campaign is a national campaign for the right for a relative or carer to stay with their loved one with dementia whilst in hospital)

A Carer Task and Finish Group has been formed to review all of our current policies, procedures and action plans for all carers at the Trust using John's Campaign as a driver.

- A new leaflet has been designed to welcome and engage with carers to further support our patients.
- The Patient Experience team have reviewed the existing overnight stay guidelines (for relatives or carers) and additional fold down beds have been delivered and more are being ordered with the kind support of QEHB Charity to take the total of folding beds available to 42.
- Visiting times are being audited by the Patient Experience team to establish if patients would prefer a more open approach to visiting times (current times are 2.30pm to 7.30pm). Following this audit, an options paper will be produced.

6.2 National Audit of Dementia (NAD)

An organisational checklist and analysis of routine data collected on delayed discharge, complaints and staff training was completed and submitted in June 2016. This included:

- A survey of carer experience of quality of care. Target response rate 30-50 surveys. 45 surveys submitted.
- A case note audit of people with dementia was undertaken, focusing on key elements of assessment, monitoring, referral and discharge. Target 50-100 sets of notes to be audited. 57 completed.
- A staff questionnaire was undertaken to examine the support available to staff and the effectiveness of training and learning opportunities. Target response rate (paper questionnaire): 45-60. 55 submitted. Target response rate (electronic questionnaire) 50-75. 92 submitted
- The NAD will continue in 2017 with a specific review of the use of antipsychotic medication.

6.3 Training and Development

The National Dementia training recommendation is for all patient facing staff to have a minimum of Dementia Awareness training.

- Health Education West Midlands (HEWM) set a target that 80% of patient facing staff should have a minimum of awareness training by April 2016. This target was achieved in July.
- Junior doctors also attend a dementia workshop as part of their induction.

6.4 Activities Coordinator

The Trust has an Activities Coordinator in post and this individual has recently completed the FABS (Flexibility, Aerobics, Balance and Strength Training) programme. This has been developed in partnership with the Centre for Healthy Ageing Research at the University of Birmingham. This individual has become a specialist fitness instructor for the over 60s and can now work alongside therapists and nurses to teach chair-based exercise and free-standing exercises for patients. This is one of a range of specialist activities the individual provides.

7. Medicines Management Update

Abloy Cliq

The Trust wide installation of the Abloy Cliq key system (Phase 1) is now complete. This included the installation in 37 wards, 4 Critical Care Units, 38 theatres and 6 recovery areas.

The roll out was envisaged to take 16 weeks in total, however this part off the project was completed 6 weeks ahead of schedule. Mid roll out the installation team were completing single wards installation in 58 minutes. This new system:

- Increases the safety and security of medicines
- Enables patients to receive their medicines faster, for example pain relief medication (as a result of nurses not having to 'search' for the member of staff who has the medicine key)
- An average of 45minutes of nursing time has been saved per 12 hour shift as a result of nurses not having to search for the individual who has the medicine key. This means that more nursing time has been freed up to directly care for patients
- Positive feedback has been received from all clinical areas regarding this system.

The remaining phases of the roll out are on track with a view to complete the whole project by March 2017.

- Phase 2 – Ibin (medicines delivery system) trial on the 5th floor medical wards working with Logistics
- Phase 3 – Installation of the Abloy Cliq on all medication and clinical room doors
- Phase 4 – Roll out of the Junior Doctors key suite

- Phase 5 – Installation on patient bedside cabinets (promote self-administration of medicines where appropriate)
- Phase 6 – Installation on Critical Care bedside carts

8. Recommendation

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

Philip Norman
Executive Chief Nurse
October 2016