

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 23 JULY 2020**

<b>Title:</b>	<b>QUALITY &amp; PERFORMANCE REPORT AND Q1 UPDATE AGAINST THE 2020/21 IMPLEMENTATION PLAN</b>
<b>Responsible Director:</b>	Mark Garrick, Director of Strategy & Quality Development
<b>Contact:</b>	Imogen Acton, Head of Quality Development Andy Walker, Head of Strategy & Planning Samantha Baker, Quality Development Manager Rukudzo Hakulandaba, Performance Assurance Manager Natalie Smith, Strategy, Planning & Performance Spt. Mgr.

<b>Purpose:</b>	To present an update to the BOARD OF DIRECTORS
<b>Confidentiality Level &amp; Reason:</b>	None
<b>Strategy Implementation Plan Ref:</b>	#3 Provide the highest quality of care to patients through a comprehensive quality improvement programme #4 Meet regulatory requirements and operational performance standards, in line with agreed trajectories
<b>Key Issues Summary:</b>	<ul style="list-style-type: none"> <li>• There are 9 current staff investigations with a patient wellbeing component.</li> <li>• There are 5 potential adverse inquest conclusions and 5 upcoming inquests.</li> <li>• Updates are provided on Serious Incidents / Internal Serious Incidents / Never Events and Board of Directors' Unannounced Governance Visits.</li> <li>• A&amp;E performance improved by 0.8pp in June. However, attendances were 29.6% lower than June 2019.</li> <li>• RTT performance deteriorated in month with 355 52 week breaches whilst the waiting list size fell due to fewer referrals being received.</li> <li>• All cancer indicators had an improvement in performance except for the Cancer 62 GP referral and screening standards.</li> <li>• The paper also covers the first quarterly review of the 2020/2021 strategy implementation plan, covering the period April-June 2020.</li> </ul>
<b>Recommendations:</b>	The BOARD OF DIRECTORS is asked to: <b>Accept</b> the report on operational and quality performance and the Strategy Implementation Plan.

<b>Signed:</b>	Mark Garrick	Date: 15 July 2020
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BOARD OF DIRECTORS**

**THURSDAY 23 JULY 2020**

**QUALITY & PERFORMANCE REPORT AND Q1 UPDATE AGAINST  
2020/21 STRATEGY IMPLEMENTATION PLAN**

**PRESENTED BY THE DIRECTOR OF STRATEGY &  
QUALITY DEVELOPMENT**

**1. Purpose**

This paper provides assurance on quality performance to the Council of Governors and details the actions being taken to improve performance. It also summarises the Trust's operational performance against national targets, including those in the NHS Oversight Framework. Material risks are detailed in this paper and Appendix 1, along with the main targets and indicators.

It also provides an update against the 2020/21 Strategy Implementation Plan.

**2. Investigations into Staff Performance**

There are currently 10 staff investigations underway in relation to a patient wellbeing component.

<b>Staff group</b>	<b>Total currently underway*</b>	<b>Percentage of total staff numbers**</b>	<b>New during June 2020</b>	<b>Closed during June 2020</b>
Consultants	-	-	-	-
Junior Doctors	-	-	-	-
Nurses and Midwives	4	0.07%	-	-
Nursing Auxiliaries / HCAs	4	0.14%	-	1
Allied Health Professional	-	-	-	1
Scientific & Technical	-	-	-	-
Non-clinical staff	2	0.03%	1	-
<b>Total</b>	<b>10</b>	<b>0.05%</b>	<b>1</b>	<b>2</b>

\*As of 09/07/20.

\*\*Percentages calculated using staff groupings on ESR (Electronic Staff Record).

### 3. Inquest Update

#### 3.1 Impact of Covid-19

Conclusions for a number of UHB Inquests which have taken place under Rule 23 (where the Coroner reads the evidence and reaches a conclusion with no witnesses or family being present) are still awaited. The Legal team has not yet been made aware of the conclusions; this information will be updated as and when the conclusions are received.

The Coroner has also adjourned a number of UHB cases which will be relisted in due course.

In terms of investigations, some are outside planned deadlines or will not meet the initial deadlines due to the current situation. The Coroner is being kept informed of those which will not meet the initial deadlines and those which are complete but will not have witnesses available to attend. The Clinical Governance and Patient Safety team is ensuring that SIs involving urgent safety concerns and those where information has already been collected from clinical staff are progressing as normal. Any which cannot be progressed further at this time are being escalated to the Deputy Director of Corporate Affairs, Legal and Risk, and the Deputy Medical Director.

#### 3.2 Potential adverse inquest conclusions, 14/06/2020 - 13/07/2020

Theme	Inquest Date	Div.	Location	Conclusion
Anticoagulation stopped and not restarted following surgery	15/06/2020	4	QEH	Died from a pulmonary embolism contributed to by an absence of blood thinning drugs
Bowel perforation following sigmoidoscopy	24/06/2020	4	BHH	Natural causes
Irregular recording of neurological observations	29/06/2020	3	QEH	Natural causes
Missed bleed on CT scan of head	01/07/2020	1 and 3	GHH	Accidental death contributed to by an omission in medical care.

3.3 Future inquests associated with an internal investigation or complaint, July – September 2020

Theme	Inquest Date	Division	Location	Investigation	Status
Rapid deterioration following fall on ward	Adjourned – awaiting new date	3	GHH	Falls RCA	Complete
Anticoagulation stopped and not re-started post-operatively	Adjourned awaiting new date	5	QEH	SI	Awaited – due 30/04/2020 – report is delayed due to Covid-19
Ventilator not correctly fitted to wall oxygen	Awaiting date	1 and 6	BHH	HSIB	Awaited – HSIB investigation as maternal death.
Inadvertent heparin bolus whilst changing syringe driver	Awaiting date	1	QEH	ISI	Reported awaited – no due date available in light of Covid-19
Missed diagnosis of fracture	Awaiting date	3	BHH	Executive RCA	Report awaited - no due date available in light of Covid-19

#### 4. Update on Serious Incidents (SIs) and Internal Serious Incidents (ISIs)

##### 4.1 Number of confirmed SIs, ISIs and Never Events for June 2020

	BHH	GHH	SH	QEHB	Other	Total
Never Events	0	0	0	0	0	0
Serious Incidents	1	1	0	2	0	4
Internal Serious Incidents	0	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>4</b>

#### 5. Board of Directors' Unannounced Governance Visits

##### 5.1 July 2020 visit

In light of the COVID-19 pandemic and response, the visit to Heartlands Hospital, scheduled for Thursday 23<sup>rd</sup> July, has been cancelled.

#### 6. Operational Performance Exception Reports

The following areas have been identified as material exceptions:

##### 6.1 A&E 4 Hour Waits

The Trust's internal performance in June improved by 0.8pp to 90.6% compared to previous month and is 22.1pp higher than June 2019. Heartlands and QEHB had an improvement in performance. However, overall attendances in the month remained low since the COVID-19 pandemic despite activity being 19.4% higher than the previous month. Compared to June 2019, attendances were 29.6% lower in the Trust and nationally fell by a third.

Overall, 3.3% of patients who attended A&E had a "COVID-19 like" presentation<sup>1</sup> with variations across the sites. Many of these patients are found not to have COVID once the swab results are available.

Heartlands had an improvement in both the average time spent in A&E and the overall performance. The overall performance for the site was 90.5%, which was its highest performance in the last four years. QEHB performance in June improved to 90.4%, whilst Good Hope deteriorated by 2.3pp to 89.3%.

There was one 12 hour trolley wait in June at Heartlands hospital. The patient had a mental health presenting complaint.

<sup>1</sup> "Covid-19 like" presentation used are: Upper respiratory tract infection; Lower respiratory tract infection; Lobar Pneumonia; Influenza; and Severe Acute Respiratory Syndrome Coronavirus.

Ask A&E activity contributed 0.4pp of the overall performance. All sites had increases in attendances during the month, with the figures displayed in the Table below.

Site	Daily Att's June 2019	Daily Att's May 2020	Daily Att's June 2020	Change Jun 19 to Jun 20	Change May 20 to Jun 20
QEHB	343.7	247.0	285.3	-17.0%	15.5%
Heartlands	427.7	240.5	332.1	-22.4%	38.1%
Good Hope	266.4	168.3	195.1	-26.8%	15.9%
Solihull	116.6	24.4	-	-	-
<b>UHB</b>	<b>1154.3</b>	<b>680.3</b>	<b>812.5</b>	<b>-29.6%</b>	<b>19.4%</b>

Ask A&E was used by 1,360 people during June, with a daily average of 45 users during the month. This was a drop of 32% users compared to May. Utilisation of people using the app during the month has remained low. Of these people, 855 (62.9%) were advised to use alternative providers rather than attend the hospital. The Table below has a summary of the outcome options and activity during the month.

Outcome	Frequency	% of Total
Advised to see dentist	14	1%
Advised to attend Ophthalmology Accident and Emergency department	10	1%
Advised to contact general practitioner; As soon as possible	334	25%
Advised to contact general practitioner; Within 48 hours	18	1%
Advised to contact general practitioner	72	5%
Advised to attend accident and emergency department	319	23%
Patient advised to contact emergency ambulance service as soon as possible	176	13%
Advised to contact optician	2	0%
Advised to contact pharmacist	26	2%
Patient not given advice	175	13%
Advised to self care	164	12%
Advised to contact genitourinary medicine clinic	3	0%
Advised to attend minor injuries unit	47	3%
<b>Total</b>	<b>1,360</b>	

## 6.2 RTT 18 Week Incomplete Pathways and Waiting List

18 week referral to treatment performance continues to deteriorate overall with performance at 61.5%. All specialties had deterioration in performance.

Cancellations of elective and outpatients appointments in response to COVID-19 continue to significantly affect current and future performance. This resulted in the number of 52 week breaches in May increasing to 355 with the size and growth rate significantly increasing week by week. A new clinical prioritisation process is in place with weekly meetings to ensure that patients who most urgently need treatment have first access to the limited surgical capacity available. Theatre capacity is increasing month by month and this is reviewed weekly.

Weekly reports of long waiters are sent to all specialties to ensure they are being managed appropriately. Operationally, this includes continuously managing the patients on the waiting list and engaging with the CCG and NHSE/I accordingly. The number of patients waiting longer than 40 weeks will continue to increase over the next few months whilst we have limited capacity. Patients will continually be monitored and reviewed and the most clinically urgent patients will be treated first. There are plans to increase operating and outpatient appointments. Increasing face to face appointment

capacity is being worked on throughout the trust making sure we are in accordance to current social distancing rules and guidelines.

The waiting list size fell by 2,690 in May, mainly due to a reduction in patients waiting less than 18 weeks. Referrals into the Trust continue to be low, although referrals in May were 24.4% higher than the previous month. As the number of referrals from primary care increases, we are working on plans with the CCG and NHSE/I to manage this increase. Validation of Appointment Slot Issues (ASIs) is currently being undertaken as well as some patients being managed differently. Instead of surgical options, some patients are now being medically managed. Urgent cases are being referred and seen to however, more mild conditions or exploratory referrals are not being referred in as yet.

### 6.3 Cancer Targets

Performance for both Cancer 62 day GP referral and screening standards fell to 45.1% and 55.6%. National performance also followed a similar trend with performance for both cancer standards deteriorating to 69.9% and 47.9%, respectively. The 31 day first treatment improved by 3.3pp to 91.3% whilst subsequent surgery improved to 95.9%, with the performance above the national target.

The majority of pathways continue to be affected by the impact of contracted capacity in diagnostics and elective theatres, although there remain process for clinical prioritisation and safety netting of patients that can be safely deferred. All cancer services are being prioritised in line with the trust-wide approach to maximising theatre capacity in order to ensure most urgent cases are treated irrespective of waiting time. Elective capacity is now opening back up, albeit at reduced levels with cancer patients likely to make up the majority of the high-priority elective surgery cohort.

## 7. **Quarter 1 Review of the 2020/21 Strategy Implementation Plan**

When work began on developing the strategy implementation plan for 2020/21 COVID-19 had never been heard of and the plan was finalised before the current pandemic was declared. The pandemic has both necessitated and facilitated change across the organisation at a faster pace than ever before and at a very significant scale. Much of this activity was already reflected in the plan for 2020/21 and was accelerated, however some was brought forward from for future years. In addition, some activities included in the plan have not been progressed in the original planned timescale because other things were prioritised or because capacity was limited.

A comprehensive review of the plan was considered however it is clear that this is not the right time to do this whilst the second phase of the response to COVID-19 is still underway and the Trust needs to retain the flexibility to further change its response, if needed. This paper has therefore kept the existing format of an update against the existing plan but an additional section has been added focussing on the changes in activities and future priorities in a number of key areas.

## 7.1 Changes in the Policy Landscape over the Last Quarter

Clearly the national focus over the last quarter has been on the response to COVID-19 however in recent weeks has indicated that it wishes to see more of a focus on restoration of services. At the beginning of July NHS England restored parts of its performance management regime that had been suspended since the beginning of the pandemic by reintroducing some central returns. One of these is the RTT tracking list which has been reintroduced to enable “oversight of waiting lists and waiting times, particularly for the longest waiting patients”. The letter said that work is expected to be undertaken “at a system level, to allow greater sharing of demand and capacity across system footprints”. Further details of Phase 3 of the NHS’s response are due later in the year. These will include asking the NHS to put in place robust plans for the rest of this year – including winter planning, ongoing recovery of NHS services, and ensuring sufficient surge capacity remains in place to deal with any resurgence of covid-19.”

NHS contracting for the first four months of 2020/21 has been based on block payments to ensure certainty for providers during the initial phases of the pandemic. In addition, at the beginning of April the DHSC announced a write-off of historic debt resulting from interim support with the intention of NHS providers becoming more financially sustainable. UHB’s total debt, both in absolute terms, and as a percentage of income, was low compared to many other providers. A revised financial approach for month 5 onwards is currently awaited but is likely to again take a more system based approach to support the system-based performance regime.

## 7.2 Key developments relating to the 2020/21 Implementation Plan resulting from COVID-19

As has been detailed above, some changes in prioritisation of projects have resulted from the COVID-19 pandemic. This includes activities that have been brought forward from later periods and new activities not previously included in the plan. The most material of these relate to four groups of objectives outlined below, alongside other areas of progress against those objectives:

### **Transformation of Services (Objectives 2 & 10)**

- Significant temporary reconfiguration of services including:
  - Closure of Solihull Minor Injuries Unit and inpatient medicine
  - Reconfiguration of trauma services
  - Establishment of Solihull as cold elective site
  - Reconfiguration of QEHB to separate elective and emergency pathways
  - Redesign of emergency pathways and reconfiguration of assessment areas
  - Move of Heartlands and Good Hope SAU
  - Move of Vascular inpatient services to Heartlands
- Upcoming move of Thoracic Surgery to QEHB
- Establishment of Division 7 to consolidate management of out of hospital services
- Further development of divisional devolution including the relationship with Senior Responsible Clinicians

### **Workforce (Objectives 11-14)**

- Large scale roll-out of home working at much accelerated pace compared to plan
- Provision of virtual training
- Introduction of new and enhanced ways of communication across the organisation (e.g. videos and webinars)
- Increased and ongoing focus on staff wellbeing including commissioning a sustainable psychological offer for staff
- Continuing to develop a culture where all staff are treated fairly even under current pressure
- Using opportunities with staff displaced from other employment sectors and the adoption of digital ways of working for recruitment

### **Digital (Objectives 5 & 6)**

- Widespread adoption of VPN and videoconferencing
- Changes to collaboration tools to facilitate distributed working – planned adoption of Microsoft Teams and Sharepoint
- Changed timescale for delivery of PICS at Solihull to support elective pathway
- Adoption of new communication tools e.g. Vocera on Critical Care.

### **Research & Innovation (Objectives 17-19)**

- Changed focus to support trials that allow evidence gathering around COVID-19
- Establishment of DECOVID partnership to answer clinical questions using data from data-mature hospitals
- Cross-site, cross-team working has been facilitated in new ways
- Delivery of antibody testing for staff
- Leading testing of ventilators has spread knowledge of role of Trauma MIC and MD-TEC
- More focus on pragmatic trials that open, recruit and close quickly

#### **7.3 Key updates against the 2020/21 plan**

In addition to the areas highlighted above, key areas of progress are outlined in Appendix 2. This is not intended to be an exhaustive overview of progress against the plan but instead provide a snapshot of some key activities against the strategic objectives over the past three months.

## **8. Recommendations**

The BOARD OF DIRECTORS is requested to:

**Accept** the report on operational and quality performance and the Strategy Implementation Plan.

**Mark Garrick**  
**Director of Strategy and Quality Development**  
**23 July 2020**

