Clinical Quality Monitoring Group

UHB Integrated Quality Report

Contacts:	**Sylvie Bidonde, Justin King**
Context:	**Routine report covering incidents, complaints, PALS and claims**
Recommendation:	**For assurance**

University Hospitals Birmingham
NHS Foundation Trust

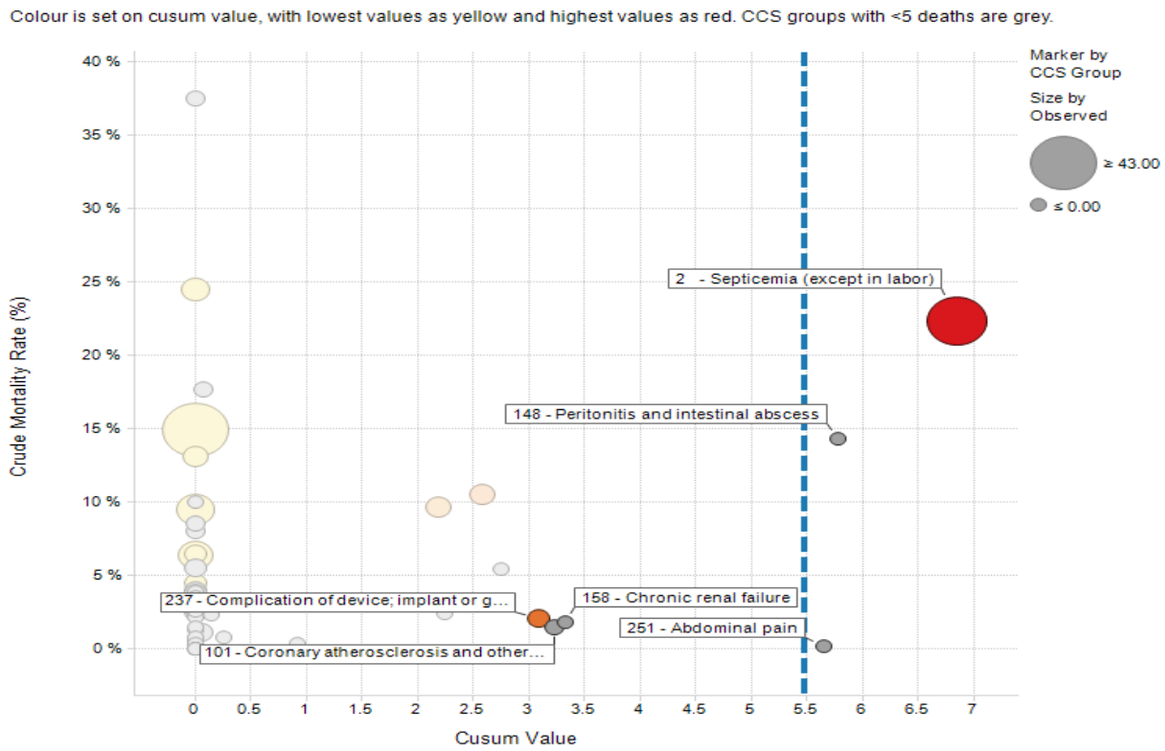
INTEGRATED QUALITY REPORT

Report to Trust Board July 2021

Data to end of May 2021

Learning from Deaths

CUSUM

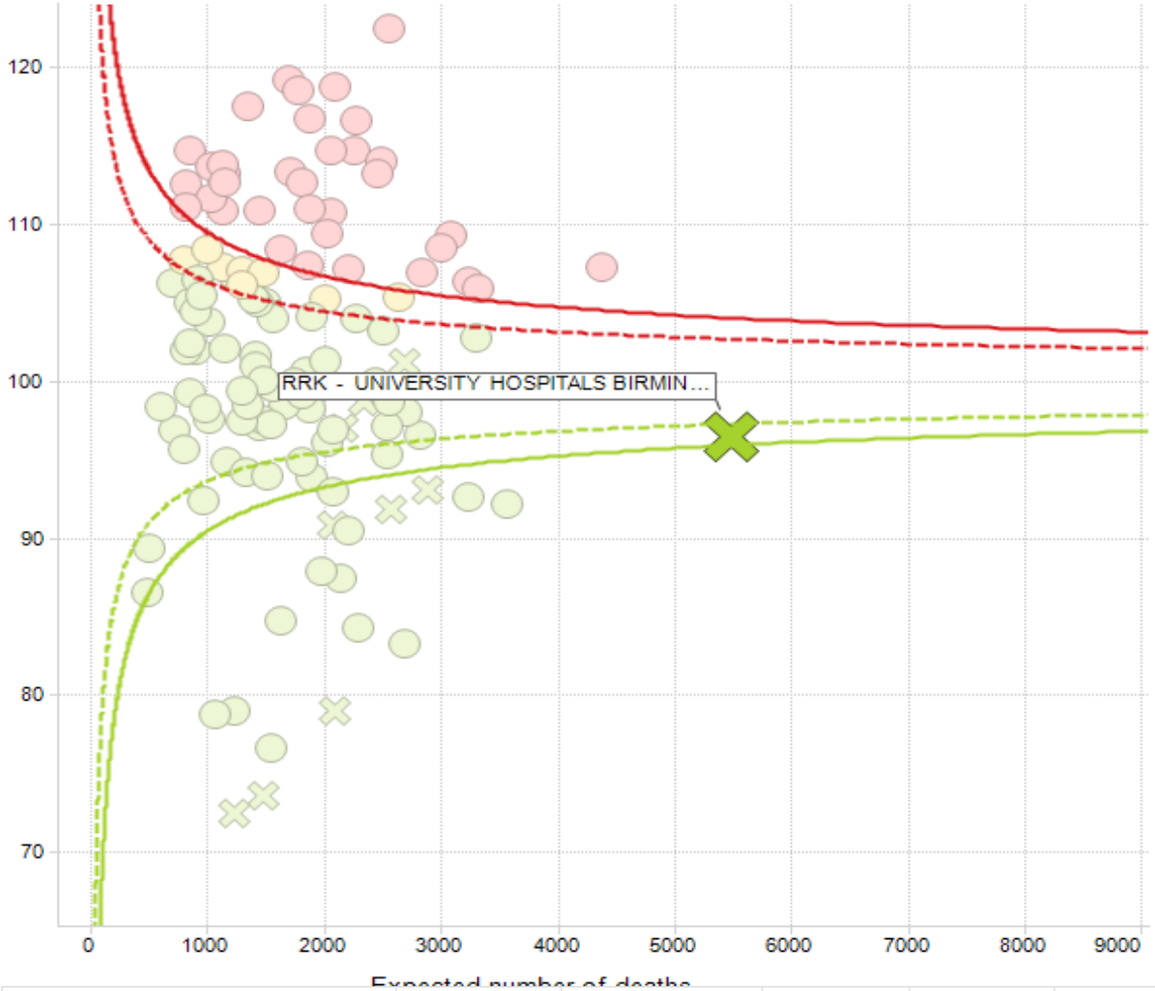


March 2021 Cusum:

CCS Group	Number of Expected Deaths	Number of Observed Deaths	Excess deaths	Type	CCS group	Number of deaths in 12 months
158 - Chronic renal failure	0	1	1	Higher then expected	HSMR group	10
237 - Complication of device; implant or graft	3	6	3	Higher then expected	HSMR group	49
251 - Abdominal pain	0	1	1	Trigger	HSMR group	3
101 - Coronary atherosclerosis and other heart disease	1	3	2	Higher then expected	HSMR group	27
2 - Septicemia (except in labor)	31	39	8	Trigger	HSMR group	348
148 - Peritonitis and intestinal abscess	1	2	1	Trigger	HSMR group	9
Total	37	52	15			446

- CUSUM statistical process control techniques are commonly applied to mortality monitoring to detect changes in mortality rates over time. The CUSUM value increases when patients die and decreases when they survive.
- Triggers are identified by CCS group, based on primary diagnosis in the first episode of care. However, if the primary diagnosis is a vague symptom or sign we look to the second episode (of a multi-episode spell) to derive a diagnosis
- Diagnoses with similar conditions are grouped together known as clinical classification systems (CCS).
- The CUSUM is based on hospital standardised mortality ratio (HSMR) which is standardised mortality ratio on.
- 3 CUSUM triggers identified in March 2021 and 3 higher than expected. These are reviewed by the Clinical Governance Team, presented to CQMG and cases are escalated as appropriate.

Summary Hospital-level Mortality Indicator (SHMI)



SHMI March-20 to February-21

Treatment Site Name	SHMI	Expected number of deaths	Number of patients discharged who died in hospital or within 30 days	Number of total discharges	Crude mortality rate	Obs. - Exp.
RRK15 - QUEEN ELIZABETH HOSPITAL	99	2235	2218	51916	4.27%	-17
RRK97 - HEARTLANDS HOSPITAL	100	1782	1775	67535	2.63%	-7
RRK98 - GOOD HOPE HOSPITAL	91	1286	1171	41590	2.82%	-115
RRK99 - SOLIHULL HOSPITAL	63	174	109	10217	1.07%	-65
Grand total	96	5486	5292	172185	3.07%	-194

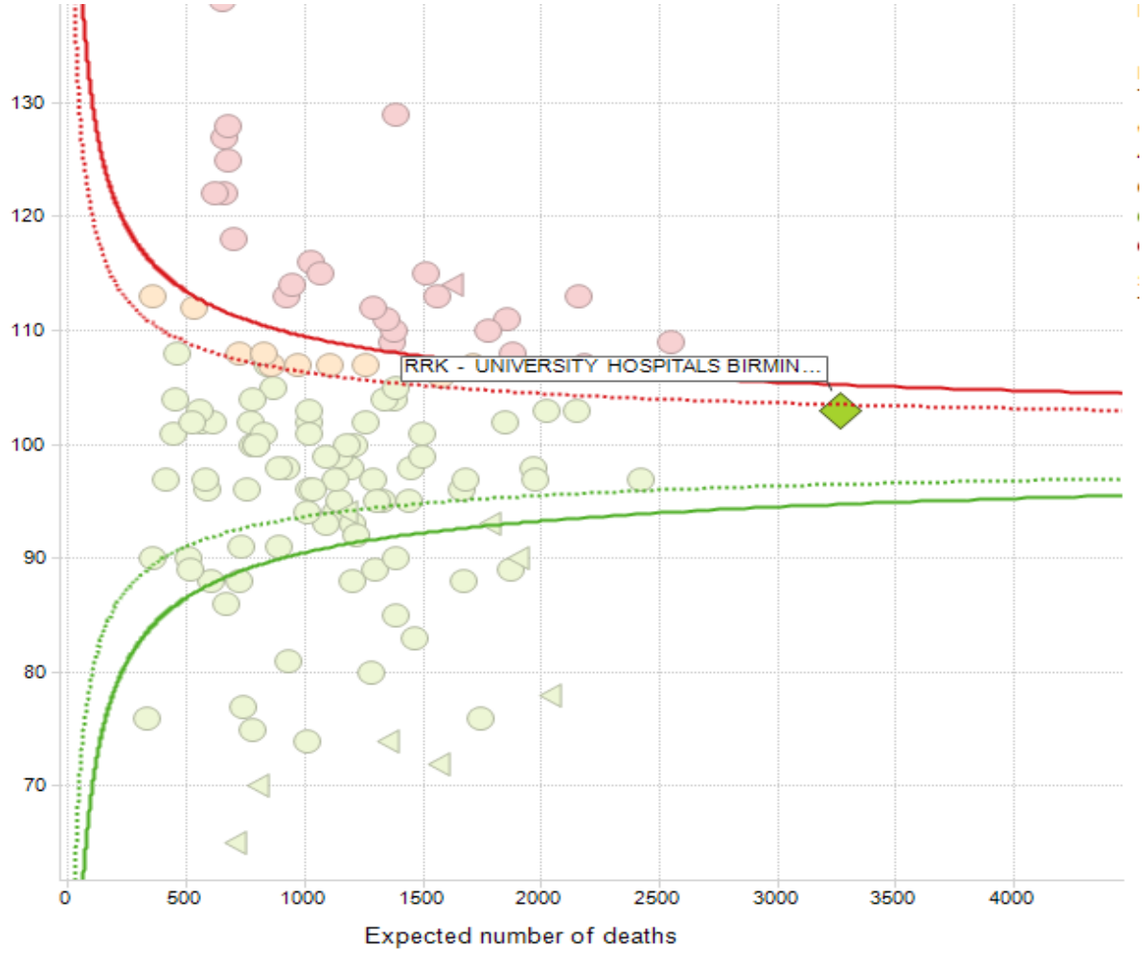
UHB SHMI from March-20 to February-21 was 96 due to 5292 observed mortalities compared to 5485 expected.

The SHMI is a ratio of observed deaths in a trust over a period time divided by the expected number based on the characteristics of the patients treated by the trust. SHMI includes deaths which occur within 30 days of discharge, including those which occur outside hospital.

An average hospital will have a SHMI around 100; a SHMI greater than 100 implies more deaths occurred than predicted by the model but may still be within the control limits. A SHMI above the control limits should be used as a trigger for further investigation.

The X symbol indicates Shelford trusts.

Hospital Standardised Mortality Ratio (HSMR)



April-20 to March-21 HSMR

Treatment Site	Number of discharges	Expected number of deaths	Number of deaths	HSMR	Crude mortality rate	Obs. - Exp.
RRK15 - QUEEN ELIZABETH HOSPITAL BIRMINGHAM	29259	1412	1344	95	4.59%	-68
RRK97 - HEARTLANDS HOSPITAL	27910	1056	1180	112	4.23%	125
RRK98 - GOOD HOPE HOSPITAL	20725	725	808	111	3.90%	83
RRK99 - SOLIHULL HOSPITAL	9144	55	27	49	0.30%	-28
Grand total	91398	3267	3379	103	3.70%	112

UHB HSMR between April-20 to March-21 was 103 due to 3379 observed mortalities compared to 3267 expected.

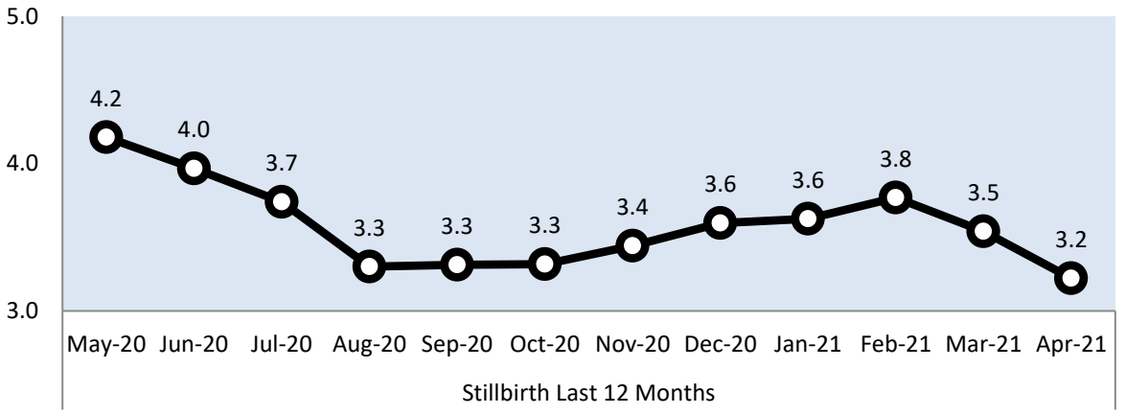
The HSMR is a ratio of observed deaths in a trust over a period time divided by the expected number based on the characteristics of the patients treated by the trust. HSMR includes deaths which occur within the hospital.

An average hospital will have a HSMR of around 100; a HSMR greater than 100 implies more deaths occurred than predicted by the model but may still be within the control limits. A HSMR above the control limits should be used as a trigger for further investigation.

The ◄ symbol indicates Shelford trusts.

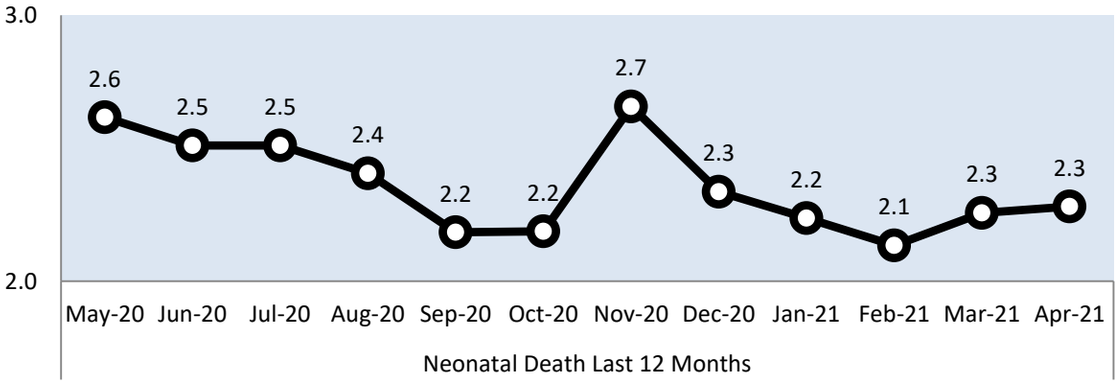
Perinatal Mortality

The following graphs demonstrate how University Hospitals Birmingham is performing against the national ambition.



Stillbirth rate

The national average for stillbirth rates is 3.7 per 1000 births and 2.1 per 1000 births for neonatal death rates (for Trusts with Level 3 Neonatal units).



Neonatal Death Rate

This data demonstrates that the neonatal death rate has remained the same in April and is 2.3/1000. Positively there has been a further decrease in the still birth rate last month which has fallen from 3.5/1000 in March to 3.2/1000. All relevant cases have been reported to MBRACE.

Inquests

Adverse/significant Inquest conclusions

Theme	Inquest Date	Division	Location	Investigation	Outcome
Delay in surgery and failure to recognise post-op deterioration	25/05/2021	4	QEH	ISI	Narrative conclusion – death was a consequence of recognised complications of necessary complex surgery for cancer treatment.

Pending complex inquests

Theme	Inquest Date	Division	Location	Investigation	Status
Fall on ward resulting in injury combined with possible over anticoagulation	06/05/2021- moved 20/07/2021	5	BHH	Falls RCA and SI	Awaited
Failure to identify bradycardia/pause on continuous ECG monitoring	22/07/2021	2	GHH	SI	Investigation complete
Perforation secondary to ERCP	10/08/2021	4	GHH	Complaint	Awaited
Pressure ulcer management	26/08/2021	3	QEH, GHH, SH	Complaint and concise PU RCA	Awaited
Fall on ward with fracture	31/08/2021	3	BHH	Falls RCA	Awaited
Appropriateness of dose of anticoagulation	02/09/2021	3	QEH	SI	Awaited
Failure to recognise deteriorating patient	06/09/2021	2	QEH	SI	Awaited
Fall on ward with fracture	16/09/2021	2	BHH	Falls RCA	Awaited

Since May 2021, two further adverse/significant inquests have occurred:

- Food given to nil by mouth patient resulting in aspiration: Narrative conclusion – the patient died from aspiration pneumonia contributed to by the removal of his oxygen mask whilst eating cornflakes
- Unwitnessed fall resulting in head injury: Accidental death. Coroner issued a Reg 28 Report as he had on-going concern in relation to there being an inadequate supply for mobility aids for patients within the ED at GHH and that it was unclear who was taking responsibility for procurement of the aids.

Inquests – Regulation 28 actions update

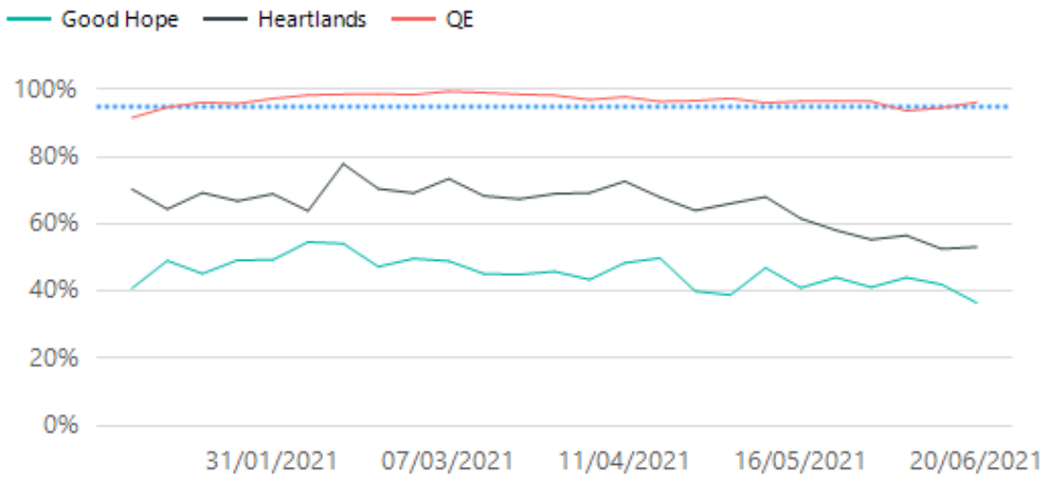
Date Report Received	Site	Issue identified	Action Owners	Action plan progress
April 2017	BHH	Calculation and escalation of early warning scores.	Emergency Medicine	NEWS2 has now superseded MEWS and is on PICS for QEHB, and paper copies for HGS sites. Awaiting PICS to be rolled out across BHH site- Once this is completed, the final action can be closed off.

There is one Regulation 28 Action Plan currently being monitored. This was raised in 2017 (historical HEFT action plan) and we are awaiting the roll out of PICS across BHH to close the final action.

No further Regulation 28 reports have been raised.

Quality Indicators

Observations – within 15 minutes of arrival

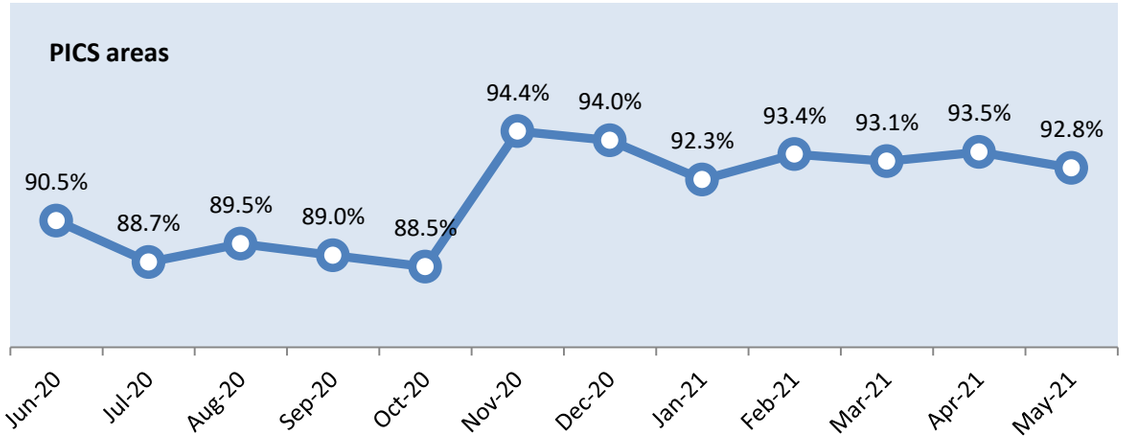


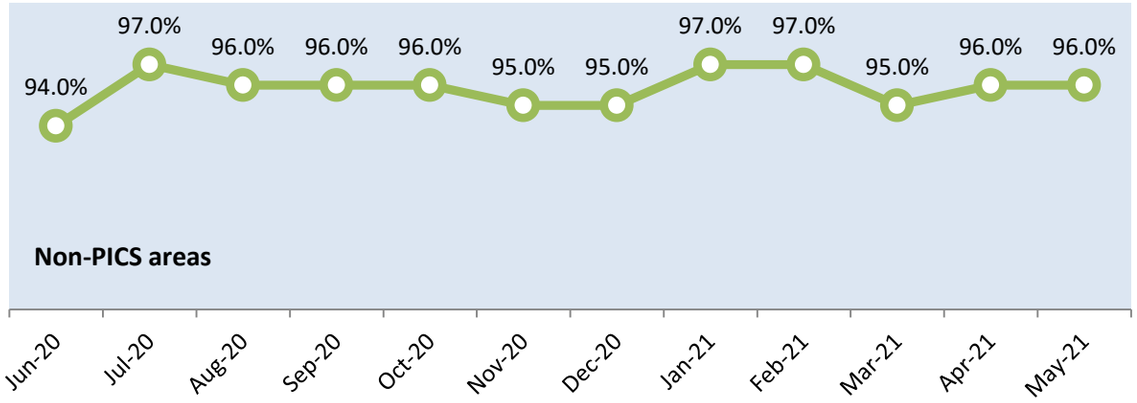
Initial assessment within 15 minutes

At present, the QE site and those at Heartlands and Good Hope are using differing criteria to measure 15 minute assessment times within the Emergency Departments. This is due to be aligned in late 2021 where a direct comparison between the sites will be possible.

	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21
QEH	97%	97%	97%	95%	94%	96%	99%	98%	97%	96%
GHH	54%	51%	49%	52%	51%	48%	51%	46%	44%	43%
BHH	68%	63%	67%	71%	67%	68%	70%	69%	68%	60%

Inpatient observations and pain assessment





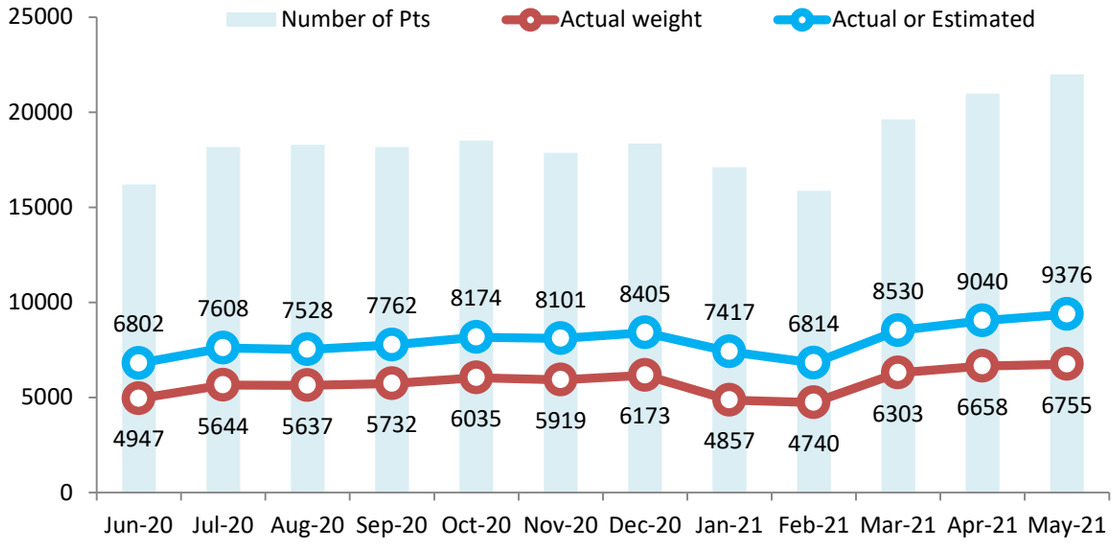
Observations and Pain

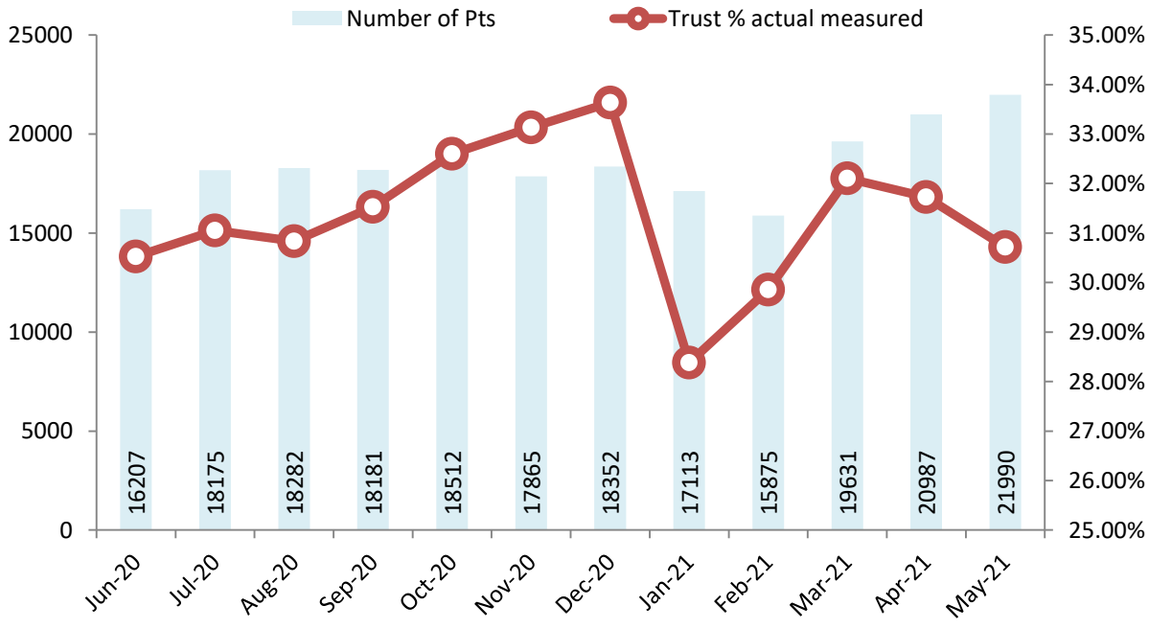
Performance against the number of patients receiving observations and pain assessment within six hours of admission is currently available for the Queen Elizabeth Hospital (QEH) and Solihull Hospital (SH) sites. A planned roll out of Prescribing and Information Communication System (PICS) commenced during April at Heartlands site. Consistent figures across the whole Trust will follow with the implementation of PICS at all sites. May performance decreased to 92.80% and has not achieved the Trust target of 95%. Despite this, the trend line for the previous 12 months shows that performance overall has improved

Observations assessment

At the Heartlands and Good Hope Hospitals the proportion of patients receiving an observations assessment is assessed each month as part of the Care Quality Metrics. Solihull Hospital merged onto the Prescribing and Information Communication System (PICS) system in April. Whilst some wards have started to migrate, the majority of BHH and all GHH hospital sites will continue with Care Quality Metrics, until the PICS go live date due by July 2021. Performance against this indicator remained static to 96% for May 2021 and achieved the 95% target. The trend line for the previous 12 months shows a slight increase in performance.

Actual vs estimated weight



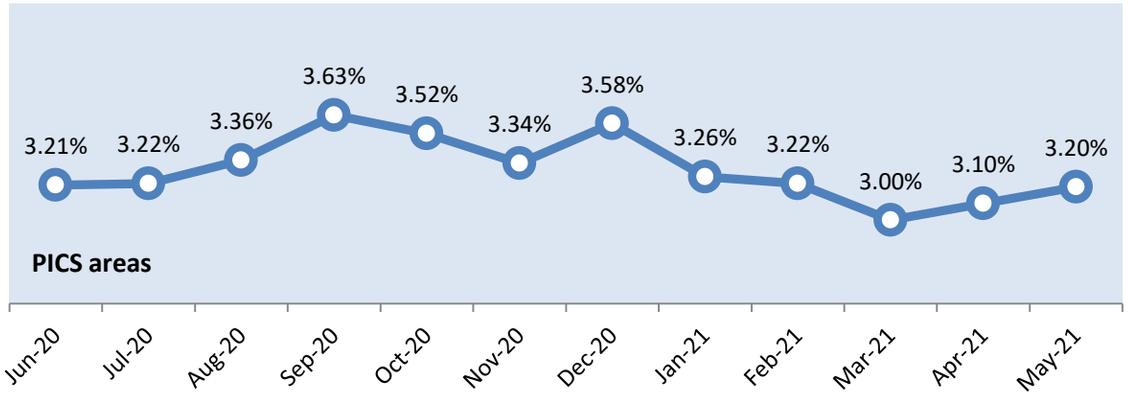


Nutrition and hydration are key components of effective, safe care. They have been highlighted through incidents and audit as requiring focus to ensure best practice and promote recovery and wellbeing of our patients. They have been identified as one of the Trusts Quality accounts for 2021/22 and thus the baseline indicator of patient weight has now been incorporated into the care quality report. Weight is also a key measure for the safe prescribing and administration of many medications.

The first graph shows the number of patients admitted to the wards using PICS and the number of patients that had their actual weight recorded, and the number that had their actual weight or estimated weight recorded

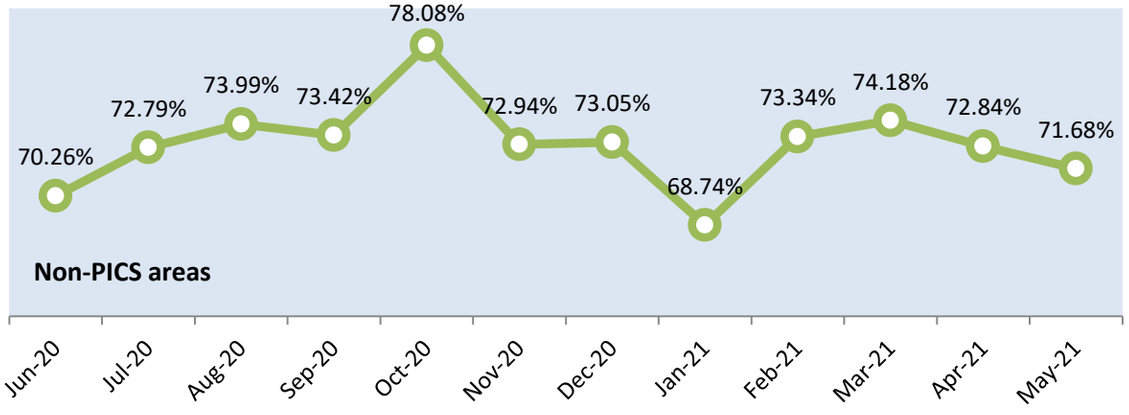
The second graph shows the number of patients across the Trust and the percentage of patients who had their actual weight recorded.

Medicines management



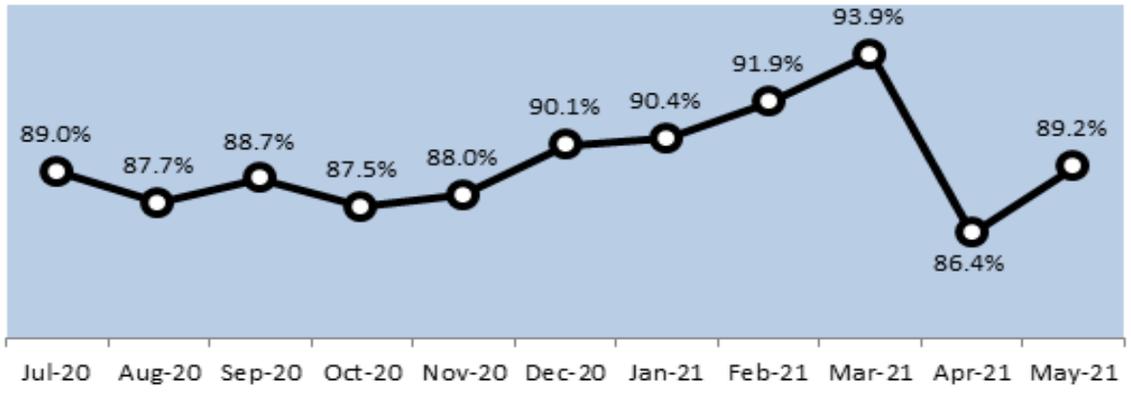
Omitted Drugs – Antibiotics

Consistent figures across the whole Trust will follow the full implementation of PICS at Heartlands and Good Hope Hospitals. In May 2021 with the omitted drugs percentage increased to 3.20%, and has not achieved the Trust target of 2% or less. The trend line for the previous 12 months showed performance is increasing with the percentage of omitted drugs falling. The Trust Non-Medical Prescribing Lead will provide an update on the findings from the antimicrobial steering groups.



Antibiotic STAT Doses

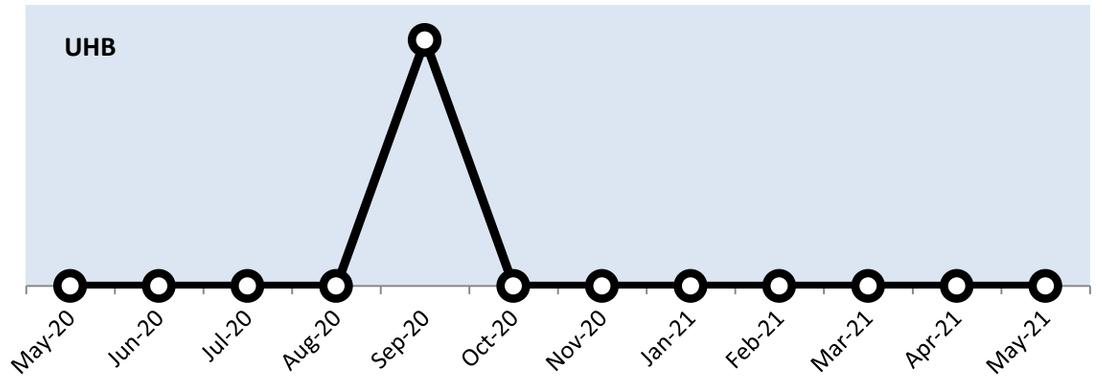
Since the review highlighting the key issues inhibiting achieving performance and local actions being implemented and managed through Divisional Quality and Safety meetings, performance has positively started to improve. However May's data demonstrates a decrease in the percentage of timely doses administered, although there were no missed doses of stat antibiotics.



Wristband compliance

After issues around medication administration were identified through the Clinical Dashboard Review Group (CDRG), wristband ID scanning was recognised as a concern. This has led to a focus on improving overall performance and shared learning from the Divisions at the CDRG. Despite a fall in April, performance increased in May to 89.2%, and the trend overall is performance is improving.

Other indicators



Sleeping Accommodation Breaches

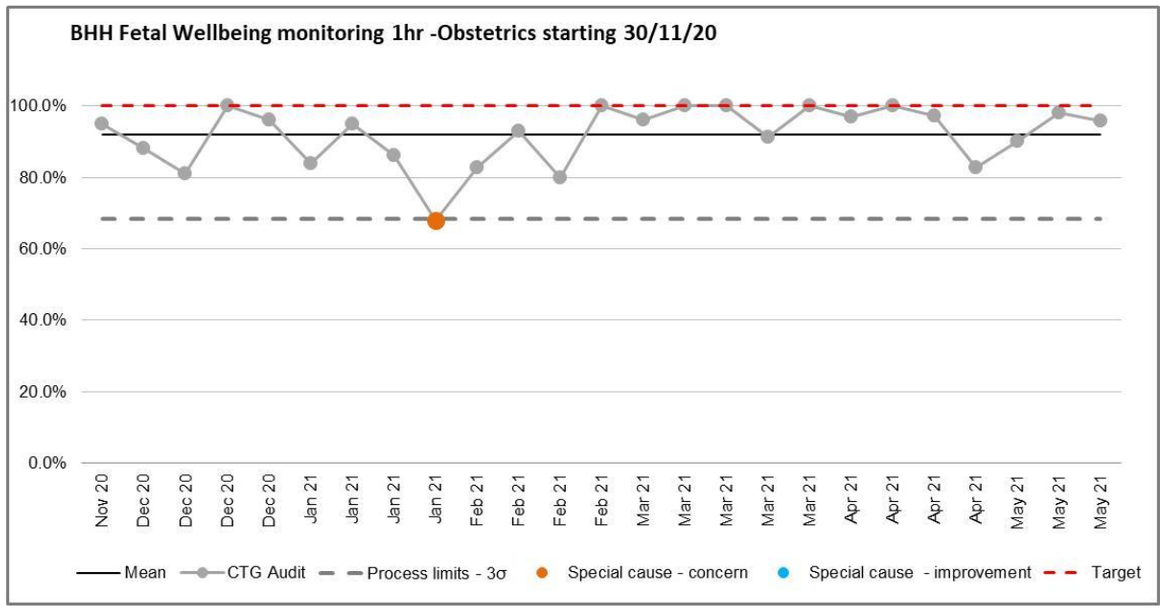
There were no sleeping accommodation incident breaches reported in May 2021. This represents 8 months without a breach, since September 2020.

Hospital passports

During May, of the 139 patients triaged, 8 patients refused to have a passport completed and 8 patients were discharged within 24 hours of being admitted. Of these 103 (84%) were completed within the 24-hour Standard set.

UHB Totals	March 2021	April 2021	May 2021
Brought in by patient	3	6	9
Completed in hospital	149	128	114
Passports completed	99%	99%	100%

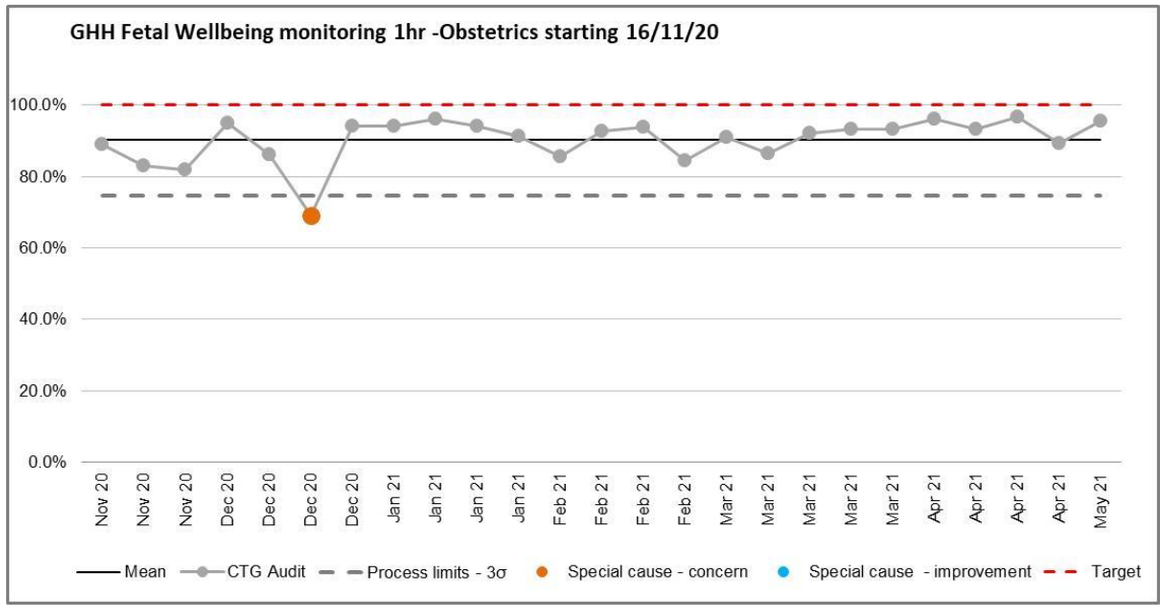
Maternity



UHB provides Obstetric care to over 9000 women a year. The service monitors it quality and safety through production boards which encompass a range of metrics visualising the current position against specific KPIs. The Ockenden report makes system wide suggestions and recommendations for action to improve maternity care starting with seven immediate and essential actions. This section will focus on two of those;

- 12.1 Staff training and working together
- 12.2 Monitoring fetal wellbeing

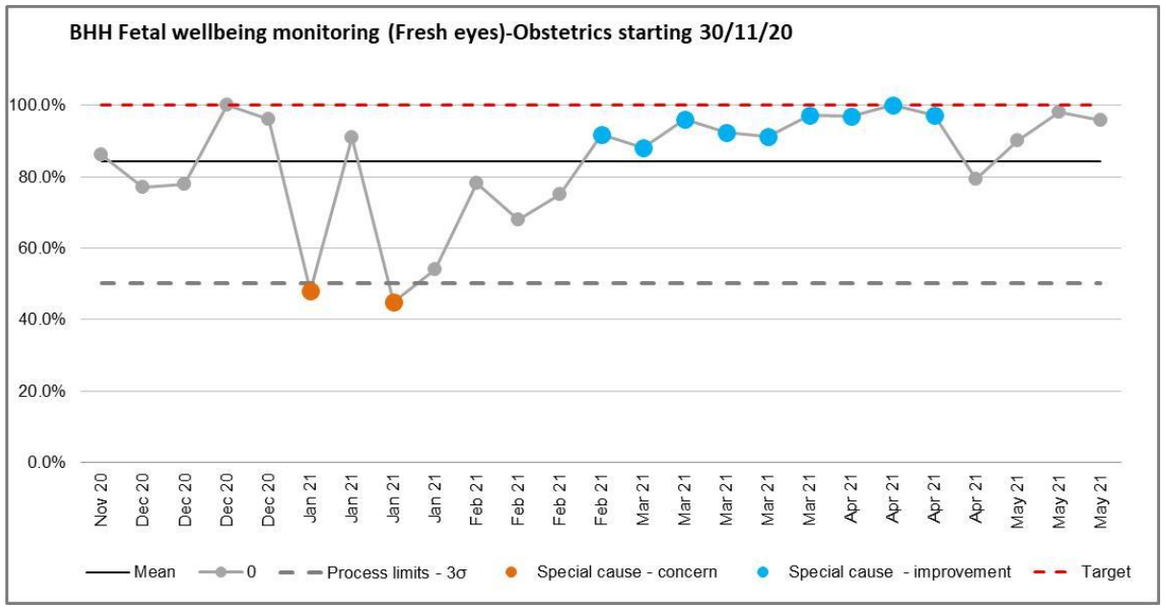
Weekly audits are undertaken within the maternity departments regarding fetal assessments.



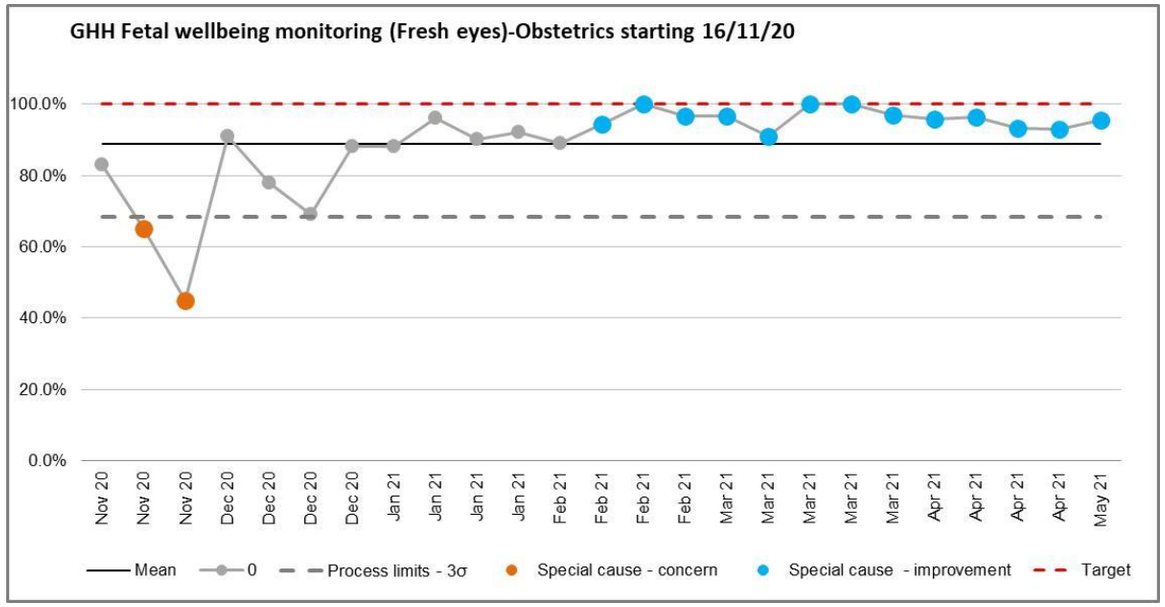
The year to date performance for the Heartlands site was 91.9% for Cardiotocography (CTG) monitoring, and

The Good Hope site performance for the year to date is 92.1% for CTG monitoring.

Maternity



BHH achieved 87.9% for a second assessment by a member of staff with “fresh eyes”. Currently this is below the Trust target of 95%



GHH achieved 90.5% for an assessment by another member of staff. This is below the Trust target of 95%.

Central Alerting System (CAS) activity, including National Patient Safety Alerts (NatPSA)

CAS Alerts

Type of alert	Alerts received	Linked to COVID-19?	Alerts closed	Currently open	Overdue
Chief Medical Officers Alert	0	0	0	0	0
Estates Alert	0	0	0	0	0
Patient safety alert	1	0	2	1	0
Supply Disruption Alert	0	0	0	1	0
Total	**1**	**0**	**2**	**2**	**0**

New National PSAs received this month:

- NatPSA/2021/002/NHSPS Urgent assessment/treatment following ingestion of ‘super strong’ magnets.

  Issued 19/05/2021, Deadline 19/08/2021

  Initial meeting held with lead, SOP to be developed with ED, radiology, paediatrics and surgery using RCEM best practice guide. A draft has been commenced, the actions need to be implemented promptly as the alert has a short deadline.

Closed National PSA’s this month:

- NatPSA/2020/006/NHSPS Foreign body aspiration during intubation, advanced airway management or ventilation. The switch to compliant ECG electrodes Trust wide has been completed. Closed 24/05/2021
- NatPSA/2020/005/NHSPS Steroid Emergency Card to support early recognition and treatment of adrenal crisis in adults. Moodle training package in development. Changes to be built into PICS on going project. Closed 12/05/2021

Closed National PSA’s with ongoing actions:

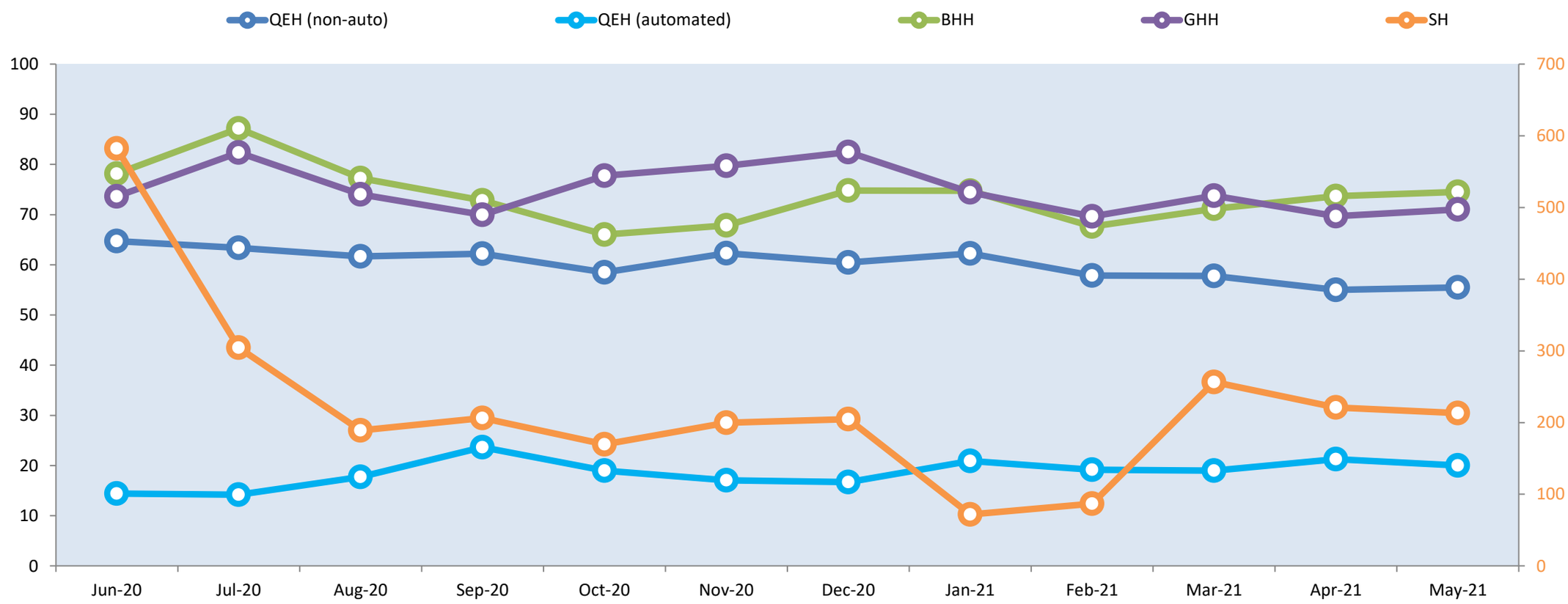
Nine

Other CAS alert related issues:

Nil

Incidents and Harm reporting

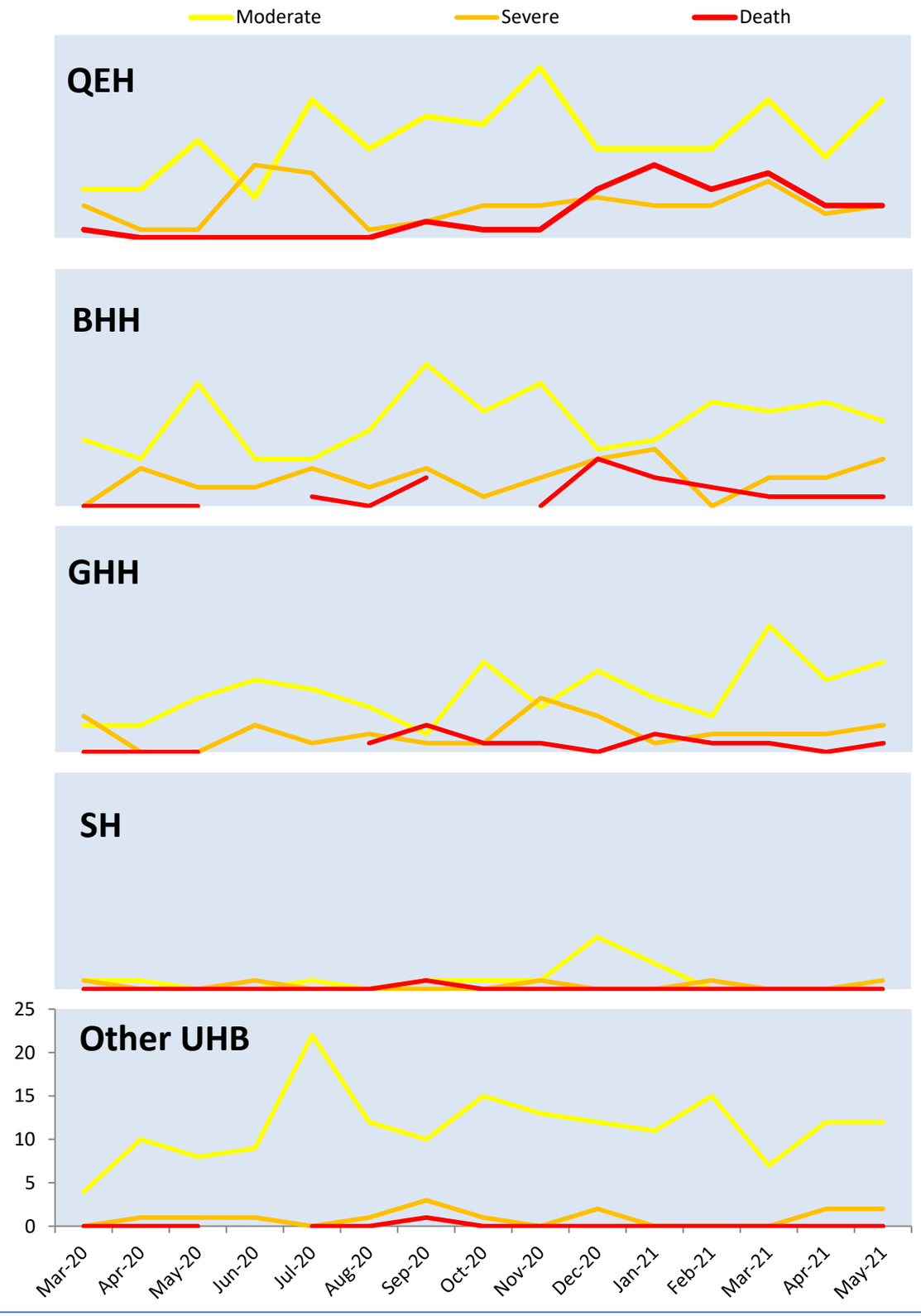
Incident reporting: rate per 1,000 bed days



Comments: UHB reporting rates per site have remained consistent during April and May 2021, The rate has returned to levels similar to the pre COVID-19 period. During May QEH reported 2,645 incidents, BHH reported 1,538 incidents, GHH reported 1,071 incidents, SH reported 165 incidents and Other UHB sites reported 372.

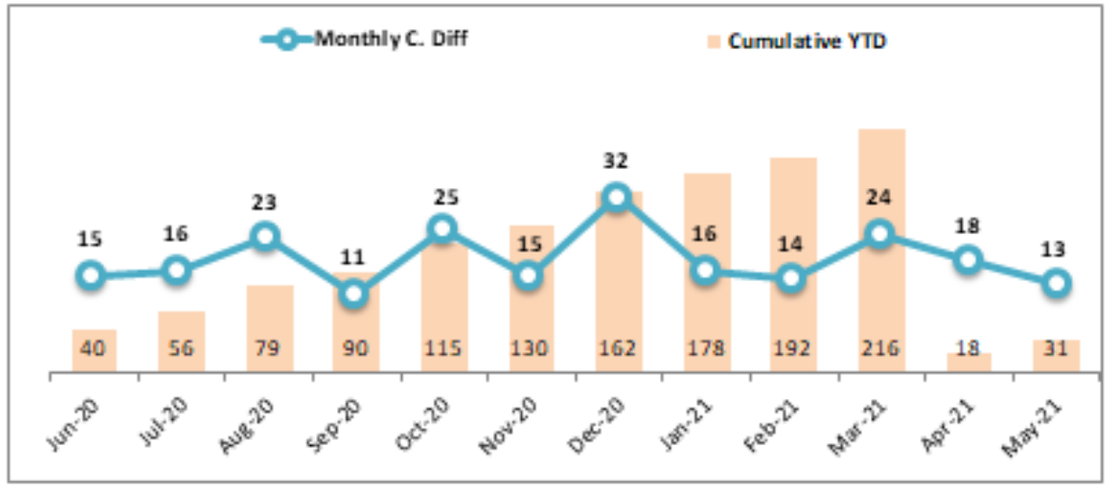
Note: SH rate plotted on secondary axis. SH bed days decreased significantly due to services being wound down in May 2020 for service reconfiguration. Incidents continued to be reported due to issues such as pre-operative testing problems and the arrivals at the closed MIU, resulting in an artificially high rate. The rate has reduced since Jun 2020, but has continued to be higher than the other sites due to ongoing reduced bed days and issues relating to the configuration of the site

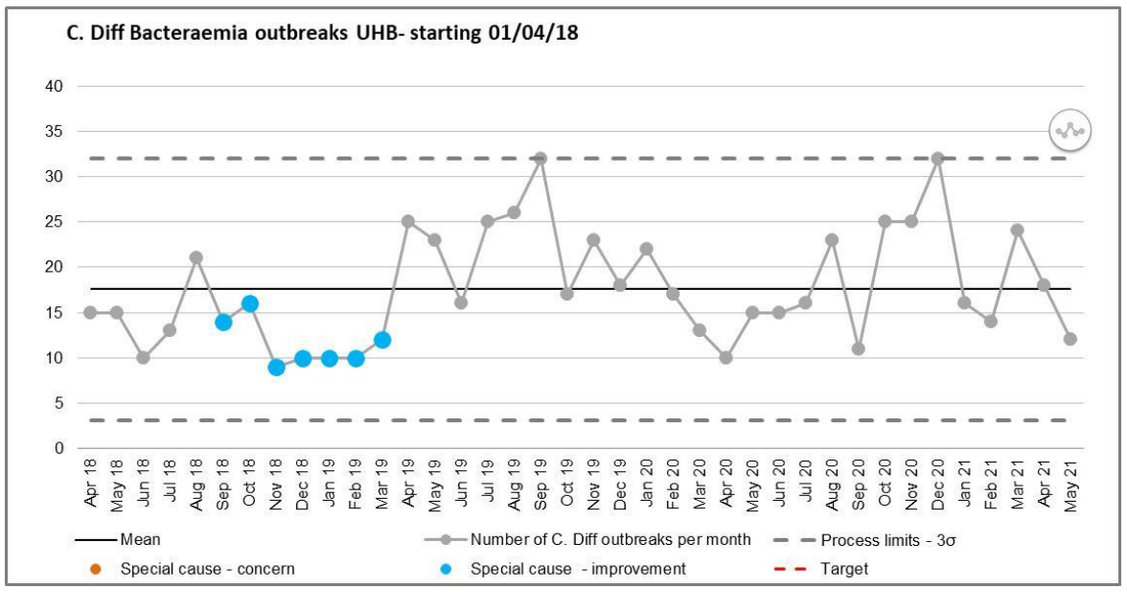
Incident reporting – level of harm per site



Comments: These graphs show a breakdown of incidents by site and level of harm for incidents which were moderate or above. During May 21 across UHB 1.19% (69) of incidents were initially graded as moderate, severe, catastrophic /death, slightly increased from 1.06% (56) in April 2021. 6 incidents were reported with a severity of death, and 15 with severe harm. Incidents resulting in staff or public harm are followed up with the appropriate line manager via Health and Safety. Incidents resulting in moderate, severe or death to patients are followed up with the appropriate manager and where relevant escalated to the Clinical and Professional Review of Incidents Group (CaPRI) to determine if the incident should be investigated as a Serious Incident (SI), internal SI or investigated by the division.

Infection Prevention and Control - C.Diff and MRSA





Methicillin-resistant Staphylococcus aureus (MRSA) Bacteraemia: 2 (one trust apportioned 2021/22 YTD)

Number of post-48 hour C. difficile monthly cases year to date

The annual objective for *Clostridioides difficile* infection (CDI) for 2021/22 at UHB is 250 Trust Apportioned cases. In May, UHB had 8 Trust Apportioned, and 5 Community onset healthcare associated cases, which was a decrease compared to a combined 18 in April. The Trust numbers of *C. difficile* remain below the target trajectory and will be in part due to the COVID-19 pandemic, with community cases not presenting to the Trust.

Antimicrobial stewardship remains the biggest challenge in *C. difficile* prevention.

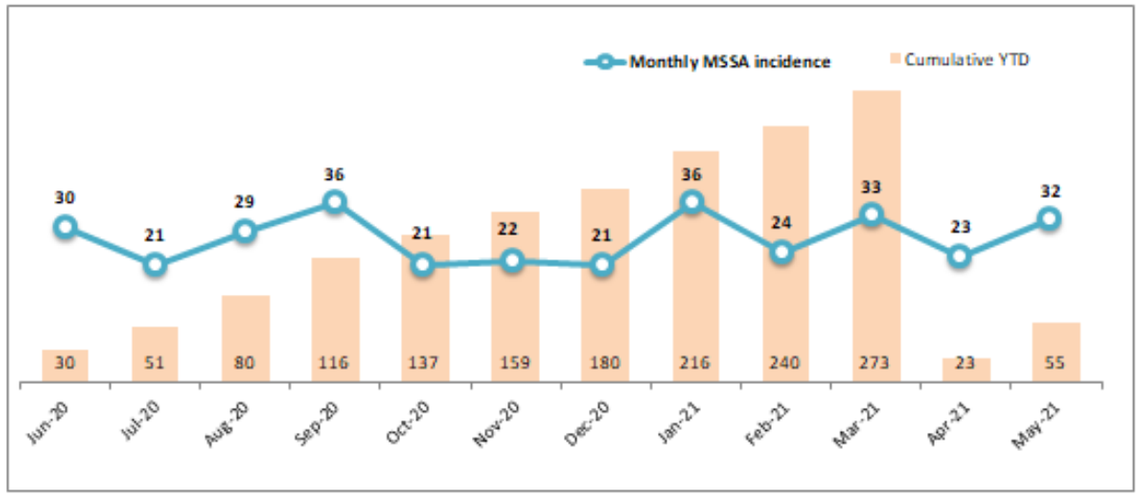
The Trust wide Antimicrobial Stewardship Group has developed its strategic intentions to deliver effective antimicrobial stewardship across UHB. A new antimicrobial pharmacist has been employed by the Trust to continue to work on delivering the strategic intentions of the Antimicrobial Stewardship Group.

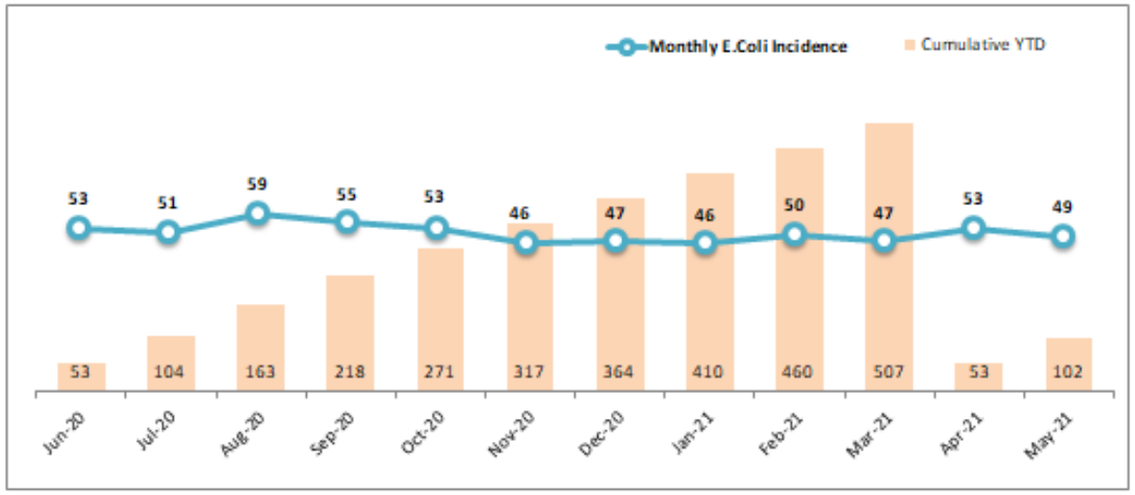
The SPC chart shows progress over the last 32 months plots periods of improvement and concern. This is shown by 7 consecutive totals being above or below the total mean.

The annual objective for *Clostridioides difficile* infection (CDI) for 2021/22 at UHB was 250 Trust apportioned cases.

There were two MRSA bacteraemias identified during May at UHB, one of which was Trust Apportioned on W624. The learning for this was around optimising documentation for line care and ensuring colonised patients have empirical MRSA cover when septic.

Infection Prevention and Control





Infection Prevention and Control – COVID-19

Site	Sept 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Total
QEH	1	5	13	19	10	2	1	0	0	**51**
BHH	2	6	7	13	3	5	2	0	0	**38**
GHH	0	4	7	6	4	9	0	0	0	**30**
SH	0	0	0	0	3	0	0	0	0	**3**
Staff	0	7	8	2	14	3	0	0	0	**34**

The above table shows the number of nosocomial COVID-19 outbreaks per UHB site from the 1st September 2020 to the end of May 2021. As of the 6th June 2021, the Trust position is as follows:

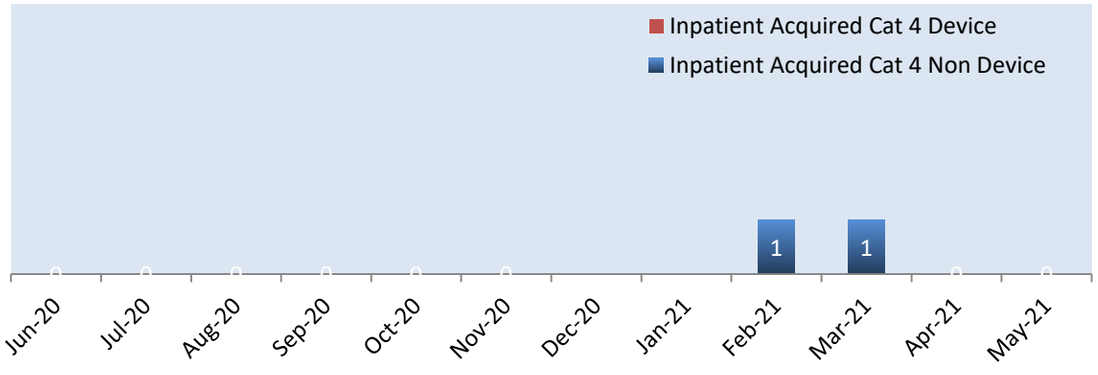
- 13,860 total cases of COVID-19, more than any other Trust within the UK
- 17 inpatients positive for COVID-19, with 3 patients across all of our critical care units
- No wards are currently closed due to COVID-19

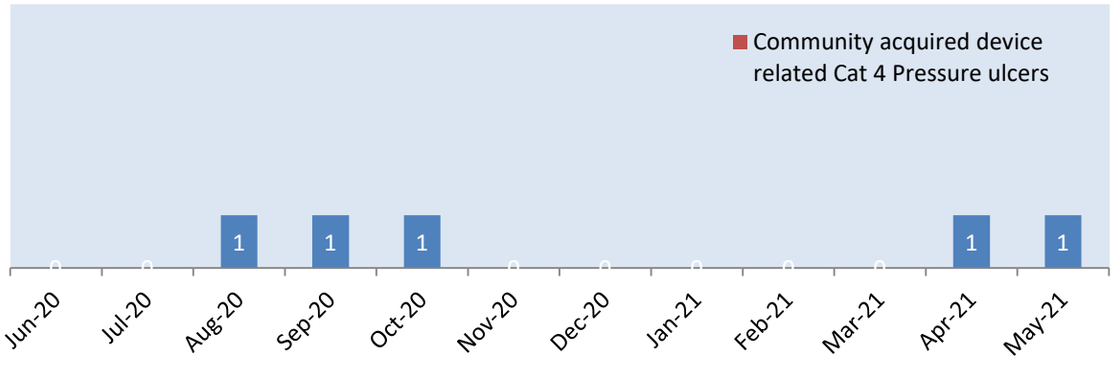
UHB has seen no outbreaks of COVID-19 during May 2021. For two months now there have not been any COVID-19 outbreaks. All outbreaks have been reviewed in detail and are summarised in Table 1. During May, the Trust saw 4 definite hospital onset cases and 5 probable hospital onset case. This was an increase in the number of Hospital Onset cases of COVID-19 compared to April. In April we had 1 hospital onset case. The Trust saw 123 patient positive for SARS-CoV-2 during this May a significant reduction as compared to April where we had 211 cases. This equates to 7% of the total number of our positive patients in May being healthcare associated, compared to April which was under 1%.

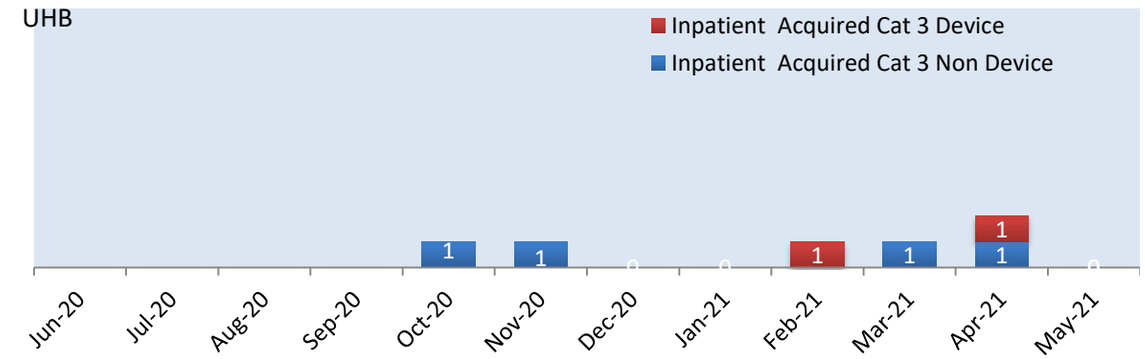
The most frequently identified root cause for all the outbreaks since September is transmission from asymptomatic patients placed within a bay who subsequently test positive on their routine admission screening.

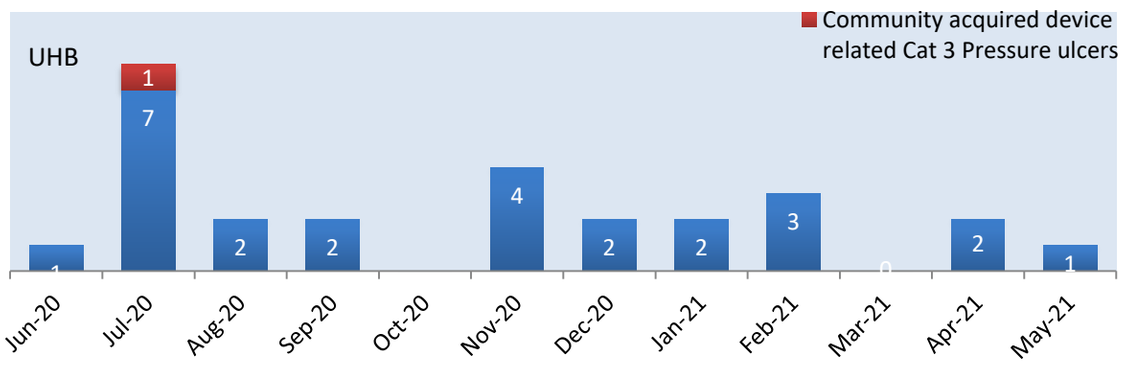
Other contributory causes include staff practice, wandering patients, environmental issues, visitors, mixed economy wards (i.e. having both negative and positive cases on the ward), inappropriate transfer of patients from other sites, shared patient transport and community outbreaks. The frequent root causes for non-clinical outbreaks included: staff practice e.g. PPE compliance/lack of social distancing within confined office spaces. UHB started the COVID-19 vaccination programme on 12th December and have vaccinated 276,295 people to date.

Trust Acquired Pressure Ulcers









Category 4

There were 0 acute Trust acquired category 4 non-device related pressure ulcer reported in May 2021.

There was 1 category 4 pressure ulcer reported in Solihull community services. This was non-device related.

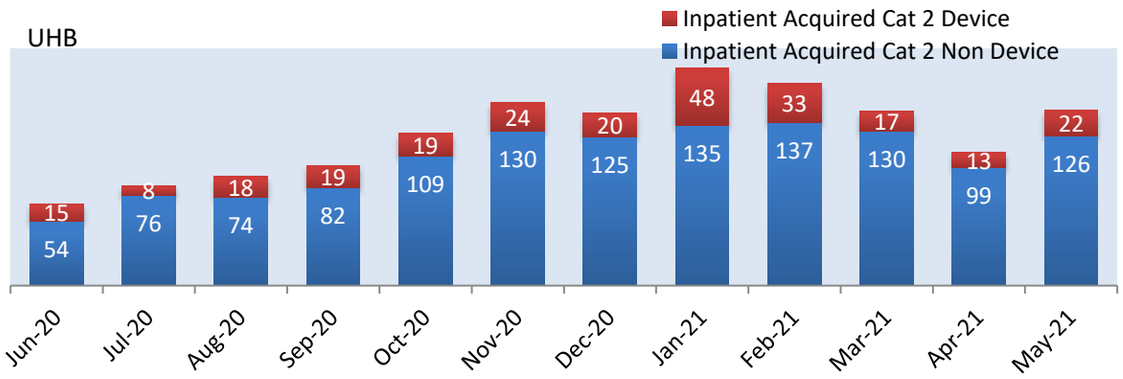
The main themes identified were very similar to April's incident. The investigation and round table found that staff had dealt with a very complex situation well. All MDT professionals had been involved in the patients care but an opportunity to come together to discuss the patients care and concerns were missed. Communication between the community nurses and the patients care provider were lacking. The learning has been shared with all locality teams and the Senior District Nurses are supporting the staff to ensure MDT meetings are considered routinely to support the management of complex care issue

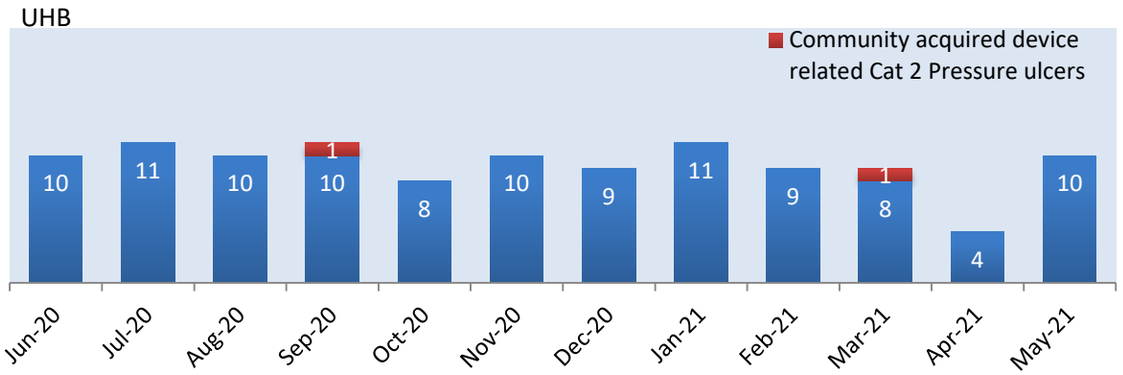
Category 3

During May 2021 there were 0 reported Trust acquired category 3 pressure ulcer across the acute hospital sites. There was one Trust acquired category 3 pressure ulcers reported within Solihull community services. This was non-device related.

During May there were no category 3 or 4 Trust acquired pressure ulcers. The reduction in reported severe incidents is very positive but a sustained improvement is required.

Trust Acquired Pressure Ulcers



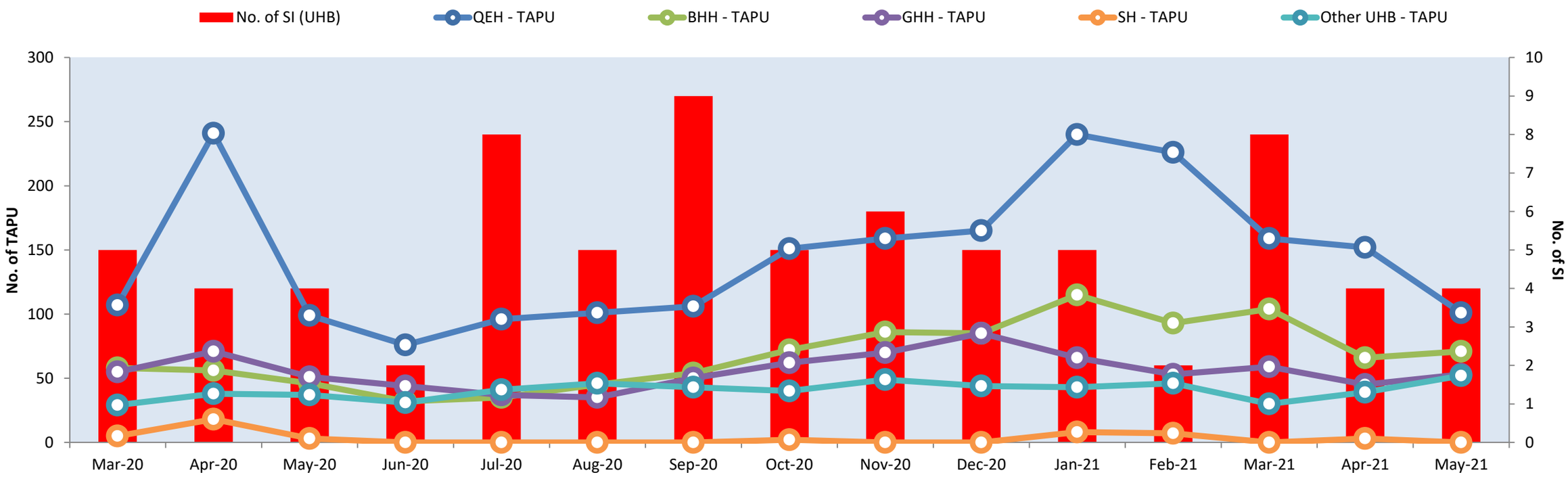


There were 148 Trust acquired category 2 pressure ulcers reported in May 2021 across the four acute hospital sites (126 non-device and 22 device related). There were 10 Category 2 pressure ulcers reported for Solihull Community Services patients. All 10 were non-device related.

The category 2 Trust acquired pressure damage has increased and is similar to data from the same time the previous year. The increase can be attributed to the rise in Trust activity and it is also recognised that moisture associated skin damage is often misclassified as category 2 pressure ulcers. Divisions have been asked to check the process for pressure ulcer verification is as agreed and all cat 2 ulcers are checked by 2 registered nurses prior to submitting a Datix report. Divisions also reminded to ensure that concise RCAs are completed and attached to Datix for all category 2, DTI and unstageable pressure ulcers so that themes can be shared at Divisional Preventing Harms meetings.

Category 2 device related injuries have also increased. The most common reason for device related injury has changed from ET tapes to AES. The Lead Nurse for VTE has requested data for pressure damage related to AES on both sites and is planning a trial of a new manufacturer of AES in areas with a high incidence to try and reduced the associated damage. If successful this will lead to product standardisation across UHB. Increased risk of falls will also be monitored in case this presents as an issue.

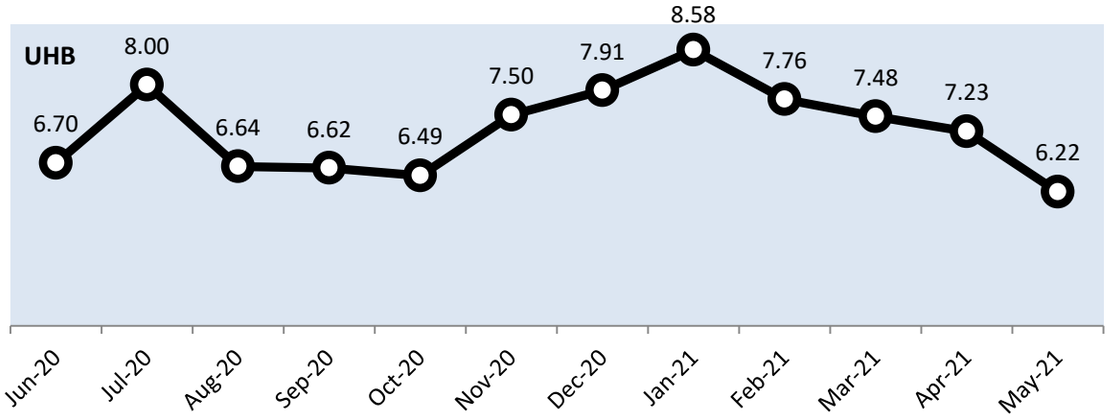
Pressure ulcers – Serious Incidents

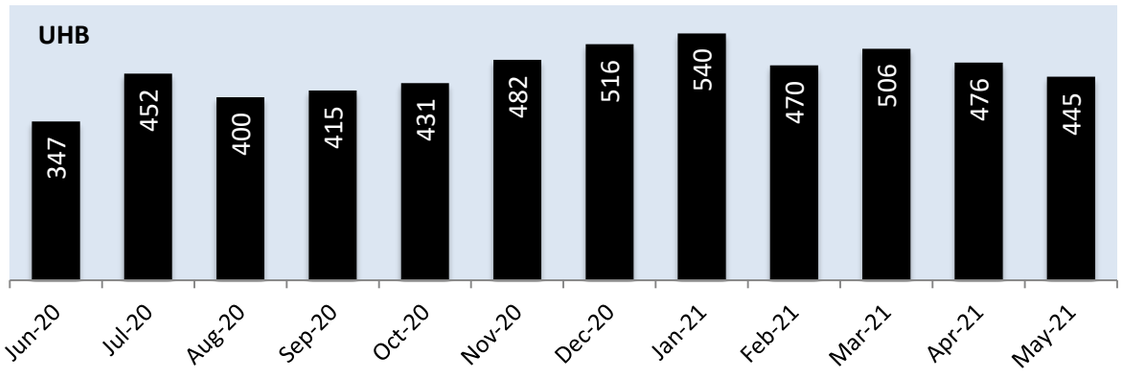


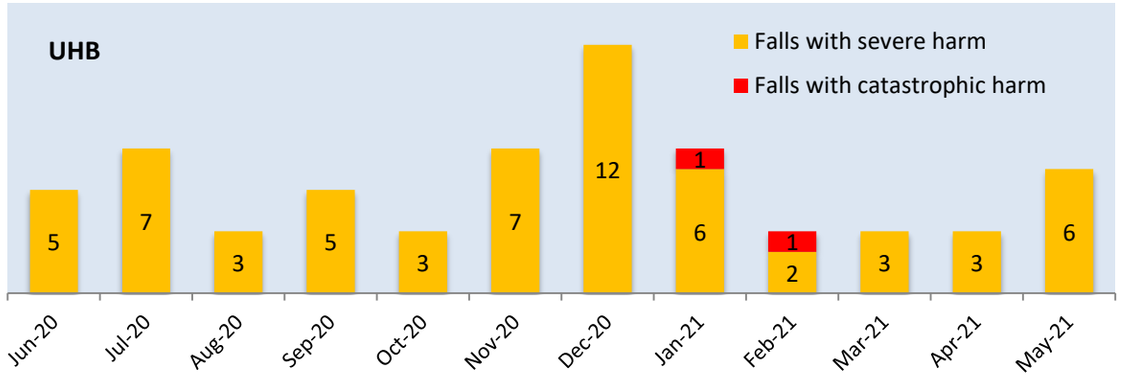
Acute care: The TVT identify any hotspot areas and make harm reviews a priority to attend. For those areas unable to attend in person and TV audit tool has been devised. The annual foam mattress audit that was delayed due to COVID-19 is planned to take place in June 2021 at QEH and funding is being sourced to enable this to take place at the other acute sites. Small group face to face education has been provided where social distancing allows however the Moodle module for pressure ulcer categorisation is still awaiting finalisation by the blended learning team. A progress update meeting has been held and a deadline for pilot and completion set.

Community Services: Overall pressure ulcer incidents continue to be lower than previous months with a total of 22 reported for the month of May. The Tissue viability team have worked really hard with community nurses to recognise and implement early intervention to prevent pressure damage. UHB community continue to move towards operating a paper light system with the increased use of electronic clinical templates. The ASSKING booklet continues to be kept in every patients hand held notes, however, re-modelling is taking place with the electronic records (SystmOne) to have a page dedicated to pressure ulcer prevention and care planning. The finer details of this is being worked on now and we aim to have this in use by July 1st 2021

Inpatient falls







Falls rate per 1,000 occupied bed days

The Trust inpatient falls rate decreased again in May 2021 to 6.22 falls per 1,000 occupied bed days. The total number of occupied bed days increased, as did the number of inpatient falls, which decreased to 445 in May. The number of severe falls however increased to six.

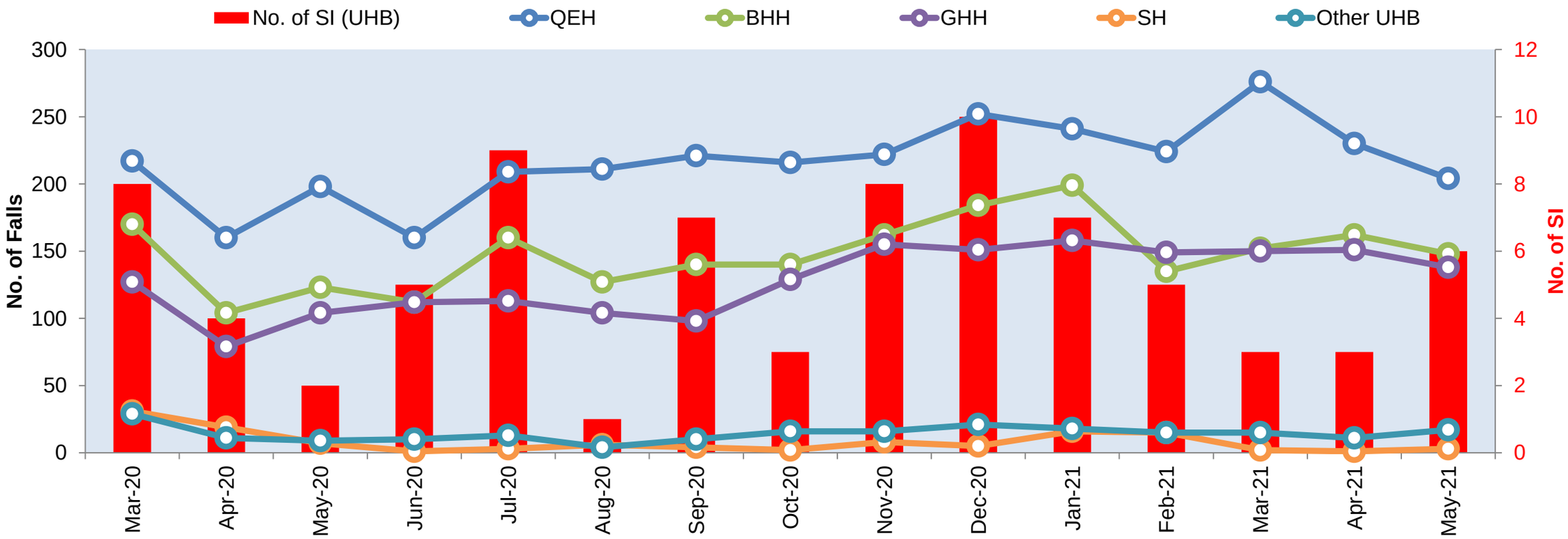
Total number of inpatient falls

Divisions 2, 3, 4, 5 and 6 have all seen a reduction in falls numbers from April to May. Clinical Leads have stated that this is because COVID-19 numbers have significantly reduced; they are seeing usual cohorts of patients from pre-COVID-19 times; a ‘settlement’ of staffing levels in some areas; and a return to usual ways of working (e.g. routine and workload).

Falls resulting in severe harm

- The falls resulting in severe harm in May occurred in Divisions 2, 3 and 5.
- Two patients were noted to have had a mild cognitive impairment in the days prior to falling. The remaining four patients were noted to have capacity and no evidence of any cognitive impairment, however all of the patients who fell had some degree of mobility impairment
- The Falls team are undertake observational visits to look at how haemodialysis is managed and to see if there are any environmental or process changes that can be made to try and prevent this from occurring again

Inpatient Falls - Serious Incidents



Due to delays in incidents becoming STEIS reportable. There may be a disparity in the number of serious incidents that occur in a month, and the number that are subsequently reported to STEIS.

Maternity

Maternity related harm reporting (for example, incident, morbidity, outcomes) to be developed, and considered in light of separate reporting to Care Quality Group and Trust Board.

Serious Incident and Never Event performance

	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	2020/21 FYTD
Number of SIs Reported	16	28	20	27	28	46	61	44	38	43	27	32	59
Number of Never Events	0	0	1	1	0	2	4	0	1	1	0	1	13
Reported in 2 working days	100%	100%	100%	100%	98%	98%	100%	100%	100%	100%	93%	97%	95%
% sent to CCG within deadline	54%*	67%*	60%*	68%*	65%*	60%*	70%*	70%*	62%*	28%*	42%*	33%*	38%*
Extended deadlines	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Comments: The table provides the number of SIs and Never Events reported over the last 12 months including performance against the Trusts KPIs.

There was one Never Event confirmed in May 21: Pt had right femoral dialysis CVC inserted on 22/3/21 to facilitate plasma exchange treatment for patient's Multiple Sclerosis. Patient subsequently deteriorated due to brain stem demyelination. Chest xray on 08/4 identified retained guidewire. One Never Event has been confirmed in June 21, a wrong power intra-ocular lens implant inserted

*The usual contract timescales have been temporarily suspended during the COVID-19 pandemic. Regular status reports are being provided to the CCG to provide assurance as to progress.

Complaints, PALS, Patient Experience

Complaints

	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	**20/21 total**	Apr 21	May 21
Complaints	104	103	100	121	124	141	125	127	130	159	**1,353**	129	159
Follow ups	28	17	14	17	16	16	14	23	21	25	**208**	12	11
Complaints per 1,000 WTE staff	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		6.7	8.3
Trust Response rate %	82.0	83.7	83.0	74.8	67.7	72.9	68.1	64.8	*	*	*	*	*
CCG Response KPI – commissioner led	100%	100%	100%	n/a	100%	100%	100%	100%	*	*	*	*	*
CCG Response KPI – non-commissioner	94.8%	95.9%	96.2%	91.5%	91.1%	96.7%	95.5%	97.7%	*	*	*	*	*

The Trust recorded a total of 159 complaints in May 2021, an increase of 23.3 per cent on the 129 new complaints recorded in April 2021. For context, in May 2020, 65 new complaints were recorded, as COVID-19 impacted severely on complaints activity.

Division 3 continues to record the most complaints, although the ratio of total complaints declined from 36.4 per cent in April 2021 to 30.1 per cent in May 2021. The greatest number of cases is still being recorded for Healthcare for Older People, Emergency Medicine and Acute and Short Stay Medicine. The main issues raised through complaints in May 2021 continued to be communication (with patients and relatives) and clinical treatment (especially delays).

The Trust recorded a total of 11 follow-up complaints in May 2021, of these, seven follow ups were for Division 4. These have been reviewed and shared with the divisional Director of Nursing. There was no clear pattern noted in the cases, three of which requested a meeting to discuss their concerns. This will continue to be closely monitored.

With one case still to be finalised, the final response performance for February 2021's cases will be between 80.8 per cent and 81.7 per cent. This is a significant improvement on January 2021's performance of 64.8 per cent and the 68.1 per cent recorded for December 2020's cases.

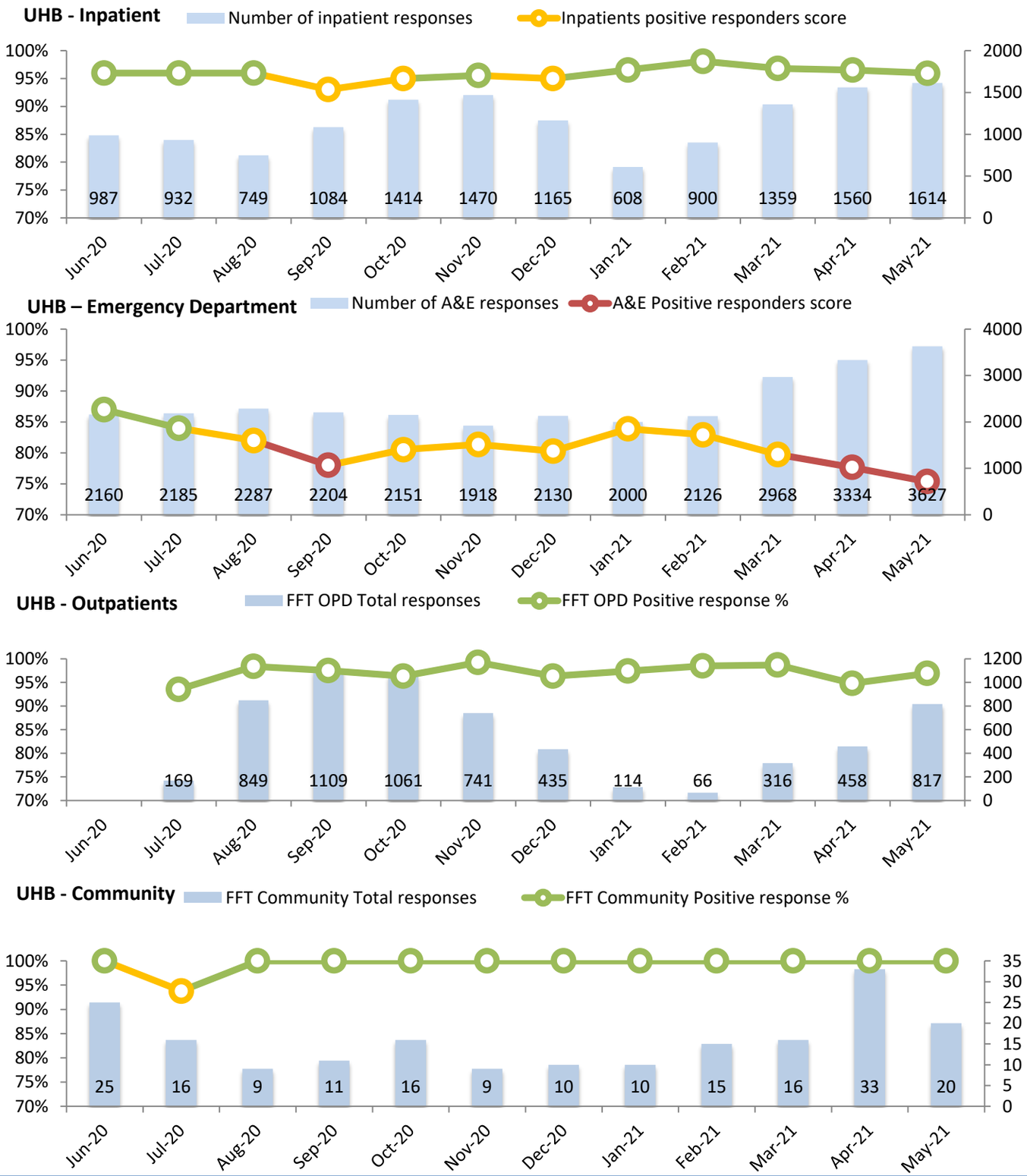
Patient Advice and Liaison (PALS)

UHB	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Total
PALS calls	1173	1429	1189	1354	1451	1150	958	1025	1176	1448	1255	1291	14899
Av. answer time	0.04	0.05	0.05	0.05	0.05	0.05	0.06	0.05	0.05	0.06	0.06	0.06	0.05
Concerns logged	358	433	425	372	271	310	283	300	351	410	381	402	4296

Of the PALS calls received each month, approximately 30% cannot be resolved immediately during the phone call and are logged as concerns requiring input from the wards and departments.

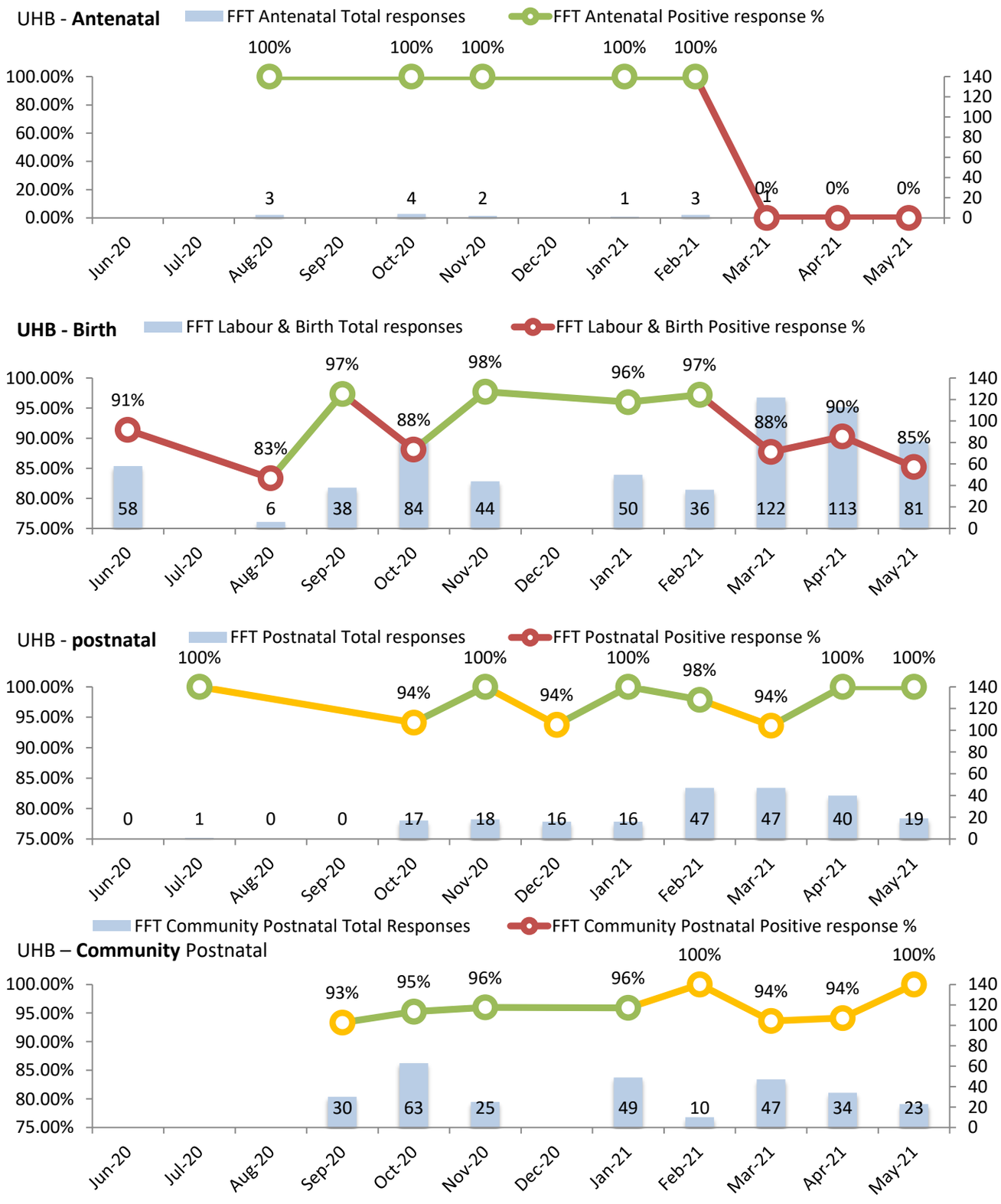
Communication continues to feature highly in concerns raised, along with patients chasing appointment dates; these two subjects make up over fifty percent of concerns received in May. Emergency Medicine, Neurology and Trauma and Orthopaedics account for the highest number of concerns by specialty during the month.

Friends and Family Test (FFT)



The Trust participates in the Friends and Family test across inpatient and day case, outpatient, Emergency Department and Community services, as well as four touch points across Maternity Services (antenatal, birth, postnatal ward and postnatal community). GP practice scores for Selly Oak Health Centre will also be included in this report when available; currently this remains under the national pause put in place during the pandemic, though the others areas are now reportable.

Friends and Family Test (FFT) - Maternity



In May 2021 ED and maternity birth performed below the Trust target of 15%. Historically we know that the ED FFT follows capacity. Maternity response numbers continue to fluctuate generally, with no responses received in May from patients attending antenatal clinics. However although both maternity postnatal and community responses numbers were low, all responses received were positive. Actions from the maternity survey are picked up locally and reported to the Patient Experience Group six monthly.

The Trust target was achieved for inpatient, OPD, community, maternity postnatal and community. Overall response numbers were higher for inpatients, outpatients and ED reflective of the targeted focus on encouraging more areas to proactively encourage feedback.

Feedback themes - visiting

- The visiting pilot reported last month was put on hold due to rising COVID numbers. This meant that the only ward starting to allow general visiting from mid June was the Norman Power unit, where it was agreed appropriate to start due to its offsite location and to align with other similar units. This change saw a slow start in take up and a further ward, ward 14 at Good Hope Hospital, was added to the pilot from 1st July 2021. A decision has now been made for the remaining four pilot wards to commence from 7th July 2021 (subject to usual IPC breakout measures).
- Briefings have taken place with pilot wards and a documentation pack is in place to support the pilot, with information for the ward, information for visitors, FAQs for patients and visiting logs.
- The pilot will see patients on these wards with a length of stay of 14 days or more having a pre-booked, weekly, one hour visit from a single consistent nominated visitor. Visiting under the exceptions criteria remains in place on all other wards. This will be regularly reviewed and rolled out across all wards when safe to do so. This is part of a stepped approach to reach a point where every patient can have a visitor every day.

Compliments

	Q2 2020-21	Q3 2020-21	Q4 2020-21	Apr-21	May-21	Total
QEHB	230	259	327	69	111	**996**
BHH	57	49	83	25	19	**233**
GHH	41	41	68	19	12	**181**
SH	31	27	33	8	5	**104**
Trust	5	0	60	0	2	**671**
Total	**364**	**376**	**571**	**121**	**149**	**1581**

“He and his family are grateful for the care [patient name removed] received from both the ITU and the liver team. They particularly valued the open communication and continued updates from the liver team, the effort to save his life from both teams, the exemplary end of life care on ITU and the fact that three of them were allowed to come in and stay during [patient name removed]’s last hours.” (QEH)

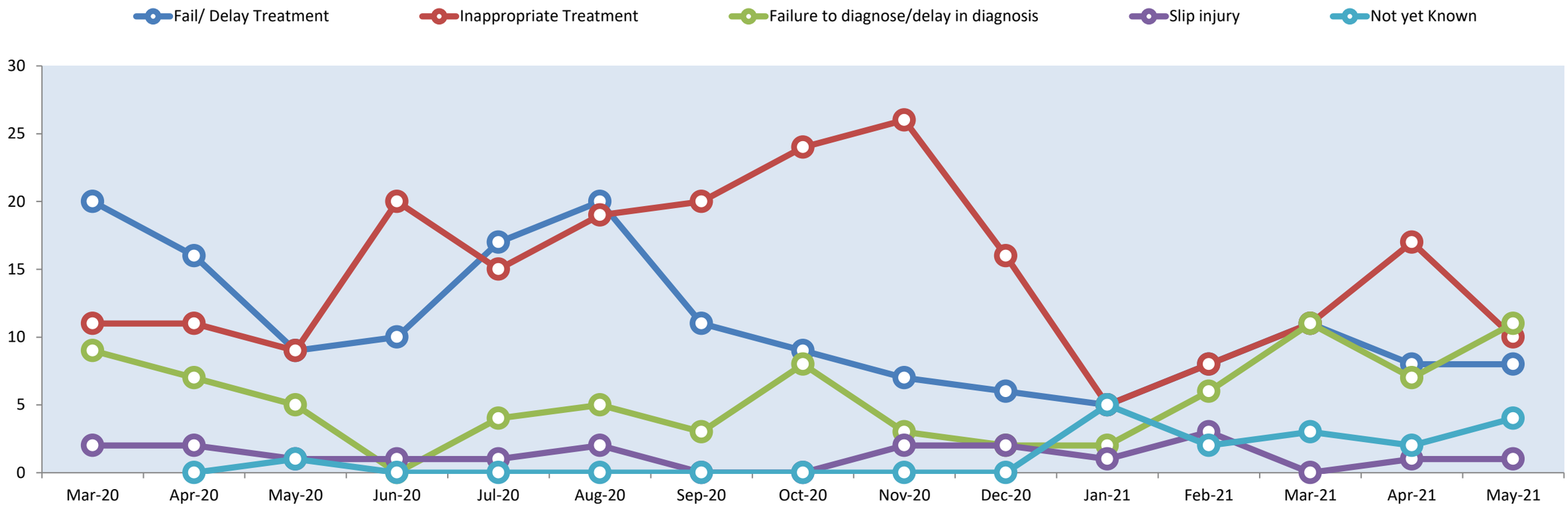
“I just wanted to send my thanks and gratitude for the way (patient name removed), my daughter was looked after in PAU. She was seen firstly by a Junior Dr who was lovely and reassuring, a registrar (Osama Anwaar) who was super thorough and again reassuring and a consultant in a lovely shirt who came in and was friendly and knowledgeable. All three of them were amazing and I literally felt my stress levels decrease with (patient name removed) in their care. As a nurse in the trust I have high expectations, but these guys were beyond outstanding!!! It makes you realise how much the work we do means when you are on the other side.” (BHH)

“I just wanted to explain something about my visit to Day Care yesterday for a Hysteroscopy procedure under general anaesthetic. From the moment I arrived the staff were exceptionally polite and efficient; from the receptionist all the way through to the consultant. I was immediately put at ease and had numerous members of the team coming in and doing obs, Covid test, pregnancy test, and generally offering reassurances to me. I was taken down to theatre by another amazing nurse who looked after me in theatre and tried to distract me with conversation, I was wheeled back and then offered water, tea and eventually toast when my blood pressure came back up.” (GHH)

“I would like to thank you for everything you have done for me whilst I have been having treatment. You have all looked after me so well. I am truly grateful.” (SH)

Legal Claims

Claims categories



Assurance visits

Board Unannounced Visits

In light of the COVID-19 pandemic and response, Board Unannounced visits are presently on hold.

Ward reviews

During June there have been no specific ward reviews following escalation or concerns outside of the individual divisions. All Divisions have a comprehensive programme of observations of care and back to the floor reviews. The Quality and Clinical Assurance Team are currently producing a set of standards for undertaking Back to the floor reviews and ‘Matron Rounds’.

Areas of concern remain as per previous month with the Tower block at both GHH and BHH and the sixth floor, 624 and 625 at QEH, with ongoing work to mitigate the risks and understand the issues through a deeper dive triangulating performance data, incident reports, patient and staff feedback and bespoke ward reviews.