

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST  
BOARD OF DIRECTORS  
THURSDAY 24 OCTOBER 2019**

<b>Title:</b>	<b>QUALITY PERFORMANCE REPORT</b>
<b>Responsible Director:</b>	Mark Garrick, Director of Quality Development
<b>Contact:</b>	Imogen Acton, Head of Quality Development, 13687 Samantha Baker, Quality Development Manager, 13646

<b>Purpose:</b>	To present an update to the Board
<b>Confidentiality Level &amp; Reason:</b>	N/A
<b>Strategy Implementation Plan Ref:</b>	#3 Provide the highest quality of care to patients through a comprehensive quality improvement programme
<b>Key Issues Summary:</b>	<p>Updates provided on the following areas:</p> <ul style="list-style-type: none"> <li>• Staff investigations currently underway</li> <li>• Potential adverse inquest conclusions and upcoming inquests</li> <li>• Update on Serious Incidents / Internal Serious Incidents / Never Events</li> <li>• Clinical quality indicators: assessment areas</li> <li>• Board of Directors' Unannounced Governance Visits</li> </ul>
<b>Recommendations:</b>	<p>The Board of Directors is requested to:</p> <p>Receive the report on quality performance and associated actions.</p>

<b>Signed:</b> Mark Garrick	<b>Date:</b> 16 October 2019
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## BOARD OF DIRECTORS THURSDAY 24 OCTOBER 2019

### QUALITY PERFORMANCE REPORT

#### PRESENTED BY DIRECTOR OF QUALITY DEVELOPMENT

#### 1. Introduction

To provide assurance on clinical quality to the Board of Directors and detail the actions being taken to improve performance. The Board of Directors is requested to receive the report on quality performance and associated actions.

#### 2. Investigations into Staff Performance

There are currently 16 staff investigations underway in relation to a patient wellbeing component.

Staff group	Total currently underway*	Percentage of total staff numbers**	New during September 2019	Closed during September 2019
Consultants	2	0.19%	0	0
Junior Doctors	1	0.07%	0	0
Nurses and Midwives	1	0.02%	0	2
Nursing Auxiliaries / HCAs	8	0.29%	1	2
Allied Health Professional	1	0.08%	0	0
Non-clinical staff	3	0.05%	1	0
<b>Total</b>	<b>16</b>		<b>2</b>	<b>4</b>

\*As of 09/10/19.

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

The data source for the number of investigations has changed since the June report and is now provided directly by the HR team. Previously this data was taken from the investigations report provided to CaPRI meetings. Therefore the number of 'new' and 'closed' may not tally with the figures in earlier reports.

### 3. Inquest Update

#### 3.1 Potential adverse inquest conclusions, 14/09/2019 - 13/10/2019

Theme	Inquest Date	Div.	Location	Conclusion
Failure to escalate inability to obtain observations and blood samples	23/09/2019	3 & 5	QEHB	Accidental death
Review of dietary assessments and supervision whilst eating. Patient choked on a sandwich.	23/09/2019	3	SH	Accidental death
Failure to act on abnormal ECG results.	26/09/2019	2	SH	Accidental death
Delay in reporting of CT colonoscopy.	30/09/2019	1	BHH	Natural causes
Delay in admission to ward whilst awaiting a side room	04/10/2019	5	QEHB	Natural causes complicated by a very rare but recognised complication of chemotherapy

#### 3.2 Future inquests associated with an internal investigation or complaint, October – December 2019

Theme	Inquest Date	Division	Location	Investigation	Status
Appropriateness of elective revision surgery	16/10/2019	3	SH	SI	Complete
Fall on the ward resulting in fractured neck of femur	24/10/2019	2	GHH	Falls RCA	Complete
Fall on the ward potentially as a result of tripping on catheter tubing	05/12/2019	5	QEHB	Falls RCA	Awaited
Blood tests not checked prior to discharge	12/12/2019	3	SH	SI	Due 05/11/2019
Nutritional care needs not met during admission	18/12/2019	2	QEHB	SI and LeDeR review	Complete
Potential delay in identifying post-operative complications	19/12/2019	2	BHH	ISI	Due 31/10/2019

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

##### 4.1 Number of confirmed SIs, ISIs and Never Events for 1 – 30 September 2019

Site/Type	Heartlands	Good Hope	Solihull	QEHB	Other	Total
Never Events	0	0	0	0	0	<b>0</b>
Serious Incidents	3	2	0	4	0	<b>9</b>
Internal Serious Incidents	1	0	0	0	0	<b>1</b>
<b>Total</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>10</b>

##### 4.2 Previous Never Event, Ophthalmology, Solihull Hospital – downgrade confirmed

In the September paper, it was reported a request had been submitted to the CCG for a Never Event in Ophthalmology at Solihull Hospital to be downgraded to an SI. This downgrade has since been agreed. The incident occurred in March 2019 and was reported in May 2019 – it was originally thought to have been a wrong site (wrong eye) injection of Lucentis for Wet Acute Macular Degeneration (AMD), however during the investigation it was found that the incident was not a wrong site Never Event and an application was made to the CCG to downgrade the incident accordingly. This meant that the patient's left eye was injected with only 18 days between injections rather than the recommended 28 day interval.

#### 5. Clinical Quality Indicators: assessment areas

The Informatics department has provided initial data and draft online reports for three indicators:

- Observations and pain assessment (within 15 / 30 minutes of admission)
- Further set of observations following a high SEWS score
- Length of stay

The Quality Development Team are reviewing data for the above, has met / are planning to meet staff on the relevant assessment areas to ensure that the data reflects the way the areas admit, transfer and discharge patients, and how the areas use PICS to record admissions.

Informatics are now investigating whether the following indicators are possible given the available electronic data:

- Height and weight
- Timeliness of medication (starting with stat antibiotic doses)
- Blood glucose check on arrival

As these indicators rely on PICS data, the assessment areas are all at QEHB but once PICS has been implemented on other sites, these indicators will be updated to include assessment areas at Heartlands, Good Hope and Solihull hospitals.

## 6. Board of Directors' Unannounced Governance Visits

### 6.1 Summary of September 2019 visits

Five wards / areas were visited at Queen Elizabeth Hospital Birmingham on Thursday 26<sup>th</sup> September 2019.

A summary of these visits is provided in Appendix A below.

## 7. Seven Day Services Standards

NHSE requires a bi-annual audit and board assurance document regarding 7 day services (7DS) for urgent care and supporting diagnostics. Ten clinical standards for 7DS in hospitals were developed in 2013 through the 7DS Forum. The standards were founded on published evidence and on the position of the Academy of Medical Royal Colleges (AoMRC) on consultant-delivered acute care. Of these ten, four have been identified as priority standards on the basis of their potential to positively affect patient outcomes. These standards are:

- Time to consultant Review,
- Access to Diagnostics,
- Access to consultant-directed interventions, and
- On-going Review.

The remaining 6 as follows are standards for continuous improvement:

- Patient experience,
- MDT review,
- Shift handovers,
- Mental health,
- Transfer to primary, Community and Social care, and
- Quality Improvement.

This is the second official board assurance process for the newly merged trust

The audit at Heartlands, Good Hope and Solihull Hospitals was carried out on emergency admissions for the period of Monday 5<sup>th</sup> to Sunday 11<sup>th</sup> August via paper medical notes. There were approximately 1202 admissions for this period (after exclusions) of which 171 were audited; The identified sample size was calculated according to the NHSE guidance and the volume audited on each site at HGS was based on the % split of admissions across the sites.

The QEHB audit was carried out via PICS, an electronic system which is not yet available on the other sites hence the different methods of data capture. Due to the development of the automated dashboard, the audit could not be carried out in August and instead the QEHB audit was based on the month of September. This dashboard has allowed all emergency patient admissions to be audited rather than a sample size.

The following numbers of patient notes were audited on each site:

- QEHB: 465
- Heartlands: 90
- Good Hope: 64
- Solihull: 17

Standards met:

- Standard 5 - Access to Diagnostics: Standard met both weekday and weekend
- Standard 6 - Access to consultant-directed interventions: Standard met both weekday and weekend
- Standard 8 - On-going review (Twice Daily Reviews): Standard met both weekday and weekend
- Urgent Network Clinical Services (Hyperacute Stroke, STEMI Heart Attack, Major Trauma centres, Emergency Vascular Services - All standards met (Based on 2017 audit submission)

Standards not met:

- Standard 2 - Time to first consultant review: Standard not met both weekday and weekend
- Standard 8 - On-going review (Once Daily Reviews): Standard not met both weekday and weekend

For detailed results, please see Appendix B (separate document).

## 8. Recommendations

The Board of Directors is requested to:

Receive the report on quality performance and associated actions.

Mark Garrick  
Director of Quality Development

**Appendix A: Summary of Board of Directors' Unannounced Governance Visits,  
Queen Elizabeth Hospital Birmingham, Thursday 26<sup>th</sup> September 2019**

<b>Ward/Area</b>	<b>Specialty</b>	<b>Visit team</b>	<b>Summary</b>
Ambulatory Care	Various	<ul style="list-style-type: none"> <li>• Michael Sheppard – Non Executive Director</li> <li>• Kaveh Manavi – Deputy Medical Director</li> <li>• Cherry West – Executive Chief Transformation Officer</li> <li>• Ben Khela – Medical Directors' Services Administrator</li> </ul>	A positive visit to a large area consisting of many smaller sections, which was very clean and tidy. Feedback from patients was positive, saying that staff were all friendly and professional, however there seems to be a staffing issue within the department in which every staff member spoken to by the visiting team raised.
Ward 304	Cardiology	<ul style="list-style-type: none"> <li>• Jane Garvey, Non-Executive Director</li> <li>• Clive Ryder, Deputy Medical Director</li> <li>• Tim Jones, Chief Innovation Officer</li> <li>• Lawrence Tallon, Director of Corporate Strategy, Planning &amp; Performance</li> <li>• Imogen Acton, Head of Quality Development</li> </ul>	Positive feedback from many patients and relatives with concerns raised regarding the care provided to two patients. Staff on the ward are relatively inexperienced with many only having been qualified for around a year. The ward was very clean and generally well organised. The pantry requires some attention.
Ward 306	Cardiac Surgery	<ul style="list-style-type: none"> <li>• Harry Reilly, Non-Executive Director</li> <li>• Jonathan Brotherton, Executive Chief Operating Officer</li> <li>• Julian Miller, Director of Finance</li> <li>• Catriona Hampton, Quality Development Graduate Trainee</li> </ul>	A very positive visit to a calm and well run ward. With all patients and relatives commenting on the attentiveness, and caring manner in which all staff perform their roles. The area its self was tidy and clean with no breaches of governance found.
Ward 407	Neurosurgery	<ul style="list-style-type: none"> <li>• Jon Glasby, Non-Executive Director</li> <li>• Kevin Bolger, Chief Workforce and International Officer</li> <li>• Elizabeth Howland, Deputy Medical Director</li> <li>• Mariola Smallman, Head of Medical Director's Services</li> </ul>	A positive visit to a calm, clean and well managed ward. Many patients were complimentary about staff. The visit team recommended that the CSL and Matron consider bringing forward review/signing off discharge summaries at the ward round to avoid delays. Staff highlighted good leadership and multi-disciplinary working

Ward/Area	Specialty	Visit team	Summary
West 2	Healthcare for Older People	<ul style="list-style-type: none"> <li>• Jackie Hendley, Non-Executive Director</li> <li>• Catriona McMahon, Non-Executive Director</li> <li>• Lisa Stalley Green, Executive Chief Nurse</li> <li>• David Burbridge, Director of Corporate Affairs</li> <li>• Mark Garrick, Director of Quality Development</li> </ul>	A very clean and well organised ward with staff that are very patient focused. A few issues were found relating to the pantry and kitchen. Staff appeared to enjoy working on the ward which is reflected in the waiting list of staff wanting to join the ward team.