UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 22 OCTOBER 2020

Title:	**QUALITY & PERFORMANCE REPORT**
Responsible Director:	Mark Garrick, Director of Strategy & Quality Development
Contact:	Andy Walker, Head of Strategy & Planning Imogen Acton, Head of Quality Development Rukudzo Hakulandaba, Performance Assurance Manager Samantha Baker, Quality Development Manager

Purpose:	To present an update to the BOARD OF DIRECTORS
Confidentiality Level & Reason:	None
Strategy Implementation Plan Ref:	#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
Key Issues Summary:	• There are 20 current staff investigations with a patient wellbeing component. • There were two potential adverse inquest conclusions for the most recent time period, and 10 upcoming inquests. • Data provided on Serious Incidents / Internal Serious Incidents / Never Events, including detail on a Never Event • A&E performance fell to 80.3% in September and was below the national average of 87.3%. • RTT performance improved however there were 2,436 52 week breaches. • Both the 2 week waits for suspected cancer and breast symptomatic deteriorated. • An update on progress in delivering the 2020/21 Strategy Implementation Plan is also provided
Recommendations:	The BOARD OF DIRECTORS is asked to: Accept the report on operational and quality performance and associated mitigating actions. Accept the second quarterly Board update (covering the period July-September) against the 2020/21 Strategy Implementation Plan and the Guardian of Safe working report.

Signed:	Mark Garrick	Date: 14 October 2020

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BOARD OF DIRECTORS

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QUALITY & PERFORMANCE REPORT

PRESENTED BY THE DIRECTOR OF STRATEGY & QUALITY DEVELOPMENT

1. Purpose

This paper provides assurance on quality performance to the Board 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. The latest quarterly report of the Guardian of Safe Working forms Appendix 3 to this report.

This paper also includes the second quarterly Board update (covering the period July-September) against the 2020/21 Strategy Implementation Plan.

2. Investigations into Staff Performance

There are currently 20 staff investigations underway in relation to a patient wellbeing component.

Staff group	Total currently underway*	Percentage of total staff numbers**	New during September 2020	Closed during September 2020
Consultants	-	-	-	-
Junior Doctors	-	-	-	-
Nurses and Midwives	10	0.17%	2	1
Nursing Auxiliaries / HCAs	3	0.11%	1	-
Allied Health Professional	1	0.08%	1	-
Scientific & Technical	1	0.12%	-	-
Additional Clinical Services	2	0.21%	1	-
Non-clinical staff	3	0.05%	1	-
Total	**20**	**0.10%**	**6**	**1**

**As of 08/10/20.*
***Percentages calculated using staff groupings on ESR (Electronic Staff Record).*

3. Inquest Update

3.1 Impact of Covid-19

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 Director of Corporate Affairs, Legal and Risk, and the Deputy Medical Director.

3.2 Potential adverse inquest conclusions, 14/09/2020 - 13/10/2020

Theme	Inquest Date	Division	Location	Investigation	Outcome
Fall on ward resulting in fractured neck of femur	15/09/2020	2	BHH	Falls RCA	Conclusion – accidental death
Anticoagulation stopped and not re-started post-operatively	24/09/2020	5	QEH	SI	Narrative conclusion - the deceased died as a result of an omission in her medication regime for treatment of a natural condition contributed to by surgery for injuries sustained in a fall.

3.3 Future inquests associated with an internal investigation or complaint

Theme	Inquest Date	Division	Location	Investigation	Status
Ventilator not correctly fitted to wall oxygen	02/11/2020	1 and 6	BHH	HSIB	HSIB investigation as maternal death. HSIB report received

Theme	Inquest Date	Division	Location	Investigation	Status
Inadvertent heparin bolus whilst changing syringe driver	Awaiting date	1	QEH	ISI	Complete
Missed diagnosis of fracture	03/11/2020	3	BHH	Executive RCA	Complete
Delay in transfer of patient to ICU	Awaiting date	3	BHH	Divisional RCA	Report awaited – due 09/10/2020
Fall on ward resulting in injury	Awaiting date	2	GHH	Falls RCA	Complete
Decision to stop anticoagulation	Awaiting date	3	SHH and BHH	Complaint	Complete
Development of pressure ulcer in community	Awaiting date	3	Community District Nursing	Pressure Ulcer RCA	Awaited
Treatment plan could not be performed in community	Awaiting date	2 and 7	BHH and community nursing	Executive RCA and formal complaint	Awaited. Due 20/10/2020
Fall on ward resulting in head injury	Awaiting date	3	BHH	Falls RCA	Awaited. Due 08/10/2020
Falls on ward resulting in fractured neck of femur and subsequently a minor head injury	Awaiting date	4	BHH/GHH	Falls RCA	Complete

4. Serious Incidents (SIs),Internal Serious Incidents (ISIs) and Never Events

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

	BHH	GHH	SH	QEHB	Other	Total
Never Events	0	0	0	1	0	1
Serious Incidents	1	1	0	1	1	4
Internal Serious Incidents	1	1	0	0	0	2
Total	**2**	**2**	**0**	**2**	**1**	**7**

4.2 Never Event, QEHB

A patient underwent an incorrect red blood cell transfusion. Once the error had been noticed, the transfusion was stopped. The blood that had been transfused was not labelled for this patient. The patient had not had any adverse impact. The incident occurred on 27/08/2020 and was reported the next day. At CaPRI, the level of harm to the patient was proposed as “No Harm” but this will be confirmed during the investigation.

5. Board of Directors’ Unannounced Governance Visits

5.1 September 2020

In light of the COVID-19 pandemic and response, the visit to Queen Elizabeth Hospital, scheduled for Thursday 24th September 2020, was 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 September deteriorated by 5.5pp compared to the previous month but is 12.8pp higher than September 2019. All sites had deterioration in performance compared to the previous month. Overall performance was 80.3% with attendances 16.1% lower than the same period last year. However, it should be noted that ambulance volumes are surging to pre-covid levels, reflecting the increased acuity within the Emergency Departments. Attendances at Heartlands and Good Hope were 1.4% and 3.7% higher than the previous month. The Capital funding provided by the DH will provide enhanced flexibility of majors cubicle utilisation and improved social spacing of patients. The various schemes are due to come on-line during December 2020.

Overall, 4.5% of patients who attended A&E had a “COVID-19 like” presentation with variations across the sites. Until the swab results are received, it is assumed they have COVID and this increases the complexity

of the treatment pathway. Many of these patients are found not to have COVID once the swab results are available.

The average time spent in A&E went up across all sites as the sites have seen a rise in patients with COVID like presentation. Overall, the average time spent in A&E increased by 19 mins, compared to August but is 59 mins lower, compared to September 19.

There were two 12 hour trolley waits in September at QEHB. One of the patients had a mental health presenting complaint which the other patient had a late referral into a specialty.

Ask A&E activity contributed 0.7pp of the overall performance. The attendances for each site are displayed in the Table below.

Site	Daily Att's Sep 2019	Daily Att's Aug 2020	Daily Att's Sep 2020	Change Sep 19 to Sep 20	Change Aug 20 to Sep 20
QEHB	352.1	327.0	324.2	-7.9%	-0.8%
Heartlands	427.0	409.1	414.6	-2.9%	1.4%
Good Hope	263.7	227.2	235.6	-10.7%	3.7%
Solihull	118.2	-	-	-	-
UHB	**1161.0**	**963.2**	**974.4**	**-16.1%**	**1.2%**

Ask A&E was used by 1,076 people during September, with a daily average of 36 users during the month. This was a drop of 24% in users compared to August. Utilisation of people using the app has remained low with September usage being the lowest recorded activity since the app was introduced. Of these users, 695 (64.6%) 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	6	1%
Advised to attend Ophthalmology Accident and Emergency department	3	0%
Advised to contact general practitioner; As soon as possible	216	20%
Advised to contact general practitioner; Within 48 hours	15	1%
Advised to contact general practitioner	55	5%
Advised to attend accident and emergency department	250	23%
Patient advised to contact emergency ambulance service as soon as possible	128	12%
Advised to contact optician	0	0%
Advised to contact pharmacist	12	1%
Patient not given advice	143	13%
Safeguarding	195	18%
Advised to self-care	53	5%
Advised to contact genitourinary medicine clinic	0	0%
Advised to attend minor injuries unit	0	6%
Total	**1,076**	

6.2 <u>RTT 18 Week Incomplete Pathways and Waiting List</u>

18 week referral to treatment performance improved with performance at 52.7%.

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 August increasing to 2,436 with the size and growth rate significantly increasing week by week.

Clinical prioritisation process continues to take place within the divisions 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. There is also extensive clinically-led, validation of the entire inpatient waiting list underway, which will provide assurance to commissioners that all patients awaiting treatment have received a contemporaneous clinical review of their status and have been stratified accordingly for treatment.

The number of patients waiting longer than 40 weeks will continue to increase over the next few months whilst there is 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 in August grew by 3,962 to 91,239. Referrals into the Trust continue to be low and are 19.8% lower than February 2020. 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 <u>6 Week Diagnostics</u>

Performance in August fell by 0.3pp to 60.9%. There were 7,842 breaches of the standard in August. Diagnostic performance continues to be significantly affected by the large number of cancelled appointments in response to COVID-19. The majority of diagnostic testing taking place is for the clinically urgent and cancer patients. There is continuing work being undertaken to increase the number of diagnostic tests being provided. Capacity is limited not only due to staffing but also social distancing measures meaning that our throughput of patients has halved in some areas. The outpatients' model is to be used for diagnostics in regards to infection control reviews, improved communications and signage for patients who are nervous to attend the hospital for their appointment.

The number of patients waiting over 6 weeks for a diagnostic test is continuously increasing. Diagnostics waits are showing a similar trend for non-urgent cases to the 18 week referral treatment. A trajectory for diagnostics is being built alongside the other modelling work. Nationally, there are plans for 150 new community diagnostic hubs to help tackle the growing waiting list.

6.4 Phase 3 Activity Targets

As detailed in previous reports, NHSE/I has set targets for the recovery of elective activity in Phase 3 of the NHS's response to COVID-19. A flex in the block payment from September (M6) onwards will be based on achievement of these targets at system level (the Elective Incentive Scheme). Both Month 5 final and Month 6 provisional (so subject to change) activity data show an underachievement against these targets. The 2019/20 baseline has, however, yet to be agreed with NHSE/I (and a proposed baseline has not yet been supplied by NHSE/I).

Performance as monitored by NHSE/I is based on Trust activity submitted by mandatory return to the Secondary Uses Service (SUS). The Trust's activity includes other activity which does not flow through SUS e.g. Advice & Guidance. Work is underway with our system partners to address this. Clinical triage (Advice & Guidance) has seen more than fourfold growth and improves outpatient activity performance when included. The data also currently excludes Independent Sector activity; we are working with our system partners to address this.

6.5 Cancer Targets

Performance for Cancer 62 day GP referral deteriorated by 0.5pp to 52.9%. In August, there were no patients on the 62 day screening pathway. The 31 day first treatment improved by 2.3pp to 88.8% whilst subsequent surgery fell by 11.2pp to 69.8%.

Both the 2 weeks wait suspected cancer and breast symptomatic deteriorated to 46.2% and 50.4%, respectively. Numerous specialties have delivered innovative approaches to delivering 2ww outpatient services throughout the COVID-19 period, including active clinical vetting and prioritisation of referrals, alternatives to face-to-face.

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 remains at a premium and in line with national guidance from NHSE and the Federation of Specialty Surgical Associations, will be prioritised for patients with the highest clinical need; primarily those patients with cancer and other serious clinical conditions that require urgent treatment.

6.6 Remote Outpatient Appointments

Outpatient activity grew significantly in September and was higher than both February 2020 and December 2019. There was 48.2% growth in the number of video appointments with greater than 2% of all appointments carried out over video for the first time. Telephone appointments grew by 26.6% however face to face appointments also grew by 22.7%. Telephone

appointments grew by 26.6% however face to face appointments also grew by 22.7%. The largest number of video appointments over the month were in Dietetics, Dermatology and Endocrinology whilst Anaesthetics, Palliative Care and Immunology all had more than 80% of appointments carried out remotely.

7. Strategy Implementation Plan

7.1 Changes in the Policy Landscape over the Last Quarter

The national focus over the last quarter has continued to be on the response to COVID-19 with a particular focus on restoration of services; there have however been a number of other developments that may materially affect the Trust's strategy.

7.1.1 COVID-19 Phase Three Response Letter

On 31 July 2020, NHS England and NHS Improvement set out in a letter the third phase of the NHS response to COVID-19 and the priorities for the NHS 1 August. The NHS was requested to the return to near-normal levels of non-COVID health services, making full use of the capacity available in the 'window of opportunity' before the winter. This was to include the full restoration of cancer services, the recovery of elective capacity with targets set based on a 2019/20 baseline (and payment dependent on this), the restoration of service delivery in primary and community care, and the expansion and improvement of mental health services and services for people with learning disability and/or autism. This was to include a specific offer of mental health support for NHS staff. The NHS was also asked to prepare for winter demand pressures, alongside continuing vigilance in the light of further probable COVID spikes by sustaining capacity, focussing on flu vaccination and developing the 111 First model. The service is expected to do these things in a way that takes account of lessons learned during the first COVID peak, locks in beneficial changes and explicitly tackles fundamental challenges including support for staff and action on inequalities and prevention.

7.1.2 Capital Funding for New Hospitals

The Government has announced funding for 48 new hospitals, although some of this funding has previously been announced and indeed some of the hospitals are already under construction. In the Health Infrastructure Plan (HIP) announced at the end of 2019 funding was confirmed for six hospitals to be rebuilt in 2020-25 (HIP1) and they were giving some money to a further 21 Trusts to develop business cases for a further 34 hospitals in 2025-30 (HIP2). A third round of developments for 2030-35 was included but no details have been confirmed yet.

The 21 Trusts given seed funding for HIP2 have now been announced as being fully funded (although 34 hospitals has reduced to 25 although there remain 21 business cases) with one additional hospital funded.

In addition, it has been announced that other new schemes will be invited to bid for funding for 8 more new hospitals – a proportion of which will be mental health hospitals. This appears to be additional funding as part of HIP2 as they were announced as part of the 2025-30 tranche. Whether HIP3 is still planned to happen is not clear.

7.1.3 Community Diagnostic Hubs

The report of a review of diagnostics by Professor Sir Mike Richards commissioned by NHS England and Improvement has been published. This proposes setting up Community diagnostic hubs or 'one stop shops' away from hospitals. This would both improve flow and reduce the risk of COVID-19 transmission. The recommendation is that we would three community diagnostic hubs per million population, therefore four would be required across the Birmingham and Solihull CCG. Whether paediatric diagnostics would be included is not concluded in the review. Other recommendations include doubling CT scanning capacity, increasing the colonoscopy workforce and training 2,000 additional radiologists and 4,000 additional radiographers. NHSE/I has yet to publish a formal response to the review indicating which recommendations are supported and how the proposals would be funded.

7.1.4 National Institute for Health Protection

The National Institute for Health Protection (NIHP) has been announced, bringing together Public Health England, NHS Test and Trace and the analytical capability of the Joint Biosecurity Centre under single leadership. The statutory formalisation and operation of the new organisation is expected in spring 2021.

7.1.5 CQC Strategy for 2021-26

The CQC has released its draft strategy for 2021-26. This includes plans to better assess quality of care through a pathway and across sector and service boundaries, including system-based reviews. Also included are plans to be more responsive to the development of new models of care such as remote consultations. The CQC also intends to learn from emergency measures taken during the current pandemic to develop a more proportionate, risk-based approach to regulation, for example using fewer physical inspections.

7.2 <u>Changes to and progress on the 2020/21 Strategy Implementation Plan</u>

Given the evolving landscape, three significant changes to or deviations from the Strategy Implementation Plan have been identified over the second quarter of 2020/21. These are:

- Operational performance (objective 4): the Trust's sites have been reconfigured to maximise capacity and separate hot and cold pathways in response to COVID-19 including the establishment of a cold elective site at Solihull to allow services to be restored as much as possible. Due to continued constrained capacity, RTT waits have grown significantly and a

system of clinical prioritisation has been put in place to maximise patient safety. In response to the Phase 3 letter activity plans have been agreed with commissioners and submitted to NHS England and Improvement.

- IT and clinical information systems (objective 6): due to data migration issues that would have had an adverse operational impact the go-live for a new patient administration system (PAS) at the Heartlands, Good Hope and Solihull sites has been deferred to 16 November.

- Research and Innovation (objectives 17-19): The pandemic has had significant effects on the research portfolio with a large number of pre-existing studies paused (although the vast majority have now recommenced) and a significant focus on COVID-19, with more than 90% of inpatients recruited to a study and more than 500 participants in the Oxford COVID-19 vaccine trial.

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 associated mitigating actions.

Accept the second quarterly Board update (covering the period July-September) against the 2020/21 Strategy Implementation Plan and the Guardian of Safe working report.