

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 25 JULY 2019

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

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

Signed: Mark Garrick	Date: 17 July 2019
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS THURSDAY 25 JULY 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 21 investigations underway in relation to clinical staff. There are also three investigations into non-clinical members of staff underway with a patient wellbeing component.

Staff group	Total currently underway*	Percentage of total staff numbers	New since 1 st June 2019	Closed since 1 st June 2019
Consultants	2	0.19%	0	1
Junior Doctors	4	0.30%	0	0
Nurses and Midwives	3	0.05%	1	4
Other AHP	1	0.08%	1	0
Nursing Auxiliaries / HCAs	8	0.29%	1	1
Non-clinical staff	3	0.05%	0	0
Total	21	0.10%	3	6

*as of 11/7/19.

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 the June report.

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

3. Inquest Update

3.1 Adverse inquest conclusions, 14/06/2019 - 13/07/2019

Theme	Inquest Date	Division	Location	Conclusion
Several falls on ward – last fall resulting in head injury	18/06/2019	3	GHH	Accidental death.
Complications following insertion of percutaneous endoscopic gastrostomy (PEG) tube.	20/06/2019	3	SHH	Narrative conclusion - complications following insertion of percutaneous endoscopic gastrostomy (PEG) tube.
Discharge following Second fracture without DVT (deep vein thrombosis) prophylaxis and discrepancy as to whether patient should be weight bearing.	21/06/2019	5	BHH	Accidental death contributed to by a period of immobility. The Coroner did not issue a Regulation 28 report however we have been asked to provide an update in 28 days on the action plan contained within the SI report advising what actions have been taken and what is outstanding together with timescales for completion.
Severe bleed following naso-pharyngeal suction	04/07/2019	6	BHH	Natural causes contributed to by an extremely rare but known complication of naso-pharyngeal suction and pneumonia

3.2 Unexpected Regulation 28 Report

The Trust has received an unexpected Regulation 28 report from the Assistant Coroner for Stoke on Trent/North Staffordshire relating to three interested parties: Good Hope Hospital, Queen's Hospital in Burton and the patient's GP. Notification of the Inquest was received early December 2018 and the Inquest took place on 14 May 2019. The Assistant Coroner did not summons any of the Trust's witnesses to attend the Inquest and their evidence was read out under Rule 23 (where evidence is not disputed or controversial in any way). The Assistant Coroner was concerned that no consideration was given to the change of pacemaker box being the source of the undiagnosed infection and no referral was made to a cardiologist. The Assistant Coroner was concerned that she heard no evidence of a referral process for patients who become unwell after pacemaker surgery. A report has been obtained from the Clinical Service Lead for Cardiology and a response is being finalised to go to the Assistant Coroner before the deadline of 26 July 2019.

3.3 Future inquests associated with an internal investigation or complaint, July – September 2019

Theme	Inquest Date	Division	Location	Investigation	Status
Bleeding from tracheostomy site following 'rolling' as part of pressure ulcer management.	05/08/2019	1	QEH	Divisional RCA	Complete
Failure to ensure patient only had access to thickened fluids and was supervised when eating/drinking.	05/08/2019	2	BHH	Divisional RCA	Complete. Inquest date has been brought forward due to witness unavailability.
Delay in identifying and managing dehydration and deterioration in patient's condition.	09/08/2019	5	QEH	Executive RCA	Complete. This case was discussed at the Executive RCA meeting on 04/07/2019. The final Executive RCA document and action plan will be sent to the Coroner shortly.
Review as to whether there was appropriate referral to support services throughout antenatal period.	19/08/2019	6	BHH	SI	Complete
Failure to escalate inability to obtain observations and blood samples	23/09/2019	3 and 5	QEH	Executive RCA	Awaited – due 14/08/2019
Review of dietary assessments and supervision whilst eating. Patient choked on a sandwich.	23/09/2019	3	SH	Divisional RCA	Complete
Failure to act on abnormal ECG results.	26/09/2019	2	SH	SI	Awaited – due 24/09/19
Delay in reporting of CT colonoscopy.	30/09/2019	1	BHH	SI	Awaited – due 17/09/19

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

Number of confirmed SIs, ISIs and Never Events for the period 1 – 30 June 2019.

Site/Type	Heartlands	Good Hope	Solihull	QEHB	Other	Total
Never Events	0	0	0	0	0	0
Serious Incidents	1	3	0	0	0	4
Internal Serious Incidents	0	0	0	0	0	0
Total	1	3	0	0	0	4

5. Clinical Quality Indicators: assessment areas

The Quality Development team is working with the Deputy Chief Nurse for Quality and Safety, Health Informatics and clinical teams to progress the development of suitable indicators for assessment areas. A detailed update on the development of indicators was provided in the June 2019 Chief Executive's Advisory Group report.

6. Clinical Quality Indicators

The Quality Development Team is approaching single specialty Clinical Service Leads to provide a handful of clinical quality indicators to demonstrate the quality of their service at both specialty and sub-specialty level along with several indicators identified for improvement. Once agreed by the Divisional Management Teams, work will be undertaken to see whether data for these indicators can be collected automatically through the Health Informatics department and provided as a regular report. It may not be possible to automate the provision of this data across all four sites initially due to the different IT systems in place.

7. Board of Directors' Unannounced Governance Visits

7.1 Summary of June 2019 visits

Five wards / areas were visited at Solihull Hospital on Thursday 27th June 2019. A summary of these visits is provided in Appendix A below.

7.2 Verbal update following July 2019 Visits

Five wards / areas are due to be visited at Good Hope Hospital (GHH) on Thursday 25th July 2019. A verbal update will be provided to the Board of Directors by the Non-Executive Directors following the visits.

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, Solihull Hospital, Thursday 27th June 2019

Ward/Area	Specialty	Visit team	Summary
Minor Injury Unit	Emergency Department	<ul style="list-style-type: none"> • Karen Kneller, Non-Executive Director • Jane Garvey, Non-Executive Director • Lisa Stalley Green, Executive Chief Nurse • Jonathan Brotherton, Chief Operating Officer • Kaveh Manavi, Deputy Medical Director • Ann Keogh, Head of Clinical Quality Benchmarking 	<p>There was a calm and welcoming atmosphere and the visiting team felt that they would be happy to be treated here. Patients were generally happy with the prompt triage and care although communication and expectation setting about next steps and possible waits to see the doctor or ENP could be improved. Staff were positive, happy and the clinicians felt to be credible. The area was attracting trainees who felt supported and that they had received good induction. Although an ENP down on that shift the area did not feel rushed.</p> <p>There has been no senior nurse in charge for a number of months and the team felt that there was a leadership gap as a consequence. The configuration of the area was confusing with respect to the different services being provided – AMU, Primary care and MIU. The area was small with some cluttering in the corridor. The environment was tired looking and although relatively tidy and clean in a few instances equipment in cubicles was found to be dusty. There was a randomness of content of information provided on the walls and information racks some of which was out of date.</p>
Ward 14	General Surgery / Urology	<ul style="list-style-type: none"> • Michael Sheppard, Non-Executive Director • Hayley Flavell, Deputy Chief Nurse • Clive Ryder, Deputy Medical Director • Imogen Acton, Head of Quality Development 	<p>Excellent feedback from patients. Very clean and tidy ward. Staff work well as a team across different disciplines. Some issues around patient flow between Solihull and Heartlands, particularly on a Saturday when the ward closes at 3pm. Retention of experienced nursing staff is currently a problem due to staff being moved from the ward to Heartlands either at the start of a shift or for a whole month at a time.</p>

Ward/Area	Specialty	Visit team	Summary
Ward 19	Respiratory	<ul style="list-style-type: none"> • Jon Glasby, Non-Executive Director • Cherry West, Executive Chief Transformation Officer • Tim Jones, Executive Chief Innovation Officer • Margaret Garbett, Director of Nursing • Ayne Ahmed, Quality Development Graduate Trainee 	<p>This was a positive visit to a well organised and well-staffed ward that is managing very well despite significantly lacking in space. Staff access to training and education were positively highlighted by junior medical staff, however Trust Grade staff commented that it is difficult to book study leave and that preference is given to junior medical staff. Staff were positive about working on the ward, good team working was evident and staff exhibited good morale and enthusiasm. However, several HCA's and one bank worker commented that they do not feel well supported or part of the ward team. The ward was very generally pleasant and tidy, however some areas were cluttered with equipment and trolleys. Information Governance aspects were correctly adhered to at all times, with the exception of the drugs room which was left open whilst not in use.</p>
Haematology and Oncology Day Unit	Haematology and Oncology	<ul style="list-style-type: none"> • Jacqui Smith, Chair • Simon Ball, Executive Medical Director • Kevin Bolger, Executive Chief Workforce and International Officer • Mark Garrick, Director of Quality Development • Mariola Smallman, Head of Medical Director's Services • Catriona Hampton, Quality Development Graduate Trainee 	<p>A positive visit to a friendly and pleasant unit. All patients were extremely complimentary about the staff and the level of care that they have received during their extended time at the unit. Overall the environment of the unit has been maintained to a high standard since the opening 13 months ago. There were mixed views about the limited variety and quality of sandwiches and snacks available for patients.</p>

Ward/Area	Specialty	Visit team	Summary
Radiology	Imaging	<ul style="list-style-type: none"> • Jackie Hendley, Non-Executive Director • Harry Reilly, Non-Executive Director • David Burbridge, Director of Corporate Affairs • Richard Steyn, Deputy Medical Director • Ian Sharp, Deputy Medical Director • Samantha Baker, Quality Development Manager 	<p>A positive visit to a calm area consisting of many smaller sections, which was well organised, clean and tidy. Feedback from patients was very positive, saying that staff were all friendly and professional. Staff were very proud of their area and their work, and many of them had worked there for many years. Staff informed the visitors that there were staff shortages, especially of radiographers which they can currently cover using bank and agency staff, however this is a national problem.</p>