

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

**BOARD OF DIRECTORS
THURSDAY 24 JANUARY 2019**

Title:	QUALITY PERFORMANCE REPORT	
Responsible Director:	Mark Garrick, Director of Quality Development	
Contact:	Ann Keogh, Head of Clinical Quality Benchmarking, 13684 Imogen Acton, Head of Quality Development, 13687 Samantha Baker, Quality Development Manager, 13646	
Purpose:	To provide assurance on clinical quality to the Board of Directors and detail the actions being taken following the December 2018 UHB Clinical Quality Monitoring Group (CQMG) meeting, and the Clinical and Professional Review of Incidents Group (CaPRI) meetings.	
Confidentiality Level & Reason:	None	
Annual Plan Ref:	CORE PURPOSE 1: CLINICAL QUALITY Strategic Aim: To deliver and be recognised for the highest levels of quality of care through the use of technology, information, and benchmarking.	
Key Issues Summary:	<p>Updates provided on the following areas:</p> <ul style="list-style-type: none"> • Staff investigations currently underway • Adverse inquest conclusions • Number of Serious Incidents / Internal Serious Incidents / Never Events • Clinical quality indicators update • Specialty indicators • Board of Directors' Unannounced Governance Visits 	
Recommendations:	<p>The Board of Directors is requested to:</p> <p>Discuss the report on quality performance and associated actions.</p>	
Approved by:	Mark Garrick	Date: 16/01/2019

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BOARD OF DIRECTORS
THURSDAY 24 JANUARY 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 following the December 2018 UHB Clinical Quality Monitoring Group (UHB CQMG) meeting and the Clinical and Professional Review of Incidents Group (CaPRI) meetings. The Board of Directors is requested to discuss the contents of this report and approve the actions identified.

2. Investigations into Staff Performance

There are currently 25 investigations underway in relation to clinical staff. There are also 2 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 previous report (December)	Closed since previous report (December)
Consultants	6	0.58%	0	1
Junior Doctors	5	0.37%	2	0
Nurses and Midwives	8	0.13%	2	6
Nursing Auxiliaries / HCAs	2	0.07%	0	1
Allied Health Professionals	4	0.32%	2	0
Non-clinical staff	2	0.03%	2	1
Total	27		8	9

Data sources:

Number of investigations: from report provided to CaPRI meetings, as of 10/01/19.

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

3. Inquest Update

3.1 Adverse Inquest Conclusions, 01/12/18 – 31/12/18

There were no complex inquests during this period.

3.2 Future inquests associated with an internal investigation or complaint

Theme	Inquest Date	Divisions & Specialties	Location	Investigation	Status
Patient discharged following elective coronary angio without prescription of dual anti-platelet medication and no TTO for ticagrelor.	10/01/19	Div B Cardiology	QEH	SI	SI awaited
Discharge following Segond fracture without DVT prophylaxis and discrepancy as to whether patient should be weight bearing.	18/01/19	Div 5 Trauma & Orthopaedics	BHH	SI	SI awaited
Possible missed opportunities for earlier surgical intervention where patient represented numerous times over a 5 month period.	18/01/19	Div B General Surgery	QEH	Divisional RCA	RCA awaited
Development of left sided pneumothorax and pleural effusion following insertion of NJ tube.	22/01/19	Div 5 Gastro- enterology	GHH	SI	SI awaited
Failure to follow advice by vascular team to transfuse patient despite prescription being completed.	24/01/19	Div 5 Vascular & Urology	GHH	Divisional RCA	RCA awaited
Possible inappropriate discharge with raised INR.	25/01/19	Div 3, 4 and 5 General Medicine, Elderly Care & General Surgery	GHH	Exec RCA	RCA awaited
Possible misplaced NG tube likely resulting in aspiration	08/03/19	Div D Neurosurgery	QEH	SI	SI awaited
Missed opportunities and delay in diagnosing multiple pulmonary emboli following knee replacement.	TBC	Div 1, 5 Trauma & Orthopaedics	GHH	SI	SI awaited
Delay in acting on urgent CT scan report – potentially not causative in this case.	No date	Div C Respiratory Medicine	QEH	Exec RCA	Awaiting outcome of Exec RCA

Theme	Inquest Date	Divisions & Specialties	Location	Investigation	Status
Fall on ward and diagnosis of chronic subdural haematoma rather than acute – rapid deterioration of patient.	No date	Div B GI Medicine	QEH	Falls RCA	Awaiting final draft of falls RCA

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

4.1 The table below provides an update on the number of confirmed SIs, ISIs and Never Events for the period 1 – 31 December 2018.

	Heartlands	Good Hope	Solihull	QEHB	Other	Total
Never Events	0	1	0	0	0	1
Serious Incidents	2	3	1	3	0	8
Internal Serious Incidents	3	0	0	3	0	6
Total	5	4	1	6	0	16

4.2 Update regarding August data reported in the October BOD paper: one of the Never Events assigned to QEHB (guidewire left in situ) has since been downgraded by the CCG. The specific line used did not have a guidewire, and the object left in situ does not pose any additional risk to the patient other than the potential for infection; infection is a risk associated with any line insertion.

5. Clinical Quality Indicators: assessment areas

5.1 A focus group was held in December 2018 at QEHB to discuss appropriate quality indicators for assessment areas, it was well attended and the input has been valuable. Further groups have been arranged with senior nursing staff at Heartlands, Good Hope and Solihull during January and February 2019. The focus groups will be led by the Quality Development team, the Deputy Chief Nurse for Quality and Safety and the Lead Nurse for Clinical IT. Consideration will be given to whether the data can be captured electronically on each site and when this can be achieved. The Head of Quality Development attended the Health Informatics' Away Day in January 2019 to share and agree the priorities for indicator development.

5.2 For a list of suggested indicators to date, please see Appendix A. Please note that these are suggestions only – some may not be currently feasible, e.g. if the electronic data is not available.

6. Quality Account - Quality Improvement Priorities

6.1 Updates on the six Quality Improvement Priorities will be provided in this report quarterly, however an update on the sepsis priority is provided below.

6.2 Priority 6: Timely treatment for sepsis

QEHB data for Q3 2018/19 is still being collected; Provisional HGS data for October & November 2018 is included however ED data for October 2018 may change following further review by Dr Ed Moran, Consultant in Infectious Diseases.

The next meeting of the Trust Strategic Sepsis group is scheduled for mid-January 2019.

Performance - Screening

QEHB is achieving the target of 90% or higher for screening overall. Performance for the Emergency Department has dropped for screening during Quarter 2 2018/19. A new, tighter methodology was introduced during this quarter which may explain this performance change. HGS continues to improve performance for screening overall however this remains below 90%.

	2017/18				2018/19		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3*
QEHB IP	36%	74%	97%	100%	99%	98%	TBC
QEHB ED	100%	99%	100%	100%	95.2%	85.7%	TBC
QEHB Total	59%	82%	98.5%	100%	97%	91%	TBC
HGS IP	88.7%	88.0%	87.4%	53.3%	63.2%	83.7%	84.1%
HGS ED	52.5%	47.9%	45.1%	54.2%	57.1%	62.5%	59.7%
HGS Total					59.7%	70.5%	72.3%

*Q3 2018/19: HGS October & November 2018 data only, and is subject to further review.

HGS December 2018 audit data not yet available.

QEHB audit underway.

Performance - Timely Antibiotic Administration

QEHB has improved performance for administration of antibiotics within 60 minutes from time of diagnosis achieving over 90% in quarter 2 2018/19. HGS performance for antibiotic administration has improved for inpatients and ED overall.

	2017/18				2018/19		
	Q1	Q2	Q3	Q4	Q1	Q2	Q3*
QEHB IP	76%	67%	91%	72%	89.1%	92.5%	TBC
QEHB ED	74%	62%	72%	66%	88.7%	93.3%	TBC
QEHB Total	74%	66%	81.5%	69%	88.8%	93%	TBC
HGS IP	76.3%	81.8%	79.4%	71.4%	68.6%	69.2%	66.7%
HGS ED	38.3%	25.6%	39.1%	43.8%	53.8%	46.7%	50.0%
HGS Total					60.8%	57.1%	60.8%

*Q3 2018/19: HGS October & November 2018 data only, and is subject to further review.

HGS December 2018 audit data not yet available.

QEHB audit underway.

7. **Specialty Indicators**

7.1 Meetings have started with the phase 1 specialties' CSLs, identified as part of the case for change and in line with the *Strategic Operations*

Steering Group service integration plans. Diabetes, Cardiology, Renal Medicine and Vascular Surgery have been sent their data and meetings are planned or have taken place. Review and comparison of the clinical quality indicators already collected by each site is being undertaken and the CSLs have been asked to agree a handful of indicators which could demonstrate the quality of their speciality and subspecialties along with a couple of indicators for improvement. Comparison of definitions and outcome data will be reviewed as part of this process. Meetings with the CSLs of those specialties who have not yet returned any indicators will be arranged separately.

7.2 Identification of Informatics support, particularly on the HGS sites, will form part of this process and link to the current Quality and Outcomes Research Unit (QuORU) workstream.

8. **Executive Care Omissions Root Cause Analysis meetings (“Executive RCAs”)**

8.1 Meeting dates

Executive RCA meetings for 2019 have been arranged and dates circulated to the Divisions. All meetings are now Trust level and will alternate between the QEH and BHH sites. There will be 1-2 meetings per month to ensure there is enough time to review cases.

9. **Board of Directors’ Unannounced Governance Visits**

9.1 Summary of visits in November 2018 & December 2018

Five wards / areas were visited at Birmingham Heartlands Hospital on Thursday 29th November 2018. A summary of these visits is provided in Appendix B below.

Five wards / areas were visited at Queen Elizabeth Hospital Birmingham on Thursday 6th December 2018. A summary of these visits is provided in Appendix C below.

9.2 Five wards are due to be visited at Heartlands Hospital on Thursday 24th January 2019. A verbal update will be provided to the Board of Directors by the Non-Executive Directors on the visits which have taken place on the morning of the meeting.

10. **Recommendations**

The Board of Directors is requested to:

Discuss the report on quality performance and associated actions.

Mark Garrick
Director of Quality Development

Appendix A: Clinical Quality Indicators for Assessment Areas – indicators suggested to date

- Full set of observations and pain assessment on admission (timescales to be decided – may vary by area)
- Timely response to high pain score
- Length of stay in assessment area (likely to vary by area)
- Timeliness of clerking
- Timeliness of senior review

Appendix B: Summary of Board of Directors' Unannounced Governance Visits, Birmingham Heartlands Hospital, Thursday 29th November 2018

Ward/Area	Specialty	Visit team	Summary
Short Stay Unit	Diabetes	Mike Hallissey, Medical Director (Interim) Kevin Bolger, Executive Director of Strategic Operations (and External Affairs) Ayne Ahmed, Medical Directorate Graduate Trainee Catriona Hampton, Medical Directorate Graduate Trainee	Overall a positive visit to a clean and friendly ward. Whilst they are struggling with their high vacancy rate, they are maintaining high standards of care and compassion, with patients commenting on the friendliness and professionalism of staff. Staff were very complimentary of the support and excellent leadership demonstrated by their ward manager. A few IG issues were observed as well as concerns raised by staff at their current ability to deal with patients of varying neurodegenerative and mental health issues.
Ward 6	Cardiology	Michael Sheppard, Non-Executive Director Margaret Garbett, Director of Nursing Clive Ryder, Deputy Medical Director Mark Garrick, Director of Quality Development Ann Keogh, Head of Clinical Quality Benchmarking	Overall a very positive visit, the ward appeared to be very well led and managed. The staff were very complimentary about their colleagues and there appeared to be very good multidisciplinary team working. Morale was good and staff felt supported. The ward decor was drab having not had a recent refurbishment. Several IG issues observed.
Ward 11	SAU/ General Surgery	Javid Kayani, Deputy Medical Director David Burbridge, Director of Corporate Affairs Mariola Smallman, Head of Medical Directors' Services	A positive visit to a clean and tidy ward. Staff were friendly and helpful, including an appreciation of the need to "pull" patients from ED. External factors can impact on patient flow and are highlighted for divisional management to address with operational leads. The unit takes general surgery, vascular and urology patients. There were two medical outliers on the day of the visit; both of which highlighted issues with their previous discharges from other wards.
Ward 20	Acute Medicine	Simon Ball, Director of Digital Healthcare Julian Miller, Director of Finance Mehrunnisa Lalani, Non-Executive Director Imogen Acton, Head of Quality Development	Very positive visit to a highly organised ward with visible and strong nursing leadership. Busy unit which is managing very well with high vacancy and long term sickness rates. Improvements required in relation to IT equipment (Toughbooks which nursing staff use for drug administration had keys missing and were noticeably dirty). Issue with IT system called MSS Patient First which has been going down for long periods daily on AMU for past 2 months - staff use this to find out how long patients referred to medicine have been waiting in the Emergency Department. There are more locum consultants on the unit and less consistent senior medical leadership as a result.

Ward/Area	Specialty	Visit team	Summary
Ward 24	Respiratory	Jane Garvey, Non-Executive Director Tim Jones, Executive Director of Workforce & Innovation Lisa Stalley Green, Executive Chief Nurse Fiona Alexander, Director of Communications Kieran Bolger, Quality Support Manager	Overall a very positive visit to a calm, friendly and well organised ward. Staff were open, friendly and enthusiastic about their work, and patients were full of praise for the staff and the care they have received. There appeared to be a good multidisciplinary working relationship.

Appendix C: Summary of Board of Directors' Unannounced Governance Visits, Queen Elizabeth Hospital Birmingham, Thursday 6th December 2018

Ward/Area	Specialty	Visit team	Summary
Ambulatory Care	Day Surgery	Jackie Hendley, Non-Executive Director Clive Ryder, Deputy Medical Director Fiona Alexander, Director of Communications Mariola Smallman, Head of Medical Directors' Services	A very positive visit to a busy area which has throughput of 70 – 94 patients per day. The department was very clean and tidy. Feedback from patients was positive overall. Staff were friendly and professional. Good team working was evident. Receiving medical outliers can impact on the smooth running of the department but it was recognised that this was necessary due to ED/CDU pressures.
Ward 304	Cardiology	Jon Glasby, Non-Executive Director Mike Hallissey, Medical Director (Interim) Jonathan Brotherton, Executive Chief Operating Officer, HGS Catriona Hampton, Quality Development Graduate Trainee	A visit to a clean and positive ward. Patients that were spoken to were mostly happy with their care overall, though there appeared to be a few issues surrounding patients knowing who their consultant was. The charge nurse seemed to be creating a positive environment for staff, patients and visitors alike.
Ward 411	Neurology, with allocated medical beds	Kevin Bolger, Executive Director Strategic Operations (and External Affairs) Richard Steyn, Deputy Medical Director Gaynor Watters, Revalidation Support Manager	A positive visit, staff are happy to work there and are committed to the team, morale seemed good. Overall clean and tidy well stocked ward.
Ward 624	Urology, with allocated medical beds	Michael Sheppard, Non-Executive Director Tim Jones, Executive Director of Delivery Mark Garrick, Director of Quality Development Samantha Baker, Quality Development Manager	A positive visit, staff are happy to work there, morale seemed good and patients were complimentary. May benefit from some decluttering of equipment.
Ward 727	Liver and GI Medicine	Harry Reilly, Non-Executive Director Cherry West, Executive Chief Operating Officer Margaret Garbett, Director of Nursing Imogen Acton, Head of Quality Development	Excellent feedback from patients and relatives. Staff working on the ward felt very supported and highlighted the sense of teamwork. The ward was very tidy and clean overall. Actions around Healthcare Assistant staffing and the kitchen environment could be improved.