

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 28 JULY 2016**

<b>Title:</b>	<b>CLINICAL QUALITY MONITORING REPORT</b>
<b>Responsible Director:</b>	David Rosser, Executive Medical Director
<b>Contact:</b>	Mark Garrick, Director of Medical Director's Services, 13699

<b>Purpose:</b>	To provide assurance on clinical quality to the Board of Directors and detail the actions being taken following the June 2016 Clinical Quality Monitoring Group (CQMG) meeting.	
<b>Confidentiality Level &amp; Reason:</b>	None	
<b>Annual Plan Ref:</b>	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.	
<b>Key Issues Summary:</b>	<ul style="list-style-type: none"> <li>• Update provided on the investigations into Doctors' performance which are currently underway.</li> <li>• Latest performance for a range of mortality indicators (CUSUM, SHMI, HSMR).</li> <li>• Update on the CQC Cardiac Surgery Inspection and external review.</li> <li>• Themes from the action plan following the most recent Board of Directors' Unannounced Governance Visit.</li> </ul>	
<b>Recommendations:</b>	The Board of Directors is asked to:  Discuss the contents of this report and approve the actions identified.	
<b>Approved by:</b>	Dr David Rosser	Date: 15/07/2016

# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

**BOARD OF DIRECTORS  
THURSDAY 28 JULY 2016**

## **CLINICAL QUALITY MONITORING REPORT**

### **PRESENTED BY EXECUTIVE MEDICAL DIRECTOR**

#### **1. Introduction**

The aim of this paper is to provide assurance of the clinical quality to the Board of Directors, detailing the actions being taken following the June 2016 Clinical Quality Monitoring Group (CQMG) meeting. The Board of Directors is requested to discuss the contents of this report and approve the actions identified.

#### **2. Investigations into Doctors' Performance**

There are currently nine investigations underway into Doctors' performance. The investigations relate to seven Consultant Grade Doctors, one Health Education England – West Midlands Trainee and one Specialty Doctor.

#### **3. Mortality - CUSUM**

Two minor CCS (Clinical Classification System) groups (these groups are not included in the HSMR) triggered in March 2016 with higher than expected deaths. The groups are 'influenza (123)' and 'other and unspecified benign neoplasm (47)'. The patient case lists for these groups were reviewed at the CQMG meeting in June 2016 and no concerns or further actions were identified. Please see Figure 1 on the following page.

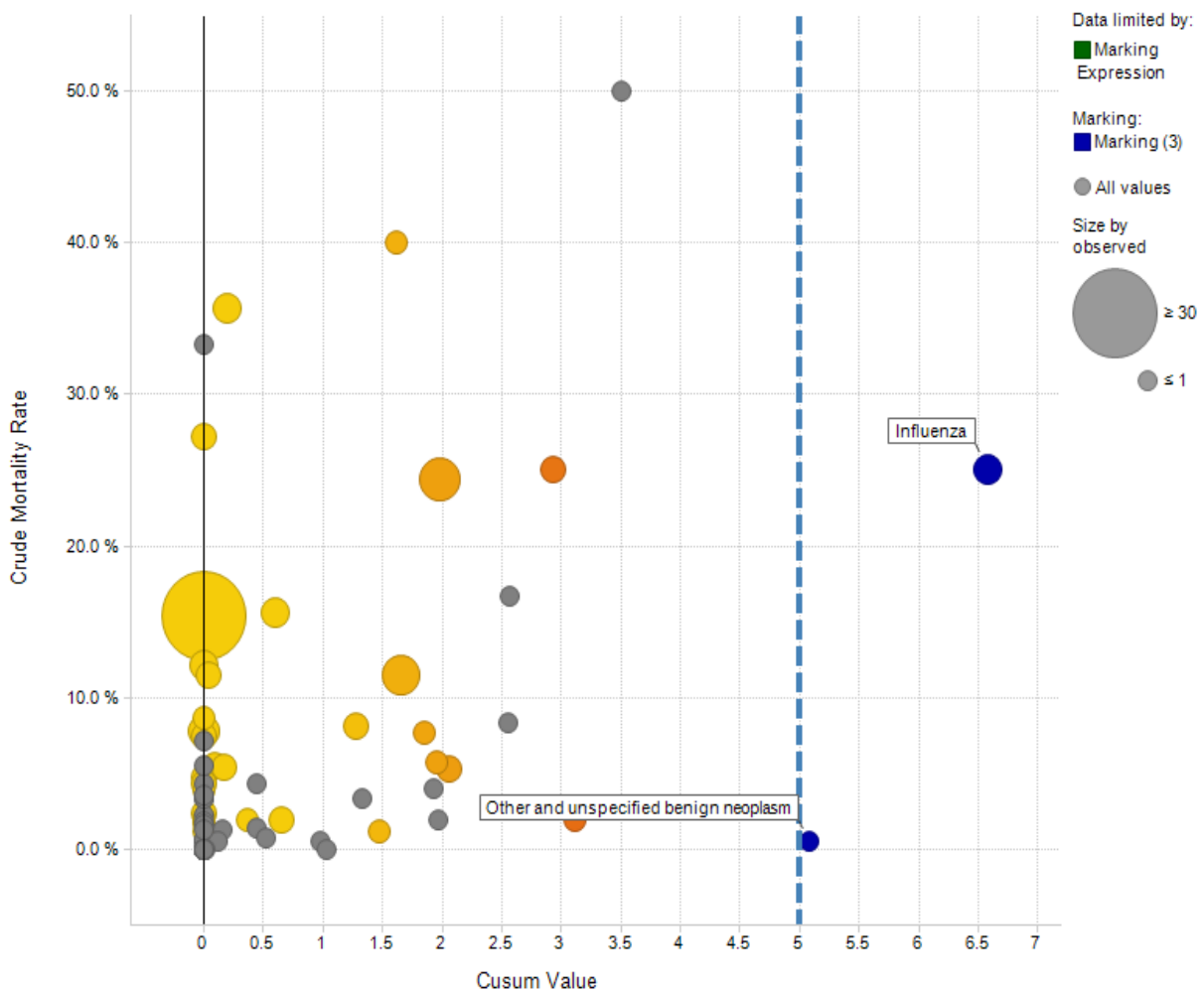


Figure 1: UHB CUSUM in March 2016 for Minor (non-HSMR) CCS Groups

As reported to the June 2016 Clinical Quality Committee (CCQ) the CCS group – 233: Intracranial injuries has also been identified as having higher than expected deaths (see figure 2 on the following page). As previously reported this group includes all head injuries and the complexities of the Major Trauma Centre (MTC) are not fully reflected in the expected number of deaths. The predicted time between this CCS group triggering is nine months with the group previously triggering in March 2015.

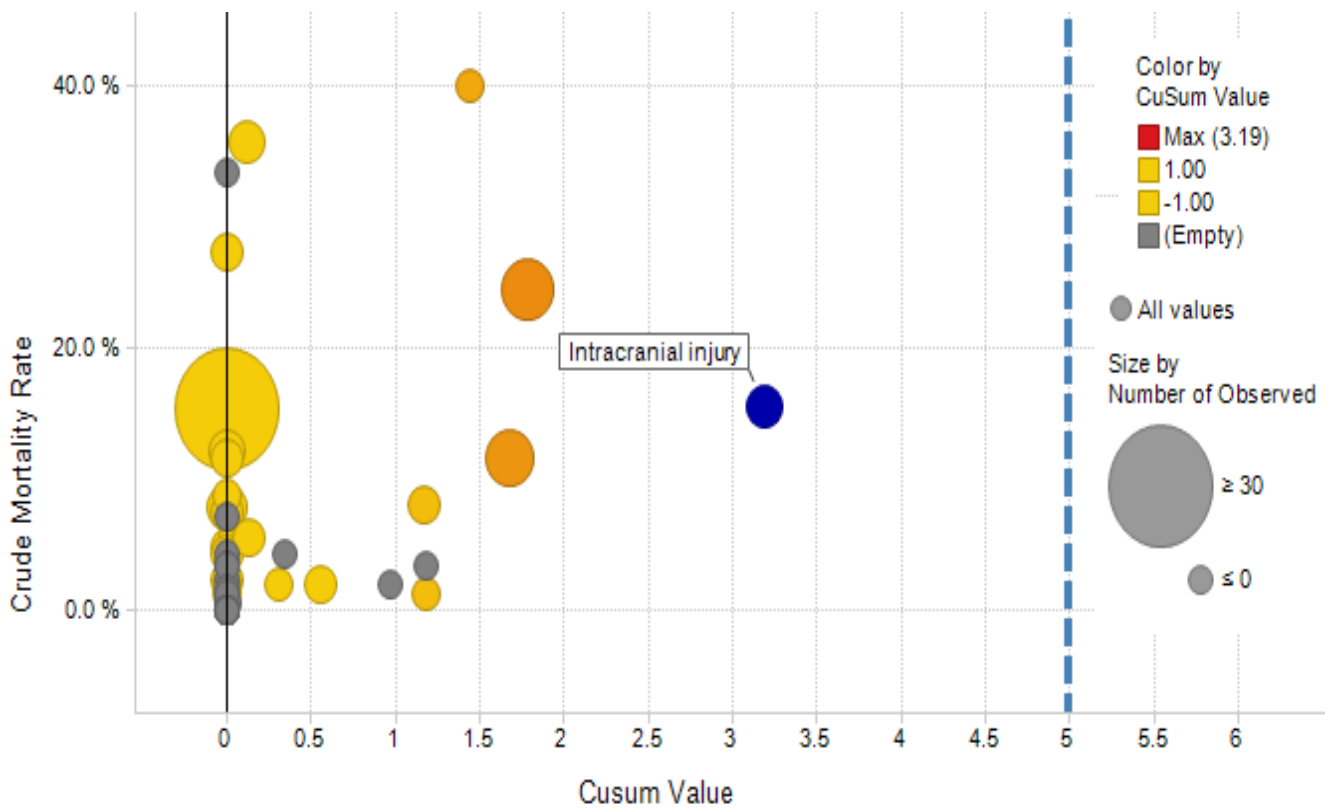


Figure 2: UHB CUSUM in March 2016 at Trust level

The Trust's overall mortality rate as measured by the CUSUM is within the acceptable limits (see Figure 3 below).

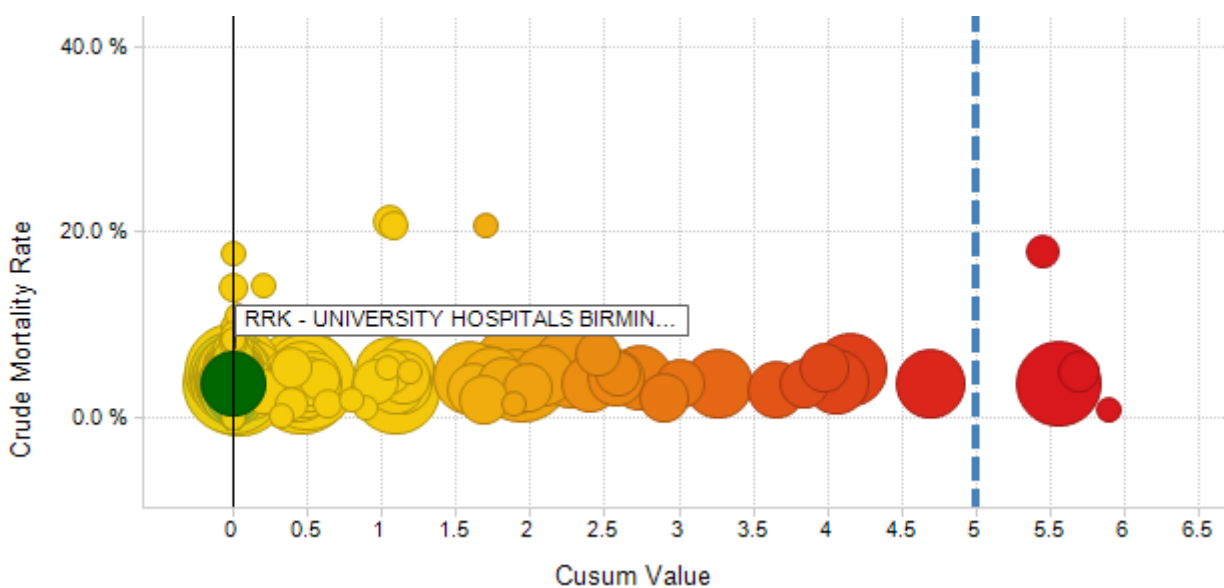


Figure 3: UHB CUSUM in March 2016 at Trust level

#### 4. Mortality - SHMI (Summary Hospital-Level Mortality Indicator)

The Trust's SHMI performance from April 2015 to February is 100.00. The Trust has had 2410 deaths compared with 2411 expected. The Trust is within the acceptable limits as shown in Figure 4 below.

Please note that funnel plot is only valid when SHMI score is 100 for all the organisations (shown below) as a whole. It can be verified through highlightin

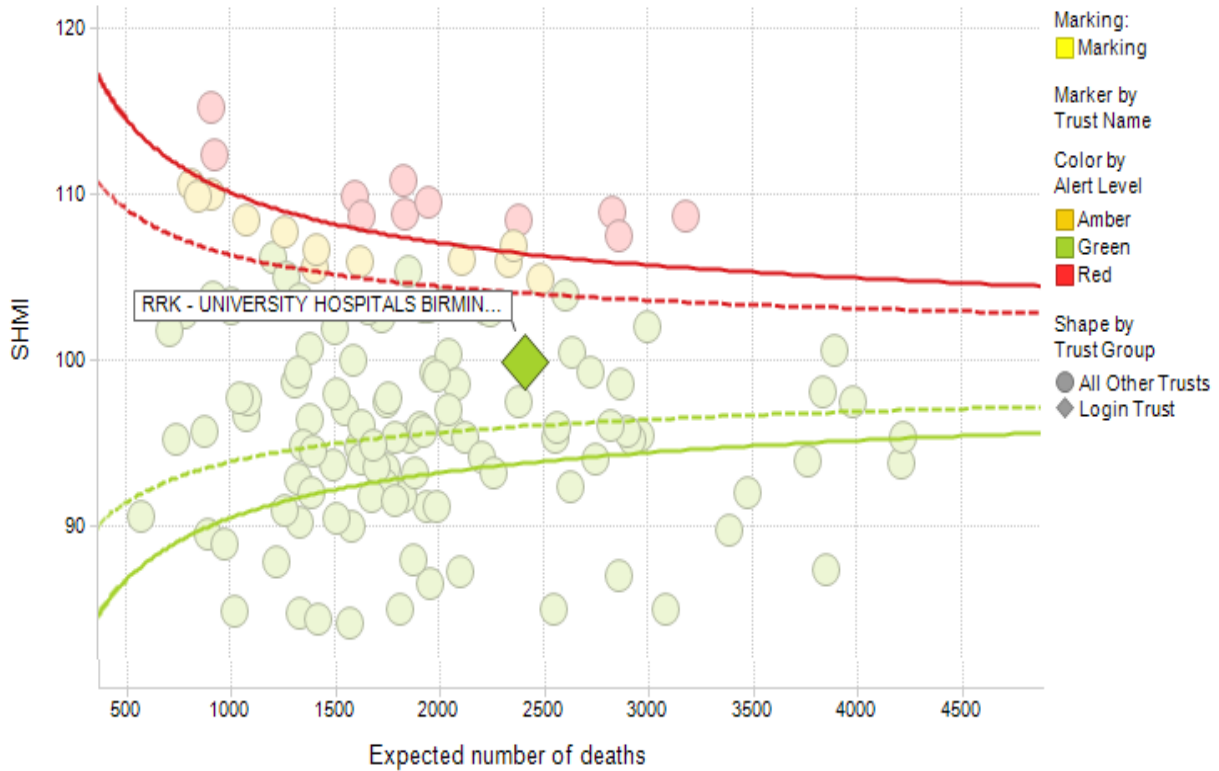


Figure 4: UHB SHMI

#### 5. Mortality - HSMR (Hospital Standardised Mortality Ratio)

The Trust's HSMR in 2015/16 (April 2015 – May 2016) is 104.28 which is slightly above expected. The Trust had 1669 deaths compared with 1600 expected (see Figure 5 on the following page).

Please note that the funnel plot is only valid when the overall HSMR score is around 100.

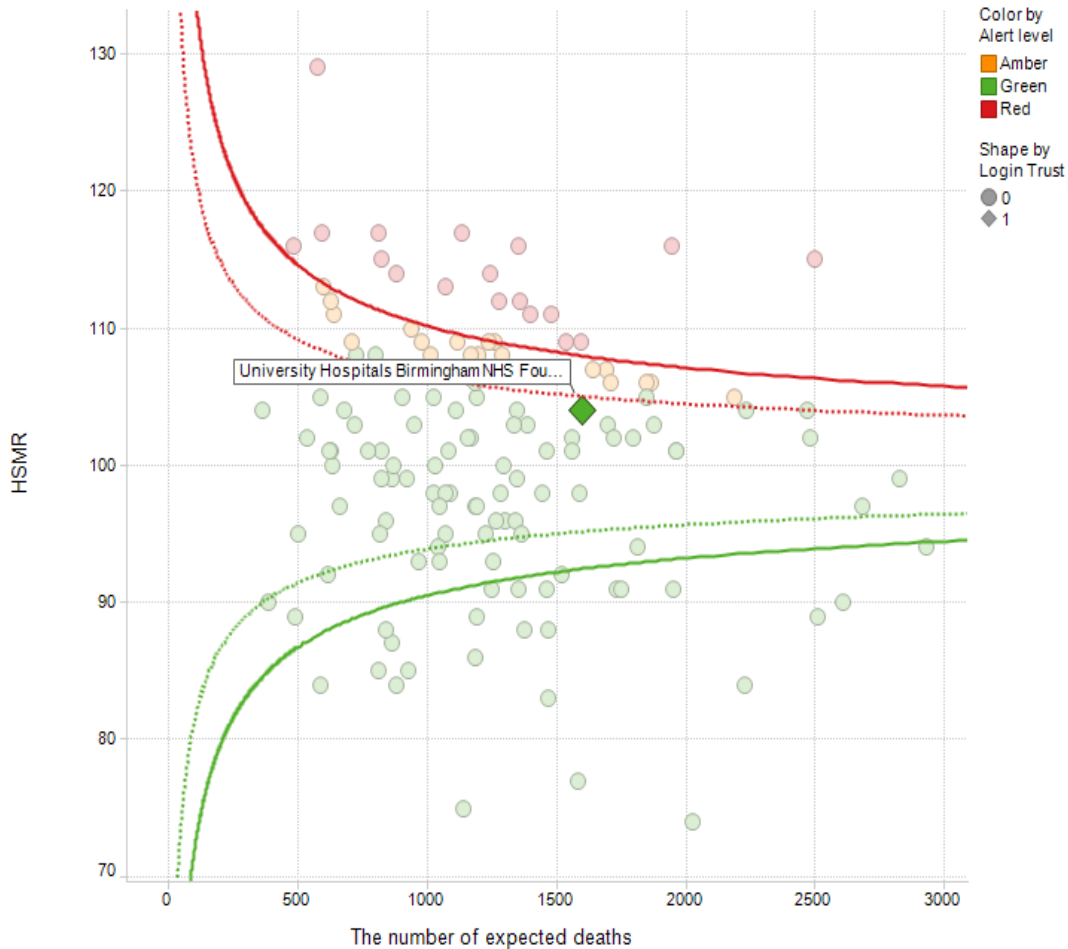


Figure 5: UHB HSMR

## 6. Cardiac Surgery Inspection and Cardiac Surgical Quality Improvement Programme (CSQIP).

6.1 The Care Quality Commission (CQC) carried out a focused inspection relating to cardiac surgery on the 21 and 22 December 2015. The visit was triggered by the release of data in September 2015 by the National Institute for Cardiovascular Outcomes Research suggesting that the Trust is an outlier in terms of mortality. During September 2015 the Trust had established, before any notification from the CQC, a Cardiac Surgical Quality Improvement Program (CSQIP).

6.2 Following the inspection to the CQC placed the following 2 conditions on the Trusts registration with the CQC:

- (i) Trust is required to commission an external review of the service and this was due to be completed by 31 March 2016; and
- (ii) The Trust is required to submit weekly outcome data to the CQC every Wednesday.

- 6.3 Since the 2015/16 quarter 4 report the Trust has responded to the recommendations from both the CQC's and external reviewer's reports. Whilst the majority of the actions in response to the recommendations were already being progressed through the CSQIP, the additional actions identified have been added to the project plan.
- 6.4 On the 25 May 2016 the Trust received notification from the CQC that the above two conditions are removed from the Trust's registration and noted that the data and information submitted demonstrated improvements had been made in the service which has reduced the risk of harm to patients. The CQC advised that the data still demonstrated some variation and requested that the Trust continues to submit the monitoring data on a quarterly basis. The Trust will be submitting an update on the clinical outcome data and the actions in response to the CQC's and external reviewer's recommendations during July 2016.
- 6.5 The Cardiac Surgery Quality Improvement Programme (CSQIP) project plan continues. The project plan is monitored on a weekly basis by the project group and reports on progress against the project plan are provided to the Cardiac Surgery Steering Group and the Cardiac Surgery Oversight Group.

## **7. Board of Directors Governance Visits**

- 7.1 The visit on the 12 May 2016 was to Ward CDU (Clinical Decisions Unit). The visit was largely positive in an area of the hospital that is exceptionally busy. Very good feedback received from patients and staff. Some minor environmental issues need to be addressed as well as the consistency on the daily checks of the resuscitation equipment. The following improvement actions were identified and shared with the Divisional Management Team for resolution:
- Patients advised that sometimes there are delays in the call bells being answered by nursing staff.
  - A number of patients acknowledged how busy the ward is but advised that the level of care received on the ward was excellent,
  - Two newly qualified nurses on the ward were very enthusiastic about working on CDU and advised that the pressures on the ward meant that they learned quickly on the job and gained a lot of experience.
  - Some staff raised the issue of medical staff recruitment for the ward. There were issues with the level of support discussed and proposed solutions currently being worked through.
  - Two nurses were recruited via the Perceptorship programme and spoke very highly of the opportunities that had been provided to them.
  - There were sharps bins attached to all the resus trollies, against Trust policy. Some of these sharps bins were also missing lids these sharps bins had been remove immediately.

- There was a number of unofficial Trust Signs which had been printed and stuck to the walls / doors using sellotape. These often looked untidy and Trust approved signage required.
- The unit was generally clean and tidy.

## 8. **Recommendations**

The Board of Directors is asked to:

Discuss the contents of this report and approve the actions identified.

David Rosser, Executive Medical Director