UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 27 APRIL 2017

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

Purpose:	To provide assurance on clinical quality to the Board of Directors and detail the actions being taken following the March 2017 Clinical Quality Monitoring Group (CQMG) meeting.	
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:	• Update provided on the investigations into Doctors' performance which are currently underway. • Latest performance for a range of mortality indicators (CUSUM, SHMI, HSMR). • Mortality for emergency admissions: analysis of UHB data from April 2002 to January 2017. • Update on the CQC Cardiac Surgery Inspection and external review. • Themes from the action plan following the most recent Board of Directors' Unannounced Governance Visit.	
Recommendations:	The Board of Directors is asked to: Discuss the contents of this report and approve the actions identified.	
Approved by:	Dr David Rosser	Date: 13/04/2017

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS
THURSDAY 30th MARCH 2017

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 March 2017 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 six investigations underway into Doctors' performance. The investigations relate to six Consultant Grade Doctors.

3. Mortality - CUSUM

1 CCS (Clinical Classification System) groups had a higher than expected mortality in December 2016. The groups include 'Non-Hodgkin's lymphoma (38)'. Please see Figure 1 below.

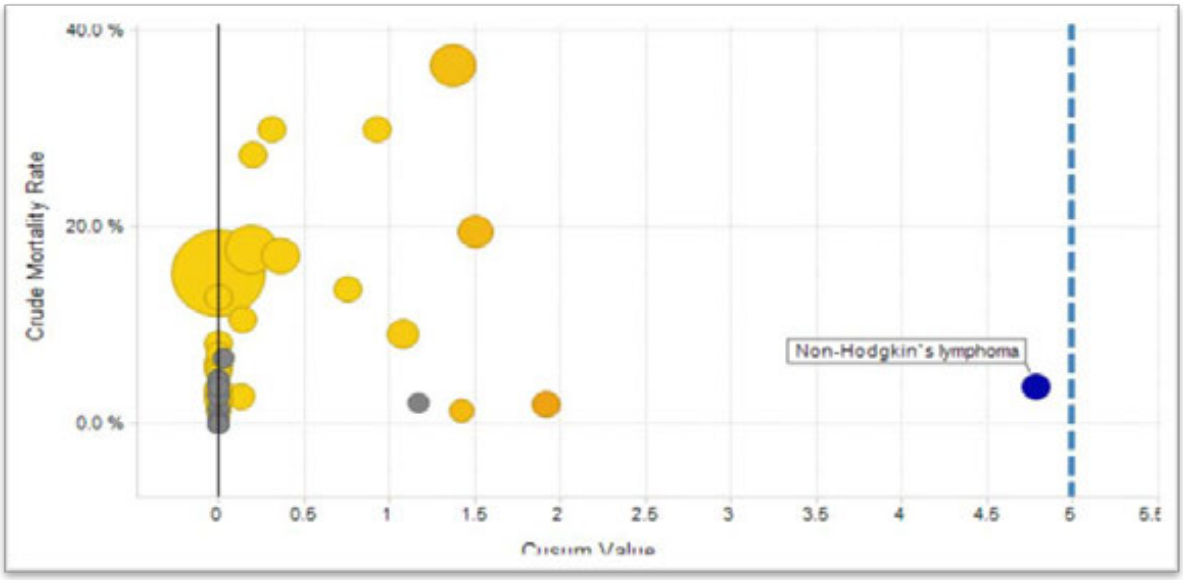

Figure 1: UHB CUSUM in December 2016 for CCS Groups

As a result of a clinical incident a review is being undertaken into a number of deaths of haematology cases. This review is being undertaken by the Clinical Director for Haematology and Oncology from Heart of England NHS Foundation Trust (HEFT). The outcomes of the review will be reported in the future.

The Trust's overall mortality rate as measured by the CUSUM is within the acceptable limits (see Figure 2 below).

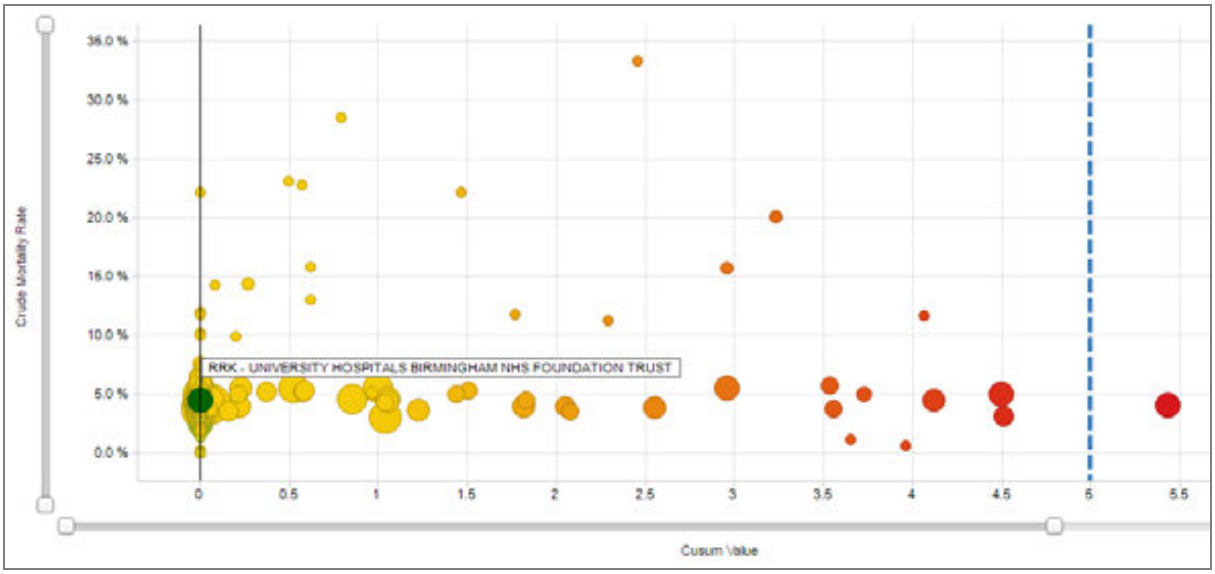

Figure 2: UHB CUSUM in December 2016 at Trust level.

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

The Trust's SHMI performance from April 2016 to November 2016 was 101. The Trust has had 1704 deaths compared with 1687 expected. The Trust is within the acceptable limits as shown in Figure 3 below.

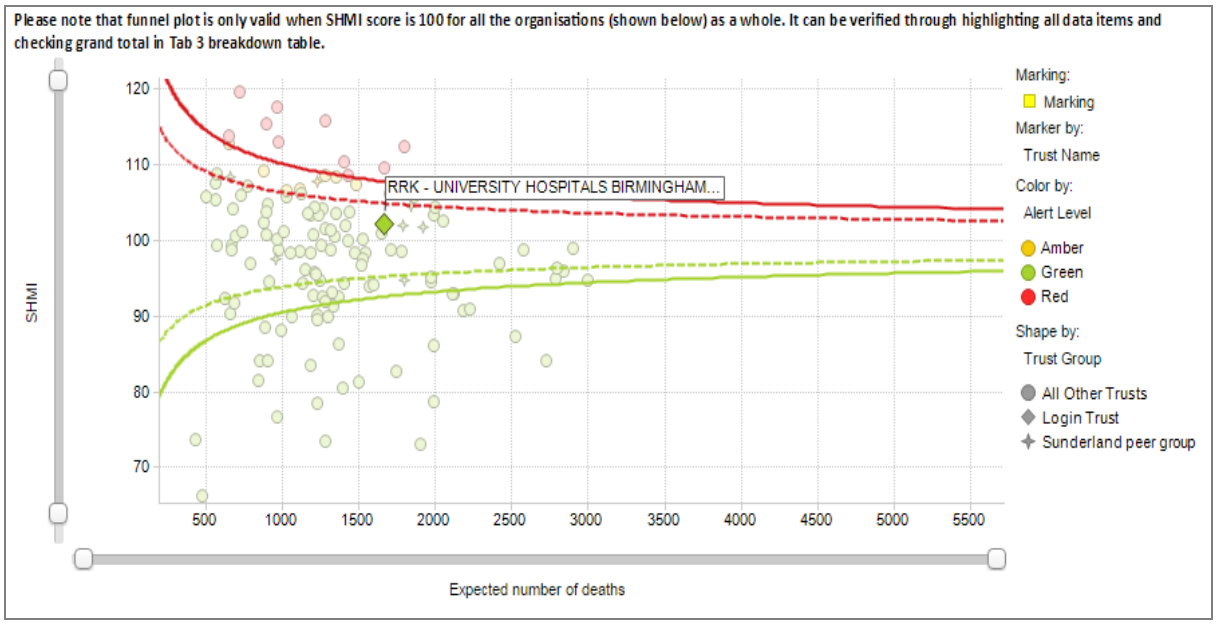

Figure 3: UHB SHMI

5. Mortality - HSMR (Hospital Standardised Mortality Ratio)

The Trust's HSMR in 2016/17 (April 2016 – December 2016) is 101 which is slightly above the expected. The Trust had 1176 deaths compared with 1157 expected (see Figure 4 below).

Figure 4: UHB HSMR

6. Mortality for emergency admissions: analysis of UHB data from April 2002 to January 2017

6.1 The annual number of deaths for emergency admissions at UHB is similar at the start and end of the period analysed, but the annual number of discharges has risen by 54% during this period see figure 5 below.

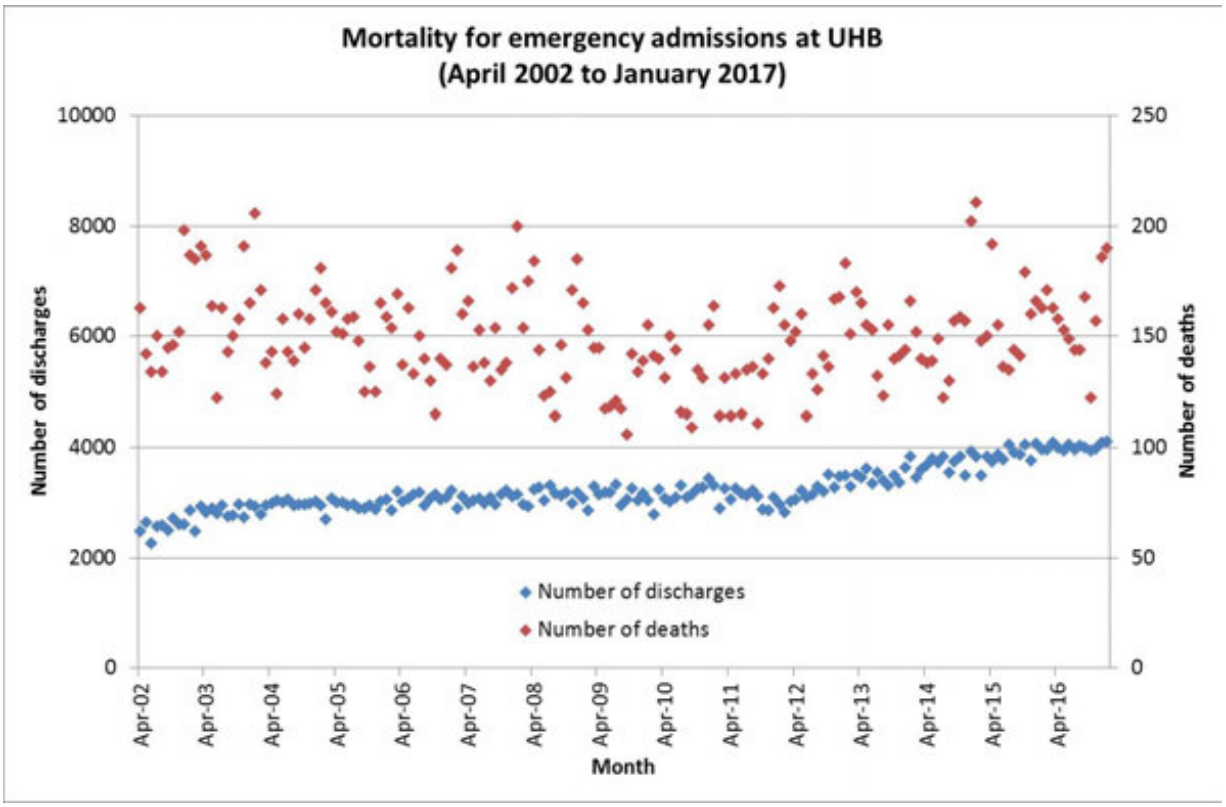

Figure 5: Mortality for emergency admissions at UHB

6.2 Mortality was highest in the twelve months ending May 2003, when it was 6.19%, and was lowest in the twelve months ending November 2016, when it was 3.87%. See figure 6 on the following page.

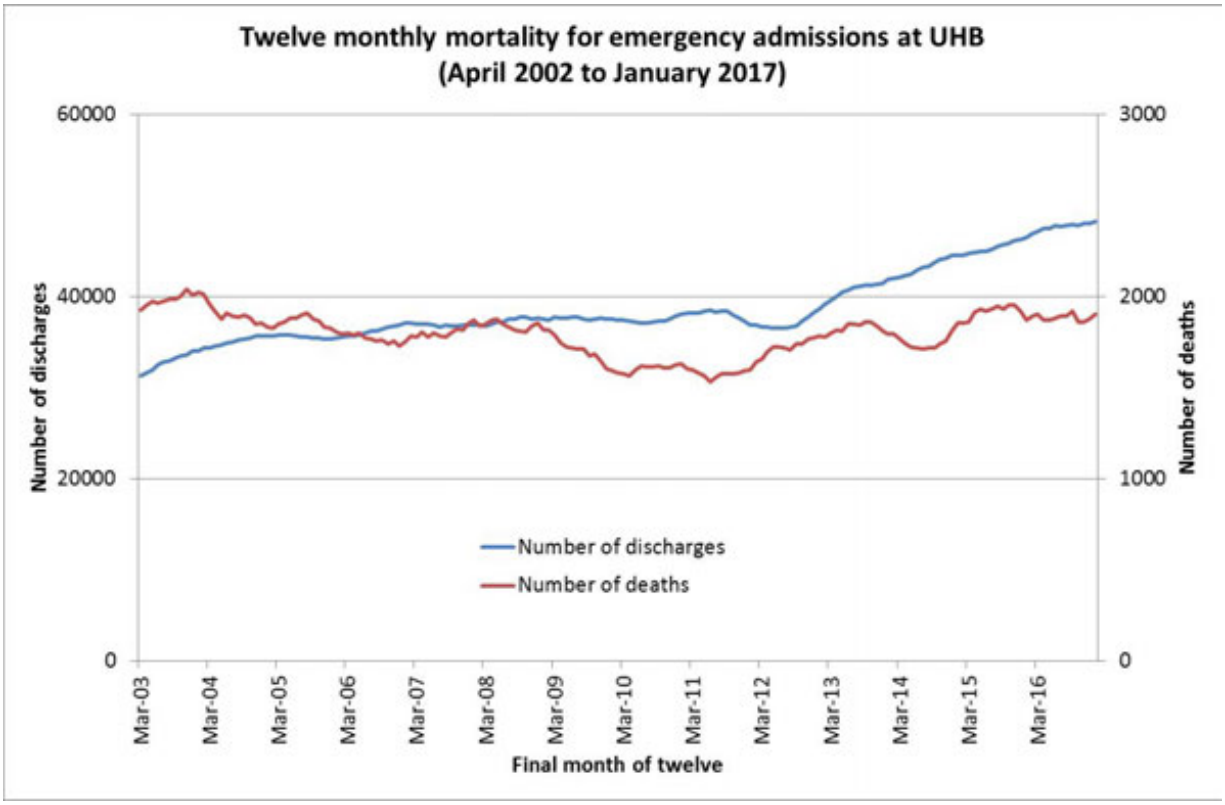

Figure 6: Twelve monthly Mortality for emergency admissions at UHB

6.3 Mortality for emergency admissions in the last twelve months was 3.95%. See figure 7 below and figure 8 on the following page.

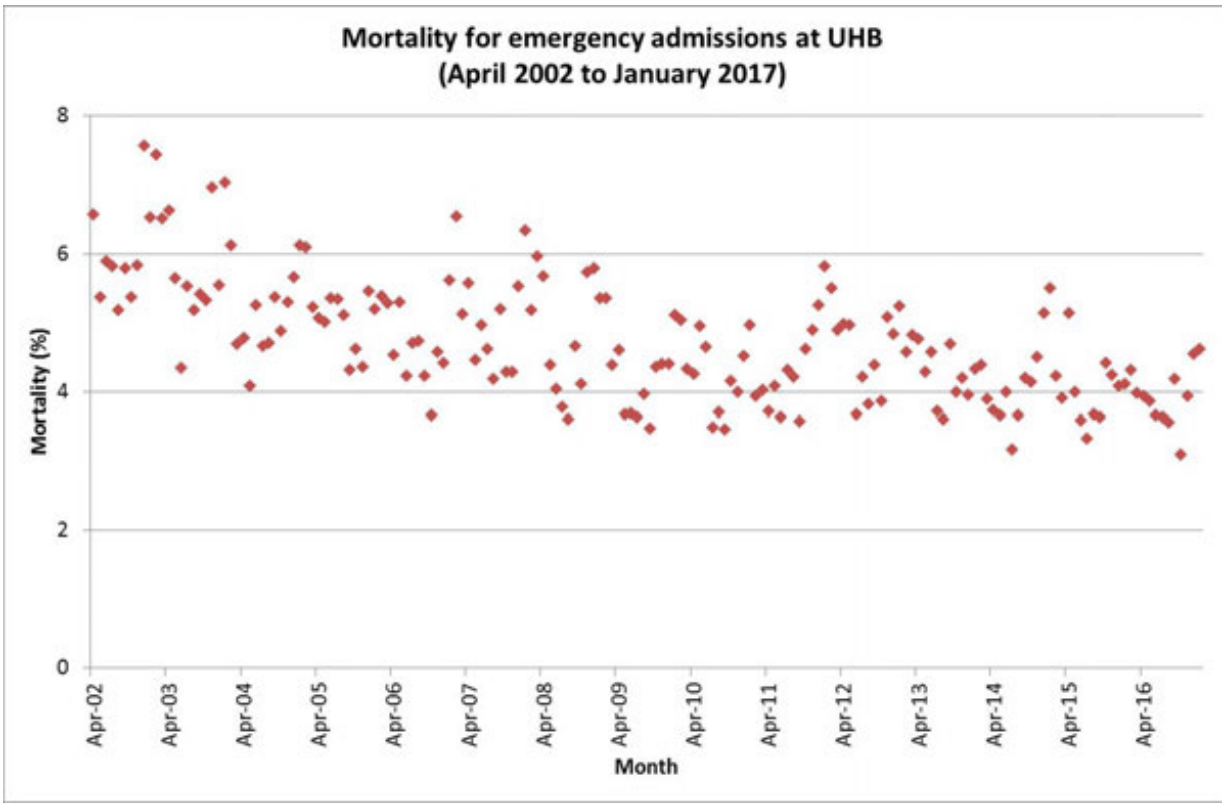

Figure 7: Mortality for emergency admissions at UHB

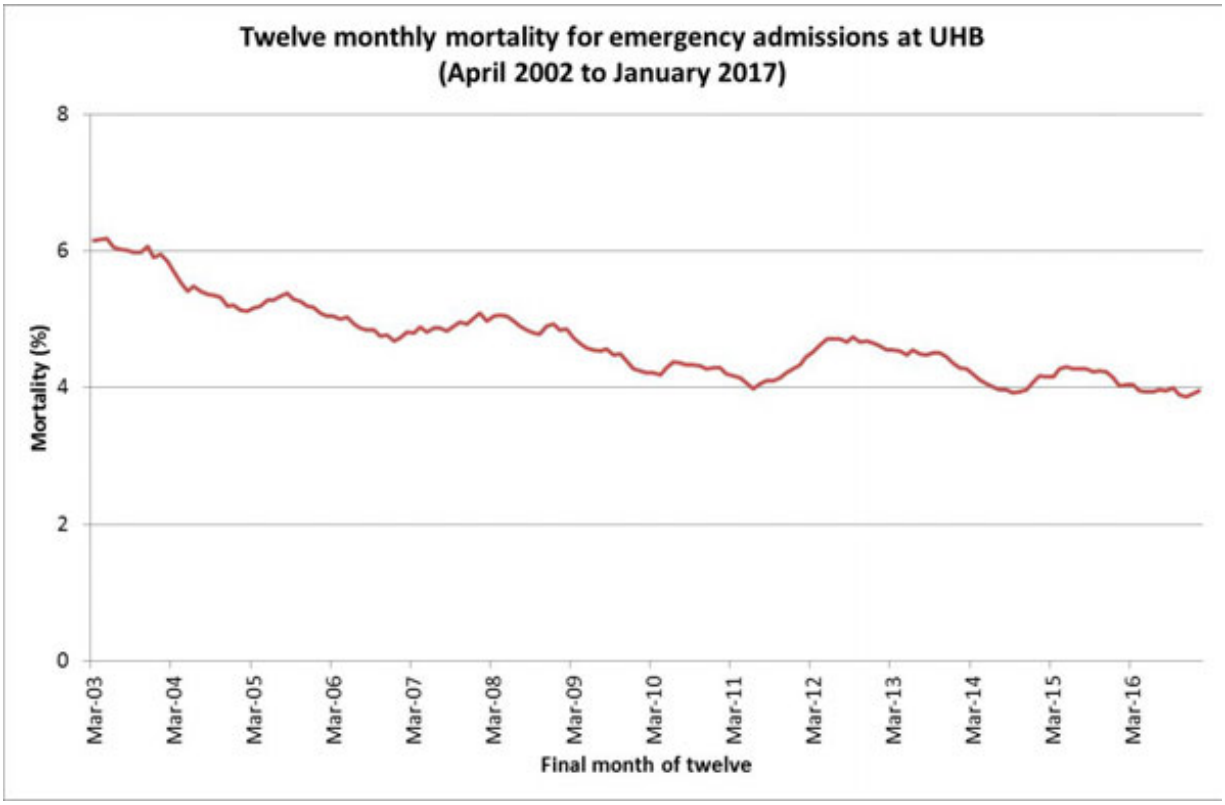

Figure 8: Twelve monthly Mortality for emergency admissions at UHB

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

7.1 The Care Quality Commission (CQC) carried out a focused inspection relating to cardiac surgery on the 21st and 22nd 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).

7.2 Following the inspection, the CQC placed 2 conditions on the Trust's registration with the CQC which were subsequently removed on 25 May 2016.

7.3 The weekly Integrated Cardiac Services RCA (Root Cause Analysis) meeting has been established. This meeting is chaired by an Executive Director on a rotational basis and attended by key individuals from all parts of the service. It has been reviewing key data in a timely manner, e.g. cancellations, activity data, issues suggested by members. The group began on 9th February 2017 and has replaced the Cardiac Steering Group which used to meet monthly to oversee the Project. NHSE have made a request to see the dashboard data that is discussed at the weekly RCA meetings.

7.4 NHS England have now taken over the oversight of this from the CQC and the Trust is currently in discussions with them to determine how they will be monitoring progress going forward.

8. Board of Directors Unannounced Governance Visits

8.1 The visit scheduled for the 12th January 2017 was cancelled due to the unavailability of Non-Executive Directors. The visit on the 9th February 2017 was to Critical Care Area A. Critical Care Area A treats Liver and multi-specialty patients. It was agreed to be a very positive visit in terms of the care provided to patients on the unit but a significant number of governance and environmental issues which require review. The following improvement actions were identified and shared with the Divisional Management Team for resolution:

- A member of the visiting team spoke to a patient who was exceptionally complimentary about the ward and the care they had received.
- One relative of a patient on the ward advised that they were very impressed with the QE, comparing it very favourably to other hospitals that their relative had been an inpatient in.
- One patient advised that they were very happy with the care they had received on the ward but also expressed a concern that once they left the ITU they would not receive the same level of care.
- The ward clerk explained that they enjoyed working on the unit and that communication worked well between all members of staff.
- There was no-one based on the staff desk nearest the entrance to ward to welcome or assist any visitors.
- Staff were aware of how to access the information on the Clinical Dashboards but were unaware of how the ward was performing.
- A newsletter was produced regularly on the ward to inform staff members of any changes to equipment or protocols.
- A member of the nursing staff took time to explain how the electronic observation chart worked to a member of the visiting team. They explained that there were still issues with missed doses related to different administration times for different drugs, but advised that better communication from the prescribing doctors could help with this.
- Linen cupboard messy, with scrubs and sheets piled on the floor.
- There were sharps bins throughout the ward where the lids had been left open.
- A consultant on the ward advised one of the main environmental issues across the Critical Care area was the lack of natural light for the patients. He explained that although daylight bulbs were expensive, investing in these would greatly improve the wellbeing of patients who stay on the unit.
- There were two bed spaces which had been set aside and used as a storage area for the unit.

- Area around Staff Base 1 was very untidy. The unit had procured some large bins in order to store staff belongings but these were overflowing and items were still littering the area.
- Sluice Room was very untidy and the signage in the area was confusing.
- Shower room was dirty and smelled of stale urine.
- Some of the areas around the patient beds were quite untidy. One bay had a large number of empty Lucozade bottles which had not been removed.
- The frame of the main door on entrance to the ward had a sharp piece of metal sticking out of it.
- Signage throughout the ward was untidy and in some places was out of date or did not make sense.
- The drug fridges inside the Medication Room were left unlocked.
- Patient notes had been left on the top of a Staff Base. The white boards on the unit also contained patient-identifiable information.
- There was a computer in Bay 21 which had been left logged in to a patient's record.
- The Matron on the ward advised that the PICS archive check was completed daily. She was however unsure of the methodology for this being recorded on the dashboard and it was possible that any missed instances were due to this being completed twice in the same 24 hour period.

8.2 The visit in March 2017 was to Outpatients Area 3. The visit in April 2017 was to Ward 302. These visits will be reported in a future report.

9. Recommendations

The Board of Directors is asked to:
Discuss the contents of this report and approve the actions identified.

David Rosser, Executive Medical Director