UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 27 OCTOBER 2016

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 September 2016 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). • Update on the CQC Cardiac Surgery Inspection and external review. • Dermatology Incidents. • 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: 19/10/2016

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS
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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 September 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 eight investigations underway into Doctors' performance. The investigations relate to seven Consultant Grade Doctors and one Specialty Doctor. .

3. Mortality - CUSUM

Two CCS (Clinical Classification System) groups had a higher than expected mortalities in June 2016. The groups are 'Aortic; peripheral; and visceral artery aneurysms (115)' and 'Intracranial injury (233)'. Please see Figure 1 on the following page.

As previously reported to the Clinical Quality Committee (CCQ) and the Board of Directors the CCS group – 233: Intracranial injuries has been identified as having higher than expected deaths and has previously flagged as a mortality outlier, this CCS group includes all head injuries and the complexities of the Major Trauma Centre (MTC) are not fully reflected in the expected number of deaths. As reported to the September CCQ the predicted time between this CCS group triggering has reduced from nine months to seven months. This group previously triggered in October 2015.

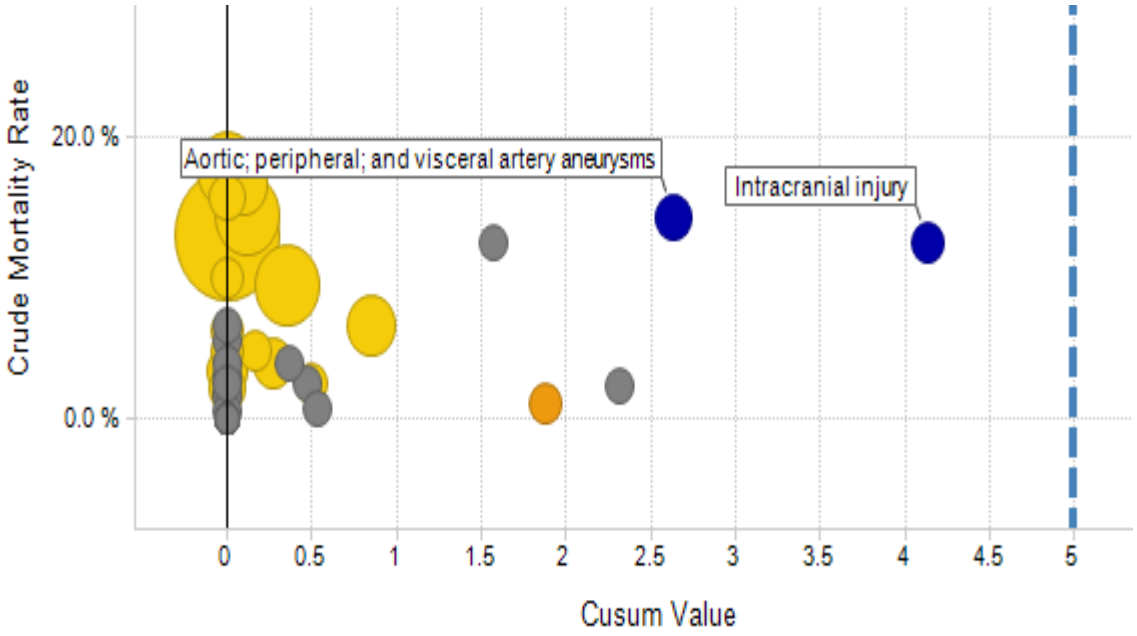

Figure 1: UHB CUSUM in June 2016 for CCS Groups

Three minor CCS (Clinical Classification System) groups (these groups are not included in the HSMR) triggered in June 2016 with higher than expected deaths. The groups are ‘Nervous system congenital anomalies (216)’, ‘Mycoses (4)’ and ‘other hereditary and degenerative nervous system conditions (81)’ please see figure 2 below. The patient case lists for these groups were reviewed at the CQMG meeting in September 2016 and no concerns or further actions were identified.

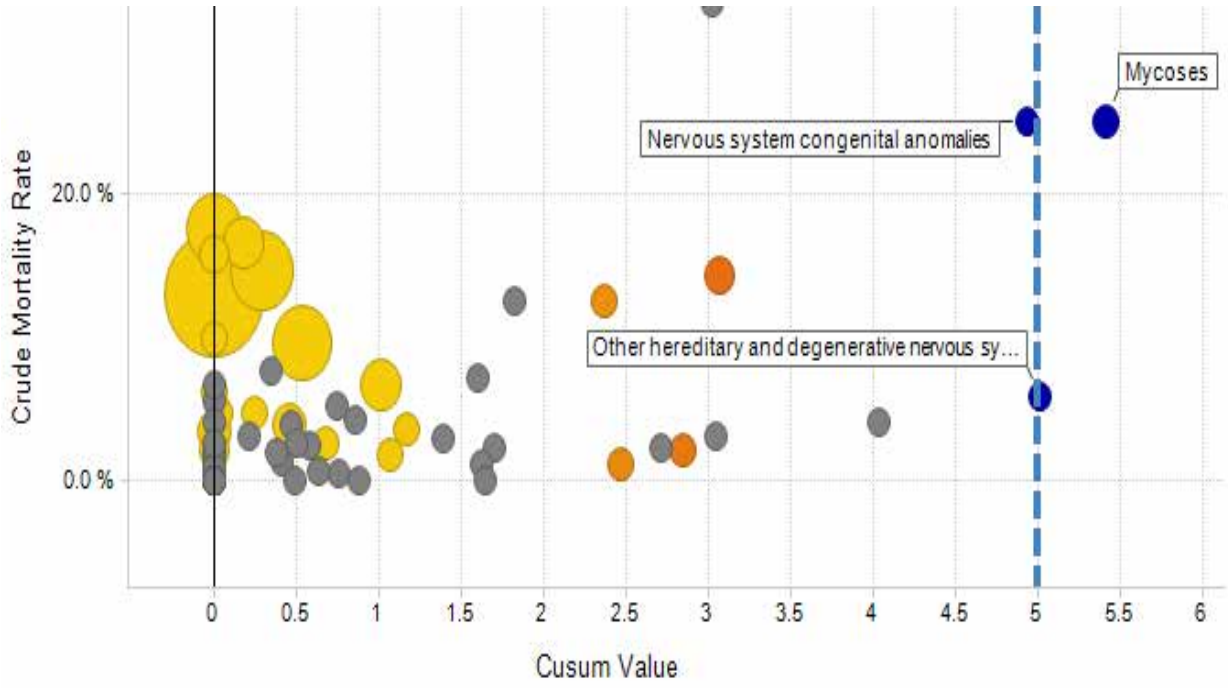

Figure 2: UHB CUSUM in June 2016 for Minor (non- HSMR) CCS Groups

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

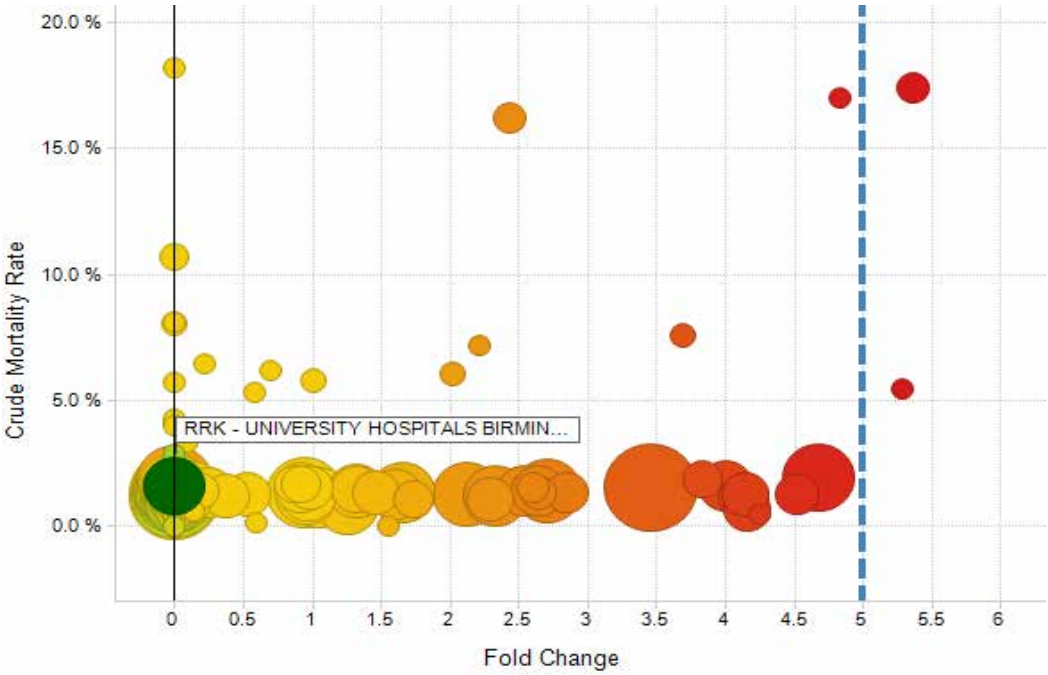

Figure 3: UHB CUSUM in June 2016 at Trust level

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

The Trust's SHMI performance from April 2015 to May 2016 is 101.00. The Trust has had 445 deaths compared with 439 expected. The Trust is within the acceptable limits as shown in Figure 4 on the following page.

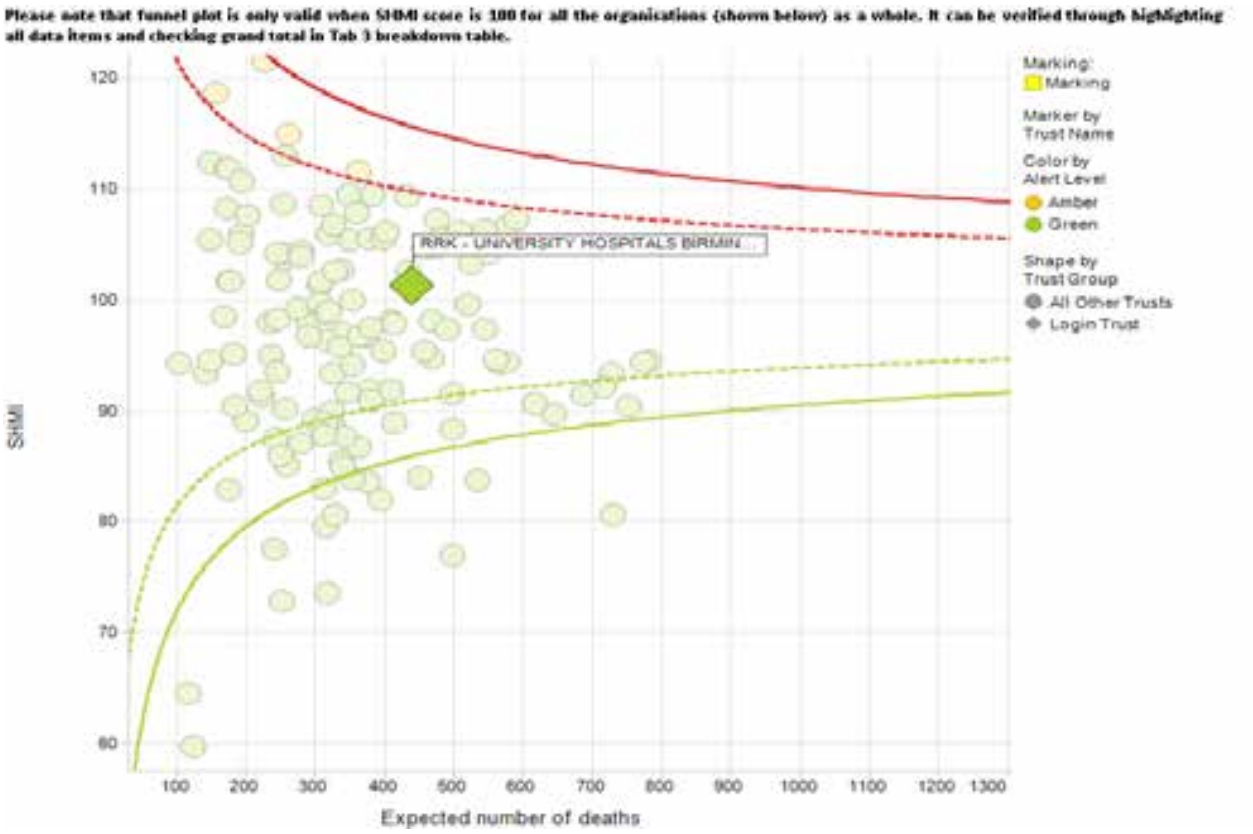

Figure 4: UHB SHMI

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

The Trust's HSMR in 2016/17 (April 2016 – June 2016) is 98.44 which is slightly below the expected. The Trust had 384 deaths compared with 390 expected (see Figure 5 below).

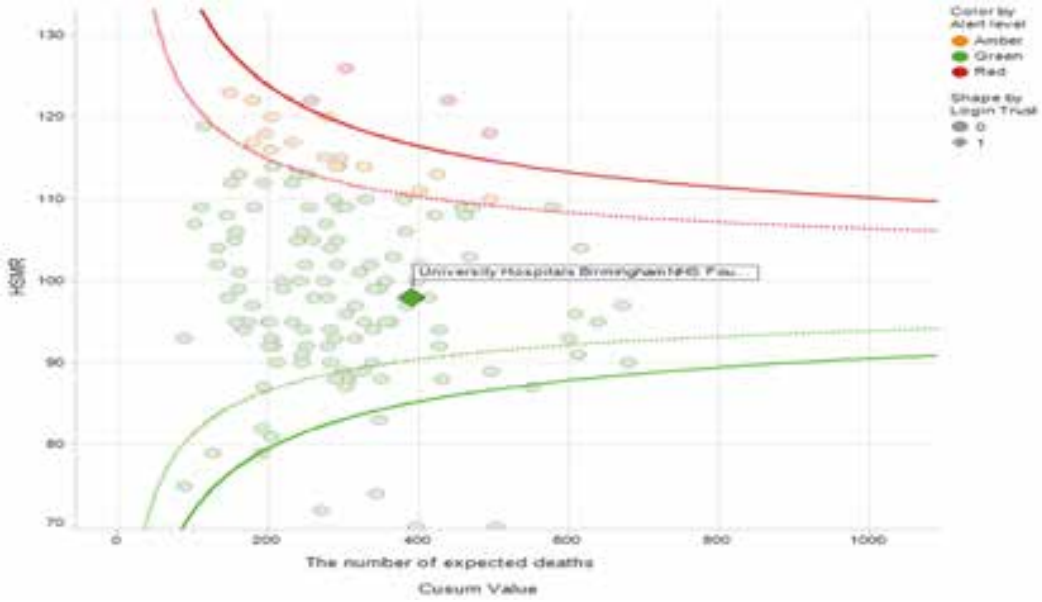

Figure 5: UHB HSMR

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 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).

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

(i) Trust is required to commission an external review of the service which 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 On the 25 May 2016 the Trust received notification from the CQC that the above two conditions were removed from the Trust's registration and noted that the data and information submitted, demonstrated that 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 have provided the CQC and NHS England a quarterly update on the CSQIP, clinical outcome data and progress against the CQC and external reviewers recommendation.

6.4 The CSQIP project plan continues. At the time of writing this report only 2 out of 62 actions remain outstanding and these continue to be monitored by the CSQIP steering group.

6.5 In September 2016 the Cardiac Steering Group and Oversight Group recognised that the remit of the cardiac project is starting to come to an end as the majority of the actions have been complete and there is a need to start to hand this back to the division/service to manage without the addition of the project infrastructure to ensure the actions that have been implemented remain sustainable. As a consequence the existing project structure was reviewed and changed:

(i) The Cardiac Steering Group should remain and continue to meet on a monthly basis to ensure we have the executive director level oversight until there is assurance that the actions that have been implemented are sustainable.

(ii) The weekly Cardiac Project meeting should change to be fortnightly with amended attendance – to enable suitable discussions around the priority areas

(iii) The Cardiac Speciality meeting which is the divisional meeting where they manage the service will continue but will include attendance from relevant leads from division A (theatres and ITU) and cardiology

6.6 At the request of the Trust the Royal College of Surgeons is carrying out a review of the service between 1 and 3 November 2016.

7. Dermatology Incidents

7.1 Since May 2015 the Trust has had 5 Dermatology incidents. These incidents have all been merged into one joint incident investigation with a single lead investigator assigned.

7.2 The lead investigator has reviewed all the incidents and meeting the Clinical Risk and Compliance Department to identify next steps and a suitable time scale for completion.

7.3 Initial actions include:

- The review of the skin MDT processes,
- The review of the results communication process between relevant specialities and Consultants.

7.4 Further updates will be provided to the Board of Directors in future reports.

8. Board of Directors Unannounced Governance Visits

8.1 The visit on the 18 August 2016 was to Ward 305. This ward was specifically selected due to poor performance on a number of quality indicators and potential quality issues. The visit was largely positive with very good feedback from patients. Staff were concerned about staffing levels. Some governance and minor environmental issues need to be addressed. The following improvement actions were identified and shared with the Divisional Management Team for resolution:

- All patients spoke positively about their time on the ward.
- A relative of a patient with learning difficulties appreciated the doctors taking time to explain the procedure clearly and drawing diagrams to help. He said the nurses were very good with his relative and he had responded positively to them.
- One patient requested more Chinese options on the menu.
- Staff feel the ward is short staffed – that there is a high number of leavers and vacancies.

- A nurse from an external agency has been booked to work on the ward for a year. A HCA would like a permanent job but has been unable to get one, but has worked on the ward through QEHB+/Locate for two years.
- A member of staff said that newly qualified staff tend not to stay on the ward for long.
- A member of staff said that the ward manager and matron were the best they had ever worked for.
- A new junior doctor said they had been made to feel very welcome by the staff and enjoyed working here.
- Waiting room had some worn-looking leaflets, could be tidier.
- Many rooms and stores on the ward were very clean and tidy, including the sluice, medicines/equipment cupboards, and bathroom.
- Physio "distance markers" around ward (also in use on other wards) – good idea, could they be more formal / designed.
- Some doors (exit to main corridor, exit to connecting corridor to next door ward) were showing wear and tear from trolleys and beds.
- The Friends & Family box at the middle nursing station looked tatty and damaged.
- Patients' notes were left out at the nursing stations, in particular at the entrance to the ward.
- Patients are collected early in the morning for dialysis by W301 staff; however W305 staff then have to deliver the patients' medication to them on W301.
- Staff were not aware of any team meetings that took place.
- Care Round folders were kept outside some of the patient rooms.
- The resus trolley had not been checked on 9 of the 17 days so far this month, including 4 days in a row. The same piece of equipment (CO_2 monitor) had been recorded as missing for several days in a row.
- The drug trolley at the entrance to the ward was locked but not attached to the wall.
- Next to the electronic whiteboard, there was a physical white board with extra information.

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