

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

<b>Title:</b>	<b>CLINICAL QUALITY MONITORING REPORT</b>
<b>Responsible Director:</b>	David Rosser, Executive Medical Director
<b>Contact:</b>	Imogen Gray, Head of Quality Development, x13687

<b>Purpose:</b>	To provide assurance on clinical quality to the Board of Directors and detail the actions being taken following the March 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> <li>• A progress update on the Learning from Excellence pilot within Theatres and Anaesthetics.</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: 19/04/2016

# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

**BOARD OF DIRECTORS  
THURSDAY 28 APRIL 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 March 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 eight Consultant Grade Doctors and one Specialty Doctor.

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

Three CCS (Clinical Classification System) groups had higher than expected deaths in December 2015 but have not breached the mortality thresholds. The groups are 'Acute cerebrovascular disease (109)', 'Pneumonia (except that caused by tuberculosis or sexually transmitted disease (122))' and 'Intracranial injury (233)'. The patient case lists for these groups were reviewed at the CQMG meeting in March 2016 and no concerns or further actions were identified. Please see Figure 1 on the following page.

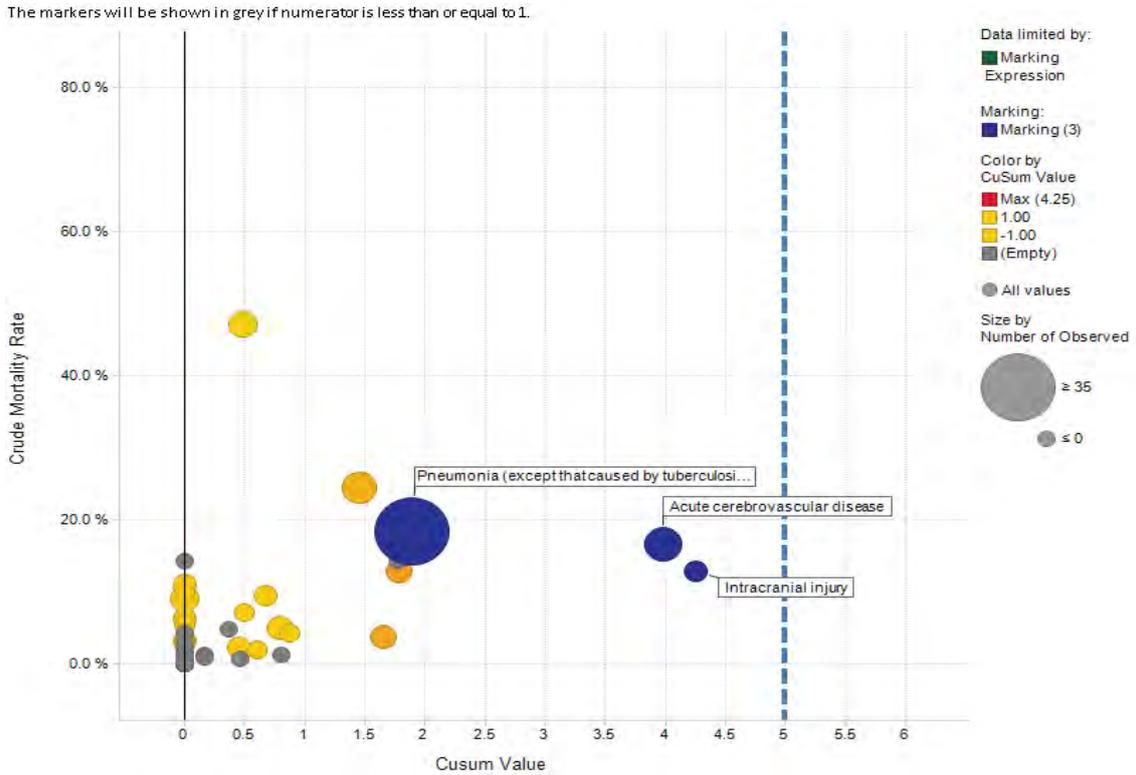


Figure 1: UHB CUSUM in December 2015 for HSMR CCS Groups

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

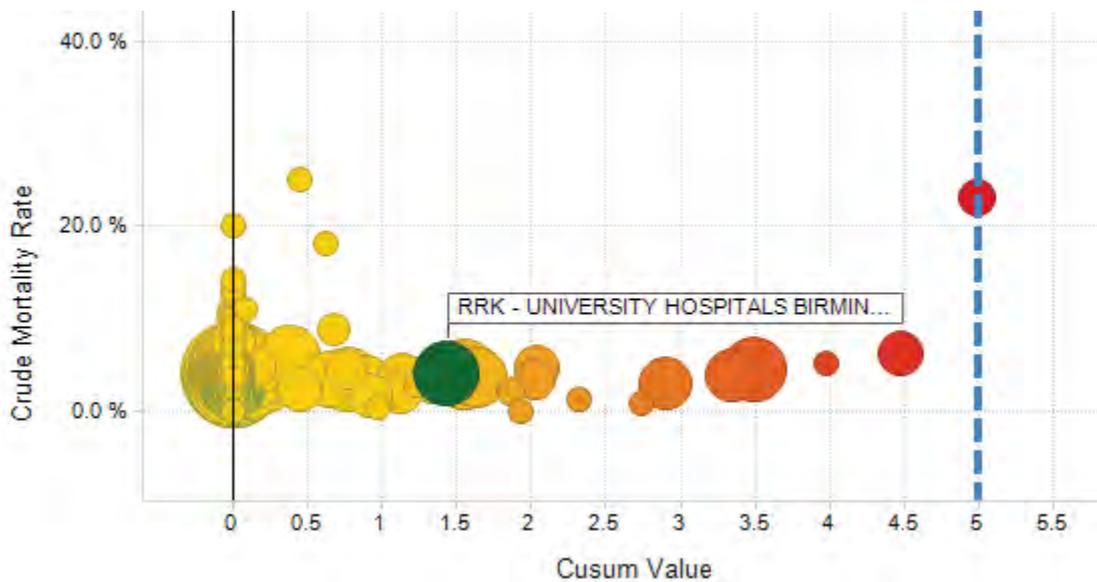


Figure 2: UHB CUSUM in December 2015 at Trust level

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

The Trust's SHMI performance from April 2015 to November 2015 is 97.88. The Trust has had 1755 deaths compared with 1792 expected. The Trust is within the acceptable limits as shown in Figure 3 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

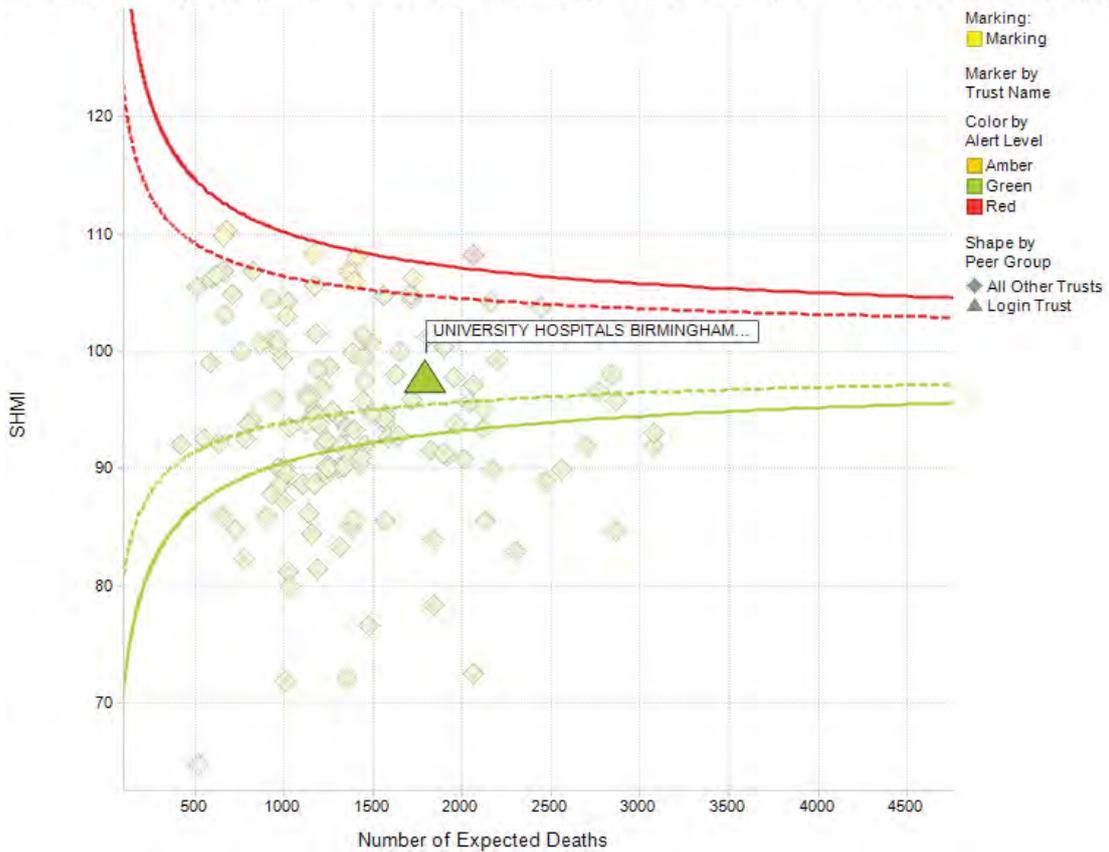


Figure 3: UHB SHMI

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

The Trust's HSMR in 2015/16 (April-November) is 107.00 which is slightly above expected. The Trust had 1267 deaths compared with 1183 expected (see Figure 4 on the following page).

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

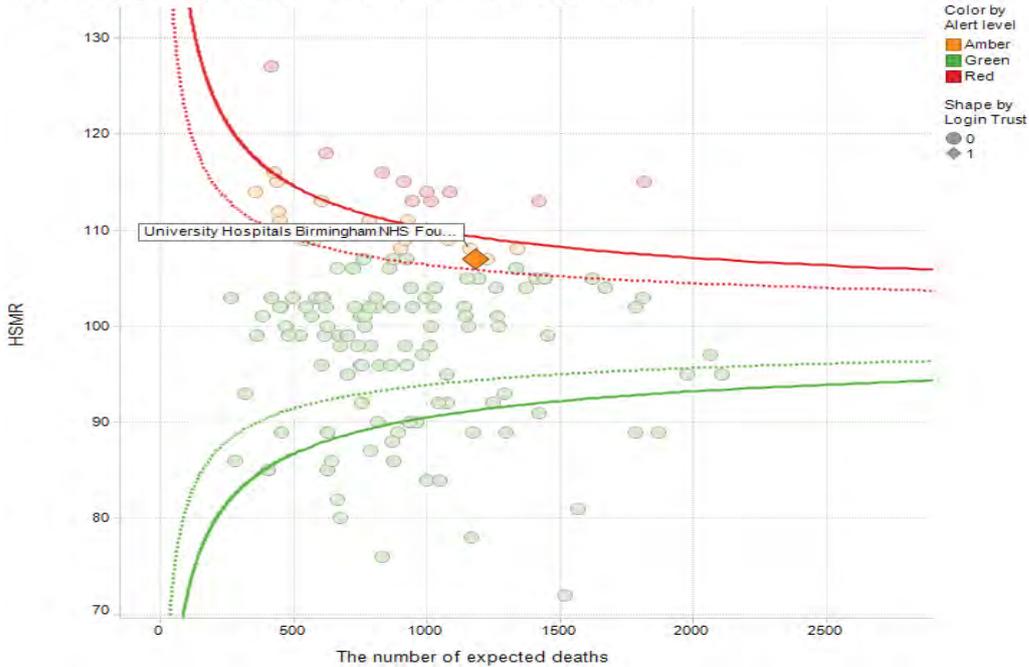


Figure 4: UHB HSMR

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

6.1 Following the focussed inspection of Cardiac Surgery by the Care Quality Commission (CQC) on 21-22 December 2015, the CQC placed the following two conditions on the Trust's registration:

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

6.2 The Trust has continued to meet the CQC's conditions and the External Review of Cardiac Surgery Services took place on 29 February and 1 March 2016. The external reviewers' report was due to be sent to the Trust by 31 March 2016 to meet the deadline set by the CQC. Unfortunately, despite the Trust fully cooperating with the external reviewers, the external reviewers requested a 2 week extension to submit their report due to clinical commitments, which the CQC subsequently agreed to. On 15 April 2016, the Trust provided the Care Quality Commission with the external reviewers' report and agreed to provide a response to the recommendations following the CQC's focussed inspection in December 2015 and the external reviewers' report by 22 April 2016.

6.3 Any additional actions that have not already been identified through the Cardiac Surgery Quality Improvement Programme will be added to the project plan and will be monitored on a weekly basis by the project group. Reports on progress against the project plan will also be 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 14 January 2016 was a re-visit to Ward 622 following the last one in April 2015 where it was identified that staff responsiveness and the environment could be improved. The January 2016 visit was largely positive with good feedback received from patients and staff. The following improvement actions were identified and shared with the Divisional Management Team for resolution:

- Patients highlighted that medication can sometimes be administered late during the 23.00hrs drug round and there can be delays in receiving pain relief.
- Patients advised that sometimes there are delays in the call bells being answered by nursing staff.
- Although 622 is primarily an Oncology ward, it was noted that 30% of the work undertaken by the Palliative Care Team can be for non-cancer patients. A Consultant suggested that the resources for the Palliative Care Service at Consultant level should be reviewed.
- Patients highlighted that the ward sometimes has other types of patients who appear to cause disturbances on the ward.
- Junior Doctors on the ward advised that at times they have worked a 12 day rota.
- The ward was cluttered and the Doctors' office was untidy.
- Patient's notes were stored outside patients' rooms which is not in line with the Trust's data protection requirements, with the exception of patients who are being barrier nursed due to infection.

7.2 The visit on the 18 February 2016 was to Ward 514 and the Divisional Management Team is currently completing the action plan to be included in the paper to the Clinical Quality Committee meeting in May 2016.

7.3 The March visit unfortunately had to be cancelled due to key staff not being able to attend on the day. The visit has been rescheduled for 21 April 2016.

## **8. Learning from Excellence**

8.1 The Learning from Excellence pilot was launched in Theatres and Anaesthetics in September 2015 and is based on a similar project undertaken at Birmingham Children's Hospital NHS Foundation Trust. The project focuses on getting staff to report examples of good practice which the Trust can share and learn from in addition to existing incident reporting and investigation processes. Learning from Excellence is based on a report entitled 'From Safety 1 to Safety 2. A White Paper' ([www.eurocontrol.int](http://www.eurocontrol.int)) which focuses on the 'imbalance between things which go right and things which go wrong'. The theory underpinning Learning from Excellence is that the NHS, like the aviation industry, tends to focus on accidents and disasters which occur infrequently and

gratefully accepts exceptional practice. Normal routine day-to-day practice is however generally ignored, particularly when things go as expected. Learning from Excellence aims to leverage the learning from when things go well or exceptionally well and to share best practice.

- 8.2 The pilot has been well received in Theatres and Anaesthetics with 24 reports submitted by a range of clinical and managerial staff to date via the dedicated Learning from Excellence intranet page. A number of round table meetings have been held to discuss some of the examples submitted with an 'appreciative inquiry focus' which means trying to do more of what works. The Learning from Excellence team at UHB comprises members of the Clinical Risk and Executive Medical Director's teams, a Lead Professional Development Practitioner, an SpR and two Critical Care & Anaesthetics Consultants. The plan is to continue with and expand the Learning from Excellence programme going forwards.

## 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