

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 27 JULY 2017

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

Purpose:	To provide assurance on clinical quality to the Board of Directors and detail the actions being taken following the June 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:	<ul style="list-style-type: none"> • Update provided on the investigations into Doctors' performance which are currently underway. • Latest performance for a range of mortality indicators (CUSUM, SHMI, HSMR). • 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: 18/07/2017

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

**BOARD OF DIRECTORS
THURSDAY 27 JULY 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 June 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 five investigations underway into Doctors' performance. The investigations relate to five Consultant Grade Doctors.

3. Mortality - CUSUM

2 CCS (Clinical Classification System) groups had a higher than expected mortality in March 2017. The groups include 'Intracranial Injury' (233) and 'Complication of device; implant or graft (237)'. Please see Figure 1 on the following page.

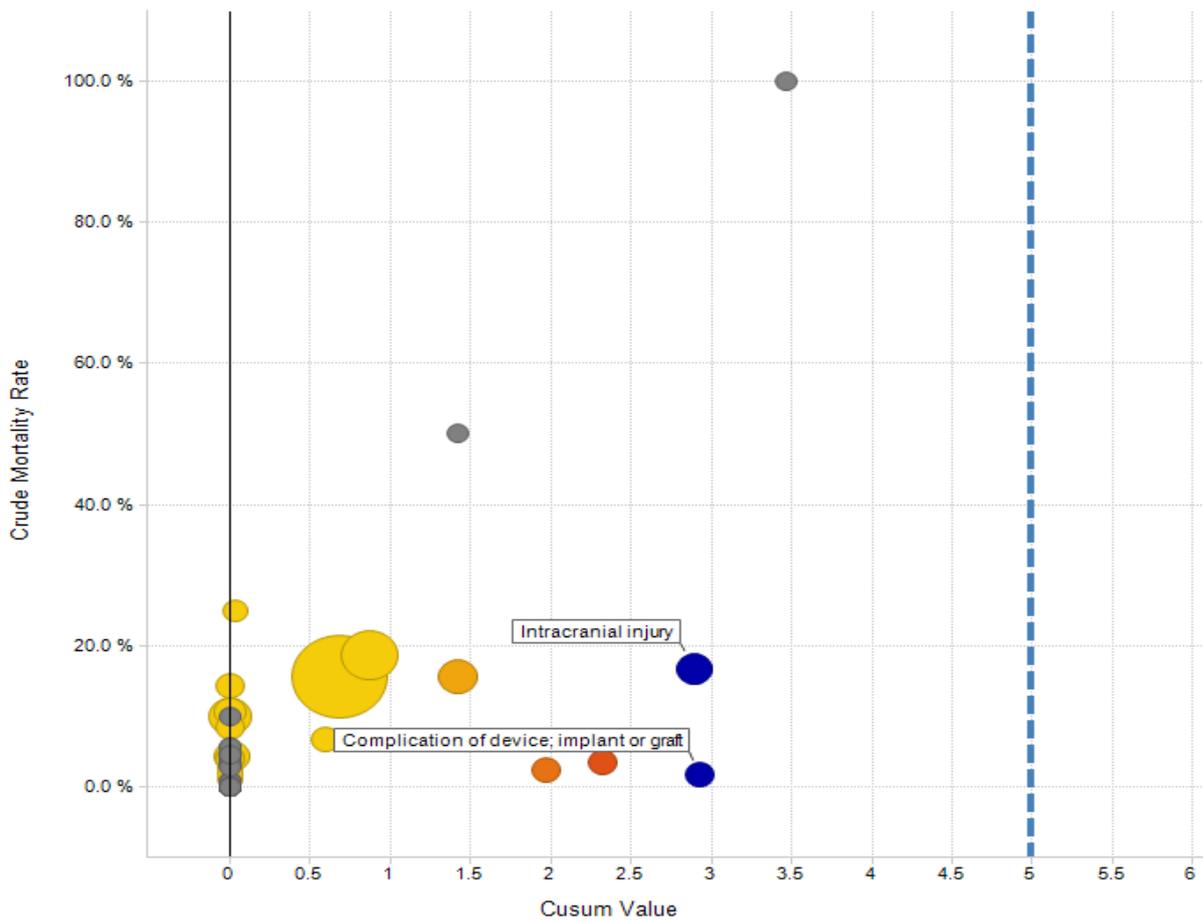


Figure 1: UHB CUSUM in March 2017 for CCS Groups. HEFT CCS groups included for benchmarking purposes.

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

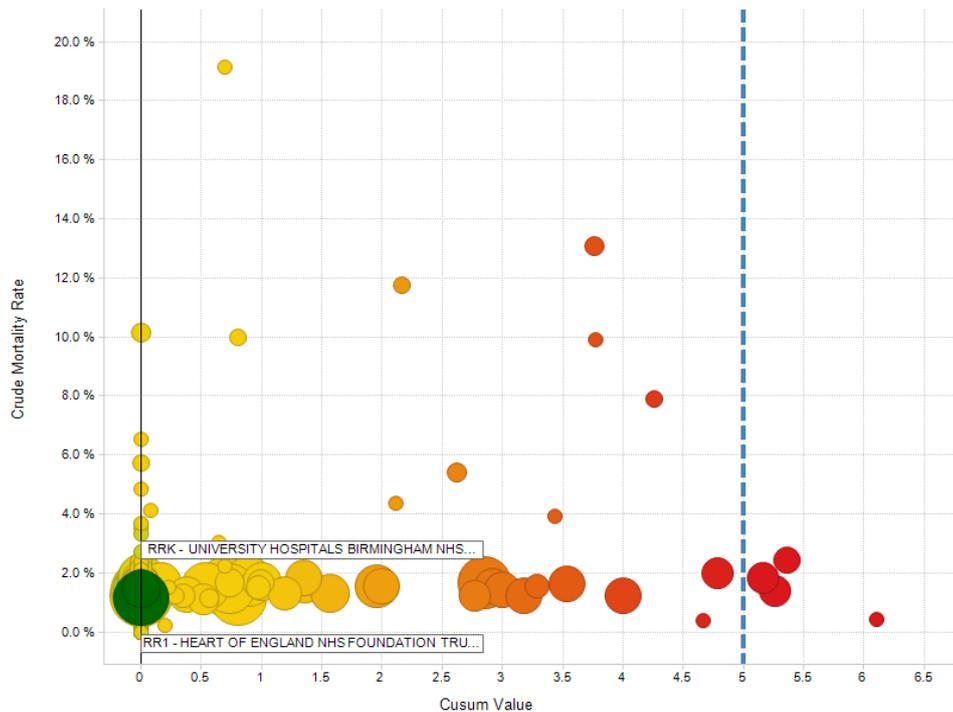


Figure 2: UHB CUSUM in March 2017 at Trust level. HEFT CUSUM included for benchmarking purposes.

benchmarking purposes.

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

The Trust's SHMI performance from April 2016 to February 2017 was 105.27. The Trust has had 2472 deaths compared with 2348.44 expected. The Trust is within the higher range of 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 highlighting all data items and checking grand total in Tab 3 breakdown table.

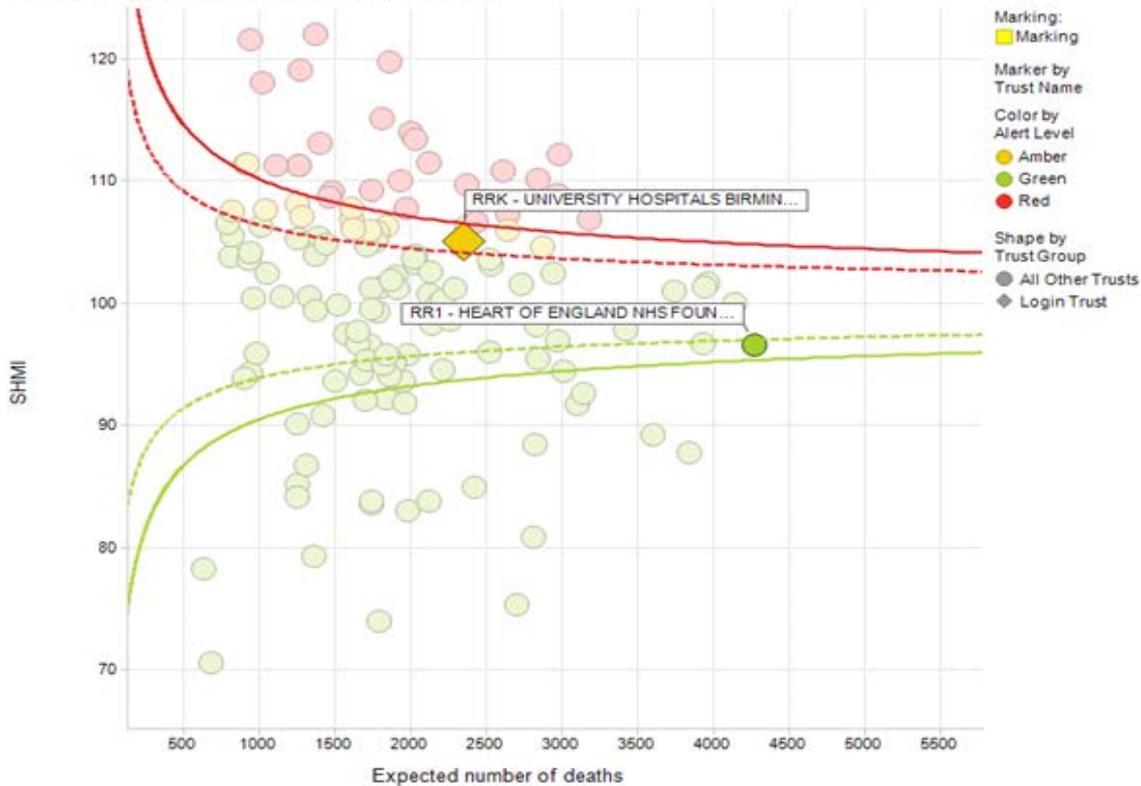


Figure 3: UHB SHMI. HEFT SHMI included for benchmarking purposes.

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

The Trust's HSMR in 2016/17 (April 2016 – March 2017) is 100.79 which is slightly lower than expected. The Trust had 1602 deaths compared with 1589.37 expected (see Figure 4 below).

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

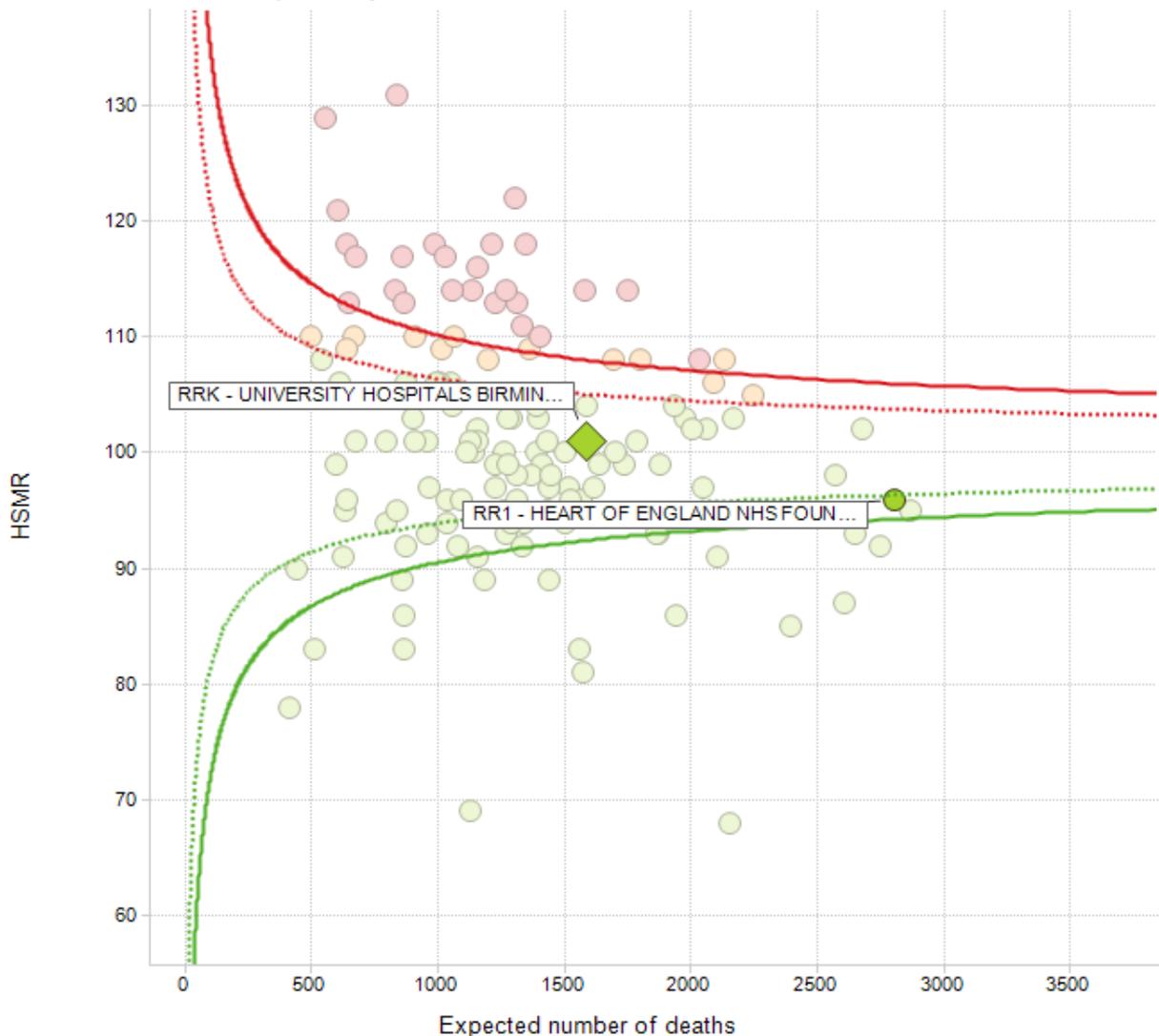


Figure 4: UHB HSMR. HEFT HSMR included for benchmarking purposes.

6. **Board of Directors Unannounced Governance Visits**

- 6.1 The visit scheduled for the 11 May 2017 was cancelled due to availability of Non-Executive Directors.
- 6.2 The visit on the 8 June 2017 was to ward 410, an inpatient ward which treats Trauma patients. It was agreed to be a generally positive visit to a calm, well-staffed area, though there were some details to address regarding daily checklist completion and ongoing communication with

patients. The following improvement actions were identified and shared with the Divisional Management Team for resolution:

- A visitor who was asked about his experiences stated that both his wife and his mother were currently inpatients at UHB, on ward 412 and ward 410 respectively. He explained that his wife was in hospital for an operation which had been cancelled 3 days in a row due to other priority emergency cases. The visitor also stated that his mother's community care package had been subject to delays by social services.
- A patient commented that they had experienced rude and abrupt staff at night.
- A member of staff cited an example of an improvement implemented on the ward relating to the meal ordering process.
- Several patients stated that the food was good.
- One patient explained that they were quite nervous about using the buzzer to ask for assistance and that being in a single room made them quite anxious. She did advise that the care had been excellent and was awaiting further news about discharge.
- 2 separate patients advised that they were unaware of their discharge arrangements even though it had been agreed that it was imminent.
- Spoke to a first year Student Nurse who had been on the ward for 7 weeks. She explained that she enjoyed working on the ward and in particular the variety of patients. She did advise that as part of her training, it would be interesting and useful to explore the full patient pathway outside of what they manage on the ward.
- Spoke with an FY1 who had been working on the ward since August. He explained that the main ongoing issues were caused by delays in discharging patients, often due to a lack of community resources. He also explained that the nursing staff on the ward were excellent and very supportive.
- A Nursing Assistant who has been working on the ward since July 2013 advised that she loved working on ward 410. When asked to discuss what systems were in place for Staff on the ward to catch up, she explained that there were team meetings about every 3 – 6 months
- The team that carried out the unannounced visit noticed that despite there being over 20 staff on the ward (nursing, medical, therapy, support staff etc.), there was a lack of visibility initially.
- Spoke to another member of staff who had been working on the ward for 7 months advised that the new visiting hours had proved to be very popular. Added that they loved the PICS and in particular the access to the British National Formulary that it provided.
- The relative's room on the ward was generally tidy but quite cluttered; there was an open cabinet containing leaflets which looked messy, and a reclining chair being stored in the middle of the room.
- Computer by the first staff base (Asset Tag 60506) was damaged with a number of keys missing.
- A Facilities contractor was on-site during the visit. The assessment

achieved 97% (pass).

- The fire door to the kitchen was propped open (the door was closed by the visiting team). Inside, a sink had been blocked with a spoon and the tap had been left running unattended.
- The door to one of the nurses' offices had been left open and there was a pile of bags belonging to staff which were clearly visible, making them vulnerable to theft.
- There were a number of posters on the walls/doors and cupboards left open which made the ward look untidy.
- One of the toilets in the single rooms had a strong smell of urine and cardboard bed pans on the floor.
- Storage was an issue on the ward, with the bathroom being used a storage area, along with the alcove in the corridor.
- All clinical rooms were locked. All drug trolleys were locked and chained to the wall.
- The resus trolley daily checklist had not been performed for a 5 day period, between 29/05/2017 and 02/06/2017.
- PICS Archive had been checked every day.
- Computer was left unattended with patient information on the screen.

6.3 The visit in July 2017 was to ward 621. This visit will be reported in a future report.

7. **Recommendations**

The Board of Directors is asked to:

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

David Rosser, Executive Medical Director