

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 30 MARCH 2017**

<b>Title:</b>	<b>PATIENT SAFETY EXCEPTION 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 March 2017 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: 20/03/2017

# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## BOARD OF DIRECTORS THURSDAY 30<sup>th</sup> MARCH 2017

### PATIENT SAFETY EXCEPTION 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 seven investigations underway into Doctors' performance. The investigations relate to five Consultant Grade Doctors, one Specialty Doctor and one Anaesthetics Practitioner.

#### 3. Mortality - CUSUM

2 CCS (Clinical Classification System) groups had a higher than expected mortality in November 2016. The groups include 'Non-Hodgkin's lymphoma (38)' and 'Leukaemia's (39)'. Please see Figure 1 below.

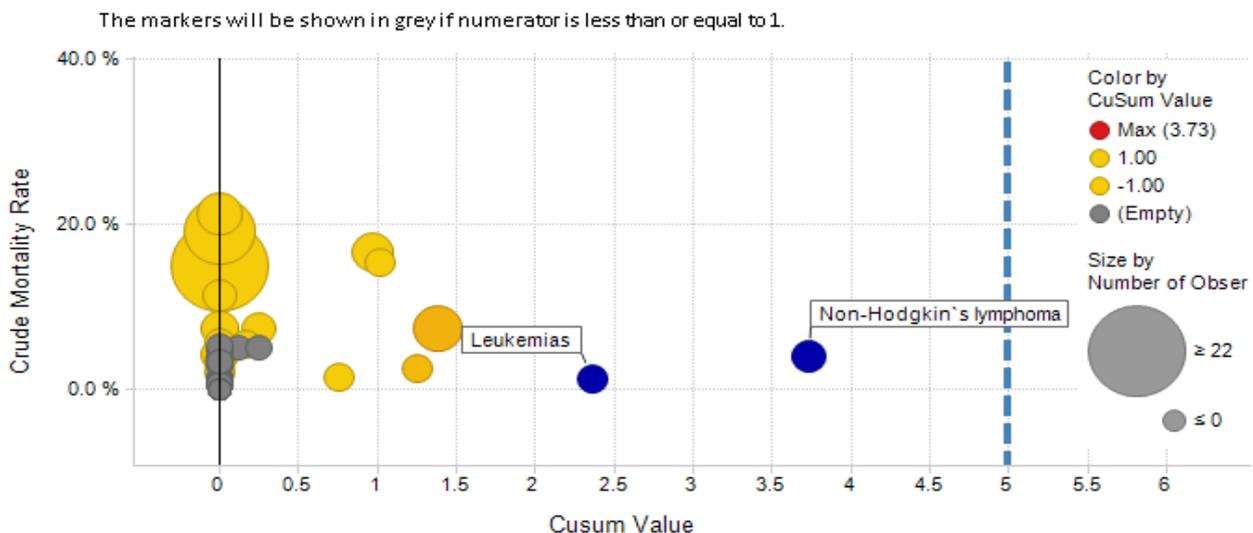


Figure 1: UHB CUSUM in November 2016 for CCS Groups

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

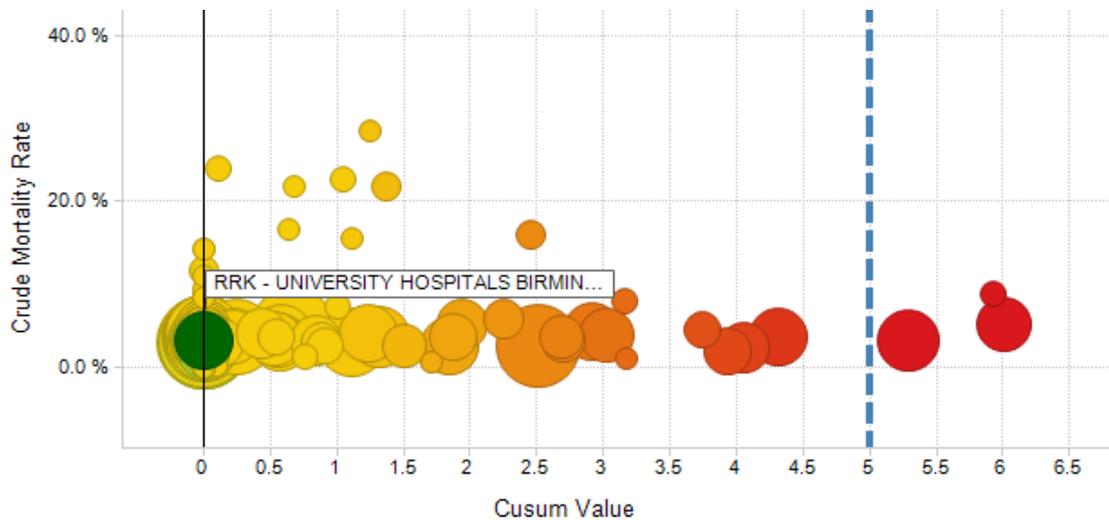


Figure 2: UHB CUSUM in November 2016 at Trust level

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

The Trust's SHMI performance from April 2016 to October 2016 was 101. The Trust has had 1482 deaths compared with 1470 expected. The Trust is within the acceptable limits as shown in Figure 3 below.

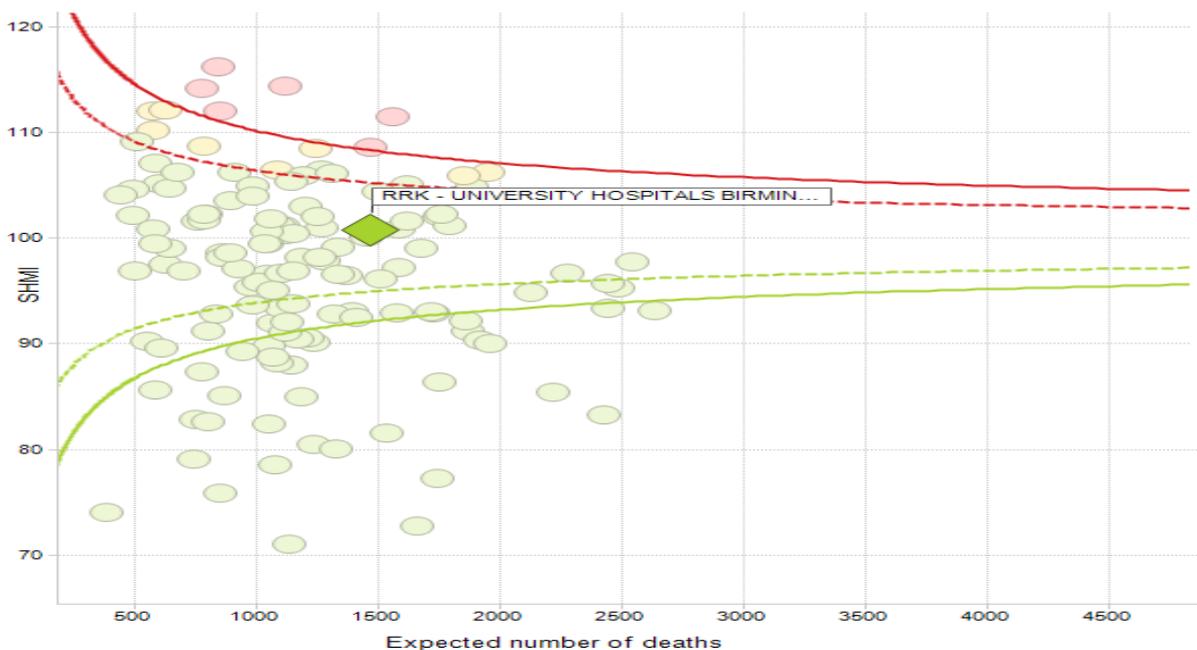


Figure 3: UHB SHMI

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

The Trust's HSMR in 2016/17 (April 2016 – November 2016) is 101 which is slightly above the expected. The Trust had 992 deaths compared with 983 expected (see Figure 4 below).

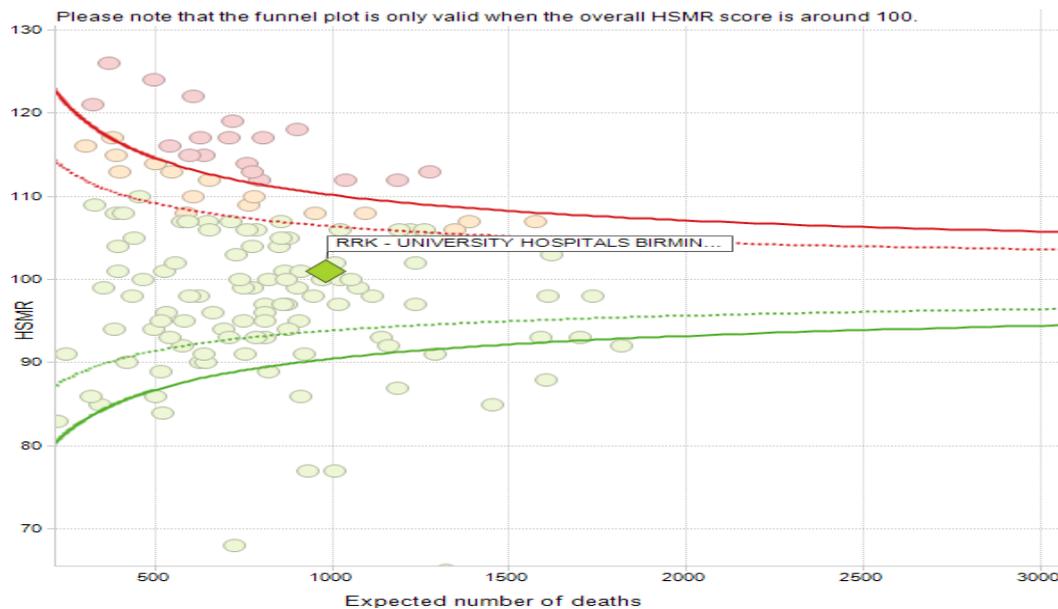


Figure 4: UHB HSMR

## 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 2 conditions on the Trust's registration with the CQC which were subsequently removed on 25 May 2016.
- 6.3 The Trust continues to provide a quarterly report to the CQC and NHS England which includes an update on progress against the CQC's and external reviewer's recommendations. The report also includes a quarterly analysis of the clinical outcome data. At the end of quarter two only 1 out of 62 actions remain outstanding and these continue to be monitored by the CSQIP steering group.

- 6.4 At the request of the Trust, the Royal College of Surgeons carried out a review of the service between 1<sup>st</sup> and 3<sup>rd</sup> November 2016. The report has been received and is currently being reviewed.
- 6.5 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 9<sup>th</sup> 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. Board of Directors Unannounced Governance Visits**

7.1 The visit on the 15th December 2016 was to Ward 407, which is a Neurosurgery ward. It was agreed to be a very positive visit to a well-organised ward. There were some minor issues related to staffing, and issues related to pressure ulcer figures which were being addressed by the ward. The following improvement actions were identified and shared with the Divisional Management Team for resolution:

- One patient spoken to by the team was full of praise for all the staff on the ward. They did mention that there was a noticeable change when bank / agency staff were working, as opposed to full time staff.
- One patient on the ward was very complimentary about the care they had received and the staff on the unit. They raised one issue related to not being allowed to self-medicate for their Parkinson's. They explained that this was important as the medication required a strict regime and was affected by not receiving it at the normal times that the patient would take the medications if at home.
- Two members of the visiting team spoke to a Staff Nurse called Beth who was exceptionally positive about working on the ward. She mentioned issues with staffing levels which created difficulties sometimes, adding that the high pressure ulcer rate on the ward could be attributed to this. She also added that she loved the ward and praised the management on 407.
- A staff nurse challenged a member of the visiting team for entering a side room of a patient that had an infection, without taking correct precaution.
- Two physiotherapists who were spoken to explained that they loved working in the QE, having moved here from Guys hospital. They said the clinical systems were particularly good, especially PICS.
- The visiting team all agreed that the leadership on the ward was very good and that this had translated to a well organised ward with happy staff.
- There was a high rate of pressure ulcers on the ward compared to other 4th floor wards.

- Staff identified that it can be difficult to repatriate patients, in particular those patients who are out of area. The ability to arrange transport for patient over 100 miles (not covered by the current WMAS contract) can take a considerable amount of time to arrange.
- Store rooms throughout the Ward were very tidy
- Clinical room very tidy. Commode checklist completed daily.
- Some signage on the wards needed reviewing. There were signs advertising the name of the nurse who was working in that area which were useful, but were untidy and needed replacing with more permanent signage.
- The worktops in the pantry were quite dirty and worn.
- Some of the paint work around staff base 1 needed to be repainted. This should be undertaken as part of routine maintenance for the PFI.
- The office that also had the PICS back up printer needed a general tidy up and “dumping of junk”. The office had 11 toner cartridges which seemed excessive. The blue bin in the office for confidential waste was being used for general waste.
- All resus trolley checks completed apart for one day in October
- The PICS archive had all been checked.
- Drug trolleys were all locked and secured.

7.2 There was no visit in January 2017. The visit in February 2017 was to Critical Care Area A. The visit in March 2017 was to Outpatients Area 3. These visits will be reported in a future report.

## 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