UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 6 FEBRUARY 2014

Title:	**CLINICAL QUALITY MONITORING REPORT**
Responsible Director:	David Rosser, Executive Medical Director
Contact:	Mark Garrick, Head of Medical Director's Services, X13699

Purpose:	To provide assurance on clinical quality to the Board of Directors and detail the actions being taken following the January 2014 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 currently underway. • Update on mortality indicators (CUSUM, SHMI, HSMR). • Mortality for intracranial injury CCS category • Latest progress reported for the Serious Incidents Requiring Investigation/Serious Incidents Requiring Internal Investigation. • Themes from the action plan following the Executive Governance Visits to ward 621 and Ward West 2.	
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: 28/01/2014

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BOARD OF DIRECTORS
THURSDAY 6 FEBRUARY 2014

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 January 2014 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 two investigations underway into Doctors' performance. The investigations all relate to Consultant Grade Doctors.

3. CUSUM (Cumulative Summary Mortality Indicator)

The Trust has breached the mortality threshold for 3 CCS (Clinical Classification System) groups. The patient groups which have breached in October 2013 include:

- 227 - Spinal cord injury (0.2 Expected, 1 Observed)
- 61- Sickle cell anaemia (0 Expected, 1 Observed)
- 163 – Genitourinary symptoms and ill-defined conditions (0.1 Expected, 1 Observed)

A case-list review has been undertaken and does not identify any concerns or future actions.

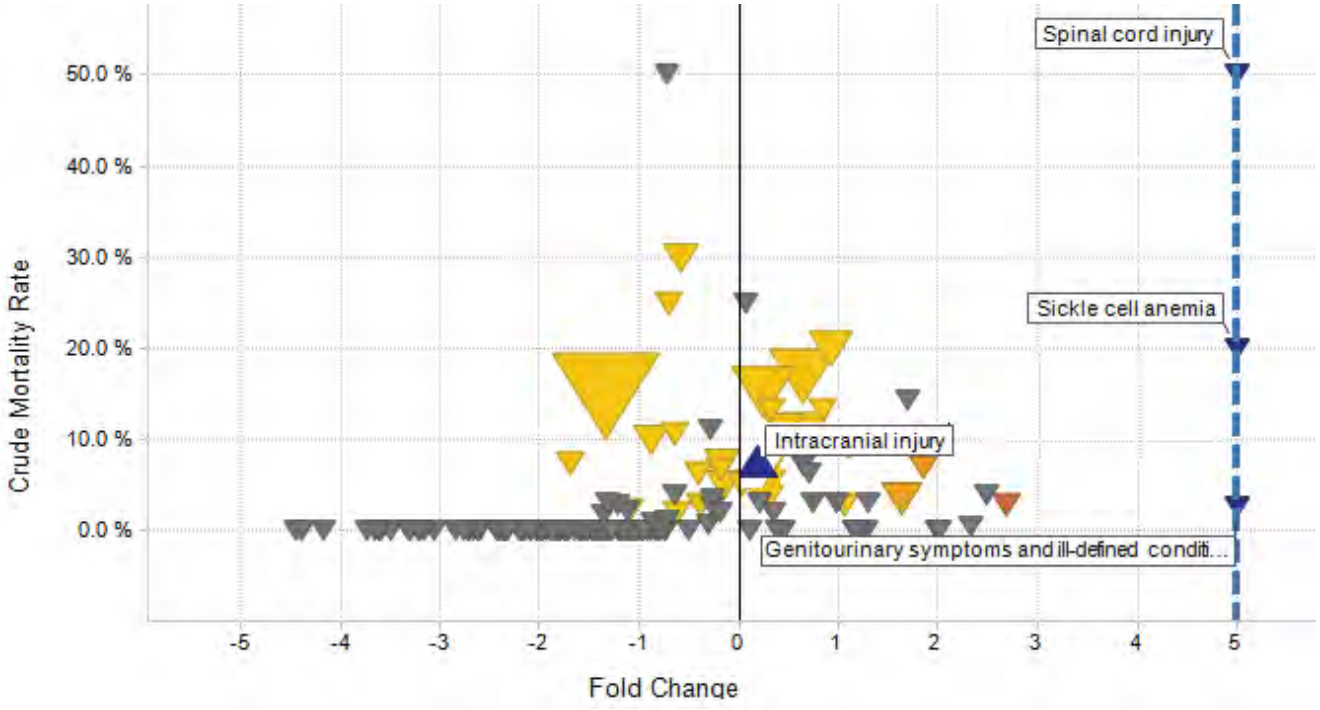

Figure 1: UHB CUSUM by CCS Group

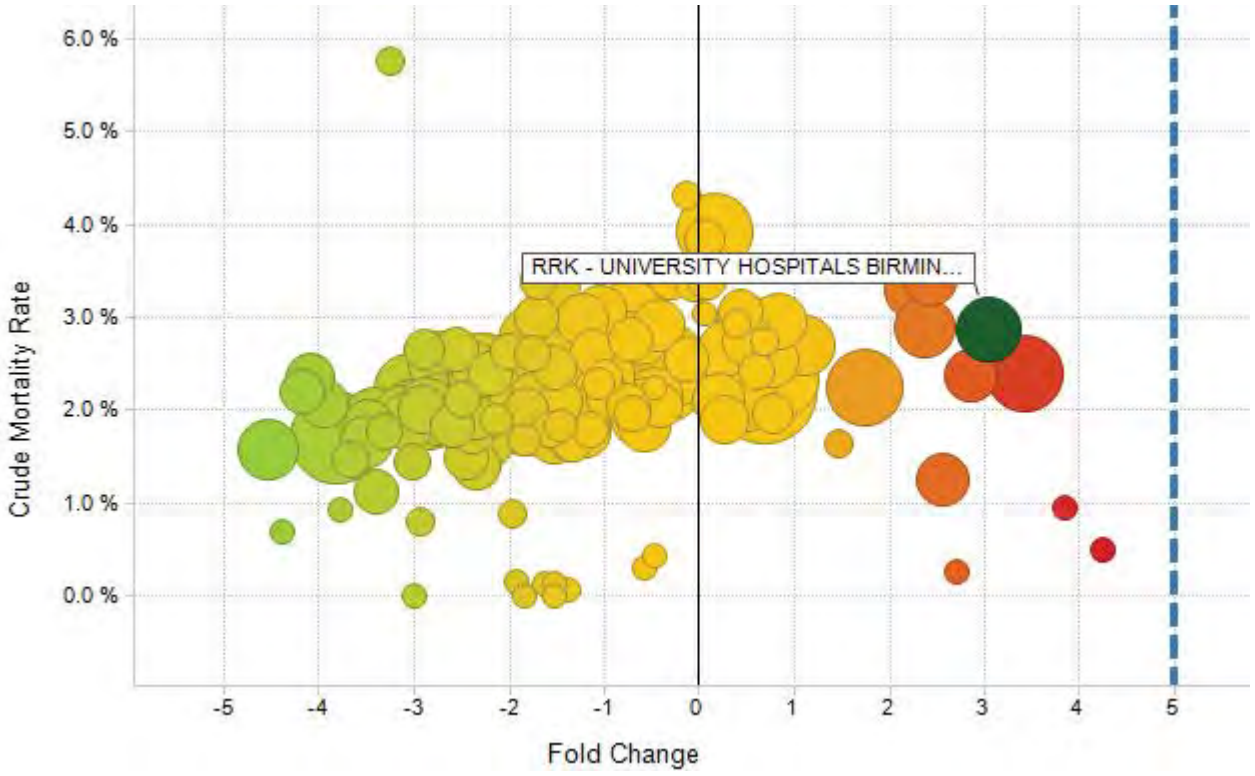

Figure 2: UHB Trust total CUSUM

The Trusts overall mortality rate as measure by the CUSUM is within the acceptable limit see figure 2 above.

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

The Trust's SHMI performance from April 2013 to August 2013 is 98.84 slightly below the predicated expected mortality of 100. The Trust has had 999 deaths compared with 1011 expected. The Trust is within the acceptable limits as identified in figure 3 below.

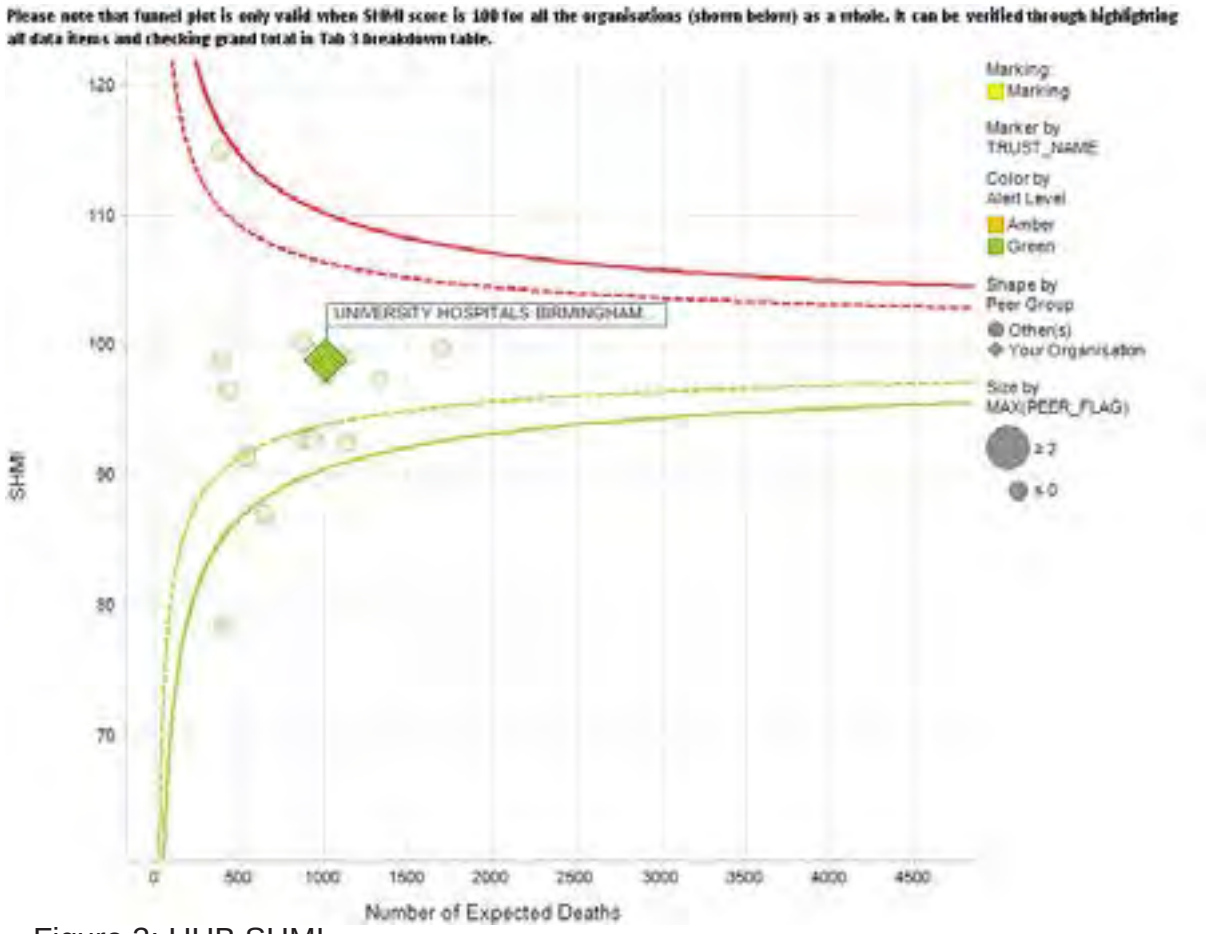

Figure 3: UHB SHMI

5. HSMR (Hospital Standardise Mortality Ratio)

The Trust's HSMR in 2013/14 (April 2013 to October 2013) is 102, with an observed mortality of 840 against 823 expected. The Trust is at the middle of the acceptable limits as identified in Figure 4 below.

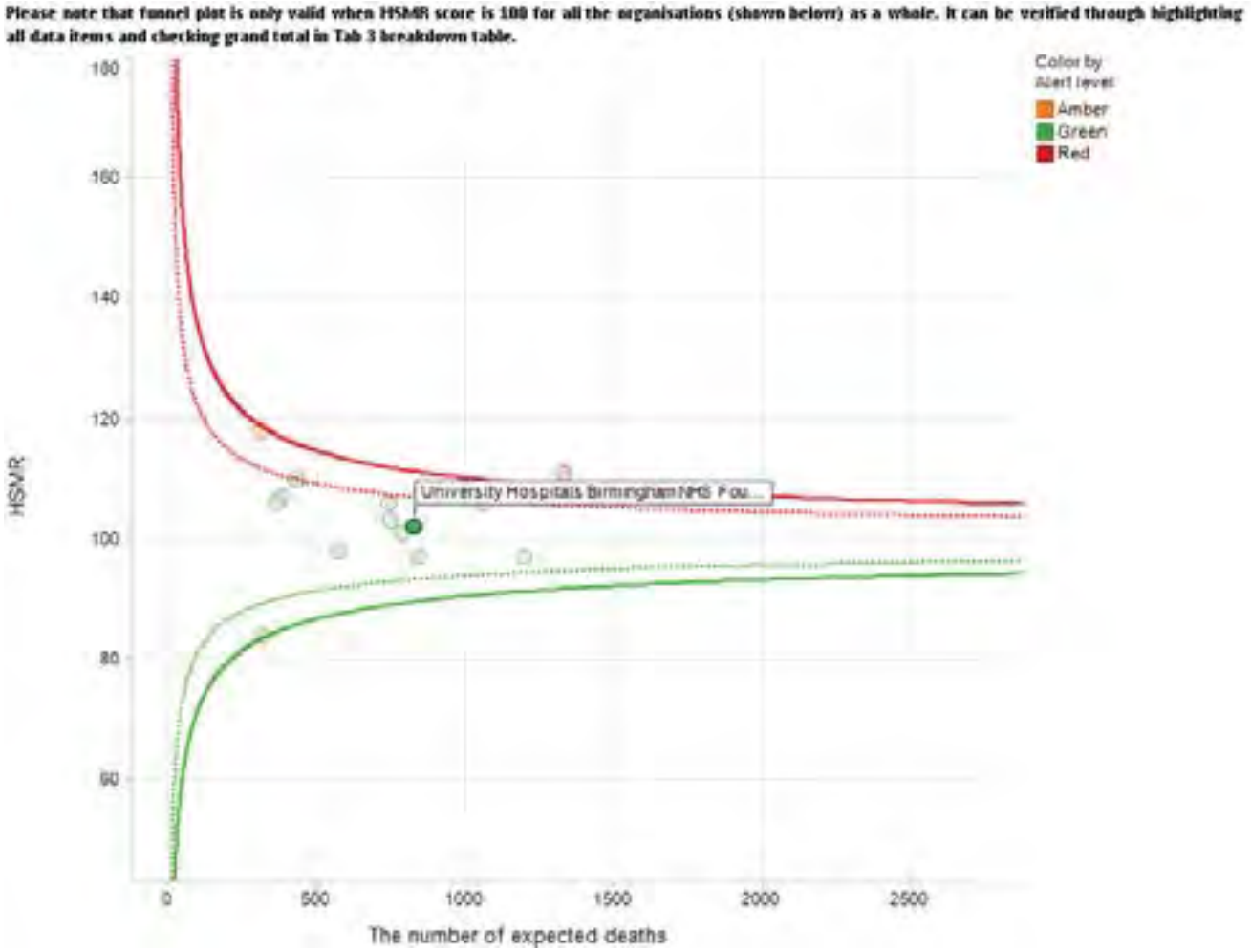

Figure 4: UHB HSMR for the year 2013/2014 (April 2013 to October 2013)

6. Mortality for intracranial injury CCS category

Further analysis has been undertaken on the intracranial injury CCS category. The analysis has identified that the number of deaths for intracranial injury at some other major trauma centres has increased as at UHB. The trend at Sheffield Teaching Hospitals NHS Foundation Trust is very similar to that for UHB. See figure 5 below and figure 6 on the following page.

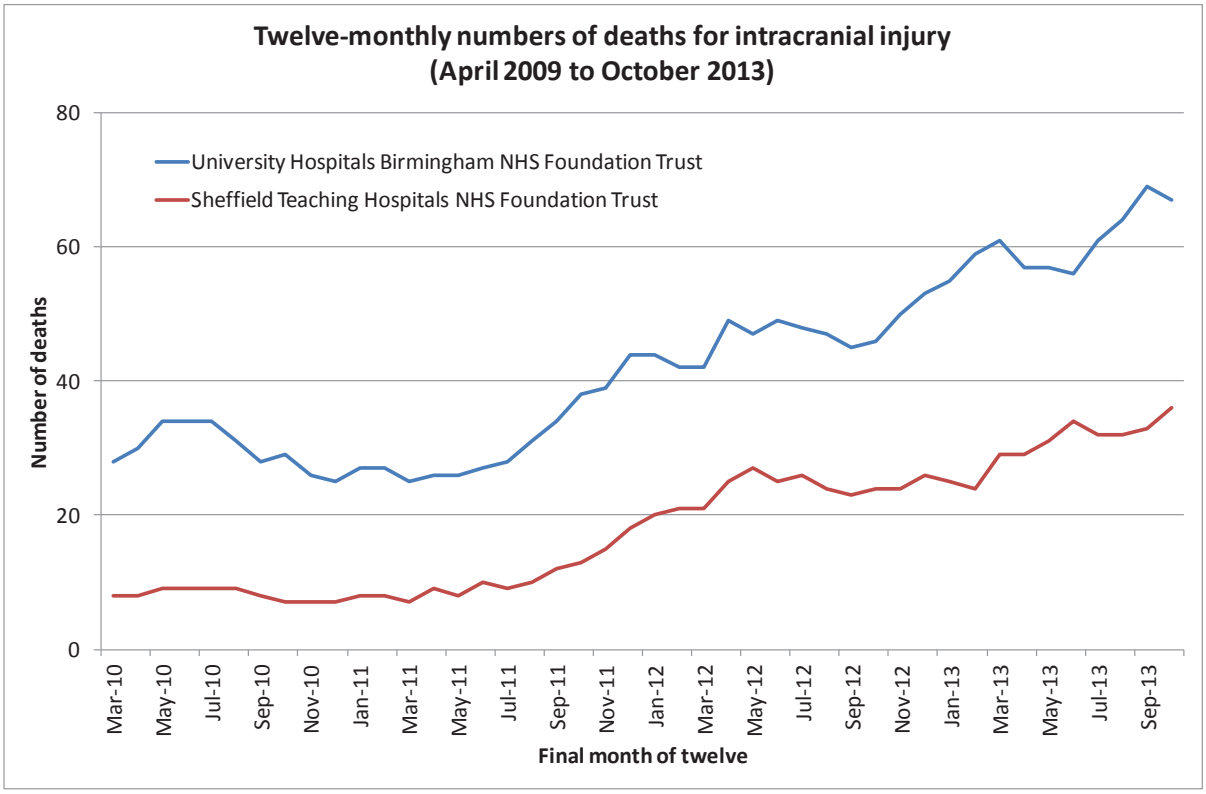

Figure 5: Twelve-monthly number of deaths for intracranial injury (April 2009 to October 2013)

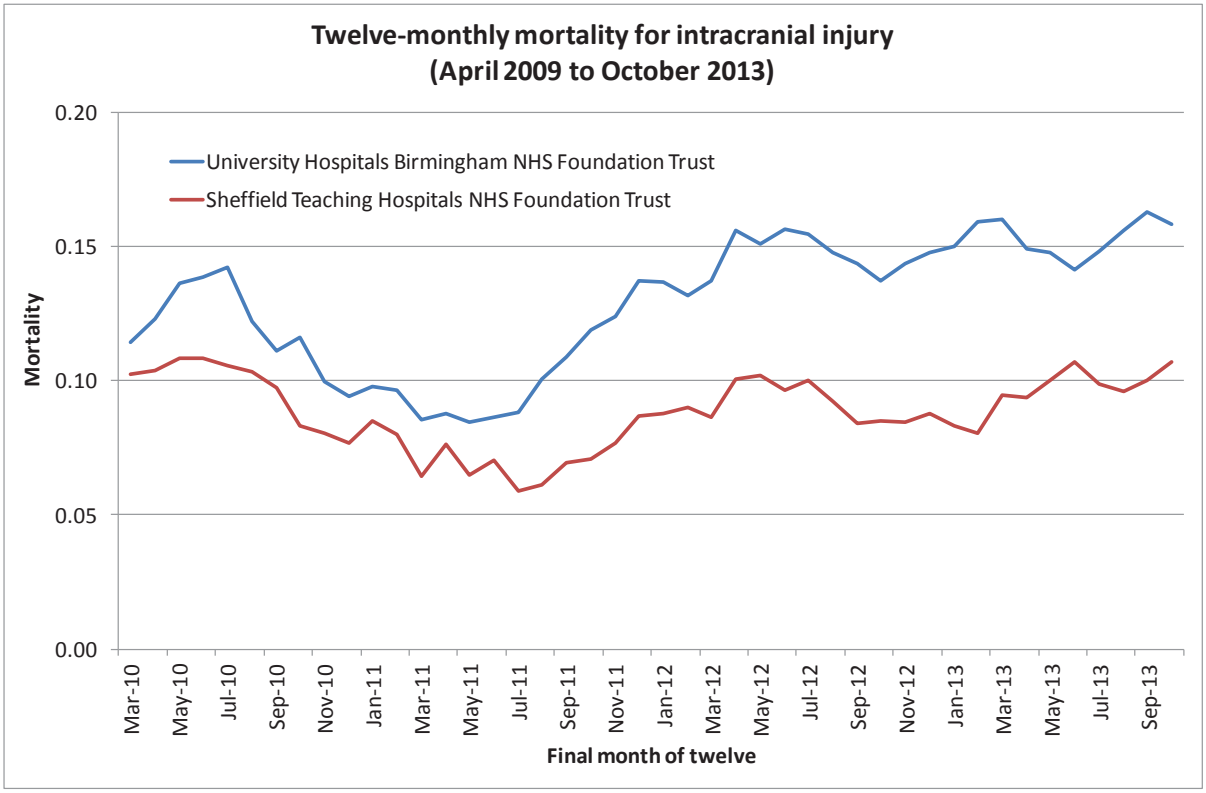

Figure 6: Twelve-monthly mortality for intracranial injury (April 2009 to October 2013)

Most of the increase in the number of deaths for intracranial injury at UHB is patients admitted via the Emergency Department. There has been a very small increase in the number of deaths for patient transferred from other hospitals. See figure 7 and figure 8 on the following page.

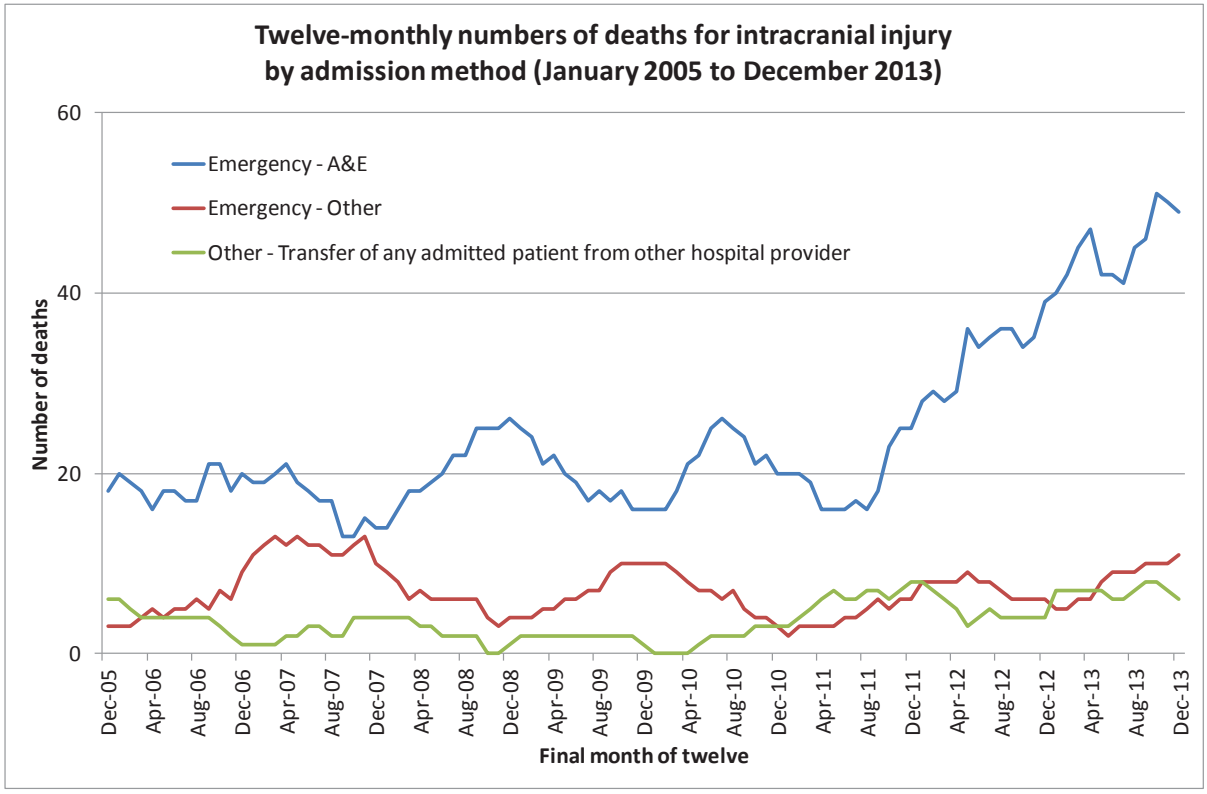

Figure 7: Twelve-monthly numbers of deaths for intracranial injury by admission method (January 2005 to December 2013).

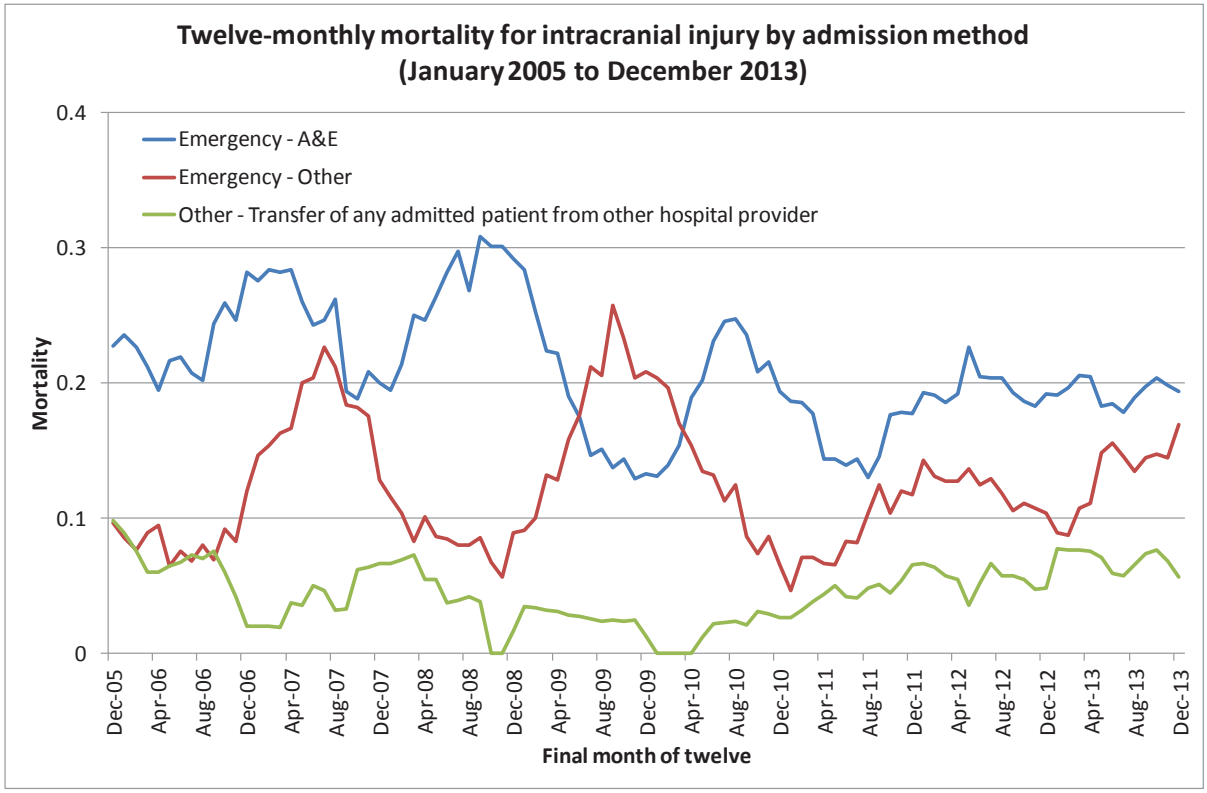

Figure 8: Twelve-monthly mortality for intracranial injury by admission method (January 2005 to December 2013).

The survival of patients transferred from other hospitals is very similar to that of patients who have not been admitted previously elsewhere.

7. Serious Incidents Requiring Investigation (SIRIs) and Serious Incidents Requiring Internal Investigation (SIRIIs).

There is 1 new 'Serious Incidents Requiring Investigation' (SIRIs) relating to an Ectopic pregnancy. After preliminary investigations the CCG has been requested to downgrade the incident as there was no patient harm identified.

There are 6 new 'Serious Incidents Requiring Internal Investigation' (SIRIIs) and these relate to: an insulin prescribing issue, ITU patient transfer, queried missed aortic syndrome, delayed hip fracture diagnosis, retained object and insulin omission.

8. Executive Governance Visits

The November 2013 visit was to ward 621. Ward 621 is the Trust's Oncology/ Haematology day case unit. The visit was an extremely positive visit with all patients and relatives happy with the care provided. However, patients' did raise issues with areas outside the ward including the booking centre and the ease to change appointment times, delays in outpatient appointments and delays in the ward primarily due to delays in provision of patients' drug regimes. Action plans have been requested from the relevant staff to address the issues identified. Patients and relatives advised that care plans had been well explained and understood. The ward housekeeper was identified as doing an excellent job in ensuring that patients have been offered sweets, food and drink etc.

The December 2013 visit was to Ward West 2 QEH. Ward West 2 is a refurbished 24 bedded ward located in the retained estate. The ward caters for elderly male patients. The ward has been designed as a dementia-friendly ward. The overall visit was extremely positive with the ward requiring the support to fix a few minor environmental issues following the opening of the ward. The environmental issues include the provision of tables for common areas which are on order, the provision of chairs and sofas for the day room also on order and the introduction of CCTV.

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