UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 22 OCTOBER 2015

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 September 2015 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. • Mortality indicators (CUSUM, SHMI, HSMR). • Analysis of numbers of deaths and expected numbers of deaths for intracranial injury: analysis of data for trusts in England from April 2012 to June 2015. • Themes from the action plan following the 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: 15/10/2015

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS
THURSDAY 23 OCTOBER 2015

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 2015 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 ten investigations underway into Doctors' performance. The investigations relate to 8 Consultant Grade Doctors, a Junior Specialists Doctor and an Associate Specialist.

3. CUSUM

One CCS (Clinical Classification System) group has breached the mortality threshold. The group is "Burns (240)". This group is not part of the HSMR monitoring. The case list has been reviewed and did not identify any cause for concern.

The CCS group "Intracranial injury (233)" has a higher than expected number of mortalities and nearing the CUSUM trigger please see figure 1 on the following page. As previously reported this group includes all head injuries and the complexities of the Major Trauma Centre (MTC) are not fully reflected in the expected number of deaths. Analysis has been undertaken for the numbers of deaths and expected numbers of deaths for intracranial injury for Trusts in England from April 2012 to June 2015 and is appended 1.

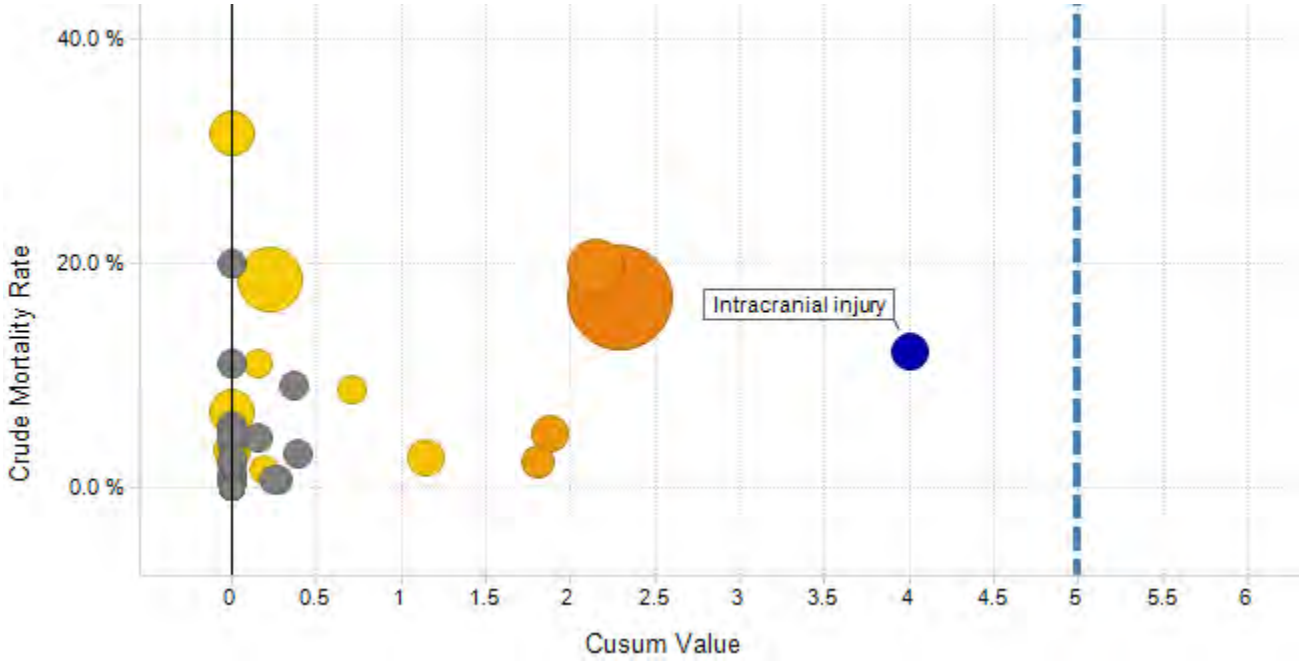


Figure 1: UHB CUSUM by HSMR CCS Group

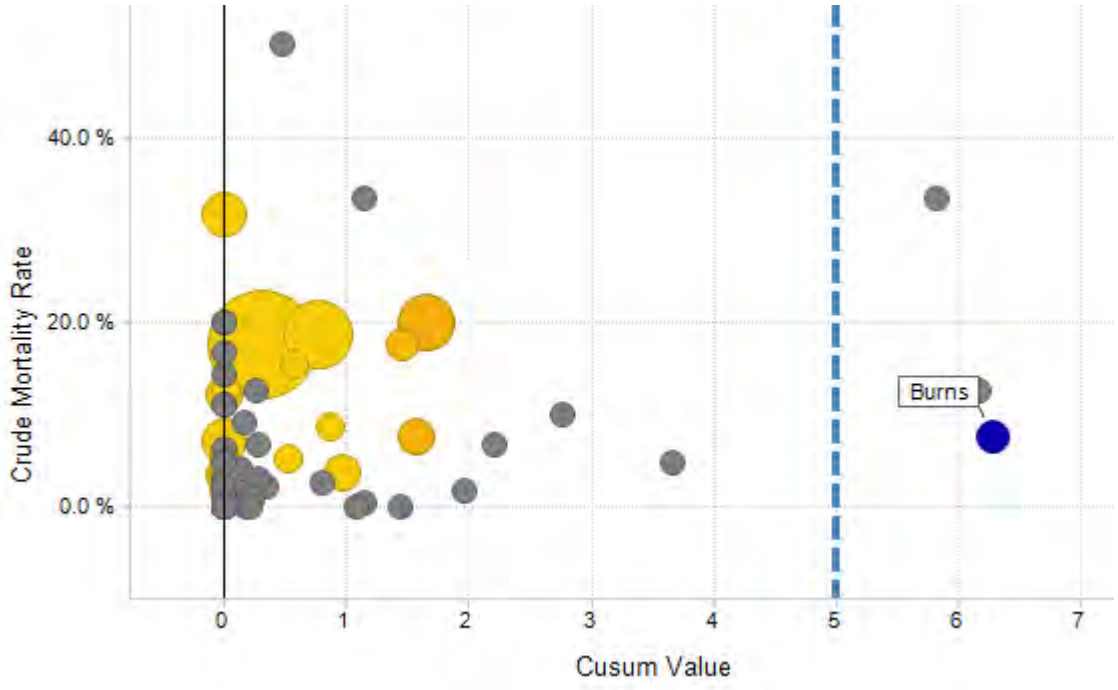


Figure 2: UHB CUSUM by All CCS Groups

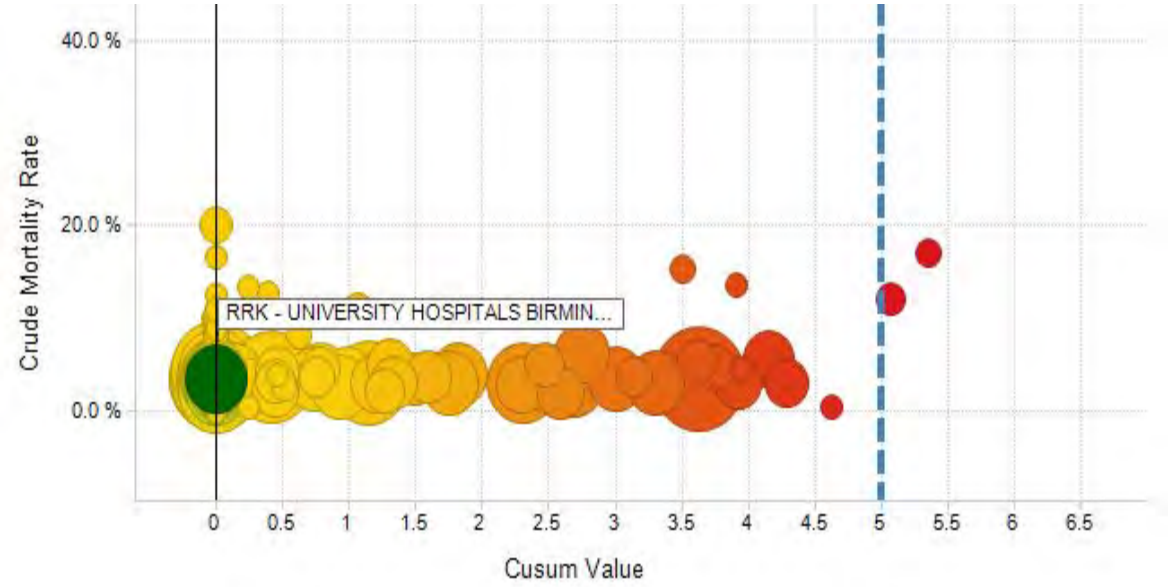


Figure 3: UHB Overall CUSUM

The Trust's overall mortality rate as measured by the CUSUM is within the acceptable limits see figure 3 above.

4. SHMI (Summary Hospital-Level Mortality Indicator)

The Trust's SHMI performance from April 2015 to May 2015 is 105 slightly above the predicated expected mortality of 100. The Trust has had 476 deaths compared with 452 expected. The Trust is within the acceptable limits as identified in figure 4 following page.

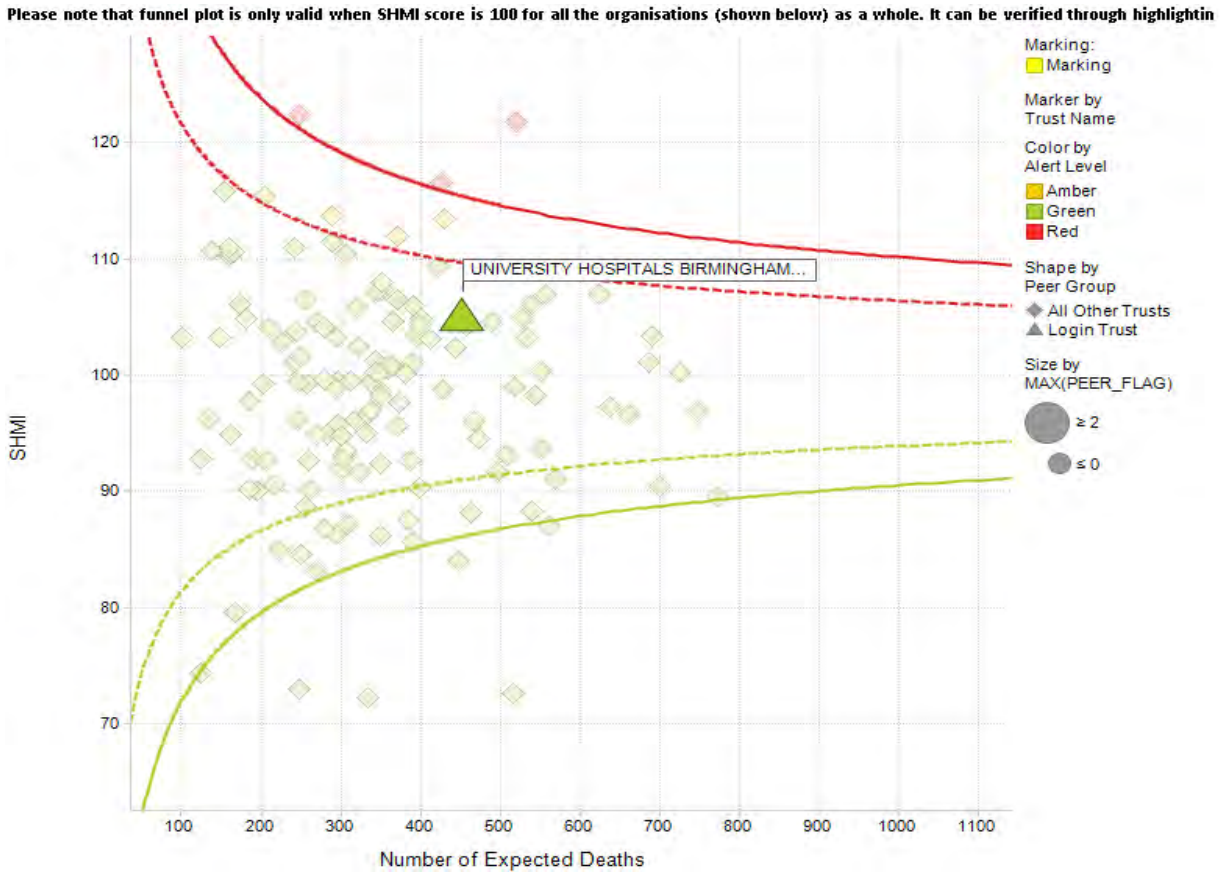


Figure 4: UHB SHMI

5. HSMR (Hospital Standardise Mortality Ratio)

The Trusts HSMR in 2015/16 (Apr – June) is 101.65, with an observed mortality of 424 against 417 expected. The Trust is at the middle of the acceptable limits as identified in Figure 5 on the following page.

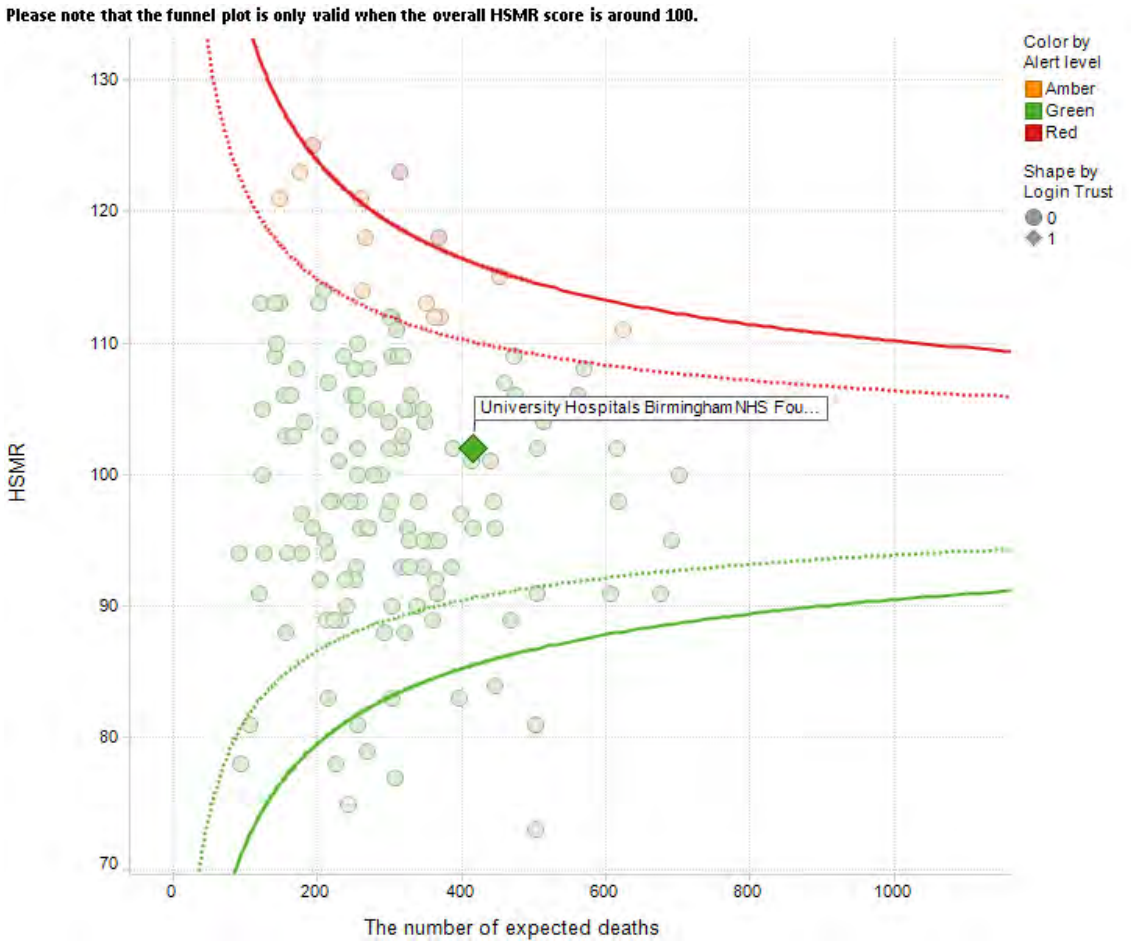


Figure 5: UHB HSMR

6. Board of Directors Governance Visits

6.1 The August 2015 visit was to Ward 726. Ward 726 is located on level 7 of the main hospital. The ward is a 36 bedded ward that cares for inpatient Liver Surgery patients.

6.2 Feedback from patients was generally very complimentary and positive. With patients and relatives well informed of the relevant patients care plans.

6.3 It was identified that some patients had been delayed by several days in being admitted to the ward from home for elective surgery due to pressures on the ward. This had caused the patient to re-arrange a number of previous commitments.

6.4 Some patients advised that the food was often flavourless and one patient advised that they required a high protein diet. The staff on the ward went and ensured that the patient received the high protein diet as required.

6.5 A visiting team member was correctly, politely and assertively challenged by a staff member when trying to enter a room of patient who had been identified as having an infection control concern. The visiting team member had not followed the correct procedure and put on the relevant Personal Protective Equipment (PPE).

6.6 All staff on the ward had been very open and honest. The nursing staff advised that all the Consultants who worked on the ward are very approachable. However, the nursing staff did raise concerns in relation to the amount of medical staff availability for the ward out of hours. Delays can also occur over the weekend when trying to discharge patients due to a number of reasons including medical cover, pharmacy opening hours and the lack of a discharge lounge.

6.7 The environment was generally tidy. However, some trollies and the large equipment area (hoists) could be made tidier along with a review of signage.

6.8 Overall: Excellent visit, positive atmosphere on the ward and the staff should be congratulated.

7. Recommendations

The Board of Directors is asked to:
Discuss the contents of this report and approve the actions identified.

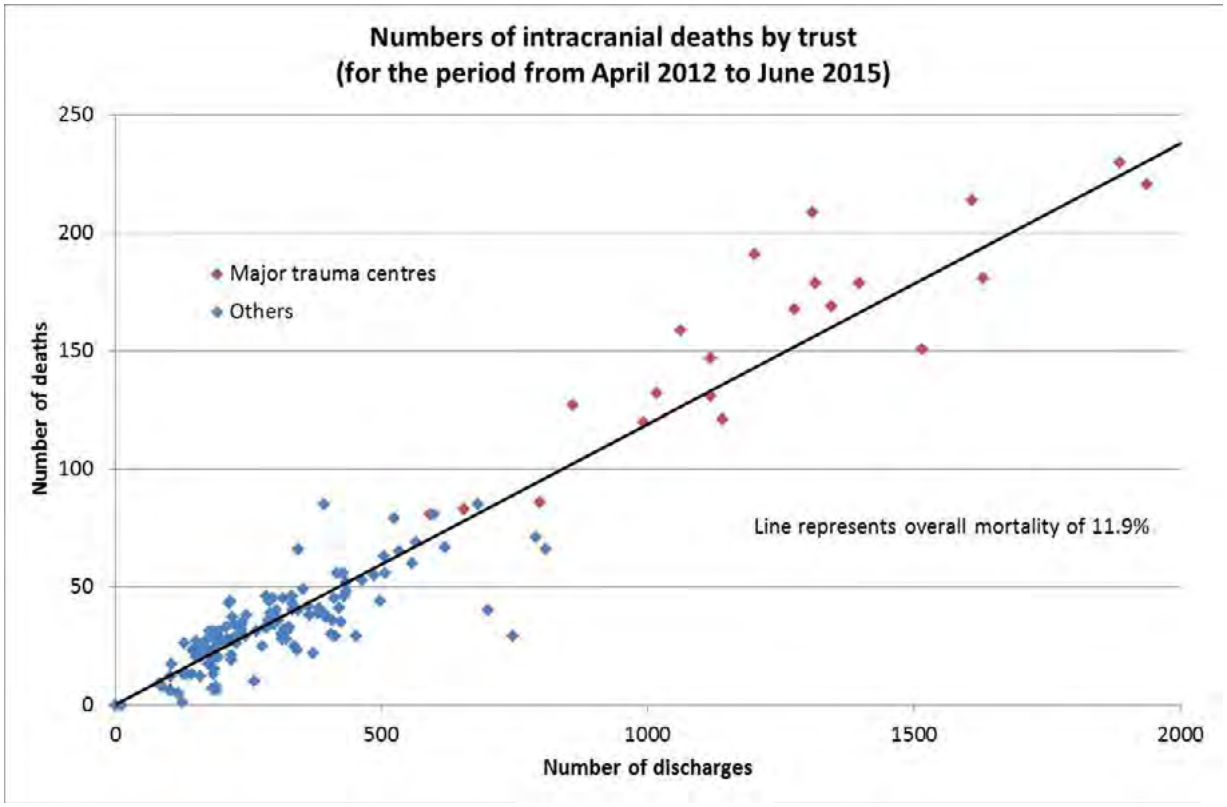
David Rosser, Executive Medical Director

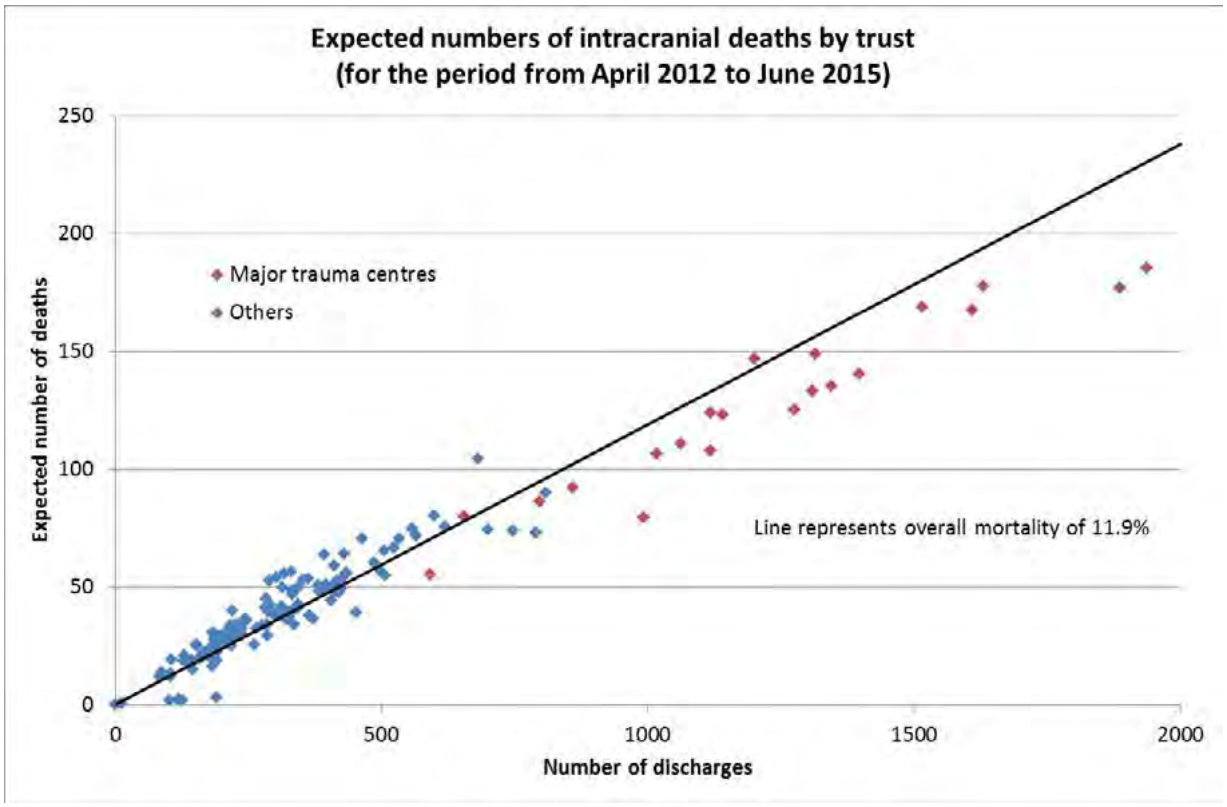
Appendix 1

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
CLINICAL QUALITY MONITORING GROUP
WEDNESDAY 23 SEPTEMBER 2015

Report Title:	**Numbers of deaths and expected numbers of deaths for intracranial injury: analysis of data for trusts in England from April 2012 to June 2015**
Contact:	Pete Nightingale

Key Issues/Exceptions:	The overall mortality for intracranial injury during the period analysed was 11.9%. In most major trauma centres (15 out of 21) mortality was higher than the overall mortality. This is likely to be due to the severity of the injuries seen. By contrast, the expected mortality (based on HSMR methodology) for most of the major trauma centres (19 out of 21) was lower than the overall mortality. The mortality in all the major trauma centres combined was 7% greater than the overall mortality, but was 23% greater than the expected mortality.


Numbers of intracranial deaths by trust
(for the period from April 2012 to June 2015)
250
200
150
100
50
0
Number of deaths
Major trauma centres
Others
Line represents overall mortality of 11.9%
0
500
1000
1500
2000
Number of discharges


Expected numbers of intracranial deaths by trust
(for the period from April 2012 to June 2015)
250
200
150
100
50
0
Expected number of deaths
Major trauma centres
Others
Line represents overall mortality of 11.9%
0
500
1000
1500
2000
Number of discharges