

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 29 JANUARY 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 December 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:	<ul style="list-style-type: none"> • Update provided on the investigations into Doctors' performance currently underway. • Mortality indicators (CUSUM, SHMI, HSMR). • Themes from the action plan following the Board of Directors Governance Visits. 	
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: 20/01/2015

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS THURSDAY 29 JANUARY 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 December 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 six investigations underway into Doctors' performance. The investigations relate to 1 Consultant Grade Doctor, 1 Junior Specialist Doctor (JSD), 2 Health Education West Midlands (HEWM) Trainees and 2 Associate Specialists.

3. CUSUM (Cumulative Summary Mortality Indicator)

The minor CCS (Clinical Classification System) group of Allergic reactions has breached the mortality threshold. The number of expected deaths is 0.11 with the Trust having 1 death in this CCS group.

The groups of:

- Intracranial injury (233),
- Coronary atherosclerosis and other heart disease (101)
- and lung disease due to external agents (132)

Have all moved towards the breach trigger line. Please see figure 1 on the following page. Case list reviews of the patient groups have been undertaken and no issues of concern identified.

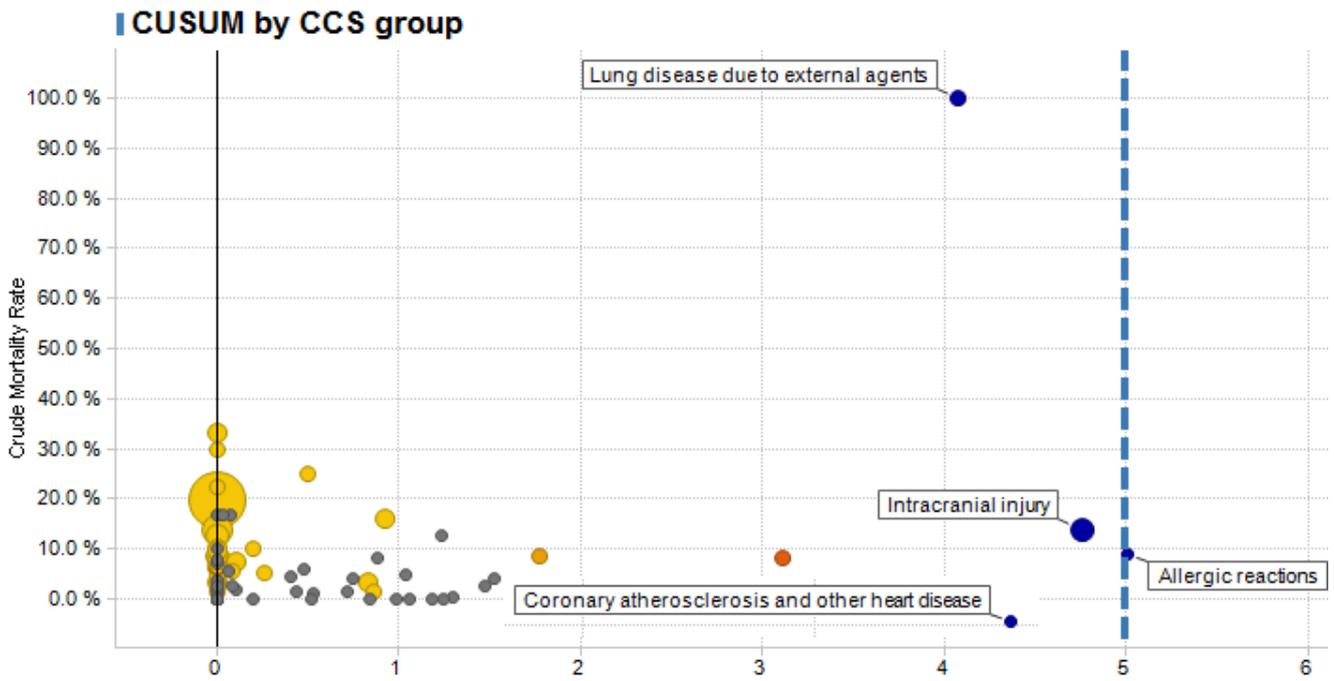


Figure 1: UHB CUSUM by CCS Group

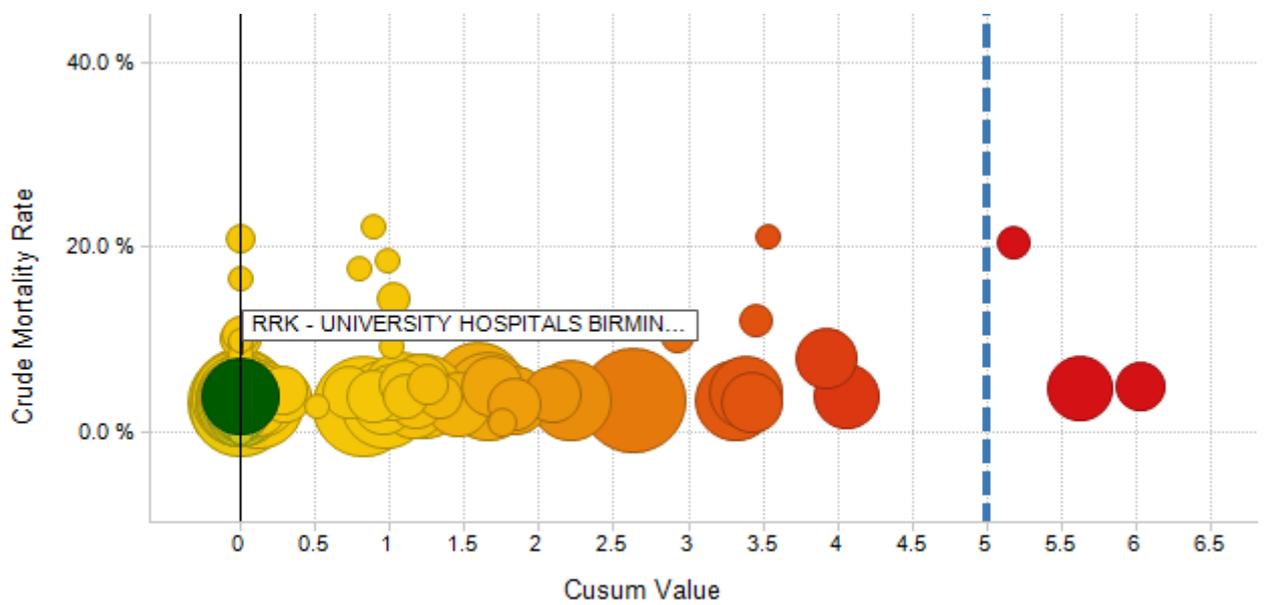


Figure 2: UHB Overall CUSUM

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

4. SHMI (Summary Hospital-Level Mortality Indicator)

The Trust's SHMI performance from April 2014 to June 2014 is 94.36 slightly below the predicated expected mortality of 100. The Trust has had 992 deaths compared with 1051 expected. The Trust is within the acceptable limits as identified 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.

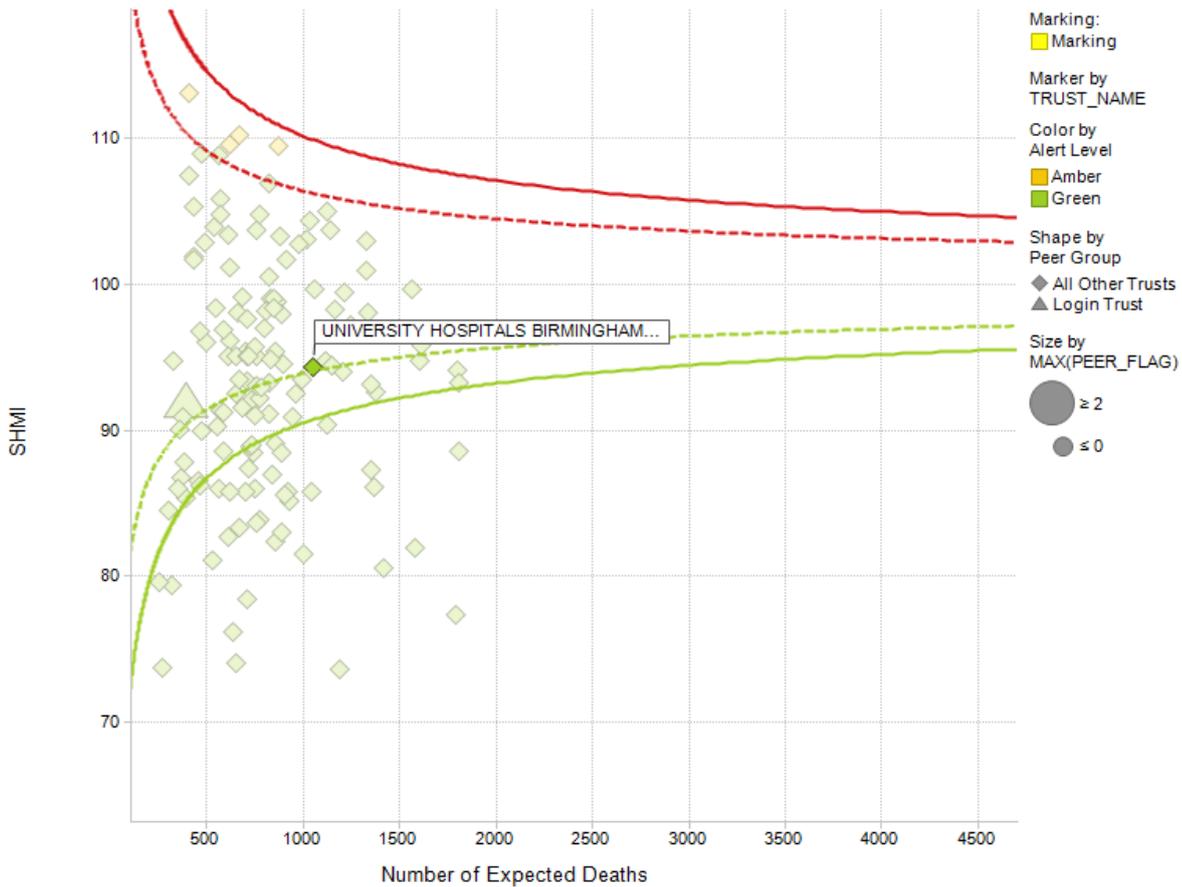


Figure 3: UHB SHMI

5. HSMR (Hospital Standardise Mortality Ratio)

The Trusts HSMR in 2014/15 is 94, with an observed mortality of 718 against 765 expected. The Trust is at the middle of the acceptable limits as identified in Figure 4 on the following page.

Please note that funnel plot is only valid when HSMR 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.

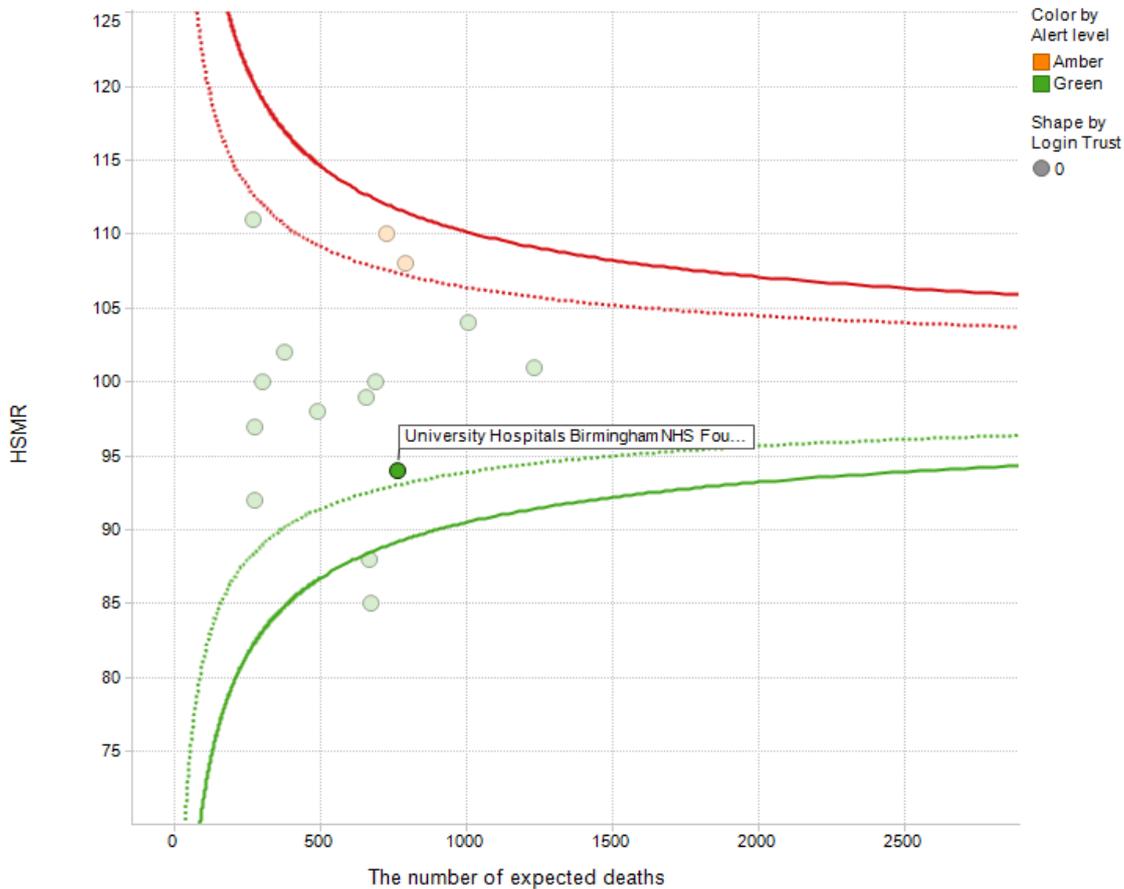


Figure 4: UHB HSMR

6. Board of Directors Governance Visits

- 6.1 The November 2014 visit was to the Imaging Department. The Imaging Department is located on level 0 of the main hospital. The Department provides a number of diagnostic imaging modalities including: plain radiology (X-ray), ultrasound, Computed Tomography (CT) and Magnetic Resonance Imaging (MRI). The Department uses an electronic Picture Archiving and Communication System (PACS) that stores the images in a secure electronic format. The Department also provides a number of treatment modalities which include Nuclear Medicine and Interventional Radiology.
- 6.2 Feedback from patients was positive about their experiences of the hospital compared to other hospitals that the patients have visited. However, two patients advised that they had been waiting between 20 to 30 minutes and were worried that they had been forgotten. This was

brought to the attention of the Radiographer by the visiting team at the time of the visit. The Group Manager for the Department is investigating the feasibility of introducing the OPTIMs call waiting system to the Department.

- 6.3 The visiting team identified that staff had been smartly dressed, helpful, friendly and clearly identified themselves to patients. However, not all staff members had identification badges visible. The signage for the Department needs to be reviewed and the patient corridor leading from the main reception to the fracture clinic reception was cluttered with cages that required to be moved.
- 6.4 A standard approach to patient changing is required as some areas of the Department used baskets for patients' belongings while others used green plastic bags. The reception desks and the area near ICT control 1 requires to be tidied and de-cluttered.
- 6.5 The December 2014 Board of Directors Governance visit was cancelled. The January 2015 Board of Directors Governance visit was to Ward 407 and will be reported in the February 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