

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 24 JULY 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 July 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). • 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 Cancer Centre Outpatients Department. 	
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: 16 July 2014

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

**BOARD OF DIRECTORS
THURSDAY 24 JULY 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 July 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 seven investigations underway into Doctors' performance. The investigations relate to 2 Consultant Grade Doctors, 2 Junior Specialist Doctor (JSD), 2 ST level trainees and an associate specialist grade doctor.

3. CUSUM (Cumulative Summary Mortality Indicator)

The Trust has breached the mortality threshold for 2 CCS (Clinical Classification System) groups. The patient groups which have breached in February 2014 include:

- 164 – cancer of testis (0.1 expected, 1 observed)
- 30 – Hyperplasia of prostate (0.1 expected, 1 observed)

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

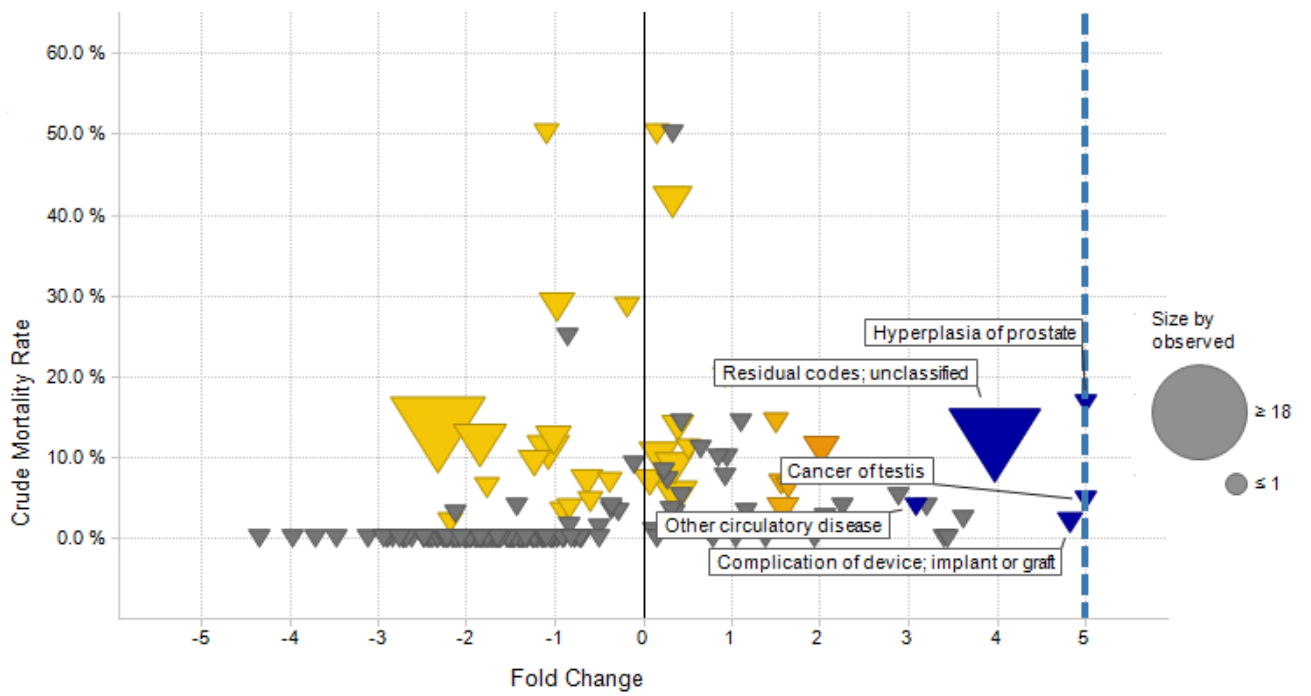


Figure 1: UHB CUSUM by CCS group

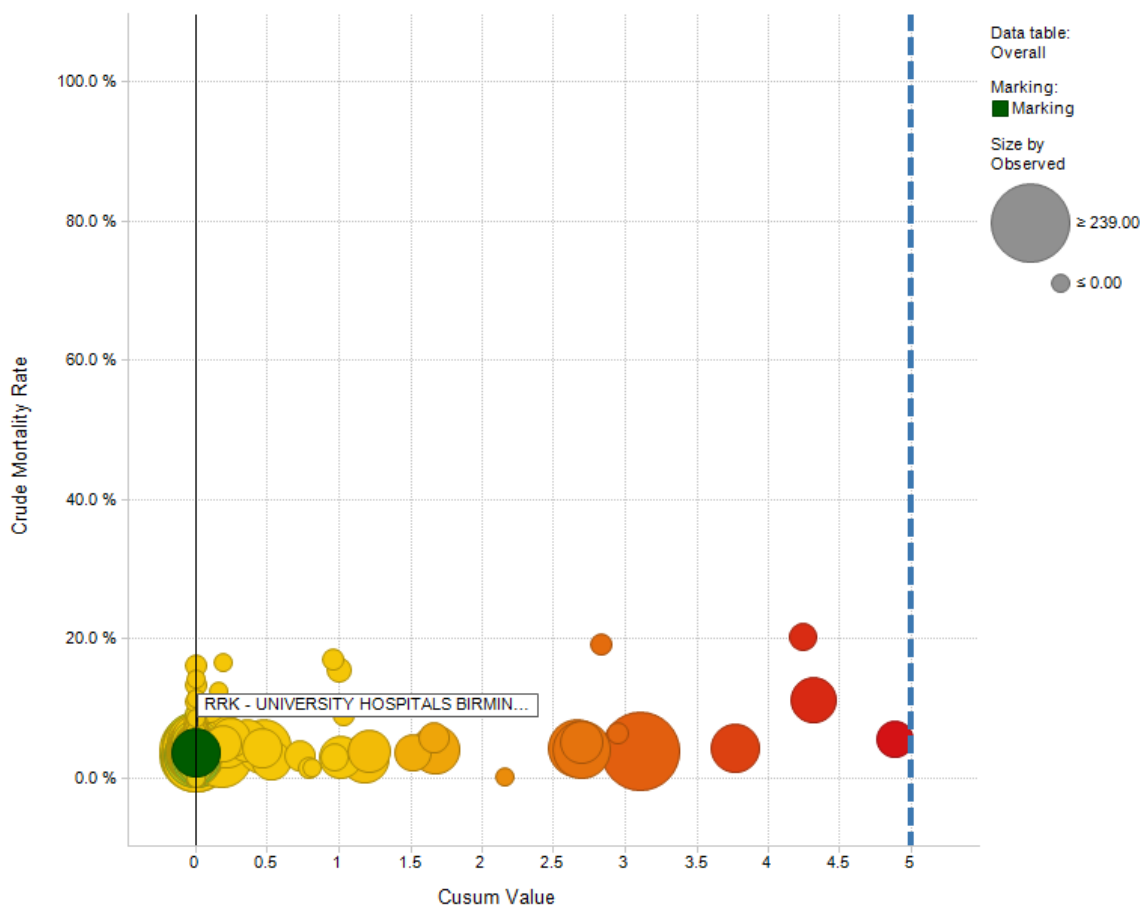


Figure 2: UHB Trust total CUSUM

4. SHMI (Summary Hospital-Level Mortality Indicator)

The Trust SHMI from April 2013 to February 2014 is 100 with the predicted expected mortality of 100. The Trust has had 2037 observed deaths with a 2028 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.

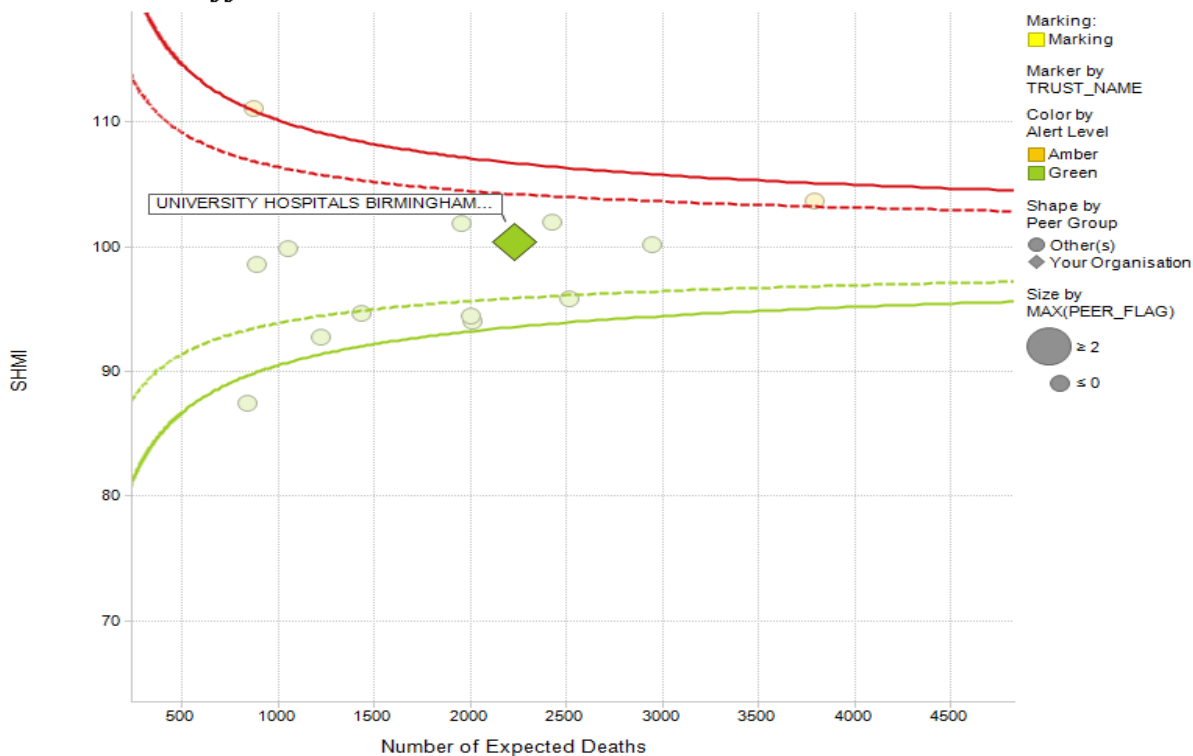


Figure 3: UHB SHMI

5. HSMR (Hospital Standardise Mortality Ratio)

The Trust's HSMR for 2013/14 (April 2013 to March 2014) is 96.84 with an observed mortality 1418 with a 1464 expected. The Trust is at the middle of the acceptable limits as identified in Figure 4 below.

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.

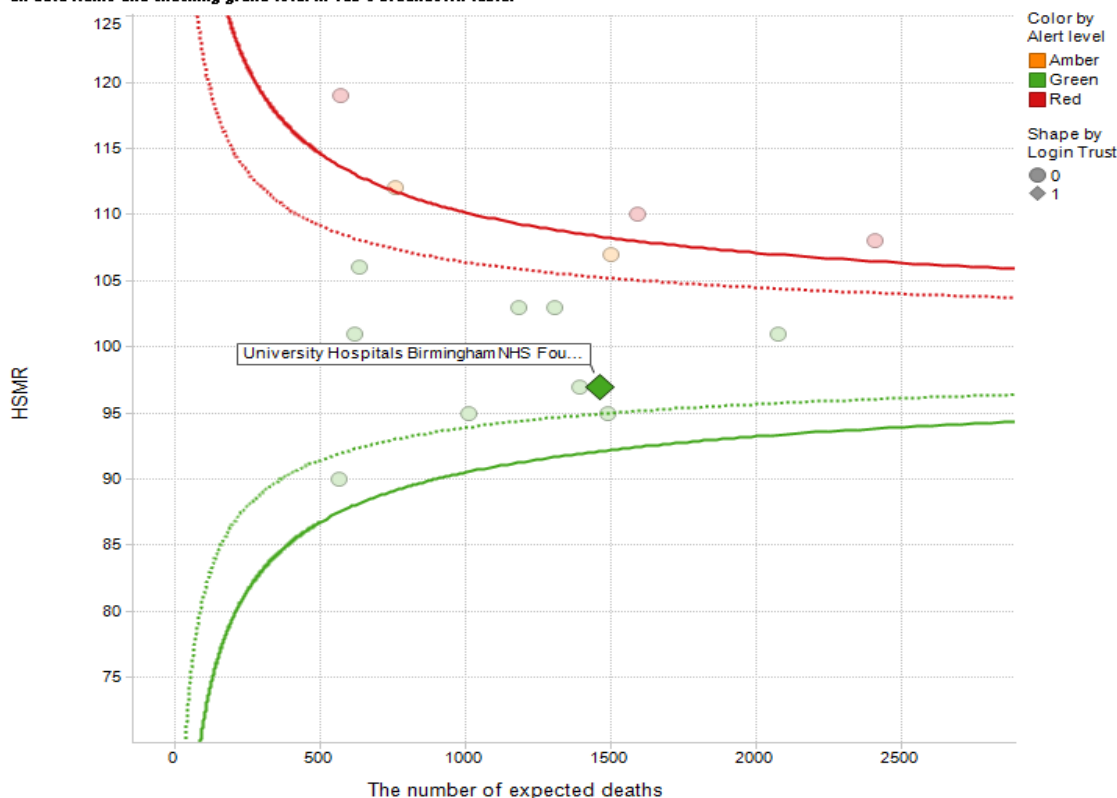


Figure 4: UHB HSMR for the year 2013/2014 (April 2013 to March 2014)

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

- 6.1 There is 1 new 'Serious Incidents Requiring Investigation' (SIRIs) relating to a Major Trauma Centre communication delay. The patient is currently an inpatient after being transferred from critical care. It is unknown of the patient outcome or impact from this incident.
- 6.2 There are 2 new 'Serious Incidents Requiring Internal Investigation' (SIRIIs) and these relate to: a hypothermic patient admitted via the Emergency Department it is unclear of the patient impact or outcome at present. The second SIRII relates to a consent issue in theatres with no patient harm and no patient impact identified.

7. Executive Governance Visits

- 7.1 The May 2014 visit was to the Cancer Centre Outpatients Department. The Cancer Centre Outpatients Department is based in the original Queen Elizabeth Hospital and is one of the Trusts satellite outpatient departments to the main outpatients based in the Queen Elizabeth Hospital Birmingham. Overall the visit was a positive visit. The visiting team received extremely positive comments from all patients and relatives about the care provided. Many patients and relatives advised the visiting team that the staff provide fantastic care. It was clear that the staff and patients had developed good relationships with both identifying each other on a first name basis.
- 7.2 Patients and relatives identified that the waiting times in clinic can cause difficulties. A staff nurse advised that the time allocated for first appointments is never achieved as the appointment takes longer. The Divisional Management Team is undertaking a review looking at clinic appointments times and waiting times to reduce delays for patients in clinic.
- 7.3 Patients advised that they are all aware of the emergency numbers to use to contact staff if required. Patients and relatives also identified that they are able to get drinks from the “koffee corner” and found this service helpful. The “Patrick Room” although not staffed was identified as providing excellent information and resources for patients and relatives
- 7.4 The Department was clean and generally tidy. However, a review is required of the signage with some signs out of date and others that do not adhere to Trust standards. The visiting team also identified some security concerns with the sisters’ office door open but no-one occupying the office, a research cupboard in the main waiting area unlocked and the “Patrick Room” not staffed with little security measures in place.
- 7.5 External concerns identified by patients and relatives included the car parking charges and some delays in patient transport. It was identified that staff do have car parking passes that can be used for patients that are delayed due to hospital delays.

8. Recommendations

The Board of Directors is asked to:

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