

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 29 MARCH 2018**

<b>Title:</b>	<b>CLINICAL QUALITY MONITORING REPORT</b>
<b>Responsible Director:</b>	David Rosser, Executive Medical Director
<b>Contact:</b>	Mark Garrick, Director of Medical Directors' Services, 13699

<b>Purpose:</b>	To provide assurance on clinical quality to the Board of Directors and detail the actions being taken following the February 2018 Joint Clinical Quality Monitoring Group (JCQMG) 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>• Themes from the action plan following the most recent Board of Directors' Unannounced Governance Visit.</li> <li>• Learning from Deaths Quarter 4 2017/18 update.</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>	David Rosser	Date: 15/03/2018

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST  
BOARD OF DIRECTORS  
THURSDAY 29 MARCH 2018**

**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 February 2018 Joint Clinical Quality Monitoring Group (JCQMG) 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 four investigations underway into Doctors' performance. The investigations relate to four Consultant Grade Doctors.

**3. Mortality - CUSUM**

One CCS (Clinical Classification System) group had a higher than expected number of mortalities and this triggered a mortality alert in November 2017. There were 4 observed mortalities for the group 'Intracranial Injury' (233) with 2.73 expected.

As previously reported to the Clinical Quality Committee (CQC) and the Board of Directors the CCS group 'Intracranial Injury' (233) has been identified as having higher than expected deaths and has previously flagged as a mortality outlier. This CCS group includes all head injuries and the complexity of UHB's Major Trauma Centre (MTC) status is not fully reflected in the expected number of deaths.

An Associate Medical Director will review the four mortalities and findings will be reported at a future JCQMG meeting. Please see Figure 1 on the following page.

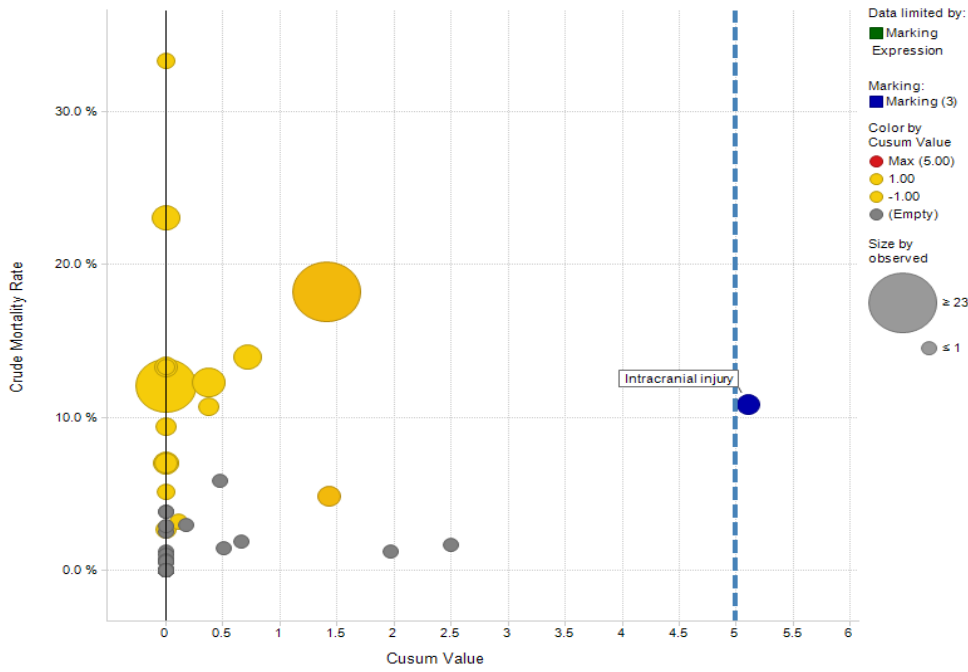


Figure 1: UHB CUSUM in November 2017 for CCS Groups.

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

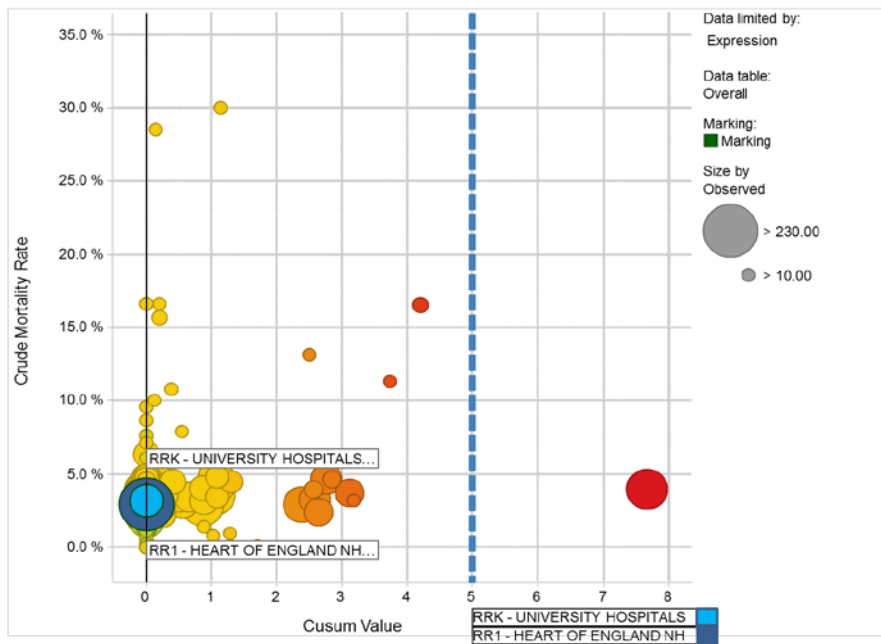


Figure 2: UHB CUSUM in November 2017 at Trust level. HEFT CUSUM included for benchmarking purposes.

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

The Trust's SHMI performance from April 2017 to October 2017 was 98. The Trust has had 1498 deaths compared with 1535 expected, which is within the acceptable limits as shown 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. HEFT SHMI included for benchmarking purposes.

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

The Trust's HSMR April 2017 – November 2017 was 105 which is slightly higher than expected. The Trust had 986 deaths compared with 943 expected.

Please note that the funnel plot is only valid when the overall HSMR score is around 100.

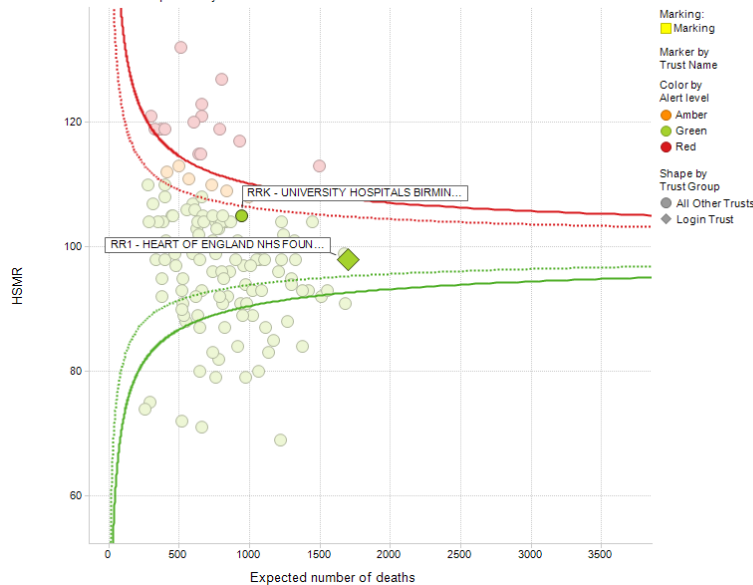


Figure 4: UHB HSMR. HEFT HSMR included for benchmarking purposes.

## **6. Learning from Deaths Quarter 4, 2017/18**

In line with national *Learning from Deaths* requirements, a summary of the results of reviews of inpatient deaths during Quarter 4 2017/18 will be undertaken and reported at the March 2018 JCQMG. This information will be summarised in a future Board Report.

## **7. Board of Directors' Unannounced Governance Visits**

The visit in January 2018 was to the Catheter Laboratory. Overall it was a positive visit to a clean and well organised area. There was a well-established sense of teamwork amongst staff although it was noted that storage within the area was difficult.

The visit in February 2018 was to EOU. The area opened in November 2017 and there are a number of process, clinical systems and governance compliance issues that need to be prioritised to ensure that the area is functioning optimally. Patients were understanding regarding the pressures the area was experiencing and positive about their interactions with nursing staff. Staff highlighted areas where improvements should be made.

## **8. Recommendations**

The Board of Directors is asked to:  
Discuss the contents of this report.

Dr David Rosser,  
Executive Medical Director