

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 26 OCTOBER 2017

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

Purpose:	To provide assurance on clinical quality to the Board of Directors and detail the actions being taken following the September 2017 Joint Clinical Quality Monitoring Group (JCQMG) 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 which are currently underway. • Latest performance for a range of mortality indicators (CUSUM, SHMI, HSMR). • Themes from the action plan following the most recent 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:	David Rosser	Date: 16/10/2017

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**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 2017 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 six investigations underway into Doctors' performance. The investigations relate to six Consultant Grade Doctors.

3. Mortality - CUSUM

One CCS (Clinical Classification System) group had a higher than expected mortality in June 2017. The group 'Intracranial Injury' (233) has triggered mortality thresholds. As previously reported to the Clinical Quality Committee (CCQ) and the Board of Directors the CCS group – 233: Intracranial injuries 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 complexities of the Major Trauma Centre (MTC) are not fully reflected in the expected number of deaths. Previous statistical analysis has been undertaken into this CCS group. The previous mortality trigger for this CCS group occurred in September 2016. As reported to the September 2017 CCQ an Associate Medical Director has undertaken a caselist review and identified one patient from the caselist for further review. This review is ongoing and will be reported to the October JCQMG. Please see Figure 1 on the following page.

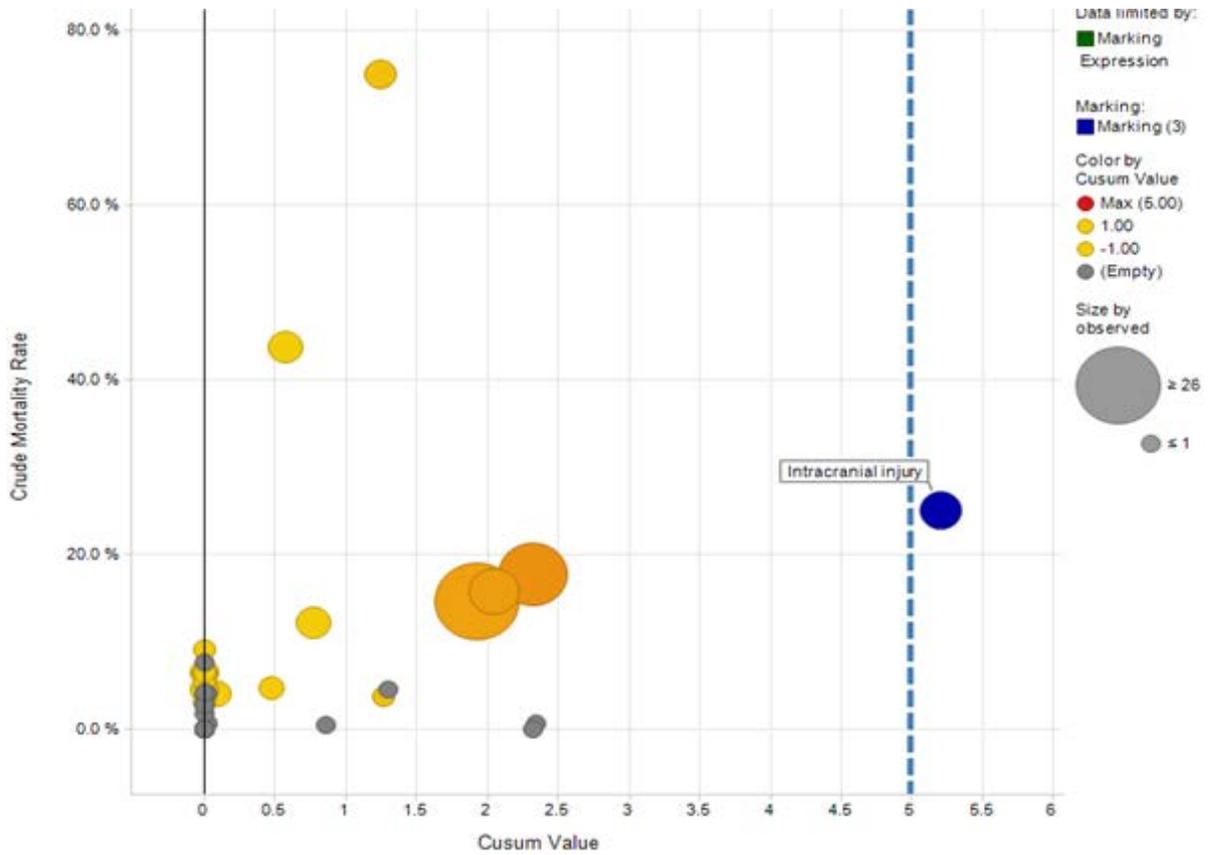


Figure 1: UHB CUSUM in June 2017 for CCS Groups.

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

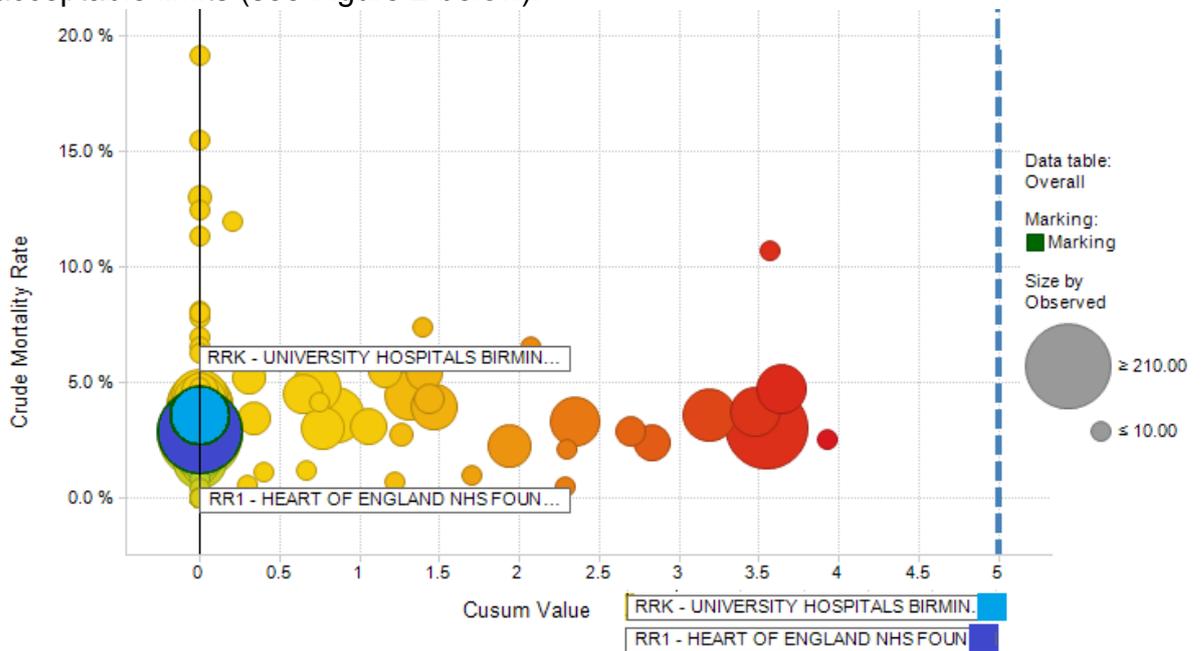


Figure 2: UHB CUSUM in June 2017 at Trust level. HEFT CUSUM included for benchmarking purposes.

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

The Trust's SHMI performance from April 2017 to May 2017 was 103. The Trust has had 478 deaths compared with 465 expected. The Trust is within the higher range of 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.

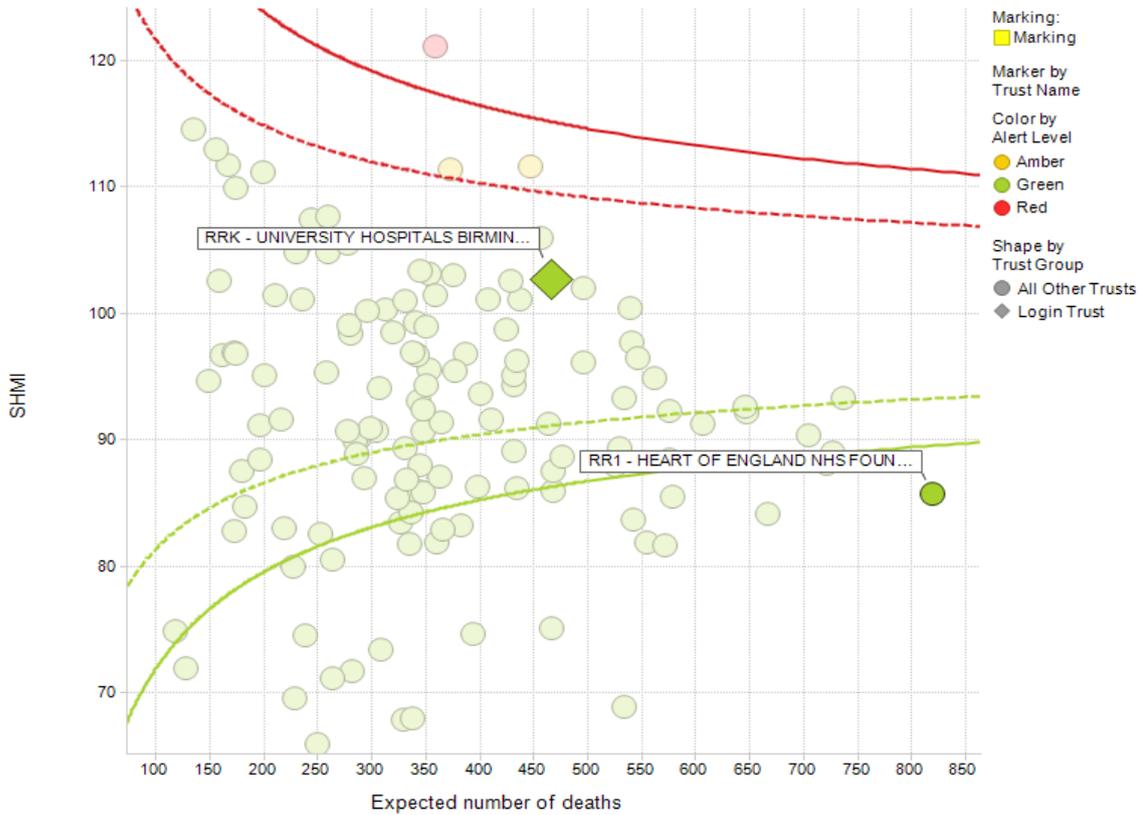


Figure 3: UHB SHMI. HEFT SHMI included for benchmarking purposes.

5. Mortality - HSMR (Hospital Standardised Mortality Ratio)

The Trust's HSMR April 2017 – March 2017 is 107 which is slightly higher than expected. The Trust had 415 deaths compared with 388 expected (see Figure 4 below).

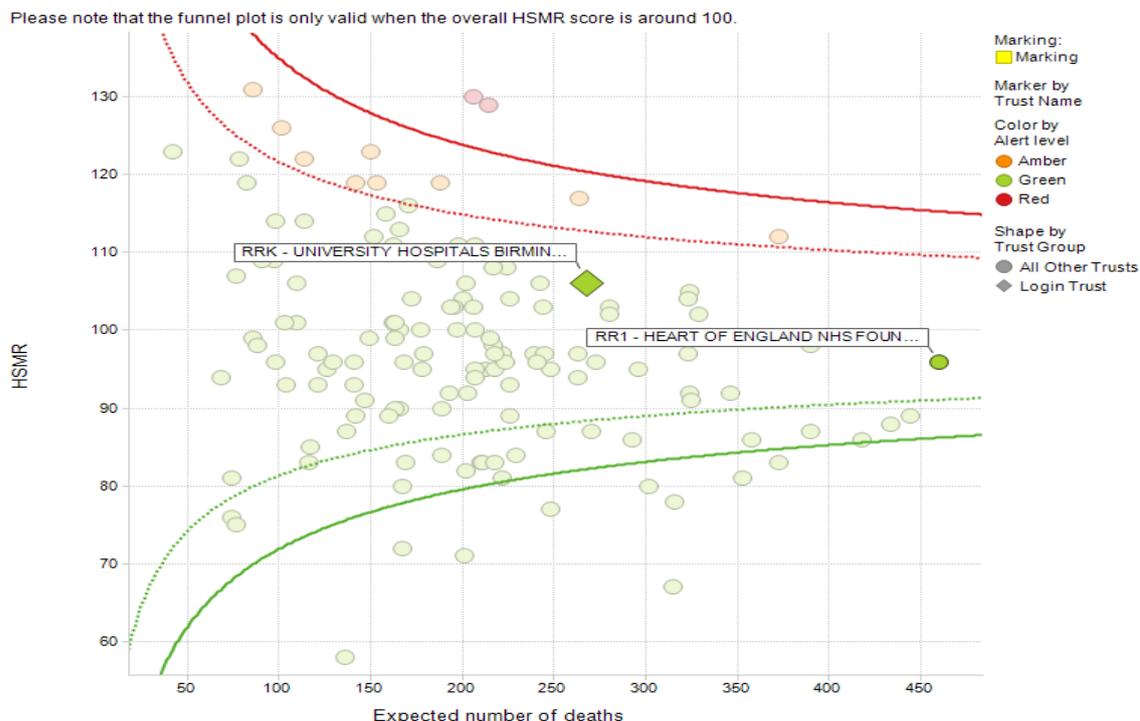


Figure 4: UHB HSMR. HEFT HSMR included for benchmarking purposes.

6. Board of Directors Unannounced Governance Visits

The visit in August 2017 was to W304. This ward treats Cardiology patients. Overall a clean, well-organised ward with positive feedback provided by staff and patients. Patient flow on the ward was highlighted with discussions to take place about how to address this. The following improvement actions were identified and shared with the Divisional Management Team for resolution – positive feedback was also provided:

- Visiting team spoke to one patient who advised they were very happy with their treatment. They had been in the hospital for 3 weeks but were due to be discharged on the day of the visit. They added that the communication regarding their discharge had been excellent so far.
- A member of the visiting team spoke to a number of patients. All were exceptionally positive about their stay, all explaining that they felt that the Trust was the best possible environment in which to be treated.
- There was an issue with turnover and flow of patients on the ward. There were a number of patients who had been in hospital for an extended period of time as part of a pre-transplant admission. One patient advised that their home was in Bath but they were awaiting a heart transplant and had been staying on the ward for a number of months.
- One family member advised that they travelled from Nottingham every

day to visit their daughter who was a patient on the ward. She explained that staff were very accommodating of her visiting hours and added that they were excellent in helping her daughter understand her care and helping with her when she gets upset.

- Visiting team spoke to a member of the housekeeping staff. She advised that she loved working on the ward as it felt like being part of a team. There were regular team meetings and all members of staff were encouraged to contribute.
- Ward clerk advised that they greatly enjoyed working on the ward. They mentioned the use of the flatbed scanner and it was queried whether there was better equipment available to help with scanning of documents.
- One student nurse spoken to by the team was very complimentary about the ward and echoed previous comments that they felt very much part of a team.
- Waiting room tidy and very well organised.
- Paper sheets had been stuck to the window on the waiting room door to protect privacy.
- Temporary signage in place in various places on the ward.
- All store rooms throughout the ward were clean, tidy and well organised.
- Computer-on-wheels (COW) in Consultation room was broken. (Asset tag 81533).
- Clinical waste room was very tidy.
- Patient bathrooms very clean.
- There were a number of public wheelchairs which had been removed from the atrium and left on the ward.
- 2 separate computers had been left unlocked on the ward.
- Clinical Room was left unlocked. Cupboard within clinical room containing flammable chemicals also left unlocked. All drug cupboards were locked and chained to the wall.
- Lids were open on sharps bins.
- All checks on the resus trolley had been completed.
- All PICS archive printer checks had been completed.

The visit in September 2017 was cancelled.

The visit in October 2017 was to Critical Care Area C. This visit will be reported in a future 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