

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 25 SEPTEMBER 2014**

<b>Title:</b>	<b>CLINICAL QUALITY MONITORING REPORT</b>
<b>Responsible Director:</b>	David Rosser, Executive Medical Director
<b>Contact:</b>	Mark Garrick, Head of Medical Director's Services, X13699

<b>Purpose:</b>	To provide assurance on clinical quality to the Board of Directors and detail the actions being taken following the September 2014 Clinical Quality Monitoring Group (CQMG) 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 currently underway.</li> <li>• Mortality indicators (CUSUM, SHMI, HSMR).</li> <li>• Junior Drs Clinical Dashboard update.</li> <li>• Latest progress reported for the Serious Incidents Requiring Investigation/Serious Incidents Requiring Internal Investigation.</li> <li>• Themes from the action plan following the Executive Governance Visits to Ward 624.</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>	Dr David Rosser	Date: 16/09/2014

# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

**BOARD OF DIRECTORS  
THURSDAY 25 SEPTEMBER 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 September 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 ten investigations underway into Doctors' performance. The investigations relate to 3 Consultant Grade Doctors, 3 Junior Specialist Doctors (JSD), 3 Health Education West Midlands (HEWM) Trainees and an Associate Specialist.

#### **3. CUSUM (Cumulative Summary Mortality Indicator)**

The Trust has breached the mortality threshold for 2 CCS (Clinical Classification System) Groups. Both these groups are minor. The patient groups which have been breached in May 2013 include:

- 30 Cancer of testis
- 21 Cancer of bone and connective tissue

A case list review will be undertaken with any concerns or future actions report back the Board of Directors.

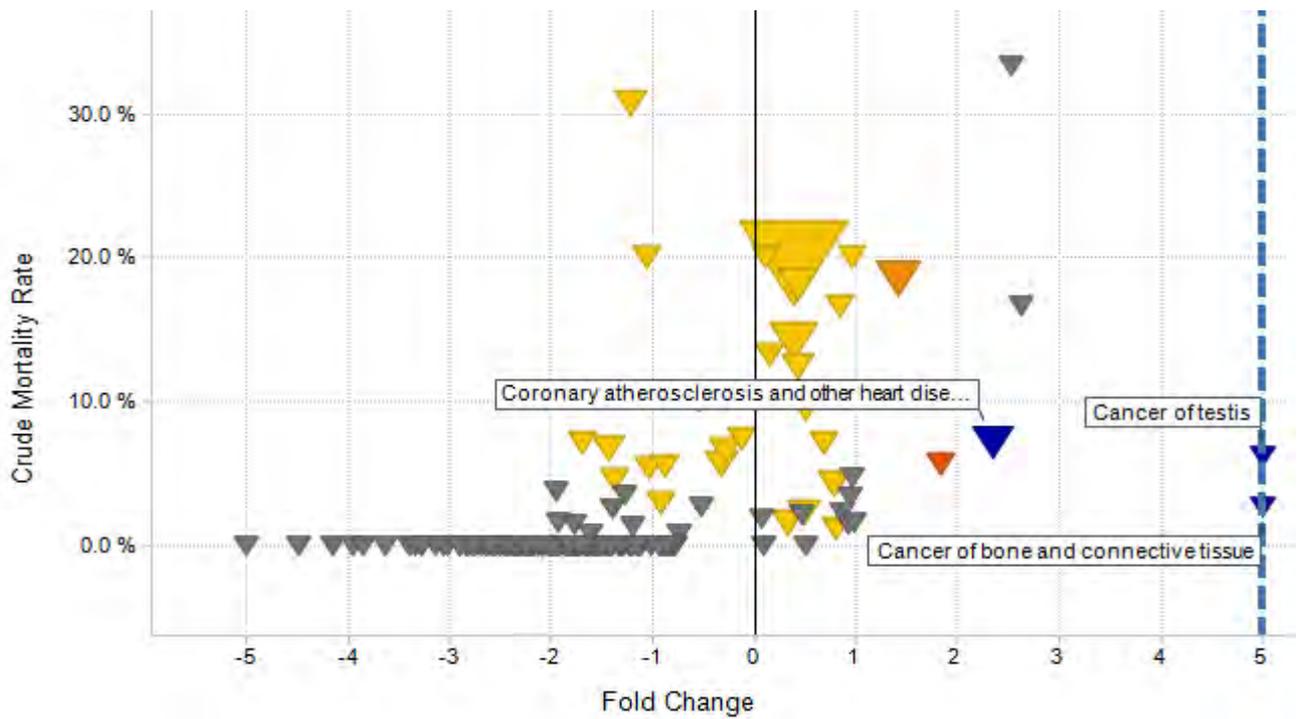


Figure 1: UHB CUSUM by CCS Group

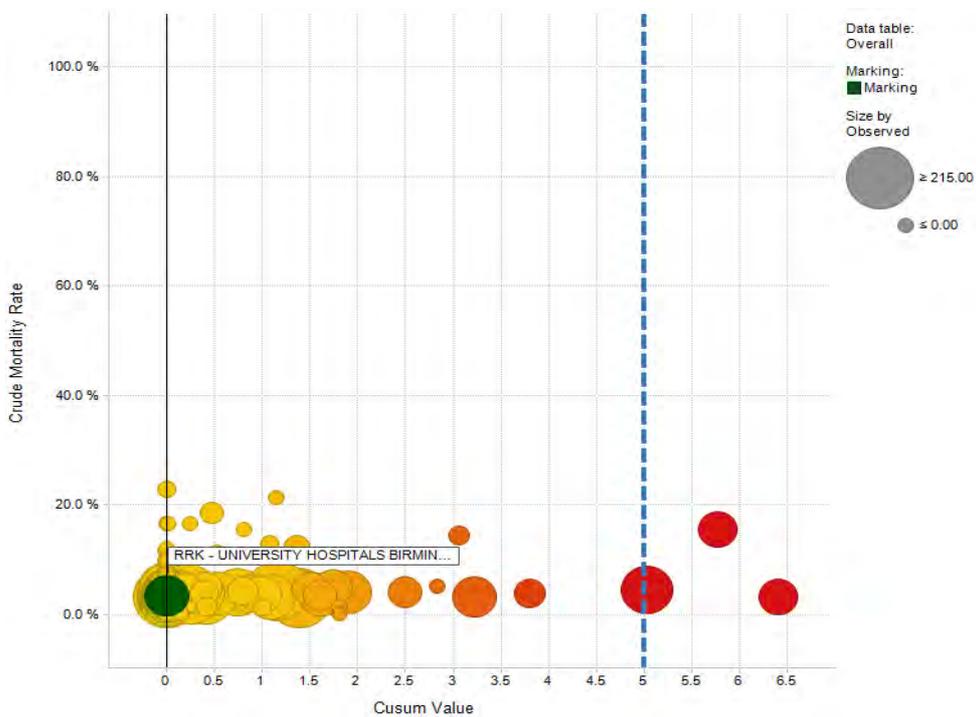


Figure 2: UHB Overall CUSUM

The Trust's overall mortality rate as measure 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 2013 to March 2014 is 101.49 slightly above the predicated expected mortality of 100. The Trust has had 2440 deaths compared with 2404 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

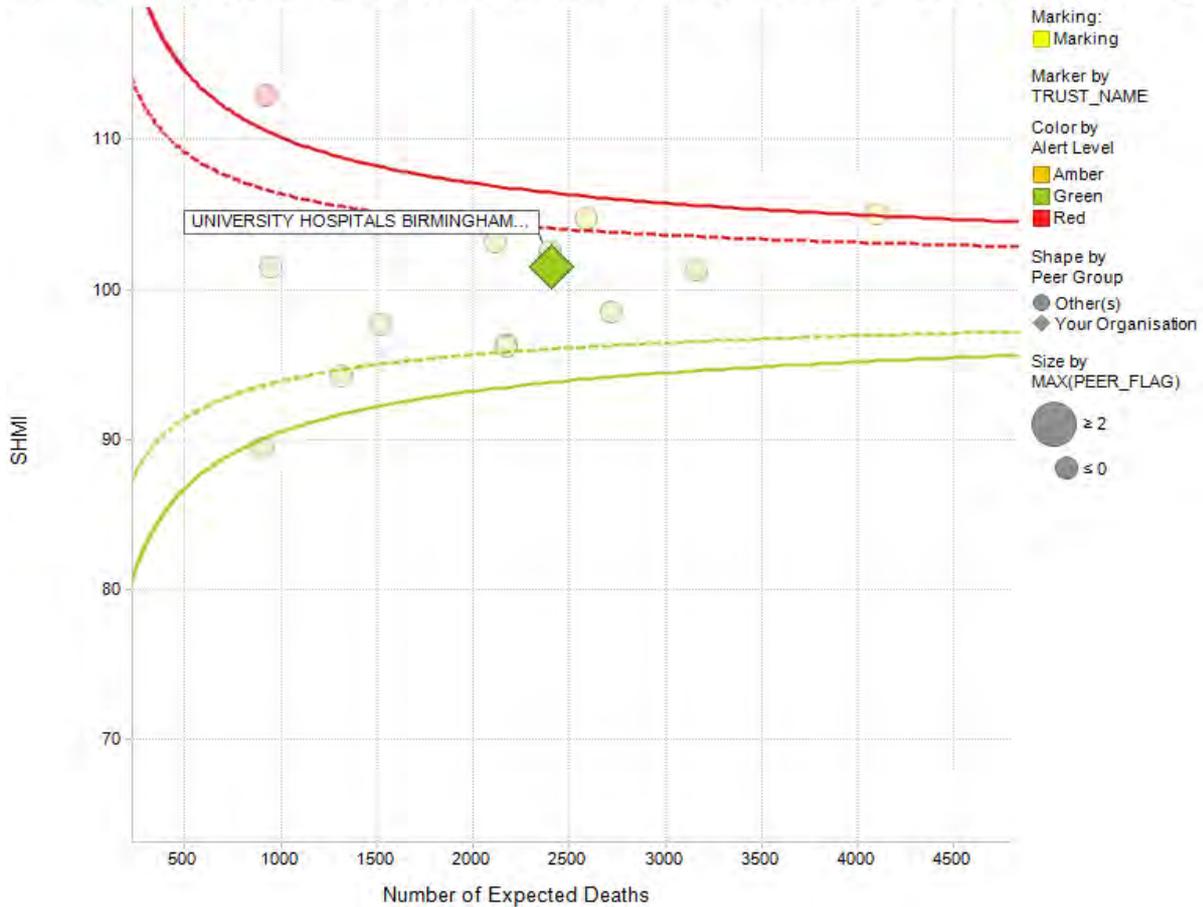


Figure 3: UHB SHMI

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

The Trust's HSMR in 2013/14 is 96.11, with an observed mortality of 1142 against 1482 expected. The Trust's HSMR in 2014 /15 (April – May) is 98.14 with an observed mortality of 248 with an expected 252 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 highlighti

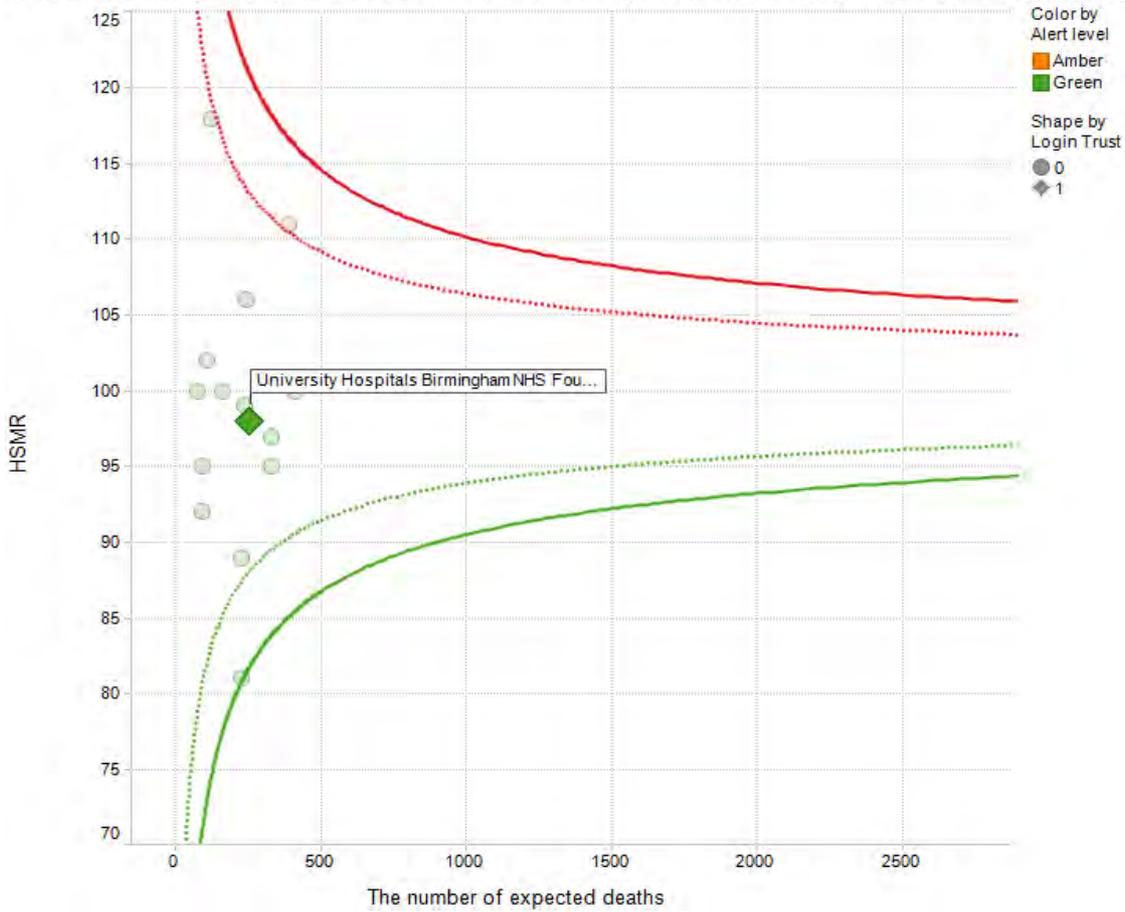


Figure 4: UHB HSMR

## 6. Junior Drs Clinical Dashboard update

6.1 As part of the Junior Doctors support clinics, analysis has been undertaken into the compliance with prescribing enoxaparin (when recommended) after completing the VTE risk assessment. Figure 5 on the following page outlines the annual average VTE prescribing compliance.

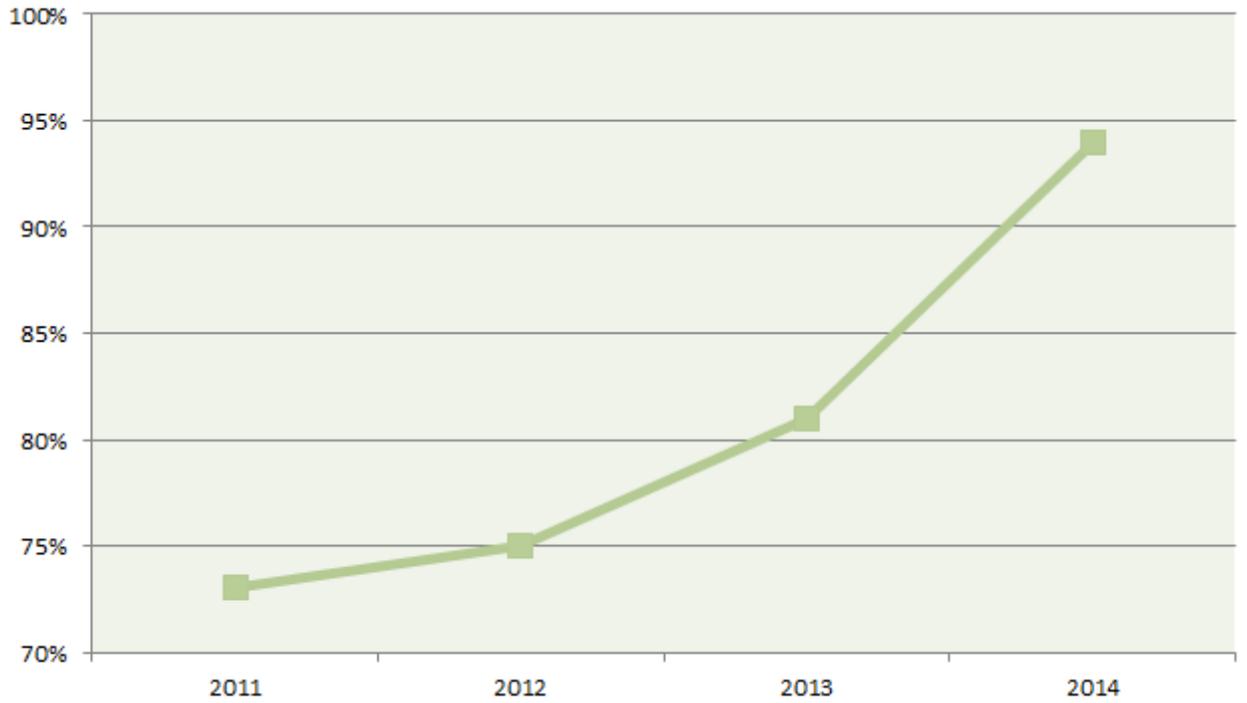


Figure 5: Analysis of the Annual Average VTE prescribing compliance.

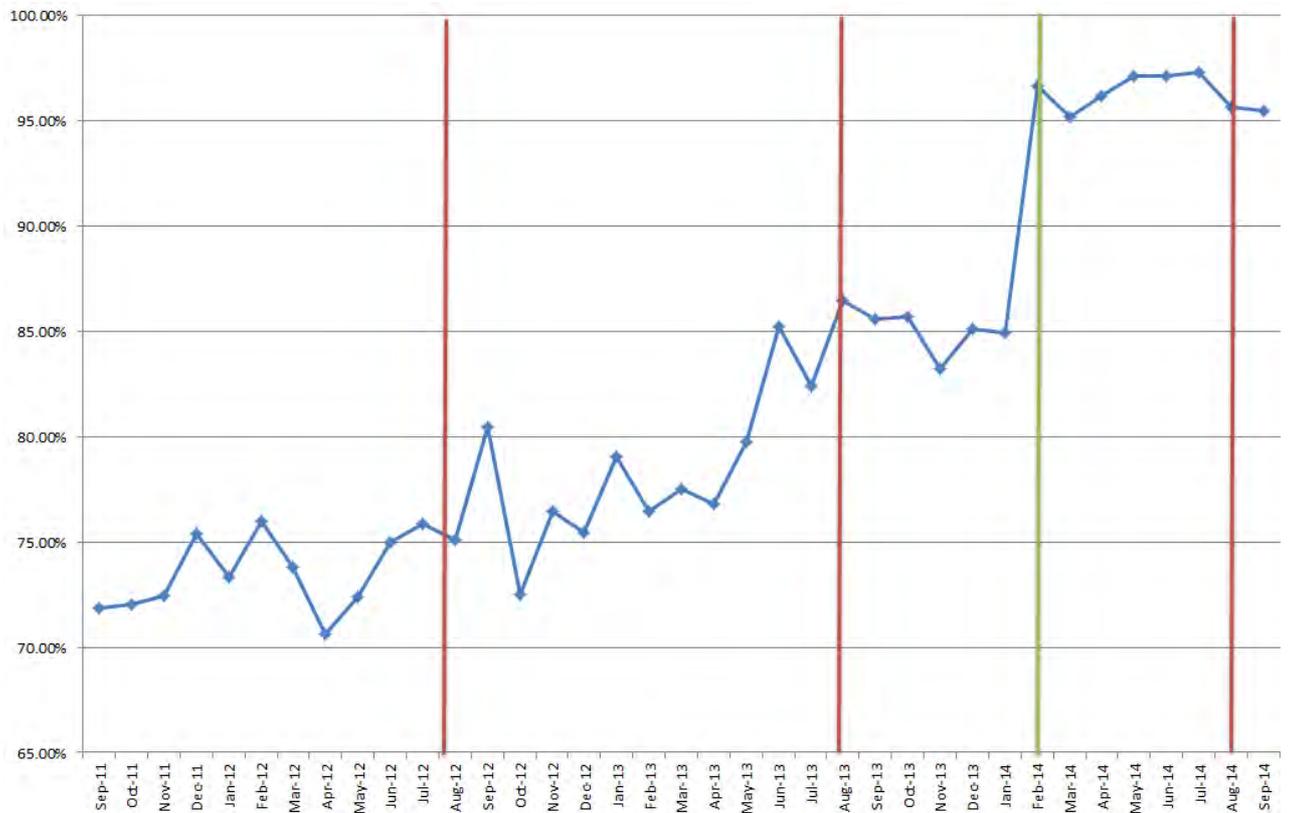


Figure 6: VTE Prescribing Compliance – All Doctors (Sept 2011 to Sept 2014)

6.2 Figure 6 above outlines the VTE Prescribing Compliance rate for all doctors from September 2011 to September 2014. The main Junior Doctor rotation occurs in August every year identified by the red line. The Junior Doctors support clinics started on the 21 January 2013. The green line in February 2014 and the step change in performance relates to the auto proposal of a 0 mg prescription, suggested by the trainees.



Figure 7: Use of the bleeding or unable to give history from the VTE assessment – All doctors (September 2011 to September 2014).

6.3 Figure 7 above outlines the use of the bleeding or unable to give history from the VTE assessment – All doctors (September 2011 to September 2014). The use of the bleeding or unable to give history in the VTE risk assessment allows the risk assessment to be completed. The main Junior Doctor rotation occurs in August every year identified by the red line. The Junior Doctors support clinics started on the 21 January 2013. The reduction in this indicator means that the VTE risk assessment tab is being completed more accurately.



Figure 8: Use of Type ins- All Doctors (September 2011 to September 2014).

6.4 Figure 8 above outlines the use of type ins – All doctors (September 2011 to September 2014). The use of type – in prescriptions is required to allow Doctors to prescribe drugs that are not on the UHB formulary. The use of type- in prescriptions means that the clinical decision support within PICS is not activated and therefore creates a risk. The downward trend in the use of type –ins begins to reduce the risk to the Trust.

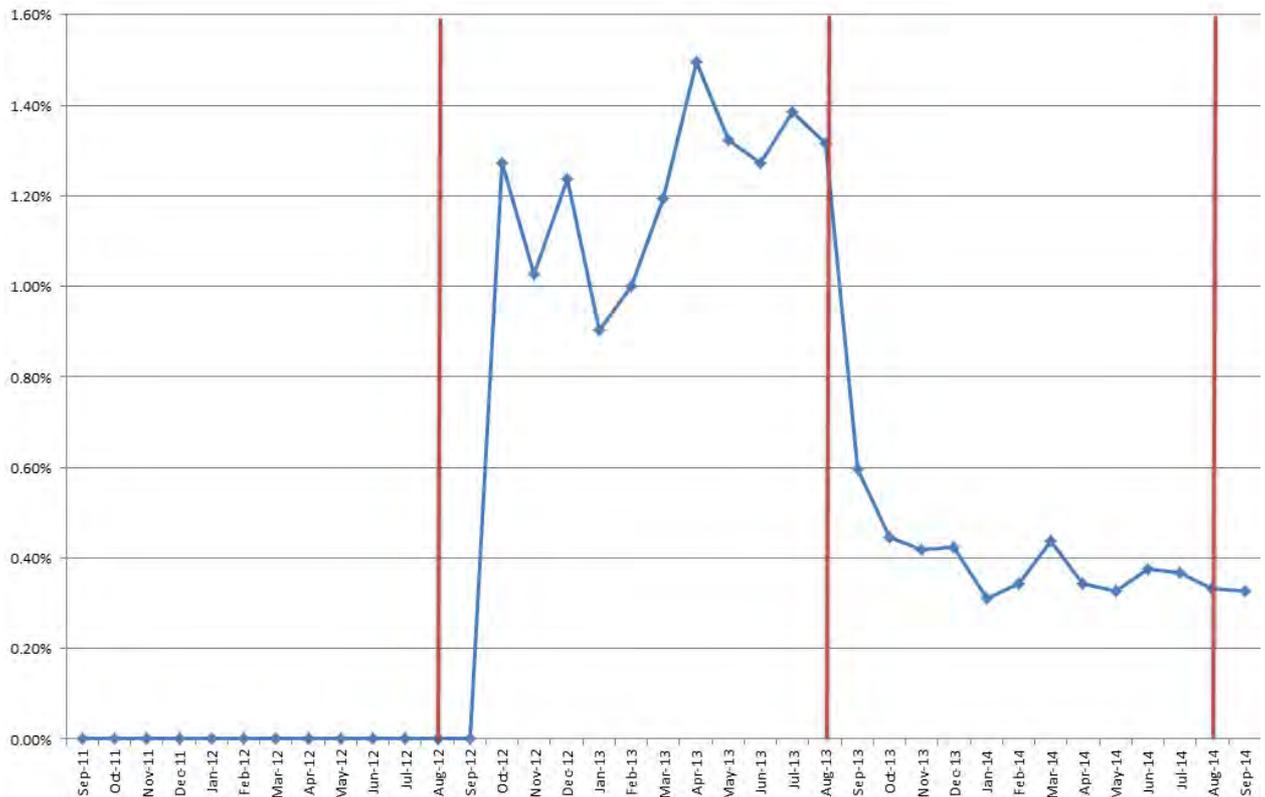


Figure 9: Contraindication rate for prescriptions – All Doctors (September 2011 to September 2014).

6.5 Figure 9 above outlines the Contraindication rate for prescriptions – All doctors (September 2011 to September 2014). Contraindication warnings occur within PICS as part of the clinical decision support functionality. Further work is being undertaken to investigate specific contraindications such as insulin contraindication warnings and this will be reported in the future.

**7. Serious Incidents Requiring Investigation (SIRIs) and Serious Incidents Requiring Internal Investigation (SIRIIs).**

7.1 There are 2 new ‘Serious Incidents Requiring Investigation’ (SIRIs) - one relates to an incorrect lesion biopsied which resulted in direct temporary harm to the patient. The second incident related to raised levels of chlorine detected in the hospital water system it is unknown what impact this had on patients.

7.2 There are 2 new ‘Serious Incidents Requiring Internal Investigation’ (SIRIIs) and these relate to: vascular hypertension management of a patient. At this stage the patient impact and outcome is unknown. The second SIRII related to the alleged poor handover leading to patient deterioration; the patient died however but it is not known if this relates to the incident.

## 8. **Executive Governance Visits**

- 8.1 The June 2014 visit was to ward 624. Ward 624 is a 36 bedded surgical ward. The speciality patients treated on Ward 624 include: Urology, Ear Nose and Throat (ENT), Maxillofacial and Plastics surgery patients. The visiting team received very good feedback from patients. This included that the patients had received excellent care, good pain management, the ward was very clean and the patients received consistent messages from clinical staff.
- 8.2 Nursing and housekeeping staff both advised that they liked working on the ward and said that there is a low use of agency staff on the ward. The nursing staff all adhered to the uniform policy. It was identified that it would be helpful if doctors completed the patients discharge letters earlier in the day.
- 8.3 The ward environment was generally very clean and tidy. The day room/ waiting room was welcoming. The pantry needed a deep clean as the floor was dirty and the work surfaces needed attention. The pantry was too hot so condiments have to be stored in the Staff Room and the door to the pantry was required to be kept open.
- 8.4 The resuscitation trolley was check on a daily basis in line with Trust Policy. The Medicine and clinical rooms had been locked in line with Trust policy. More attention is required to data protection with patient notes unattended outside rooms and on the PICS windsurfer. In addition a whiteboard with patient information on it was out in the ward corridor.

## 9. **Recommendations**

The Board of Directors is asked to:

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

David Rosser  
Executive Medical Director