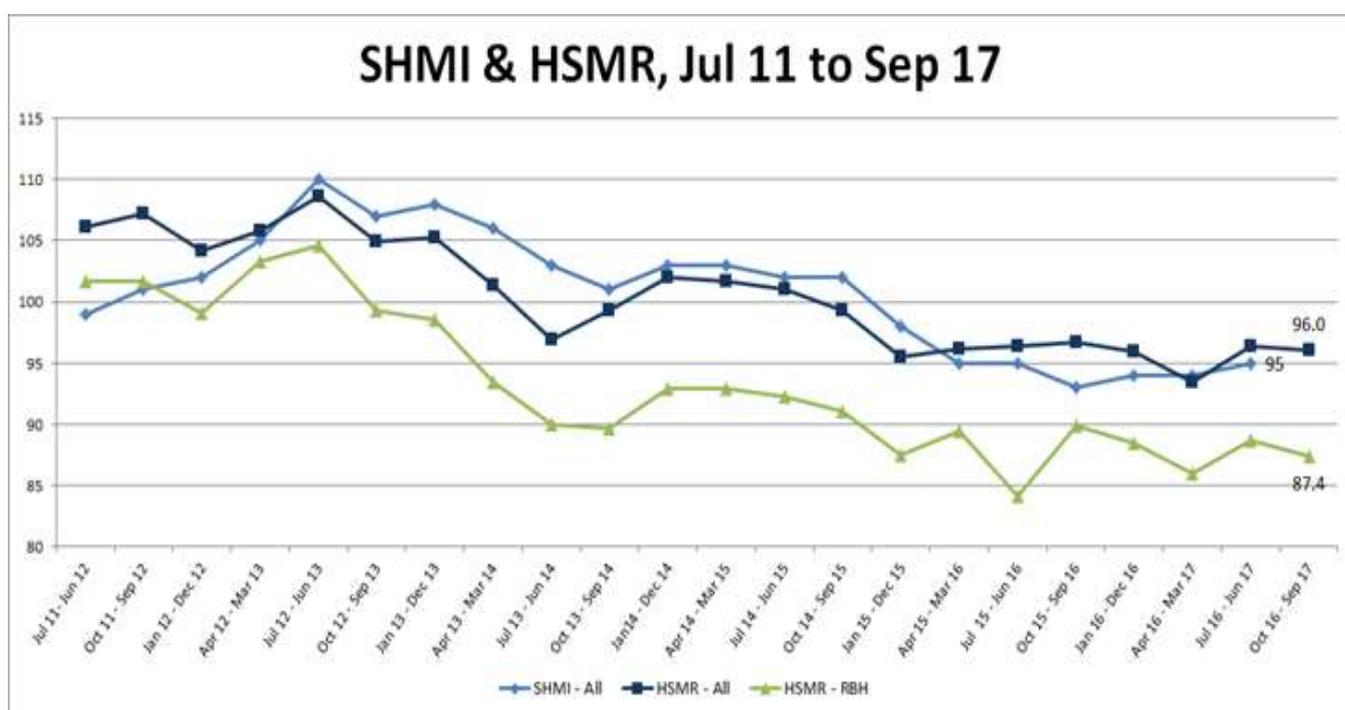


Medical Director's Report Board of Directors January 2018

Mortality Report

Mortality metric reports remain stable. For the most recent period of reporting (Oct 16-Sept 17) HSMR is as expected at 96 and SMR better than expected at 95. The most recent SHMI, which includes deaths up to 30 days post discharge from hospital, also remains significantly better than expected at 94.7.



4 new CUSUM alerts were notified in our most recent Dr Foster report. Three of these are likely to be due to the re-basing of data with update benchmarking that occurs in April and June. The conditions included are aortic or peripheral embolism and thrombosis, hepatitis and non-epithelial cancer of the skin. A separate alert had occurred around the use of residual codes which should be eliminated by our coding practices and will undergo a patient level data review.

There are no active patient safety indicators which are significantly worse than expected with 4 which are significantly better than expected.

Mortality in high risk groups or where there has been an alert were reviewed at MSG. Learning from these and local mortality reviews are included in the attached Mortality Newsletter.

SACT Data

No national report has been published to date. Data continues to be uploaded on a monthly basis with ongoing improvements in data quality being achieved with the data warehouse nearing completion. Regular feedback is received by the lead pharmacist regarding compliance to ensure we meet the requirements of the associated CQUIN. In general compliance is improving. Notably we were previously outliers for the documentation of treatment intent (curative or palliative). We are now performing very well in this area with 99% compliance versus a national average of 92% and our previous performance of 70%.

Consent Working Group

An active consent work group has been established with multi-professional representation across a wide range of specialities. The aim is to improve the quality of consent processes for patients with more of a focus on shared decision making.

Key objectives are:

- To improve documentation and compliance;
- To align with new directives and legal guidance;
- To progress media accessibility.

To achieve these objectives, a series of audits are planned over the next 6 months to inform PDSA cycles to improve our processes. Questions are being finalised for the first snapshot audit of the following specialities:

- Gynaecology and Urogynaecology
- Colorectal and General Surgery
- Breast and Skin Surgery
- Interventional Radiology
- Cardiology
- Ophthalmology
- Endoscopy
- Dermatology
- Vascular Surgery
- Urology
- Orthopaedic Surgery
- Anaesthetics

10 questions are generic with 2 which can be specific for each speciality. Focused questions have been included to consider compliance with the recommendations from the Montgomery and Thefaut cases.

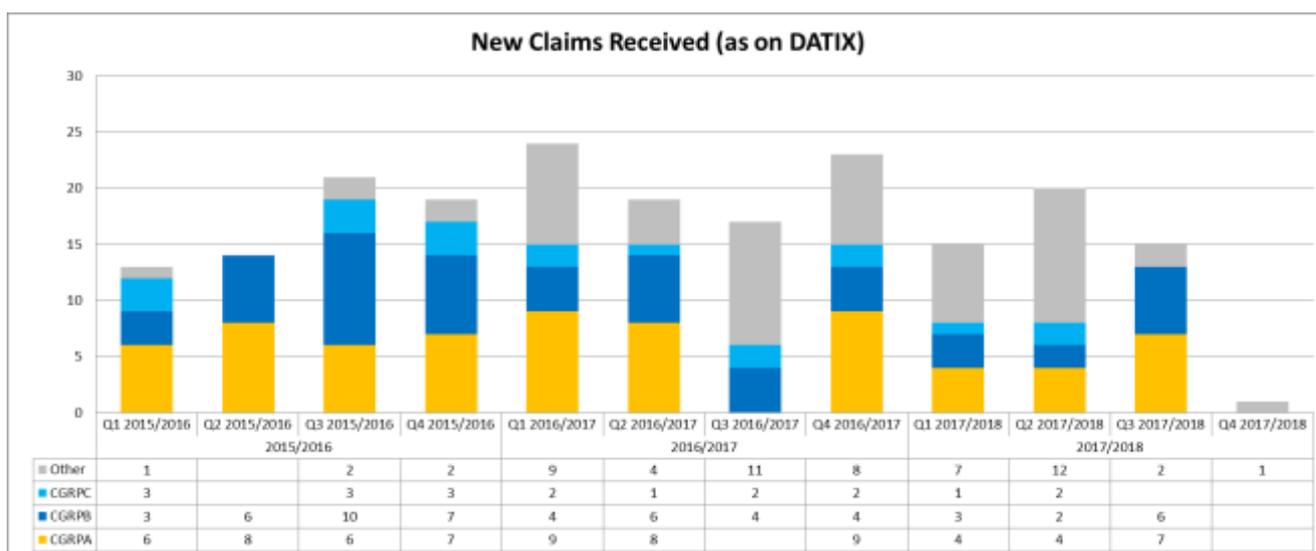
Other key areas of focus will be around consent training, the development of toolkits and checklists and improving the content and provision of patient information. Particular consideration is being given to how we develop shared decision making. It is suggested that

interactive media content to facilitate patients' understanding of risks and benefits of any particular procedure would be helpful as already demonstrated in the tool developed for knee replacement.

Claims Data

Three claims have been settled in the quarter Sep-Dec 17.

Key learning points	Value
Clinical care probably appropriate but case not defended as documentation poor and unable to defend decisions made	Settled out of court £31,000
Missed fracture despite safety net. Human error. Advice that patient's symptoms merited review whether evidence of fracture or not	Settled out of court £25,542
Patient's past medical history not obviously taken in to account in planning treatment with adverse effect	Liability admitted £7,500



Trends in claims by directorate

Reviewing data for the last 5 years approximately 50% of claims will be successful. A significant number of claims do not proceed beyond the disclosure of patient records. The majority of claims (66%) are settled with a value below £10,000 but three high value claims have been settled in this time.

Work continues to improve the triangulation between complaints, adverse events and claims to ensure that claims should not arise in isolation but will have been recognised at an issue by our other processes.