

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 26 JULY 2018

Title:	CLINICAL QUALITY MONITORING REPORT
Responsible Director:	Mike Hallissey, Interim 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 June 2018 UHB Clinical Quality Monitoring Group (UHB 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 which are currently underway. • Latest performance for a range of mortality indicators (CUSUM, SHMI, HSMR). • Learning from Deaths Quarter 1 2018/19 update. • Summary of the most recent Board of Directors' Unannounced Governance Visits. 	
Recommendations:	The Board of Directors is asked to: Discuss the contents of this report and approve the actions identified.	
Approved by:	Mike Hallissey	Date: 17/07/2018

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 26 JULY 2018**

**CLINICAL QUALITY MONITORING REPORT
PRESENTED BY INTERIM 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 June 2018 UHB Clinical Quality Monitoring Group (UHB 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 eleven investigations underway into Doctors' performance. The investigations relate to ten Consultant Grade Doctors and one Core Training 1 (CT1) Grade.

3. Mortality - CUSUM

QEHB:

2 CCS (Clinical Classification System) groups had higher than expected numbers of deaths in March 2018. There were 8 deaths observed for the group 'Fracture Neck of Femur (hip)' compared to 3.61 expected. There were also 9 deaths observed for the group 'Intracranial Injury' compared to 5.78 expected. The case-lists for these will be provided to an Associate Medical Director for review. Neither CCS group has breached the mortality threshold.

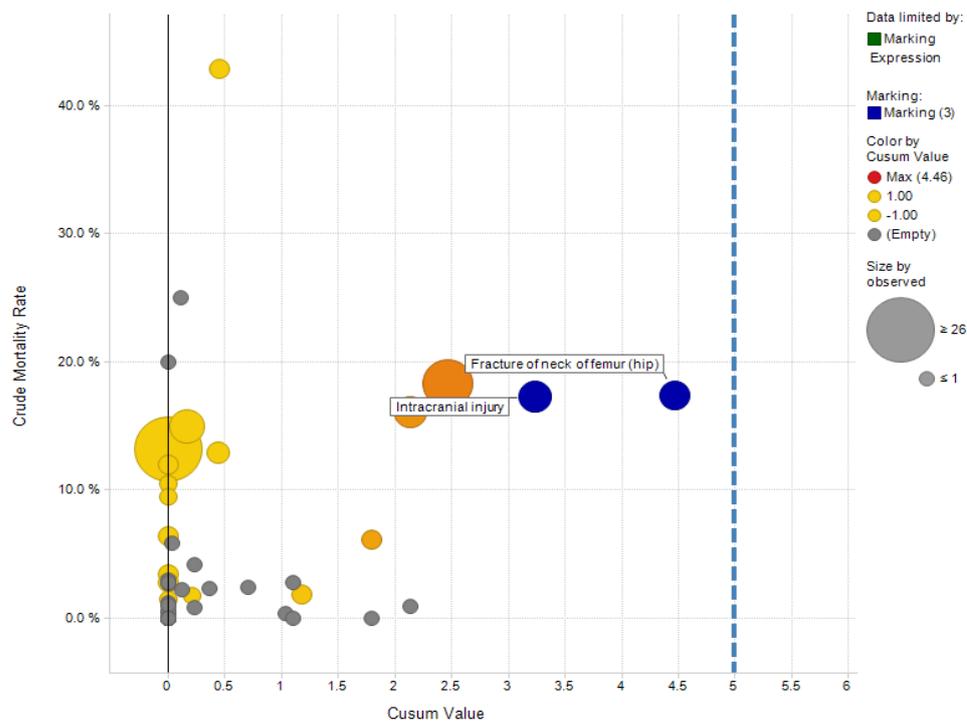


Figure 1: QEHB CUSUM in March 2018 for CCS Groups.

HGS:

3 CCS groups had higher than expected numbers of deaths in March 2018. There were 9 deaths observed compared to 6.69 expected for the 'Cardiac arrest and ventricular' (107) CCS group. There were 12 deaths observed compared to 6.07 expected for the 'Acute Bronchitis' (125) CCS Group. There were 2 deaths observed compared to 0.96 expected for the CCS group 'Other upper respiratory disease' (134). The case-lists for these will be provided to an Associate Medical Director for review. The CCS group Cardiac arrest and ventricular' (107) is on the mortality threshold.

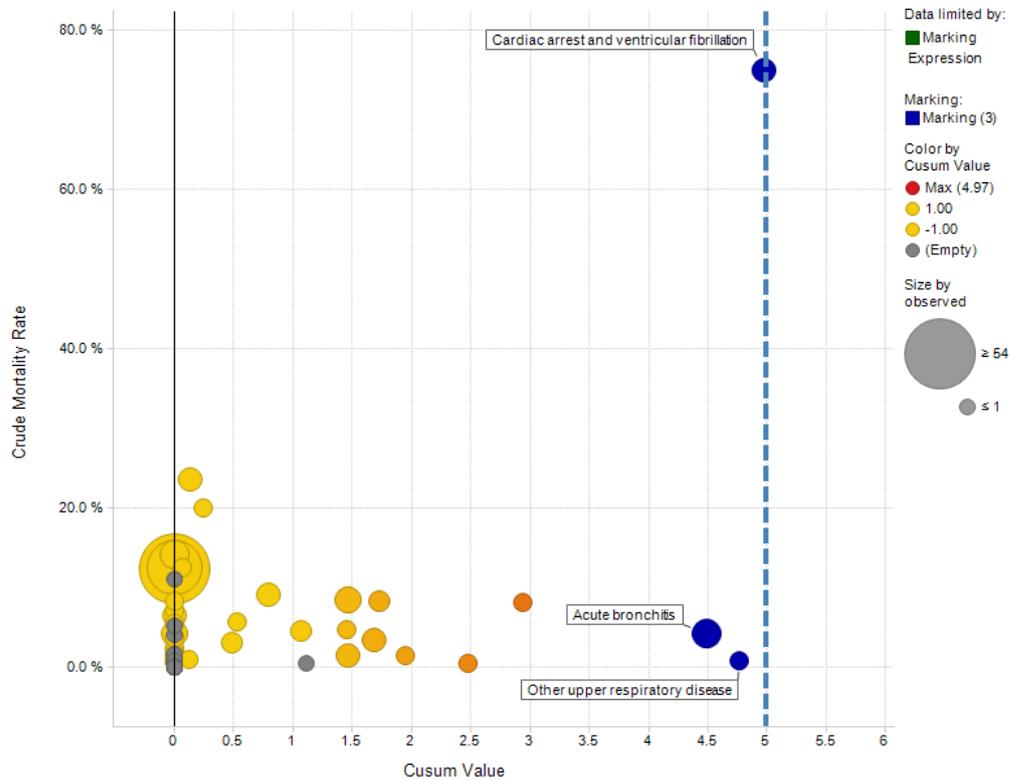


Figure 2: HGS CUSUM in March 2018 for HSMR CCS Groups

The overall mortality rates for QEHB and HGS as measured by the CUSUM are within the acceptable limits (see Figure 3 below).

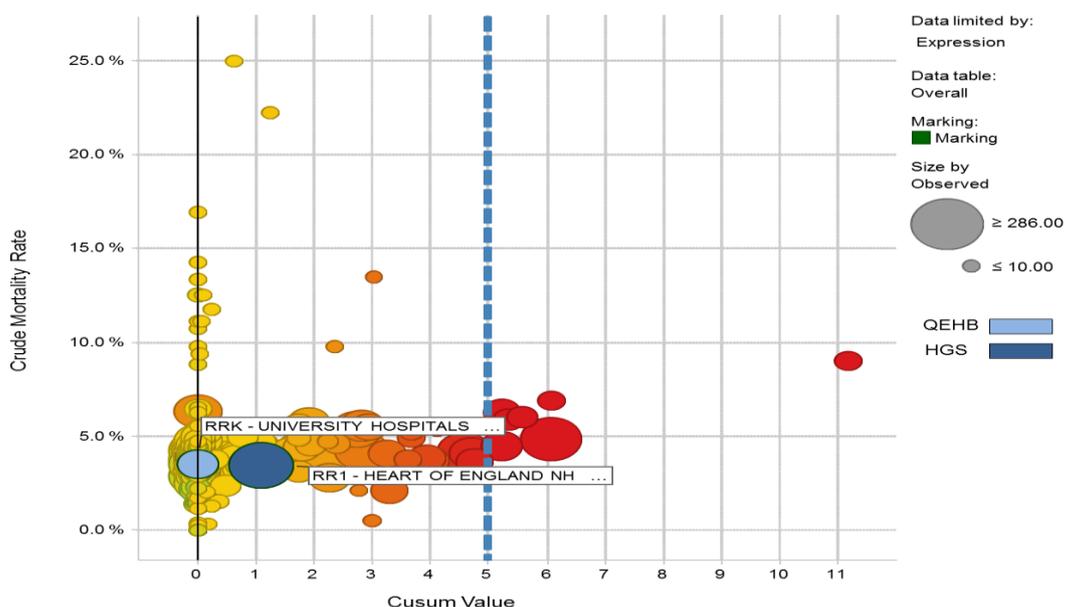


Figure 3: CUSUM for QEHB and HGS (formerly HEFT) in March 2018.

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

QEHB

QEHB's SHMI performance for the period April 2017 to December 2017 was 99 the expected level is 100. There were 1,949 deaths compared with 1,961 expected,

HGS

HGS's SHMI performance for the period April 2017 to December 2017 was 92 the expected level is 100. There were 3,281 deaths compared with 3,554 expected.

The Trust is within acceptable limits as shown in Figure 4 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.

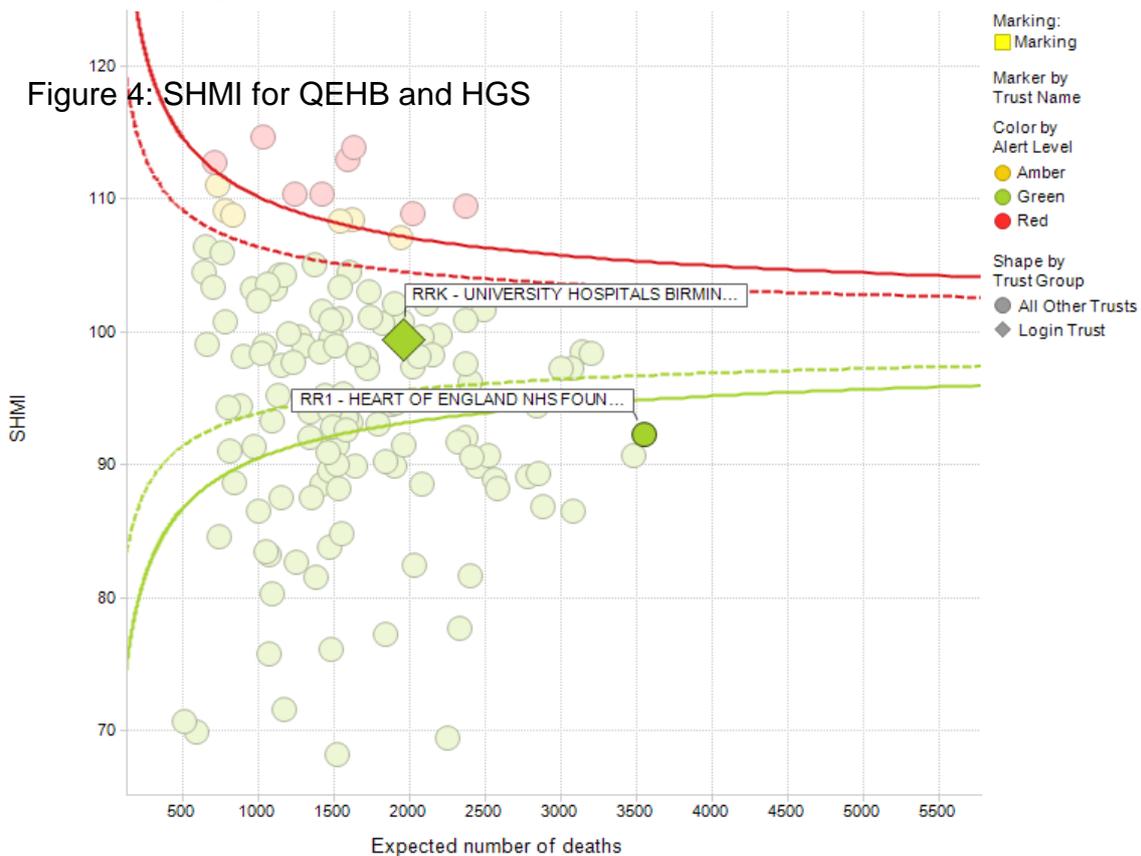


Figure 4: SHMI for QEHB and HGS

5. Mortality - HSMR (Hospital Standardised Mortality Ratio)

QEHB

QEHB's HSMR for the period April 2017 to March 2018 was 105 which is slightly higher than expected. There were 1,593 deaths compared with 1,511 expected.

HGS

HGS's HSMR for the period April 2017 to March 2018 was 102 which is within acceptable limits. There were 2,816 deaths compared with 2,755 expected.

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

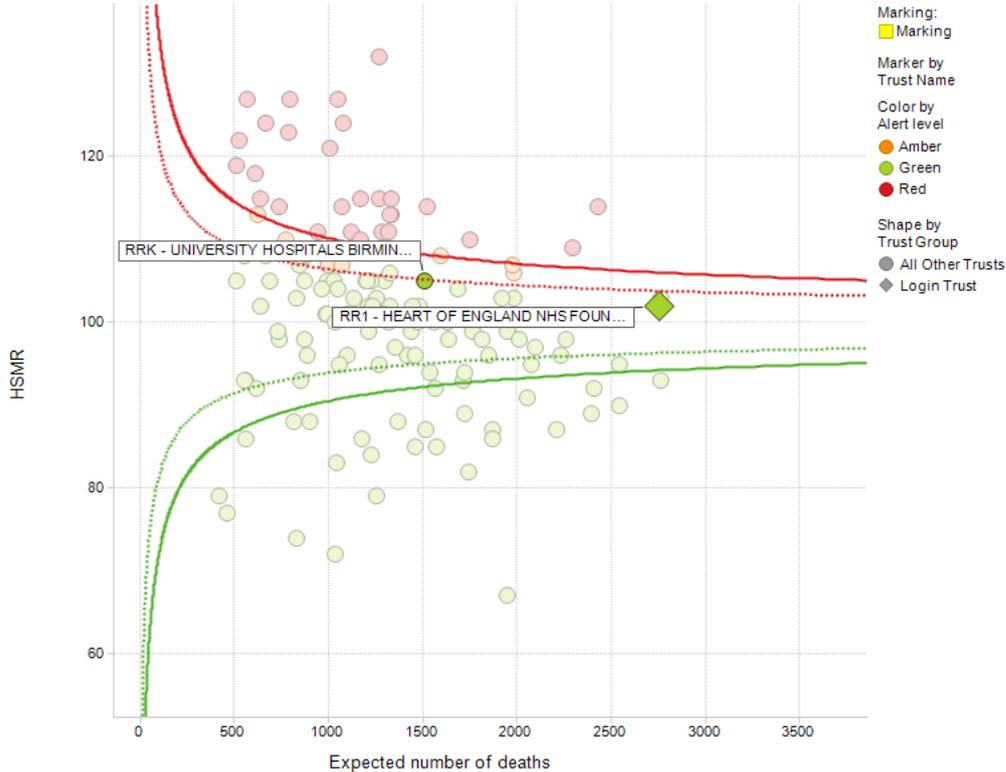


Figure 5: HSMR for QEHB and HGS

6. Learning from Deaths Quarter 1 2018.

In line with national *Learning from Deaths* requirements. A summary of the all results of reviews of inpatient deaths during Quarter 1 2018/19 has been undertaken and appended (A). The report includes information for both UHB and HEFT for benchmarking purposes.

7. Board of Directors' Unannounced Governance Visits

A revised programme of monthly Board of Directors' Unannounced Governance Visits to wards and departments began in June 2018. The purpose of these is to provide assurance to the Executive Medical Director and the Board of Directors regarding the quality of care provided to patients. On the 28th June, 5 wards were visited at Good Hope Hospital. A summary of these visits is at Appendix B.

8. Recommendations

The Board of Directors is asked to:

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

Mr Mike Hallissey,
Interim Executive Medical Director

University Hospitals Birmingham FT
Learning from Deaths Quarter 1 2018-19
01/04/2018 – 30/06/2018

1. Introduction

1.1. The purpose of this report is to provide the Board of Directors with:

1.1.1. A summary of the all results of reviews of inpatient deaths during Quarter 1 2018/19, in line with national *Learning from Deaths* requirements.

2. Quarter 1 Outcomes

2.1. In accordance with the National Quality Board's *Learning from Deaths* guidance The Trust is required to include the following information in a public Board paper on a quarterly basis:

2.1.1. The total number of inpatient deaths in the Trust,

2.1.2. The total number of deaths receiving a front line review,

2.1.3. The number identified to be more likely than not due to problems in care.

2.2. University Hospitals Birmingham's (UHB) definition of more likely than not due to problems in care is based on the Royal College of Physician's (RCP) Avoidability of Death scoring system.

2.2.1. Any case that scores as a 3 or less is considered to be possibly due to problems in care and so a potentially avoidable death.

2.3. The RCP Avoidability scoring system is defined as follows:

2.3.1. Score 1: Definitely avoidable

2.3.2. Score 2: Strong evidence of avoidability

2.3.3. Score 3: Probably avoidable

2.3.4. Score 4: Possibly avoidable but not very likely

2.3.5. Score 5: Slight evidence of avoidability

2.3.6. Score 6: Definitely not avoidable.

2.4. It is important to note that Medical Examiners are, by design, not specialists in the clinical specialty of the deceased patient in order to provide an external opinion into the case. As such, their front line reviews are supposed to be overly critical and cautious to prompt further review into cases where there is the suggestion of shortfalls in care, rather than to provide a definitive final view on each case.

2.4.1. Any cases which are identified by the Medical Examiners as having potential shortfalls in care are escalated as per Trust processes to provide robust further review.

- 2.5. The below graph shows the total number of deaths in the Trust within the last quarter, the total number of deaths reviewed by the Medical Examiners, and the number considered potentially avoidable broken down by site.
- 2.6. The number of deaths exceeds the number of reviews as a number of deaths may be appropriately not reviewed by the Medical Examiners for the following reasons:
- 2.6.1. Deaths referred directly to the coroner where the medical notes review are retained by the coroner, for the purposes of a coroner's post-mortem or inquest.
- 2.6.2. Forensic deaths subject to police inquiry as the notes will be similarly unavailable.
- 2.6.3. Deaths referred to out of areas coroners, where the notes are also not available to the Trust.

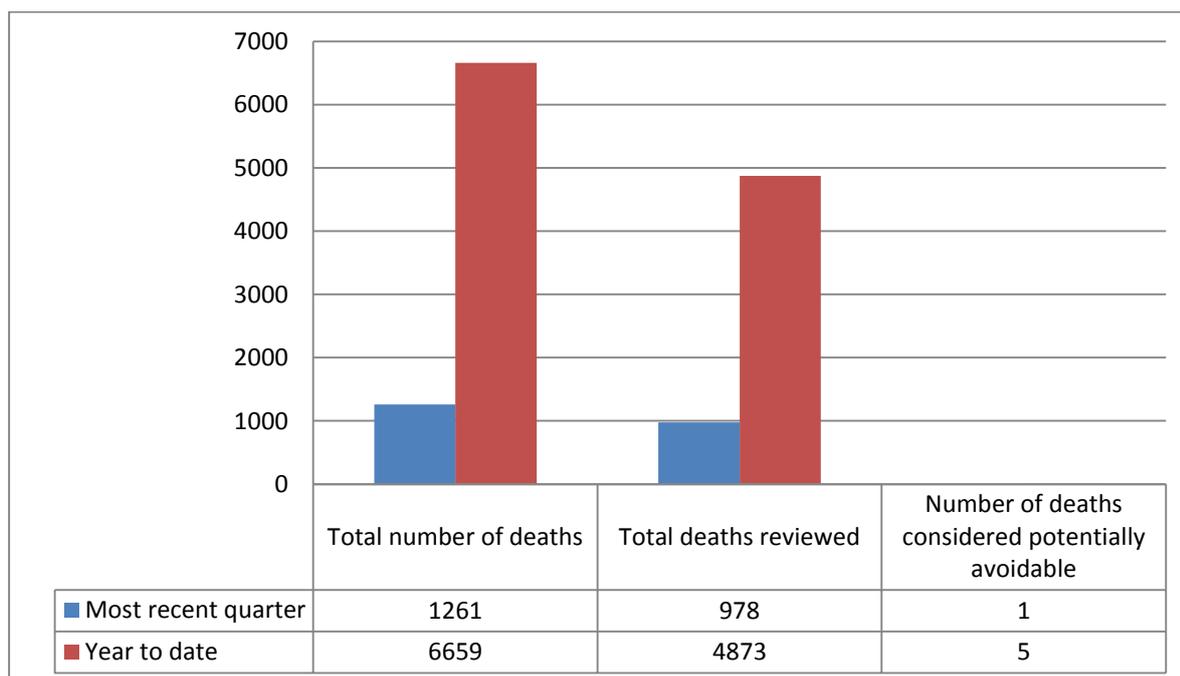


Figure 1: Number of front line reviews of deaths and those considered avoidable (a score of 3 or less on the RCP Avoidability of Death scoring system) based on front line Medical Examiner reviews.

- 2.6.4. Across all sites, 1 death has been identified as potentially avoidable and requiring further investigation during the year to date, representing 0.08% of deaths and 0.1% of deaths subject to front line review.
- 2.6.5. This case refers to a patient who declined appropriate treatment for their condition which could potentially have prevented their death. On further review this had been appropriately explained and discussed to the patient and there were no further actions or learning points for the Trust.

2.7. The below graph shows the breakdown of scoring against the RCP Avoidability of Death scoring system for quarter 4 at the Queen Elizabeth Hospital Birmingham (QEHB).

2.7.1. 1 case received a score of 3 or less which is the criteria for being classified as potentially avoidable, as discussed in 2.6.5.

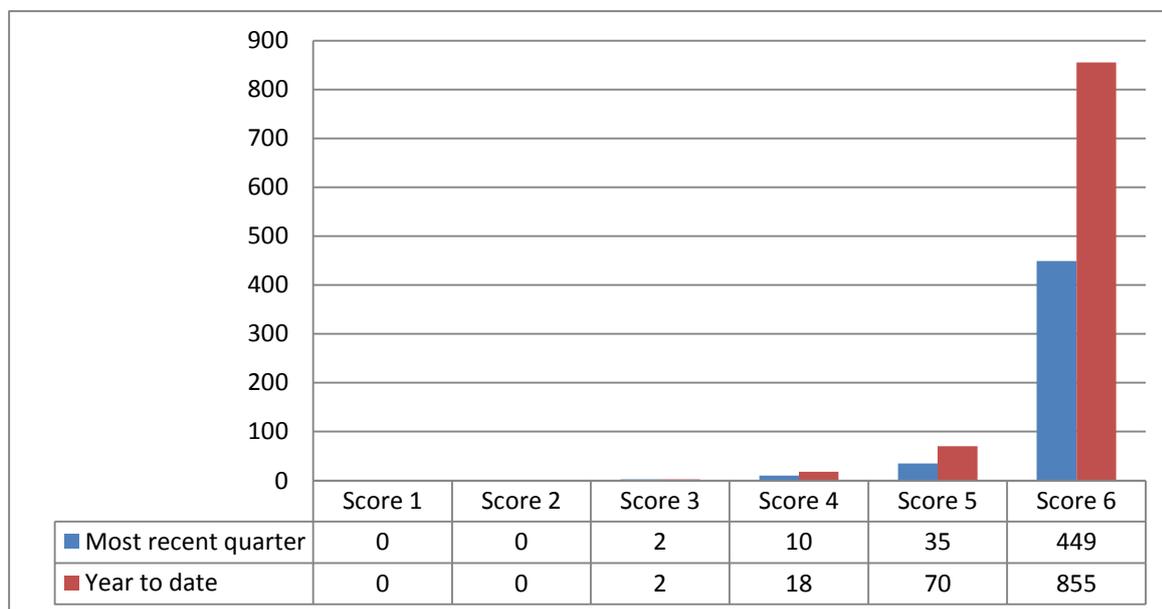


Figure 2: Breakdown of number of deaths scoring each point on the RCP Avoidability of Death scoring system at QEHB.

2.8. The below graph shows the breakdown of scoring against the RCP Avoidability of Death scoring system for quarter 4 at Heartlands Hospital.

2.8.1. Please note this is incomplete due to the introduction of the electronic ME review system during Q1.

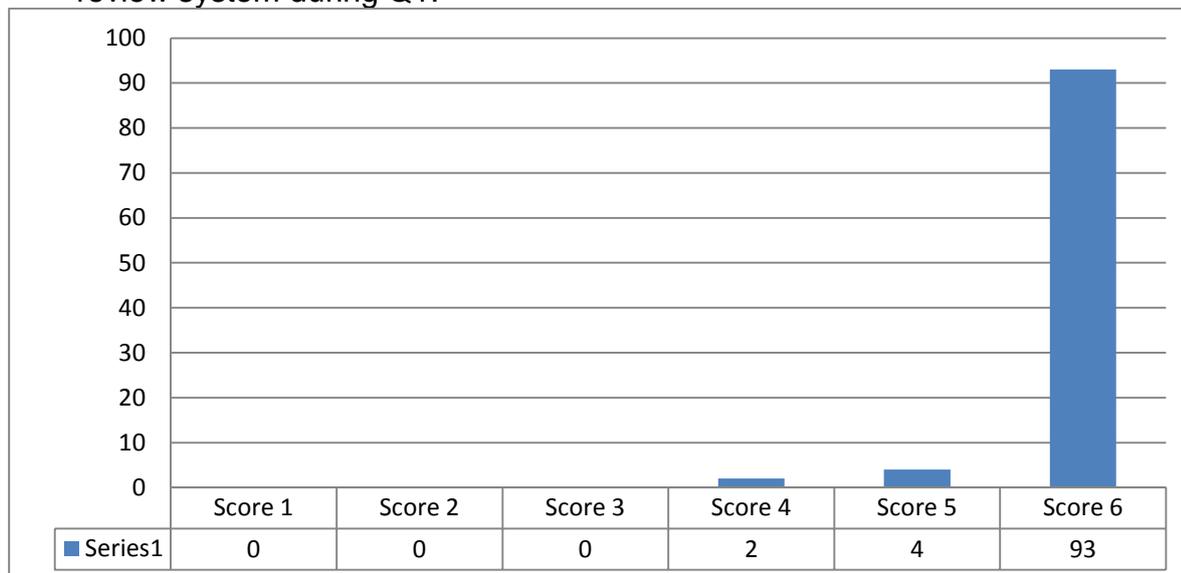


Figure 3: Breakdown of number of deaths scoring each point on the RCP Avoidability of Death scoring system at Heartlands Hospital.

2.9. The below graph shows the breakdown of scoring against the RCP Avoidability of Death scoring system for quarter 4 at Good Hope Hospital.

2.9.1. Please note this is incomplete due to the introduction of the electronic ME review system during Q1.

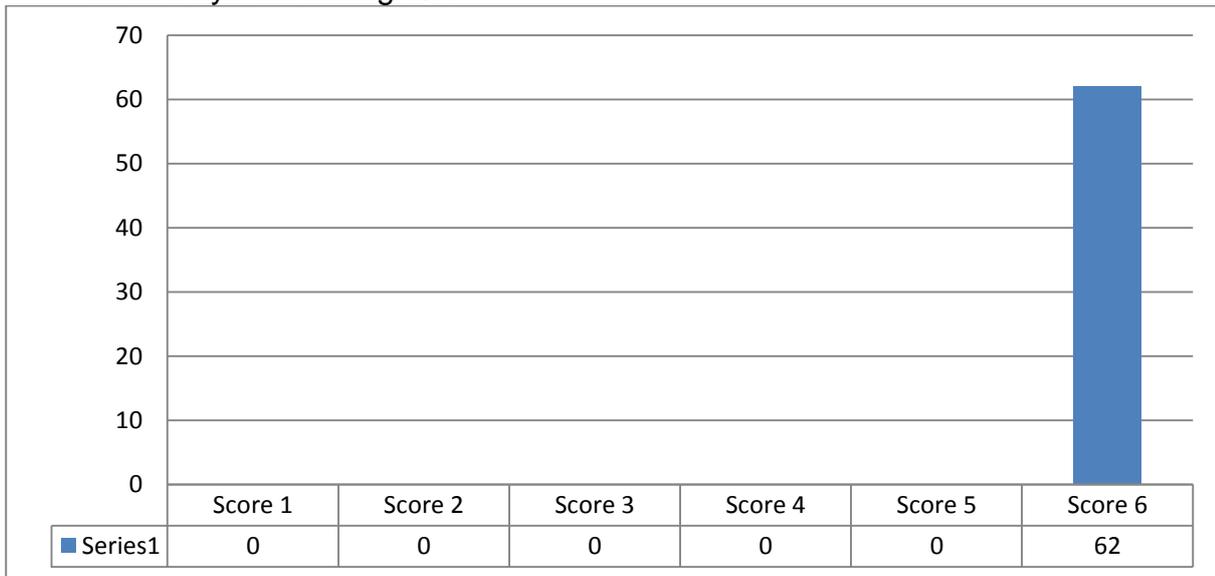


Figure 4: Breakdown of number of deaths scoring each point on the RCP Avoidability of Death scoring system at Good Hope Hospital.

2.10. The below graph shows the breakdown of scoring against the RCP Avoidability of Death scoring system for quarter 4 at Solihull Hospital.

2.10.1. Please note this is incomplete due to the introduction of the electronic ME review system during Q1.

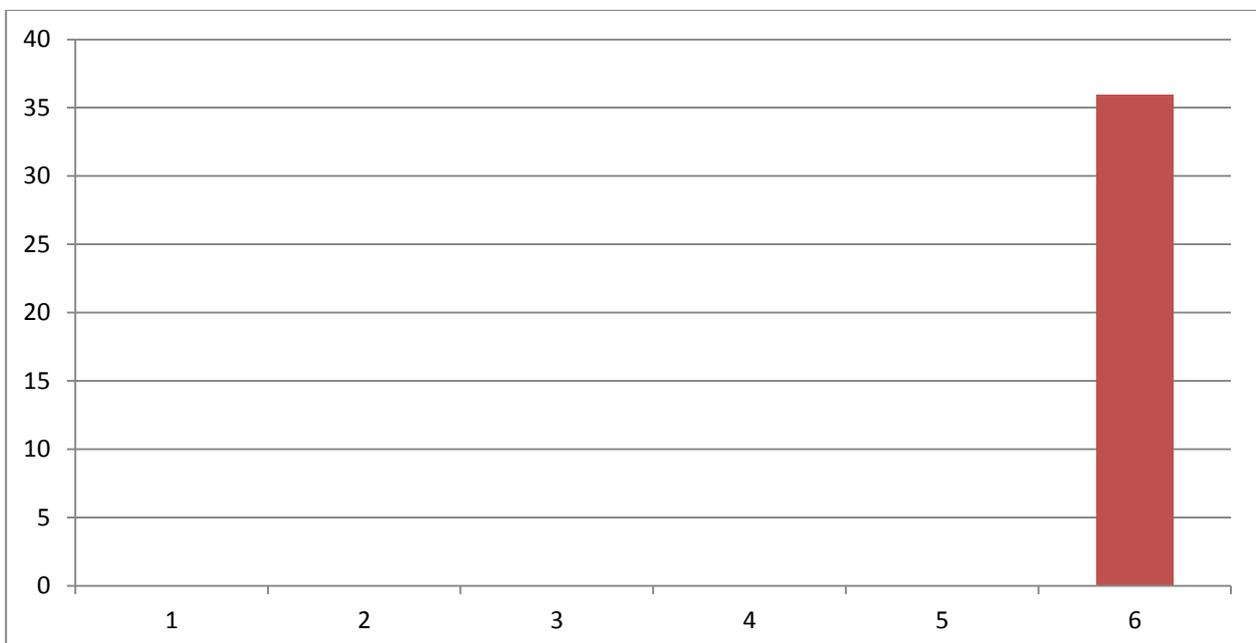


Figure 5: Breakdown of number of deaths scoring each point on the RCP Avoidability of Death scoring system at Solihull Hospital.

Board of Directors Unannounced Visit Summaries - Good Hope Hospital, 28th June 2018

Ward	Specialty	Visit team	Summary
2	Gynaecology	<ul style="list-style-type: none"> Javid Kayani, Deputy Medical Director QE Cherry West, Executive Chief Operating Officer QE Mark Garrick, Director of Medical Directors' Services Ann Keogh, Head of Clinical Quality Benchmarking 	Overall a positive visit with generally complimentary comments about the nursing staff. Notable that the environment was clean but the main ward areas' decoration looked tired in contrast to the more recently refurbished toilet and shower areas.
10	Respiratory	<ul style="list-style-type: none"> Mike Hallissey, Deputy Medical Director Kevin Bolger, Executive Director Strategic Operations Samantha Baker, Quality Support Manager Medical Directors' Services James Bentley, Quality Support Manager 	A generally positive visit to an exceptionally busy ward. The ward was in the process of undertaking their own review as to how to address a number of acknowledged issues and it was agreed that many of the actions picked up as part of the visit had already been incorporated into this ongoing review. Some environmental / governance issues to be reviewed and addressed.
11	Elderly	<ul style="list-style-type: none"> Catriona McMahon, Non-Executive Director Michele Owen, Interim Chief Nurse Andrew McKirgan, Director of Partnerships Mike Sexton, Chief Finance Officer Mariola Smallman, Head of Quality Management 	A positive visit to a busy ward. Security and information governance aspects need to be adhered to at all times. The environment was relatively small for 34 beds but could be improved if non-necessary clutter is removed from bays and corridors. Feedback from patients and family members was positive. Good team working was cited by several members of staff, although there is a vacancy rate of over 20% and staff retention aspects need to be a focus.
15	Trauma and Orthopaedics	<ul style="list-style-type: none"> Dave Rosser, Deputy Chief Executive, Medical Director Jane Garvey, Non-Executive Director Richard Steyn, Deputy medical Director Gaynor Watters, Revalidation Support Manager 	This ward had previously been visited in December 2015. Overall the staff were positive and commented on how well the ward staff worked together as a team. The feedback from patients was mixed, some having better experiences than others. The ward environment was extremely messy and cluttered. It was an extremely hot day and doors had been wedged open with bins, however security and information governance aspects need to be adhered to at all times.
23	Cardiology	<ul style="list-style-type: none"> Michael Sheppard, Non-Executive Director David Burbridge, Director of Corporate Affairs Ian Sharp, Deputy Medical Director Imogen Acton, Head of Quality Development 	Very positive visit to a clean and well organised ward with excellent feedback from patients. Staff were very welcoming to the visit team and happy to share their views. Actions relate to availability of hot food, staff training and IT equipment