Sherwood Forest Hospitals
NHS Foundation Trust

Board of Directors

Subject:	Learning from Deaths – Quarter Two Report	Date: 07/11/19
Prepared By:	Elaine Jeffers, Deputy Director of Governance & Quality Improvement	
Approved By:	Dr Andy Haynes, Executive Medical Director	
Presented By:	Dr Andy Haynes, Executive Medical Director	

Purpose		
The purpose of this paper is to provide the Board of Directors with the Quarter Two (2019/20) update on compliance against the Learning from Deaths Guidance and the wider Mortality agenda.	**Approval**	
	Assurance	**x**
	Update	**x**
	Consider	

Strategic Objectives				
To provide outstanding care to our patients	**To support each other to do a great job**	**To inspire excellence**	**To get the most from our resources**	**To play a leading role in transforming health and care services**
x	**x**	**x**	**x**	**x**
Indicate which strategic objective(s) the report support				

Overall Level of Assurance				
	Significant	**Sufficient**	**Limited**	**None**
Indicate the overall level of assurance provided by the report -	External Reports/Audits x	Triangulated internal reports x	Reports which refer to only one data source, no triangulation	Negative reports

Risks/Issues	
Indicate the risks or issues created or mitigated through the report	
Financial	No financial implications are anticipated at this time
Patient Impact	Improvements to services and care will be realised through the timely and comprehensive review of each death to maximise learning opportunities
Staff Impact	Changes to practice and care will be identified through the Mortality Review Process
Services	Changes to practice and care will be identified through the Mortality Review Process
Reputational	Potential reputational damage

Committees/groups where this item has been presented before

N/A

1. Executive Summary

The Trust Mortality Surveillance Group continues to meet on the third Tuesday of each month. A key focus of the group is to progress the next phase of mortality development through 2019/20.

The Board of Directors is asked to note:

- The content of the report
- The performance with the Mortality Review process
- The implications for the Medical Examiner Service and function of the Trust bereavement centre due to the changes in the Coroner Referral Criteria.

1. Work Programme for 2019/20

1.1 As described in the Quarter One Report to the Board, individual specialties are undergoing training from Dr Foster to help them better understand mortality data at service line level.
1.2 The Cardiology team have started their training and presented *'What Cardiology means to us'* to the October Mortality Surveillance Group.
1.3 The team reported that this enhanced approach had stimulated a positive but challenging discussion at the specialty mortality meeting, engaging participants in a different dialogue, not just in relation to care and treatment options but also prompting a greater focus on areas for learning and improvement.
1.4 On first glance the cardiology data gave a reassuring picture of performance and outcomes for the Trust when compared regionally; however the new data set highlighted that we appear to see more Cardiac Dysrhythmias than expected with an increased mortality rate for this specific diagnosis group. This will be an immediate area to look at.
1.5 Recent national audit data indicates that outcomes for patients with a cardiac condition are improved if they are treated by cardiology; however there are a number of patients admitted with a pre-existing cardiac condition to other areas of the Trust who may well benefit from a cardiology opinion or intervention. Work is underway to understand the implications and challenges for this cohort of patients.
1.6 A further update will be provided to MSG in January 2020.

2. Learning Disability and Mental Health

2.1 The work to ensure a full Structured Judgement Review (SJR) is conducted for all patients with a known Learning Disability who die in hospital.
2.2 The monthly Bereavement Centre Mortality Data now includes the identification of these patients and is cross-referenced with both the Learning Disability Specialist Nurse information and the Mortality Review database.
2.3 All consultants responsible for the care of a learning Disability patient receive a separate notification of the death and a reminder that a SJR is required.
2.4 Due to the number of patients included within this category each month it is unrealistic to mandate that each SJR outcome is presented to MSG. Clinical teams are encouraged to apply the same criteria to the decision-making around the SJR, ensuring the conclusion is noted within the relevant Divisional Exception Report if a score of >2 is agreed. There is an expectation however, that if the review triggers an Avoidability assessment then a presentation to MSG is required.
2.5 The SJR documentation is submitted to the Learning Disability Mortality Review (LeDER) to further support their process.

3. Dr Foster Monthly Report

3.1 Chart 1 demonstrates the Trust Hospital Standardised Mortality Ratio (HSMR) position remains well within the expected range. The April position has been reported as 107.1 with May reported as 95.6.

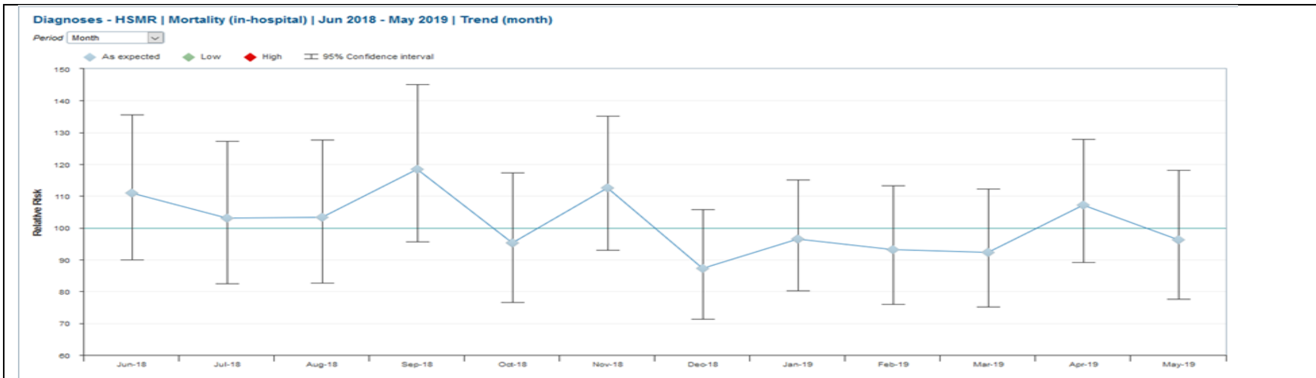

Chart 1.

3.2 Chart 2 indicates the rolling 12 month performance as 100.5

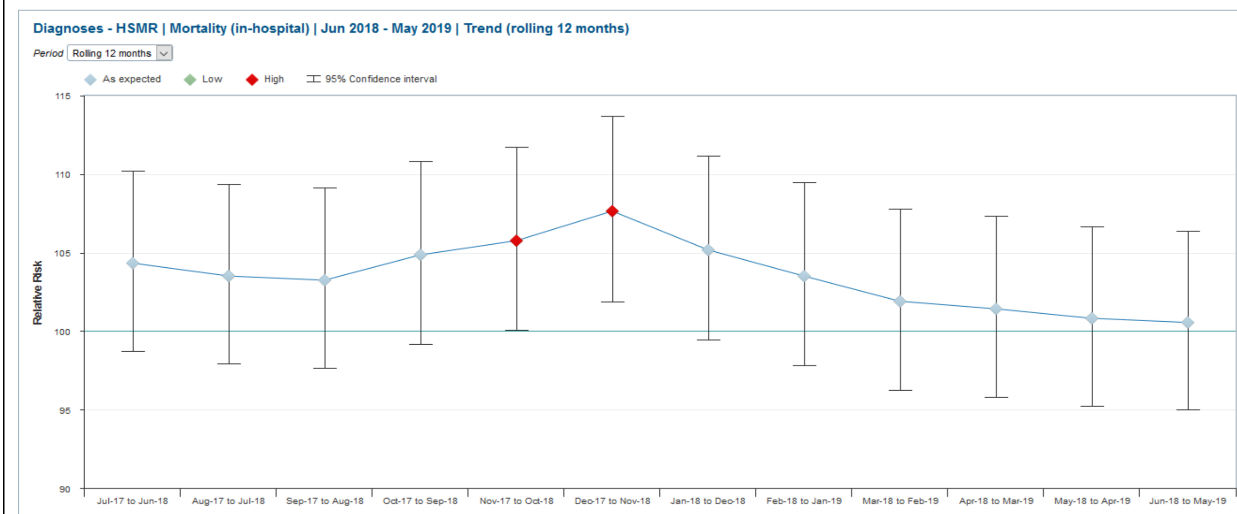

Chart 2.

3.3 Weekend V Weekday (admission) mortality shows similar values for both groups of patients as indicated in chart 3 triangulating the work the Trust continues to undertake to ensure patients receive the same senior level of input regardless of day of the week.

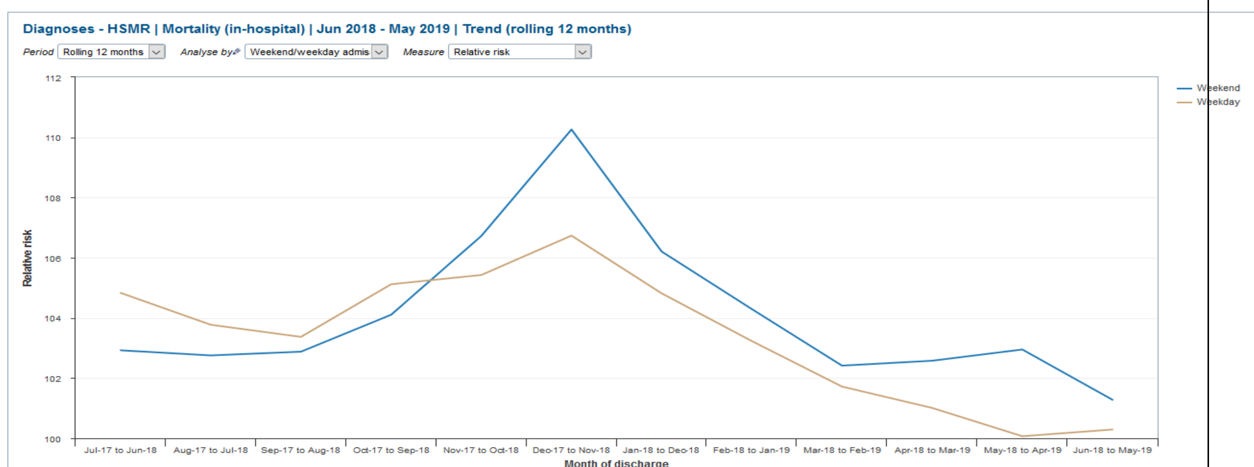

Chart 3.

3.4 Chart 4 highlighting the Elective V Emergency activity shows consistent values for emergency activity between week days and the weekend. The elective performance is erratic due to small numbers with the rolling 12 month showing below expected mortality.

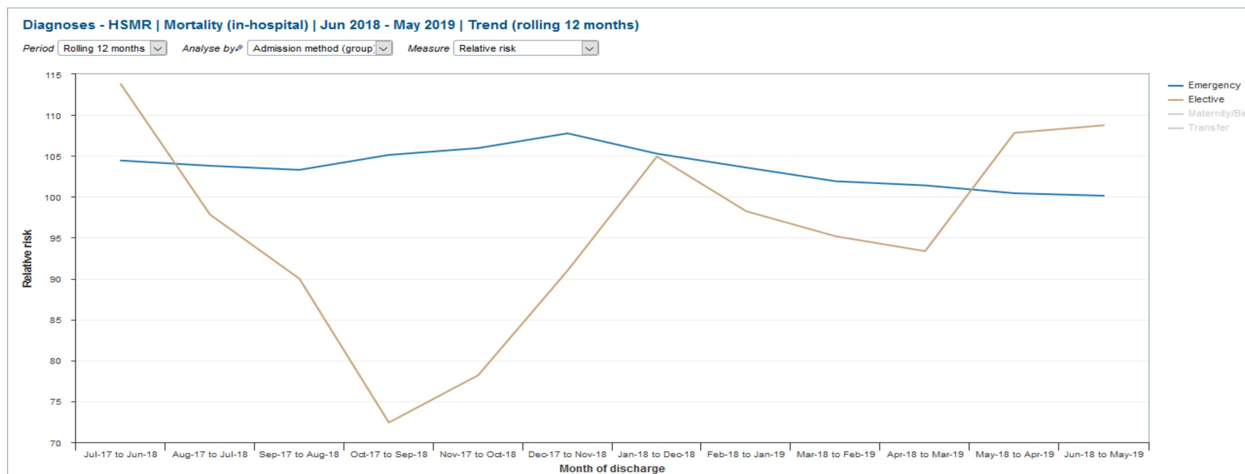

Chart 4.

4. Dr Foster Mortality Outlier Alert – Biliary Tract Disease

4.1 As reported previously the Trust received a Mortality Outlier Alert from the Dr Foster Unit, Imperial College, London and responded accordingly.
4.2 Unfortunately the third response submitted to the CQC Mortality outlier team in July 2019 has not been accepted.
4.3 A full review of the 19 patients identified within the alert is being undertaken by a Consultant Gastroenterologist with the Trust Medical Examiner – Dr Remy Bahl providing the final overview and summary of each case.
4.4 It is hoped the response due to be submitted on 15 November 2019 will provide the appropriate assurance to the CQC Outlier team.

5. Medical Examiner Role

5.1 The Trust Medical Examiner – Dr Remy Bahl took up his post at the beginning of September. He is currently providing independent scrutiny of our hospital deaths two days per week (Monday and Tuesday) in the first instance. It is planned to extend this cover by a further two programmed activities (PAs) over the next month to support the role and provide further cover. The service will continue to expand in the next year eventually being in a position to provide the service seven days per week.
5.2 The service is already evaluating well with positive feedback from bereaved families who have reported improved clarity around the circumstances of their loved one's death. Junior doctors are also complimentary about the additional support and guidance they received when completing the Medical Certificate on Cause of Death (MCCD).
5.3 A significant challenge for the service however is the imminent changes to the referral criteria to the Coroner as issued by the National Chief Coroner. Currently the Trust is a high referrer of cases to the Nottinghamshire Coroner (approximately 70/30 split Coroner/Trust), due to the specific criteria as set by the local Coroner and also the high percentage of occupational (particularly respiratory) conditions resulting from the mining history of the population. The new guidelines, which are being adopted will reverse this ratio significantly increasing the workload for the organisation.
5.4 A review of the implications for both the Medical Examiner Service and the Bereavement Centre function is underway.

6. Mortality Dashboard Quarter Two 2019/20

6.1 The Mortality Dashboard (Appendix One) indicates that the overall performance for the quarter against the 90% review of all deaths standard is 78.90% at the time of writing this report.

6.2 The current year to date performance is 82.23% compared to the total performance rate of 87.62% for 2018/19.

6.3 The standard for completing a review within six weeks of a death remains a significant challenge for some specialties, particularly those where high numbers of deaths occur.

6.4 It is worth noting that reviews continue to be undertaken following this period and thus quarter performance numbers are adjusted throughout the year.