Sherwood Forest Hospitals NHS Foundation Trust

Board of Directors

Subject:	Learning from Deaths – Quarter Two Report	**Date:** 06/02/2020	
Prepared By:	Elaine Jeffers, Deputy Director of Governance & Quality Improvement		
Approved By:	Dr David Selwyn, Executive Medical Director		
Presented By:	Dr David Selwyn, Executive Medical Director		
Purpose			
The purpose of this paper is to provide the Board of Directors with the Quarter Three (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.

The Board of Directors is asked to note:

- The content of the report
- Continued performance of HSMR within the expected range
- The planned focus on the Fractured Neck of Femur Mortality outlier status
- The change in reporting of the number of Avoidability Assessments. The Q3 Dashboard reflects the number of Avoidability Assessments (Stage 3 review) carried out to demonstrate the robust mortality review process in place. From the 17 cases zero identified any avoidable factors.

1. Work Programme for 2019/20

1.1 Due to recent operational pressures the planned roll-out of the work programme to sub-specialty service lines has not progressed as planned. This is being reinvigorated through January with a plan to increase the number of services accessing and analysing their data, with the support of Dr Foster back in line with the agreed programme.

2. Learning Disability and Mental Health

2.1 The completion of a full Structured Judgement Review (SJR) for all patients with a known Learning Disability who die in hospital remains a key requirement of the Trust Mortality process.
2.2 The SJRs presented to date has not shown the learning disability to be a factor in the death of a patient and has indicated this vulnerable group of patients receive kind, caring and compassionate care with all their individual needs met.
2.3 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.
2.4 We continue to share the SJR documentation with the Learning Disability Mortality Review (LeDER) to support their wider review.

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 August position has been reported as 102.2 with September reported as 116.6.

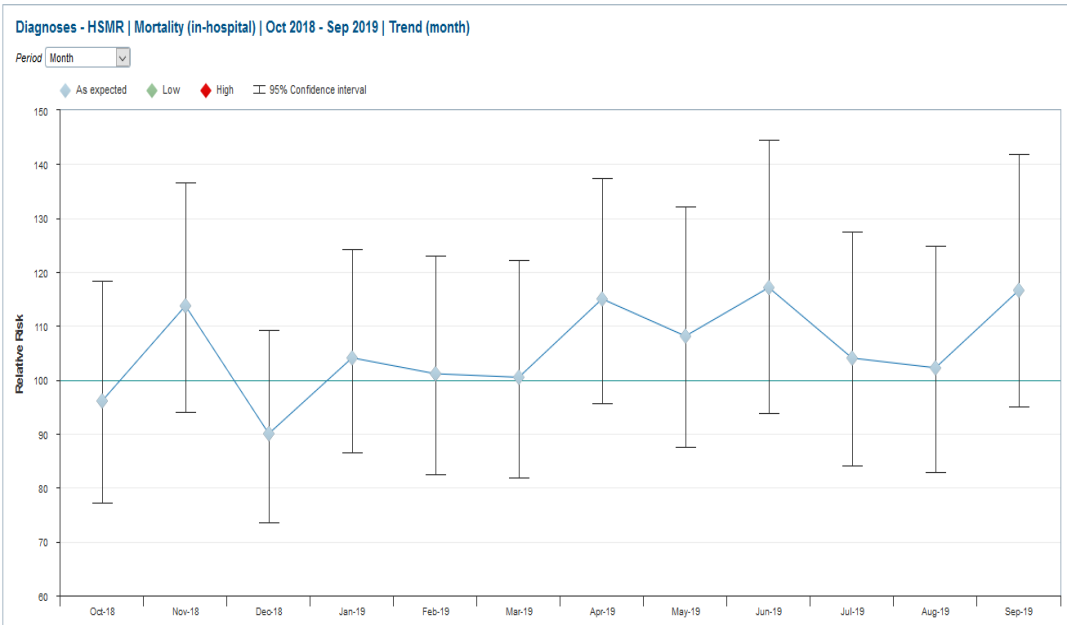

Chart 1.

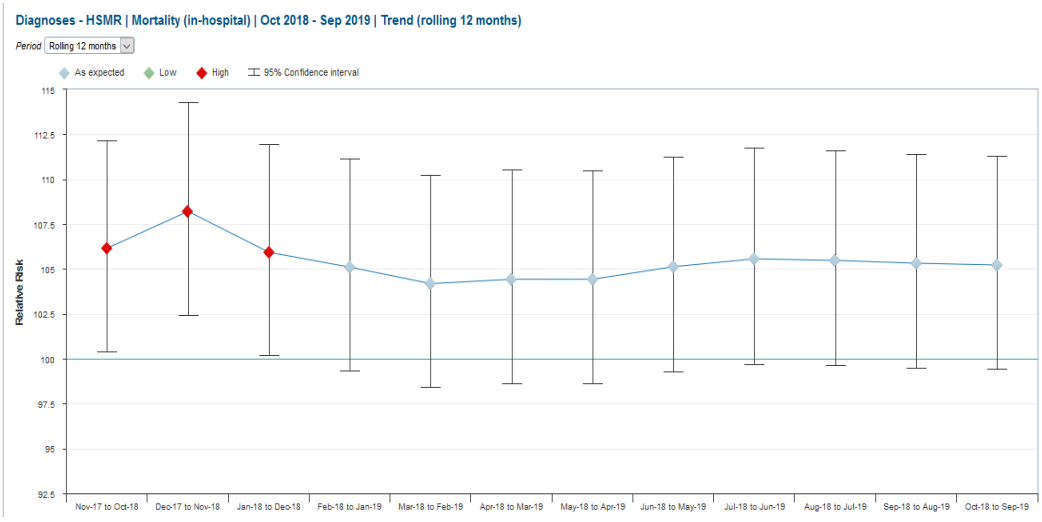

Chart 2.

The 12 month rolling position for the same time period is 105.3 and 105.2 respectively.

3.2 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.

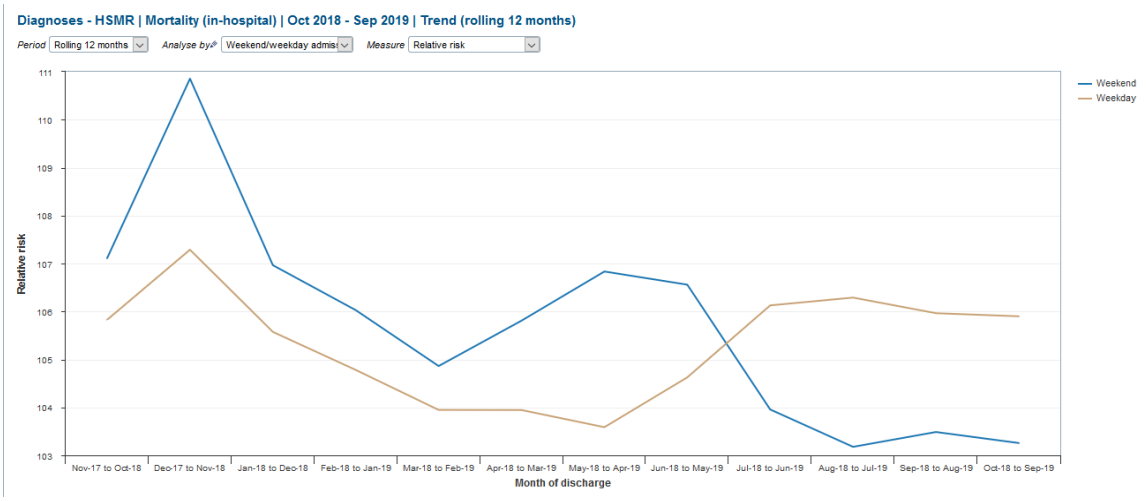

Chart 3.

3.3 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 relative risk showing below expected mortality.

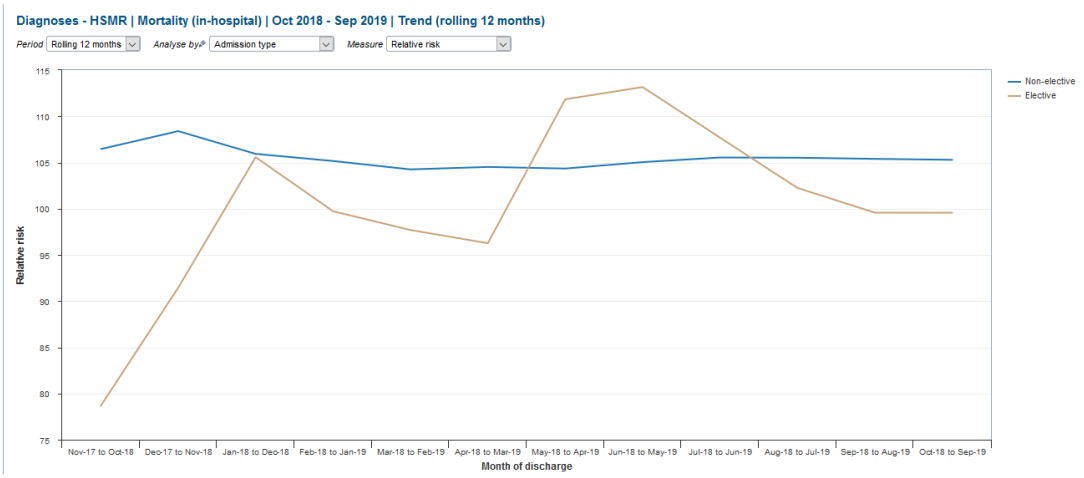

Chart 4.

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 The Trust has not a decision following the third response to the CQC Outlier team in November 2019.

5. Fractured Neck of Femur

5.1 Following receipt of a mortality outlier alert from the National Hip Fracture Database the Mortality Surveillance Group (MSG) will oversee the work being undertaken by the Fractured Neck Of Femur (NOF) Improvement Group – led by Dr Michael Gale.
5.2 Mortality performance for this cohort of patients is monitored through MSG with a high relative risk being reported.
5.3 The graphs below indicate that the crude mortality rate has stabilised but the expected has fallen to below the peer group average. The expected rate is low due to a combination of factors such as – palliative care, age of the patients and co-morbidities.

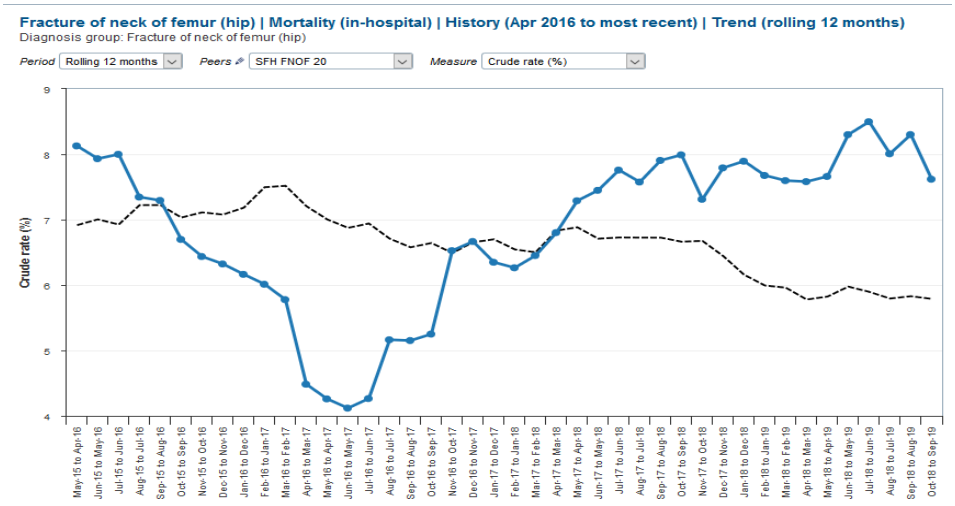

Chart 1. Crude Mortality

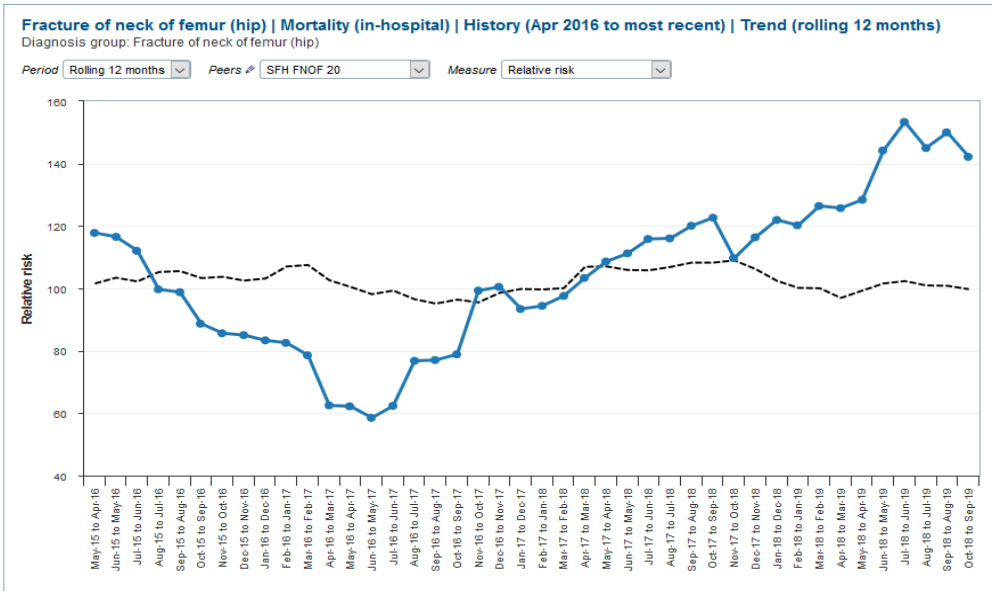

Chart 2. Relative Risk

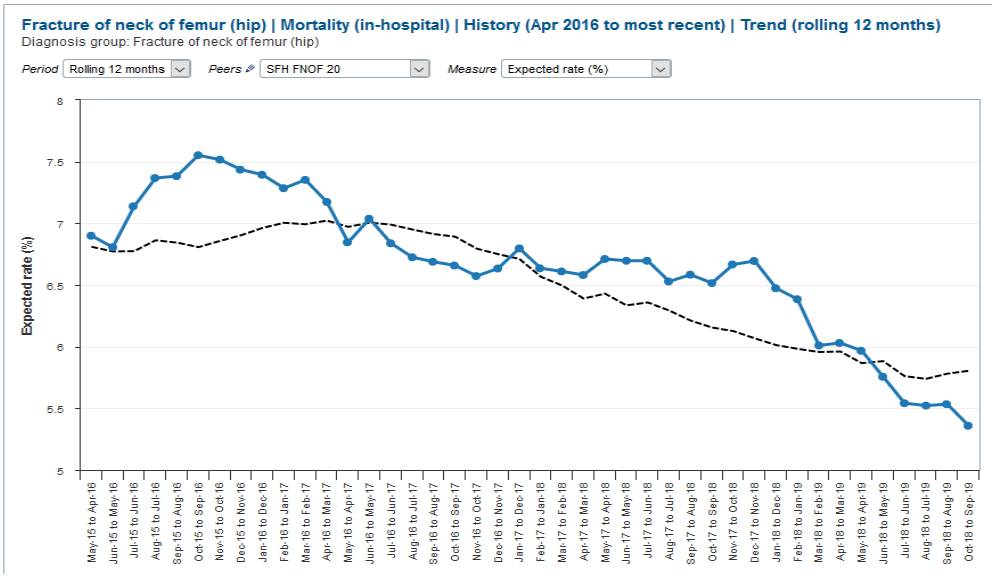

Chart 3. Expected

6. Medical Examiner Role

6.1 Dr Remy Bahl, the Trust Independent Medical Examiner has established his position and is embedding the principles as set out in the Guidance for Medical Examiners. He brings a wealth of experience and is providing support, advice and guidance to medical colleagues across the organisation, in particular junior doctors who are often not clear on the accurate completion of the Medical Certificate on cause of Death (MCCD).

6.2 Interviews were held in December 2019 to appoint to a further 2 x PAs of Medical examiner activity. A candidate has been successful and we are working through the logistics of their other clinical commitments.

6.3 We have submitted the documentation outlining the Medical Examiner activity to the National Medical Examiner office as there is the potential to secure funding to expand the service further. Confirmation will be included in the Quarter Four Report.

6.4 A series of regional and national workshops and learning events are being offered and we will participate fully to maximise further improvement opportunities.

7. Mortality Dashboard Quarter Three 2019/20

7.1 The Mortality Dashboard (Appendix One) indicates that the overall performance for the quarter against the 90% review of all deaths standard is 77.91% at the time of writing this report.

7.2 The current year to date performance is 84.05% compared to the total performance rate of 87.62% for 2018/19.

7.3 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.

7.4 MSG notes the support of Dr Janusz Jankowski for the Division of Medicine and it is expected that performance for some sub-specialty areas will now improve.

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

7.6 The increase in the number of Avoidability Assessments is due to a change in reporting. The Q3 Dashboard reflects the number of Avoidability Assessments (Stage 3 review) carried out to demonstrate the robust mortality review process in place. From the 17 cases zero identified any avoidable factors.