NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Board of Directors

Subject:	Learning from Deaths – Quarter Four Report	Date: 6/08/2020	
Prepared By:	Dr John Tansley, Clinical Director for Patient Safety		
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 Four (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	Triangulated internal reports	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
- Since the period covered by this report minute taker, Dr Foster analyst and Chair have changed.
- HSMR remains high but SHMI is within expected range
  - Reasons for this are not clear at the moment but may be related to our low palliative care coding rates
- The ongoing focus on the Fractured Neck of Femur Mortality, Upper GI Bleed and Alcohol-related Liver Disease outlier status

1. Routine business

The mortality surveillance group continued to meet on the third Tuesday of the month. Only draft minutes are available for the meeting in February 2020 due to the CQC visit. The March 2020 meeting was stood down due to COVID-19.

2. Structured Judgement Reviews (SJRs)

The group continues to review the individual reports from SJRs and avoidability assessments when they are completed by the relevant clinicians as indicated by the mortality review tool and the Trust Policy.

3. Mortality Intelligence

3.1 Mortality Review tool

The Mortality dashboard (Appendix 1) Shows that the overall performance for the quarter against the 90% review of all deaths standard is 78.14%.
The current year performance is 86.79% compared to the total performance rate of 87.62% for 2018/19.
Data for completion of avoidability assessments are not available for quarter 4. These data are not an output the mortality review tool but are captured manually. This data collection did not occur due to the interruptions to routine business described above.

3.2 Dr Foster Monthly Report

3.2.1 Chart 1 shows that the Trust Hospital Standardised Mortality Ratio (HSMR) rolling 12 month average is significantly high. The SHMI is “as expected” at 96.85 with key diagnostic groups of Viral Hepatitis and Alcohol-related liver disease.

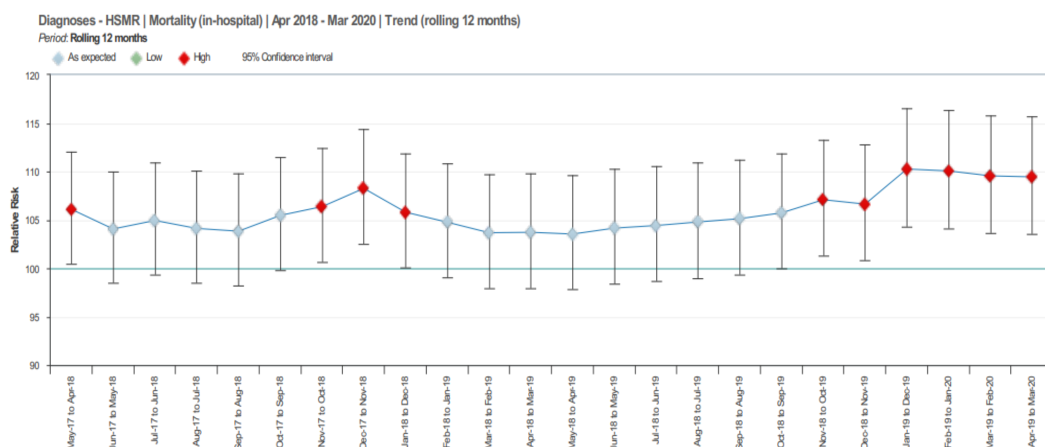


Chart 1

3.2.2 Chart 2 shows that the Trust Hospital Standardised Mortality Ratio (HSMR) monthly position remains well within the expected range. Spikes in September and December may account for the high rolling average.

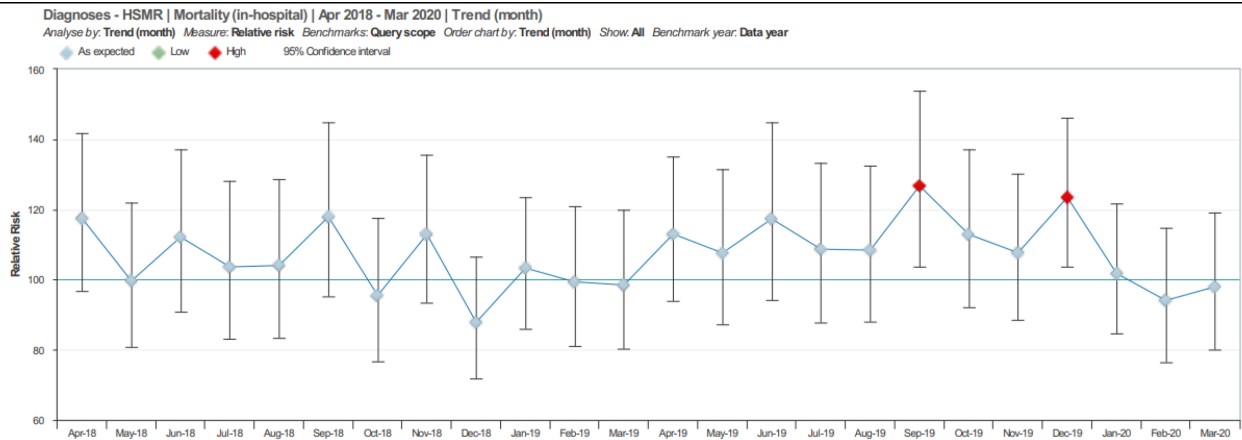
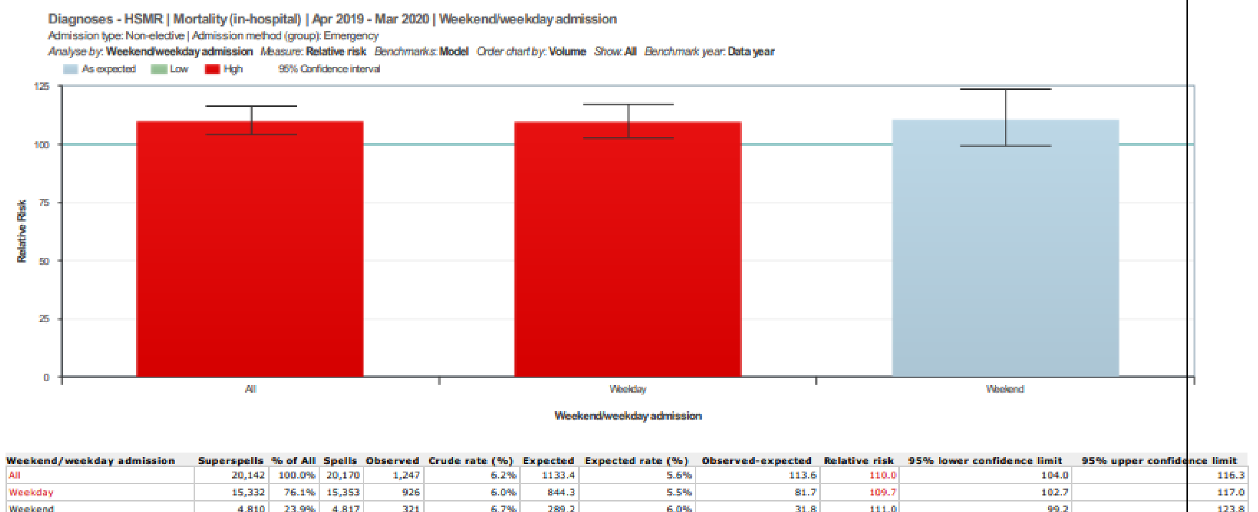


Chart 2

3.2.3 Chart 3 shows The Trust is seeing a statistically high weekday (admission) HMSR with an as expected weekend. This profile is unusual, however Nottingham University Hospitals are also seeing the same pattern.



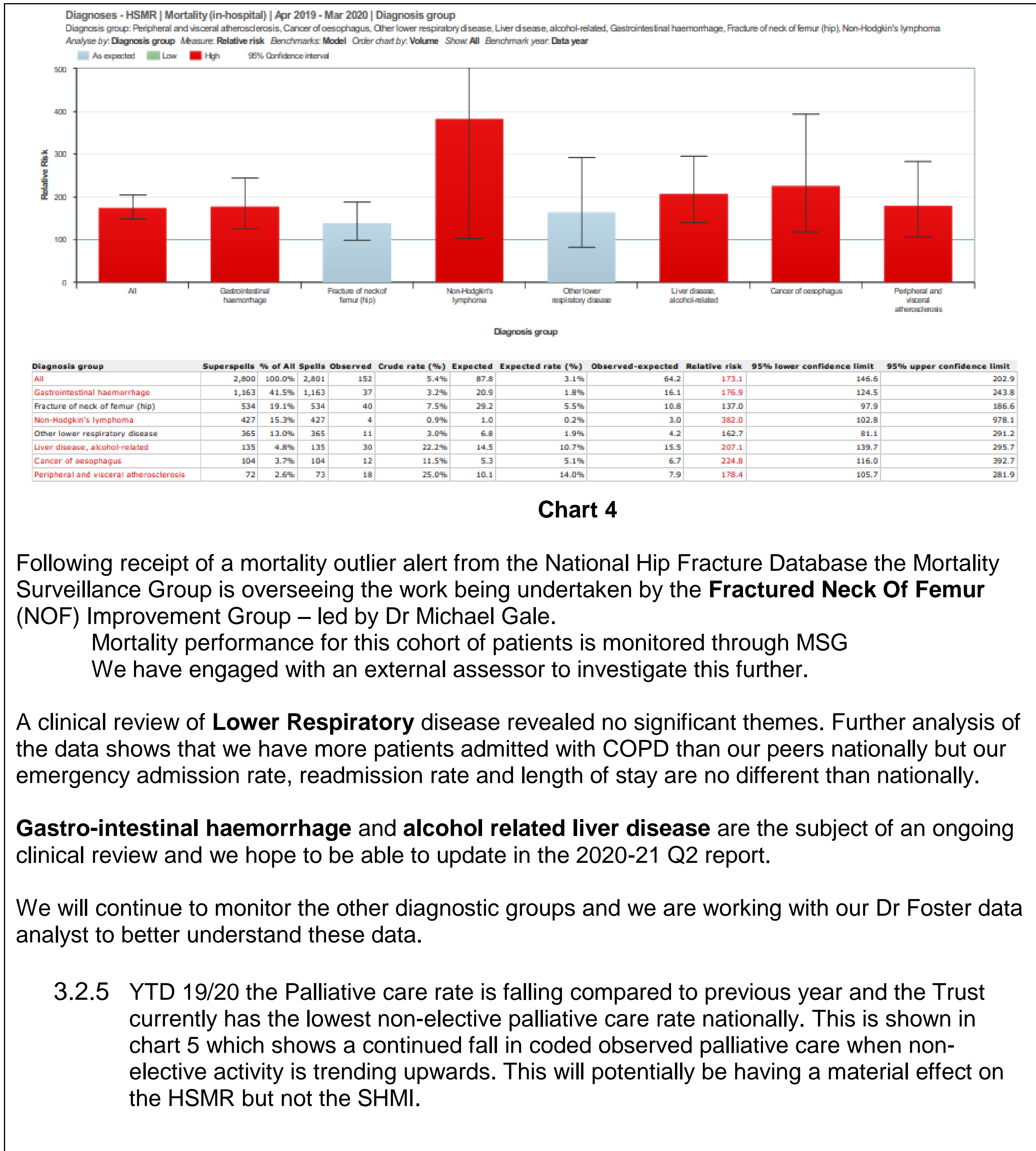
Weekend/weekday admission	Superspells	% of All	Spells	Observed	Crude rate (%)	Expected	Expected rate (%)	Observed-expected	Relative risk	95% lower confidence limit	95% upper confidence limit
All	20,142	100.0%	20,170	1,247	6.2%	1133.4	5.6%	113.6	110.0	104.0	116.3
Weekday	15,332	76.1%	15,353	926	6.0%	844.3	5.5%	81.7	109.7	102.7	117.0
Weekend	4,810	23.9%	4,817	321	6.7%	289.2	6.0%	31.8	111.0	99.2	123.8

Chart 3

3.2.4 Dr Foster Mortality Outlier Alert – HSMR Significant Diagnosis

There are now 5 outlying groups with Fracture Neck of Femur and Other Lower Respiratory Disease no longer being significant

- Gastro Intestinal Haemorrhage
- Liver disease, alcohol-related
- Cancer of oesophagus
- Non-Hodgkin's lymphoma
- Peripheral and visceral atherosclerosis



Diagnosis group	Superspells	% of All	Spells	Observed	Crude rate (%)	Expected	Expected rate (%)	Observed-expected	Relative risk	95% lower confidence limit	95% upper confidence limit
All	2,800	100.0%	2,801	152	5.4%	87.8	3.1%	64.2	173.1	146.6	202.9
Gastrointestinal haemorrhage	1,163	41.5%	1,163	37	3.2%	20.9	1.8%	16.1	176.9	124.5	243.8
Fracture of neck of femur (hip)	534	19.1%	534	40	7.5%	29.2	5.5%	10.8	137.0	97.9	186.6
Non-Hodgkin's lymphoma	427	15.3%	427	4	0.9%	1.0	0.2%	3.0	382.0	102.8	978.1
Other lower respiratory disease	365	13.0%	365	11	3.0%	6.8	1.9%	4.2	162.7	81.1	291.2
Liver disease, alcohol-related	135	4.8%	135	30	22.2%	14.5	10.7%	15.5	207.1	139.7	295.7
Cancer of oesophagus	104	3.7%	104	12	11.5%	5.3	5.1%	6.7	224.8	116.0	392.7
Peripheral and visceral atherosclerosis	72	2.6%	73	18	25.0%	10.1	14.0%	7.9	178.4	105.7	281.9

Chart 4

Following receipt of a mortality outlier alert from the National Hip Fracture Database the Mortality Surveillance Group is overseeing the work being undertaken by the **Fractured Neck Of Femur** (NOF) Improvement Group – led by Dr Michael Gale.

Mortality performance for this cohort of patients is monitored through MSG

We have engaged with an external assessor to investigate this further.

A clinical review of **Lower Respiratory** disease revealed no significant themes. Further analysis of the data shows that we have more patients admitted with COPD than our peers nationally but our emergency admission rate, readmission rate and length of stay are no different than nationally.

Gastro-intestinal haemorrhage and **alcohol related liver disease** are the subject of an ongoing clinical review and we hope to be able to update in the 2020-21 Q2 report.

We will continue to monitor the other diagnostic groups and we are working with our Dr Foster data analyst to better understand these data.

3.2.5 YTD 19/20 the Palliative care rate is falling compared to previous year and the Trust currently has the lowest non-elective palliative care rate nationally. This is shown in chart 5 which shows a continued fall in coded observed palliative care when non-elective activity is trending upwards. This will potentially be having a material effect on the HSMR but not the SHMI.

Organisation: **Sherwood Forest Hospitals NHS Foundation Trust** *Report Date:* **2 July 2020**

Basket: **Diagnoses - HSMR** *Peer group:* **REGION (acute, non-specialist)**

Trend (Financial Year)	Non-elective spells	Palliative care	Rate	National Rate	Peer Group Rate
2016/17	18,842	415	2.20%	4.03%	3.38%
2017/18	17,800	470	2.64%	4.17%	3.61%
2018/19	18,540	383	2.07%	4.16%	3.74%
2019/20	20,473	256	1.25%	4.22%	3.54%

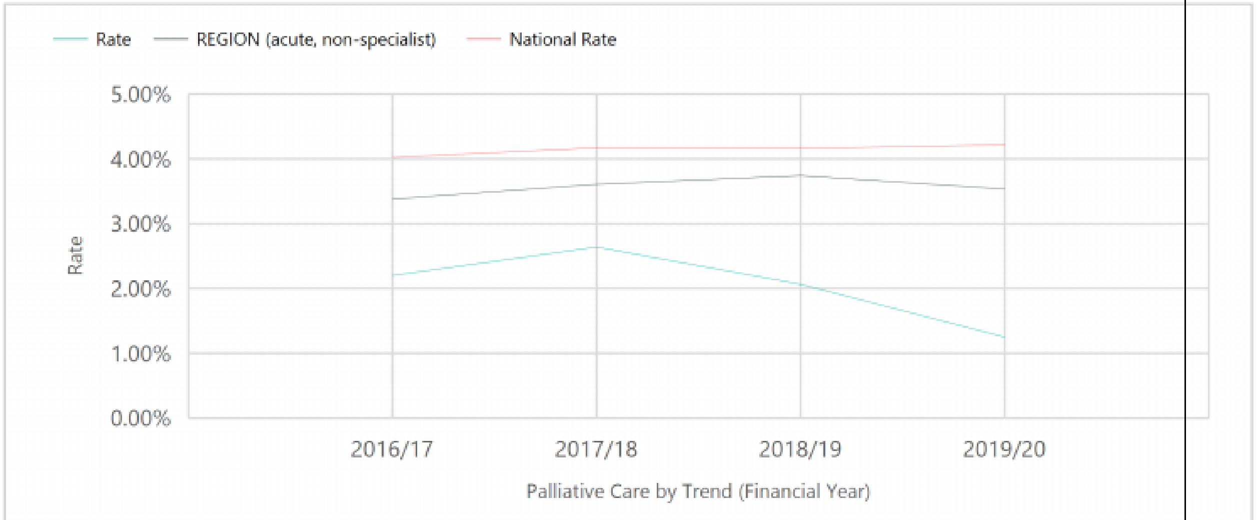


Chart 5

Conclusion

There is considerable on-going work with specialities and Dr Foster to greater understand if the HSMR variation represents a significant concern or on-going variance or noise within the data capture system. The MD Office is exploring the possibility of engaging an external HSMR/SHMI expert reviewer to further elucidate the relevance of these data spikes.
At the same time work continues with specialities around the influence of palliative care coding.