The Royal Wolverhampton
NHS Trust

Learning from Deaths Update Report
4 February 2019

The Royal Wolverhampton NHS Trust

Trust Board Report

Meeting Date:	4 February 2019
Title:	Learning from Deaths Update Report
Executive Summary:	The paper presents the Trust's most recent mortality data and a summary of the underlying causes for the outlier status of the SHMI indicator. Variation in data used for the SHMI calculation and differences in RWT's trends when compared with England contribute to the higher than expected SHMI for the Trust. The increase in mortality between December 2017 and March 2018 is mirrored by an increase across the acute trusts in England as shown by SHMI data and also an increase in mortality across England overall as shown by the ONS.
Action Requested:	Receive and note
For the attention of the Board	The higher than expected SHMI is linked with a decrease in emergency admissions but an increase in number of deaths and the discrepancies between clinical picture and data for patients admitted at the Trust.
Assure	A Trust wide committee is overseeing the implementation of a wide ranging action plan designed to address the underlying causes of the outlying standardised mortality rates.
Advise	The raised SMRs can impact on the Trust's reputation where these indicators are poorly understood and mistakenly associated with excess mortality. There needs to be renewed focus on improving data quality and on understanding better the increase in number of deaths occurring at the trust.
Alert	
Author + Contact Details:	Medical Director Tel 01902 695958
Links to Trust Strategic Objectives	1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 6. Be in the top 25% of all key performance indicators
Resource Implications:	Revenue: Capital: Workforce: Funding Source:

CQC Domains	**Safe:** patients, staff and the public are protected from abuse and avoidable harm. **Effective:** care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence. **Caring:** staff involve and treat everyone with compassion, kindness, dignity and respect. **Responsive:** services are organised so that they meet people's needs. **Well-led:** the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.
Equality and Diversity Impact	N/A
Risks: BAF/ TRR	4734
Risk: Appetite	No change
Public or Private:	Public
Other formal bodies involved:	Mortality Review Assurance Group, Quality Governance Assurance Committee, Trust Management Committee
References	
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

1. Standardised Mortality Rates

The Summary Hospital-level Mortality Indicator (SHMI) indicator reported in England for RWT was 1.21 and classed as higher than expected for July 2017 – June 2018. The more recent estimated SHMI provided by HED for September 2017 to August 2018 was 1.22 and also higher than expected (figures 1 and 2).

Figure 1: SHMI and crude mortality for the SHMI basket for RWT

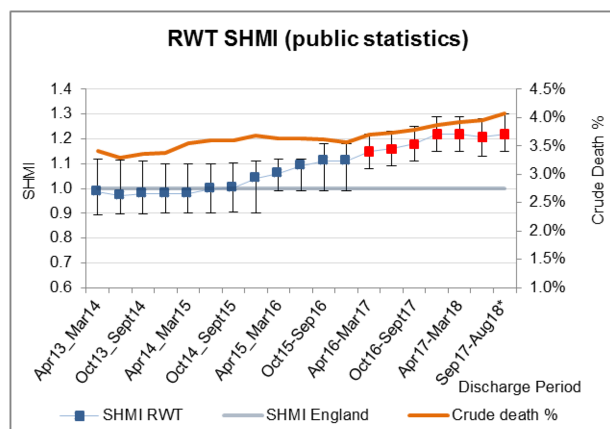
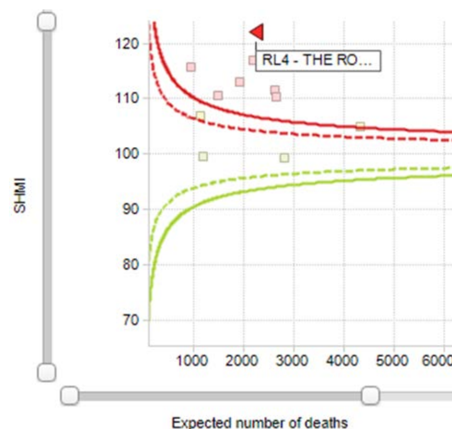


Figure 2: SHMI RWT and regional Trusts



**Estimated SHMI for Sept17-Aug18; to be replaced with the published SHMI when available.*

Six diagnosis groups (Influenza, Chronic renal failure, Short gestation, low birth weight and foetal growth retardation, Other connective tissue disease, Pneumonia and Congestive heart failure) had a higher than expected SHMI for this period (99.8% confidence limits - CL).

The crude mortality (SHMI basket; includes deaths occurring in the hospital and within 30 days of discharge) for the latest 12 months period has increased to 4.08% from 3.95% for July 17-June 18. Looking just at deaths occurring in hospital the change year on year is smaller. Crude mortality was 2.73% for April to December 2017 and 2.81% for April – December 2018 for in-hospital deaths.

The crude mortality for 2017-18 at RWT was affected not just by an increase in number of deaths but also a reduction in emergency admissions. The biggest discrepancy was in Q4 17-18, when crude in-hospital mortality was at its highest at 3.75%, however this was driven not just by the increase in number of deaths but also the lowest number of discharges observed since 2014-15 (crude mortality = no. observed deaths/ no. discharges x 100).

Figure 3: Crude mortality RWT, inpatients only

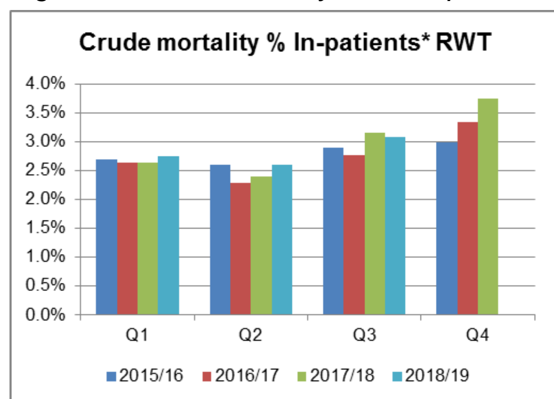
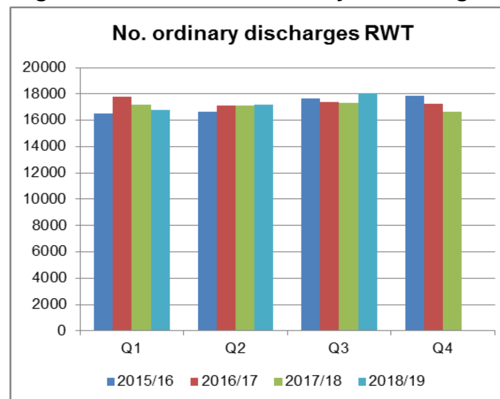


Figure 4: Number ordinary discharges RWT



**Excludes still births to align with the SHMI methodology.*

Q4 2017-18 has seen an increase in mortality at RWT, which impacts on the SHMI. National data however show the same trend for the acute trusts in England for the period December 2017-March 2018. The ONS data show that the mortality rate in England for this period was the highest since 2009 and more deaths occurred on almost every day during Q4 2017-18 compared with the five-year average (source: ONS).

1.1 Conclusions of analysis – causes of raised SMRs

There are three main themes emerging from extensive analysis of SHMI data, which contribute to the Trust's outlier status.

1.1.1 There has been a reduction in emergency, ordinary admissions that impacted on expected mortality at a time when across England the number of admissions has increased. Within this group a reduction in admissions of elderly patients was observed at RWT, which will reduce even further the Trust's overall expected mortality. In 2017-18 RWT had 8.5% less ordinary admissions of patients aged 75+ and 6.6% less from the 65-74 age band. For the same period in England, 4.7% more admissions were recorded of patients aged 75+ and 3.8% more from the 65-74 age band.

Figure 5: RWT data included in SHMI calculations

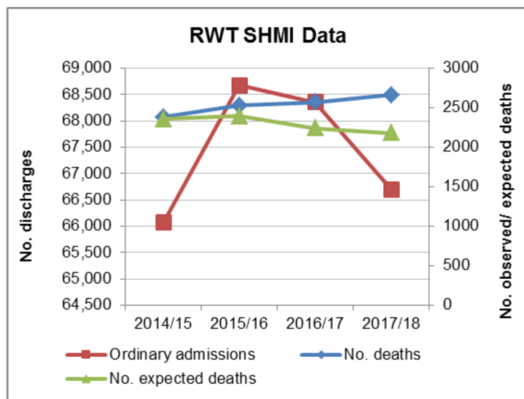


Figure 6: England data included in SHMI calculations

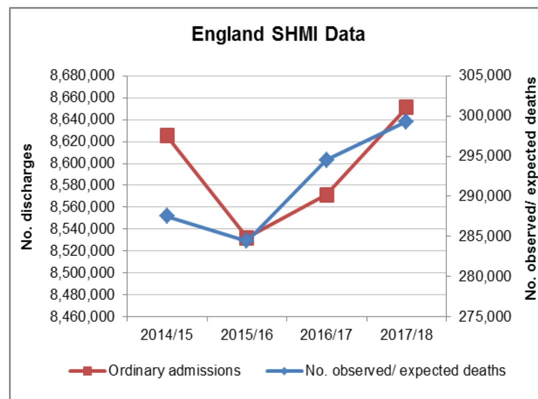


Figure 7: RWT SHMI data by age band

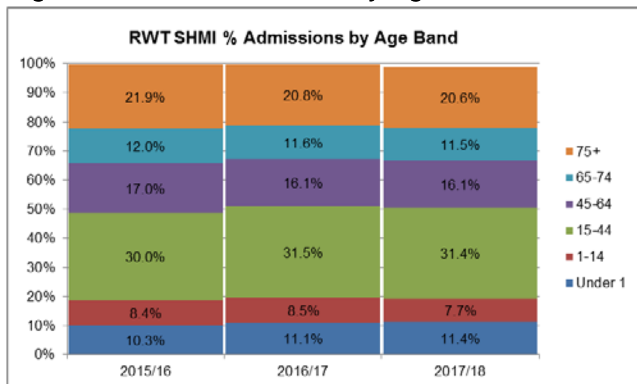
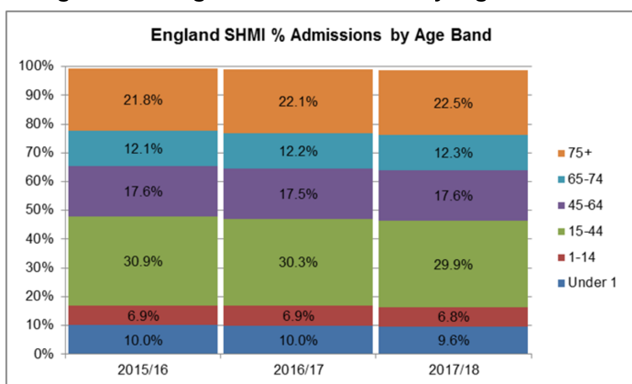


Figure 8: England SHMI data by age band



1.1.2 The coding for the admission episodes, which are used in the SHMI calculations, do not reflect fully the clinical picture of patients treated at the Trust, leading to an underestimation of the mortality risk. More work is needed to improve quality of clinical documentation and accuracy of clinical coding.

1.1.3 The increase in number of deaths and some anecdotal evidence from clinical reviews suggested that RWT could be admitting some patients at end of life that might not need acute care. Understanding better the size of this effect could help get a clearer picture on the Trust's outlier status.

- RWT consistently sees a higher proportion of deaths occurring in hospital when compared to England and the regional Trusts (figure 9).
- Wolverhampton also is shown to have a higher proportion of patients dying in the hospital when compared to the national and regional averages (source: public health data, figure 10)

Figure 9: Proportion of SHMI deaths occurring in hospital; RWT & England

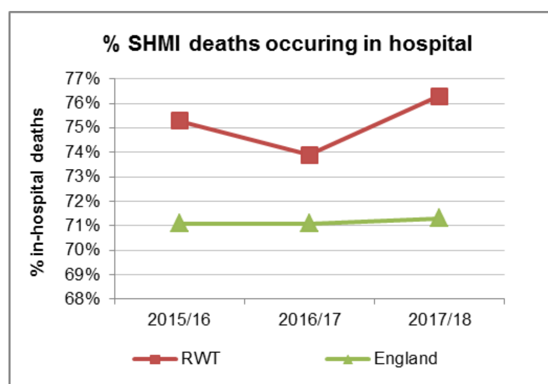
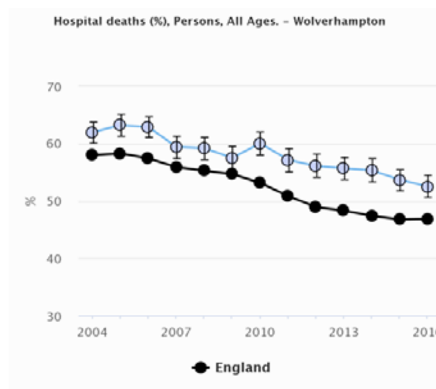


Figure 10: Comparison of % deaths occurring in hospital, Wolverhampton & England



Clinical and coding audits undertaken for SHMI alerting diagnosis groups are presented at MRG and learning is shared. The trust has responded to a CQC alert for the 'other psychosis' diagnosis group.

2. Update on the Learning from Deaths agenda

2.1 Medical Examiners

The Medical Examiners (ME) service is operational from January 2019. Medical Examiners are based in the purpose built bereavement centre and they support the death certification process for quality assurance. In addition, MEs liaise with bereaved relatives and scrutinise case records to identify deaths that require detailed assessment through the SJR process. The outcome of ME assessments will be reported to the Mortality Review Group (MRG) on a regular basis.

2.2 Coding:

A local policy was approved by MRG to improve accurate recording of co-morbidities taking into consideration information in the electronic records for specific co-morbidities from previous admissions. This will be in line with other Trusts who have implemented similar coding policies. The new coding policy will be implemented alongside the co-morbidity pro-forma which will be generated on admission for clinicians to review and acknowledge. An external assessment has been commissioned to support the data quality review.

2.3 Sepsis

A business case has been approved and nurses have been recruited to start in February 2019. They will be undertaking the training and audit support across the Trust. Sepsis module roll out has been delayed from the 31st of January. This is due to a supplier issue; it is estimated that the roll out of Sepsis module and NEWS2, may now be implemented at the same time.

2.4 Palliative Care

The business case is approved, the nursing posts are being advertised and the consultant post is being compiled for advert. The RWT palliative care group is working well with good representation and training is being developed and delivered.

2.5 Outreach service for supporting deteriorating patients

The business case has been agreed and the nurses are presently being recruited. Hopefully nurses will start coming into post in March.

2.6 Nursing quality audits (patients admitted with sepsis and pneumonia)

A new nursing mortality audit programme has commenced, two audits have been undertaken and presented at the mortality group and the nursing forum. The audits will be repeated over the next 6 months and educational interventions and support is being given to wards identified.

A nursing quality audit programme looking at wider aspects of care across all wards will commence in Feb 2019. These will also support quality improvement work in End of Life Care.

The strategic end of life group has met in January. Work streams include: advanced care planning in nursing home, digital connectivity, chronic disease and end of life care, learning disability and end of life care, communication and messages across the community, community transformation and end of life care. Action plans are being developed across all areas for the next meeting in March.

2.7 Mortality Policy & Strategy

This strategy has been agreed and is now going to policy group for approval. The updated Learning from Deaths policy (OP 87) incorporating death certification policy was approved by MRG and going through the ratification process.

2.8 104 day cancer reviews

The reviews are happening monthly and being reviewed by RWT and CCG. The board was updated on progress in November 2018.

2.9 Scoping End of Life Activity

This is a complex issue as patients often move between different providers and different electronic recording systems; also some patients may not be on end of life pathways for a variety of reasons. RWT have scoped District Nursing activity, but additional work to develop activity capture is required to ensure robust information is collated.

The public health team have submitted a proposal with NHS digital to join patient data together to enable the review of patient pathways and contacts across health and social care. The Palliative Care Consultant Lead has commenced a project that will help identify patient electronically that doctors believe are in the last year of life. This will enable the health economy to have factual information to continue to develop and transform services. The plan is to pilot this in March in two wards in RWT.

2.10 Learning from SJRs

Reports are circulated to the Divisional Management Trios around themes and overarching summary of SJR 2s which monthly go to each Division. We now have a 'learning from deaths log' which will be available initially via SharePoint and eventually via a 'learning from deaths/mortality' page which is currently in progress.

2.11 Additional Nurses for SJR review

During quarter three more nurses were recruited to be involved in the SJR process; we have 29 'trained' Nurse SJR reviewers all of whom are involved either locally for SJR1 reviews or Trust wide (SJR 2s), which increased from original figures of 13.

Expected Output/Outcome	Benefit	Milestone	Start Date	End Date	Owner	Exec Director Sponsor (TBC)	Status Date of Update 07/11/18	Status Date of Update 10/12/18	Status Date of Update 07/01/19
Strategy developed via consultation			01/09/2018	30/11/2018	D Hickman	J Odum/ AM Cannaby			
MIG terms of reference			01/06/2018	30/07/2018	S Roberts	J Odum/ AM Cannaby			
MRG TOR developed			01/06/2018	30/07/2018	A Viswanath	J Odum			
Programme Board established. Action plan formulated			01/08/2018	15/10/2018	J Odum/AM Cannaby	J Odum			
Dashboard presented to MRG			01/07/2018	15/10/2018	S Hickman	J Odum			
Risk added to BAF			01/08/2018	30/08/2018	J McKiernan	J Odum			
Contract commenced			04/10/2018	ongoing	S Mahmud	S Mahmud			
Contract commenced			17/09/2018	12 months	J Odum	J Odum			
Trust Board monthly update against action plan			05/11/2018	monthly	AM Cannaby	AM Cannaby			
MIG meeting established, with action plan			01/07/2018	ongoing	S Roberts	J Odum/ AM Cannaby			
Redesign/agreement of pathways. Number of patients who die outside hospital			01/07/2018	28/02/2019	AM Cannaby/S Roberts	AM Cannaby			
Review data and consider new care pathways for planned reduction in admissions from Nursing Homes. Data sent to CCG.			01/09/2018	31/12/2018	N Ballard/K Shaw/ S Hutchinson / S Roberts	J Odum/ AM Cannaby			
City wide strategy. Quarterly review of rollout plan to COG.			30/10/2018	ongoing	Chair EoL Group / Palliative Care Lead/ K Warren	AM Cannaby			
Implement Medical Examiner model to integrate with SJR process			01/08/2018	30/11/2018	A Viswanath	J Odum			
Completion of SJR 1& 2reviews as per agreed standard			01/08/2018	30/11/2018	A Viswanath	J Odum/ AM Cannaby			
RWT, primary care and CCG to establish process and secure funding to undertake reviews			01/08/2018	31/12/2018	J McKiernan/S Roberts	J Odum/ AM Cannaby			
Action Plan agreed			31/08/2018	30/11/2018	AM Cannaby	AM Cannaby			
					Debra Hickman	AM Cannaby			
Directorates present learning outcomes after SJR reviews at the Mortality Review Group. Clinical audit programme reflects learning outcomes.			01/10/2018	ongoing	A Viswanath	J Odum/ AM Cannaby			
Recruitment of nurses to undertake SJRs			01/10/2018	15/12/2018	D Hickman	AM Cannaby			

Expected Output/Outcome	Benefit	Milestone	Start Date	End Date	Owner	Exec Director Sponsor (TBC)	Status Date of Update 07/11/18	Status Date of Update 10/12/18	Status Date of Update 07/01/19
Lessons shared			01/10/2018	ongoing	Divisional leads/Execs	J Odum/ AM Cannaby			
Feedback on additional software; revised Coding Policy.			01/10/2018	30/11/2018	J Cotterell	J Odum/ K Stringer			
Feedback of coding and HED data monthly			01/11/2018	ongoing	N Coates / Sultan Mahmud	S Mahmud			
Identify and management of sepsis/deteriorating patient in line with national guidance.									
Appropriate reduction of FCEs			01/01/2018	31/05/2018	J Cotterell	J Odum/ K Stringer			
Alerts returned within two months Report presented and discussed at MRG within agreed timescales			01/01/2018	ongoing	A Viswanath	J Odum			
Directorates to agree and complete CQI audits			01/07/2018	01/06/2018	Medical Divisional leads / A Viswanath / S Cherukuri	J Odum			
PDSA cycles to be tested			01/09/2018	01/03/2019	AM Cannaby	AM Cannaby			
Evidenced in meeting minutes			01/01/2018	ongoing	J Odum	J Odum			
Harm reviews discussed with CCG and RWT			01/09/2018	31/10/2018	Cancer lead	AM Cannaby/ G Nuttall			
To all Governance meetings			01/06/2018	ongoing	Divisional leads/Execs	J Odum/ AM Cannaby			
Completion and dissemination of audit results			10/09/2018	30/11/2018	D Hickman	AM Cannaby			

Expected Output/Outcome	Benefit	Milestone	Start Date	End Date	Owner	Exec Director Sponsor (TBC)	Status Date of Update 07/11/18	Status Date of Update 10/12/18	Status Date of Update 07/01/19
Educational Package developed and delivered Reduction in number of patients 'R' coded at 1st/2nd FCE (need to stipulate a %)			01/01/2018	30/04/2018	J Cotterell	J Odum/ K Stringer			
Educational Package developed and delivered			01/01/2018	01/12/2018	S Hutchinson	J Odum			
Evidence of improvements in care across pathways at quarterly Directorate/Divisional reviews			01/01/2018	ongoing	Divisional leads/Execs	J Odum/ AM Cannaby			

Expected Output/Outcome	Benefit	Milestone	Start Date	End Date	Owner	Exec Director Sponsor (TBC)	Status Date of Update 07/11/18	Status Date of Update 10/12/18	Status Date of Update 07/01/19
ME recruitment and training 5 day ME rota (recruit and commence)			01/07/2018	01/12/2018	A Viswanath	J Odum			
Staffing reviews bi-annually by Board providing transparent reporting			01/01/2018	ongoing	AM Cannaby	AM Cannaby			
Report progress on monthly basis to Governance structure as per the NSF plan			01/06/2018	01/03/2019	AM Cannaby	AM Cannaby			
All patients seen daily by a consultant within 14 hours of admission and daily as standard			01/01/2018	ongoing	J Odum / Dev Singh	J Odum			
Business case 10th October recruitment Nov - Jan expansion of service Feb 2019			10/10/2018	31/03/20198	Divisional leads	J Odum/ AM Cannaby			
Nurses commence Jan 2019 and improvement programme devised with measurable actions December 2018			01/09/2018	31/01/2019	Sepsis lead/V Whatley	J Odum/ AM Cannaby			
Business case 20th October recruitment Nov - Jan expansion of service Feb 2019			10/10/2018	31/03/20198	Divisional leads	AM Cannaby			
Minutes of Trust Board			01/07/2018	monthly	J Odum	J Odum			
Update of actions monthly			01/09/2018	monthly	J Odum	J Odum			
Quarterly Newsletter update			30/11/2018	quarterly	S Evans	A Duffell			