The Royal Wolverhampton NHS Trust

Learning from Deaths update
7 October 2019

Agenda Item No:10.1

The Royal Wolverhampton NHS
NHS Trust

Trust Board Report

Meeting Date:	7th October 2019
Title:	Learning from Deaths
Executive Summary:	The paper presents the Trust's most recent mortality data and the work being undertaken to scrutinise and act upon the potential causes for the outlier status of the SHMI indicator. The national SHMI dataset shows the most recent score for RWT of 1.15 (May 2018 to April 2019). There have been 3 months of an improved trend. A review of the higher than expected standardised mortality rate for the COPD and Bronchiectasis group (April to Dec 2018) has been presented to MRG and submitted to CQC on request. A review of cases notes showed that there was no case of preventable death. Areas where improvement in care could be made were identified and a work programme has been put in place. OP87 Completion of Medical Certificate and Learning from Deaths has been audited by Grant Thornton. The outcome of the report is significant assurance with some improvements required. A programme of work will be developed. The Mortality Programme team and other clinical colleagues presented the work and outcomes achieved to the visiting CQC team on 19th September. Feedback is awaited.
Action Requested:	Receive and note
For the attention of the Board	To note the SHMI which has shown a small improvement this month.
Assure	The Board has previously been reassured through data analysis that the increased SHMI is not an indicator of avoidable mortality or quality of care. However, work continues to review and, where possible, enhance quality of care provision across admission pathways with elevated SMR's. Work also continues to address coding & data capture with respect to accuracy and completeness prior to submission of data.

Advise	Raised SMR's can impact on a Trust's reputation. RWT's elevated SHMI is a focus of external scrutiny with assurance being requested and provided regarding the work undertaken, as described above and in this report.
Alert	Diagnostic groups with elevated SMRs* remain : Outliers: Influenza Chronic renal failure Respiratory Distress Syndrome High but not an outlier: Malignant neoplasm without specification of site Acute cerebrovascular disease Pneumonia

	Chronic obstructive pulmonary disease and bronchiectasis Septicaemia *Latest published data March 2018 to Feb 2019 Reviews have been conducted, reported internally and where requested to CQC
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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: N/A
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	BAF SR 12
Risk: Appetite	
Public or Private:	Public
Other formal bodies involved:	Mortality Review Group/Compliance Oversight Group/Quality Standards Improvement 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

Learning from Deaths Update of monthly Activity September 2019

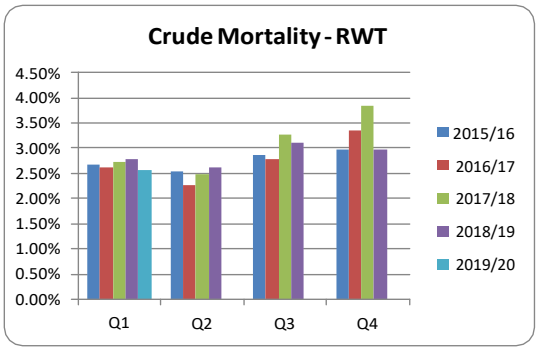
Update on Standardised Mortality Rates (SMRs) and Inpatient data relevant to these calculations

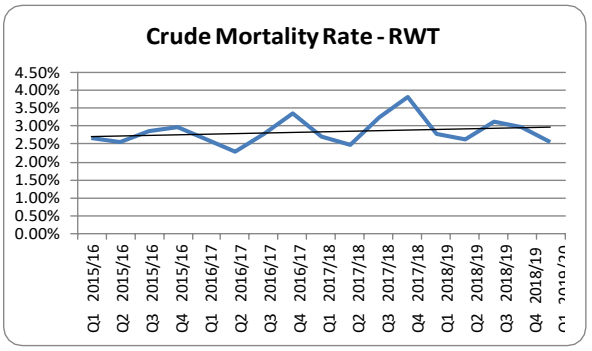
1. Crude mortality

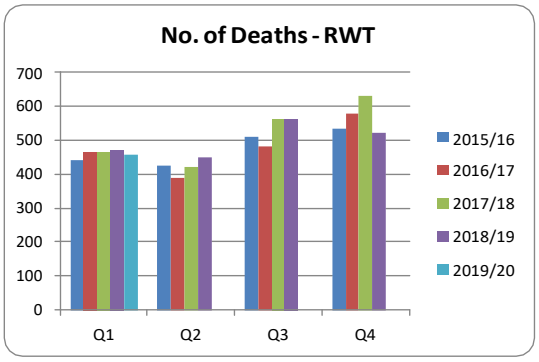
The number of deaths and crude mortality represent inpatient mortality only (ordinary admissions including still births) extracted from internal data.

For the period Q1 2019/20, the inpatient crude mortality rate was 2.57%.

Year to date (April to July 2019) the crude mortality is 2.49%







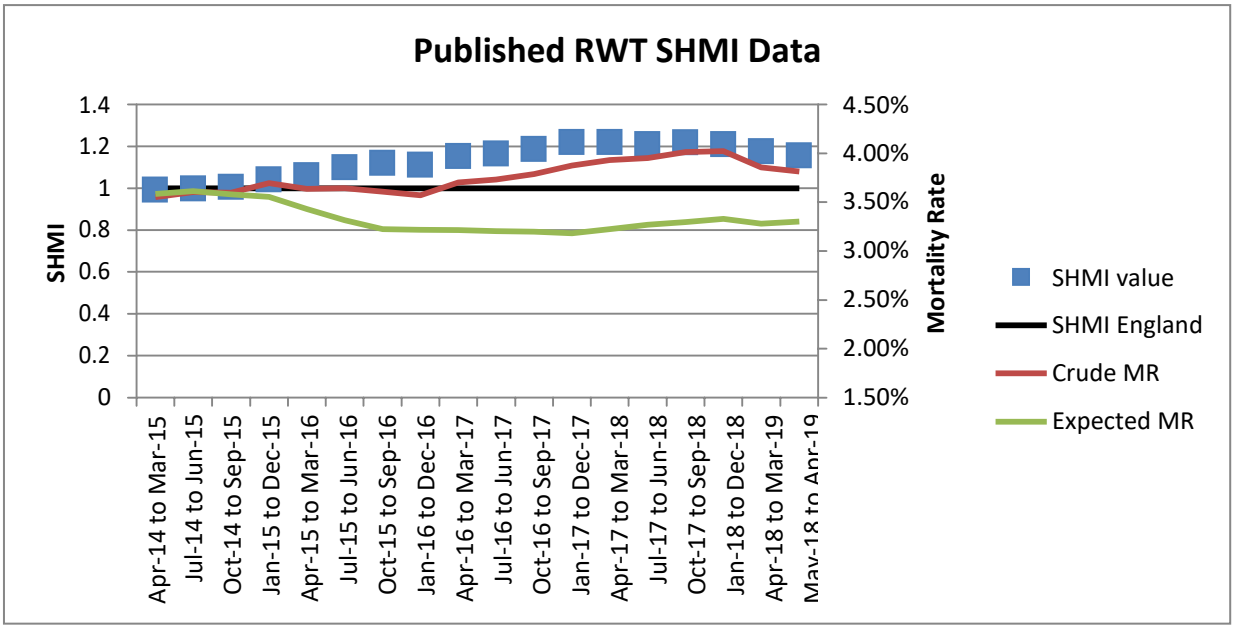
Period	No. of Ordinary Discharges	No. of Inpatient Deaths	Crude Mortality
2015/16	68888	1886	2.74%
2016/17	69538	1898	2.73%
2017/18	67758	2036	3.00%
2018/19	69558	1986	2.86%
2019/20	23819	593	2.49%

2. SHMI

The most recent published SHMI value (inpatient deaths plus deaths 30 days after discharge) May 2018 – April 2019 was 1.15. The Trust is now ranked 125 of 130 Trusts across the country.

Time period	SHMI Value *	SHMI Crude Mortality %
Jan 2018-Dec 2018	1.21	4.02
Feb 2018 –Jan 2019	1.21	3.99
March 2018 –Feb 2019	1.19	3.94
April 2018 –March 2019	1.17	3.85
May 2018- April 2019	1.15	3.81

*NHS DIGITAL Sept 19th 2019



Key Activities

1. Review of the higher than expected standardised mortality rate for the COPD and Bronchiectasis Group (April –December 2018)

An analysis of the mortality trends and a review of 32 deaths with a primary diagnosis of COPD and bronchiectasis has been reported to Mortality Review Group. These findings have been submitted to the CQC in response to a request to report against this alert.

From January to December 2018, there were 817 spells in the COPD and bronchiectasis SHMI basket, and 76 deaths in total. The number of expected deaths in this same time period was 50. The SHMI was 1.51 and an outlier against other acute Trusts.

Analysis against national data showed that the number of admissions with COPD at RWT is significantly less than the national average, which may be a reflection of the use of ambulatory and HOT clinic pathways.

A review of 32 cases within the time period was undertaken by Respiratory Consultants. This review revealed the following care delivery against national standards:

NCEPOD Grading (Description of clinical care)

NCEPOD Score	No. Cases
1 – Good Practice	24
2 – Room for improvement (aspects of clinical care that could have been better)	7
3 - Room for improvement (aspects of organisational care that could have been better)	1
4 – Room for improvement (aspects of clinical and organisational care that could have been better	0
5 – Less than satisfactory (several aspects of clinical and/or organisational care which were below acceptable standards)	0
Grand Total	32

Hogan Score (A score which describes Avoidability of Death)

HOGAN SCORE	No. Cases
1. Definitely not preventable	30

2. Slight evidence for preventability	1
3. Possibly preventable but not very likely (less than 50-50 by close call)	1
4. Probably preventable, (more than 50-50 but close call)	0
5. Strong evidence of preventability	0
Grand Total	32

In 11 of the 32 cases the reviewers judged that the most relevant diagnosis in these cases was not COPD, despite this being identified at the first FCE. All patients were treated on appropriate clinical pathways.

The reviewers recommended the following areas for improvement

- Continue to work with nursing homes to identify incidence of inappropriate transfer and areas of improvement
- Improve knowledge and awareness of NIV criteria at emergency portals and in non-specialist wards by continuing education
- Advise non-specialist teams of requirement for 14 days antibiotic for bronchiectasis
- Improve accurate recording of primary diagnosis

Work programmes are ongoing in all areas identified.

2. Review of Learning from Death Process

An internal audit has been reported by Trust auditors Grant Thornton. Their remit was to investigate adherence to Trust policy OP87, Completion of Medical Certification and Learning from Death Policy which is in turn based on NQB guidance.

The outcome of the report is ‘Significant assurance with some improvements required’.

Areas of improvement to progress are

- Timeliness of SJR completion,
- Develop a process to review the quality and completion of SJRs,
- Review the monitoring of implementation of learning across Divisions and Directorates
- Expand the provision and capacity of Medical Examiner.

A programme of work has been developed and will be monitored through MRG.

3. Review of Deaths

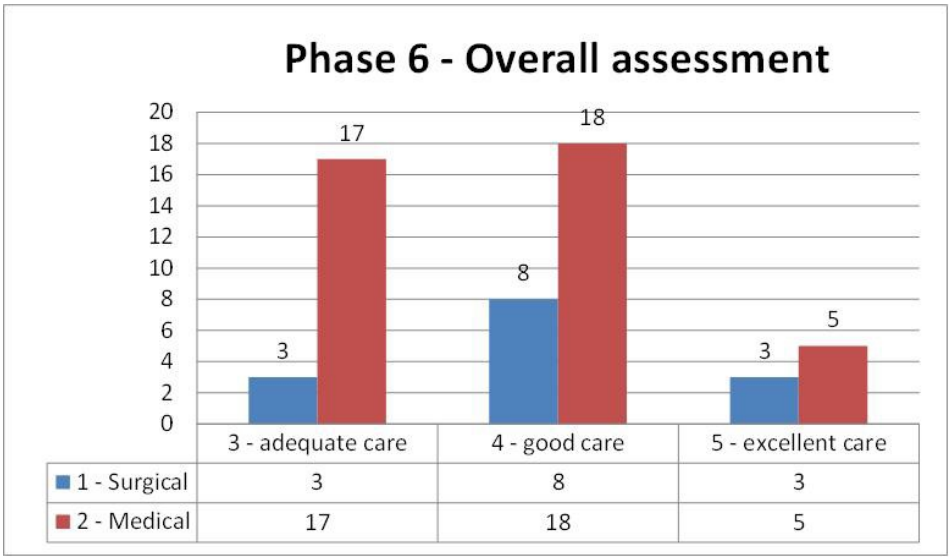
The Trust is working towards a position where all deaths are reviewed by Medical Examiners (ME). The current position shows that MEs are reviewing 62% of cases and approximately 10% of these are referred for SJR review.

Timeliness of completion of SJRs remains a challenge. The Trust employed Mortality Reviewers from July 2019 who will have dedicated time in their job plan to complete the SJRs and we will therefore expect completion to improve.

	Scrutiny of Deaths – Data:	Data Source/Cave ats	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
1	Total Number of Deaths (admissions)	PAS Data	137	180	200	178	208	163	150	160	151	143	146
2	Total Number of Deaths (ED attendance)	MSS Data	21	7	25	26	27	16	16	18	26	14	17
	Total Number of Deaths (Row 1+2)		**158**	**187**	**225**	**204**	**235**	**179**	**166**	**178**	**177**	**157**	**163**
3	No. of Deaths ref erred to Coroner (Total figure)	General Office Data							59	85	83	82	86
4	No. of Deaths ref erred to Coroner (by ME)	ME SharePoint							22	29	23	38	44
5	ME assessments completed	ME SharePoint figure may include SJR1 reviews undertaken				10	69	83	97	98	106	99	102
7	No. of Child Deaths for Child Death Review process (ME	ME SharePoint	0	0	0	0	0	0	0	0	0	0	0
8	No. of Deaths identified for SJR1 Review (incl in row 5 (	ME SharePoint figure may be in addition to mandatory criteria identified (col 9)					4	4	2	11	14	9	13
9	Mandatory Criteria identified	Access Query (PAS Risk Flags)	28	27	36	37	35	27	22	26	27	27	21
10	**Total SJR1s Identified (row s 8+9)**		**28**	**27**	**36**	**37**	**39**	**31**	**24**	**37**	**41**	**36**	**34**
11	Directorate completed SJR1s	SJR Repository Figure may include ME review undertaken	20	13	27	26	24	20	13	11	11	9	0
12	**Directorate unreview ed SJR1s (**includes ME SJR1 Outcomes)		***8***	***14***	***9***	***11***	***13***	***11***	***11***	***21***	***20***	***20***	***33***
13	Additional SJR1s completed by Directorates (i.e. over and above Mandated and ME Assessment)	Over & above Mandated/ME Assessed Access Query (PAS/ME/SJR Repository)	68	68	38	40	27	14	10	5	1	1	0
14	**ases Unreview ed by ME/SJR1 (Data source Month by Specialty Access Queries)**		**70**	**106**	**160**	**129**	**122**	**76**	**54**	**65**	**60**	**47**	**66**

*Data correct at August 22nd 2019

For deaths reviewed in July 2019, the judgement of care is shown below. No cases in this cohort were judged to be of poor or very poor quality.



4. Well Led CQC visit

The Trust's Learning from death programme has been reviewed by the CQC team as part of the Well Led Visit. The CQC team met the mortality programme team including coding, informatics and governance services, as well as clinical leads from across the trust, medical examiners and colleagues from CCG and Public Health. To date there has been no feedback from CQC.

5. Programme Plan

The Mortality Programme Plan v 22 with current progress against those areas not yet completed is attached.

Quality Improvement Plan 1 (Mortality)

Version 22
10/09/2019

	Objective	Activity	Expected Output/Outcome	Progress at 10/09/19 (exceptions only)	Start Date	End Date	Owner	Exec Director Sponsor	Status Date of Update 29/04/19	Status Date of Update 31/05/19	Status Date of Update 26/07/19	Status Date of Update 10/9/19
A1	**Programme Management (PM) and Governance**											
	1	Develop a Trust Mortality Strategy	Strategy developed via consultation		01/09/18	30/11/18	D Hickman	J Odum/				
	2	Agree TOR of MIG to include scope and development/review	MIG terms of reference		01/06/18	30/07/18	S Roberts	J Odum/				
	3	Terms of Reference for Mortality Review Group following merger of MoRAG	MRG TOR developed		01/06/18	30/07/18	A Viswanath	J Odum				
	4	Programme Board and Action Plan to be developed	Programme Board established. Action plan formulated		01/08/18	15/10/18	J Odum/AM Cannaby	J Odum				
	5	Dashboard to be developed for monitoring of impact of actions	Dashboard presented to MRG		01/07/18	15/10/18	S Hickman	J Odum				
	6	Board Assurance Framework submission	Risk added to BAF		01/08/18	30/08/18	J McKiernan	J Odum				
	7	Appoint external analytic expertise	Contract commenced		04/10/18	ongoing	S Mahmud	S Mahmud				
	8	Appoint external medical expert	Contract commenced		17/09/18	12 months	J Odum	J Odum				
	9	Review mortality quality improvement plan monthly at programme board	Trust Board monthly update against action plan		05/11/18	monthly	AM Cannaby	AM Cannaby				
	10	Review Divisional participation and involvement in Mortality Governance	DMD influence at MRG, outputs of audits reported at QSI.		01/03/19	31/07/19	DMD's	J Odum				
	11	Review Directorate participation and involvement in Mortality Governance	MDT involvement in M&M/Governance meets, CQI outputs		01/03/19	01/06/19	DMD's	J Odum				
	12	Work with other organisations across the Black Country. WM group have agreed in principle to set up a sytem of case note peer review	Adopt best practice from other organisations	Quarterly Mortality Leads meeting. No progress yet on case note peer review	01/04/19	ongoing	J McKiernan	J Odum				
A2	**City wide programme**											
	1	Draw together current interested groups to work to one strategy (Acute, Comm, PH, Compton)	MIG meeting established, with action plan		01/07/18	ongoing	S Roberts	J Odum/ AM Cannaby				
	2	Pathways of EoL Care in and out of hospital reviewed	Redesign/agreement of pathways. Number of patients who die outside hospital understood	Baseline understood. Ongoing CQI project	01/07/18	ongoing	Head of Nursing Div 3, Palliative Care Lead	AM Cannaby				
	3	In reach to care/nursing homes by C/E team / Scope Nursing Home admissions	Review data and consider new care pathways for planned reduction in admissions from Nursing Homes.	Baseline understood, review of NH cases admitted to RWT underway and will be presented to MIG Oct 2019	01/09/18	31/12/18	Lead C/E Cons/Head of Nursing Div 3	Chief Nurse CCG/ AM Cannaby				
	4	City-wide Business case aimed at enabling more people to die in their preferred palace of death. To develop: The establishment of a Wolverhampton End of Life Care Co-ordination Centre • Rapid Response Service to support End of Life patients at home and prevent hospital admissions • Compassionate Communities • Wolverhampton End of Life website	The ratio of the number of people dying in the communtity refelects the national picture	Business case in draft.	30/10/18	ongoing	Chair ICA	AM Cannaby				
A3	**Policy/Processes**											
	1	Establish a pathway for death certification linked to mortality reviews	Implement Medical Examiner model to integrate with SJR process	Established Jan 2019, continuous review of process to improve ME coverage	01/08/18	30/11/18	A Viswanath	J Odum				
	2	Monitor compliance with OP87 (Learning from Deaths) SJR 1 & 2	Completion of SJR 1& 2reviews as per agreed standard	Overall good practice identified against the policy (Grant Thornton). But delays in process recognised(also by at MRG). Active changes made by appointment of Mortality Reviewers	01/08/18	30/11/18	A Viswanath	J Odum/ AM Cannaby				
	3	Establish primary care mortality reviews for deaths within 30 days after hospital discharge.	RWT, primary care and CCG to establish process and secure funding to undertake reviews	CCG working with Primary c care to establish proces	01/08/18	31/12/18	S Roberts	J Odum/ AM Cannaby				
	4	Re-establish RWT End of Life Group, ToR and Action Plan	Action Plan agreed		31/08/18	30/11/18	AM Cannaby	AM Cannaby				
	5	To establish the process for including families/relatives in the mortality reviews	Bereavement Nurse in post	B Nurse in post since July. Monitor contact with family and learning from feedback	01/04/19	30/12/19	Martina Morris	AM Cannaby				
	6	Monitor results of mortality reviews and compile learning outcomes. Triangulate outcomes of SJR's with lessons learned from clinical audits, mortality reviews and coroners' reports.	Directorates present learning outcomes after SJR reviews at the Mortality Review Group. Clinical audit programme reflects learning outcomes.	Themes from SJRs discussed at MRG. Learning log to be developed	01/10/18	ongoing	A Viswanath	J Odum/ AM Cannaby				
	7	Expansion of the numbers of trained nurses/AHPs to support completion of SJR 1 and 2	Recruitment of nurses to undertake SJRs	New process of SJR (via Mortality Reviewers, 2 nurses appointed as part of this, review reqt for more in time)	01/10/18	15/12/18	Martina Morris	AM Cannaby				
	8	Learning from SJR 2s to be shared with Divisions, Trust Board and CCG	Lessons shared		01/10/18	ongoing	Divisional leads/Execs	J Odum/ AM Cannaby				
	9	Coding reflects full diagnosis of population of admitted patients to include definitive co-morbidities. Primary and secondary diagnoses.	Feedback on additional software; revised Coding Policy.	Change in practices appears to have influenced the ouputs e.g. improvements in depth of CCI seen, increase in length of FCE . Ongoing monitoring required	01/10/18	30/11/18	J Cotterell	J Odum/ K Stringer				

	Objective	Activity	Expected Output/Outcome	Progress at 10/09/19 (exceptions only)	Start Date	End Date	Owner	Exec Director Sponsor	Status Date of Update 29/04/19	Status Date of Update 31/05/19	Status Date of Update 26/07/19	Status Date of Update 10/9/19
	10	Review analytical data provided by external experts to inform Directorates/Division/Coding and Executive teams. Data submitted to PWC.	Feedback of coding and HED data monthly	Monthly reports from PWC, shared with Diagnosis leads, predictor model in place	01/11/18	ongoing	N Coates / Sultan Mahmud	S Mahmud				
	11	Implementation of NEWS2 track and trigger system and protocol for sepsis identified.	Identify and management of sepsis/deteriorating patient in line with national guidance.					J Odum				
	13	Review Governance feedback mechanisms across the Trust	Individuals and Directorates are aware of the results and actions from investigations/incidents	Review of process will be developed in line with Grant Thornton recommendations	01/03/19	31/07/19	M Arthur	AM Cannaby				
	14	Develop IT platform (worksheets, data collection, directorate feedback)	Trends of Mortality reviews	Programme of work underway, bi weekly meetings to progress project	01/01/19	31/03/20	S Parton	K Stringer				
A4	**Quality/Safety of Care Mortality Reviews**											
	1	Reduce number of short term FCEs at 'front door'	Appropriate reduction of FCEs		01/01/18	31/05/18	J Cotterell	J Odum/ K Stringer				
	2	Cases in alerting diagnosis baskets receive case note reviews via specialists within two months	Alerts returned within two months Report presented and discussed at MRG within agreed timescales	Alerts now reviwed (8 to CQC within last 48 months). Other alerts presented to MRG	01/01/18	ongoing	A Viswanath	J Odum				
	3	Implement care pathway audit against best practice standards as CQI in specific directorates. Utilise reviews of alerting diagnosis outcomes to decide on "prospective" CQI programme MRG to liaise with CQI	Directorates to agree and complete CQI audits	QI projects ongoing in sepsis, pneumonia. Heart Failure and AKI in development	01/07/18	01/06/19	Medical Divisional leads / A Viswanath / S Cherukuri	J Odum				
	4	PDSA community in reach	PDSA cycles to be tested		01/09/18	01/03/19	AM Cannaby	AM Cannaby				
	5	Monitor complaints, incident trends at Directorate, Divisional and Trust level via IQPR and TMC / Trust Board	Evidenced in meeting minutes		01/01/18	ongoing	J Odum	J Odum				
	6	Develop a process of undertaking harm reviews 104 day+ Cancer waits	Harm reviews discussed with CCG and RWT		01/09/18	31/10/18	Cancer lead	AM Cannaby/ G Nuttall				
	7	Monitor compliance of VTE, sepsis, IP incidents, falls, pressure injuries via Directorate/ Division/Trust	To all Governance meetings		01/06/18	ongoing	Divisional leads/Execs	J Odum/ AM Cannaby				
	8	Nursing mortality audits commencing with sepsis and pneumonia pathways	Completion and dissemination of audit results		10/09/18	30/11/18	Martina Morris	AM Cannaby				
	9	Quality Improvement strategy and agenda rolled out across the Trust with emphasis on embedding concept into daily activity	QI inititatives reported	Team in place since April 2091, Quarterly reports at TMC/TB	01/04/19		Simon Evans	M Sharon				
	10	Work with CEO of Sepsis Trust			01/03/19			AM Cannaby				
	11	Use best practice pathway as standard to monitor SJR 2 against.	Mortality Reviewers will have access to standards for key diagnostic pathways		01/03/19		A Viswanath	J Odum				
A5	**Education**											
	1	Educational Package for coding to be developed for Medical teams	Educational Package developed and delivered Reduction in number of patients 'R' coded at 1st/2nd		01/01/18	30/04/18	J Cotterell	J Odum/ K Stringer				
	2	Educational Package for SJRs to be developed for Medical and Nursing teams	Educational Package developed and delivered		01/01/18	01/12/18	S Hutchinson	J Odum				
	3	Monitor and disseminate learning of SUIs through Governance structure	Evidence of improvements in care across pathways at quarterly Directorate/Divisional reviews		01/01/18	ongoing	Divisional leads/Execs	J Odum/ AM Cannaby				
	4	Review content of and attendance at leadership training for staff including medical staff	Programme of leadership training, completion expectations	Leadership training package has been launched by education department, (particularly for all Cons). Included in Cons induction package	01/03/19	ongoing	B McKaig	J Odum				
A6	**Workforce**											
	1	Implement Medical Examiner model	ME recruitment and training 5 day ME rota (recruit and commence)		01/07/18	01/12/18	A Viswanath	J Odum				
	2	Safe nurse staffing levels at ward and team level	Staffing reviews bi-annually by Board providing transparent reporting		01/01/18	ongoing	AM Cannaby	AM Cannaby				
	3	Monitor vacancy rates and implement Trust recruitment strategy	Report progress on monthly basis to Governance structure as per the NSF plan		01/06/18	01/03/19	AM Cannaby	AM Cannaby				
	4	Ensure safe medical staffing levels and adherence to 7 day standards. Reduce Agency usage.	All patients seen daily by a consultant within 14 hours of admission and daily as standard	14hrs standard is compliant. Daily review is at 86%.	01/01/18	ongoing	J Odum / Dev Singh	J Odum				
	5	Further expand deteriorating patient 'out reach team'	Business case 10th October recruitment Nov - Jan expansion of service Feb 2019		10/10/18	31/03/2019 8	Divisional leads	J Odum/ AM Cannaby				
	6	Recruit senior nurses to sepsis programme	Nurses commence Jan 2019 and improvement programme devised with measurable actions December 2018		01/09/18	31/01/19	Sepsis lead/V Whatley	J Odum/ AM Cannaby				
	7	Palliative Care team business case and implementation plan	Business case 20th October recruitment Nov - Jan expansion of service Feb 2019		10/10/18	31/03/2019	Divisional leads	AM Cannaby				
A7	**Communication Plan**											
	1	Trust Board mortality briefings monthly to include status of top 5 diagnostic groups	Minutes of Trust Board		01/07/18	monthly	J Odum	J Odum				
	2	Senior Managers' Briefing	Update of actions monthly	Review of comms plan, website available, Video in development	01/09/18	monthly	J Odum	J Odum				
	3	Trust Newsletter	Quarterly Newsletter update	Review of comms plan, Website available, Video in development	30/11/18	quarterly	S Evans	A Duffell				