The Royal Wolverhampton
NHS Trust

Mortality Update Report April 2018

Agenda Item No: 7.2

Safe & Effective | Kind & Caring | Exceeding Expectation

The Royal Wolverhampton NHS
NHS Trust

Trust Board Report

Meeting Date:	30 April 2018
Title:	Mortality Update Report
Executive Summary:	The paper presents the Trust's most recent mortality statistics analysis showing the outlier position for the SHMI indicator. As previously reported the decrease in number of ordinary admissions contributes to a low expected mortality for the Trust when compared to England's expected mortality. An update on the learning from deaths guidance implementation is provided alongside the update on the action plan to address the higher than expected SHMI and provide assurance in relation to clinical care. The actions related to data quality and clinical aspects have been implemented as scheduled and criteria for monitoring impact of actions are monitored.
Action Requested:	Receive and note
For the attention of the Board	The higher than expected SHMI is linked to the decrease in number of ordinary admissions. A slight increase in actual deaths was observed in 2017-18 however that needs to be assessed in the national context once England's data are available.
Assure	The Board was reassured through previous analysis that the data driven increased SHMI is not an indicator of higher mortality or quality of care. The work undertaken internally and externally identified no systemic failures in care. The actions put in place are meant to provide learning and improvement opportunities for clinicians whilst at the same time addressing improvements in administrative data.
Advise	The raised SMRs can impact on the Trust's reputation where these indicators are poorly understood and mistakenly associated with excess mortality. Whilst steps are taken to record and code as accurately as possible our internal data, the reduced denominator for certain categories of admissions means that the improvements in SHMI might not show immediately.
Alert	
Author + Contact Details:	CCI Analyst Tel 01902 695948
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 1.18 and classed as higher than expected for October 2016 – September 2017.

The differences in data trends are increasing when comparing RWT's and England's data. The number of discharges included in the SHMI calculations continued to decrease for RWT (tables 1 and 2) whilst for England the number is higher, increasing at each reporting period. The expected mortality is lower than the national for RWT, which doesn't reflect accurately the population treated at the Trust. The number of deaths occurring in hospital for the 2017-18 financial year is higher than in previous years which affects the standardised mortality rates due to the decreased denominator and resulting lower expected mortality.

As previously shown, the expected mortality for RWT has moved in the opposite direction to that of the acute Trusts in England (figure 3). The likely explanation for this is the variation in data particularly at primary diagnosis on admission level.

Table 1: RWT and England SHMI data by financial year, including the latest 2 publications

Reporting period	SHMI RWT	RWT Crude death %	RWT Expected death %	England Crude death %	RWT No. discharges included in SHMI	RWT No. deaths SHMI	RWT No expected deaths SHMI	England no. discharges included in SHMI	England no. observed/ expected deaths
Apr14-Mar15	99	3.6%	3.6%	3.3%	66,813	2,372	2,394	8,732,830	286,629
Apr15-Mar16	106	3.6%	3.4%	3.2%	69,540	2,528	2,384	8,825,694	282,723
Apr16-Mar17	115	3.7%	3.2%	3.3%	69,524	2,572	2,235	8,908,215	293,623
Jul16-Jun17	116	3.7%	3.2%	3.3%	68,784	2,566	2,204	8,915,877	292,307
Oct16-Sep17	118	3.8%	3.2%	3.3%	68,636	2,599	2,194	8,933,241	292,595

Note: Red SHMI figure is higher than expected; SHMI figures include deaths occurring up to 30 days post discharge from hospital.

Figure 1: RWT data included in SHMI calculations

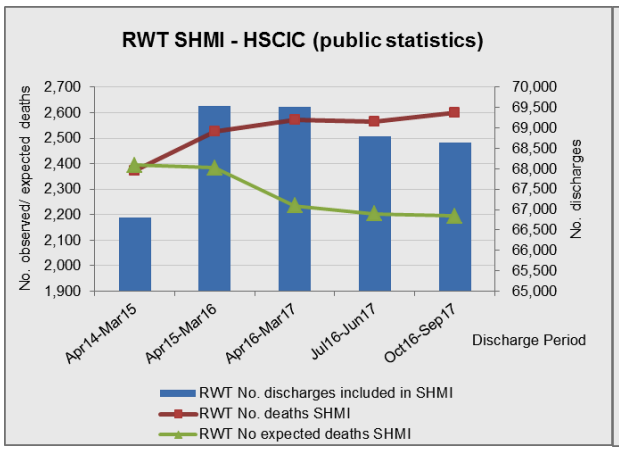

Figure 2: England data included in SHMI calculations

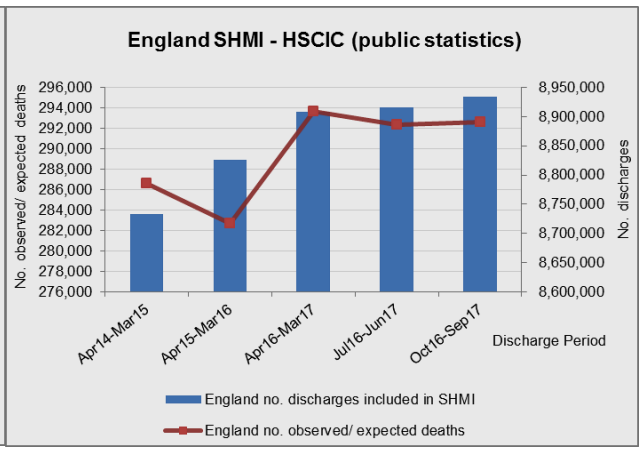

Figure 3: Expected mortality trends, RWT and England

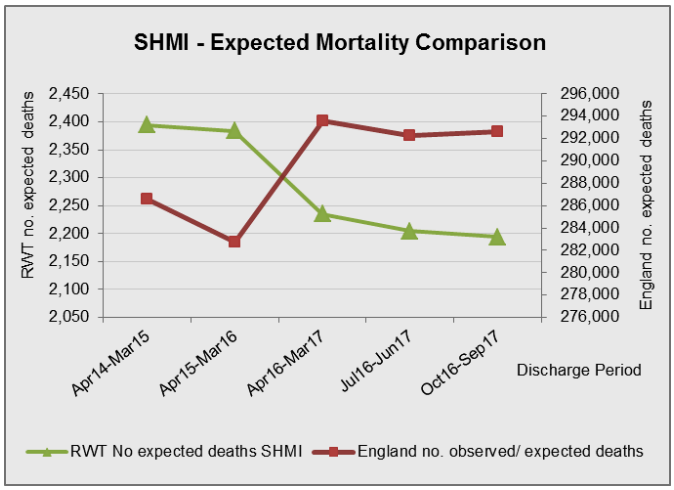

Table 2: RWT inpatient data

	All discharges*			Ordinary discharges*		
	2015/16	2016/17	2017/18	2015/16	2016/17	2017/18
Deaths	1907	1899	2035	1900	1897	2031
Discharges	161582	161418	142946	71917	69504	68231
Crude death %	1.18%	1.18%	1.42%	2.64%	2.73%	2.98%
*still births excluded.						

(all discharges include all elective and non-elective activity; SHMI data include only the ordinary discharges; these are the unplanned discharges, excluding day cases and regular attenders).

Looking at the internal data (table 2), which provides an updated picture of the full 2017-18 financial year, it is anticipated that the SHMI will continue to increase for this period. The number of ordinary discharges is the lowest from 2014-15 and an increase in number of deaths was observed. Once national data for the last quarter of 2017-18 is available we can look at whether the number of deaths has increased significantly across England.

2. Update on the National Guidance on Learning from deaths

For the period April 2017 – January 2018 there were 1651 adult inpatient deaths at the Trust. Of these 67.4% had an initial mortality review recorded by the end of January 2018 and 46.7% had a review using the SJR methodology, which was introduced in August 2017.

The SJR reviews show the following scores for overall care:

Rating of overall care	No. cases	% Cases
2 - poor care	24	3%
3 - adequate care	341	44%
4 - good care	324	42%
5 - excellent care	82	11%
Grand Total	771	

The SJR training has been delivered successfully; there is a group of trained reviewers, medical and non-medical who is now undertaking stage 2 reviews for the cases identified in accordance with the policy. Additional work is underway to ensure all directorate Mortality Leads are trained in using the SJR methodology with additional training sessions expected to be completed by the end of April 2018. The outcomes will be published on a quarterly basis in the IQPR report, with the first results expected to be available at the end of quarter 1 of 2018-19.

The LeDer program hasn't been established yet. The stage 2 reviews that have a LD component will be scrutinised through this process once implemented.

The case for the early implementation of the Medical Examiner (ME) role is progressing in terms of business case and development of job description. Work is underway to identify training needs for the role. We have been liaising with other Trusts who have already adopted the ME model to gain insight on their progress and the processes they followed. The ME will undertake the initial mortality reviews and will escalate cases to stage 2 reviews where appropriate. The ME will also liaise with deceased patients' families and/ or their carers.

Update on the action plan to address the raised SMRs

Changes were made to medical documentation to improve the clarity of recorded primary diagnoses and comorbidities on admission to hospital, thus aiding richer coding.

The action to reduce the very short, multiple episodes of care on admission to AMU was fully implemented in April 2018. This is expected to have a positive impact on the standardised mortality data by aiding a richer documentation and coding for the admission to hospital episode.

The Clinical Coding Department is promoting education regarding coding rules and the importance of clear and comprehensive clinical documentation to medical staff.

The actions agreed following internal and external clinical audits were implemented and a re-audit is planned for June 2018 to monitor progress and effectiveness of the actions.