

Medical Director's Report

Mortality Update

Overall HSMR (Hospital Standardised Mortality Ratio) for the Trust remains in the 'as expected' range at 100.6 for the last 12 months and 100.6 for the current financial year (April 2017-January 2018). The figure for Royal Bournemouth Hospital (excluding Christchurch Hospital and the Macmillan Unit) is 92.4 and is in the 'better than expected' range. MSG has noted a downward trend in co-morbidity coding (Charleston Index) which is currently 89% of the national index and this may have impacted adjusted mortality ratios for this year.

Crude death rate has steadily declined from 1.97% for December to 1.6% in January, 1.52% in February and 1.45 % in April 2018. These trends for January to April are comparable to January to April 2016/17. The national picture which allows comparison will be clearer in a few months once rebasing is done for the winter months. Deaths within 36 hours surged in December but have declined since then. As the peak in deaths appear to be related to respiratory illness associated with flu this may reflect that the high acuity associated with flu admissions has declined (Annex A).

Learning from Deaths

Mortality Report for Board: May 2018

Reviews are deemed completed if either the review or mortality chair review date has been completed, or the review has been marked as complete.

Data as at 09/05/2018

Month	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18
Deaths in Month	113	107	130	134	155	136	175	168	146	152	141
eMortality Reviews Completed in Month	134	118	35	90	54	24	25	75	107	177	55
Category of Death by Month Review Completed											
Grade 0	124	108	30	79	48	20	23	63	103	173	50
Grade 1	9	9	5	8	4	4	2	10	4	4	5
Grade 2	1	1	0	3	2	0	0	2	0	0	0
Grade 3	0	0	0	0	0	0	0	0	0	0	0
Learning Disability Deaths in Month	0	0	1	2	0	0	0	1	0	0	3
Learning Disability Deaths Reviewed	0	0	1	2	0	0	0	1	0	0	0

There have been 3 deaths reported in individuals with learning difficulties (LD) in April 2018. All three deaths have been forwarded to national LeDER programme for the review. One death occurred under respiratory consultant care and there were two deaths from metastatic cancers in the Macmillan Unit. The consultants responsible for care have been requested to conduct a prompt internal review. The Trust has received no feedback from any LD deaths reported to the LeDER system to date.

As per our mortality review protocol all deaths graded as 2 or 3 are subject to a root cause analysis (RCA) type investigation outside our normal e-mortality process. No deaths were graded as 2/3 following e-mortality review in February/March/April 2018.

Action Plan from the Mortality Surveillance / Reviews

Upward trends in sepsis/ pneumonia mortality

Mortality Surveillance Group (MSG) noted higher mortality from 'Sepsis and Pneumonia' in December 2017 onwards this year. Sepsis lead, Dr David Martin, conducted a fast-track mortality review of 15 random deaths in this group. MSG had noted outcomes from 'deteriorating patient QI project' and agreed the following action plans with the aim of improving outcomes in this group:

- Pneumonia pathway walk
- Review of deaths within 36 hours of admission
- Impact analysis from the deteriorating patient QI project to inform operational measures for the next winter.

Upward trends in stroke mortality/Annual review of high risk conditions

MSG monitors mortality in the nationally mandated high risk conditions. An upward trend was noted for this category although still within the expected range. Dr K Thavanesan, stroke mortality chair, conducted a mortality review to identify obvious contributors to this trend. 30 sets of case notes were reviewed for stroke specific clinical care, communication and end of life care. The review graded 4 deaths as grade 1 and rest as 0. No deaths were avoidable and the palliative care team was appropriately involved in end of life care.

Action plan: MSG is in process of disseminating learning from grade 1 mortalities with the recommendation that this is built in to the QARC (Quality and Risk Committee) top 10 in addition to the mortality newsletter. Issues discussed included:

- Management and investigation of the MRFD (Medically Ready for Discharge) patient
- Adherence to clinical pathways for anti-platelet treatment
- Thrombolysis should not be delayed pending a potential decision for thrombectomy

Dr Foster alert: 'Repair of thoracic or unspecified aortic aneurysm'

This is a procedural Cusum alert caused by 3/10 deaths compared to a nationally expected figure of 1/10. Dr John Oakes, vascular surgery mortality chair, conducted a thorough review of clinical care (pre-operative and post-operative), communication, coroner's rulings, where applicable, death certification and coding. All three deaths were coded as grade 0 and no obvious deficiencies in clinical care or delays in pathways were identified.

Action plan: MSG to review coding. Identification of non-matching codes from surgical entries in theatre and final coding from coders.

Annexe A

Data Review (Appendix C) - Mortality Surveillance Group

