| | |
|---|---|
| **Report Title** | **Mortality Report: Learning from deaths Qtr 3 2019/20** |
| **Author** | Prof. Alastair Hutchison, Medical Director |
| **Responsible Executive** | Prof. Alastair Hutchison, Medical Director |

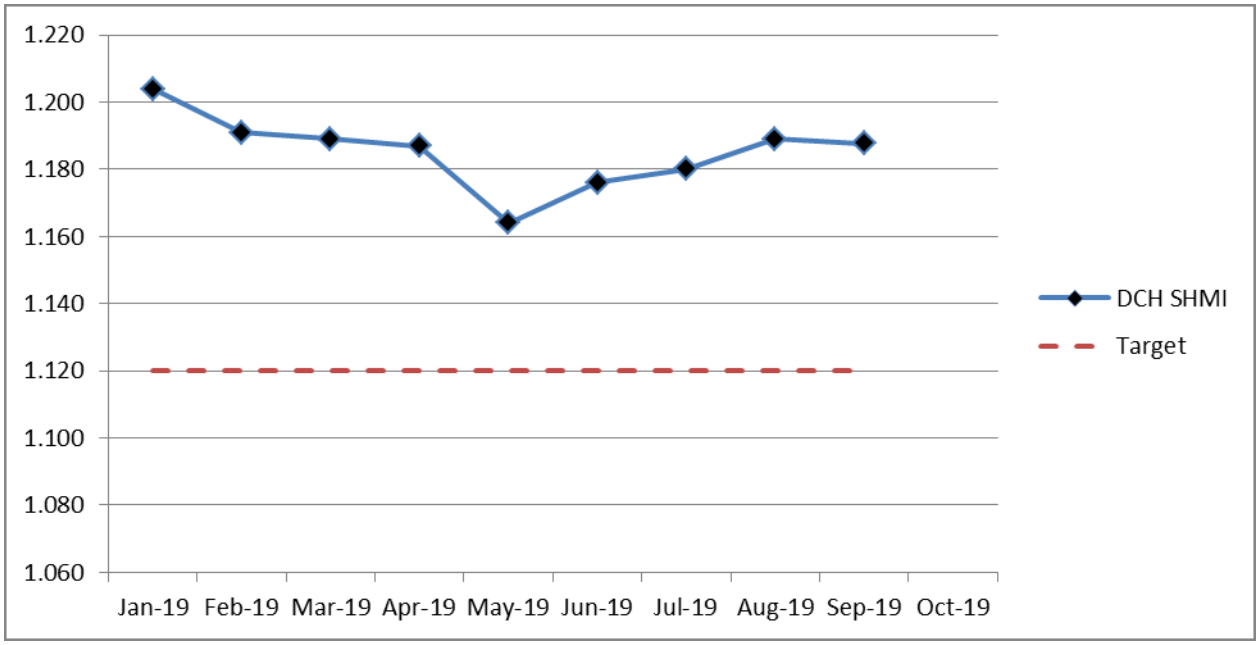
## MORTALITY DATA AND STATISTICS

**1.1** Data Summary

These indicators are provided by DrFoster for a rolling 12 month period, and usually 4 months in arrears. In summary:

- The HSMR remains statistically significantly higher than expected, at 117.1 with no clear trend apparent over the past 12 months.
- Compared to peers, the Trust is one of four with a statistically significantly higher than expected HSMR
- The SHMI for the rolling years to June, July and August 2019 remains statistically significantly higher than expected, with a slight decrease for the rolling year to September 2019. Changes within the coding department came into effect in the month of October 2019.

**1.2** Summary Hospital-level Mortality Indicator (SHMI)



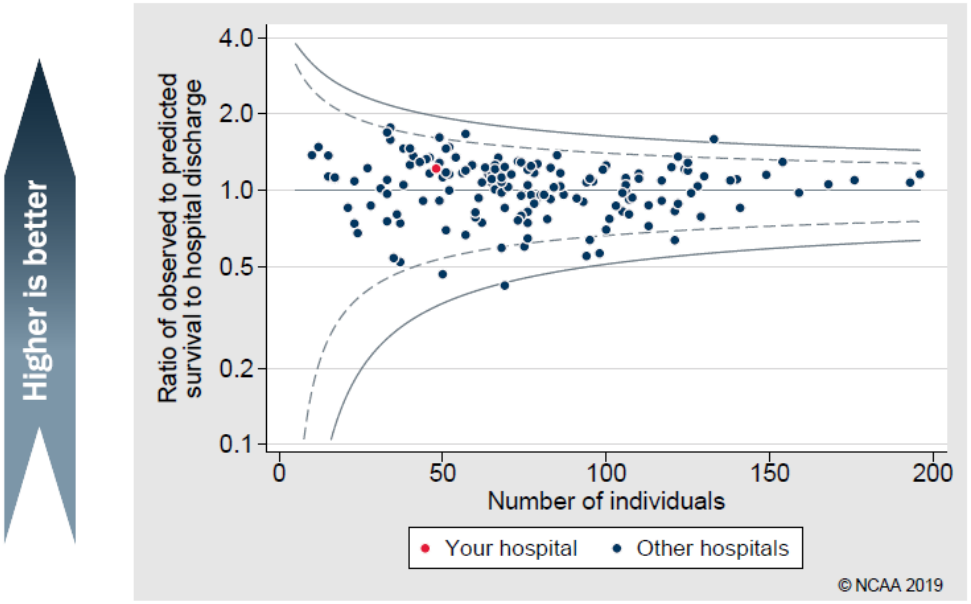

The target range for SHMI is shown above at around 1.12, but this varies according to overall national performance.

## 2.0 OTHER INDICATORS OF CARE

With SHMI and HSMR both higher than expected, the DCH Hospital Mortality Group regularly examines other data which might relate to standards of care. The following sections report data available from various national bodies who report on individual Trusts' performance. For other metrics of care including complaints responses, sepsis data (on screening and 1 hour for antibiotic administration), AKI, VTE, patient deterioration and DNACPR data, please see the Quality Report presented on a monthly basis to Quality Committee by the Director of Nursing.

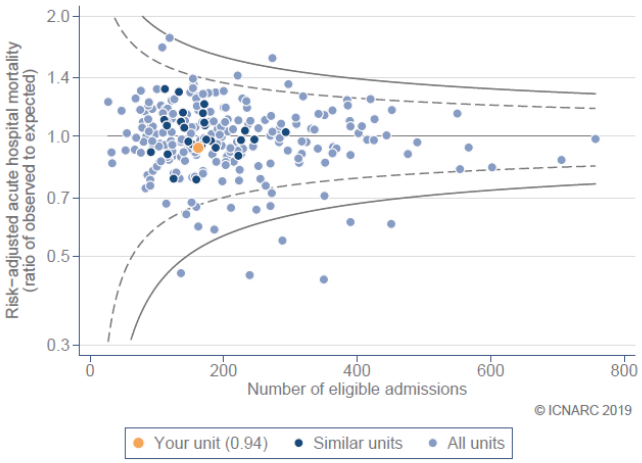
**2.1** NCAA Cardiac Arrest data published June 2019

## Funnel plot of observed to predicted survival to hospital discharge




**2.2** ICNARC Intensive Care survival data published 8/10/2019

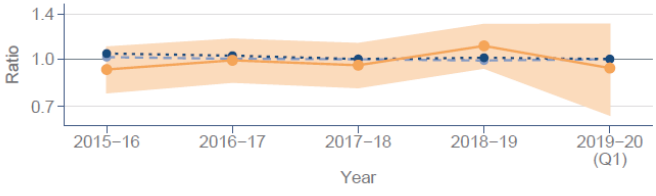
## Risk-adjusted acute hospital mortality




| | Eligible | Numerator | Denominator | Result | |
|---|---|---|---|---|---|
| Quarter 1 [N=177] | 162 | 27 | 28.9 | 0.94 | |
| Quarter 2 | | | | | |
| Quarter 3 | | | | | |
| Quarter 4 | | | | | |
| Year to date [N=177] | 162 | 27 | 28.9 | 0.94 (0.66, 1.30) | |

**Definition**

- Eligible: All critical care unit admissions, excluding readmissions, patients dead on admission and those admitted to facilitate organ donation
- Numerator: Observed number of eligible admissions that died before ultimate discharge from acute hospital
- Denominator: Expected number of acute hospital deaths among eligible admissions from the ICNARC$_{H-2018}$ model

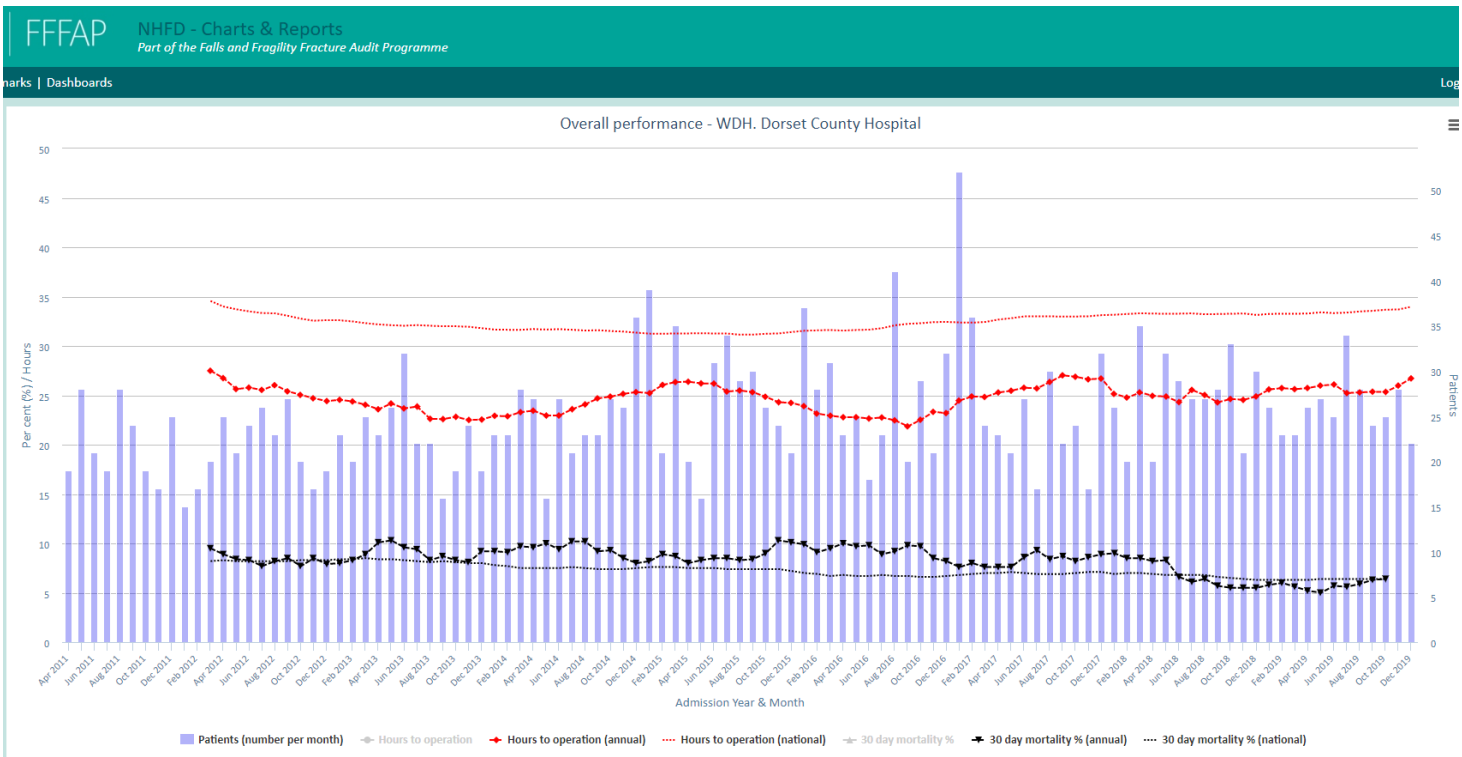



© ICNARC 2019

**2.4** Pneumonia mortality data published November 2019

| Results Summary | | Dorset County Hospital | National results |
|---|---|---|---|
| **Patient Characteristics and Diagnosis** | | **n = 88** | **n = 10174** |
| Gender | Male<br>Female | 43%<br>57% | 48%<br>52% |
| Age | Median (IQR) | 78 (61-84) | 75 (61-85) |
| Cohort Severity (CURB65 score) | 0-1<br>2<br>3-5 | 42%<br>31%<br>27% | 47%<br>29%<br>24% |
| Inpatient mortality | Proportion deceased | 7% | 10% |
| Length of stay (discharged patients) | Median in days | 3 | 5 |
| Critical care admission | Yes - proportion | 2% | 5% |
| Readmission | Yes - proportion | 8% | 13% |

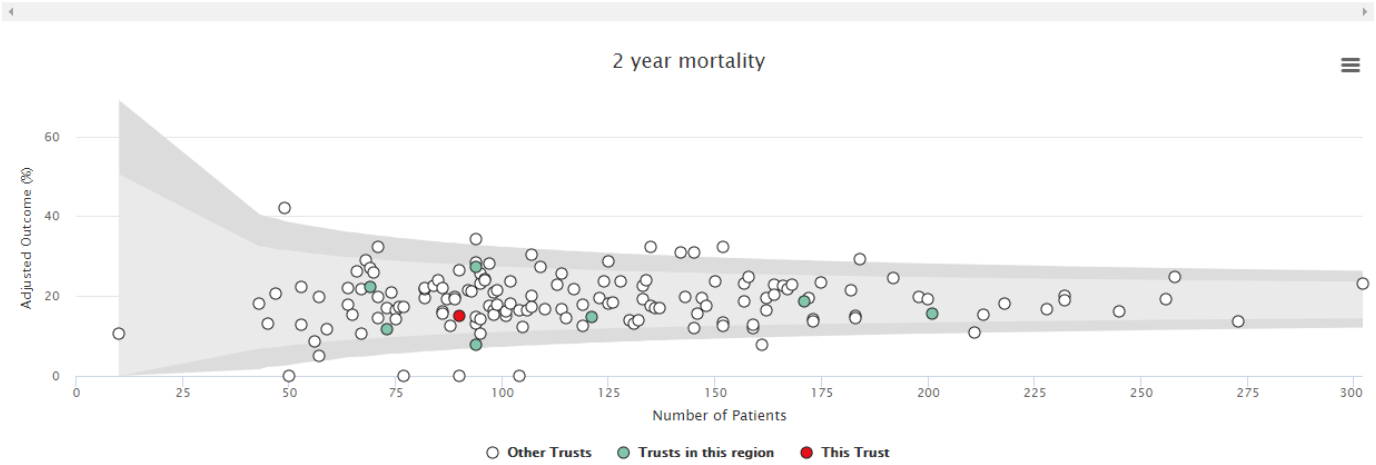
**2.5** National Hip Fracture database to December 2019




Time from admission to operation remains significantly better than the national average, with 30 day mortality equal to the national average of 6.4%.

**2.6** National Bowel Cancer Annual audit

No new data this year - graph below shows latest available data for 2017/18 – 2 year survival compared to all other NHS Trusts.




| Trust | Number | Adjusted | Observed |
|---|---|---|---|
| Dorset County Hospital NHS Foundation Trust | 90 | 15.1% | 15.6% |

**2.8** Getting it Right First-Time reviews in Q3

GIRFT reviews undertaken at DCH during this quarter are as follows;

4th November – **Breast Surgery**
Good points highlighted:

- Trust service highly recommended
- High day case rates for excisions. Impressive for older population

Improvements – Oncoplastic MDT

- Improving timely access to immediate free flap services
- Consideration of more oncoplastic WLE to extend role of breast conservation
- Review and reduce implant removal rates at 1 year

22nd November - **Anaesthetics and POM**
Good points highlighted:

- High rates of Day case surgery / Readmissions below national average
- Elective inpatient pathway
  - diabetes LOS below national average.
  - Robust anaemia pathways
- Emergency surgery
  - Trust green for all NELA measures aside from care of the elderly

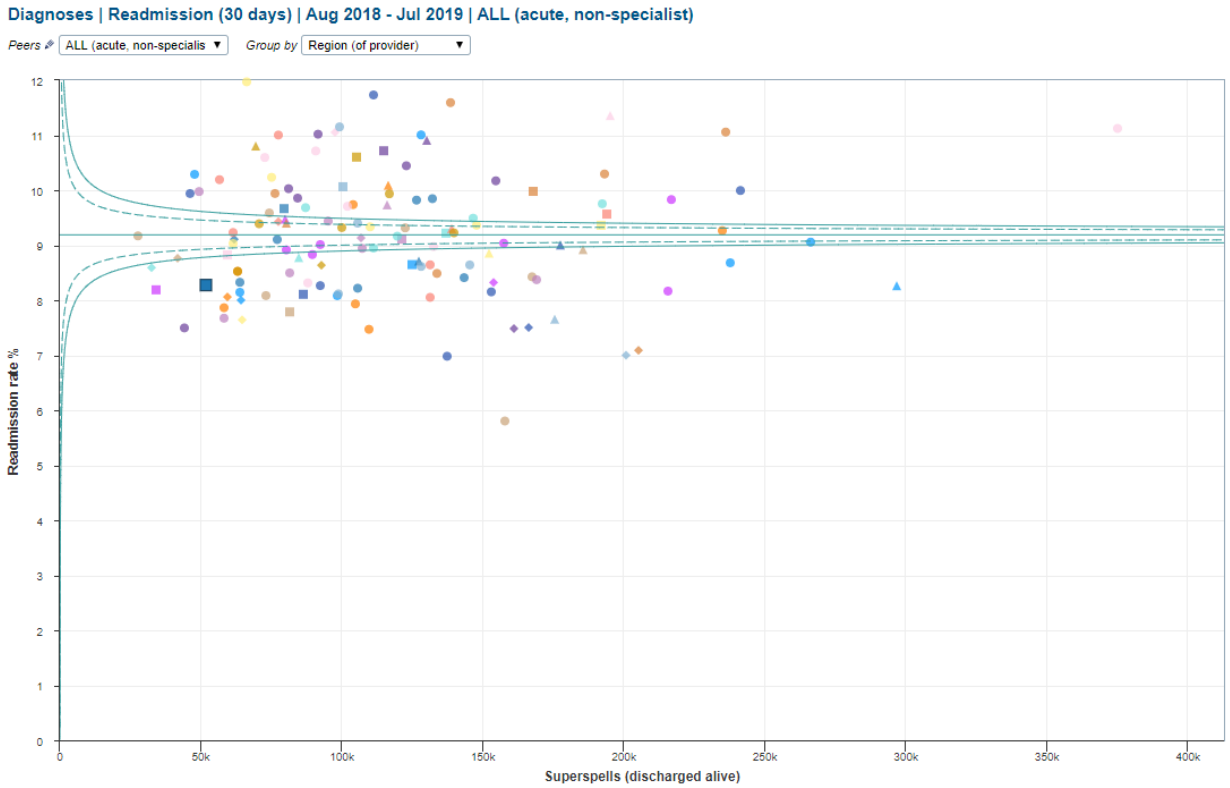
Improvements:

- ENT, Urology and some Orthopaedic have low day surgery rates

- Coding
- Participation in PQIP

Full reports from GIRFT visits will be available, but feedback from each review has been very positive. Action plans have been developed and are being worked through at present.

**2.7** Readmission to hospital within 30 days – lower is better

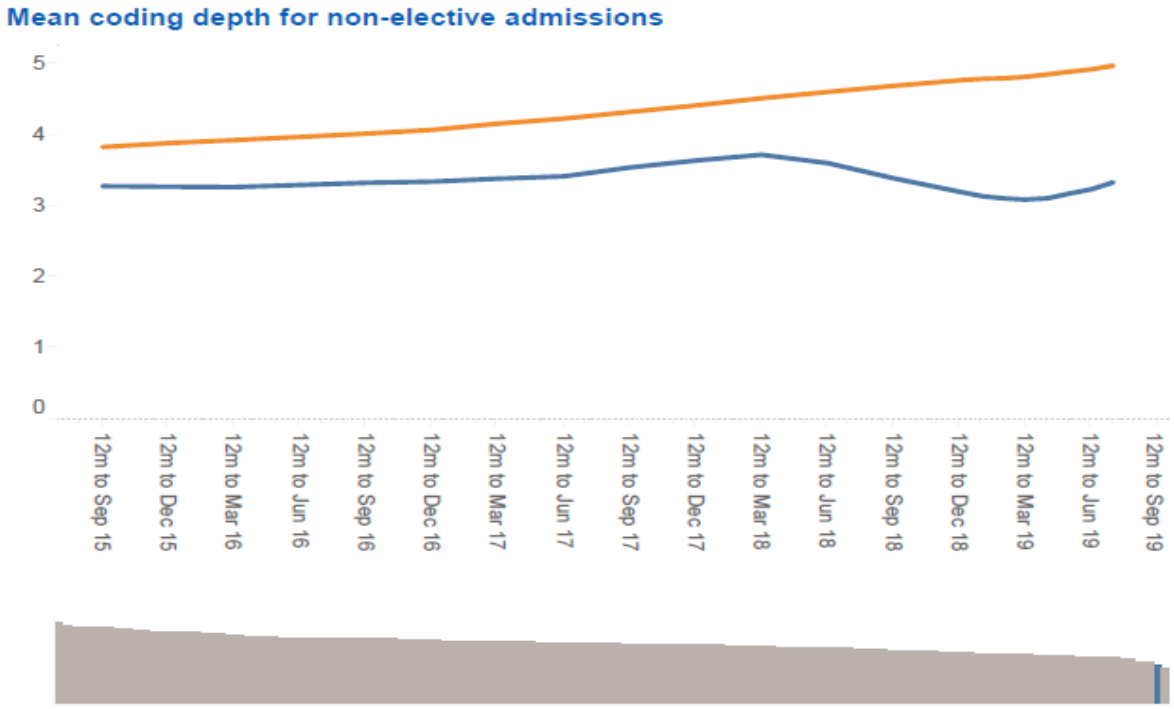



**2.8** Dr Foster Safety Dashboard

| Indicator | Volume | Observed | Expected | Obs rate/k | Exp rate/k | Relative risk | Compare |
|---|---|---|---|---|---|---|---|
| Accidental puncture or laceration | 40559 | 72 | 62.7 | 1.8 | 1.5 | 114.8 | |
| Deaths after surgery | 232 | 21 | 14.8 | 90.5 | 63.6 | 142.2 | |
| Deaths in low-risk diagnosis groups | 21445 | 16 | 9.8 | 0.7 | 0.5 | 163.6 | |
| Decubitus ulcer | 4833 | 194 | 258.7 | 40.1 | 53.5 | 75.0 | |
| Infections associated with central line | 7819 | 0 | 0.5 | 0 | 0.1 | 0.0 | |
| Obstetric trauma - caesarean delivery | 398 | 4 | 1.7 | 10.1 | 4.2 | 237.8 | |
| Obstetric trauma - vaginal delivery with instrument | 138 | 9 | 9.2 | 65.2 | 66.9 | 97.4 | |
| Obstetric trauma - vaginal delivery without instrument | 828 | 25 | 23.7 | 30.2 | 28.6 | 105.6 | |
| Postoperative haemorrhage or haematoma | 16141 | 8 | 5.9 | 0.5 | 0.4 | 135.8 | |
| Postoperative hip fracture | 21111 | 2 | 1.2 | 0.1 | 0.1 | 160.6 | |
| Postoperative physiologic and metabolic derangement | 14070 | 1 | 1.9 | 0.1 | 0.1 | 52.6 | |
| Postoperative pulmonary embolism or deep vein thrombosis | 16272 | 33 | 36.4 | 2.0 | 2.2 | 90.8 | |
| Postoperative respiratory failure | 13019 | 6 | 10.3 | 0.5 | 0.8 | 58.2 | |
| Postoperative sepsis | 294 | 1 | 3.9 | 3.4 | 13.3 | 25.5 | |
| Postoperative wound dehiscence | 435 | 0 | 0.3 | 0 | 0.8 | 0.0 | |

The Dr Foster safety dashboard compares DCH with other England and Wales Trusts for a variety of complications that might occur during their in-patient stay. In each case the confidence intervals include the national mean (i.e. no difference from national average), with the exception of decubitus (pressure) ulcer where DCH has a statistically significantly lower incidence than other Trusts.

## 3.0 CODING




The graphs above compare mean coding depth for non-elective (emergency) admissions with all other Trusts in England and Wales for the rolling years up to September 2019. DCH (blue line) has the lowest depth of coding bar two other Trusts, suggesting that coding is incomplete and this may contribute to a low 'expected death rate'.

## 4.0 LEARNING FROM DEATHS

**4.1** Structured Judgement Reviews

SJRs are undertaken in accordance with the Trust's Learning from Deaths Policy, which is currently being rewritten. Each Division is responsible for monitoring its SJR processes and reporting to the Hospital mortality Group on a quarterly basis. Processes within the Family Services and Surgical Division were historically more robust and mature than those within the Urgent and Integrated Care Division, but in Q3 UICD has cleared the backlog built up in previous quarters with a revised system.

During quarter 3:

Total number of in-patient deaths = 184

Number of SJRs requested = 68 (37% of all deaths)

SJRs completed 31/12/2019 = 29 (43% of requested)

Number resulting in score ≤2 = 2 (1.1% of all deaths)

**4.2** Points highlighted from completed SJRs – Q3:

Excellent care was noted in several SJRs including rapid CT scan after admission, rapid consultant surgical and ICU review, quality of medical clerking, prompt neurosurgical review, 'Sepsis 6' completed within 30 minutes of admission, clear and timely family discussion, largely consultant delivered care.

Suboptimal care was also noted in a smaller number of SJRs including failure to promptly recognise significance of elevated serum lactate in two cases, femoral fracture not reviewed by Elderly Care, patient not seen by anyone more senior than CT1 ICU, probable missed opportunity for palliative care, nutritional status inadequately assessed.

**4.3** Actions taken

The issues listed above are communicated across the Trust via a newsletter, and cases of suboptimal care are reviewed in detail at departmental Morbidity & Mortality meetings.

**4.4** Learning Disability Deaths

The following table summarises the activity of the Dorset LeDer programme, at the end of Q3 2019/20, for primary care and secondary care patients across Dorset. All data is cumulative and the report does not define which Trust looked after individual patients.

| | **2017/18** | | | **2018/19** | | | | **2019/20** | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** |
| Total notifications | 41 | 49 | 56 | 73 | 75 | 81 | 83 | 95 | 105 | 116 |
| Completed reviews | 5 | 7 | 9 | 15 | 16 | 23 | 36 | 49 | 51* | 53* |
| Reviews awaiting sign off by Assurance panel | 2 | 0 | 0 | 0 | 0 | 0 | 3 | 2 | 5** | 4** |

*This includes those reviews undertaken by NHS England as part of the initial 'backlog' ('Backlog 1') and have all been approved by the LeDeR Bristol team.

**These four reviews were submitted to the July, August, September and November Assurance Panels and are awaiting actions to be completed by the Reviewers prior to closure.

**4.5** Neonatal and Maternal Deaths

There were no maternal deaths reported in Q3, but one intrauterine death close to term. The Clinical Negligence Scheme for Trusts requires that cases and actions are reviewed using the Perinatal Mortality Review Tool (PMRT) and reported to the Trust Board quarterly. The PMRT enables a comprehensive and standardised review of all perinatal deaths from 22+0 gestations

(excluding terminations) to 28 days after birth; as well as babies who die after 28 days following neonatal care.

**4.6** Working with Families

The End of Life team have co-designed improved information leaflets to bereaved families. All bereaved relatives now have the opportunity to discuss their relative's death with a Medical Examiner.

## 5.0 QUALITY IMPROVEMENT ARISING FROM SJRs

Quality improvement projects linked to learning from SJRs include the following initiatives:

1. Patient Flow programme
2. Sepsis strategy
3. End of Life strategy

No new QI projects have yet been initiated as a direct result of learning from SJRs.

## 6.0 MORBIDITY and MORTALITY MEETINGS

All departmental Clinical Leads have been asked to ensure that M&M meetings are taking place on a regular basis (depending on the number deaths within each department), using the Royal College of Surgeons M&M meeting Best Practice document as their template.

## 7.0 LEARNING FROM CORONER'S INQUESTS

DCH has been notified of 22 new Coroner's inquests being opened in the period 01.010.19 – 31.12.19. During Quarter 3, the Trust had 11 inquests listed from previous quarters to be heard. Of these 11, 8 were heard as documentary inquests, with staff having to attend to give evidence in the remaining 3. None has resulted in adverse criticism of standards of care and the Trust has not received any Regulation 28 letters.

**8.0 SUMMARY**

SHMI and HSMR remain higher than expected, with no clear trend towards deterioration or improvement over the recent 6 months  No other metrics of in-patient care suggest that excess mortality is occurring at DCH.

Nevertheless the Hospital Mortality Group remains vigilant and will continue to scrutinise and interrogate all available data to confirm or refute this statement on a month by month basis.  At the same time internal processes around the completion of SJRs and Learning from Deaths are being improved and this will be facilitated by the appointment of a new Family Services and Surgical Divisional Director – Mr Richard Sim - who takes up his post from 01/02/2020.

The Trust is currently undertaking a full review of its Quality Improvement processes, led by the Executive team.