



**Report Cover Sheet**

Report to:	Trust Board	
Date of the Meeting:	24 February 2021	
Agenda Item:	P1-035-21	
Title:	Mortality dashboard	
Report prepared by:	Helen Wong, Quality Manager (Audit & Statistics)	
Executive Lead:	Dr Sheena Khanduri, Medical Director	
Status of the Report:	Public	Private
	X	

Paper previously considered by:	Mortality Surveillance Group Quality Committee
Date & Decision:	08/12/2020/18 February 2021

Purpose of the Paper/Key Points for Discussion:	The mortality dashboard was approved by the Mortality Surveillance Group. The Board is asked to approve the mortality dashboard and summary report.
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Action Required:	Discuss	
	Approve	X
	For Information/Noting	

Next steps required	Publish on the Trust public website.
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*The paper links to the following strategic priorities (please tick)*

Deliver <b>outstanding care locally</b>	X	Collaborative system <b>leadership to deliver better patient care</b>	
<b>Retain and develop outstanding staff</b>		Be <b>enterprising</b>	
<b>Invest in research &amp; innovation to deliver excellent patient care in the future</b>		Maintain <b>excellent</b> quality, operational and financial <b>performance</b>	X

The paper relates to the following Board Assurance Framework (BAF) Risks

BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	X
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	
3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	X
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	X

### Equality & Diversity Impact Assessment

Equality & Diversity Impact Assessment		
Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		X
Disability		X
Gender		X
Race		X
Sexual Orientation		X
Gender Reassignment		X
Religion/Belief		X
Pregnancy and Maternity		X

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.

## Q1-Q2 2020/2021 Mortality Dashboard Executive Summary

### Background

The National Guidance on Learning from Deaths published in March 2017 requires Trusts to collect and publish specified information on inpatient deaths on a quarterly basis. This should be tabled via a paper to a public Board meeting including learning points of data.

The data should include the total number of the Trust's inpatient deaths i.e. those deaths that the Trust has subjected to case record review. Of these, Trusts will need to provide how many deaths were judged more likely than not to have been due to problems in care.

### Mortality Review Inclusion Criteria

Trust mortality review process started in June 2012. Patients who fit the following criteria are included:

- All inpatient deaths
- 30 day post chemotherapy or radiotherapy mortality (excluding spinal, bone metastases cases and those treated with one fraction of eight gray)
- 90 day post radical radiotherapy mortality
- 100 day or 1 year post bone marrow transplant mortality

All inpatient deaths are assessed using a Structured judgement review (SJR) proforma, which is an evidence-based methodology provided by the Royal College of Physicians.

### Case Review and Selection Process

Phase I - Responsible consultants independently review the care patients to highlight areas of concern

Phase II – An in-depth SJR is conducted for all inpatient deaths. A multidisciplinary review of cases that may have concerns or good practice to highlight are brought for discussion at the Trust mortality review meeting to enable lessons to be learned

Phase III – A multidisciplinary mortality review meeting is held to discuss those cases selected in Phase II, and re-score the SJR score if necessary.

#### SJR score

**Score 1:** definitely avoidable

**Score 2:** strong evidence of avoidability

**Score 3:** Probably avoidable (more than 50:50)

**Score 4:** Possibly avoidable but not very likely (less than 50:50)

**Score 5:** Slight evidence of avoidability

**Score 6:** definitely not avoidable

## Dashboard Interpretation

Data coverage: April 2020 – March 2021 for comparison to previous quarter

*\*Data was last updated in December 2020*

	Apr – Jun 20	July – Sept 20	Oct – Dec 20	Jan – Mar 21
<b>No. of inpatient death</b>	14	24		
<b>No. of outpatient death post treatment</b>	120	115		
<b>No. of cases requiring review</b>	108	117		
<b>No. of cases reviewed (Phase I)</b>	92(85%)	73(62%)		
<b>No. of cases for discussion (Phase III)</b>	27	4		

*\*Process takes a minimum of 3 months to complete*

- The face to face peer review process (phase II) has been interrupted by COVID-19 pandemic, a new process has been agreed, of which mortality cases are now randomly allocated to consultants for peer review. This had helped to share out workloads and speed up the process. The efficiency is continuously monitored and shared with the Site Reference Group Chairs.
- During Q1 & Q2 20/21, a total of 273 cases were in scope, 225 cases required a review (phase I), of which 112 (50%) cases has completed phase II process, leaving 113 cases were in process (50%).
- 31 (28%) cases were selected for discussion
- 0 case was scored less than 6 of avoidability
- 0 cases -required a LeDar (Learning Disability) submission
- 0 mortality cases was subject to a Child Death Overview Panel (CDOP) form (required for in scope patients <=18).

## SJR Score (avoidability score <6) case description

**No case to report**



Summary of total number of inpatient, 30 day SACT, 30 day RT, 90 day radical RT & BMT deaths Date Range for data April 20 - March 21

**Trust Mortality Programme**

Total Number of Deaths in Scope	
No.	
QTR 1	134
QTR 2	139
QTR 3	0
QTR 4	0
YTD	273

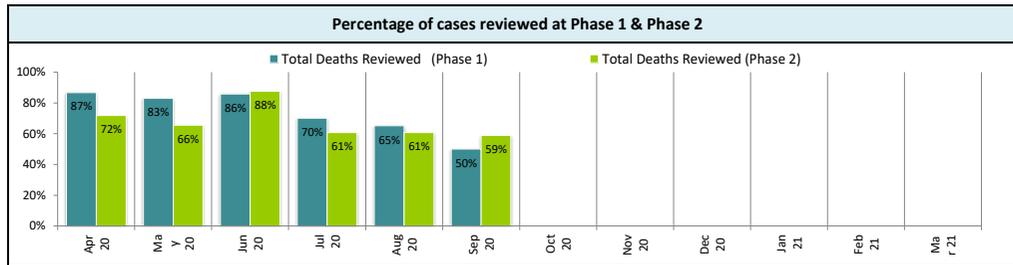
Total Deaths Requiring Phase 1 Review (excluding not applicable eg bone mets, MSCC)		
No.		
QTR 1		108
QTR 2		117
QTR 3		0
QTR 4		0
YTD		225

Total Deaths Reviewed (Phase 1)			
No.		%	
QTR 1	92	85%	
QTR 2	73	62%	
QTR 3	0	-	
QTR 4	0	-	
YTD	165	73%	

	Total Structured Judgement Reviews completed and avoidability scored against RCP Methodology (Conducted for inpatient deaths only)					
	Score 1 - Definitely avoidable	Score 2 - Strong evidence of avoidability	Score 3 - Probably avoidable (more than 50:50)	Score 4 - Probably avoidable but not very likely	Score 5 - Slight evidence of avoidability	Score 6 - Definitely not avoidable
QTR 1	0	0	0	0	0	24
QTR 2	0	0	0	0	0	4
QTR 3	0	0	0	0	0	0
QTR 4	0	0	0	0	0	0
YTD	0	0	0	0	0	28

Total Deaths Reviewed (Phase II)		
No.	%	
QTR 1	68	74%
QTR 2	44	60%
QTR 3	0	-
QTR 4	0	-
YTD	112	68%

Total Deaths Reviewed (Phase III)		
No.	%	
QTR 1	33	36%
QTR 2	23	32%
QTR 3	0	-
QTR 4	0	-
YTD	56	34%



**Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable: Learning Disabilities**

Total Number of Deaths in Scope	
No.	
QTR 1	0
QTR 2	0
QTR 3	0
QTR 4	0
YTD	0

LeDaR Submission Completed		
No.	%	
QTR 1	0	-
QTR 2	0	-
QTR 3	0	-
QTR 4	0	-
YTD	0	-

considered to have been potentially avoidable <=3	
No.	
QTR 1	0
QTR 2	0
QTR 3	0
QTR 4	0
YTD	0

**Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable: Children**

Total Number of Deaths in Scope	
No.	
QTR 1	0
QTR 2	0
QTR 3	0
QTR 4	0
YTD	0

CDOP Forms Completed		
No.	%	
QTR 1	0	-
QTR 2	0	-
QTR 3	0	-
QTR 4	0	-
YTD	0	-

considered to have been potentially avoidable <=3	
No.	
QTR 1	0
QTR 2	0
QTR 3	0
QTR 4	0
YTD	0