

## BOARD OF DIRECTORS MEETING

<b>Agenda Item</b>	<b>P1/214/17</b>	<b>Date: 1<sup>st</sup> November 2017</b>
<b>Subject /title</b>	<b>Mortality Report</b>	
<b>Author</b>	<b>Kate Greaves, Associate Director of Quality</b>	
<b>Responsible Director</b>	<b>Helen Porter, Director of Nursing and Quality</b>	
<b>Executive summary and key issues for discussion</b>		
<p>The Trusts Responding to and Learning From Deaths Policy states that in line with National Quality Board (NQB), Care Quality Commission and NHS Improvement requirements specified information on deaths will be collected (from April 2017) and published (from September 2017) on a quarterly basis through a paper and an agenda item on the public Board meeting.</p> <p>The data collected includes:</p> <ul style="list-style-type: none"> <li>• Total number of inpatient deaths</li> <li>• Number subject to case record review</li> <li>• Numbers investigated in the SUI framework</li> <li>• Number of deaths where it is thought 'more likely than not' that problems in care contributed</li> <li>• Themes and issues identified through review and investigation</li> <li>• Changes that have been made as a result of these processes</li> </ul> <p>The Trust has in place a Mortality Surveillance Group (MSG). This group has the following remit:</p> <ul style="list-style-type: none"> <li>• Strategic oversight of the mortality review structure, process and actions</li> <li>• Captures and respond to external and internal mortality trends</li> <li>• Ensures cross directorate learning from mortality reviews</li> <li>• Ensures the board and executive is informed of mortality outcomes and trends</li> <li>• Ensures the delivery of the mortality review process</li> </ul> <p>The group reports into the Quality and Safety Sub- Committee. The attached report contains anonymised data. An un-anonymised version is reported to the MSG.</p>		
<b>Strategic context and background papers (if relevant)</b>		
<p>Responding to and Learning From Deaths Policy National Guidance on Learning from Deaths (NQB)</p>		
<b>Recommended Resolution</b>		
<p>That the Trust Board notes the report and identifies any areas which it delegates the Quality Committee to receive further assurance from the MSG.</p>		

<b>Risk and assurance</b>																												
Provides assurance that the Trust has in place processes to learn from deaths.																												
<b>Link to CQC Regulations</b>																												
Regulation 12: Safe Care and Treatment																												
<b>Resource Implications</b>																												
None																												
<b>Key communication points (internal and external)</b>																												
<b>Freedom of Information Status</b>																												
<p>FOI exemptions must be applied to specific information within documents, rather than documents as a whole. Only if the redaction renders the rest of the document non-sensical should the document itself be redacted.</p> <p><b>Application Exemptions:</b></p> <ul style="list-style-type: none"> <li>• <b>Prejudice to effective conduct of public affairs</b></li> <li>• <b>Personal Information</b></li> <li>• <b>Info provided in confidence</b></li> <li>• <b>Commercial interests</b></li> <li>• <b>Info intended for future publication</b></li> </ul>	<p>Please tick the appropriate box below:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center; width: 40px;">X</td> <td><b>A. This document is for full publication</b></td> </tr> <tr> <td style="border: 1px solid black; width: 40px;"></td> <td><b>B. This document includes FOI exempt information</b></td> </tr> <tr> <td style="border: 1px solid black; width: 40px;"></td> <td><b>C. This whole document is exempt under FOI</b></td> </tr> </table> <p><b>IMPORTANT:</b></p> <p>If you have chosen B above, highlight the information that is to be redacted within the document, for subsequent removal.</p> <p>Confirm to the Trust Secretary, which applicable exemption(s) apply to the whole document or highlighted sections.</p>	X	<b>A. This document is for full publication</b>		<b>B. This document includes FOI exempt information</b>		<b>C. This whole document is exempt under FOI</b>																					
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<b>Equality &amp; Diversity impact assessment</b>																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Are there concerns that the policy/service could have an adverse impact because of:</th> <th style="width: 15%; text-align: center;">Yes</th> <th style="width: 15%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Age</td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>Disability</td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>Sex (gender)</td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>Race</td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>Sexual Orientation</td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>Gender reassignment</td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>Religion / Belief</td> <td></td> <td style="text-align: center;">X</td> </tr> <tr> <td>Pregnancy and maternity</td> <td></td> <td style="text-align: center;">x</td> </tr> </tbody> </table> <p>If YES to one or more of the above please add further detail and identify if full impact assessment is required.</p>		Are there concerns that the policy/service could have an adverse impact because of:	Yes	No	Age		X	Disability		X	Sex (gender)		X	Race		X	Sexual Orientation		X	Gender reassignment		X	Religion / Belief		X	Pregnancy and maternity		x
Are there concerns that the policy/service could have an adverse impact because of:	Yes	No																										
Age		X																										
Disability		X																										
Sex (gender)		X																										
Race		X																										
Sexual Orientation		X																										
Gender reassignment		X																										
Religion / Belief		X																										
Pregnancy and maternity		x																										
<b>Next steps</b>																												
<b>Appendices</b>																												

### Strategic Objectives supported by this report

Improving Quality	x	Maintaining financial sustainability	
Transforming how cancer care is provided across the Network		Continuous improvement and innovation	x
Research		Generating Intelligence	x

### Link to the NHS Constitution

Patients		Staff	
Access to health care		<i>Working environment</i> Flexible opportunities, healthy and safe working conditions, staff support	
Quality of care and environment	x	<i>Being heard:</i> <ul style="list-style-type: none"> <li>• Involved and represented</li> <li>• Able to raise grievances</li> <li>• Able to make suggestions</li> <li>• Able to raise concerns and complaints</li> </ul>	
Nationally approved treatments, drugs and programmes			
Respect, consent and confidentiality			
Informed choice		Fair pay and contracts, clear roles and responsibilities	
Involvement in your healthcare and in the NHS		Personal and professional development	
Complaint and redress		Treated fairly and equally	

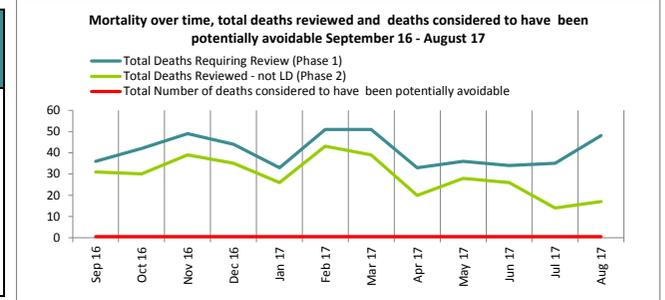


Summary of total number of inpatient, 30 day SACT, 30 day RT and 90 day radical RT deaths

Month: September 17

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable (does not include patients with identified learning disabilities)

Total Number of Deaths in Scope		Total Deaths Requiring Phase 1 Review (excluding not applicable eg bone mets, MSCC)		Total Number of deaths considered to have been potentially avoidable (RCP<=3)		Total Deaths Reviewed (Phase II)	
This Month	Last Month	This Month	Last Month	This Month	Last Month	This Month	Last Month
0	54	0	48	0	0.5	0	17

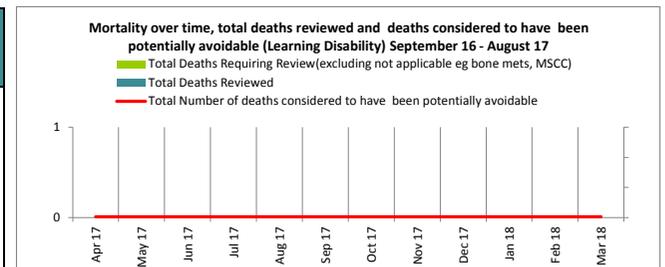


Total Deaths Reviewed by RCP Methodology Score

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	
This Month	QTD	This Month	QTD	This Month	QTD	This Month	QTD	This Month	QTD	This Month	QTD
0	0	0	0	0	0	0	0	0	2	0	23
0	0	0	0	0	0	0	0	3	3	0	32

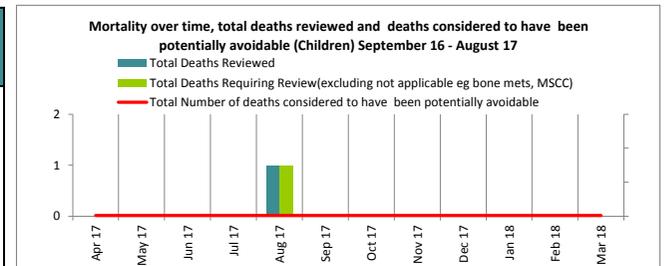
Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable: Learning Disabilities

Total Number of Deaths in Scope		Total Deaths Requiring Review(excluding not applicable eg bone mets, MSCC)		Total Number of deaths considered to have been potentially avoidable (RCP<=3)		Total Deaths Reviewed	
This Month	Last Month	This Month	Last Month	This Month	Last Month	This Month	Last Month
0	0	0	0	0	0.5	0	0

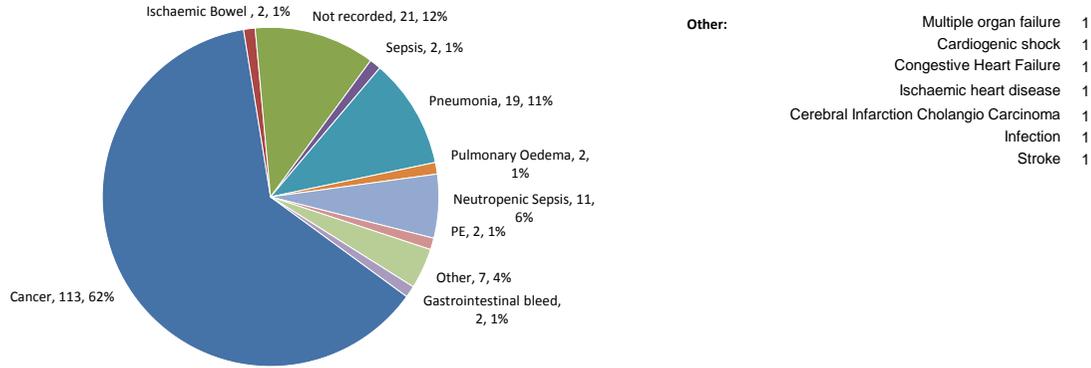


Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable: Children

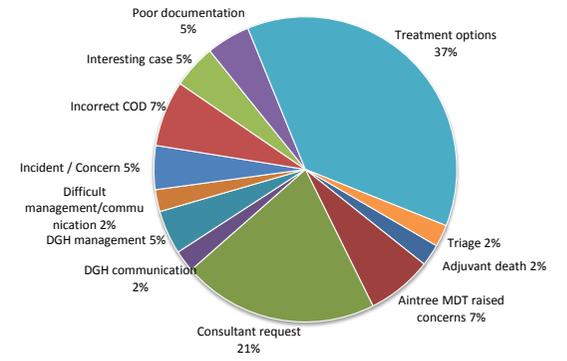
Total Number of Deaths in Scope		Total Deaths Requiring Review(excluding not applicable eg bone mets, MSCC)		Total Number of deaths considered to have been potentially avoidable (RCP<=3)		Total Deaths Reviewed	
This Month	Last Month	This Month	Last Month	This Month	Last Month	This Month	Last Month
0	1	0	1	0	0.5	0	1



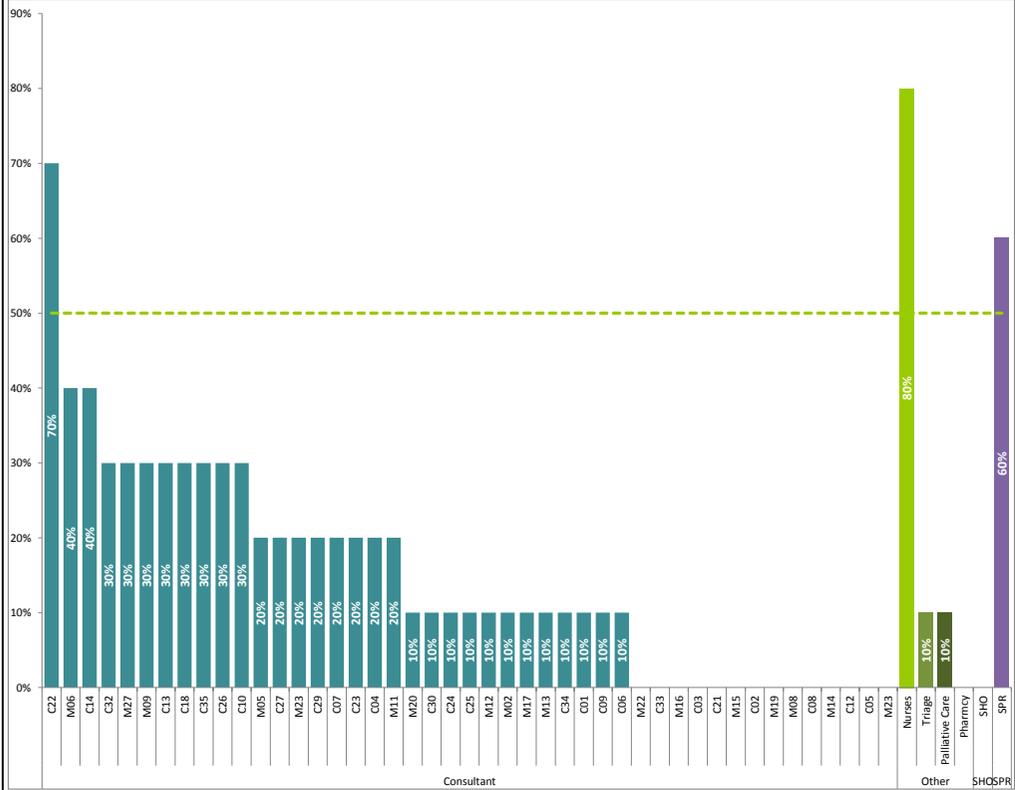
**Cause of Death 1a (SACT only) Proformas returned October 16 - September 17**



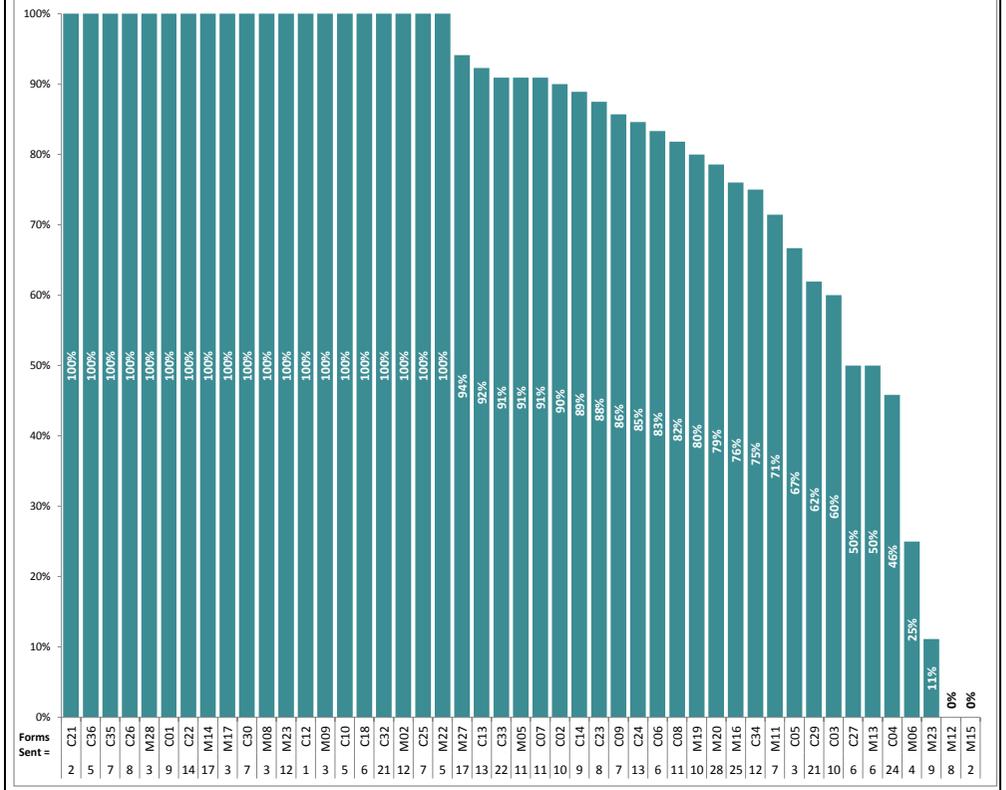
**Case Discussion Reasons October 2016 - September 2017**



**Consultant % of Meetings attended October 16 - September 17**



**% of MRM Proformas Returned October 16 - September 17**



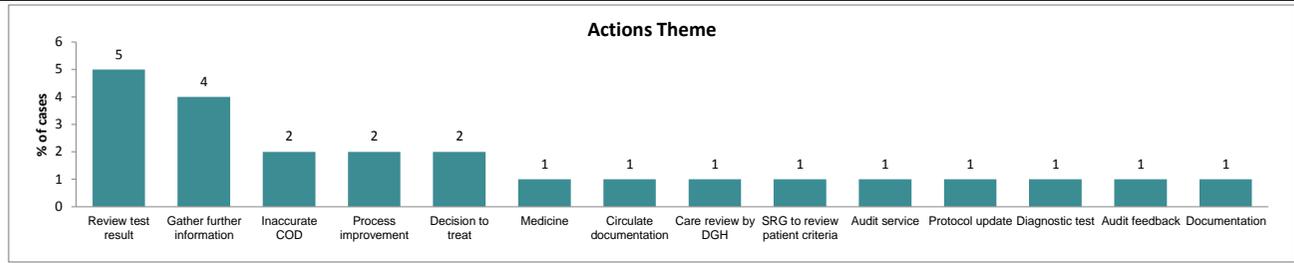
### Clinical Governance Support Team October 16 - September 17

SUI / External Review		Complaints/Claims	
Actual	Target	Actual	Target
1	0	1	0

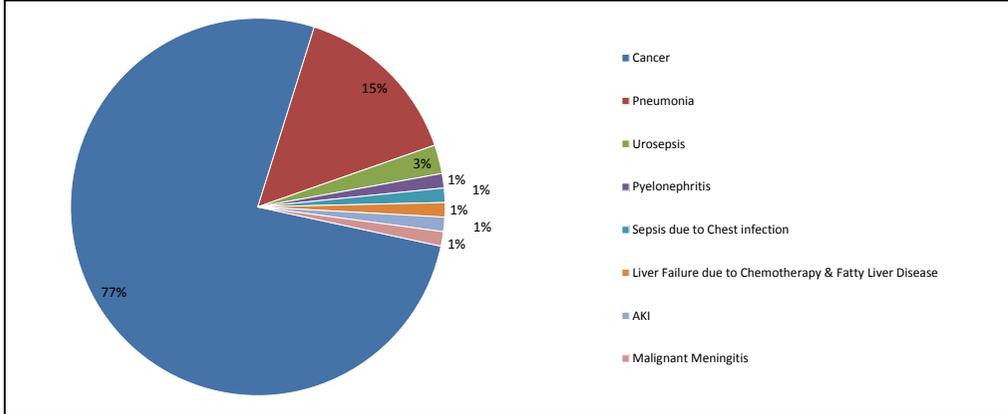
  

Risk Register		Inquest	
Actual	Target	Actual	Target
0	0	1	0

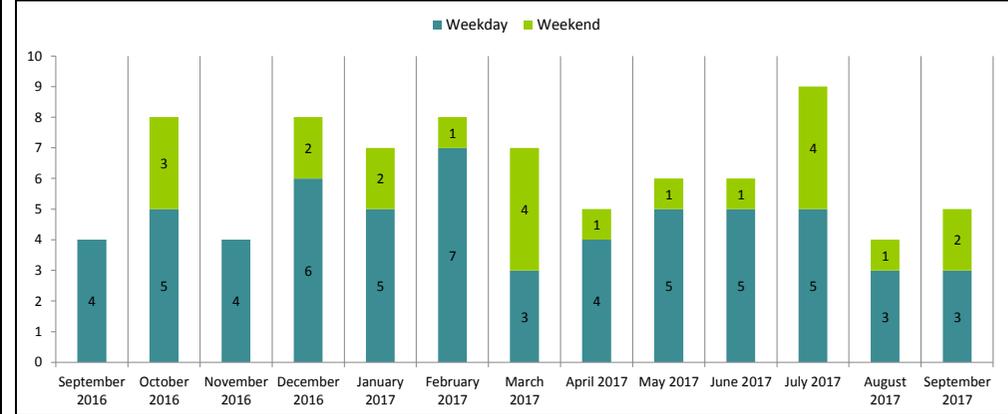
### Learning and Actions October 16 - September 17



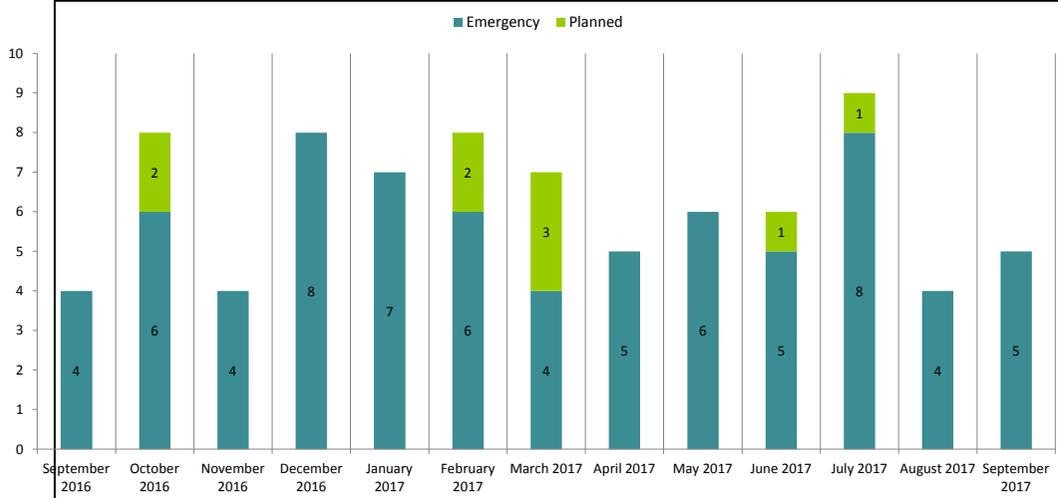
### Cause of Death 1a (Inpatient Deaths only) October 16 - September 17



### Weekday/Weekend Deaths (Inpatient Deaths only) October 16 - September 17



### Emergency / Planned Deaths (Inpatient Deaths only) October 16 - September 17



### DNAR / Unexpected Deaths (Inpatient Deaths only) October 16 - September 17

