



Report Cover Sheet

Report to:	Board of Directors	
Date of the Meeting:	26 June 2019	
Agenda Item:	P1/0123/19	
Title:	2018/19 Mortality Annual report	
Report prepared by:	Helen Wong Quality Manager (Audit & Statistics)	
Executive Lead:	Sheena Khanduri, Medical Director	
Status of the Report:	Public	Private
	X	

Paper previously considered by:	Quality Committee
Date & Decision:	12/06/2019, Approved

Purpose of the Paper/Key Points for Discussion:	<p>The Board is asked to note the mortality annual report, which summarised the Trust's mortality activities in 2018/19.</p> <ul style="list-style-type: none"> Trust's 30 day post chemotherapy mortality figure is comparable with peer hospitals and national published figures Trusts implemented a comprehensive mortality review process Started lining up HO mortality programme with CCC process <p>CCC continuously develops in-house analysis to identify high risk chemotherapy regimens/patterns when information is not widely available publicly</p>
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Action Required:	Discuss	
	Approve	X
	For Information/Noting	

Next steps required	
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The paper links to the following strategic priorities (please tick)

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

Mortality Surveillance Group Annual Report 18-19

Chair: Dr. Sheena Khanduri (Medical Director & Chair of Mortality Surveillance Group)

Members: Dr. Dan Monnery (Clinical Lead for Patient Safety and Clinical Governance)
Kate Greaves (Associate Director of Quality)
Dr. Zaf Malik (Consultant Clinical Oncologist & Consultant Mortality Lead)
Dr. Ernie Marshall (Consultant Medical Oncologist & Deputy Medical Director)
Helen Wong (Quality Manager –Audit & Statistics)
Marie McKay (Clinical Audit and Information Specialist)
Andrea Law (Clinical Audit and Information Specialist)
Directorate Representatives

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Executive Summary

Putting People first

- All inpatient deaths were reviewed with aims to learn lessons to improve care at every opportunity
- Debrief tool used to support staff after deaths
- Families and carers actively involved in shaping our care following deaths

Achieving Excellence

- CQC report highlighted that despite both national mortality indicators not being applicable to specialist trusts, CCC has developed its own approach to monitoring statistically significant changes in levels of mortality
- Compliance against all National Requirements as set out by the National Quality Boards guidance on "National Guidance on Learning from Deaths"

Passionate about what we do

- The new role of Clinical Lead for Patient Safety and Clinical Governance was introduced during 2018 which has led to an increase in the number of structured judgement reviews undertaken, striving to review all inpatient deaths rather than a sample. Utilising this tool enables a robust review of all aspects of inpatient care
- NICE accredited palliative care guidelines to provide evidence-based end of life care

Always improving our care

- Participated in National and Local audit looking at end of life care
- Enhanced the Mortality Dashboard to include Haemato-oncology data
- Mortality review lessons learnt are disseminated Trust-wide through the Trust quarterly Shared Learning Newsletter
- Continued evolution of the 13 year Trust Mortality Review programme
- Attendance at the Investigation and Learning from Deaths in NHS Trusts Conference in February 2019
- Attendance at regional improving mortality outcome event
- Consultant attendance at at least 30% of mortality review meetings (local standard) has increased by 19% in the last year

“On inspection we discussed the systems that were in place in relation to learning from deaths. We found an effective system in place to review and learn from deaths.

However, at the time of our core service inspections deaths with the trust’s haemato-oncology service were reviewed using a different methodology. Between our core service inspection and well-led inspection a standard operating procedure was created to ensure the trust had oversight of these deaths. Further work was required to ensure non-executive directors received this information.

The hospital standardised mortality indicator and summary hospital mortality indicator, both national mortality indicators, are not applied to specialist trusts. In response to this the trust had developed its own approach to monitoring statistically significant changes in levels of mortality. This information was utilised alongside the outcomes of mortality reviews by the mortality surveillance group, to provide assurance regarding the efficacy of treatment provided and the avoidance of harm.”

CQC Inspection report published 16th April 2019



Progress against previous year's annual report 'looking to the future' objectives

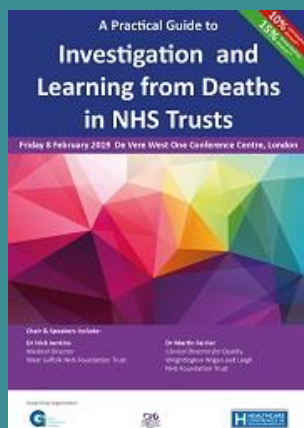
All objectives against our vision for 2018/19 have been achieved

Looking to the future [18/19]

- 1 year survival will form part of a new clinical dashboard for each SRG as a standard measure
- The team Trust's Statistician to continue to produce 1 and 5 year survival on an annual basis to enable comparison and benchmarking.
- Implement action plan to improve mortality review meeting engagement by introducing Skype/Webex attendance and encouraging engagement in phase II meeting (by counting this as attendance in phase III meeting)



Conferences / Events Attended



The Trust Clinical Lead for Patient Safety and Clinical Governance (Dr Dan Monnery) attended the Investigation and Learning from Deaths in NHS Trusts Conference in February 2019.

Dan commented "This was an excellent day which included representatives from acute and specialists Trusts. The focus was on how we include families in the learning from death process, how to produce a robust mortality dashboard and how the process can be enhanced by the Medical Examiner role. As a result of attending this conference and undertaking some informal benchmarking with others it has provided me with assurance about our mortality review process as well as giving ideas for further developments which have subsequently informed our new mortality dashboard at CCC".



The Trust Associate Director of Quality and Quality Manager for Audit & Statistics attended the 'Improving Mortality Across Cheshire & Mersey' seminar. This event aimed to building on the latest research and national recommendations around mortality care looking at how members can effectively work together across the commissioner and provider boundaries within the three localities across Cheshire and Merseyside to monitor, review and address avoidable mortality. The events learning outcomes included:

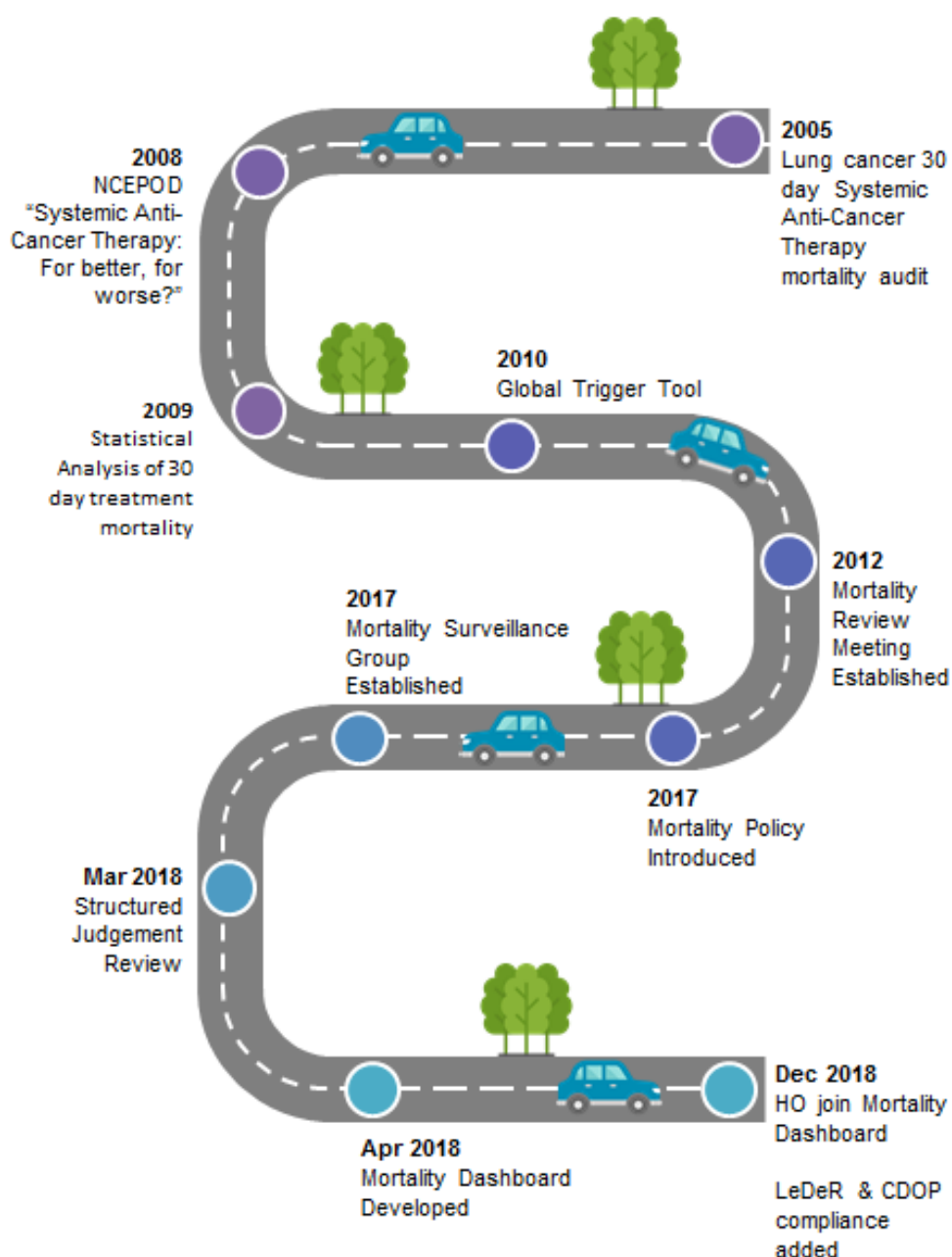
- Understanding of Mortality Statistics
- Understanding of system assurance around mortality improvement
- Chance to explore locality based data
- Opportunity to review learning and plan actions

Dr Helen Wong commented that the event was "valuable for networking and sharing good practice with peers from the network".

Evolution of the Trust's Mortality Review Programme

The mortality review programme has gone from strength to strength over the last 13 years commencing with a local interest audit on 30 day mortality in lung cancer patients, to the introduction of the multi-disciplinary mortality review meeting in 2012. 2017 saw the introduction of a trust wide mortality review policy and the inception of a new mortality surveillance group. A new Structured Judgement Review form based on documentation from the Royal College of Physicians was introduced in March 2018 for all inpatient deaths, allowing a thorough and structured investigation of specific phases of inpatient care delivered within the trust.

April 2018 saw the introduction of the Trust Mortality Dashboard for CCC Wirral to aid in headline discussions and give executive oversight of the Trust Mortality programme. The dashboard reports on incidents of mortality, deaths reviewed and lessons learnt to encourage future learning and the improvement of care. December 2018 saw the dashboard evolve further to include Haemato-Oncology data and Learning Disabilities Mortality Review Programme (LeDeR) & Child death overview panels (CDOP) compliance.



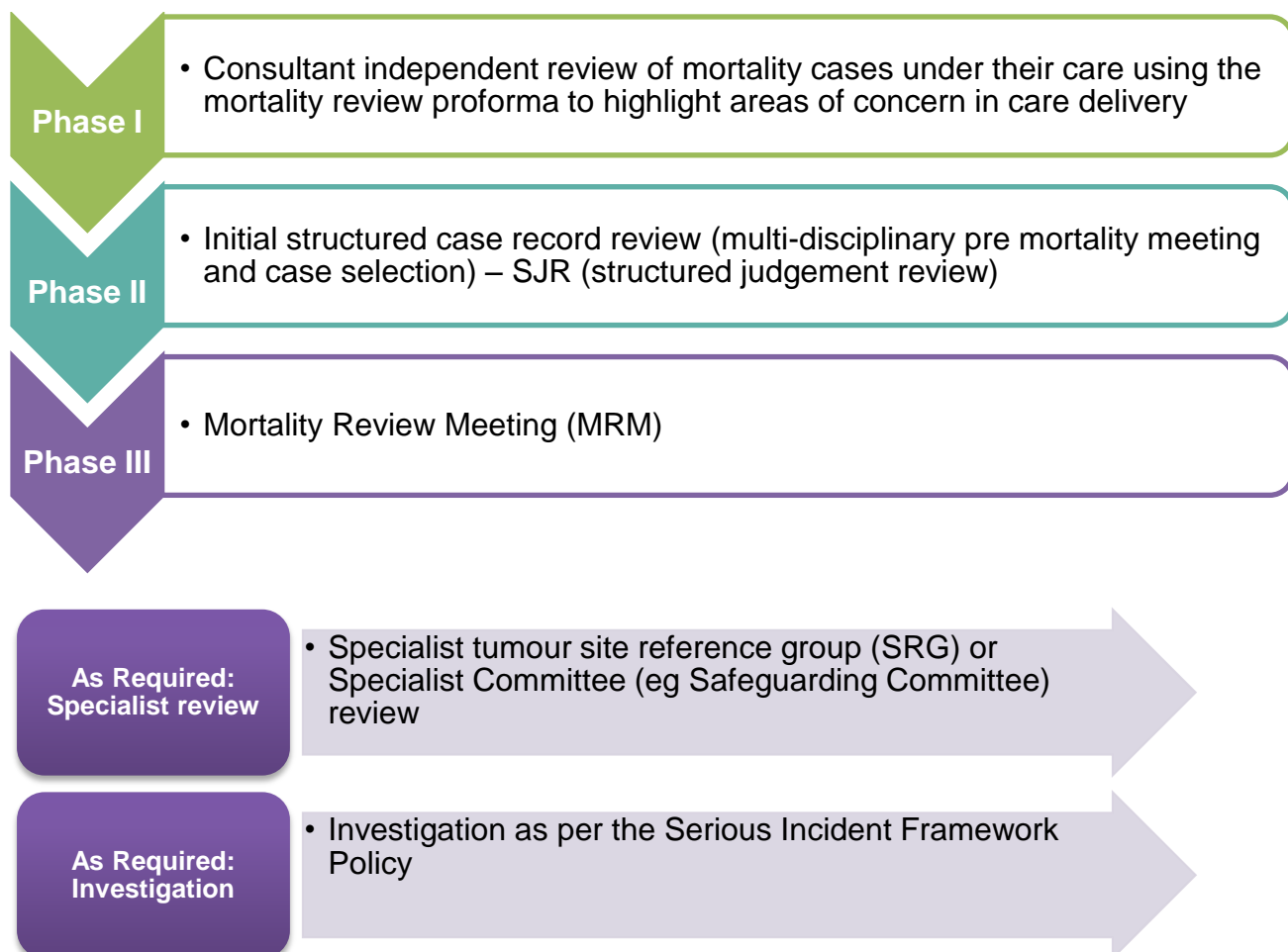
Mortality Review Scrutiny 2018/19

The Mortality Review Meetings are a forum for both improving practice as well as celebrating best practice. They form part of the existing Trust wide mortality review process and underpin the Trust's strategic goal to prioritise patient safety, prevent avoidable deaths and improve patient care.

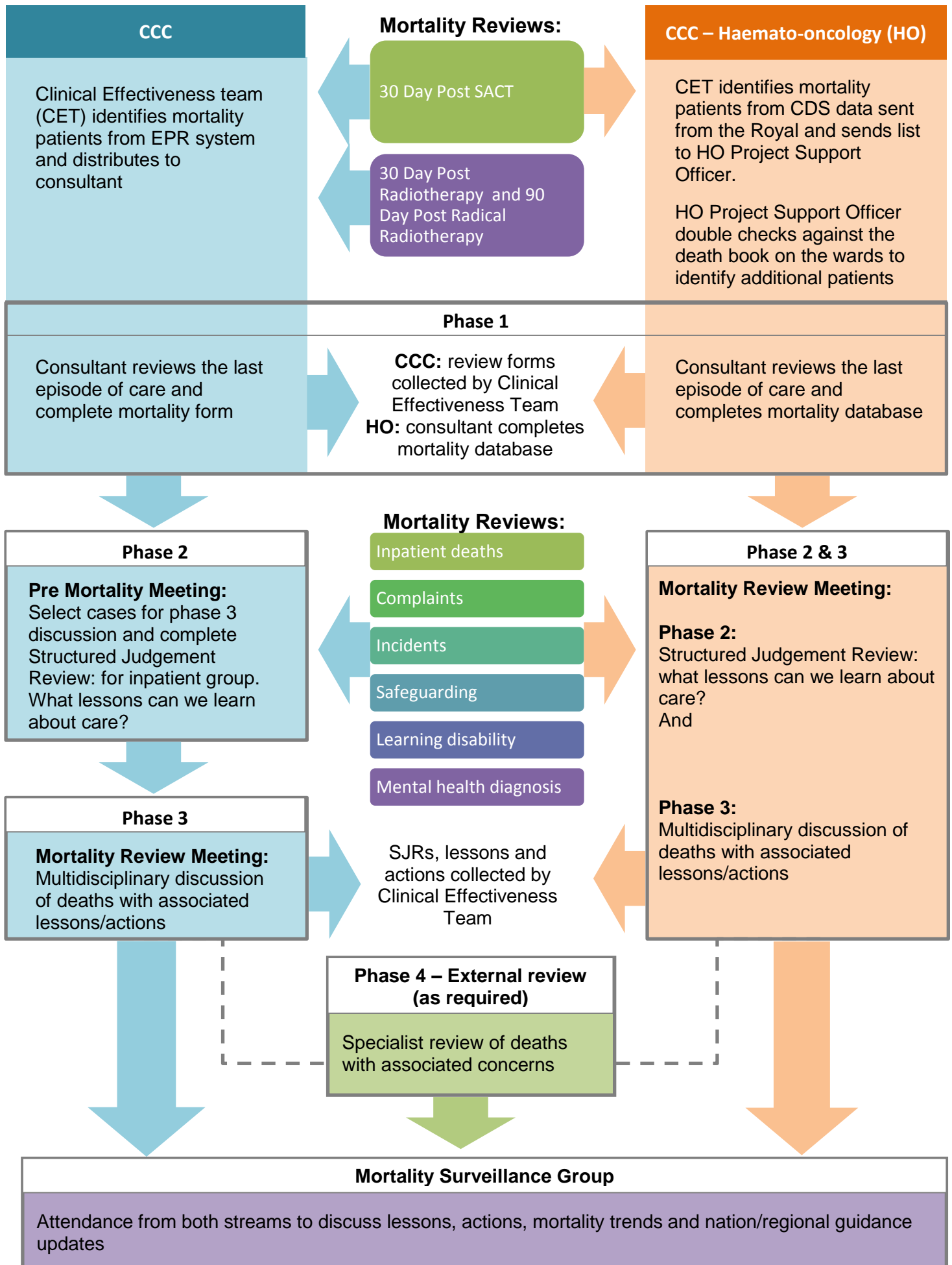
This is a multidisciplinary review meeting looking at

- 30 day post treatment mortality
- 90 day post radical radiotherapy mortality
- All inpatient deaths
- Formal incident related deaths
- Concerns raised from the Global Trigger Tool extracted deaths
- Any other concerns raised by individual Consultants

One or more of five levels of scrutiny for identified cases:



Detailed Mortality Review Process for CCC



Compliance against National Requirements on Learning from Deaths 2018/19

Mortality governance is a key priority for the CCC Trust board. Executives and nonexecutive directors have the capability and capacity to understand the issues affecting mortality in our Trust. CCC are compliant with the following key requirements from the National Guidance on learning from deaths issued by The NHS Quality Board:

Requirement: The Trust is required by The NHS Quality Board to have a policy in place that sets out how it responds to the deaths of patients who die under its management and care



Evidence: CCC policy is in place for learning from deaths

Requirement: Outputs of the mortality governance process including investigations of deaths are communicated to frontline clinical staff

Evidence: The Mortality Dashboard is a standing agenda item on the Mortality Review Meeting (MRM) Agenda – a multi-disciplinary and multi-professional meeting for both frontline clinical staff and governance whereby cases are discussed, learning is shared and any actions generated are monitored and cascaded appropriately. The Trust have also embarked on a quarterly shared learning newsletter where lessons learned through the Mortality Process can be shared across the Trust



Requirement: The Trust is required by The NHS Quality Board to publish information quarterly to the Trust Public board via a Mortality Surveillance Group (MSG) whose membership should be multi-disciplinary and multi-professional

Evidence: CCC publish information on deaths quarterly via the mortality surveillance group papers (which includes the mortality review dashboard) to the Trust public board. The MSG at CCC is multi-disciplinary and multi-professional



Requirement: The Trust is required by The NHS Quality Board to publish an annual summary of mortality data via Trust Quality Accounts

Evidence: CCC include an annual summary of mortality data via Quality Accounts



Requirement: Trusts have in place a definition of an avoidable/unavoidable death and this is outlined in the policy

Evidence: CCC have utilised the Royal College of Physicians (RCP) definition of avoidability of death, this is contained within the CCC learning from deaths policy and the Structured Judgement Review (SJR) form



Requirement: The National Mortality Case Record Review Programme from the RCP outlines use of the SJR to conduct in depth 'case record review' of certain deaths, all professionals required to complete these reviews to have attended training on how to conduct a SJR

Evidence: CCC professionals undertaking the reviews have attended training on how to conduct a SJR



Requirement: All in-patient, out-patient and community patient deaths of those with learning disabilities require a LeDeR

Evidence: All inpatient, 30 day systemic anti-cancer therapy, 30 day radiotherapy or 90 day radical radiotherapy deaths for patients identified as having a learning disability are submitted for LeDeR. During 2018/19 CCC completed a LeDeR submission for 3 out of 3 LeDeR deaths (100%)



Requirement: All in-patient, out-patient and community patient deaths of children receive a CDOP review

Evidence: All inpatient, 30 day systemic anti-cancer therapy, 30 day radiotherapy or 90 day radical radiotherapy deaths requiring a CDOP form at CCC are submitted for CDOP review. All deaths of children outside of CCC requiring review by CCC (having received previous treatment) are highlighted by the local Safeguarding Children Board at Alder Hey Hospital. During 2018/19 CCC completed a CDOP submission form for 1 out of 1 child deaths death (100%)



Requirement: All deaths where an 'alarm' has been raised with the provider through whatever means receive a case record review or a SJR

Evidence: Cases identified through the following areas; serious untoward incidents, inquests, complaints, concerns, cases raised via audit results, consultant concerns or statistical analysis, receive a case record review



Requirement: All deaths where learning will inform the provider's existing or planned improvement work should be shared to maximise learning, such deaths could be reviewed thematically

Evidence: Lessons learned from deaths are shared across the Trust via multiple platforms, Site Reference Group meeting to review clinical practice, Shared Learning Newsletters, annual report and quality accounts.



Requirement: Providers should review an investigation they undertake following any linked inquest and issue of a "Regulation 28 Report to Prevent Future Deaths" in order to examine the effectiveness of their own investigation process.

Evidence: The Trust adhere to the NHS England (North) Cheshire and Merseyside Local Agreement for the Management of Reports to Prevent Future Deaths (Coroners' Regulation 28 Rule) guidance, as described in the Trust Inquest Policy. There have been 3 cases of inquest in the report period with recorded outcomes of Industrial disease, open verdict and misadventure. No healthcare-related contribution to the death was found during the inquests.



Requirement: Providers should engage meaningfully and compassionately with bereaved families and carers in relation to all stages of responding to a death and operate according to the key principles outlined in the national guidance on learning from deaths

Evidence: CCC have a comprehensive bereavement service for families and carers of people who die under our management and care; this includes a day after death service which has been accessed by 100% of bereaved family/carers in the last year. CCC provide support, information and guidance through a bereavement advisor to help families and carers through the practical aspects following a death

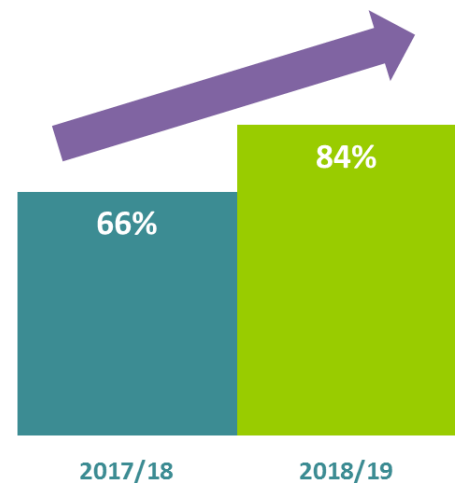


Structured Judgement Review

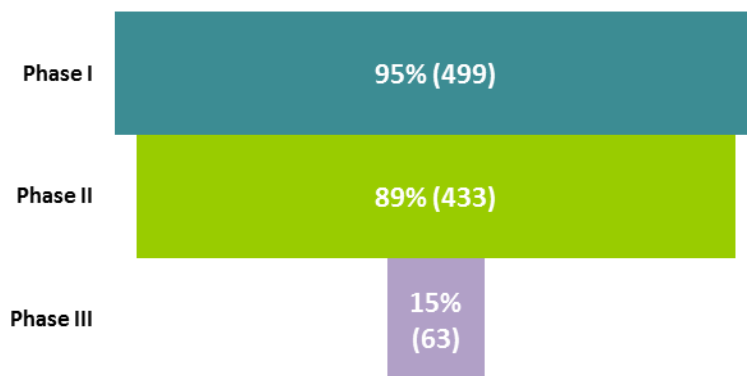
The Structured Judgement Review process introduced in March 2018 has been strengthened by the introduction of dedicated time allocated within the Clinical Lead for Patient Safety and Clinical Governance's job plan. CCC have always strived to review all inpatient deaths utilising structured judgement review rather than a sample.

Since strengthening the process CCC reviewed 52 out of 62 inpatient deaths during 2018/19 (84%) an increase from 66% during 2017/18. The remaining 10 are due to be reviewed early 2019/20.

CCC & HO performance



Engagement with Trust Mortality Process



Phase I Mortality forms completed by Consultants
Phase II Multi-disciplinary review and case selection
Phase III Attendance of Mortality Review Meetings

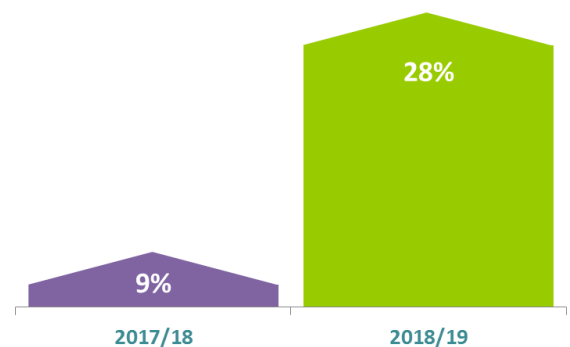
Out of the 523 cases identified as requiring review at Phase I, the below graph demonstrates that 499 were reviewed at Phase I which equates to 95%. Of the 499 forms completed, 433 were reviewed at the Mortality Pre-meeting (Phase II) equating to 89%. Out of the 433 reviewed at the pre-meeting 63 were selected for further discussion at the Multidisciplinary Mortality Review Meeting (Phase III) which equates to 15% of cases.

CCC & HO performance

Attendance at the Trust Mortality Review Meetings

15 out of 53 (28%) consultants achieved the target of 30% attendance at the mortality meeting, a vast improvement on 2017/18 where just 9% of consultants met this target. A contributing factor to the increase is due to an action from last year's annual report to encourage engagement in Phase II meeting by counting this as attendance in Phase III meeting.

CCC performance

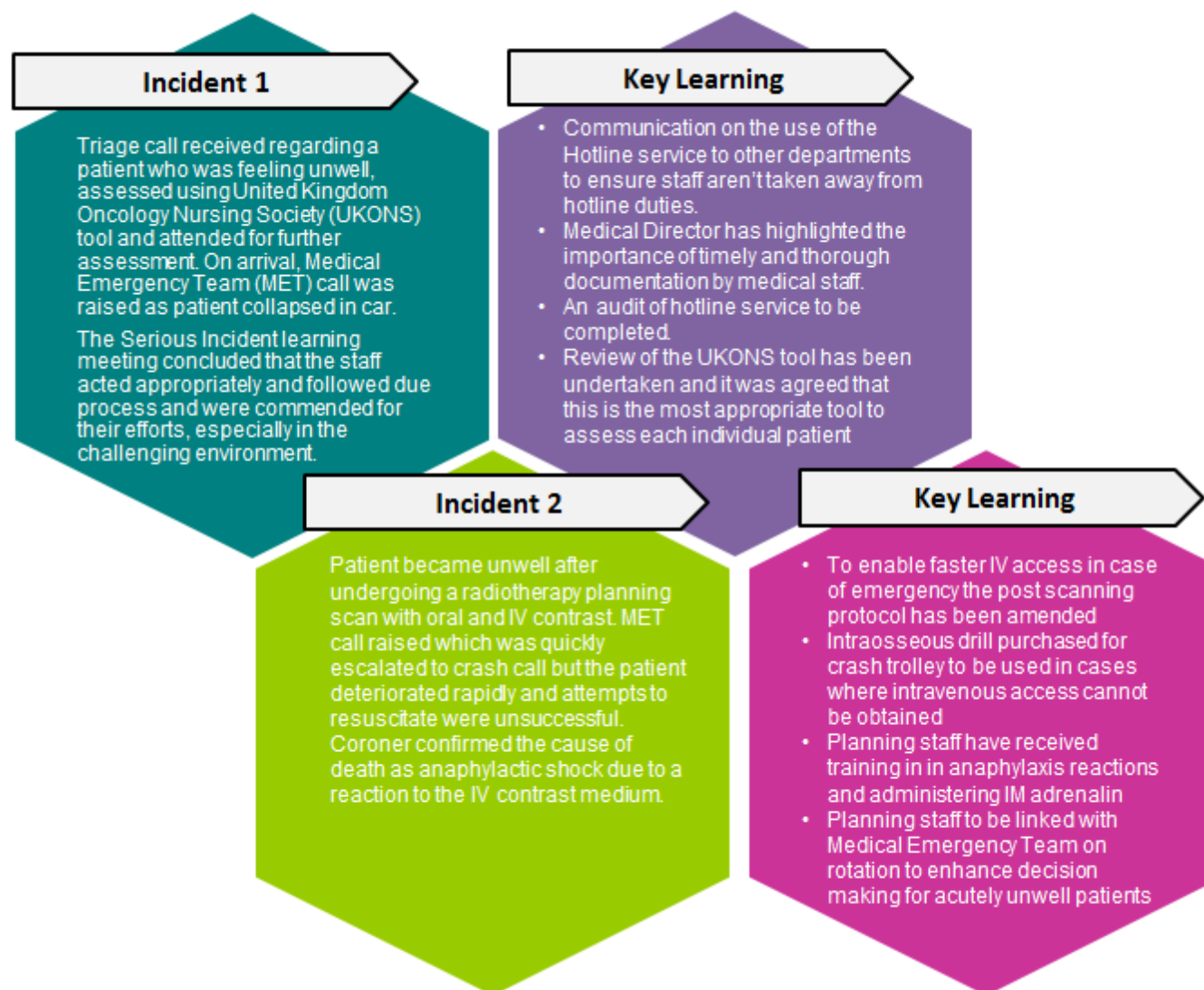


Quality Accounts – A selection of learning from case record reviews and investigations conducted in relation to deaths (inpatient and outpatient deaths) along with description of actions taken in the reporting period

Background	Action	CCC Lesson Learned
Lack of knowledge about a patient's community medications led to prescription of pazopanib alongside a contraindicated medication	Pharmacy will now obtain GP records of full medication list prior to dispensing pazopanib	Obtaining a full record of patient medications is essential before prescribing and dispensing high risk medications to ensure no contraindications
A patient was discharged home alone before community support was in place	The patient flow team has been set up to oversee all discharges. Discharge education is delivered on the wards and discharge assessment proformas are now used. Follow up phone calls 24 hours after discharge are undertaken by the patient flow team to ensure safe discharge.	Patients at high risk, including those who live alone should not be discharged until community follow up is established. Follow up phone calls are essential for ensuring safe discharge of vulnerable people and these patients should receive detailed instructions of what to do if they are struggling at home.
A patient died from surgical complications after receiving neo-adjuvant chemoradiation as standard of care. It was queried whether a conservative "watch and wait" surveillance policy would have sufficed as a complete response after chemoradiation was achieved.	Upper GI Site Reference Group to audit practice and outcomes including survival for this patient group	Protocols should be periodically reviewed / audited to confirm best practice/outcomes, even when practice is well established

Background	Action	CCC Lesson Learned
Inaccurate performance status was recorded by nurses for a patient receiving chemotherapy	Performance Status definition training has been delivered for chemotherapy nurses	Performance status (PS) definition can be subjective. Standardising its definition across the nursing team ensure treatment is given safely and facilitates detection of changes in the patient's condition
A patient in pain was transferred between wards, affecting their access to analgesia	Transfer policy reviewed to ensure inter-ward transfers to not occur unless clinically required for the patient	Inter-ward transfers should only occur when clinically indicated and during out of hours this should meet an urgent clinical need (e.g. transfer to high-dependency bed).
Patient had a very rare catastrophic event. It was felt that Cabozantinib may have led to necrosis in a previously irradiated area	Yellow card completed Site Reference group updated the consent process to ensure that the risk of this potentially fatal complication be included in the consent process.	It is important to inform patients of rare side effects that could occur in this patient group during the consent process, particularly those with potentially fatal outcomes.
A patient had multiple cancer diagnoses making it unclear as to which pathway should be followed and by whom	Head & Neck and Skin Site Reference Groups to develop pathway for St Helens & Knowsley patients	Patients must receive care according to their individualised needs and not by rigidly adhering to a pathway if not appropriate
The choice of radiotherapy protocol given was questioned in a patient with metastatic disease	A structured tool has been designed and instigated to allow documentation of peer review discussions when delivering treatment off-protocol	Well documented peer discussions serve to ensure the best interests of the patient are preserved during complex clinical decisions which may deviate from protocol for clinical reasons

Quality Accounts - Learning from SUI investigations



Bereavement Support

In line with the national guidance on learning from deaths CCC offers bereavement support, information and guidance from bereavement advisors to help families and carers through the practical aspects following the death of a loved one. Services include:

- ✓ Arranging completion of all documentation, including medical certificates;
- ✓ The collection of personal belongings;
- ✓ Post mortem advice and counselling;
- ✓ Deaths referred to the coroner;
- ✓ Emotional support and signposting, including counselling;
- ✓ Collection of the doctor's Medical Certificate of Cause of Death and

Pictured: The CCC Palliative Care Team



The following additional services are also offered:

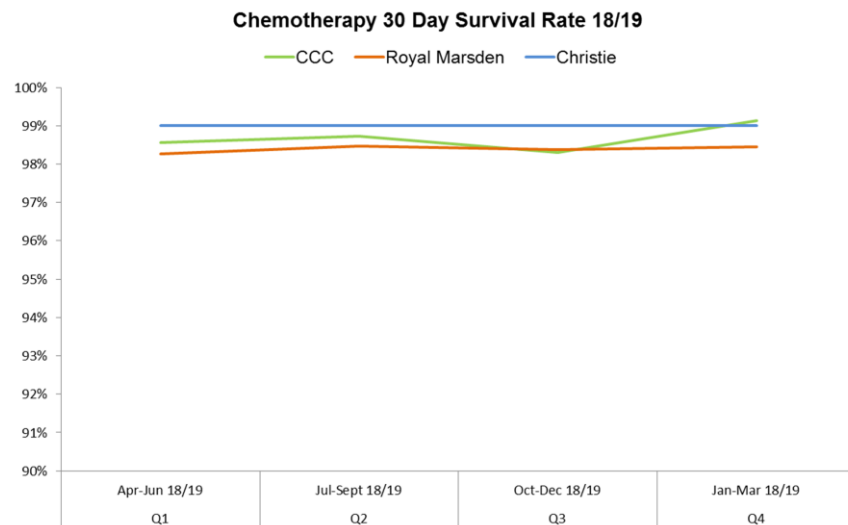
- ✓ Rapid discharge home to die service
- ✓ A day after death service for patients' loved ones
- ✓ Timely access to an advocate with necessary skills for working with bereaved and traumatised individuals
- ✓ Support with transport, disability, and language needs
- ✓ Support during and following an investigation
- ✓ Counselling or signposting to suitable organisations that can provide bereavement or post-traumatic stress counselling, with attention paid to the needs of young family members, especially siblings.

The following additional surveys were undertaken:

- ✓ Care of the Dying Evaluation (CODE) to seek the views of bereaved relatives and friends about their experience, and the quality of care that was provided for someone close to them during their last hours or days of life at The Trust
- ✓ National Audit of Care at the End of Life (NACEL) – Carer reported measure to give those close to the person who died the opportunity to express their views on the care and support that was provided during the last few days of life.
- ✓ Patient and Carer specialist palliative care team satisfaction survey – conducted by The Palliative Care clinical nurse specialist team

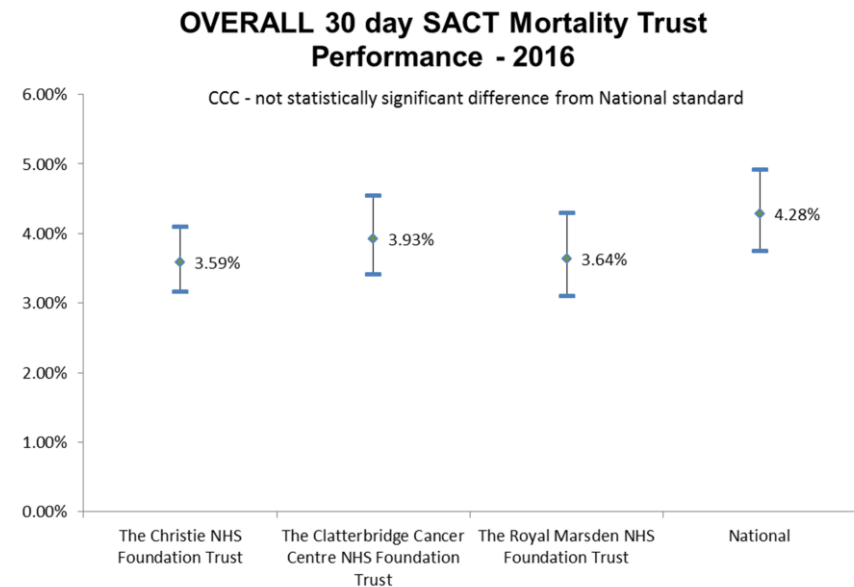
30 Day Chemotherapy Treatment Survival/Mortality Benchmark

The Trust overall chemotherapy 30 day survival/mortality performance including CCC Wirral (CCC-W) & CCC Haemato-oncology (HO) is comparable to peer hospitals and national published figures.



2018/19 survival comparison with peer hospitals

* CCC & HO performance



National published 2016 mortality comparison with peer hospitals

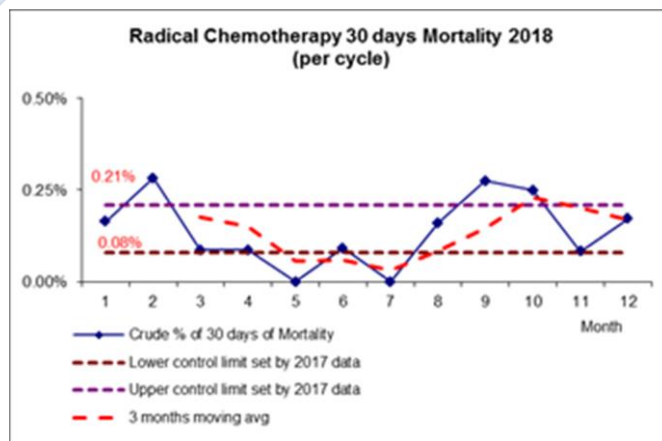
In House 30 Day Treatment Mortality Analysis - 2018 data * CCC performance

Methodology

Treatment mortality analysis is presented in a Statistical Process Control (SPC) chart and split by intent; Radical and Palliative. A set of acceptable limits (upper and lower limits) is derived from historic data since 2009 (purple dotted lines). Monthly actual Trust mortality performance is presented as a blue line, averages of every 3 data points (moving averages) are also employed to gauge the direction of the current trend (red dotted line). HO is excluded from this analysis as control limits are based on CCC solid tumour historic data. A separate analysis will be developed for HO after the team is on board with CCC electronic patient record system in July 2019.

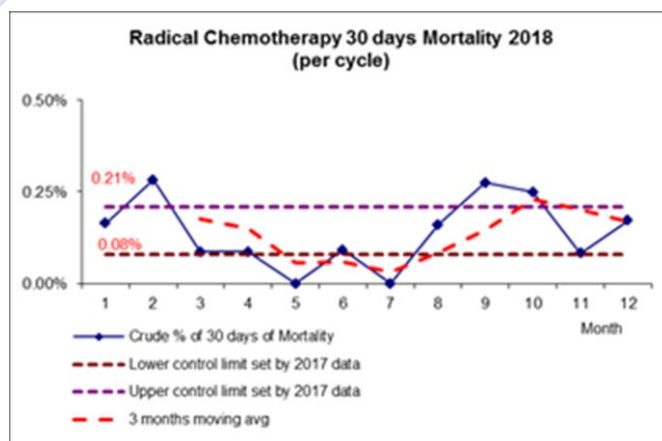
Chemotherapy

Treatment mortality performance reported to the Trust Board as part of the Quality Report. At year end, an individualised performance report was distributed to all consultants, presented in the format of control charts.



Radical Chemotherapy

- The overall 30 day mortality rate for patients treated with radical chemotherapy in 2018 was 0.8%
- Graph on the left showed the monthly 30 day mortality percentages with 3 months moving average and the set control limit. Results showed couple of mortality were above upper limit at times but the 3 months moving averages were well within the control limits, therefore there was no concern raised.



Palliative Chemotherapy

- The overall 30 day mortality rate for patients treated with palliative chemotherapy in 2018 was 7.1%
- Graph on the left showed the February mortality percentage was above upper limit but the 3 months moving averages were well within the control limits with the year, therefore there was no concern raised

Trends Identified

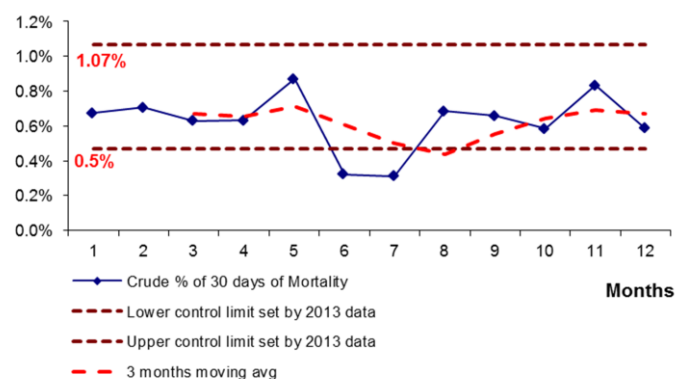
Three chemotherapy regimens were identified as high mortality and requested the corresponding Tumour Specific Reference Group to audit the clinical practice.

2018 results also showed better mortality performance than any previous years since 2009, therefore the benchmark limitation for 2019 data analysis will be based on the 2018 data for both radical and palliative treatment.

Radiotherapy

There was no significant difference in mortality performance observed in 2018 radiotherapy data compared to the previous year's performance. The overall CCC performance for Radiotherapy 30 day mortality is as follows:

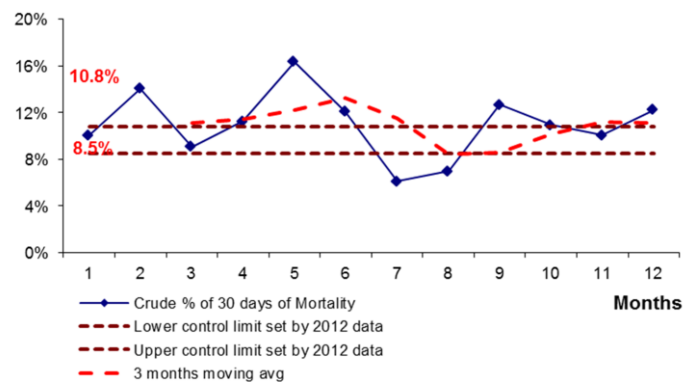
Overall Radical XRT 2018



Radical Radiotherapy

- The overall 30 day mortality rate for patients treated with radical radiotherapy in 2018 was 0.6%
- Monthly mortality percentages and 3 months moving averages were well within the control limits, hence there was no concern raised.

Overall Palliative XRT 2018



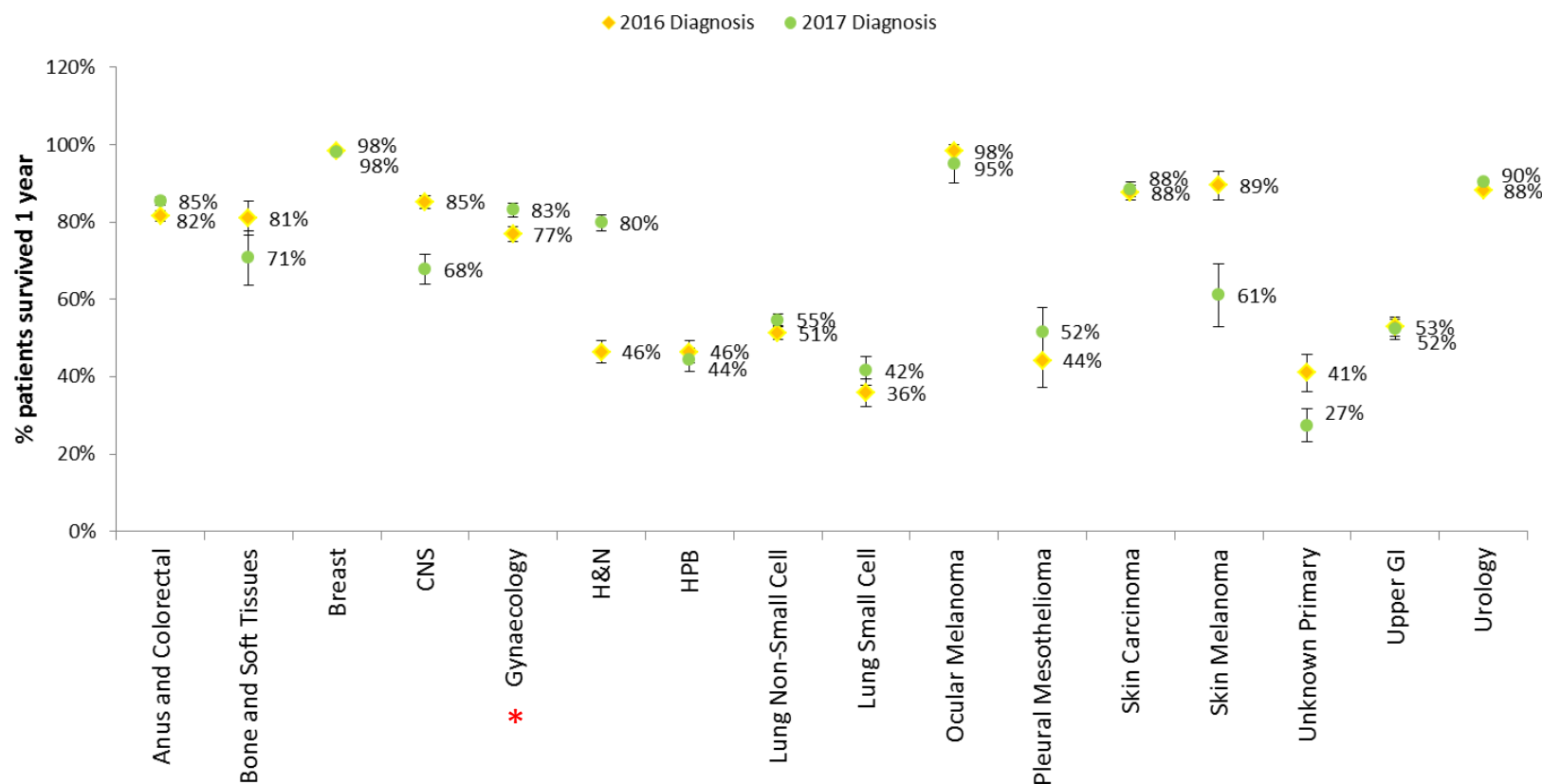
Palliative Radiotherapy

- The overall 30 day mortality rate for patients treated with palliative radiotherapy in 2018 was 12.4%
- Monthly mortality percentages and 3 months moving averages were above the upper limit at times but were not more than 6 consecutive time points. Hence there was no concern raised.

CCC Cancer patient survival rate by Specific Solid Tumour Group *CCC performance

Graphs below showed percentage of patient survived 1 year and 5 years. One year survival is based on patient diagnosed in 2016 and 2017 to show short term outcome, whilst 5 year survival is based on patient diagnosed in 2013 and 2014 to show long term outcome. Majority of figures are comparable with some showing improvement and some showing reduced survival. Understanding the differences requires an in-depth analysis which is included in the SRG dashboard development and will be discussed in SRG meetings.

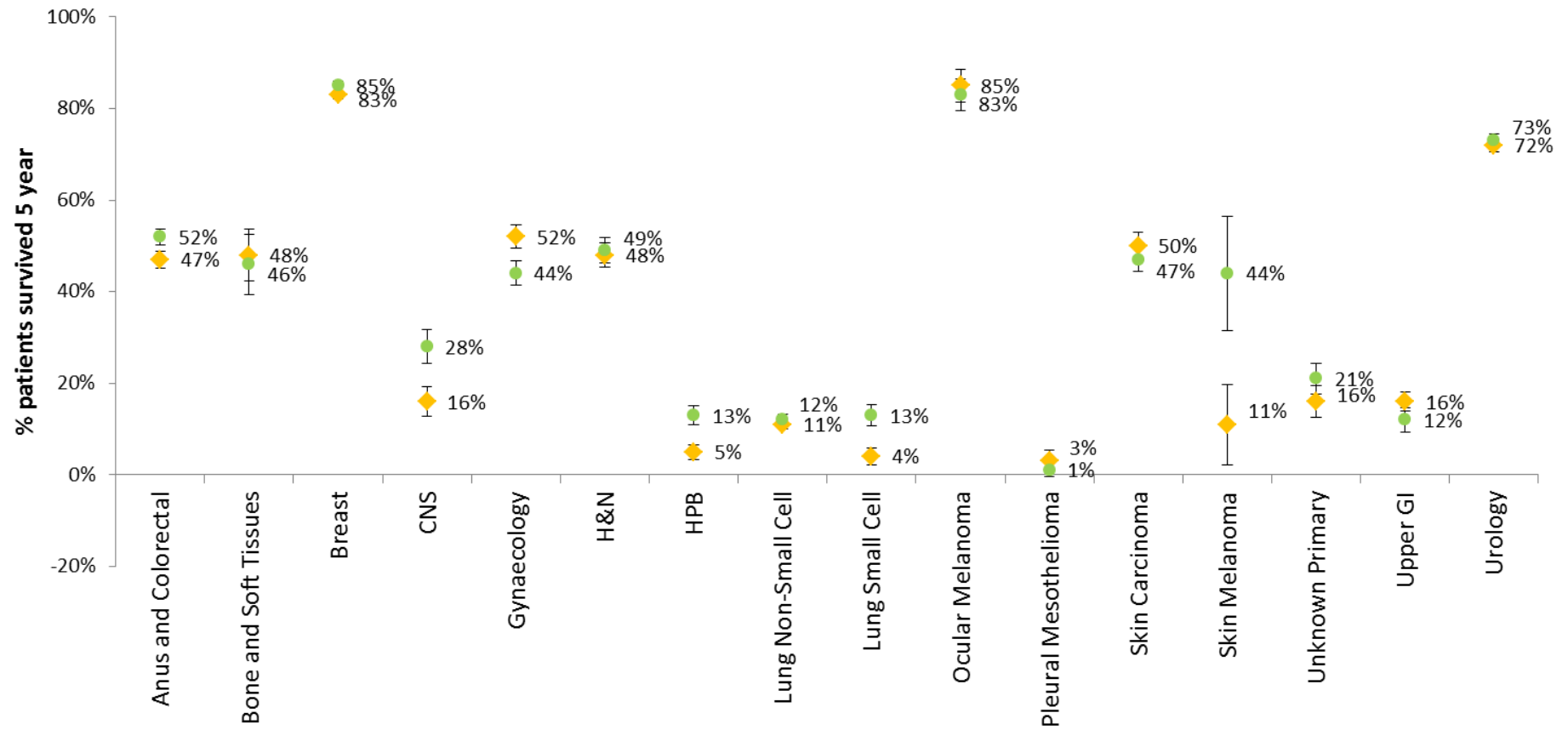
1 Year Overall Survival



* Explanation of Survival Chart: 3.g. Gynaecology showed an increased 1 year survival from 77% to 83%. This could be contributed by treatment options or patient was presented with earlier disease in 2017. This will be further investigated by individual SRG.

5 Year Overall Survival

◆ 2013 Diagnosis ● 2014 Diagnosis



Looking to the future [19/20]

- Launch a suite of information leaflets for bereaved families in 2019/20
- Continue to share learning from deaths
- Continued alignment of HO mortality review processes and reporting as part of transformation programme work stream
- Attendance at 'Making Data Count' seminar to enhance how the Trust reports Mortality Data through the Integrated Performance Reports for the Trust Board
- CCC aim to reduce unexpected deaths and deliver zero avoidable deaths
- Trust representatives to attend the Health Service Journal patient safety congress in Manchester July 2019
- Continue enhancement of the Trust Mortality Dashboard
- Improved data and analysis making management committee to identify trends

