



### Report Cover Sheet

Report to:	Trust Board	
Date of the Meeting:	26 February 2020	
Agenda Item:	P1-033-20 a	
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
Date & Decision:	11/02/2020

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 note there is a requirement to publish the information.
---	---

Action Required:	Discuss	
	Approve	X
	For Information/Noting	

Next steps required	Approval by Trust Board
---------------------	-------------------------

*The paper links to the following strategic priorities (please tick)*

Deliver <b>outstanding care locally</b>	X	Collaborative system <b>leadership</b> to <b>deliver better</b> patient <b>care</b>	
<b>Retain</b> and <b>develop outstanding staff</b>		Be <b>enterprising</b>	
<b>Invest in research &amp; innovation</b> to deliver <b>excellent</b> patient <b>care</b> in the future		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		
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 2019-2020 Mortality Dashboard Executive Summary

### Background

The National Guidance on Learning from Deaths published on March 2017 requires Trusts to collect and publish specified information on inpatient deaths on a quarterly basis.

This should be through a paper and an agenda item to a public Board meeting which includes publication and learning points of data.

This data should include the total number of the Trust's in-patient deaths (including Emergency Department deaths for acute Trusts) and those deaths that the Trust has subjected to case record review. Of these deaths subjected to review, Trusts will need to provide estimates of 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. Patient who fits the following criteria were included.

- All inpatient death
- 30 day post chemotherapy or radiotherapy mortality (agreed to exclude spinal and bone metastases cases)
- 90 day post radical radiotherapy mortality
- 100 day or 1 year post bone marrow transplant

All inpatient death was assessed by the Structured judgement review (SJR) methodology, 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 of patients to highlight areas of concern in care delivery

Phase II – Complete SJR for all inpatient death and select cases that may have concerns/lesson to learnt for discussion at mortality review meeting

Phase III – Mortality review meeting to discuss cases of concerns and allocate SJR score to the cases

#### **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 2019 – September 2019 for comparison to previous quarter

*\*Data was last updated in February 2020*

	<b>Apr – Jun 19</b>	<b>July – Sept 19</b>	<b>Oct – Dec 19</b>	<b>Jan – Mar 20</b>
<b>No. of inpatient death</b>	30	23		
<b>No. of outpatient death post treatment</b>	151	131		
<b>No. of cases requiring review</b>	147	134		
<b>No. of cases reviewed (Phase I)</b>	137 (93%)	121 (90%)		
<b>No. of cases for discussion (Phase III)</b>	28	16		

*\*Process cycle takes minimum 3 months to complete*

- Over 6 months, a total of 335 patients in scope, 281 patients required review, of which 258 (92%) patients were reviewed
- 42 (16%) patients were for discussion
- 1 case was classed as slight evidence of avoidability, subject to normal review meeting to agree the final score
- 0 case involving learning disability patient
- 1 mortality cases were patient aged  $\leq 18$  and Child Death Overview Panel (CDOP) form were reported

## SJR Score 5 cases

**Case is yet to be discussed at a formal review meeting (phase III) to agree the final avoidability score before publishing the case.**



# The Clatterbridge Cancer Centre NHS Foundation Trust: Learning from Deaths Dashboard



The Clatterbridge  
Cancer Centre  
NHS Foundation Trust

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

Date Range for data

April 19

September 19

## Trust Mortality Programme

Total Number of Deaths in Scope		Total Deaths Requiring Phase 1 Review (excluding not applicable eg bone mets, MSCC)		Total Deaths Reviewed (Phase 1)			Total Structured Judgement Reviews completed and avoidability scored against RCP Methodology (Conducted for inpatient deaths only)						
No.		No.		No.		%	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	180	QTR 1	146	QTR 1	137	94%	QTR 1	0	0	0	0	0	27
QTR 2	157	QTR 2	134	QTR 2	120	90%	QTR 2	0	0	0	0	1*	25
QTR 3		QTR 3		QTR 3			QTR 3						
QTR 4		QTR 4		QTR 4			QTR 4						
YTD	337	YTD	280	YTD	257	92%	YTD	0	0	0	0	0	0

\*Preliminary score assigned at Phase II, to be reviewed at Phase III during multi-disciplinary meeting

\*Preliminary score assigned at Phase II, to be reviewed at Phase III during multi-disciplinary meeting

Total Deaths Reviewed (Phase II)		Total Deaths Reviewed (Phase III)		Percentage of cases reviewed at Phase 1 & Phase 2											
No. %		No. %													
QTR 1	130 95%	QTR 1	26 19%	<div> <div>Total Deaths Reviewed (Phase 1)</div> <div>Total Deaths Reviewed (Phase 2)</div> </div>											
QTR 2	93 78%	QTR 2	16 13%												
QTR 3		QTR 3													
QTR 4		QTR 4													
YTD	223 87%	YTD	42 16%												

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

Total Number of Deaths in Scope		LeDaR Submission Completed			considered to have been potentially avoidable <=3	
No.		No.	%		No.	
QTR 1	0	QTR 1	0	-	QTR 1	0
QTR 2	0	QTR 2	0	-	QTR 2	0
QTR 3		QTR 3			QTR 3	
QTR 4		QTR 4			QTR 4	
YTD	0	YTD	0	-	YTD	0

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

Total Number of Deaths in Scope		CDOP Forms Completed		considered to have been potentially avoidable <=3	
No.		No.	%	No.	
QTR 1	1	QTR 1	1 100%	QTR 1	0
QTR 2	0	QTR 2	0 -	QTR 2	0
QTR 3		QTR 3		QTR 3	
QTR 4		QTR 4		QTR 4	
YTD	1	YTD	1 100%	YTD	0