

**SOUTH TYNESIDE NHS FOUNDATION TRUST**  
**Board of Directors (in-public)**  
**28<sup>th</sup> November 2018**  
**Learning from deaths dashboard**

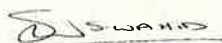
**1. Executive Summary**

This paper provides an updated learning from deaths dashboard (appendix 1) that also incorporates learning and the actions taken from that learning. Public friendly information is enclosed with this paper for the 2017/2018 financial year and for the current 2018/2019 financial year. A glossary is provided on page 2. The Board is asked to note that in the period 1<sup>st</sup> January 2017 to 13<sup>th</sup> November 2018:

- The avoidable death rate remains low at 0.3%, i.e. for every 1000 deaths there have been 3 avoidable deaths. This is well below the published avoidable death rate of 3.6% (36 per 1000 deaths) in the national PRISM 2 trial (referred to by the Department of Health)
- The table below summarises the completion of primary reviews and stage 2 reviews:

	% primary review completed			% stage 2 review completed		
	Jul 2018	Sep 2018	Nov 2018	Jul 2018	Sep 2018	Nov 2018
Q4 2016/2017	95.1	95.1	95.6	100	100	100
2017/2018	71.6	72.2	84.1	80.8	85.7	88.9
Q1 2018/2019	17.5	41.6	67.5	38.1	60.9	77.3
Q2 2018/2019	5.0	13.5	46.3	33.3	59.3	75.0
Q3 2018/2019	-	-	8.6	-	-	71.4

- There has been an increase in both the stage 1 and stage 2 mortality reviews, with the minimum standard of achieving 80% of primary reviews achieved for the 2017/2018 year whilst the 100% standard for stage 2 reviews has been challenging.
- 85% of the reviews identified excellent or good care on primary review
- Of the 1,314 deaths 225 (17.1%) triggered a secondary review, and that 195 (86.7%) of these have had a secondary review
- Of the 195 deaths receiving a secondary review 3 (1.5%) were identified as receiving poor care, none as very poor care and 89.7% as excellent or good care
- The lessons learned and actions taken are outlined within the dashboard.
- The independent clinician mortality review panel will meet in December to catch up with the outstanding secondary reviews
- The teams are continuing their MDT mortality meetings within Trust policy, undertaking primary reviews and escalating any issues to the Mortality Review Group
- The graph in appendix 1 demonstrates good concordance between stage 1 and stage 2 reviews in terms of HOGAN and NCEPOD scoring



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 Medical Director

## Glossary

A patient's care is assessed by using the National Confidential Enquiry into Patient Outcomes and Death (NCEPOD) score:

- 1=Good practice
- 2=Room for improvement in clinical care
- 3=Room for improvement in organisational care
- 4=Room for improvement in both clinical and organisational care
- 5=Less than satisfactory care

A score of 5 denotes avoidable harm. Scores of 2-4 denote that there was the potential to avoid harm, or that there has been no lasting harm as a result of any gaps in care.

The HOGAN classification is used to determine whether the death was avoidable:

- 1=Definitely not preventable
- 2=Slight evidence of preventability
- 3=possibly preventable, less than 50-50
- 4=probably preventable, more than 50-50
- 5=Strong evidence for preventability
- 6=Definitely preventable

A score of 4-6 denotes avoidable death, whilst a score of 2 or 3 suggests the potential to cause death as a result of any issues in care provided.

An overall care rating is constructed from the NCEPOD and HOGAN determinations by the team and all secondary level reviews have this independently determined. This overall score rates the care provided as any of:

- Excellent
- Good
- Adequate
- Poor
- Very Poor

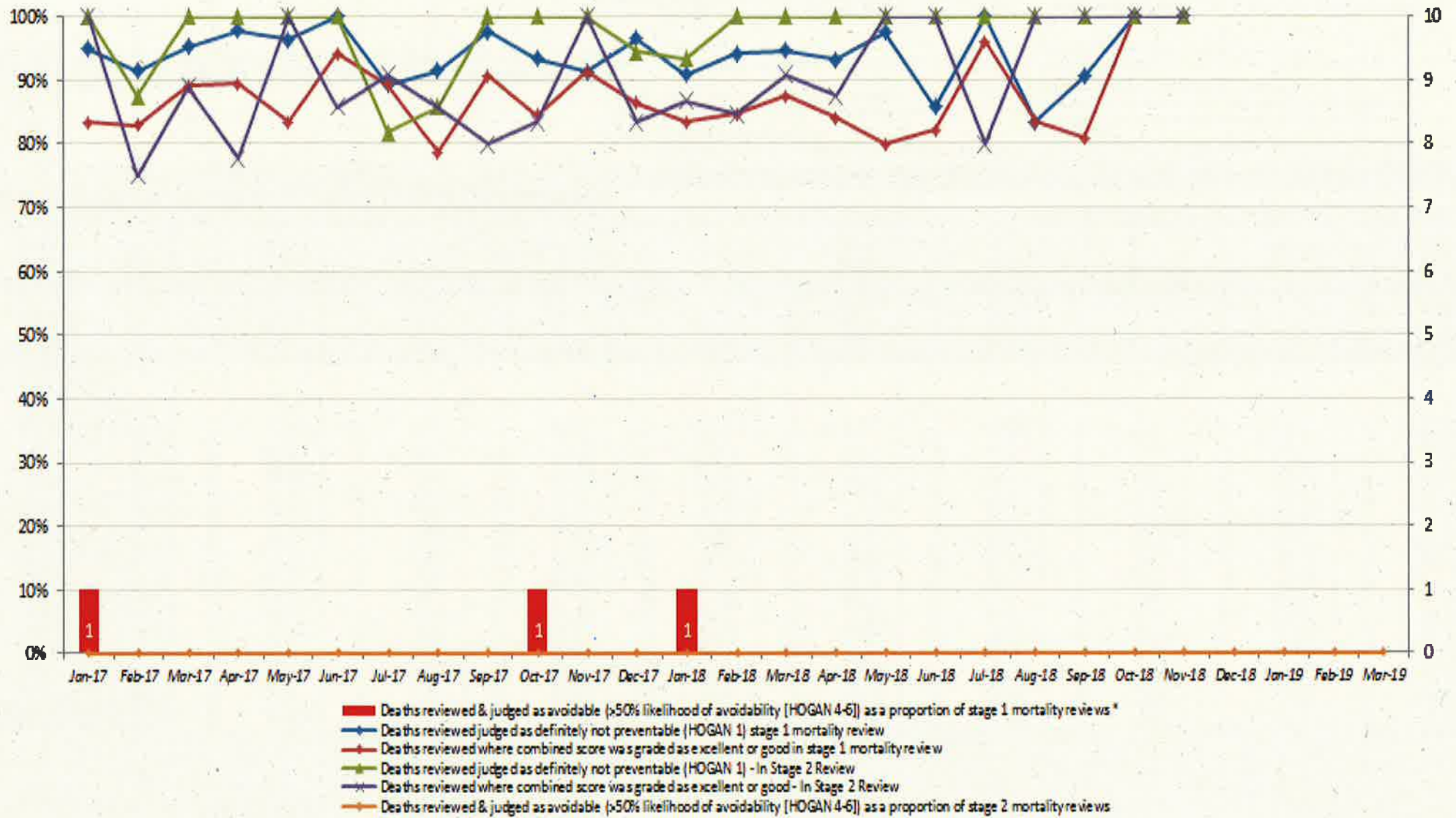
Since 1<sup>st</sup> January 2017 the following groups of patients have been selected for structured judgement review to provide further reassurance and a more timely review out with the departmental reviews, i.e. a secondary level review (termed stage 2):

- All deaths in-hospital on the Emergency Assessment Unit with a sub-analysis across the 3 high risk conditions of pneumonia (chest infection), sepsis (severe blood infection) and acute kidney injury (kidney damage).
- All deaths where a clinical incident report (via datix) has reported harm.
- All in-hospital deaths of those aged less than 40 years.
- All deaths in patients with a learning disability.
- All deaths in patients with a serious mental disorder.
- Elective (planned, e.g. for surgery) admission in-hospital deaths.
- Elective (planned, e.g. for surgery) admission deaths within 30-days of discharge.

Appendix 1

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable, Definitely Not Preventable and Excellent or Good Care (does not include patients who died in the Emergency Dept)																			
Month Of Death	Total Number of inpatient deaths	Stage 1 Reviews completed - departments		Deaths reviewed & judged as avoidable (>50% likelihood of avoidability [HOGAN 4-6]) as a proportion of stage 1 mortality reviews *		Deaths reviewed judged as definitely not preventable (HOGAN 1) stage 1 mortality review		Deaths reviewed where combined score was graded as excellent or good in stage 1 mortality review		Deaths meeting inclusion criteria for secondary review		Deaths with a completed stage 2 Mortality Review Panel Review		Deaths reviewed & judged as avoidable (>50% likelihood of avoidability [HOGAN 4-6]) as a proportion of stage 2 mortality reviews		Deaths reviewed judged as definitely not preventable (HOGAN 1) - In Stage 2 Review		Deaths reviewed where combined score was graded as excellent or good - In Stage 2 Review	
		Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Jan-17	65	60	92.3%	1	1.7%	57	95.0%	50	83.3%	12	18.5%	12	100.0%	0	0.0%	12	100.0%	12	100.0%
Feb-17	70	70	100.0%	0	0.0%	64	91.4%	58	82.9%	8	11.4%	8	100.0%	0	0.0%	7	87.5%	6	75.0%
Mar-17	68	64	94.1%	0	0.0%	61	95.3%	57	89.1%	9	13.2%	9	100.0%	0	0.0%	9	100.0%	8	88.9%
Apr-17	49	47	95.9%	0	0.0%	46	97.9%	42	89.4%	9	18.4%	9	100.0%	0	0.0%	9	100.0%	7	77.8%
May-17	58	54	93.1%	0	0.0%	52	96.3%	45	83.3%	8	13.8%	8	100.0%	0	0.0%	8	100.0%	8	100.0%
Jun-17	37	34	91.9%	0	0.0%	34	100.0%	32	94.1%	7	18.9%	7	100.0%	0	0.0%	7	100.0%	6	85.7%
Jul-17	40	37	92.5%	0	0.0%	33	89.2%	33	89.2%	11	27.5%	11	100.0%	0	0.0%	9	81.8%	10	90.9%
Aug-17	51	47	92.2%	0	0.0%	43	91.5%	37	78.7%	9	17.6%	7	77.8%	0	0.0%	6	85.7%	6	85.7%
Sep-17	51	43	84.3%	0	0.0%	42	97.7%	39	90.7%	7	13.7%	5	71.4%	0	0.0%	5	100.0%	4	80.0%
Oct-17	54	45	83.3%	1	2.2%	42	93.3%	38	84.4%	9	16.7%	6	66.7%	0	0.0%	6	100.0%	5	83.3%
Nov-17	65	58	89.2%	0	0.0%	53	91.4%	53	91.4%	10	15.4%	10	100.0%	0	0.0%	10	100.0%	10	100.0%
Dec-17	77	59	76.6%	0	0.0%	57	96.6%	51	86.4%	18	23.4%	18	100.0%	0	0.0%	17	94.4%	15	83.3%
Jan-18	89	66	74.2%	1	1.5%	60	90.9%	55	83.3%	17	19.1%	15	88.2%	0	0.0%	14	93.3%	13	86.7%
Feb-18	85	52	80.0%	0	0.0%	49	94.2%	44	84.6%	14	21.5%	13	92.9%	0	0.0%	13	100.0%	11	84.6%
Mar-18	75	56	74.7%	0	0.0%	53	94.6%	49	87.5%	16	21.3%	11	68.8%	0	0.0%	11	100.0%	10	90.9%
Apr-18	59	44	74.6%	0	0.0%	41	93.2%	37	84.1%	9	15.3%	8	88.9%	0	0.0%	8	100.0%	7	87.5%
May-18	58	40	69.0%	0	0.0%	39	97.5%	32	80.0%	6	10.3%	3	50.0%	0	0.0%	3	100.0%	3	100.0%
Jun-18	49	28	57.1%	0	0.0%	24	85.7%	23	82.1%	7	14.3%	6	85.7%	0	0.0%	6	100.0%	6	100.0%
Jul-18	51	25	49.0%	0	0.0%	25	100.0%	24	96.0%	8	15.7%	5	62.5%	0	0.0%	5	100.0%	4	80.0%
Aug-18	59	30	50.8%	0	0.0%	25	83.3%	25	83.3%	15	25.4%	13	86.7%	0	0.0%	13	100.0%	13	100.0%
Sep-18	54	21	38.9%	0	0.0%	19	90.5%	17	81.0%	9	16.7%	6	66.7%	0	0.0%	6	100.0%	6	100.0%
Oct-18	49	4	8.2%	0	0.0%	4	100.0%	4	100.0%	5	10.2%	3	60.0%	0	0.0%	3	100.0%	3	100.0%
Nov-18	21	2	9.5%	0	0.0%	2	100.0%	2	100.0%	2	9.5%	2	100.0%	0	0.0%	2	100.0%	2	100.0%
Dec-18																			
Jan-19																			
Feb-19																			
Mar-19																			
Q4 17/17	203	194	95.6%	1	0.5%	182	94.8%	165	85.1%	29	14.3%	29	100.0%	0	0.0%	28	96.6%	26	89.7%
Q1 17/18	144	135	93.8%	0	0.0%	132	97.8%	119	88.1%	24	16.7%	24	100.0%	0	0.0%	24	100.0%	21	87.5%
Q2 17/18	142	127	89.4%	0	0.0%	118	92.9%	109	85.8%	27	19.0%	23	85.2%	0	0.0%	20	87.0%	20	87.0%
Q3 17/18	196	162	82.7%	1	0.6%	152	93.8%	142	87.7%	37	18.9%	34	91.9%	0	0.0%	33	97.1%	30	86.2%
Q4 17/18	223	174	76.0%	1	0.6%	162	93.1%	148	85.1%	47	20.5%	39	83.0%	0	0.0%	38	97.4%	34	87.2%
2017/18	711	598	84.1%	2	0.3%	564	94.3%	518	86.6%	135	19.0%	120	88.9%	0	0.0%	115	95.8%	105	87.5%
Q1 18/19	166	112	67.5%	0	0.0%	104	92.9%	92	82.1%	22	13.3%	17	77.3%	0	0.0%	17	100.0%	16	94.1%
Q2 18/19	164	76	46.3%	0	0.0%	69	90.8%	66	86.8%	32	19.5%	24	75.0%	0	0.0%	24	100.0%	23	95.8%
Q3 18/19	70	6	8.6%			6	100.0%	6	100.0%	7	10.0%	5	71.4%			5	100.0%	5	100.0%
Q4 18/19																			
2018/19	400	194	48.5%	0	0.0%	179	92.3%	164	84.5%	61	15.3%	46	75.4%	0	0.0%	46	100.0%	44	95.7%
<b>Selected Case Reviews 2017 and 2018</b>																			
<b>CARE</b>																			
<b>EAU - Deaths in Hospital</b>																			
<b>AKI Sepsis Pneum. Other</b>																			
Excellent	0	15	30	57															
Good	0	0	0	0															
Adequate	0	1	6	6															
Poor	0	0	3	0															
Very Poor	0	0	0	0															
Not Reviewed	0	0	0	1															
<b>Key Learning Points</b>																			
In a small number of cases communication with families could be better when managing acute illness																			
On occasion the choice of antibiotic has not followed Trust policy or the 72-hour review has not been completed																			
<b>Action Taken</b>																			
Reminder sent by Medical Director to all staff. Lessons included in Clinical Incident Review Group newsletter. Simulation scenario being developed.																			
The Trust have invested in an antibiotic app with regular communications from the Consultant Microbiologist and Antimicrobial Pharmacist via a newsletter																			
<b>CARE</b>																			
<b>Elective In Elective &lt;= 30 DATIX Severe Mental Under 40 Learning</b>																			
Excellent	5	29	29	3	7	7													
Good	0	0	1	0	0	0													
Adequate	1	0	3	0	0	0													
Poor	0	0	0	0	0	0													
Very Poor	0	0	0	0	0	0													
Not Reviewed	2	3	5	5	2	4													
The use of the CURB-65 score to grade prognosis in pneumonia is not consistently used																			
A high percentage of patients who were admitted with a fractured neck of femur developed a hospital acquired pneumonia.																			
Regular teaching has been delivered by the Consultant Microbiologist and the Respiratory team.																			
A "Hospital Acquired Pneumonia" bundle is being piloted by the Orthogeriatric team to help reduce this complication																			

Mortality over time, total deaths reviewed and deaths considered to have been potentially avoidable



\*Case reviewed independently and review was concordant

## LEARNING FROM DEATHS

Information about patient deaths and review during the period  
**1st April 2017 - 31st March 2018**



**Total number of inpatient deaths**



**598**

**Patients who had a  
Stage 1 Screening Review**

Note: This is the process where the department/team review the care provided as a team and this is done by an independent member of that department/team, based on national guidance to make a judgement on the preventability/avoidability of death and a rating of quality of care



**120**

**Patients who had a  
Stage 2 Screening Review**

Note: These are patients reviewed by an independent Trust Consultant for patients being escalated from a stage 1 review or they have certain characteristics (e.g. younger than 40 years old) to make a judgement on the preventability/avoidability of death and a rating of quality of care. This provides further assurance of the process of reviews

## Stage 2 Reviews



**Deaths judged as definitely  
not preventable**

**0.3%**

Deaths judged as avoidable (>50% likelihood of avoidability). This is lower than the published rate of 3.6% in the national PRISM 2 trial (referred to by the Department of Health)

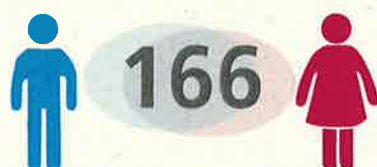


**88%**

**Deaths reviewed where  
care during the last  
admission was graded  
as excellent or good**

## LEARNING FROM DEATHS

Information about patient deaths and review during the period  
**1st April 2018 - 30th June 2018** (reviews ongoing) - data presented  
 1st July 2018 to 3th November 2018 data too early in review process



**Total number of inpatient deaths**



**112**

**Patients who had a  
Stage 1 Screening Review**

Note: This is the process where the department/ team review the care provided as a team and this is done by an independent member of that department/team, based on national guidance to make a judgement on the preventability/avoidability of death and a rating of quality of care



**17**

**Patients who had a  
Stage 2 Screening Review**

Note: These are patients reviewed by an independent Trust Consultant for patients being escalated from a stage 1 review or they have certain characteristics (e.g. younger than 40 years old) to make a judgement on the preventability/avoidability of death and a rating of quality of care. This provides further assurance of the process of reviews

## Stage 2 Reviews



**100%**

**Deaths judged as definitely  
not preventable**

**0%**

0% Deaths judged as avoidable (>50% likelihood of avoidability). This is lower than the published rate of 3.6% in the national PRISM 2 trial (referred to by the Department of Health)



**94%**

**Deaths reviewed where  
care during the last  
admission was graded  
as excellent or good**

## Key learning and actions:



improving communication with families and carers when managing acute illness



new antibiotic app to remind all staff about choice of antibiotic and the need for 72 hour review



new 'hospital acquired pneumonia' care bundle being piloted by ortho-geriatric team