

NLG(18)299

DATE OF MEETING	27 August 2018
REPORT FOR	Trust Board of Directors – Public
REPORT FROM	Dr Kate Wood, Acting Medical Director
CONTACT OFFICER	Dr Kate Wood, Acting Medical Director
SUBJECT	Mortality briefing
BACKGROUND DOCUMENT (IF ANY)	N/A
PURPOSE OF THE REPORT:	For assurance
EXECUTIVE SUMMARY (PLEASE INCLUDE: A SUMMARY OF THE REPORT, KEY POINTS & / OR ANY RISKS WHICH NEED TO BE BROUGHT TO THE ATTENTION OF THE TRUST BOARD AND ANY MITIGATING ACTIONS, WHERE APPROPRIATE)	The attached paper outlines the progress made and the current risks identified in respect of the Quality and Safety Mortality Workstream.
TRUST BOARD ACTION REQUIRED	The Board is asked to note the content of the report and to identify any further actions required with regards to the Mortality Workstream.

Project Risk Rating	
Blue	Complete and embedded.
Green	Completed. Not yet fully embedded/evidenced.
Amber	In progress/ on track.
Red	Not yet completed/ significantly behind agreed timescales.

Project Title	Previous RAG	Current RAG	Next RAG	Comments (explanation of RAG, progress update etc.)
Q55 Mortality				
Deteriorating Patients and Sepsis and Critical Care Outreach	A	A	A	<p>Performance for NEWS2 (National Early Warning Score 2) and OWES (Obstetric Early Warning Score) % carried out within the 30 minute grace period</p> <p>NEWS2 Goole, Scunthorpe and Grimsby 01.07.18 -31.07.18 = 77% (increased by 1% since last month) MOEWs Goole, Scunthorpe and Grimsby 01.07.18 -31.07.18 = 83% (stayed same)</p> <p>Ward Scorecards for deteriorating patients rolled out and being updated monthly. Request to NHSI for further funding to continue the support offered by the 2 Band 6 nurses.</p> <p>Further pilot of tablets has been undertaken in Emergency Department in Diana Princess Of Wales, the configuration of the Sepsis tool on the hand held devices has been delayed.</p> <p>Work has started with ULHT on data extraction for Sepsis 6.</p> <p>CQUIN antibiotic data submitted.</p> <p>Working up electronic escalation protocol/Standard Operating Procedure to be able to record the number of escalations and the method used.</p> <p>Hospital at night full 24/7 cover has commenced at DPOW in August and due to commence in September SGH.</p>
Learning from Deaths	A	A	A	<ul style="list-style-type: none"> Deaths for 6 month period identified for CQC Case notes are now going out, randomly, with the new covering letters attached and a copy of the revised process Mortality analyst is now supporting us to understand key themes from completed case reviews, to enable ward/department/consultant level analysis also the wider context. Priority is reported incidents via Datix. <ul style="list-style-type: none"> Draft flow Chart for the review and reporting of adult deaths developed and out for review Review of learning from deaths strategy out for review Project plan and milestones out for review <p>The above 3 would have been signed off at the last meeting but due to annual leave commitments these will be discussed at the next meeting.</p>

Issues for Escalation

- Handheld usage is not universal and not all observations are being completed in the set period
- Lack of Mortality Case note reviews

Financial Delivery

No financial target associated with this workstream.

Level 1 KPIs

Improving Together KPI Dashboard																									
KPI Lvl	Ref	Key Performance Indicator	National Local	Secondary Indicator	Target	Site	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Trend					
1	QS12	SHMI Score	National		100	Trust	120.7	119.6	119.1	118.6	117.2	116.6													
	QS13					DPW	129.7	128.9	127.5	125.4	123.2	121.3													
	QS14					SGH	112.8	111.4	111.8	112.8	112.0	112.6													
	Comments: Data calculated in arrears 4 months behind, sourced from HED. July-2018: Delay nationally in releasing the ONS death data is causing delay in SHMI data.																								
1	QS16	% compliance with NEWS (with 30 minutes grace)	Local		95%	Trust								66%	68%	66%	69%								
Comments: Pulled from WEB V																									
1	QS17	% compliance with PEWS (number of PEWs completed)	Local		95%	Trust																			
Comments: Manual Audit being undertaken																									
1	QS18	% compliance with OEWS (with 30 minutes grace)	Local		95%	Trust								76.6%	76.7%	78.9%	81.0%								
Comments: Pulled from WEB V																									
1	QS19	% of patients with suspected sepsis who receive bundle of 6 elements of care within 1 hour of arrival.				Trust																			
Comments: No target set. Data collection method currently being designed. Can only provide CQUINS requires tablets to collect the data																									

Risk Rating Matrix	Severity / Impact /Consequence				
	None/Near Miss (1)	Low (2)	Moderate (3)	Severe (4)	Catastrophic (5)
Likelihood of recurrence					
Rare (1)	1	2	3	4	5
Unlike (2)	2	4	6	8	10
Possible (3)	3	6	9	12	15
Likely (4)	4	8	12	16	20
Certain (5)	5	10	15	20	25