COR/POL/224/2017-001

Barts Health NHS
NHS Trust

TRUST CORPORATE POLICY
RESPONDING TO DEATHS

APPROVING COMMITTEE(S)	Trust Policies Committee	Date approved:	29/09/17
EFFECTIVE FROM	Date of Approval		
DISTRIBUTION	All Trust		
RELATED DOCUMENTS	Sudden Unexpected Death in Infants and Children under 18 (SUDIC): (COR/POL/092/2013-001) Bereavement – Care Before, During and After Death: (COR/POL/099/2013-001) Clinical Audit: (COR/POL/086/2013-001) Adverse Incident: (COR/POL/041/2017-001) Health Record Keeping Guidelines: (COR/POL/137/2014-001)		
STANDARDS	RCP (LD and Mortality), CQC learning, TDA mortality surveillance		
OWNER	Chief Medical Officer		
AUTHOR/FURTHER INFORMATION	Clinical Effectiveness Unit Manager		
SUPERCEDED DOCUMENTS	Previous or legacy mortality policies		
REVIEW DUE	Three years after approval		
KEYWORDS	Death, Mortality, Review,		
INTRANET LOCATION(S)	http://bartshealthintranet/Policies/Policies.aspx		

CONSULTATION	*Barts Health*	Chief Medical Officer Chief Nurse Site Clinical Directors of Quality and Safety Site Directors of Nursing
	External Partner(s)	

SCOPE OF APPLICATION AND EXEMPTIONS	**Included in policy:** *For the groups listed below, failure to follow the policy may result in investigation and management action which may include formal action in line with the Trust's disciplinary or capability procedures for Trust employees, and other action in relation to organisations contracted to the Trust, which may result in the termination of a contract, assignment, placement, secondment or honorary arrangement.*
	All Trust staff, working in whatever capacity
	Other staff, students and contractors working within the Trust
	Staff employed or contracted within Trust Premises by Partner Organisations
	No staff groups working within the Trust are exempt from this policy.

Barts Health NHS
NHS Trust

TABLE OF CONTENTS

Press F9 to update table of contents. Delete if policy less than 6 pages

RESPONDING TO DEATHS

1 INTRODUCTION AND AIMS

1.1 National concern around the quality and consistency of the mortality review process at NHS Trusts increased following the 2016 CQC report – *Learning, Candour and Accountability: How NHS Trusts review and investigate the deaths of patients in England.* In response, the Department of Health and NHS England provided requirements for NHS Trusts to meet, which was then formalised in the National Quality Board *National Guidance on Learning from Deaths* report 2017.

1.2 This policy relates to the review of all patient deaths at Barts Health and all patient deaths within 30 days of an encounter with the Trust. The policy is mainly concerned with inpatient deaths but may also apply to eligible outpatient deaths in specialist areas, in which case details will be provided in the relevant section.

1.3 It describes the processes through which clinical teams are required to review and document action following a patient death, and the approach used by the Trust to investigate and learn from mortality trends and local mortality review and to disseminate this learning through the Trust.

1.4 The purpose of this policy is to ensure that all patient deaths are appropriately reviewed in a consistent and co-ordinated Trustwide approach, and, where needed, escalated or reported, that learning takes place following all deaths and is implemented and shared across the organisation to minimise the risk of avoidable death.

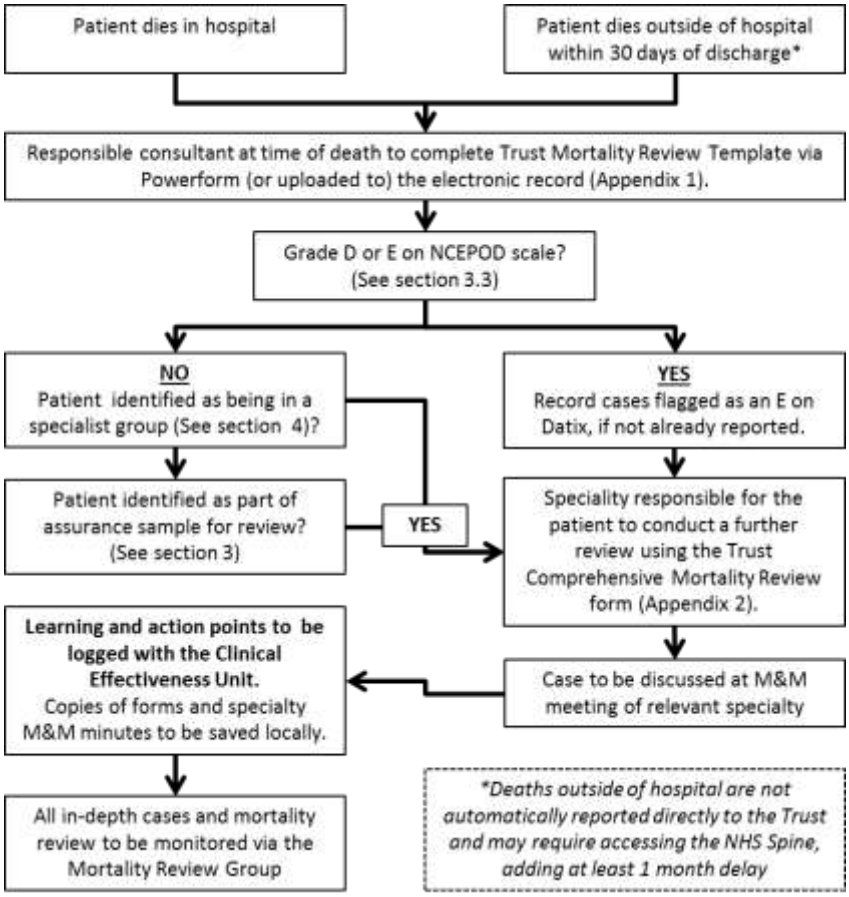
2 DEFINITIONS

Avoidable/Preventable	These terms are used interchangeably in the NHS; this policy will use 'avoidable' and 'unavoidable' to describe whether a change in the management of care for the patient would have an effect on the outcome.
CHKS	An independent company that provides support to a number of hospital trusts to analyse and compare their data with that of their national peers.
Crude Mortality	The total number of inpatient deaths as a percentage of the total number of spells. This metric is not risk adjusted but used in combination with other information to highlight potential areas for in-depth mortality review.
Expected Deaths	This is the total number of deaths that a Trust could expect to observe in a year based on the case-mix of all the patients admitted to the Trust in the same year. Each episode of patient care is given a value for risk, calculated from information such as the gender, age and primary diagnosis of the episode. The sum of these values gives the total expected number of deaths.
Dr Foster	An independent company, linked to the Imperial College Dr Foster Unit, that provides analysis and comparison of mortality data to the CQC and some NHS Trusts.
Hospital Standardised Mortality Ratio (HSMR)	This is the methodology devised by the Dr Foster which provides an indicator of risk-adjusted mortality within an NHS Trust. The ratio is observed deaths (total number of in-patient deaths) to the number of expected deaths. The risk adjustment is calculated for the 56 Clinical Classification System groups. The metric is available two months in arrears.

Mortality	Inpatient mortality relates to any in-hospital death and 30-day mortality refers to any death within 30 days following discharge from the Trust. This assumes that the patient has not been admitted to another NHS Trust within this period.
Mortality and Morbidity (M&M) Meeting	This is a regular, local meeting which brings a range of clinical colleagues together to discuss the whole journey of care provided from admission to discharge, where discharge ended in death. One or more patients may be discussed at a meeting and meetings may be held as frequently as necessary to review all deaths.
Mortality Review Group	This is a monthly formal meeting, chaired by the Chief Medical Officer, which disseminates information around a standard agends of mortality topics: the crude and risk adjusted mortality at Barts Health by Trust, Site and Ward; deaths in Low Risk HRG Groups; positive or negatively outlying specialties or diagnosis groups; deaths in specialist areas of concern, such as Learning Disabilities; and deaths following serious incidents or claims and inquests.
NHS Digital	The NHS organisation that acts as an information and technology resource for the health and care system. They are responsible for compiling and monitoring national healthcare data and provide SHMI on a quarterly basis.
Risk Adjusted Mortality Indicator (RAMI)	This is the methodology devised by the CHKS which provides an indicator of risk-adjusted mortality within an NHS Trust. The ratio is observed deaths (total number of in-patient deaths) to the number of expected deaths. The risk adjustment is calculated for the Health Resource Grouper (HRG) code. The metric is available two months in arrears.
Serious Incident (SI)	For the purposes of this policy, a serious incident is defined as acts or omissions occurring as part of NHS-funded healthcare (including in the community) that results in unexpected or avoidable death of one or more people. This includes: - Suicide / self-inflicted death - Homicide by a person in receipt of mental healthcare within the recent past. Further information regarding serious incidents can be found in the Trust Adverse Incident policy as referenced above.
Summary Hospital-level Mortality Indicator (SHMI)	This is the methodology devised by NHS Digital which provides an indicator of risk-adjusted mortality within an NHS Trust. The ratio is observed deaths (total number of in-patient deaths ***and*** out of hospital deaths occurring within 30 days of discharge) to the number of expected deaths. The risk adjustment is calculated for 140 specified SHMI diagnosis groups. The metric is available quarterly, 5/6 months in arrears.

3 CONDUCTING MORTALITY REVIEWS

Figure 1. Mortality Review Flowchart



3.1 The Trust has produced an initial two page Mortality Review Template (Appendix 1), which should be completed for all inpatient deaths **within one week of date of death** for inpatients and within one month of death notification for out of hospital deaths within 30 days of discharge.

3.2 The Mortality Review Template must be completed by the specialty responsible for the patient's care either on the electronic patient record via the appropriate powerform or completed manually and the file attached to the record.

3.3 The template asks for the reviewer to grade the care of the patient against the NCEPOD classification scale, given in table 1 below.

Table 1. NCEPOD Grading of Care

Code	Grading of Care
A	**Good practice**: A standard that you would accept from yourself, your trainees and your institution.
B	**Room for improvement:** Aspects of clinical care that could have been better.
C	**Room for improvement:** Aspects of organisational care that could have been better.
D	**Room for improvement:** Aspects of both clinical and organisational care that could have been better
E	**Less than satisfactory:** Several aspects of clinical and/or organisational care that were well below that you would accept from yourself, your trainees and your institution.

3.4 Secondary stage review provides a more in-depth analysis of the care the patient received at Barts Health prior to death. This is conducted using the Trust Comprehensive Mortality Review template (appendix 2), **except where otherwise detailed within sections 3 and 4 of this policy.**

3.5 Second stage review must be completed within 2 months of either the patient's date of death, notification of death in the trust or from the date where the review was first requested.

3.6 Deaths where the initial review has graded the care as E must be raised as an incident on Datix and managed in accordance with the Barts Health Adverse Incident Policy. Where a death is managed as a Serious Incident and a Comprehensive Investigation Report is available, this can be used in place of the Comprehensive Mortality Review Template.

3.7 Deaths where the initial review has graded the care as D or where the death was a patient considered part of a specialist group (see Section 4) require additional review. A Comprehensive Mortality Review Template (appendix 2) must be completed for each of these patients, **unless otherwise detailed in section 4 of this policy.**

3.8 A random sample of patients which have been graded A, B or C and are not considered part of a specialist group will be periodically reviewed with the Comprehensive Mortality Review template to provide assurance and continually inform the internal mortality review process.

3.9 All second stage reviews should be discussed at local Mortality and Morbidity meetings; where the patient is being reviewed by the MDT as part of an adverse incident investigation, this may be considered sufficient.

3.10 All Comprehensive Mortality Review Templates must be attached to the patient's electronic record on Cerner or submitted to the Clinical Effectiveness Unit for attachment.

4 SPECIALIST GROUPS

Deaths of Patients with Learning Disabilities

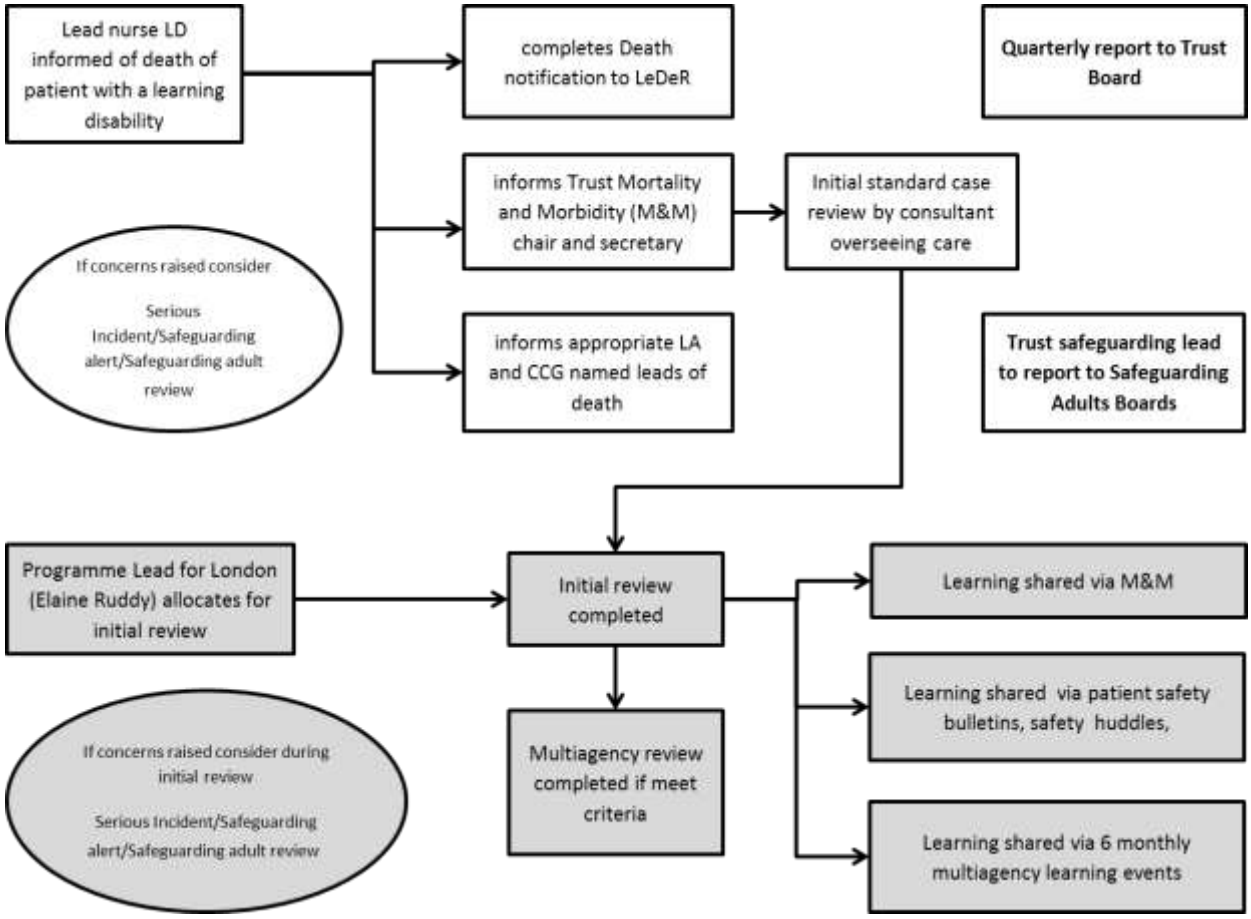
4.1 All deaths of patients with learning disabilities require second stage review as detailed in Section 3.

4.2 Deaths in this specialist group are monitored by the Lead Nurse for Learning Disabilities, who is responsible for completing and submitting a futher external review of the patient care in accordance with the National Learning Disabilities Mortality Review (LeDeR) Programme.

4.3 A copy of both first and second stage reviews must be available for the Lead Nurse for Learning Disabilities to use to support the LeDeR submission.

4.4 The complete LeDer submission will be presented and disseminated Trustwide via the Mortality Review Group.

Figure 2. LeDeR Process at Barts Health NHS Trust



Deaths of Patients with Mental Health Needs

4.5 All deaths of patients with mental health needs require second stage review as detailed in Section 3.

4.6 These will be presented and disseminated Trustwide via the Mortality Review Group.

Maternal Deaths, Neonatal Deaths, Stillbirths and Late Foetal losses

4.7 All perinatal deaths require second stage review using the National Perinatal Mortality Review Tool.

4.8 Deaths in this specialist group are monitored by the Maternity and Neonatal units, which are responsible for completing and submitting a futher external review of the patient care in accordance with the MBRRACE-UK programme.

4.9 In addition, the sudden, unexpected death of a neonate must be managed in accordance with the Barts Health Sudden Unexpected Deaths in Infants and Children under 18 (SUDIC) policy.

4.10 All maternal deaths must be managed in accordance with the Barts Health Maternity policy around Maternal Death.

4.11 These will be presented and disseminated Trustwide via the Mortality Review Group.

Infant or Child Deaths

4.12 All deaths of paediatric patients require second stage review. This will be managed via the Child Death Overview Panel (CDOP) process.

4.13 In addition, the sudden, unexpected death of an infant or child must be managed in accordance with the Barts Health Sudden Unexpected Deaths in Infants and Children under 18 (SUDIC) policy.

Deaths where a concern has been raised

4.14 All deaths where bereaved families and carers, or staff, have raised a significant concern about the quality of care provision require a second stage review.

4.15 These will be presented and disseminated Trustwide via the Mortality Review Group.

Deaths relating to a trend or area of interest

4.16 All deaths which form part of a patient cohort or diagnosis group where a positive or negative trend has been highlighted may require second stage review and the completion of a Mortality Trend Review form.

4.17 These will be requested by the Mortality Review Group on behalf of the Chief Medical Officer and the appropriate clinical team will be contacted directly and provided with guidance to complete any reviews.

4.18 Summary reports will be presented and shared at the Mortality Review Group.

5 SHARING LEARNING FROM MORTALITY

5.1 All actions arising from local mortality review and discussion must be recorded and reported to the Clinical Effectiveness Unit. Actions must include an owner, status and date of completion.

5.2 All actions must be recorded and monitored via the Trust Mortality Action Log on Datix

5.3 These will be disseminated via the Mortality Review Group and Site Quality and Safety Meetings.

6 DATA COLLECTION AND REPORTING

6.1 The Trust must provide quarterly reports to the Department of Health regarding the percentage of deaths reviewed, the percentage of deaths considered to be avoidable and a list of actions that will be taken following local M&M review and discussion, the submission of which will be facilitated by the Clinical Effectiveness Unit.

6.2 A list of inpatient deaths will be obtained each month by the Clinical Effectiveness Unit, who will ensure that a review has been conducted for each patient and is available on the electronic patient record. The number of reviews which have highlighted a patient deaths as avoidable via this form will be calculated.

6.3 All actions arising a local M&M review and recorded on Datix will be collated and submitted each quarter.

7 OWNERSHIP AND RESPONSIBILITIES

Multi-Disciplinary Team	• Conduct the initial review of all deaths of patients under their care and provide this review on the electronic patient record. • Conduct secondary stage reviews where required internally or externally or where requested by the Mortality Review Group. • Follow any supplementary requirements or additional Trust policy with regards to specialist deaths. • Hold regular local morbidity and mortality meetings, which are supported by an up to date Terms of Reference. • Submit all actions arising from mortality review centrally using Datix and ensure these actions are implemented.
Clinical Effectiveness Unit	• Monitor the completion of reviews for all deceased patients covered by this report. • Ensure the quarterly submissions to the Department of Health are submitted.
Mortality Review Group	• Receive and monthly reports around the reviews of deceased patients at Barts Health • Investigate and discuss any concerning cases or trends arising from mortality review and share this information with the relevant specialities for further review. • Disseminate mortality information to Site Clinical Management.
Trust Board	• Receive quarterly reports from the Mortality Review Group around responding to deaths at Barts Health.

8 MONITORING THE EFFECTIVENESS OF THIS POLICY

Issue being monitored	Monitoring method	Responsibility	Frequency	Reviewed by and actions arising followed up by

END

Appendix 1: All patient Mortality Review Template

Appendix 2: Comprehensive Mortality Review Template (Second Stage)

Appendix 3: Mortality Trend Review Template

Appendix 4: Local M&M Meetings – Terms of Reference Template

Appendix 5: Mortality Review Group – Terms of Reference