

**Description:**

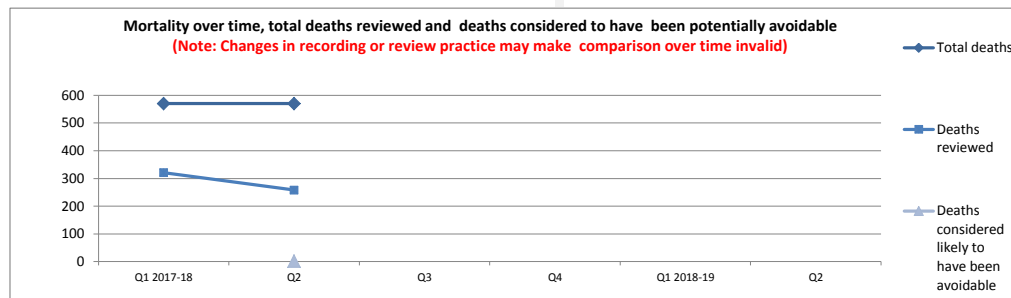
The suggested dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

**Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology**

**Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable (does not include patients with identified learning disabilities)**

Total Number of Deaths in Scope		Total Deaths Reviewed		Total Number of deaths considered to have been potentially avoidable (RCP<=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
191	184	79	84	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
570	570	258	321	2	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
1140	0	579	0	2	0

Time Series: Start date 2017-18 Q1 End date 2018-19 Q2



**Total Deaths Reviewed by RCP Methodology Score**

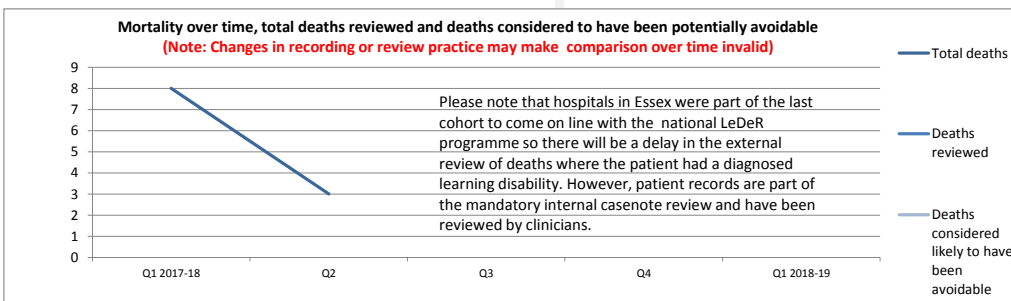
Score 1	Score 2	Score 3	Score 4	Score 5	Score 6
Definitely avoidable	Strong evidence of avoidability	Probably avoidable (more than 50:50)	Probably avoidable but not very likely	Slight evidence of avoidability	Definitely not avoidable
This Month: 0 (0.0%)	This Month: 0 (0.0%)	This Month: 0 (0.0%)	This Month: 1 (1.6%)	This Month: 1 (1.6%)	This Month: 61 (96.8%)
This Quarter (QTD): 0 (0.0%)	This Quarter (QTD): 0 (0.0%)	This Quarter (QTD): 2 (0.9%)	This Quarter (QTD): 2 (0.9%)	This Quarter (QTD): 4 (1.9%)	This Quarter (QTD): 208 (96.3%)
This Year (YTD): 0 (0.0%)	This Year (YTD): 0 (0.0%)	This Year (YTD): 2 (0.4%)	This Year (YTD): 4 (0.8%)	This Year (YTD): 9 (1.8%)	This Year (YTD): 474 (96.9%)

**Summary of total number of learning disability deaths and total number reviewed under the LeDeR methodology**

**Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable for patients with identified learning disabilities**

Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total Number of deaths considered to have been potentially avoidable	
This Month	Last Month	This Month	Last Month	This Month	Last Month
0	2	0	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
3	8	0	0	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
11	0	0	0	0	0

Time Series: Start date 2017-18 Q1 End date 2018-19 Q1





## Learning from Deaths – Themes and Actions

**Issue** - failure to screen and subsequently treat for sepsis.

**Action** - compliance with the sepsis screening tool is closely monitored. The sepsis screening tool has been updated to help improve compliance with documentation and treatment; this will be rolled out in January. The new Adult Treatment and Escalation Plan (TEP) will make clear those patients for whom screening and treatment would not be appropriate.

**Issue** – missed cord compression.

**Action** - New oncology standard operating procedure; spinal cord compression pathway to be shared with A&E; known oncology patients to have immediate referral to oncology team; once trauma has been excluded, metastatic spinal cord compression (MSCC) should be excluded by a whole-spine MRI as soon as possible; where there are treatment options available for a health condition, such as MSCC, that span across two specialities there should be robust communication channels and there should be collaboration to achieve the most appropriate treatment options for the patient.

**Issue** – symptom control for patients approaching end of life/pre-emptive prescribing of medication.

**Action** – there is access to the specialist palliative care team 24/7 and this has been widely publicised; better recognition of anticipatory medicines has been noted with increased uptake of the Individual Care Record for the Last Days of Life (ICRLDL).

**Issue** – earlier consideration/recognition of last days of life/completion of DNACPR forms.

**Action** – although it is acknowledged that there are elements of ‘hindsight bias’ with mortality reviews, there is work ongoing to encourage the regular review of the patient’s response to treatment and prognosis including use of the Adult TEP.

**Issue** – poor uptake of the ICRLDL in some areas.

**Action** - there are pockets of excellence but it is acknowledged that use of the tool is not delivered consistently well across the Trust. This is being monitored by the palliative care team and the compliance target has been exceeded for the last six months.

**Issue** – poor standard of documentation on internal transfer and internal transfer issues.

**Action** – this is being addressed by senior nursing staff as part of the Team Ivy project – a new internal standard has been written.

**Issue** – ensuring patients are looked after in their preferred place of care.

**Action** – there has been good uptake with registering patients on the My Care Choices register and staff access is monitored closely to ensure that the patient’s wishes are complied with, but it is not always possible to achieve a rapid discharge home/to the hospice.

**Issue** – good documentation of discussion with families and carers

**Action** – reviews have picked up an increasing standard of documentation of consultation with families and carers. Families are being consulted, treatment limits considered and ceilings established. There is good evidence of symptom control to allow quality time with relatives as the patient approaches end of life

**Issue** – observations not completed correctly.

**Action** – the accurate and timely completion of patient observations is part of the Every Patient Every Day workstream. Training is being delivered and patient notes audited both by the ward and by the Sepsis Nurse Specialist. Following the trust-wide audit in December 2016, the wards have made great progress on both the accuracy and timing of observations, however, the Trust is aware that agency staff are not always as familiar with the early warning score tool as they say they are on local induction.