Meeting title	**Board of Directors**	**Date: 6 May 2016**
Report title:	**Mortality update report**	**Agenda item: 3.2**
Lead director **Report author** **Sponsor(s)**	**Dr Ian Reckless** **Dr Ijaz Mehdi**	**Medical Director** **Associate Medical Director**
FoI status:	**Publicly disclosable**	

Report summary				
Purpose *(tick one box only)*	**Information** ☐	**Approval** ☐	**To note** x	**Decision** ☐
Recommendation	Implementation and monitoring of the action plan			

Strategic objectives links	Improve patient safety
Board Assurance Framework links	Risk register ID reference 616
CQC outcome/ regulation links	Trust objective – patient safety **This report relates to CQC:** **Regulation 12 – Safe care & treatment** **Regulation 17 – Good governance**
Identified risks and risk management actions	Mortality data outside the expected range would be of public & regulatory body concern
Resource implications	None
Legal implications including equality and diversity assessment	This paper has been assessed to ensure it meets the general equality duty as laid down by the Equality Act 2010

Report history	There have been previous discussions at Quality Committee with regards to mortality and further assurance was requested
Next steps	Implementation and monitoring of the action plan
Appendices	N/A

Executive Summary

This paper summarises the Trust's current position in relation to mortality based on the latest Dr Foster data available and as discussed through the Trust's mortality and morbidity (M&M) meeting framework.

To ensure the standardisation of M&M processes and meetings a Trust policy is being drafted for use across all specialties and to ensure the appropriate escalation of exceptions and concerns from the specialty M&M groups to the Mortality Review Group, Mortality Board and then Quality Board. This will include standard templates to ensure the effective capturing of evidence and clearly define the expected roles and responsibilities of the M&M Leads.

The Trust Mortality Review Group meeting on 16th March 2016 concluded that there were no issues of immediate concern but that general monitoring and specific review of some diagnosis groups should continue through the M&M framework.

Definitions

Out of hours – Nights/weekends and bank holidays

Case mix – Type or mix of patients treated by a hospital

Morbidity – Refers to the disease state of an individual or incidence of ill health

Crude mortality A hospital's crude mortality rate looks at the number of deaths that occur in a hospital in any given year and then compares that against the amount of people admitted for care in that hospital for the same time period. The crude mortality rate can then be set as the number of deaths for every 100 patients admitted

HSMR – Hospital Standardised Mortality Rate This looks only at deaths within hospital and can take no account of the death of patients discharged to Hospice care or to die at home. HSMR involves adjustments being made to crude mortality rates in order to recognise different levels of comorbidity and ill health in the patients cared by similar hospitals.

Relative Risk – Measures the actual number of deaths against the expected number deaths. Both the SHMI and the HSMR use the ratio of actual deaths to an expected number of deaths as their statistic. HSMR multiplies the Relative Risk by 100.

- A HSMR above 100 = There are more deaths than expected
- A HSMR below 100 = There are less deaths than expected

Dr Foster
Relative position of Milton Keynes Hospital NHS Foundation Trust (MKH) on National Published Mortality Statistics.
The trust recently renewed its relationship with Dr Foster Intelligence therefore some of the graphs may look different).

HSMR
(Dec 2014 - Nov 2015)

The Hospital Standardised Mortality Ratio (HSMR) which is a statistic based upon in hospital deaths for a restricted group of 56 diagnostic groups with high numbers of national admissions.

Key Highlights:

- HSMR for 12 month period = **80.92** 'lower than expected' range
- HSMR for latest 1 month (Nov 15) = **88.01** 'as expected' range
- Crude rate within HSMR basket = 3.33% (MK Peer group rate = 3.69%, national crude rate 3.78%)
- There are 0 significant outliers within the HSMR basket for this time period

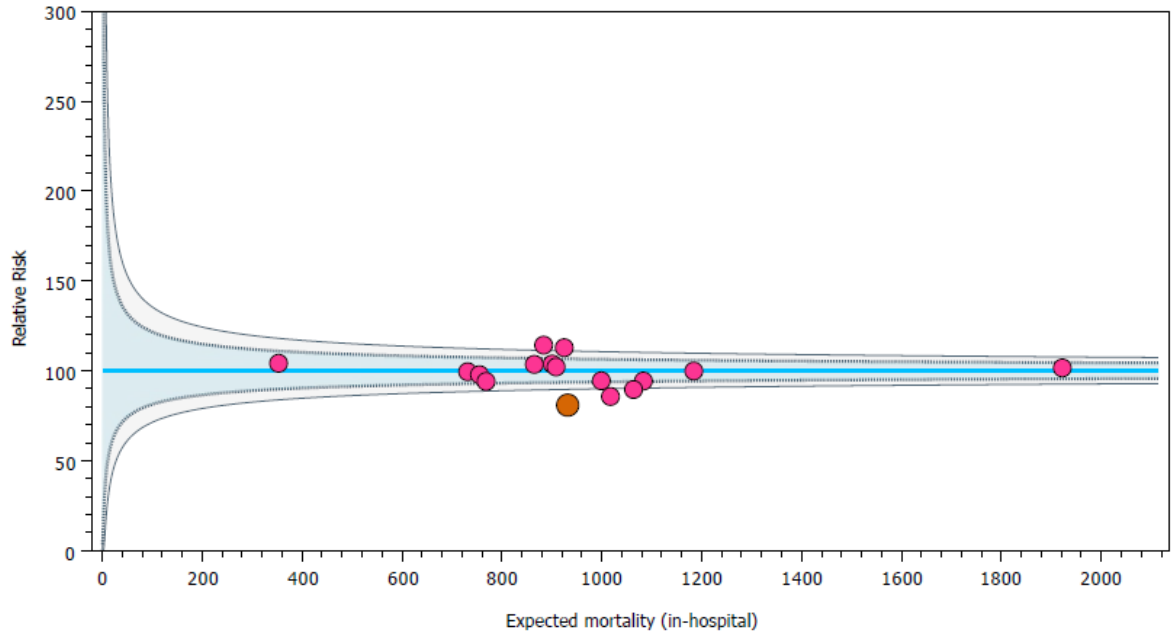
The Trust currently ranks 1st lowest HSMR value vs. MK peer group and
6th lowest vs. national peers (i.e.6th Best trust out of 141 Acute Trusts in England for 12 months period Dec. 2014 – Nov 2015.)

SHMI
(Oct 2014 – Sep 2015)

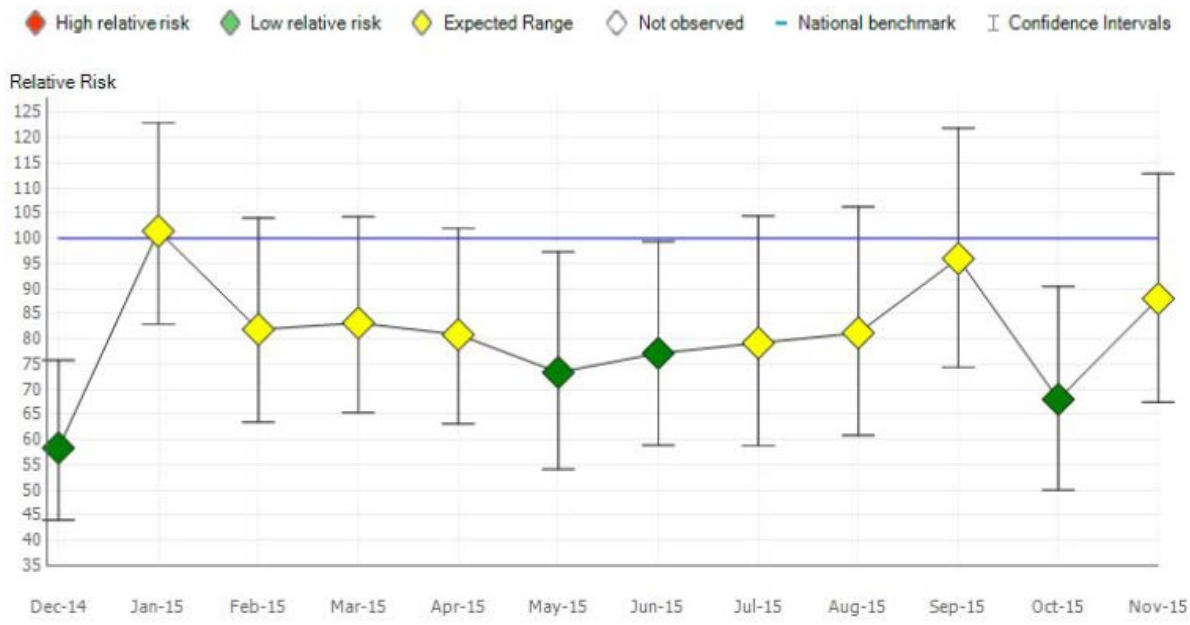
Summary Hospital level Mortality Indicator which includes out of hospital deaths occurring within 30 days of discharge. This is the ratio between the actual number of patients who die following treatment at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated. A SHMI score below 1 is better than average. With regards to ranking, 1 is the highest SHMI where the number reflects the worst performing trust with other end of the spectrum the best, with the lowest SHMI.

SHMI in September 2015 was 96.51
SHMI for the rolling 12 months to September 2015 was 102.90

HSMR Funnel Plot



Trust level HSMR monthly performance for rolling year (Dec 2014 - Nov 2015)



HSMR performance for rolling year to November 2015 against trust peers. Trust ranks 1st with the lowest HSMR at 80.91.

Results: 1 to 16 of 16

Spells	Superspells	First / Last	Observed	Expected	Relative Risk	Benchmark	C-Statistic
412,081	408,208	Dec-2014 / Nov-2015	15,052 (3.69%)	15293.34 (3.75%)	98.42 (96.86 - 100.01)	Month: Aug-15	0.85 (High)

Peers (Acute)	Spells	Superspells	(%) of all	Observed	Expected	Obs. - Exp.	Rate (%)	Exp. (%)	Relative Risk	Low	High
ALL	412,081	408,208	100.00 %	15,052	15293.34	-241.34	3.69 %	3.75 %	98.42	96.86	100.01
North Middlesex University Hospital NHS Trust	24,596	24,373	5.97 %	1,010	883.72	126.28	4.14 %	3.63 %	114.29	107.35	121.56
Luton and Dunstable University Hospital NHS Foundation Trust	29,519	29,454	7.22 %	1,044	924.95	119.05	3.54 %	3.14 %	112.87	106.13	119.93
Barnsley Hospital NHS Foundation Trust	22,376	22,218	5.44 %	935	900.83	34.17	4.21 %	4.05 %	103.79	97.25	110.67
Oxford University Hospitals NHS Foundation Trust	60,626	59,649	14.61 %	1,953	1921.97	31.03	3.27 %	3.22 %	101.61	97.16	106.22
Mid Cheshire Hospitals NHS Foundation Trust	22,779	22,745	5.57 %	896	865.00	31.00	3.94 %	3.80 %	103.58	96.91	110.59
Burton Hospitals NHS Foundation Trust	23,154	22,604	5.54 %	928	908.57	19.43	4.11 %	4.02 %	102.14	95.67	108.93
Northampton General Hospital NHS Trust	33,606	33,412	8.19 %	1,183	1184.32	-1.32	3.54 %	3.54 %	99.89	94.28	105.75
Homerton University Hospital NHS Foundation Trust	10,140	9,945	2.44 %	368	353.11	14.89	3.70 %	3.55 %	104.22	93.84	115.43
Southport and Ormskirk Hospital NHS Trust	17,636	17,611	4.31 %	728	731.57	-3.57	4.13 %	4.15 %	99.51	92.41	107.01
The Hillingdon Hospitals NHS Foundation Trust	17,311	17,137	4.20 %	739	755.26	-16.26	4.31 %	4.41 %	97.85	90.92	105.16
Buckinghamshire Healthcare NHS Trust	31,368	31,144	7.63 %	1,022	1083.40	-61.40	3.28 %	3.48 %	94.33	88.64	100.30
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	26,948	26,843	6.58 %	944	999.17	-55.17	3.52 %	3.72 %	94.48	88.55	100.70
Bedford Hospital NHS Trust	16,849	16,623	4.07 %	723	768.47	-45.47	4.35 %	4.62 %	94.08	87.35	101.20
Kettering General Hospital NHS Foundation Trust	29,722	29,537	7.24 %	953	1063.65	-110.65	3.23 %	3.60 %	89.60	84.00	95.47
The Princess Alexandra Hospital NHS Trust	22,373	22,289	5.46 %	872	1017.49	-145.49	3.91 %	4.57 %	85.70	80.11	91.58
Milton Keynes University Hospital NHS Foundation Trust	23,078	22,624	5.54 %	754	931.87	-177.87	3.33 %	4.12 %	80.91	75.24	86.90

Trust level HSMR monthly performance for rolling year (Dec 2014 - Nov 2015)

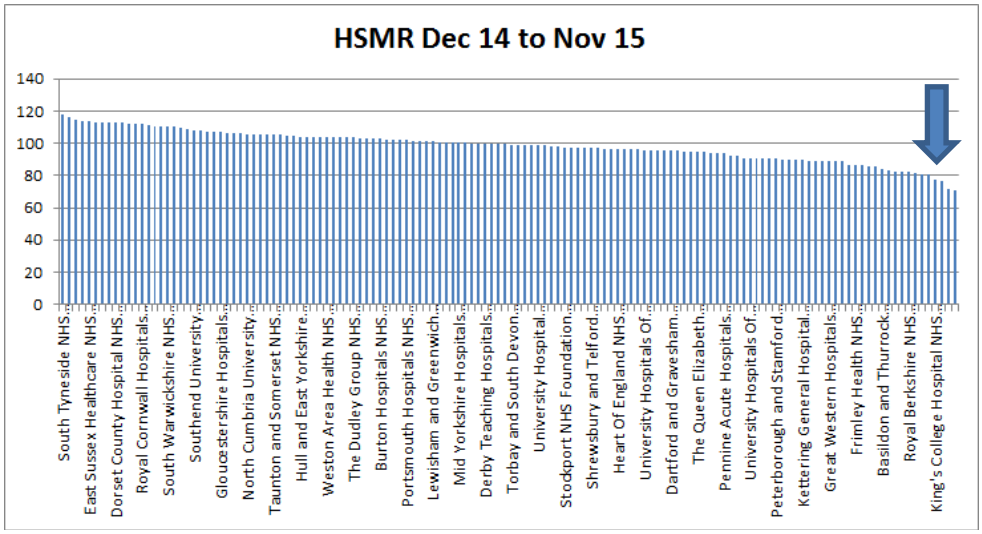
The trust performed well throughout the period remaining under the threshold of 100 overall, however in January 2015 it was above the threshold of 100.

Results: 1 to 12 of 12

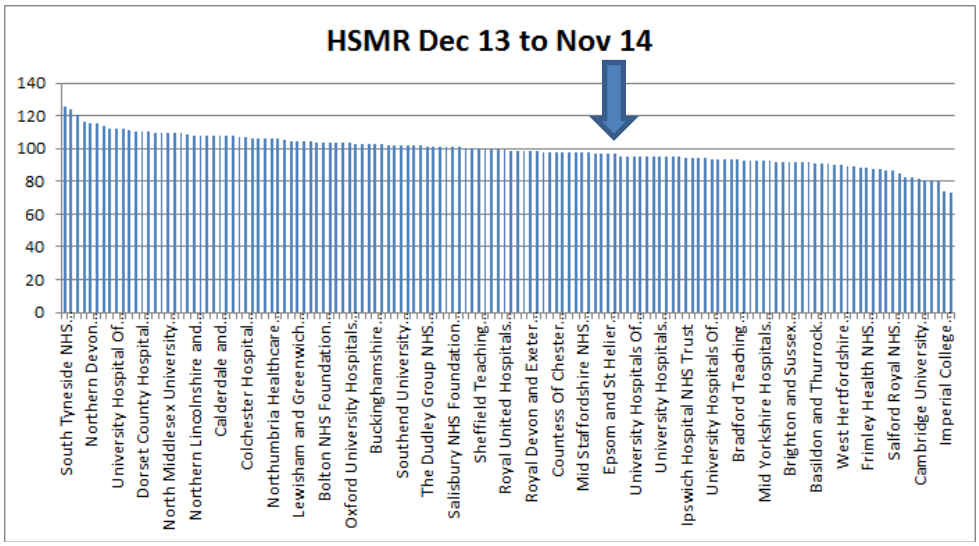
Spells	Superspells	First / Last	Observed	Expected	Relative Risk	Benchmark	C-Statistic
23,078	22,703	Dec-2014 / Nov-2015	760 (3.35%)	939.24 (4.14%)	80.92 (75.27 - 86.88)	Month: Aug-15	0.85 (High)

Trend (Month)	Spells	Superspells	(%) of all	Observed	Expected	Obs. - Exp.	Rate (%)	Exp. (%)	Relative Risk	Low	High
ALL	23,078	22,703	100.00 %	760	939.24	-179.24	3.35 %	4.14 %	80.92	75.27	86.88
Dec-14	1,983	1,957	8.62 %	56	95.97	-39.97	2.86 %	4.90 %	58.35	44.07	75.77
Jan-15	1,929	1,902	8.38 %	104	102.52	1.48	5.47 %	5.39 %	101.44	82.89	122.92
Feb-15	1,762	1,741	7.67 %	67	81.81	-14.81	3.85 %	4.70 %	81.90	63.46	104.01
Mar-15	2,040	2,004	8.83 %	75	90.18	-15.18	3.74 %	4.50 %	83.17	65.41	104.25
Apr-15	1,923	1,888	8.32 %	71	87.81	-16.81	3.76 %	4.65 %	80.86	63.15	101.99
May-15	1,790	1,756	7.73 %	48	65.42	-17.42	2.73 %	3.73 %	73.37	54.09	97.28
Jun-15	1,940	1,914	8.43 %	60	77.76	-17.76	3.13 %	4.06 %	77.16	58.88	99.33
Jul-15	1,955	1,922	8.47 %	50	63.13	-13.13	2.60 %	3.28 %	79.20	58.78	104.42
Aug-15	1,767	1,734	7.64 %	53	65.27	-12.27	3.06 %	3.76 %	81.20	60.82	106.22
Sep-15	1,901	1,880	8.28 %	67	69.80	-2.80	3.56 %	3.71 %	95.98	74.38	121.90
Oct-15	2,040	1,988	8.76 %	47	69.11	-22.11	2.36 %	3.48 %	68.00	49.96	90.43
Nov-15	2,048	2,017	8.88 %	62	70.45	-8.45	3.07 %	3.49 %	88.01	67.47	112.82

HSMR position vs. national 13/14 vs. 14/15 (Significant Improvement)

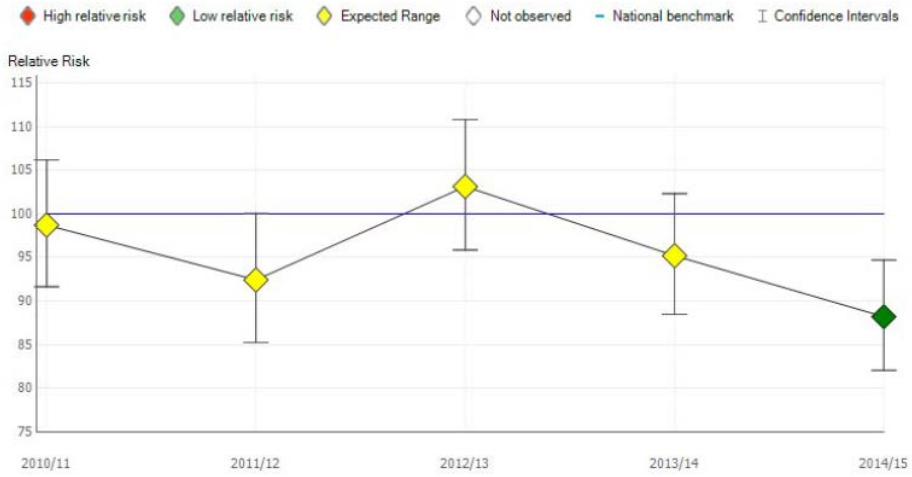


Dec14 to Nov15 HSMR = 80.92 'lower than expected' (6th lowest out of 139 non specialist acute Trusts) 1st lowest ranking is the best trust with Lowest HSMR.



Dec 13 to Nov 14 HSMR = 106.79 'as expected' (35th lowest out of 139 non specialist acute Trusts

HSMR 5 year trend



DVISIONAL HSMR performance for rolling year (Dec 2014 - Nov 2015)

Divisional HSMR have been developed by attributing deaths in Dr Foster basket of 56 diagnostic groups to the most appropriate division.

Medical Division RR = 79.55 'lower than expected'. There are 0 outlying diagnosis groups (significantly higher than expected deaths)

Results: 1 to 55 of 55

Spells	Superspells	First / Last	Observed	Expected	Relative Risk	Benchmark	C-Statistic
12,694	12,379	Dec-2014 / Nov-2015	678 (5.48%)	852.24 (6.88%)	79.55 (73.68 - 85.78)	Month: Aug-15	0.82 (High)

Diagnosis group	Spells	Superspells	(%) of all	Observed	Expected	Obs. - Exp.	Rate (%)	Exp. (%)	Relative Risk	Low	High
ALL	12,694	12,379	100.00 %	678	852.24	-174.24	5.48 %	6.88 %	79.55	73.68	85.78
Aspiration pneumonitis, food/vomitus	124	120	0.97 %	43	42.01	0.99	35.83 %	35.01 %	102.36	74.07	137.88
Acute cerebrovascular disease	260	255	2.06 %	45	48.39	-3.39	17.65 %	18.97 %	93.00	67.83	124.45
Pneumonia	1,110	1,091	8.81 %	204	272.26	-68.26	18.70 %	24.95 %	74.93	65.00	85.95
Biliary tract disease	168	168	1.36 %	11	8.68	2.32	6.55 %	5.17 %	126.67	63.15	226.67
Liver disease, alcohol-related	58	58	0.47 %	11	8.87	2.13	18.97 %	15.28 %	124.08	61.86	222.03

Surgical Division RR =93.83 'as expected'. There are 0 outlying diagnosis groups (significantly higher than expected deaths)

Results: 1 to 52 of 52

Spells	Superspells	First / Last	Observed	Expected	Relative Risk	Benchmark	C-Statistic
5,183	5,166	Dec-2014 / Nov-2015	75 (1.45%)	79.93 (1.55%)	93.83 (73.80 - 117.62)	Month: Aug-15	0.89 (High)

Diagnosis group	Spells	Superspells	(%) of all	Observed	Expected	Obs. - Exp.	Rate (%)	Exp. (%)	Relative Risk	Low	High
ALL	5,183	5,166	100.00 %	75	79.93	-4.93	1.45 %	1.55 %	93.83	73.80	117.62
Fracture of neck of femur (hip)	232	231	4.47 %	22	15.94	6.06	9.52 %	6.90 %	138.02	86.47	208.98
Cancer of prostate	95	95	1.84 %	3	1.41	1.59	3.16 %	1.49 %	212.44	42.70	620.71
Peripheral and visceral atherosclerosis	57	56	1.08 %	6	5.26	0.74	10.71 %	9.40 %	114.02	41.64	248.19
Intestinal obstruction without hernia	124	124	2.40 %	7	6.85	0.15	5.65 %	5.52 %	102.21	40.95	210.60
Other gastrointestinal disorders	711	709	13.72 %	5	4.14	0.86	0.71 %	0.58 %	120.68	38.89	281.64

Women's and Children's Division RR = 102.18 'as expected'. There are 0 outlying diagnosis groups (significantly higher than expected deaths)

Results: 1 to 30 of 30

Spells	Superspells	First / Last	Observed	Expected	Relative Risk	Benchmark	C-Statistic
2,504	2,483	Dec-2014 / Nov-2015	8 (.32%)	7.84 (.32%)	102.08 (43.95 - 201.15)	Month: Aug-15	0.85 (High)

Diagnosis group	Spells	Superspells	(%) of all	Observed	Expected	Obs. - Exp.	Rate (%)	Exp. (%)	Relative Risk	Low	High
ALL	2,504	2,483	100.00 %	8	7.84	0.16	0.32 %	0.32 %	102.08	43.95	201.15
Other perinatal conditions	577	572	23.04 %	8	5.87	2.13	1.40 %	1.03 %	136.36	58.71	268.70
Septicemia (except in labour)	12	11	0.44 %	0	0.11	-0.11	0.00 %	1.04 %	0.00	0.00	3203.10

Core Division RR = 49.08 'as expected'. There are 0 outlying diagnosis groups (significantly higher than expected deaths)

Results: 1 to 24 of 24

Spells	Superspells	First / Last	Observed	Expected	Relative Risk	Benchmark	C-Statistic
2,692	2,692	Dec-2014 / Nov-2015	1 (.04%)	2.04 (.08%)	49.08 (0.64 - 273.09)	Month: Aug-15	0.89 (High)

Diagnosis group	Spells	Superspells	(%) of all	Observed	Expected	Obs. - Exp.	Rate (%)	Exp. (%)	Relative Risk	Low	High
ALL	2,692	2,692	100.00 %	1	2.04	-1.04	0.04 %	0.08 %	49.08	0.64	273.09
Non-Hodgkin's lymphoma	1	1	0.04 %	1	0.33	0.67	100.00 %	33.19 %	301.29	3.94	1676.31
Septicemia (except in labour)	10	10	0.37 %	0	0.78	-0.78	0.00 %	7.85 %	0.00	0.00	467.39

HSMR WEEKDAY/WEEKEND ANALYSIS

Week End HSMR takes account of patients who are admitted on Friday, Saturday and Sunday and then die subsequently on any day of the week.
Week days HSMR takes account of patients admitted from Monday –Thursday.

Key Highlights:

- There is no significant difference between the weekday and weekend HSMR for emergency admissions both are significantly lower than expected.

HSMR Weekday Admissions Emergency only

Weekday HSMR (Emergency Admissions) = **79.52** 'lower than expected'

Day of admission	Spells	Superspells	(%) of all	Observed	Expected	Obs. - Exp.	Rate (%)	Exp. (%)	Relative Risk	Low	High
ALL	9,427	9,193	100.00 %	567	713.05	-146.05	6.17 %	7.76 %	79.52	73.11	86.34
Monday	1,926	1,885	20.50 %	122	153.73	-31.73	6.47 %	8.16 %	79.36	65.90	94.76
Tuesday	1,856	1,807	19.66 %	102	129.04	-27.04	5.64 %	7.14 %	79.04	64.45	95.96
Wednesday	1,865	1,811	19.70 %	111	140.24	-29.24	6.13 %	7.74 %	79.15	65.11	95.32
Thursday	1,905	1,868	20.32 %	135	146.93	-11.93	7.23 %	7.87 %	91.88	77.03	108.75
Friday	1,875	1,822	19.82 %	97	143.11	-46.11	5.32 %	7.85 %	67.78	54.97	82.69

HSMR Weekend Admissions Emergency only

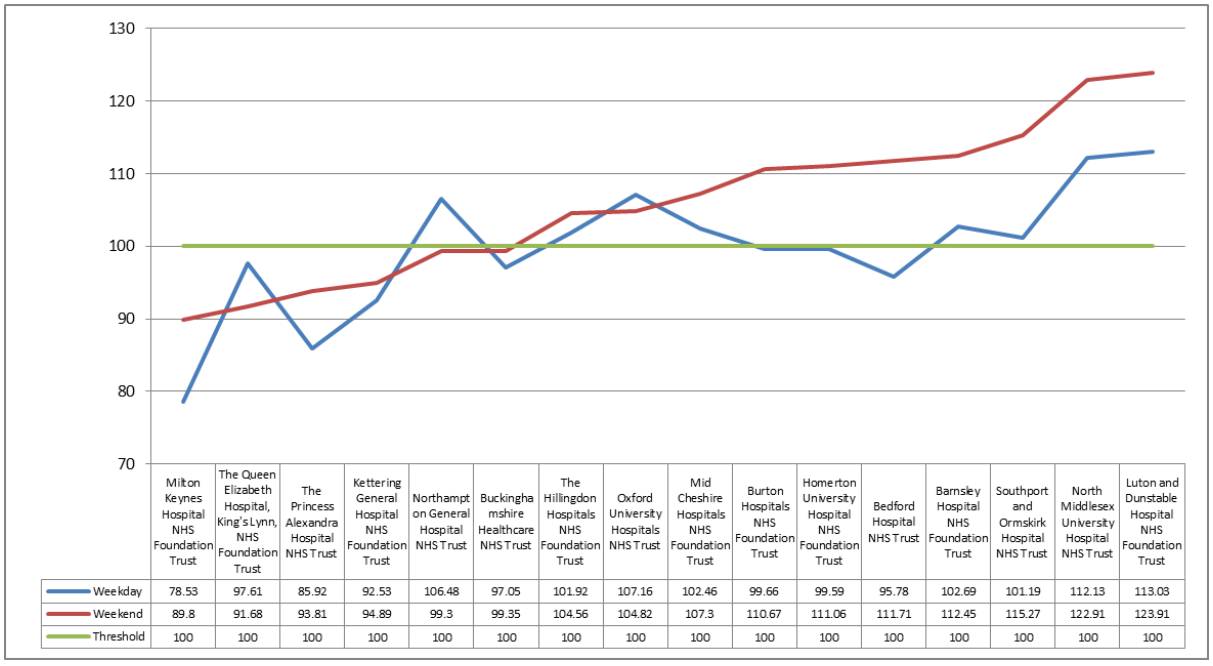
Weekend HSMR (Emergency Admissions) = **86.84** 'lower than expected'

Day of admission	Spells	Superspells	(%) of all	Observed	Expected	Obs. - Exp.	Rate (%)	Exp. (%)	Relative Risk	Low	High
ALL	3,001	2,988	100.00 %	196	225.69	-29.69	6.56 %	7.55 %	86.84	75.11	99.89
Sunday	1,403	1,397	46.75 %	107	111.69	-4.69	7.66 %	8.00 %	95.80	78.51	115.76
Saturday	1,598	1,591	53.25 %	89	114.00	-25.00	5.59 %	7.17 %	78.07	62.69	96.07

The HSMR for Weekend Emergency admissions is higher than HSMR for weekday's emergency admissions but both are lower than expected.

Trust level HSMR performance for rolling year by weekday/weekend admission against trust Peers (Dec 2014 - Nov 2015)

6 trusts including MKUH performed below the HSMR threshold of 100 for weekend admissions with MKUH reporting the lowest HSMR for weekend admissions.



	Milton Keynes Hospital NHS Foundation Trust	The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	The Princess Alexandra Hospital NHS Trust	Kettering General Hospital NHS Foundation Trust	Northampton General Hospital NHS Trust	Buckinghamshire Healthcare NHS Trust	The Hillingdon Hospitals NHS Foundation Trust	Oxford University Hospitals NHS Trust	Mid Cheshire Hospitals NHS Foundation Trust	Burton Hospitals NHS Foundation Trust	Homerton University Hospital NHS Foundation Trust	Bedford Hospital NHS Trust	Barnsley Hospital NHS Foundation Trust	Southport and Ormskirk Hospital NHS Trust	North Middlesex University Hospital NHS Trust	Luton and Dunstable Hospital NHS Foundation Trust
Weekday	78.53	97.61	85.92	92.53	106.48	97.05	101.92	107.16	102.46	99.66	99.59	95.78	102.69	101.19	112.13	113.03
Weekend	89.8	91.68	93.81	94.89	99.3	99.35	104.56	104.82	107.3	110.67	111.06	111.71	112.45	115.27	122.91	123.91
Threshold	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

HSMR by diagnosis group

Over a period of one year more deaths were observed than expected in this group of patients therefore Audits were performed to learn lessons and improve care pathway.

There are 0 outlying diagnosis groups attracting significantly higher than expected deaths:

Results: 1 to 56 of 56

Spells	Superspells	First / Last	Observed	Expected	Relative Risk	Benchmark	C-Statistic
23,078	22,703	Dec-2014 / Nov-2015	760 (3.35%)	939.24 (4.14%)	80.92 (75.27 - 86.88)	Month: Aug-15	0.85 (High)

Diagnosis group	Spells	Superspells	(%) of all	Observed	Expected	Obs. - Exp.	Rate (%)	Exp. (%)	Relative Risk	Low	High
ALL	23,078	22,703	100.00 %	760	939.24	-179.24	3.35 %	4.14 %	**80.92**	75.27	86.88
Fracture of neck of femur (hip)	250	247	1.09 %	24	17.48	**6.52**	9.72 %	7.08 %	137.32	87.96	204.34
Aspiration pneumonitis, food/vomitus	128	124	0.55 %	43	42.42	**0.58**	34.68 %	34.21 %	101.37	73.36	136.55
Acute cerebrovascular disease	264	259	1.14 %	45	48.78	-3.78	17.37 %	18.84 %	92.24	67.28	123.43
Pneumonia	1,171	1,150	5.07 %	207	274.89	-67.89	18.00 %	23.90 %	**75.30**	65.39	86.29
Liver disease, alcohol-related	60	60	0.26 %	12	9.49	**2.51**	20.00 %	15.81 %	126.47	65.27	220.93

Audit of fracture neck of femur (NOF) deaths was performed by the Orthopaedic Department; it is attached along with the report highlighting the recommendations and learnings.

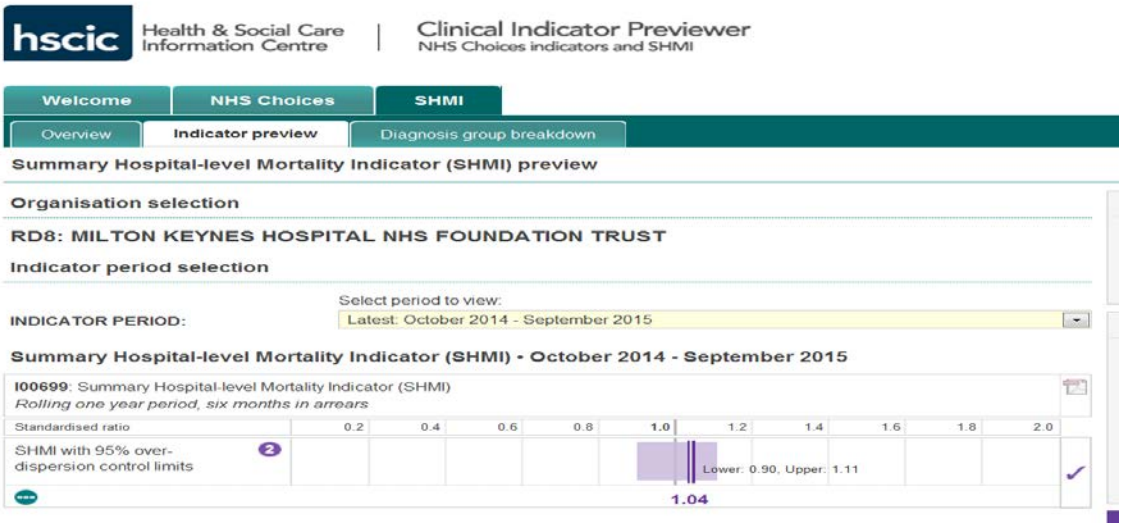
Audit on pneumonia and liver disease deaths were done in the last year and were presented in the Mortality &Morbidity meetings and Mortality Board. Learning points were noted and action plan implemented with reduced HSMR in these group of patients

SHMI
(Oct 2014 – Sep 2015)

Summary Hospital level Mortality Indicator which includes out of hospital deaths occurring within 30 days of discharge. This is the ratio between the actual number of patients who die following treatment at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated. A SHMI score below 1 by Health and Social Care Information Centre (DOH) (or 100 by Dr Foster parlance)is better than average. With regards to ranking, 1 is the highest SHMI where the number reflects the worst performing trust with other end of the spectrum the best, with the lowest SHMI.

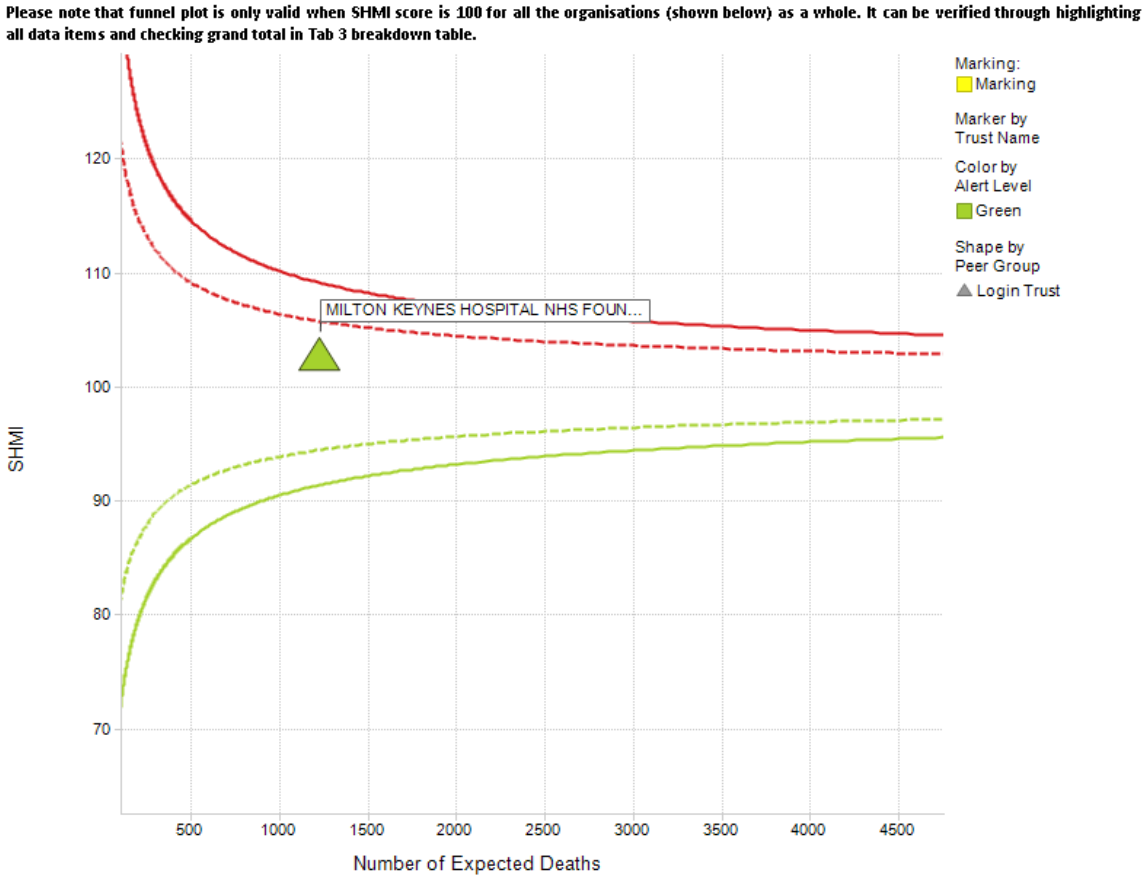
SHMI in September 2015 was 93.
SHMI for the rolling 12 months to September 2015 was 102.90
Trust ranks 91st in SHMI performers among the 142 Non Specialist Acute Trusts in England (ranking 1 = lowest SHMI. Lowest SHMI was at The Whittington Hospital at 65.14 whilst United Lincolnshire Hospitals NHS Trust was the highest at 118.91
Trust ranks 13th in SHMI performers amongst its 15 peers
SHMI Funnel Plot

Latest SHMI published on 23rd March 2016 by the Health and Social Care Information Centre (DOH) showed our SHMI remained unchanged at 1.04 (range 0.90-1.1). With the comments 'as expected' (band 2)
(SHMI of 1.04 is 104 in Dr Foster parlance).

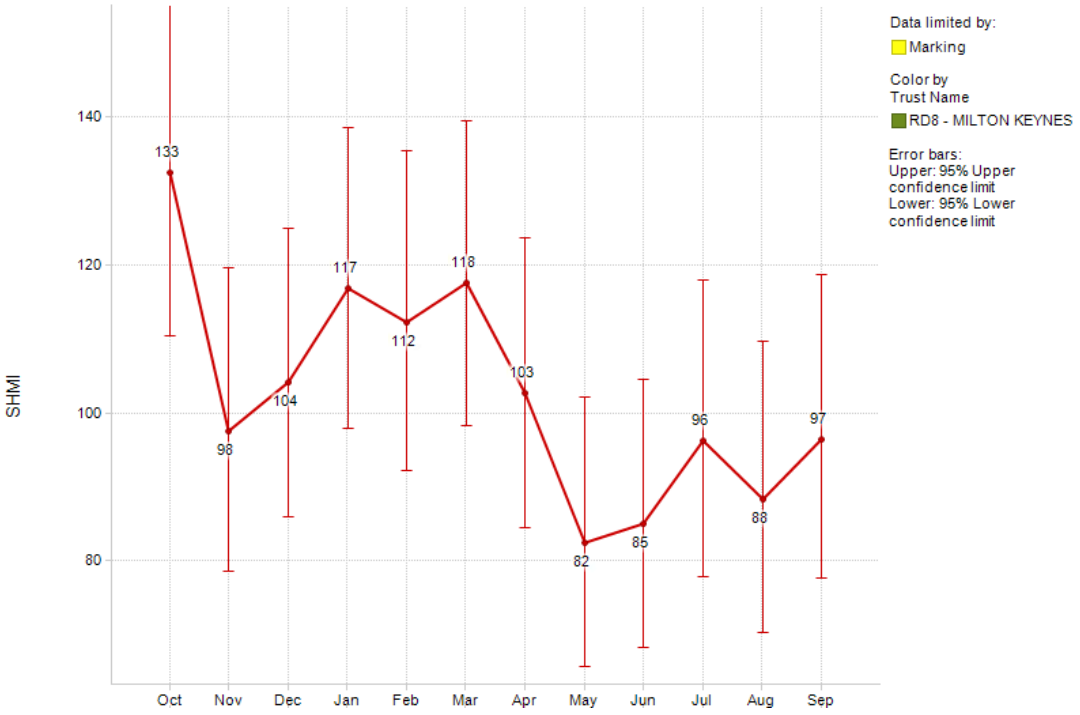


SHMI Funnel Plot (Oct 2014 – Sep 2015)

Please note that funnel plot is only valid when SHMI score is 100 for all organisations as a whole



Trust level SHMI monthly performance for rolling year (Oct 2014 – Sep 2015)



Trust level SHMI monthly performance for rolling year (Oct 2014 – Sep 2015)

Discharge Month	SHMI	SHMI95%CI Lower	SHMI95%CI Upper	Expected number of deaths	Actual No. of deaths	SHMI (with adjusting for palliative care)
2014_10	132.51	110.4	157.8	95.1	126	112.89
2014_11	97.5	78.6	119.6	94.4	92	85.26
2014_12	104.09	85.9	124.9	110.5	115	89.1
2015_01	116.87	97.9	138.5	113.8	133	98.91
2015_02	112.26	92.2	135.4	97.1	109	93.91
2015_03	117.55	98.3	139.5	111.4	131	95.07
2015_04	102.63	84.4	123.6	108.2	111	83.58
2015_05	82.49	65.8	102.1	101.8	84	74.52
2015_06	84.96	68.2	104.6	104.8	89	72.52
2015_07	96.35	77.9	117.9	97.6	94	80.76
2015_08	88.33	70.2	109.6	92.8	82	75.58
2015_09	96.51	77.6	118.6	93.3	90	81.25
Grand total	102.9	97.3	108.7	1220.7	1256	87.17

There is a difference between Trust's HSMR and SHMI and this was discussed in the Mortality Review Group meeting. It is important to know what are the major differences and similarities between these 2 measurements of mortalities which are reported nationally. This was discussed detail in last the report.

It is recommended that the board be shown both the trend in raw SHMI (unreliable), alongside the trend in palliative-adjusted SHMI, which is considered to be a more reliable indicator of the true position at the Trust (Table above)

Dr Jane Wales, Consultant in Palliative Care has been requested to do an audit of palliative care deaths.

Mortality Board

The Mortality Board meeting was held on 2nd December 2015, where the main discussion was regarding the COPD (Chronic Obstructive Pulmonary Disease) Audit by Dr Randhawa, Consultant Chest Physician.

Community COPD Service; It was noted that there was no longer Matron support offered within the community for COPD patients as the service has been redesigned into a Rapid Response Service for all conditions. The Rapid Response Service now offers input when patients have been discharged home for the first seventy two hours only. This service is funded by the Better Care Funded. The Director of Nursing is working with CCG on this issue.

Dr Jane Wales, Consultant for Palliative Care gave an overview of End of Life Care strategy for adults in London that has significantly improved end of life care provided to these patients. All our organisations recognise that if service improvement for end of life should be addressed it requires a whole- systems approach; in which attention is given to the entire pathway of care to ensure that high-quality care is achieved irrespective of the location.
The Trust would be required to submit a business case to the CCG to rollout this service in MK.

Preventable deaths

Preventable deaths are discussed and investigated by:

- The mortality and morbidity meetings of all specialties
- Mortality Board
- Serious Incidents Review Group - weekly meetings chaired by the Medical Director with detailed root cause analysis (RCA) reports
- HM Coroner at Inquests

Where deaths have been serious incidents (SIs) or significant inquests SIRG is used to discuss the action plans and learning that has cross divisional representation and learning had been taken from that back to CSUs.

On case of particular note details a 43 years old patient who died after laparoscopic hysterectomy on 9th October 2015 due to postoperative complications. This death and the RCA were discussed at SIRG and Coroner inquest is scheduled for the 12-13th May 2-16. The lessons learnt have been presented and discussed in specialty meetings and on the Trust plenary afternoon on the 18th of February 2016.