

Mortality Review Tool use across Community Services	
Standard Operating Procedure (SOP)	
Ref No: 2001 Version: 3	
Prepared by: Lorraine Webber	
Presented to: Care and Clinical Policies Sub-Group	Date: 14 August 2016
Ratified by: Care and Clinical Policies Sub-Group	Date: 17 August 2016
	Review date: 30 September 2018
Relating to policies: Trust Incident Reporting Policy	

1. Purpose of this document:

- 1.1 This document provides guidelines for medical practitioners and senior nurses within the Community Hospital setting and Intermediate Care Services (IC) in the aims and use of a Mortality Review Tool (MRT).

2. Scope of this SOP:

- 2.1 This SOP applies to all Lead GP's and Matrons/Senior Nurses, lead professionals employed by Torbay and South Devon NHS Foundation trust (TSDFT) and working within a community hospital inpatient or IC setting.

3. Competencies required:

- 3.1 Mortality review and analysis will form one aspect of quality improvement work each year for Lead GP's.

4. Patients Covered:

- 4.1 A mortality review is required for all patient deaths occurring within the Trusts community hospital inpatient settings or whilst within a period of intermediate care.

5. Background

- 5.1 Hospital Mortality has been described as a 'window through which to view the quality of care systems' (NHS Modernisation Agency) and through doing so provides a framework for judging safety, quality and the experience of care. The overarching purpose of using a MRT is to: -

- Understand and minimise avoidable deaths within the Community Hospitals.
- Ensure good end of life care.
- Understand mortality rates/ratios and trends.

- Enable monthly reporting with transparency of methodology and to promote organisational learning that ultimately drives best practice.

5.2 Understanding mortality (and concepts such as excess and avoidable deaths) is much more complex than studying a single hospital-level indicator as there are many different causes of high mortality (Keogh 2013). Using a mortality review that incorporates a range of indicators will support wider learning and key local and organisational quality and safety improvements to be identified.

6.0 Roles and Responsibilities

- 6.1 The GP lead in each Community Hospital will be responsible for ensuring there is a review of all deaths occurring in their Community Hospital using the MRT.
- 6.2 The Hospital Matron and/or Senior Nurse will support and participate in each review with a named GP.
- 6.3 The Clinical Lead and Associate Director of Nursing share the responsibility for reviewing and evaluating mortality rates across the services.
- 6.4 Within IC the Service Lead and relevant professionals will undertake the MRT.

7.0 Use of the MRT

7.1 The current MRT can be accessed on the site detailed below:

https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G2001.pdf
(last accessed 31.08.16)

This form is restricted to authorised users only.

- 7.2 The Mortality Review Tool should be used to guide and document the review of all deaths within 7 days of the death occurring.
- 7.3 Unexpected deaths must also be reported via the Trust's Datix Incident Reporting System.
- 7.4 The hospital and nursing I Care records should be used to provide clinical information to support the completion of the MRT.
- 7.5 Each section of the MRT should be discussed and agreed between medical practitioner/Matron/Senior Nurse/ Lead professionals when completing.
- 7.6 On completion of the MRT any local process or care issues identified should have local actions taken and recorded within the relevant section/prompts on the electronic MRT.
- 7.7 Lead GP and Matrons will receive quarterly feedback. Lead GP and Matron will review the report and identify any high risk areas. An improvement plan must be developed and delivered with the aim of reducing any risks identified, thereby improving the quality and safety of care.
- 7.8 Improvement plans and progress will be monitored locally by the lead GP with overview and review quarterly by the Clinical Lead for Community Services.

8.0 Reporting

- 8.1 Reporting will be undertaken monthly through the Divisional Board Quality & Safety Report.. Additionally the MRT report will be available to the Quality Improvement Group.
- 8.2 Working in partnership with the Academic Health Science Network (AHSN) has enabled the development of qualitative measures to be incorporated into a quarterly report. The 4 key interdependencies identified from the data has been identified and will have graded scores against of the following:
- Timelines
 - Monitoring
 - Communication
 - Patient safety
- 8.3 The monthly mortality report and quarterly feedback reports will be provided to the lead GP and Matron.

9 Monitoring tool:

Standards:

Item	%	Exceptions
All deaths occurring in community hospital inpatients	100	Nil
Peer review every 10 th MRT in each community hospital	100	Nil
Quarterly random sample of 3 MRT's completed to be reviewed by the Medical Director and Assistant Director of Nursing & Professional Practice	100	Nil
Improvement plans monitored 6 monthly by the Medical Director		
<p>Equality Statement.</p> <p>The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.</p> <p>The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy</p>		

References:

A Matter of Life and Death improving hospital mortality rates and end of life care, July 2004, NHS Moderisation Agency

Francis. R. (2013) The Mid Staffordshire NHS Foundation Trust Public Enquiry. Press Statement. 6th February 2013. Available from

<http://www.midstaffpublicinquiry.com/sites/default/files/report/Chairman%27s%20statement.pdf> (Accessed 19 February 2015).

Keogh. B (2013) Review into the quality of care and treatment provided by 14 hospital trusts in England: Overview Report, NHS England July 2013. Available from:

<http://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf>

(Accessed 15 April 2015)

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	Ratified	June 2014	Creation of Guideline	Care & Clinical Policy Sub Group
2	Ratified	April 2015	Review of document and changed from a clinical guideline to a standard operating procedure	
3	Ratified	30 September 2016	Review & addition of elements to support use within intermediate care services	Care & Clinical Policy Sub-Group

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Quality Impact Assessment (QIA)

Who may be affected by this document?	<i>Please select</i>			
	Patient / Service Users	<input type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Others (<i>please state</i>):			

Does this document require a service redesign, or substantial amendments to an existing process? No	<input type="checkbox"/>
<i>If you answer yes to this question, please complete a full Quality Impact Assessment.</i>	

Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity? No	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>
	Gender re-assignment	<input type="checkbox"/>	Marriage and Civil Partnership	<input type="checkbox"/>
	Pregnancy and maternity	<input type="checkbox"/>	Race, including nationality and ethnicity	<input type="checkbox"/>
	Religion or Belief	<input type="checkbox"/>	Sex	<input type="checkbox"/>
	Sexual orientation	<input type="checkbox"/>		
<i>If you answer yes to any of these strands, please complete a full Quality Impact Assessment.</i>				
If applicable, what action has been taken to mitigate any concerns?				

Who have you consulted with in the creation of this document?	Patients / Service Users	<input type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input checked="" type="checkbox"/>
	NHS Organisations	<input checked="" type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Details (<i>please state</i>):			
	<i>Note - It may not be sufficient to just speak to other health & social care professionals.</i>			

Rapid Equality Impact Assessment (for use when writing policies and procedures)

Policy Title (and number)	2001 – Mortality Review Tool		Version and Date	3	
Policy Author	Lorraine Webber				
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.					
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)					
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Please provide details for each protected group where you have indicated 'Yes'.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language ⁵ used throughout?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are the services outlined in the policy/procedure fully accessible ⁶ ?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Does the policy/procedure encourage individualised and person-centered care?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If 'Yes', how will you mitigate this risk to ensure fair and equal access? N.B This procedure is applied post death.					
EXTERNAL FACTORS					
Is the policy/procedure a result of national legislation which cannot be modified in any way?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
To support staff in completing a mortality review.					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
Medical Director, GP Leads, Hospital Matrons, Intermediate Care Lead					
ACTION PLAN: Please list all actions identified to address any impacts					
Action	Person responsible		Completion date		
AUTHORISATION:					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
Name of person completing the form	Lorraine Webber		Signature		
Validated by (line manager)	Shelly Machin		Signature		

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pdf.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.