Frimley ICS Mortality Review Group
Summary Report

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Background:

The ICS Mortality Review Group (MRG) meets quarterly and includes providers / CCGs from the Frimley ICS area, as well as representatives from Berkshire West CCG and the Royal Berkshire NHS Foundation Trust. The aim of the group is to bring executive leads together in a forum to achieve the following objectives:

- To promote co-operation and co-ordination between providers in carrying out mortality reviews, during which input is often needed from primary care, secondary care, community health and mental health service providers. Promoting co-operation at the review stage will broaden the scope of the reviews and enhance learning and improvement actions.
- To share learning from reviews across the health and social care economy; this will include learning from providers' internal mortality reviews, from LeDeR reviews, and from any other informative sources.
- To promote and oversee improvement actions emanating from mortality reviews; the group will seek to promote and influence practical improvements across the health economy. The group will include members who hold executive powers within provider and commissioning organisations and will be in a position to effect and influence change.

This report sets out key issues and learning from the August 2018 MRG meeting.

Key Issues and Learning Points:

Links with Other Areas
The Group is furthering its links with the Academic Health Science Networks (AHSN) Mortality Review Programmes in Oxford and Wessex to share learning and service improvement initiatives. The Oxford AHSN is aiming to translate learning into quality improvement programmes and the MRG is keen to ensure that its output helps to steer these programmes. The MRG has two members in common with the Oxford AHSN programme.

Deteriorating Patients
Common learning was highlighted around the importance of checklists and scoring tools (in particular the National Early Warning Score – NEWS) being used in parallel with, rather than as a substitute for, clinical judgement. This has been identified in both the acute and community sectors. Sick patients can still have a low NEWS score. The importance of accurate baseline observations was also highlighted. The group is seeking ideas on how these issues can be emphasised in training and ongoing support for clinical staff.

Mental Capacity Assessments / Best Interest
Another issue seen across sectors is around understanding and application of mental capacity assessments and best interest decision-making. We have seen cases where formal assessments have been delayed or not carried out, with consequent delays in best interest decisions hindering the progression of clinical investigations and procedures. Training alone does not necessarily eliminate

this risk; we have seen cases where lack of clinical ownership amidst multiple clinical inputs and the absence of a co-ordinating clinician to step back and look at the patient holistically have been contributory factors.

Ceilings of Care
We heard that even the most experienced clinicians can encounter difficulty and doubts in making decisions about ceilings of care, including 'Do Not Attempt Resuscitation' decisions. All sectors report that they are encouraging a consultative approach to decision-making that involves the opinion of clinical colleagues, as well as being inclusive of patients / relatives / carers.

Overlooked Test Results
This is a particular risk on inpatient wards. FHFT are auditing the timing and format of ward rounds to see if improvements can be made to mitigate this risk. Findings will be shared with the MRG.

Learning Disabilities
The importance of considering patients' dental needs as this can have a significant impact on eating and drinking.

Drug Allergies
Patients with penicillin allergies: We discussed the importance of ensuring that patients are given an allergy wristband as soon as allergy status has been ascertained, and that communication about allergies among nursing and medical staff is clear and immediate. We heard about one case where a penicillin allergy was identified during a pharmacy review for an acute inpatient, but an allergy wristband was not issued until several hours later, opening a window for error.

Drug and Alcohol Services
With a variety of different third sector providers operating across the ICS patch, effective operational liaison with health services is sometimes challenging. Groups now exist in the east and west of Berkshire where health and drug / alcohol service providers can meet periodically to discuss and address key issues. The MRG is ascertaining the details for wider circulation, and seeking information about any equivalent groups in Surrey and Hampshire.

Auditing Mortality Review Processes
Several providers have reported that they have gained both insight and additional assurance by having independent audits carried out on their mortality review processes. This is highlighted as good practice for providers.