

Gastroenterology Cohort Mortality Review Standard Operating Procedure

V1.0

June 2024

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

To provide guidance about the cohort mortality review process for Gastroenterology in Specialist Services and Surgery Care Group.

2. Purpose of this Standard Operating Procedure

2.1. What we do now:

- ❖ Currently mortality reviews are added to the central mortality review tracker, one for each year, by the central mortality team. This information is transferred into the care groups mortality tracker which is held in the following folder:

S:\RCH-SpecialistSurgery\Specialist Surgery-Governance\Mortality

- ❖ The care group's mortality tracker is updated either:
 - When new reviews are noted on the central tracker by the care groups governance office when the weekly SMT governance papers are updated.
 - When the central mortality team send out the monthly reviews needed for the previous month. Generally sent at the beginning of the month for the month before.
 - When any Standard Judgement Reviews (SJR's) are requested to the care group governance office by the central mortality team.
- ❖ The tracker is formatted in such a way that the care group can identify for the specialty:
 - Reviews outstanding as a whole and per month.
 - The clinician the review is with to be completed.
 - Reviews waiting to be allocated to a clinician by the specialty.
 - Reviews that have been completed.
 - Mortality reviews can be completed either online or via a paper for general mortality reviews and SJR's. (Online at <https://ce-rcht.formic.com/>).
- ❖ The care group's mortality tracker is checked each week against the central mortality tracker and update with any mortality reviews which have either been added or completed.
- ❖ If a paper mortality review is completed it is given to the care group governance office who:
 - Scan the review and email to the central mortality review team.
 - Update the care group's mortality tracker and change the review from outstanding to completed.

2.2. What we will do:

2.2.1. Following a process review by the Trust's central mortality review team and the Mortality Review Operational Group a trial process was agreed. This process changes the way mortality reviews are carried out by the Trust and specialty with the aim of.

- All deaths being reviewed (100% of all deaths will be carried out by the Medical Examiners).
- Specialty to have agreed cohorts of deaths which they will review to identify any learning. (Refer to section 2.2.2)
- Sharing learning from deaths reviewed within the specialty and where appropriate wider within the Trust.

2.2.2. Any specialty involved in the trial process will agree which cohort of patients they would like to carry out a mortality review on. In Gastroenterology (including Hepatology) they have agreed that they will review the following cohorts of patients:

➤ **Periprocedural Deaths.**

These are deaths that occur soon before, during or soon after the performance of a medical procedure.

➤ **Inflammatory Bowel Disease Deaths.**

A death occurring in a patient relating to Inflammatory Bowel Disease, such as, Crohn's disease or ulcerative colitis.

➤ **Nutrition Deaths.**

Any death which is relating to lack of nutrition.

➤ **Gastrointestinal Bleeds.**

These deaths are anywhere a patient has had a bleed in their digestive tract, known as a Gastrointestinal bleed.

➤ **Mortality Alerts/Priority Reviews:**

- Learning Disability.
- Complaints.
- Medical Examiner concern.
- SJR triggers.

➤ **Hepatology** (Nurse Consultant Hepatologist will co-ordinate).

These deaths are relating to a patient's liver.

3. Ownership and Responsibilities

3.1. Role of the Central Mortality Team.

The central mortality team are responsible for:

- Sending out a report monthly on deaths within the Gastroenterology (including Hepatology) specialty to the Specialist Services and Surgery care group governance generic email (rcht.sssgovernance@nhs.net).
- Identifying any Gastroenterology (including Hepatology) mortality alerts or priority reviews, also referred to as a standard judgement review (SJR). Send these to the Specialist Services and Surgery care group governance generic email (rcht.sssgovernance@nhs.net).
- Update the central mortality review tracker which can be viewed at:

S:\RCH-QSC\Mortality Review.

3.2. Role of the Care Group's Governance Office.

The care group's governance office responsible for:

- Compose a new mortality review tracker for the care group which will be able to identify the patient cohorts.
- Cross check the central mortality review tracker weekly and make any amendments required to the care group's mortality tracker. Gastroenterology required mortality reviews will show as pink on the central team tracker.
- Cross check the Clinical Governance leads mortality tracker and update the care group's mortality tracker.
- Identify if the patient's notes are electronic or physical notes.
- Co-ordination and returning of physical notes to aid mortality reviews.
- Forward any electronic or paper versions of mortality reviews to the central team and keep a copy in the care group's electronic mortality folder. Send electronic and scanned paper versions to:

rcht.mortalityreview@nhs.net

- Provide support if needed for any notes on e-notes.
- Update the care group's mortality tracker to reflect the monthly review information sent via the central mortality tracker.

S:\RCH-SpecialistSurgery\Specialist Surgery - Governance\Mortality

- Update the Weekly Senior Management Team Governance Huddle and specialty's Business and Governance meeting with up-to-date mortality review statistics and position.

3.3. Role of the Speciality Triumvirate.

The Speciality Triumvirate are responsible for:

- Help support the care group with timely completion of the reviews:
 - Structured Judgement Reviews which should be completed within 4 weeks of allocation.
 - Standard mortality reviews – within 6 weeks of allocation.
- Support the sharing of learning on a rolling basis at an appropriate meeting.
- Support the speciality with holding 6 weekly Mortality Review meetings to include reviews of priority reviews (SJR's) and standard screening form.

3.4. Role of the Service Manager.

The Service Manager are responsible for:

- Help support the care group with timely completion of the reviews:
 - Structured Judgement Reviews which should be completed within 4 weeks of allocation.
 - Standard mortality reviews – within 6 weeks of allocation.
- Completing and reporting the mortality position for the speciality in the Business and Governance meeting for the speciality.
- Act as a point of escalation regarding outstanding mortality reviews.

3.5. Role of Speciality Clinical Governance Lead.

The Speciality Clinical Governance Lead are responsible for:

- Review the monthly Gastroenterology (including Hepatology) death report, received from the central team, and identify the patient's which fall under the agreed cohorts as per section 2.2.2 of this Standard Operating Procedure.
- Update the Speciality Governance Lead tracker which can be viewed at:
S:\TR13\Acute Medicine\Gastroenterology\Mortality.
- Hand back any notes no longer required following review to see if they fit within the Gastroenterology (including Hepatology) cohort.
- Allocate any required priority reviews and standard screening form to a clinician, including passing over of any physical notes. Update the Clinical Governance Lead's mortality tracker.

Co-ordinate 6 weekly Mortality Review meetings and the review of SJR reviews and standard screening form. A copy of the completed mortality meeting review template to be sent to rcht.sssgovernance@nhs.net

3.6. Role of Reviewing Clinician.

All staff members are responsible for:

- Review the patient's pathway and provide clinical opinion as per either the priority request (SJR) or standard mortality review form. This is to be completed with the set standards for priority requests (SJR's) and standard mortality reviews as detailed in [section 3.3](#) of this document.

4. Standards and Practice.

4.1. How we will do it:

To enable the specialty to move from the old process of all reviews to the new trial process:

- ❖ Specialist Services and Surgery Governance office will update the current care group mortality tracker to ensure it is up to date.
- ❖ A request will be sent to any mortality reviews which have been allocated to a clinician for review but is outstanding, to identify if the death forms part of the new cohort or has reasons for a specialty review.
- ❖ Any deaths that do not fall into the new trial cohort or priority death review will have received scrutiny by the Medical Examiner. Any issues highlighted through the Medical Examiner will be sent to the specialty from the Clinical Effectiveness team.
- ❖ The cohorts identified in [section 2.2.2](#) will be identified by the Clinical Governance Lead on review of inpatients cause of death information for patients who have died under the Gastroenterology (including Hepatology) team.
- ❖ Mortality alerts, priority (Learning Disability, complaints, Medical Examiner concern and SJR triggers) – Identified as per current protocol set out in the Trust's Learning from Deaths Policy.
- ❖ A monthly list of specialty specific reviews which are needed by the central mortality review team will be sent to the care group via the generic email address:

rcht.sssgovernance@nhs.net
- ❖ Once received the care group governance team will transfer the information to the care group's mortality tracker.
- ❖ The care group governance team will identify whether the required notes are electronic or paper records and order any which are paper records so the Clinical Governance Lead can review and identify which ones fall under the Gastroenterology (including Hepatology) cohort.
- ❖ The care group governance team will update the care group's mortality tracker with any identified non-cohort reviews and any reviews which have been allocated by the Clinical Governance Lead.

- ❖ Any paper reviews will be scanned by the care group governance office and sent to the central mortality team.
- ❖ The central mortality and Clinical Governance Lead's tracker will be reviewed weekly by the governance office and the care group's mortality tracker will be updated to reflect this.
- ❖ The care group governance office will update the Weekly Senior Management Team's Governance Huddle with a weekly position on care group mortality reviews.
- ❖ The care group governance office will update the monthly Business and Governance team meeting with the specialty specific mortality review data.
- ❖ The specialty will hold 6 weekly Mortality Review meeting to discuss any relevant cases and learning.

5. Dissemination and Implementation.

This document will be disseminated through the service immediately following agreement and will be stored on the Trust's document library.

6. Monitoring Compliance and Effectiveness.

Information Category.	Detail of Process and Methodology for Monitoring Compliance.
Element to be monitored.	Completion of care group mortality reviews.
Lead.	Maria Lane. Care Group Governance Manager.
Tool.	Care group mortality tracker (Excel).
Frequency.	Monitoring will be ongoing practice.
Reporting arrangements.	Care group governance office will monitor care group mortality review compliance and any concerns will be raised with the speciality Service Manager in the first instance.
Acting on recommendations and Lead(s).	Any recommendations/changes to this procedure will be reported at the specialty Business and Governance meeting then via the care group's weekly Senior Management Team meeting and changes implemented.
Change in practice and lessons to be shared.	Required changes to practice will be identified and actioned within as needed. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

7. Updating and Review.

This standard operating procedure will be reviewed every 3 years at the very least.

8. Equality and Diversity.

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

8.2. Equality Impact Assessment.

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information.

Information Category.	Detailed Information.
Document Title:	Gastroenterology Cohort Mortality Review Standard Operating Procedure V1.0
This document replaces (exact title of previous version):	New Document
Date Issued / Approved:	January 2024
Date Valid From:	June 2024
Date Valid To:	June 2027
Author / Owner:	Maria Lane, Governance Manager, Specialist Services and Surgery
Contact details:	sssgovernance@nhs.net
Brief summary of contents:	Standards expected for ensure completion of mortality reviews within the care group.
Suggested Keywords:	Mortality, Review, Mortality Review, Cohort, Gastroenterology, Hepatology.
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval Route for Consultation and Ratification:	<ul style="list-style-type: none"> • Speciality Business and Governance Meeting. • Weekly Senior Management Governance Huddle. • Specialist Services and Surgery Care Board.
Manager confirming Approval Processes:	Ian Moyle-Browning, Head of Nursing and Governance.
Name of Governance Lead confirming Consultation and Ratification:	Maria Lane.
Links to Key External Standards:	None required.
Related Documents:	None.
Training Need Identified:	No.

Information Category.	Detailed Information.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Clinical / Gastroenterology.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
January 2024.	V1.0.	Initial issue.	Maria Lane, Governance Manager.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment.

Section 1: Equality Impact Assessment (EIA) Form.

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Gastroenterology Cohort Mortality Review Standard Operating Procedure V1.0
Department and Service Area:	Specialist Services and Surgery.
Is this a new or existing document?	New.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Maria Lane, Governance Manager, Specialist Services and Surgery
Contact details:	rcht.sss.governance@nhs.net

Information Category.	Detailed Information.
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed).	Staff involved in the mortality review process for the care group.
2. Policy Objectives.	Standards expected for ensure completion of mortality reviews within the care group.
3. Policy Intended Outcomes.	Timely completion of mortality reviews.
4. How will you measure each outcome?	Compliance of mortality review completion.
5. Who is intended to benefit from the policy?	Staff involved in the mortality review process.

Information Category.	Detailed Information.
6a. Who did you consult with? (Please select Yes or No for each category).	<ul style="list-style-type: none"> Workforce: Yes Patients/ visitors: No Local groups/ system partners: No External organisations: No Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Clinical Effectiveness team, Care Group Head of Nursing/Governance, Specialty Service Manager, Clinical teams, Specialty Clinical Service Lead and Specialty Clinical Governance Lead.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No.

7. The Impact.

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age.	No	No impact as applies to all inpatient deaths for the speciality.
Sex (male or female).	No	No impact as applies to all inpatient deaths for the speciality.
Gender reassignment (Transgender, non-binary, gender fluid etc.).	No	No impact as applies to all inpatient deaths for the speciality.
Race.	No	No impact as applies to all inpatient deaths for the speciality.
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.).	No	No impact as applies to all inpatient deaths for the speciality.
Religion or Belief.	No	No impact as applies to all inpatient deaths for the speciality.

Protected Characteristic	(Yes or No)	Rationale
Marriage and Civil Partnership.	No	No impact as applies to all inpatient deaths for the speciality.
Pregnancy and Maternity	No	No impact as applies to all inpatient deaths for the speciality.
Sexual Orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	No impact as applies to all inpatient deaths for the speciality.

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

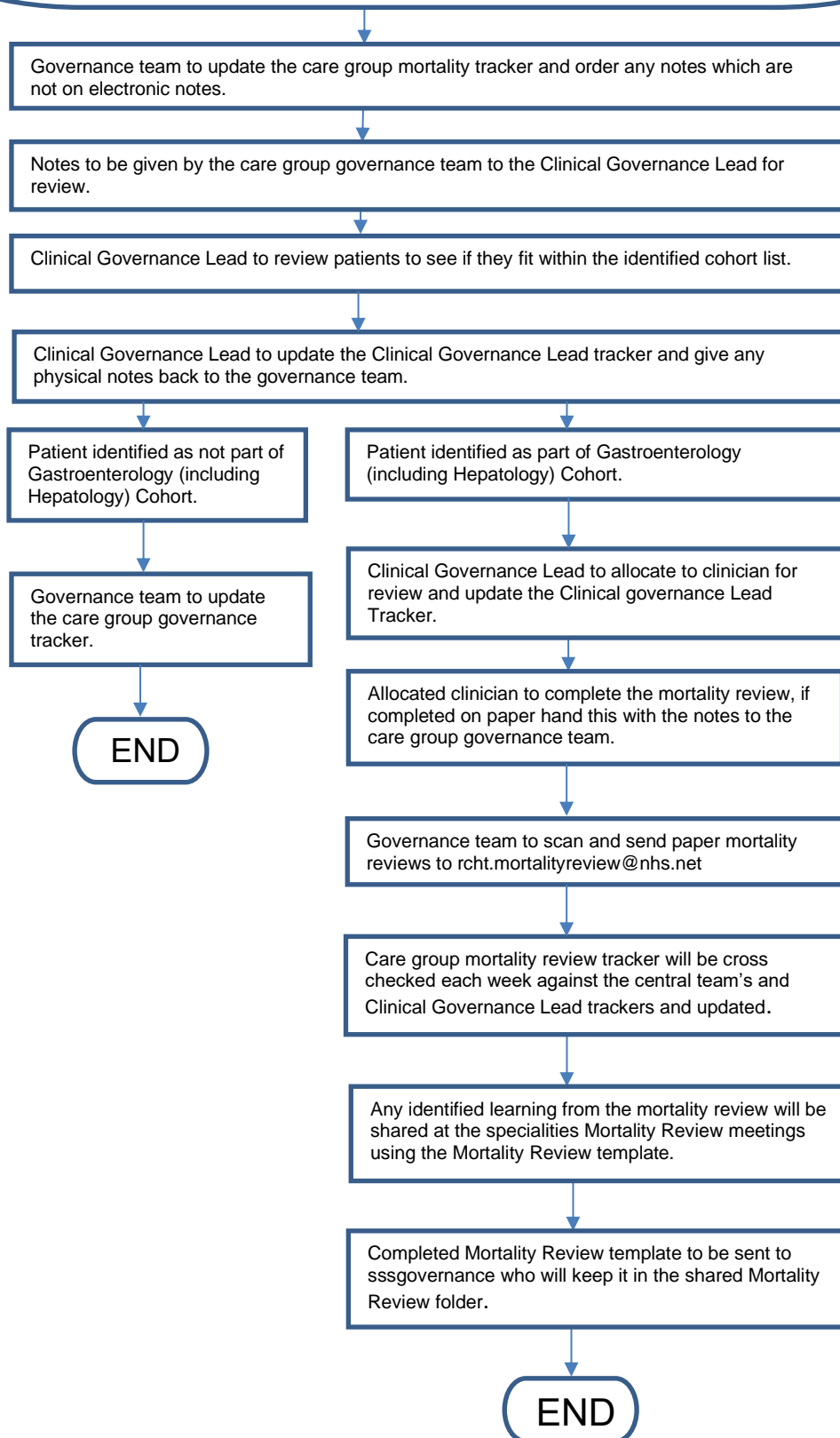
I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Maria Lane, Governance Manager, Specialist Services and Surgery.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)

Appendix 3. Flowchart for Mortality Reviews in Speciality

Mortality Reviews received from central mortality team to care group generic email address.



Appendix 4. Mortality Review Form for Mortality and Morbidity Meetings.

A copy of the completed form to be stored at the following file location:

- S:\RCH-SpecialistSurgery\Specialist Surgery - Governance\Mortality\Mortality and Morbidity Meetings\Gastroenterology M and M

MRC REVIEW FORM: DD/MM/YYYY

- Number of admissions -
- Unit deaths –

Present: -

Apologies: -

Issues discussed: -

- **SJR Grades** 1-very poor care, 2-poor care, 3-adequate care, 4-good care, 5-excellent care.

- **Screening form Grades.**

1-no areas of concern, 2-areas for **consideration** but no difference made to eventual outcome, 3-areas of **concern**, but no difference to outcomes (SJR will be requested), 4-areas of concerns, may have contributed to patient death (? Concern death, SJR and Datix), 5-areas of concern which significantly contributed to the death of the patient, who would otherwise been expected to survive (Concern death, SJR and Datix).

- **Avoidability of Death Judgement Score.**

1-definitely avoidable, 2-strong evidence of avoidability, 3-probably avoidable (more than 50:50), 4-Possibly avoidable but not very likely (less than 50:50), 5-slight evidence of avoidability, 6-Definitely not avoidable.

Use the table below to list cases.

PATIENT ID	SJR	Mortality screen	Summary of Case	Elements of good care	Elements of poor care	Learning Points ie: What Should Have Happened?	Action Required – please include name of action owner	Action Completed
	Overall score	Overall grade						

PATIENT ID	SJR	Mortality screen	Summary of Case	Elements of good care	Elements of poor care	Learning Points ie: What Should Have Happened?	Action Required – please include name of action owner	Action Completed
	Overall score	Overall grade						

PATIENT ID	SJR	Mortality screen	Summary of Case	Elements of good care	Elements of poor care	Learning Points ie: What Should Have Happened?	Action Required – please include name of action owner	Action Completed
	Overall score	Overall grade						

Take home messages: