



ESNEFT Annual Mortality Report

2022/2023

Summary

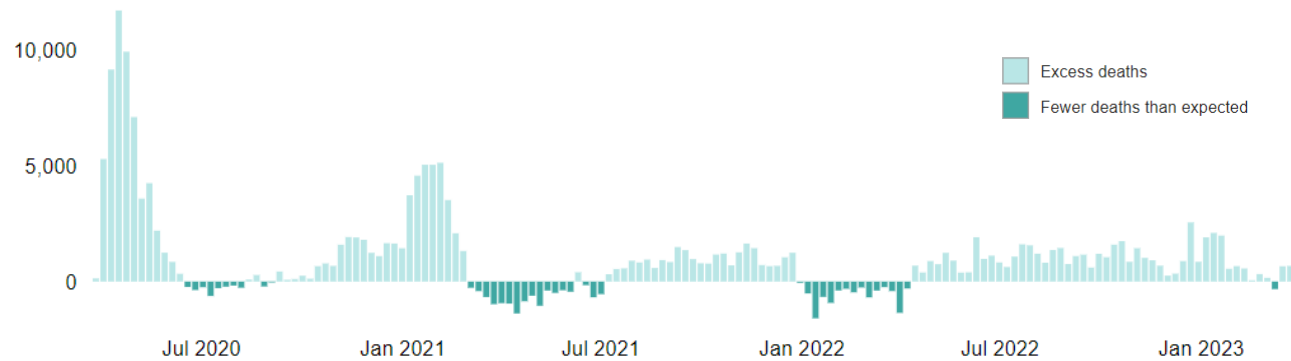
- ESNEFT HSMR and SMR were higher than statistically expected in 2022/23 – 107.5 and 105.9 respectively. Peer group values were 104.2 (HSMR) and 104.2 (SMR). The Trust was in the middle of the peer group for relative (mortality) risks, but slightly higher for crude mortality (ordinary admissions).
- Crude mortality (all activity) was 1.7% (median 1.7%); ordinary admission mortality was 3.4% (peer group median 3.0%, range 2.0-4.0%)
- SHMI 2022/23 was 'as expected' – 1.0843
- Elevated death numbers identified in 2022/3 - National mortality trends show high death numbers compared to historical modelling data – national causes have not been identified
- Improvement projects include: health inequalities, community hospital monitoring & escalation, sepsis, advance care planning (ReSPECT), smoking cessation, alcohol addiction, Learning Disabilities, asthma, frailty, virtual ward, AKI.
- Loss of flow on acute sites during periods of clinical pressure are sometimes impacting staff ability to provide care according to best practice standards. E-obs pilot is underway in Ipswich ED where NEWS2 score and time of obs are displayed on the whiteboard.

National Mortality Trends

Excess Mortality in England, All Persons

Date Range (week ending): 27/03/2020 to 31/03/2023

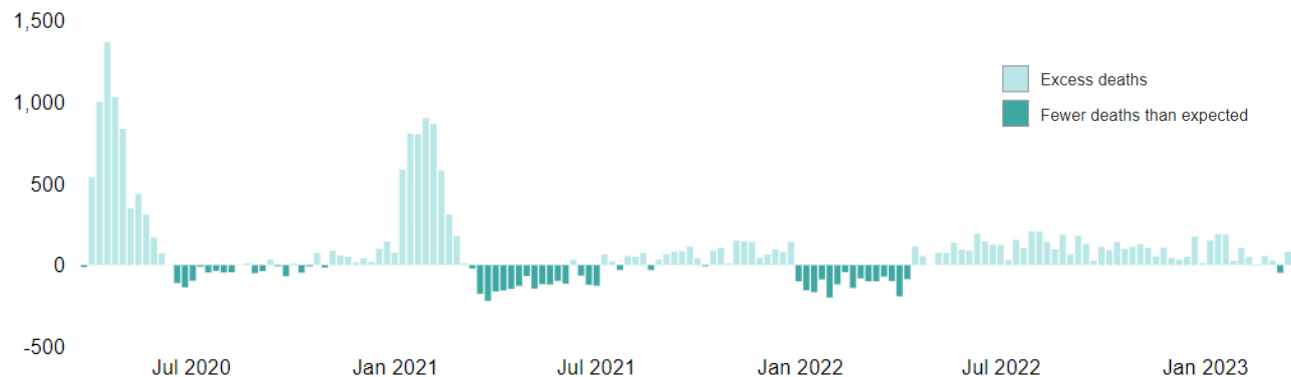
Weekly Excess Deaths by Date of Registration for All Persons, England



Excess Mortality in East of England, All Persons

Date Range (week ending): 27/03/2020 to 31/03/2023

Weekly Excess Deaths by Date of Registration for All Persons, East of England



- Since April 2022, deaths in England and Wales have been higher than expected when compared with preceding years, prompting concern and speculation about the causes. The cause of the excess mortality has yet to be determined.
- Mortality rates in 2022 for most of the 10 leading “underlying” causes of death such as heart disease, stroke, and lung and colorectal cancer have been similar to previous years, or lower than expected. An exception is the rate for “symptoms, signs, and ill defined conditions” (mostly deaths resulting from old age and frailty) which has consistently been higher than expected and also caused the most excess deaths, but not enough to explain the overall excess¹.
- The Office for Health Improvement and Disparities’ (OHID) analysis of deaths by “any mention” on the death certificate - rather than just the “underlying cause” of death - shows a substantial excess of deaths from cardiovascular diseases and diabetes since April 2022², prompting an investigation by the Department of Health and Social Care.
- Growing evidence suggests that COVID-19 increases the risk of cardiovascular problems even months after infection³, which could in part be driving excess deaths. Covid-19 itself was the sixth leading cause of death, causing 200-400 deaths weekly - a reminder that this virus remains a threat for the foreseeable future.
- 1. Institute and Faculty of Actuaries | 2 Office for Health Improvement and Disparities. Excess mortality in England. OHID, 2022 | 3 Sidik SM. Heart disease after COVID; what the data say.

Learning from Deaths – Mortality Reviews and M&M

- The Trust is fully compliant with all elements of the national learning from deaths process. We also take part in many external mortality review programmes such as:
 - the Child Death Review Programme,
 - MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries),
 - PMRT (Perinatal Mortality Review Tool) and the
 - LeDeR (Learning Disabilities Mortality Review) programme.
- Each month every single death is screened by Clinical Outcome staff to see if it fulfils national requirements for review (please see categories in the table on the right which would also include any maternal death). A list of all deaths is distributed to every specialty and those deemed to be mandatory are highlighted. In addition, staff are encouraged to review any death where there may be learning opportunities. (Please see next slide for detail.)
- Specialties also meet to discuss cases at local Morbidity and Mortality (M&M) meetings. It should be noted that the quality of these meetings is variable and a number of specialties have worked very hard to improve attendance, robustness and dissemination of shared learning. Some teams have used summary learning from mortality reviews to revise induction and local training programmes. It has been identified that recently graduated junior doctors appear far more junior than previous cohorts owing to the impact of COVID on their training.
- There is also a senior mortality review group chaired by the CMO/Deputy CMO/Deputy AMD for Patient Safety, where cases are discussed and peer reviewed. Contributors include the lead for end of life care, the AMD for Clinical Effectiveness, the mortality lead for Ipswich Medicine, the Complex Care Pharmacist and the DPCNS. This group takes on complex reviews and occasionally re-reviews cases to provide assurance around quality. Learning is shared via a bulletin to the ward sister and lead consultant.

(There may be more than 1 reason to request a review)	Ipswich Acute & Community	Colchester Acute & Community
Medical Examiner	19	22
Elective (& therefore 'unexpected' death)	13	20
Concern	3	0
Complaint about clinical care	8	14
Datix Incident	39	31
Death of a child/young person under the age of 18	20	23
Learning Disabilities	13	22
Severe Mental Health	7	4
HSMR alerting condition	21	34
No. of mandatory requests	123	153
No. of completed mandatory reviews	116	151
No. of voluntary reviews completed by specialty to share learning/as part of M&M meeting	65	163
% of all deaths reviewed	11%	16%
No. of deaths where care did/probably contributed to death (SJR reviewer only, excludes PSII/PSR decision)	4	4

Mortality Review Process

Every death screened by Medical Examiners not involved in the care of the patient – cases alerted to Clinical Outcome team where there are clinical concerns or the family has raised a clinical concern.

Each month, Clinical Outcome team screens all deaths in scope in the previous month and applies policy criteria for mandatory selection.

Automatic selection for mandatory review:

- Cases alerted by the Medical Examiner,
- Maternal deaths,
- Patients with Learning Disabilities,
- Children under the age of 19,
- Severe mental health, and
- External mortality alerts

Cases for **clinical screening to determine mandatory review** for all other categories are emailed to leads as follows:

- Patient Safety Team assesses every Datix where there is a possibility that clinical care could have impacted patient outcome
- Falls prevention leads review every Datix where the patient has died within 2 months of an inpatient fall
- Deteriorating Patient Nurse Specialists review the clinical notes of every patient with a coded admission diagnosis of sepsis or who die with sepsis on the MCCD – HSMR alerting condition and trust priority
- Elective deaths, usually an automatic inclusion unless the patient was an expected admission for palliative support.
- Complaint/PALs – original complaint read to ascertain what the concerns with care were – SJR is requested where there are clinical concerns

Friday morning Senior SJR Group peer-reviews complex cases/re-reviews cases which are presented to the group –learning is shared with specialties

- Staff members and mortality leads emailed a list of **all deaths within the specialty** and asked to review mandatory cases **as a minimum**. SJR (Structured Judgement Review) is completed and may be discussed at specialty M&M meeting. (Some specialties peer review cases.) Mortality leads update local action log and raise new Datix incident if required.
- Deaths of children, maternal deaths and patients with learning disabilities or autism are subject to additional external requirements.

- Mortality review is completed and saved to Evolve
- Data are uploaded into Excel workbook by the Clinical Outcome team who read every review:
 - Workbook is shared every month with Governance Managers/clinical leads – learning items relating to individual teams are shared by Clinical Outcome team by email.
 - SJRs are uploaded to Datix and the Patient Safety Team is sent an email by the Clinical Outcome Team if poor care/clinical harm contributing to death is identified. Case may be presented at the Learning from Deaths meeting.
 - Medical Examiner Officers and LD leads are notified once the review is complete

Great-ix

Great care identified

If issues in care/learning identified that did/could have resulted in harm (near miss)

Datix incident raised if not already recorded and SJR is attached to the incident. Patient Safety Team is notified and the incident reporting/Duty of Candour policies are followed. Datix marked to indicated this is a Patient Safety Death Investigation. Team calls PSR/PSII is not already identified.

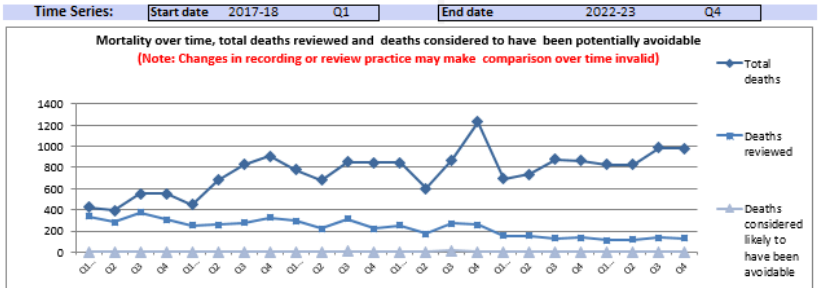
Mortality Review Compliance Data

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 Potentially Due to Problems in Healthcare (does not include patients with identified learning disabilities)

Total Number of Deaths in Scope		Total Deaths Reviewed		Total No. of deaths considered to have been possibly due to problems in healthcare (Score <=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
310	287	49	47	1	1
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
978	987	131	138	4	2
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
3613	3166	499	568	9	6



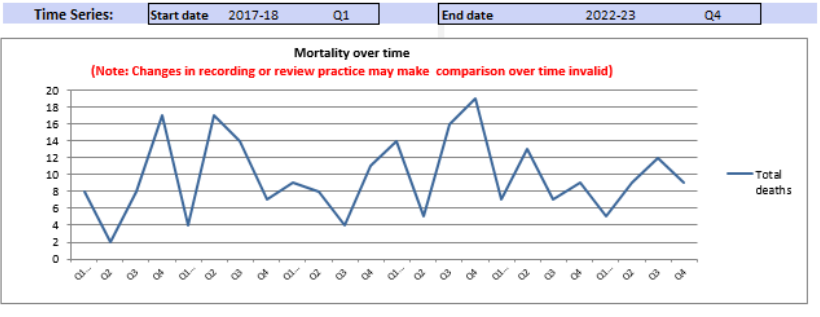
Total Deaths Reviewed by Mortality Methodology Score

Score 1	Score 2	Score 3	Score 4	Score 5	Score 6
Definitely due to problems in healthcare	Strong evidence there were problems in healthcare	Probably due to problems in healthcare (more than 50:50)	Probably due to problems in healthcare but not very likely	Slight evidence that death was due to problems in healthcare	Death was definitely not due to problems in healthcare
This Month	0	0	0	3	42
	0.0%	0.0%	2.0%	6.1%	85.7%
This Quarter (QTD)	0	2	1	11	109
	0.0%	1.5%	1.5%	8.5%	83.8%
This Year (YTD)	2	4	3	43	425
	0.4%	0.8%	0.6%	8.7%	85.5%

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 Due to Problems in Healthcare for patients with identified learning disabilities

Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total No. of deaths considered to have been potentially due to problems in healthcare	
This Month	Last Month	This Month	Last Month	This Month	Last Month
3	1	0	0	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
9	12	0	0	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
35	36	0	0	0	0

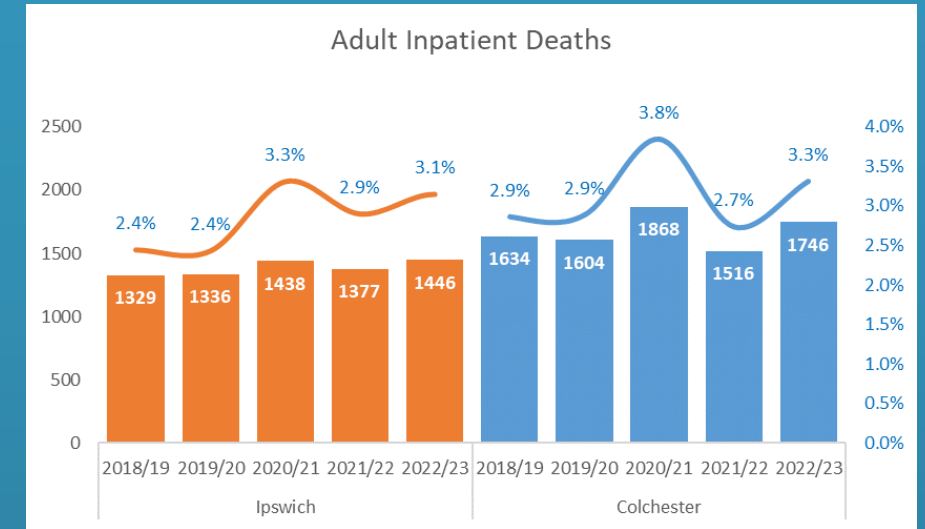
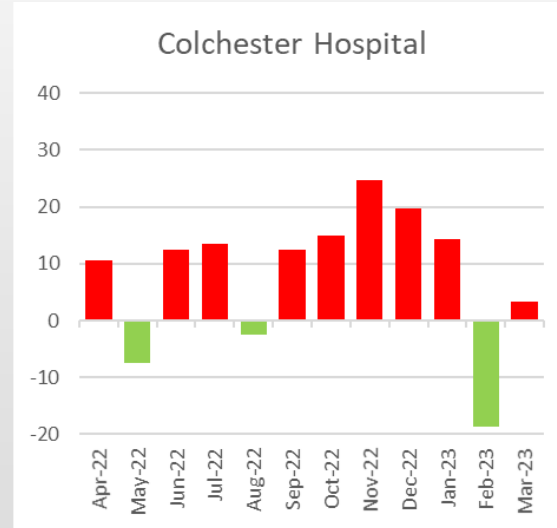
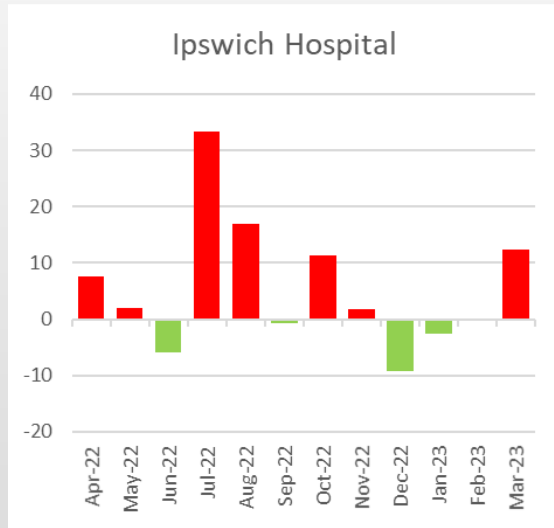


Mortality Review Compliance Data

Trust	ESNEFT (Colchester Apr 17 - Jun 18, Ipswich & Colchester from Jul 18)	Total deaths include inpatients, paediatrics, maternity, ED					Please note, where it is indicated that care contributed to death (score 1, 2 or 3), the case is escalated to the Patient Safety Team for PSR/PSII - this result may be revised following MDT review.								
Org Code	432	Total deaths also includes patients with LD reviewed under SJR criteria by local team - additional LeDeR death reviews are shown separately													
Month	March														
Year	2022-23														
Not all deaths are subject to mandatory review.												Review of mandatory case records			
Financial Year	Month	Total Deaths	Total Deaths Reviewed	Deaths likelihood > 50% contributed to death	Deaths judged to have been due to problems in healthcare					Deaths judged not due to problems in care	LD Deaths	No. deaths subject to case record review	No. reviews returned	% Case record reviews completed	No. case record reviews outstanding
					Defin	Evidnc	>50/50	<50/50	Slight						
					1	2	3	4	5	6					
2021-22	April	244	63	1	0	0	1	0	9	52	3	35	32	91%	3
2021-22	May	248	46	1	0	1	0	1	3	39	1	22	22	100%	0
2021-22	June	201	44	0	0	0	0	2	4	38	3	18	17	94%	1
2021-22	July	239	54	1	0	1	0	3	4	46	4	24	23	96%	1
2021-22	August	244	62	0	0	0	0	5	2	52	4	32	30	94%	2
2021-22	September	254	37	0	0	0	0	0	3	34	5	24	23	96%	1
2021-22	October	276	42	0	0	0	0	2	0	39	1	17	15	88%	2
2021-22	November	263	32	0	0	0	0	0	4	29	4	13	12	92%	1
2021-22	December	335	54	1	0	0	1	0	7	45	2	21	20	95%	1
2021-22	January	314	60	1	0	0	1	3	8	47	3	38	38	100%	0
2021-22	February	277	42	1	0	1	0	1	3	36	3	33	33	100%	0
2021-22	March	271	32	0	0	0	0	2	3	27	3	21	21	100%	0
2022-23	April	301	40	0	0	0	0	2	5	33	2	26	26	100%	0
2022-23	May	265	33	1	0	1	0	2	5	25	1	18	18	100%	0
2022-23	June	258	39	0	0	0	0	1	4	34	2	27	27	100%	0
2022-23	July	294	33	0	0	0	0	0	4	29	1	24	24	100%	0
2022-23	August	276	43	2	1	0	1	1	0	40	5	27	27	100%	0
2022-23	September	254	42	0	0	0	0	0	2	40	3	18	18	100%	0
2022-23	October	303	45	1	1	0	0	3	3	37	4	20	20	100%	0
2022-23	November	317	51	0	0	0	0	1	5	45	5	26	26	100%	0
2022-23	December	367	42	1	0	1	0	4	4	33	3	17	17	100%	0
2022-23	January	381	35	2	0	1	1	2	2	29	5	24	21	88%	3
2022-23	February	287	47	1	0	1	0	1	6	38	1	22	22	100%	0
2022-23	March	310	49	1	0	0	1	3	3	42	3	26	21	81%	5

ESNEFT Acute Inpatient Deaths

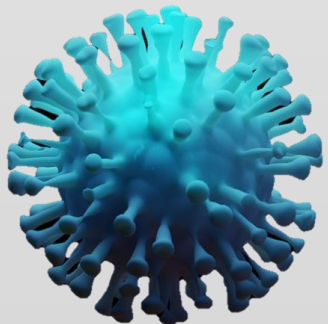
The charts below show the monthly net differences in mortality for 2022/3 in comparison to the site averages for 2017-2021 (excluding periods of high COVID mortality) – 66 more deaths for Ipswich Hospital and 98 for Colchester Hospital.



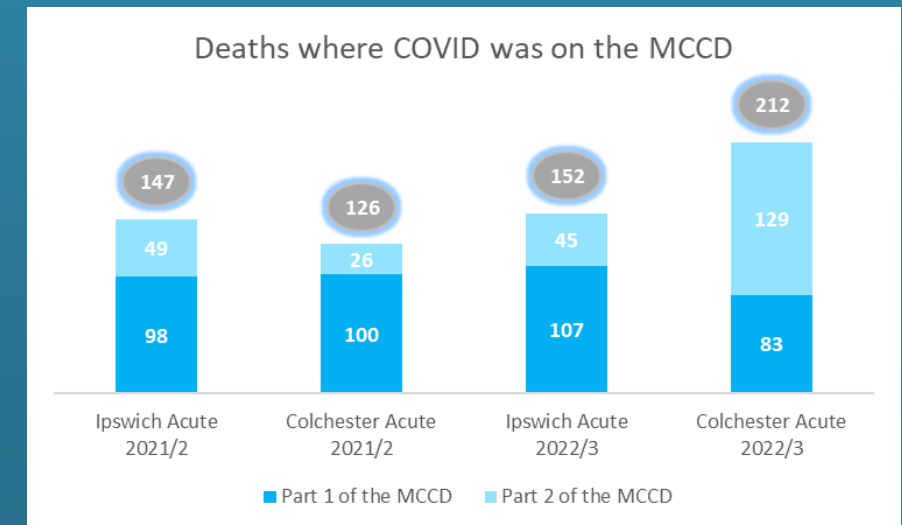
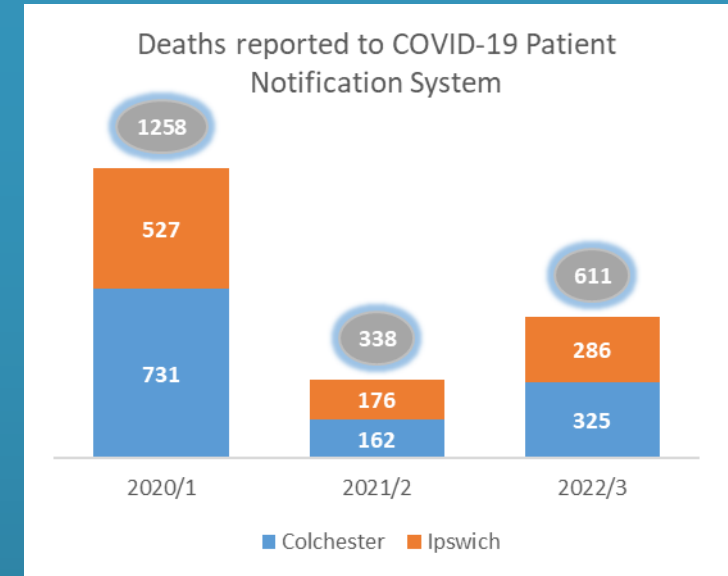
- Lower deaths in 2021/22 could be attributed to mortality displacement, owing to unprecedented levels of mortality in the preceding January 2021.
- 2022/3 deaths and crude mortality rates are elevated in comparison to pre-COVID years.

COVID death reporting & deaths where COVID-19 was cited on the Death Certificate (MCCD) – parts 1 and 2

- There were half as many deaths reported to the COVID-19 Patient Notification System in 2022/3 compared to 2020/21, but nearly double 2021/2. This may be related to mortality displacement which occurred after January 2021.
- Comparing deaths for 2021/2 with 2022/3 where COVID was a factor, this was broadly similar on the Ipswich Hospital site, but nearly double on the Colchester site. [Caveat - ESNEFT digital MCCD records were not kept until November 2020 and data does not include coroner referral data.]
- It can be seen, however, that COVID for Colchester patients was more often listed as a contributory factor (part 2 of the MCCD) rather than a direct cause (part 1) in 2022/3.



- Nosocomial death data was similar for Ipswich Hospital, with 49 cases in 2021/2 and 43 cases the following year. Colchester saw an increase from 24 to 57 cases. Some of this was as a result of undertaking COVID risk assessments to ensure that patients were cared for in the right speciality/avoidance of multiple bed moves.

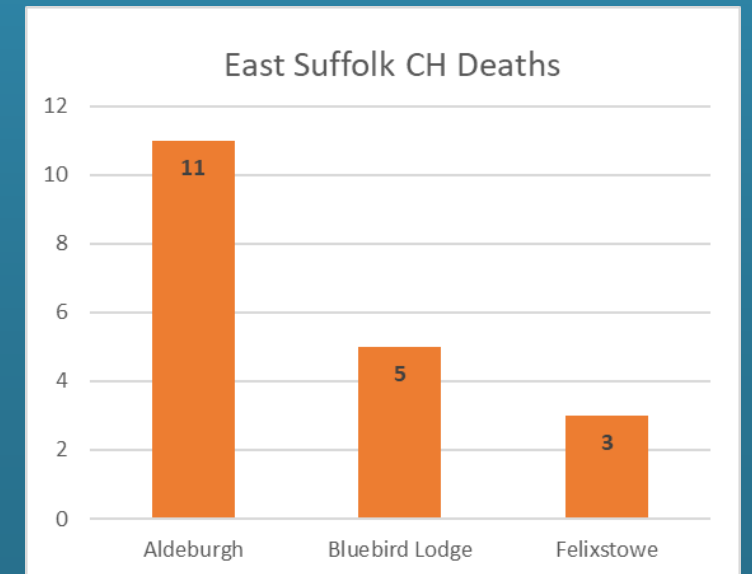
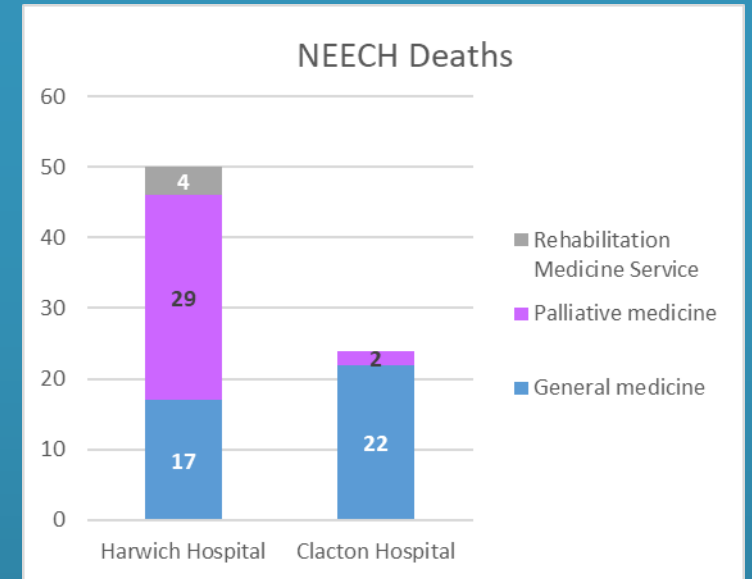
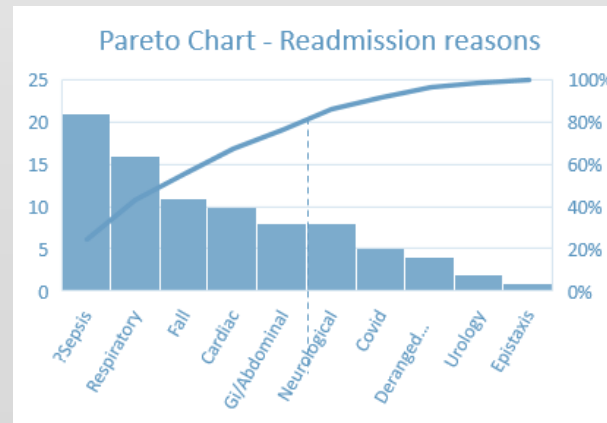


Community Hospital Deaths

93 deaths in community hospitals:

- 74 in north Essex, of which 31 were patients admitted for palliative care – median age was 85 years
- 19 in East Suffolk Hospitals (no other data is available)
- The Deteriorating Patient Group is working on the next version of the TEP to ensure staff in community hospitals receive summary information from the acute team discharging the patient to facilitate effective monitoring of new patients (e.g. fluid balance, falls prevention) and know when referral back to the acute site would be of benefit to the patient/would comply with patient wishes.
- The Deteriorating Patient Clinical Nurse Specialist for Community Hospitals has been working on a number of QI projects aimed at improving identification and escalation of deteriorating patients.

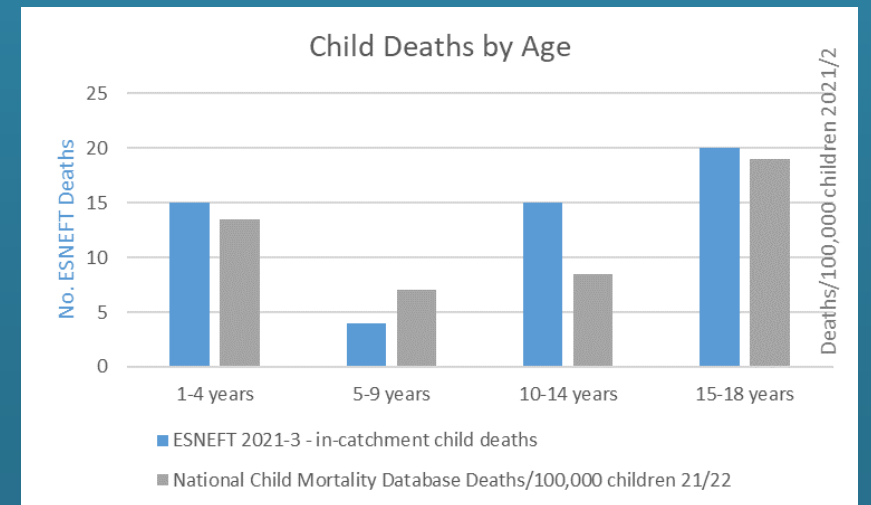
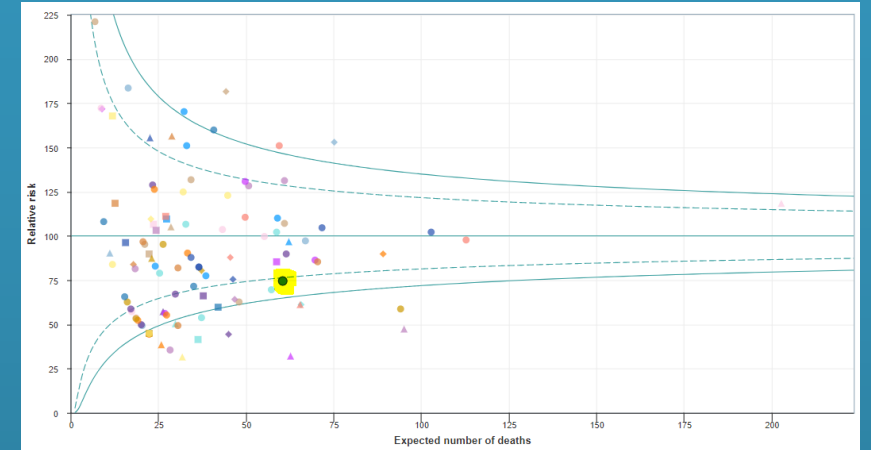
The Pareto chart from a deep dive indicates that for four months in 2022, a suspicion of sepsis was the most common reason for repatriation, followed by respiratory issues and falls. The CNS has been promoting the use of the new ESNEFT community hospital SBAR tool to prompt screening actions. In addition the team will devise a new AKI bundle for community admissions.



Paediatrics

- Five children aged 1–17 years died during admission (3 at Colchester Hospital and 2 at Ipswich Hospital).
- There was 1 death in Colchester ED (OOH cardiac arrest).
- The Child Death Review Process includes deaths of children in the community. The ESNEFT team also reviews care where children known to the service die in other hospitals. The clinical lead advised at the Learning from Deaths meeting that causes of death were consistent with national profiles, with malignancy being the most common. Looking at death by age, in/out of hospital, deaths where the child was aged 10-14 are higher proportionally than national. Analysis is underway to identify if there are any themes.
- Following the death by suicide of a child February 2022, there has been increased focus on mental health training, risk assessment processes, staffing rotas/ratios, environmental changes and improved communication with mental health partners. Mental health crisis is the single biggest reason for hospital admission currently and the trust is working with community mental health partners to improve timely access to care.
- 2 PSIs are being investigated involving deaths of children who attended ESNEFT but died in other hospitals. Early learning has been circulated.

Funnel plot shows RR of death at ESNEFT for all paediatric age groups (0-18yrs) in comparison with all acute non-specialist trusts – lower than expected mortality to January 2023.



Perinatal Mortality

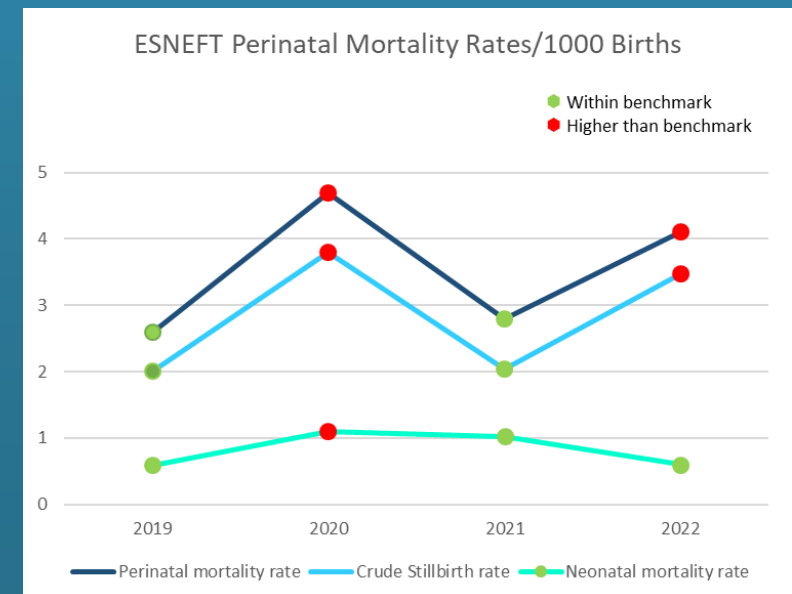
- Although recently published stabilised and adjusted mortality data indicates the Trust was within expected ranges in 2021, the trend chart below indicates that this will not be the case in 2022 owing to the higher number of deaths.
- Significant efforts need to be made with smoking cessation, including passive smoking.
- There is need to personalise and remove any barriers for care in high risk women groups – minority ethnic, very young, very low/high BMI, from deprived areas.
- Improved IUGR detection is a key priority for low risk women.
- Extreme prematurity is the most common cause of neonatal death and the Trust and network could reduce deaths < 27 weeks by consistently achieving the appropriate place of birth guidance.
- Following mortality reviews, at least 10% of cases were graded as clear evidence of suboptimal care with 25% of cases overall as clear/slight evidence of suboptimal care. Not following guidance, risk assessment and communication are key issues with suboptimal care.
- Decreased fetal movement and its management appears repeatedly as a theme in PMRT reports although this has improved in 2022 through staff education.
- All deaths are investigated using the perinatal mortality review tool and discussed by the MDT. Learning is disseminated through many forums.

MBRRACE (Mothers & Babies Reducing Risk through Audits and Confidential Enquiries) data released May 2023 for 2021 indicated that ESNEFT was within expected ranges when compared to similar units.

Perinatal mortality (all deaths)				ESNEFT 2021
Type of death	Number	Crude rate	Stabilised & adjusted rate (95% C.I.)	Comparison to the average for similar Trusts & Health Boards
Stillbirth	14	2.04	2.89 (2.18 to 3.70)	● More than 5% and up to 15% lower
Neonatal	7	1.02	1.07 (0.71 to 1.66)	● Up to 5% higher or up to 5% lower
Extended perinatal	21	3.06	3.96 (3.26 to 5.15)	● More than 5% and up to 15% lower

Perinatal mortality (excluding deaths due to congenital anomalies)				
Type of death	Number	Crude rate	Stabilised & adjusted rate (95% C.I.)	Comparison to the average for similar Trusts & Health Boards
Stillbirth	14	2.04	2.75 (2.18 to 3.45)	● More than 5% and up to 15% lower
Neonatal	5	0.73	0.80 (0.52 to 1.24)	● Up to 5% higher or up to 5% lower
Extended perinatal	19	2.77	3.55 (3.01 to 4.46)	● Up to 5% higher or up to 5% lower

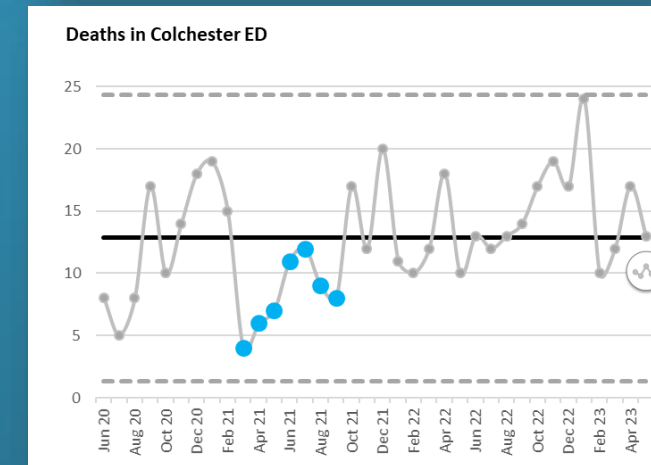
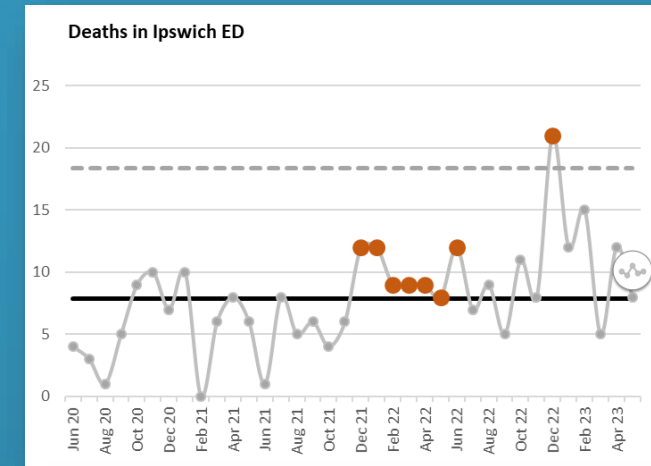
Comparisons with similar Trusts, Health Boards and the UK average



Deaths in Emergency Departments

- SPC charts showing death trend data indicated special cause variation in Ipswich ED in December 2022 and in Colchester ED for January 2023. Cases were reviewed but no specific concerns requiring PSII were identified.
- National studies¹ have identified increased 30-day mortality and hospital LoS relating to long ambulance delays/off-load times and where ED stays exceed 5 hours.
- Long lengths of stay in the ED owing to crowding:
 - Are associated with exit block and crowding which have been shown to increase time to analgesia, antibiotics and other vital treatments.
 - Make it difficult to observe patients closely and spot signs of deterioration.
 - Reduce temporal/spatial clues for patients which may exacerbate delirium in elderly patients/cognition issues.
 - Increase subsequent LoS, putting patients at risk of hospital acquired infections and deconditioning.
 - Increases the risk of pressure area damage, leading to increased LoS.
 - Makes the delivery of care with privacy and dignity extremely difficult and leads to an incomplete clinical assessment on those grounds.
- The opening of Durban and Snape escalation wards at the beginning of January greatly improved flow, but it is recognised that longer term solutions will require robust joined-up primary to secondary care plans, including advance care plans.

¹ “Association between delays to patient admission from the emergency department and all-cause 30-day mortality” demonstrates a time-associated linear increase in all-cause 30-day mortality for patients who remain in the ED for more than 5 hours from their time of arrival. One extra death occurs for every 82 patients who are delayed for more than 6 to 8 hours.



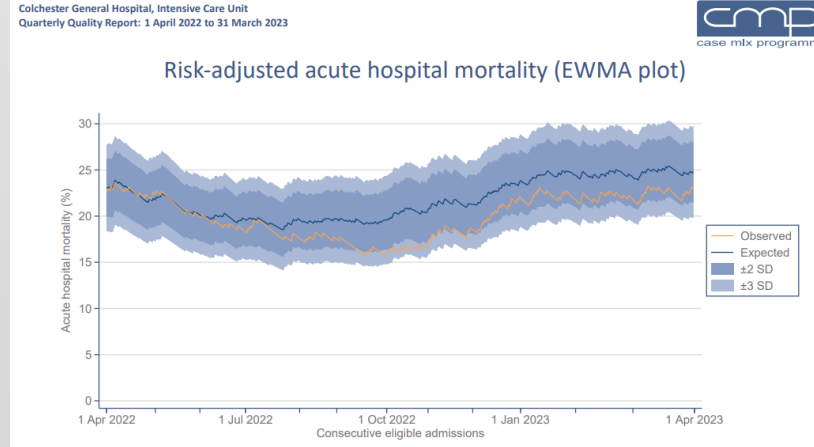
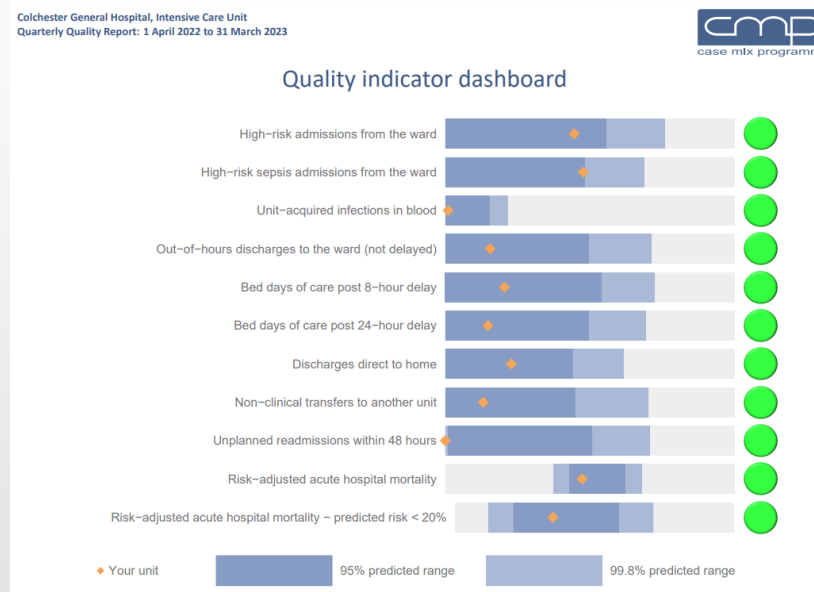
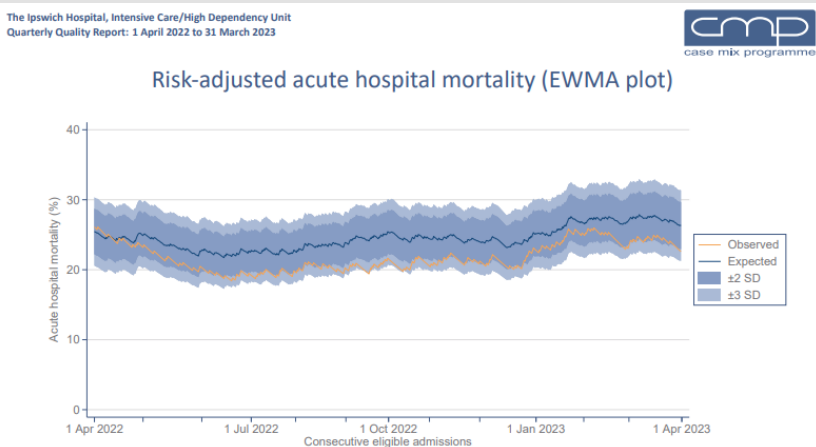
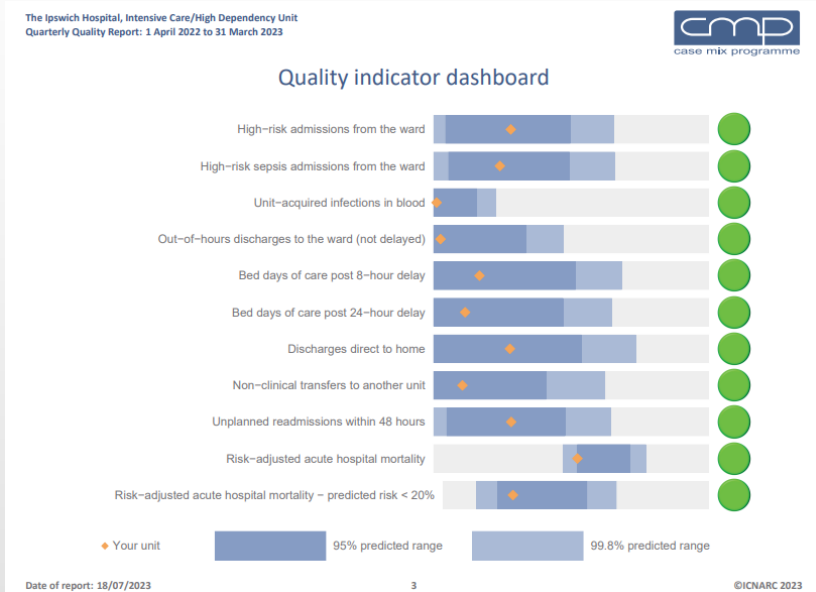
Deaths in ITU

Ipswich

On the Quality Indicator Dashboard, the observed value for the unit was within or below the 95% predicted range — there is no evidence that the QI value is worse than expected.

The age and acuity of patients is increasing with a longer length of stay.

There was a 12% increase in emergency admissions however the unit achieved mortality at 2-3 standard deviations below expected mortality.



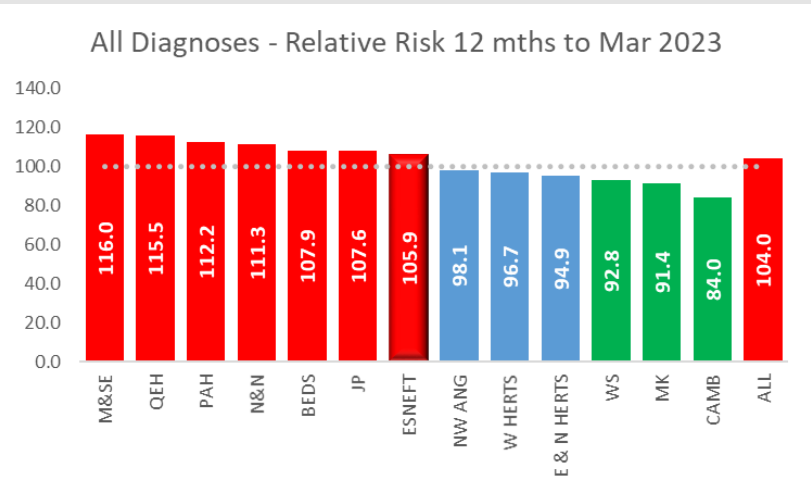
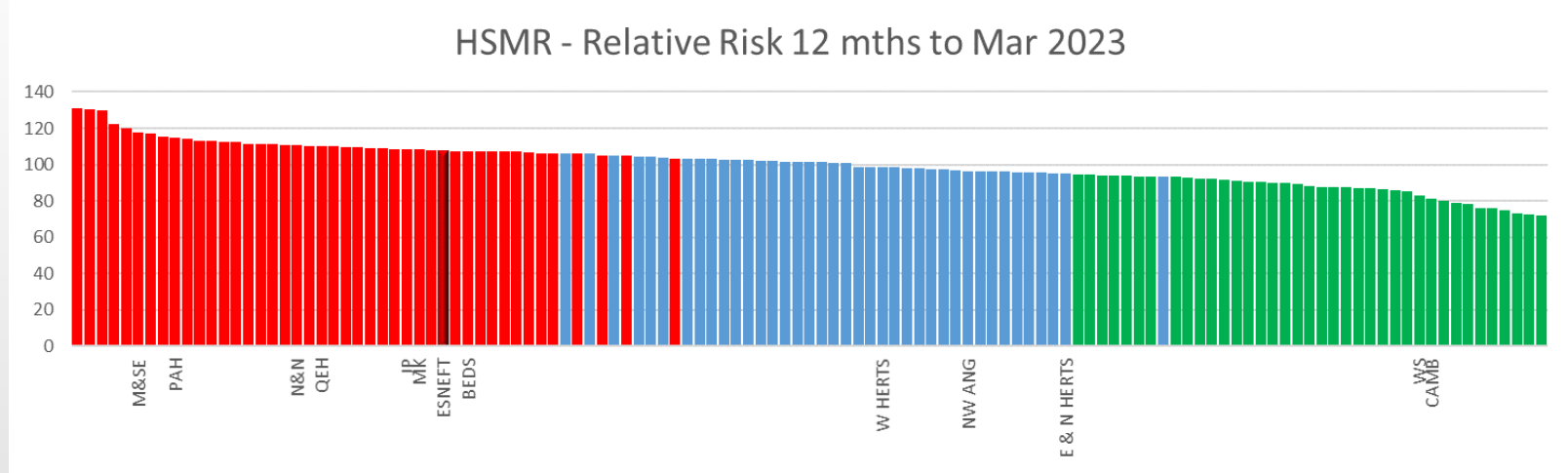
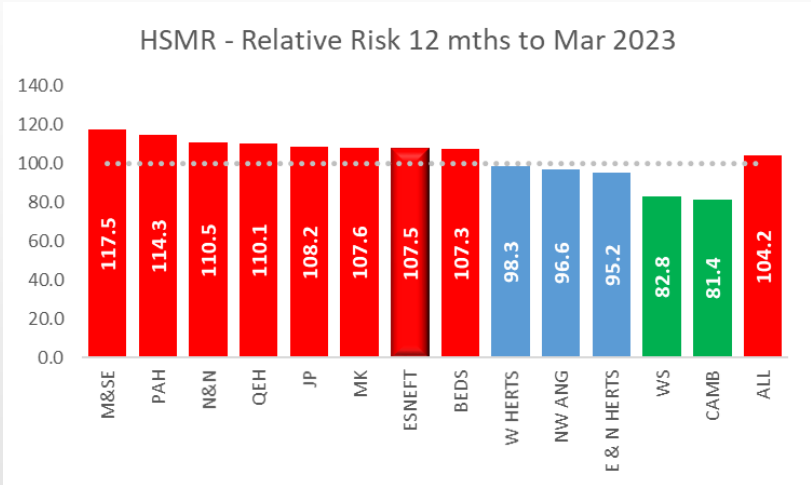
Colchester

On the Quality Indicator Dashboard, the observed value for the unit was within or below the 95% predicted range — there is no evidence that the QI value is worse than expected.

Increased rate of "high risk admissions from ward", and "high risk sepsis admissions from the ward".

The unit achieved mortality at 2-3 standard deviations below expected mortality.

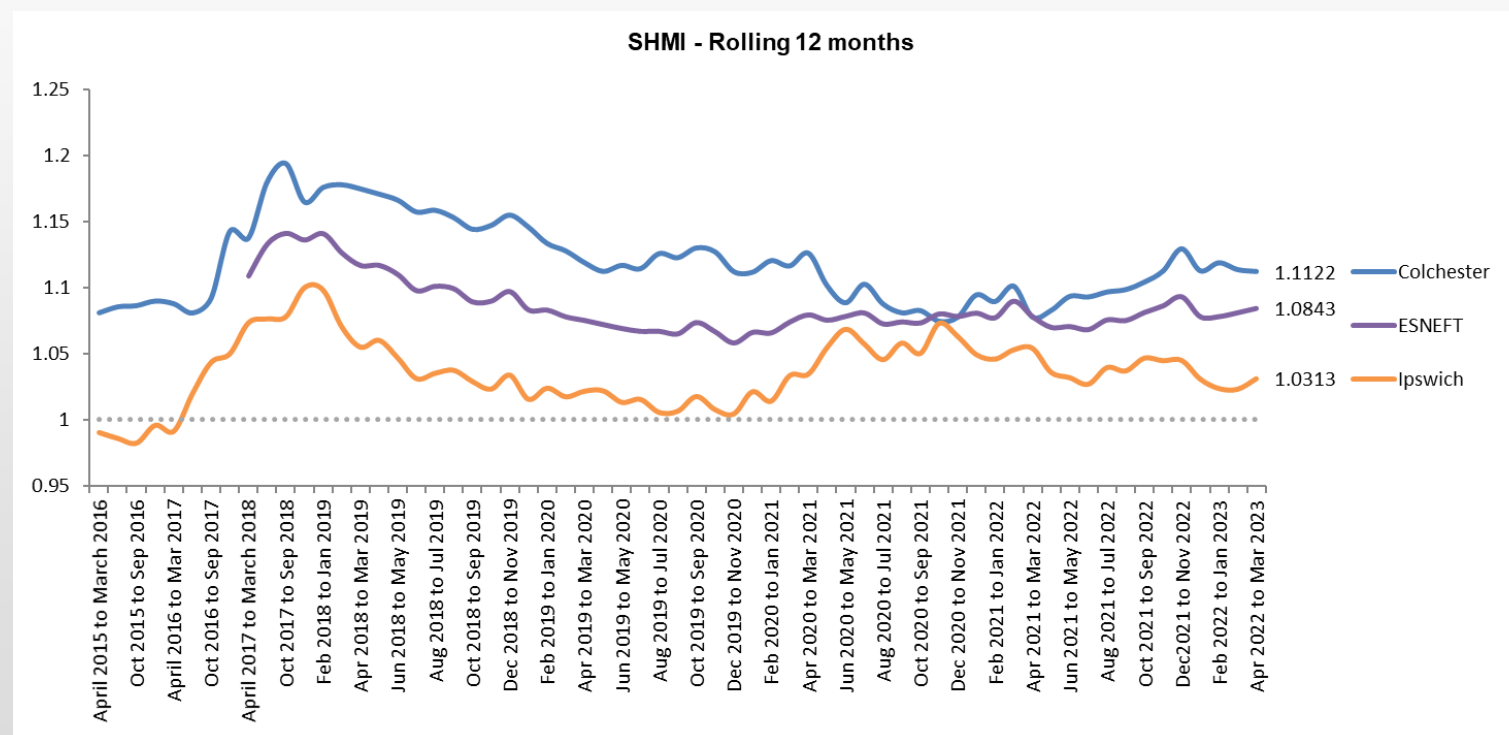
Benchmarked Mortality Data – Peer Group



Looking at HSMR and SMR (all diagnoses), the Trust sat in the middle of the peer group for the 12 months to March 2023. However overall, the peer group is an outlier, with statistically more deaths than expected.

SHMI (in-hospital mortality & deaths within 30 days of discharge)

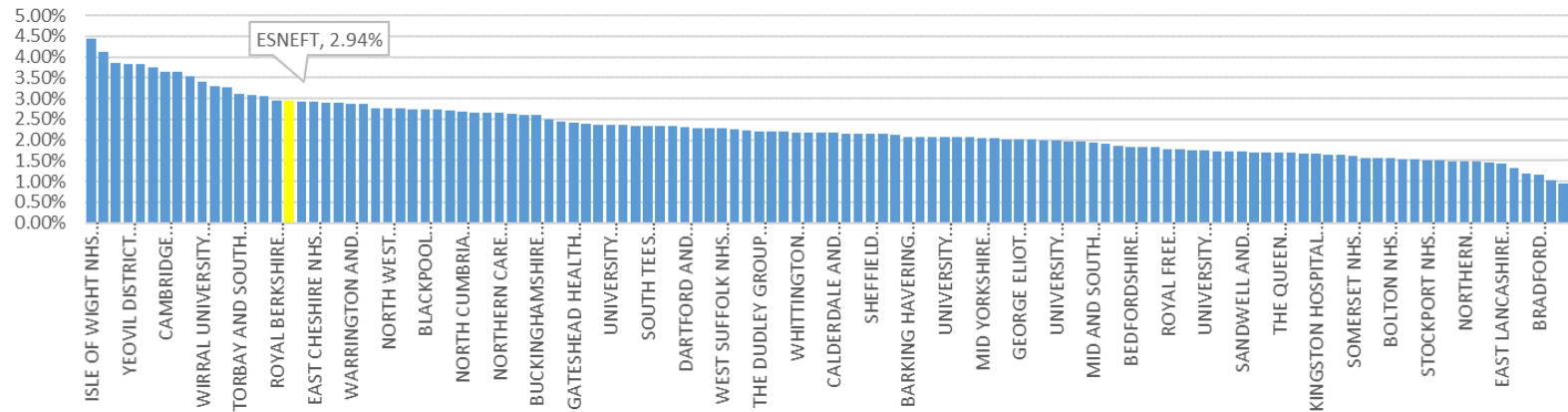
Description	ESNEFT	National
SHMI (as expected)	1.0843	0.7 - 1.2
Crude elective mortality*	1%	1%
Crude non-elective mortality	4.4%	3.5%
Ratio in/out of hospital deaths	68%/32%	71%/29%
Spells with COVID coding (pts omitted from SHMI calculation)	5.2%	4.0%
Spells as a percentage of pre-pandemic activity (Jan19 - Dec19)	86%	88%
Spells with palliative coding	2.5%	1.9%
Deaths with palliative coding	41%	40%



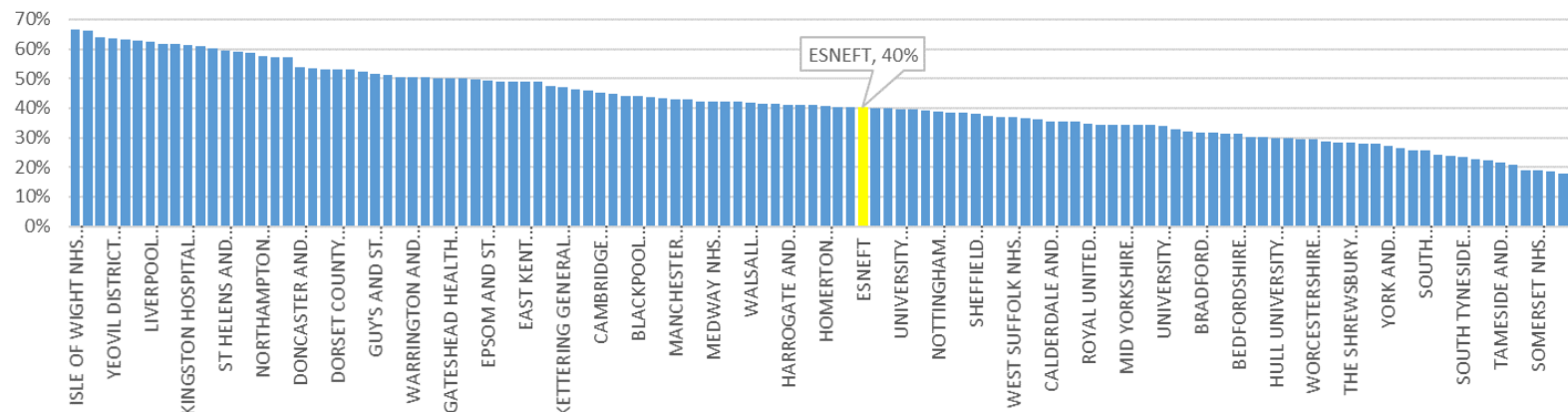
*SHMI data looks at a different patient cohort to that used by Dr Foster – e.g. SHMI reports data by name of last care provider prior to death, but DF includes patient transfer outcomes; SHMI excludes any patient with a COVID diagnosis. DF elective mortality was 0.4%.

Palliative Care Coding

Spells with Specialist Palliative Care



Deaths with Specialist Palliative Care



From September 2021 the Trust came into line with other acute trusts, capturing all care delivered by the specialist palliative care team. For ordinary admissions in the 12 months to February 2023, 2.9% of all spells and 40% of all deaths had care supported by the specialist palliative care team. (Prior to the change in local clinical coding rules, the figures were 2.2% spells and 31% deaths.)

The data now openly captures the specialist input needed by our patients. Divisions often acknowledge the invaluable support given by the palliative care team at the Learning from Deaths meeting.

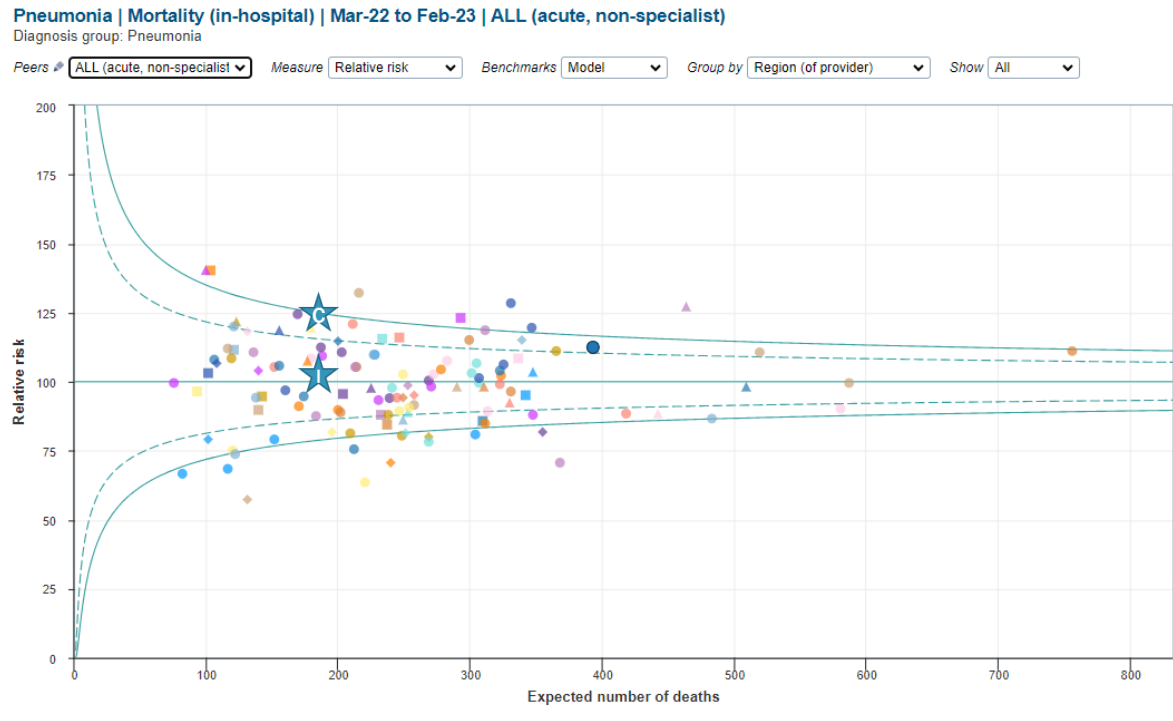
Top 10 Admission Diagnoses resulting in death during admission



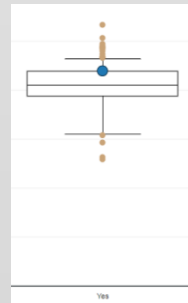
Site (of discharge)	Diagnosis group	Discharges	Deaths	Mortality Rate	'Excess' Deaths	Relative Risk	Lower Confidence Limit
COLCHESTER GENERAL HOSPITAL	Pneumonia	1350	232	17.2	37.6	119.3	104.5
	Septicaemia (except in labour)	772	195	25.3	36.9	123.4	106.7
	Acute cerebrovascular disease	650	94	14.5	1.0	101.0	81.6
	Congestive heart failure non-hypertensive	600	91	15.2	19.2	126.7	102.0
	Chronic obstructive pulmonary disease & bronchiectasis	990	85	8.6	28.1	149.3	119.2
	Viral infection	1315	73	5.6	18.1	132.9	104.2
	Acute and unspecified renal failure	426	55	12.9	9.9	121.9	91.9
	Aspiration pneumonitis food/vomitus	155	54	34.8	9.1	120.2	90.3
	Acute bronchitis	1525	34	2.2	12.5	158.1	109.5
	Fracture of neck of femur (hip)	603	31	5.1	-4.1	88.3	60.0
IPSWICH HOSPITAL	Pneumonia	1415	211	14.9	9.5	104.7	91.1
	Septicaemia (except in labour)	468	109	23.3	18.7	120.8	99.2
	Acute cerebrovascular disease	618	94	15.2	-10.6	89.9	72.6
	Viral infection	1309	62	4.7	5.8	110.3	84.5
	Congestive heart failure non-hypertensive	573	60	10.5	-12.2	83.1	63.4
	Acute and unspecified renal failure	499	55	11.0	-1.1	98.0	73.9
	Aspiration pneumonitis food/vomitus	175	52	29.7	4.7	110.0	82.1
	Senility and organic mental disorders	361	37	10.2	3.0	108.8	76.6
	Respiratory failure insufficiency arrest (adult)	115	34	29.6	5.7	120.2	83.2
	Fracture of neck of femur (hip)	417	32	7.7	10.5	148.7	101.7

Diagnosis groups shown in red are outliers owing to being high volume conditions with more deaths than statistically expected, resulting in a relative risk and LCL above 100. Colchester has historically seen COPD triggering seasonal mortality alerts owing to diagnostic inaccuracy on admission; despite training, it has not been possible to sustain improvements in accuracy. Sepsis identification and timely treatment is a key trust clinical priority.

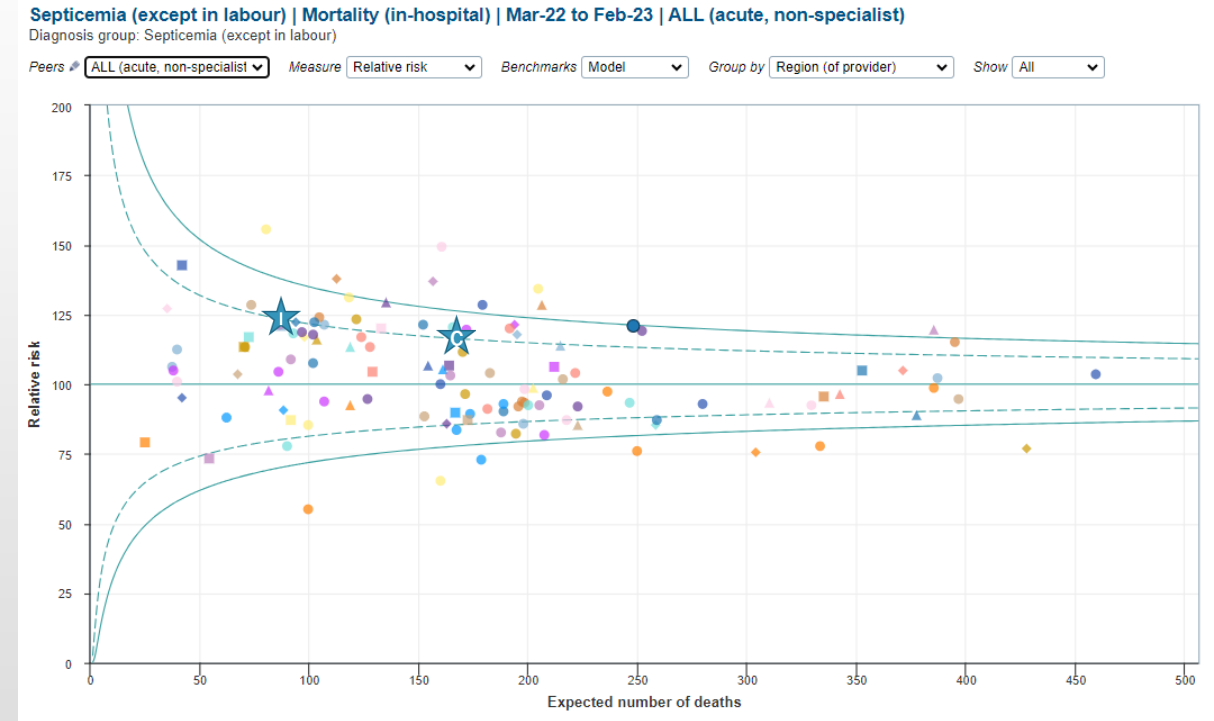
High-Risk Conditions



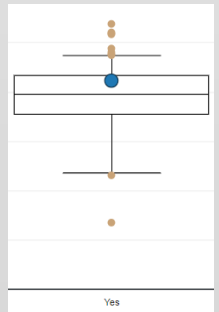
In the 12 months to February, Colchester was a statistical outlier for pneumonia. Attendances by site were similar, but the Colchester mortality rate was 3% higher for patients with this admitting condition. Although not included in the Dr Foster mortality algorithm, for patients aged 75 years and older, frailty conditions were identified in 87% of all Colchester deaths with this admitting condition.



Frailty box plot



In the 12 months to February, both Colchester and Ipswich acute sites were statistical outliers for sepsis. There were 75% more attendances and 86% more deaths at Colchester with this admitting condition.. One probably avoidable death was identified and this is under investigation. Frailty was identified in 78% of Ipswich and 91% of Colchester deaths



Frailty box plot

CUSUM Alerts & Outlying Diagnosis Groups

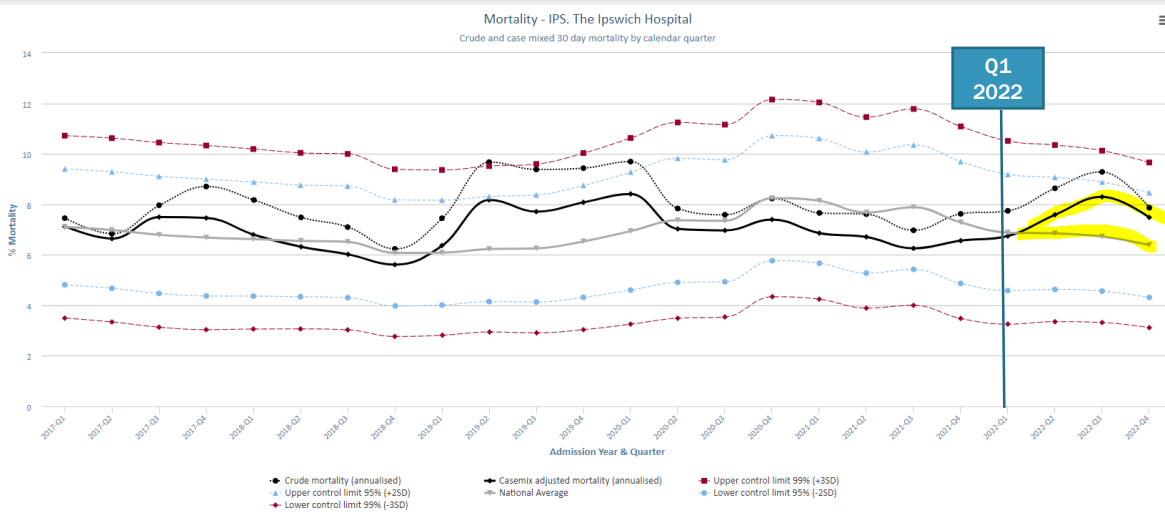
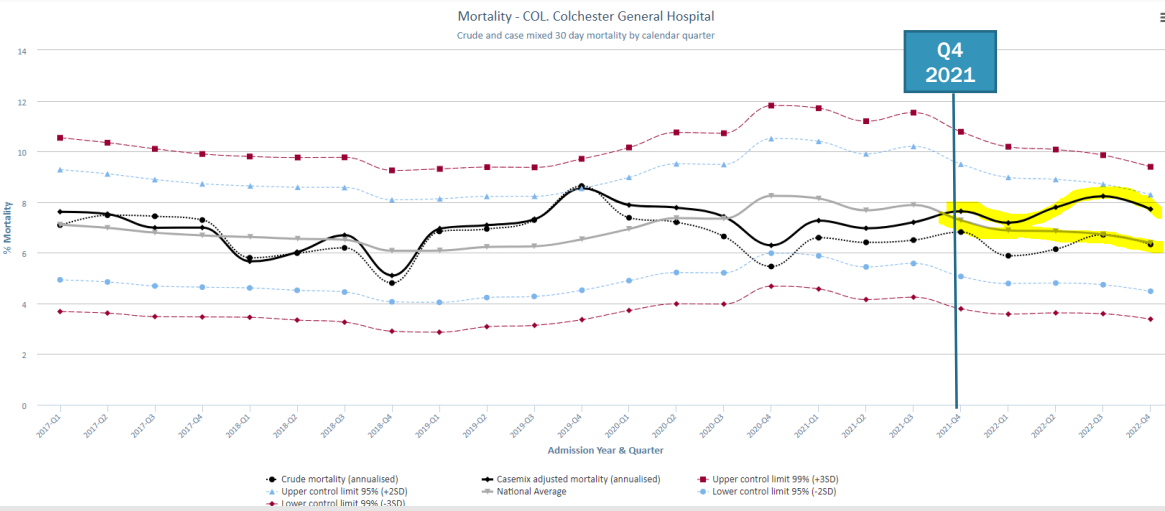


CUSUM Alerts are generated within diagnosis groups by tracking the **chronological discharge outcome** differences between actual and 'expected'. Outlying groups are grouped diagnoses where both the relative risk and the confidence limit exceed 100. In this case, it is statistically likely that the trust is an outlier for those conditions. The clinical coding team has been reviewing records throughout the year and in some cases re-coding patient discharges where errors have been identified by the clinical coding audit leads.

Diagnosis group (on admission)	CUSUM	Outlying Group	Discharges	Deaths	Expected no. deaths	Relative risk	95% lower confidence limit	Notes
Acute bronchitis	✓	✓	2764	59	39.8	148.3	112.9	This condition triggered an Imperial College/CQC CUSUM alert August 2018. The audit undertaken in 2018 identified frailty as a common admission reason and the subsequent diagnosis of cancer. In 2022/3 82% of the patients who died had a chronic condition affecting at least one major organ; e.g. 40% renal, 34% cancer/metastatic cancer, 34% congestive heart failure.
Melanomas of skin		✓	318	6	2.0	305.0	111.38	Primarily relating to Ipswich patients with no more deaths since Nov 2022
Septicemia (except in labour)	✓	✓	1271	307	255.0	120.5	107.3	Once an Ipswich alert, this now relates to a period between Nov 2022 and January 2023 on the Colchester site where monthly deaths doubled. Cases are screened by the deteriorating patient nurse specialist on a monthly basis to determine if policy was followed; in some cases the patients were frail late presentations to ED.
Viral Infection		✓	2927	135	112.5	120.0	100.6	Mortality data indicates higher than average admitted cases at ESNEFT with 2.7% of admitted activity with this diagnosis compared to 2.2% nationally.
COPD and bronchiectasis		✓	1726	110	90.2	121.9	100.21	Colchester only – deaths quadrupled in December and January with only a 50% increase in admissions. This needs further scrutiny
Cancer of other male genital organs	✓		9	1	0.0	4374.5	57.2	Refers to one death in May 2022 – coding checked and accurate
Other non-traumatic joint disorders	✓		852	9	5.4	167.7	76.5	Refers to non-specific joint pain or fluid around a joint – could be seen as a sign or symptom code;
Pneumonia	✓		2857	448	406.2	109.6	99.6	Triggered in January 2023 – levels returned very quickly to expected rates
Superficial injury, contusion	✓		643	27	18.7	139.5	91.2	frailty and chronic illness which is sometimes diagnosed on arrival on a deep ward. The injury is the reason for admission but not the Cause of death.

Positive CUSUM alerts, where the Trust has performed much better than expected, include intrauterine hypoxia and birth asphyxia; peri-, endo-, and myocarditis, and residual codes unclassified – indicating high quality data capture of admitting diagnoses.

Frailty and Hip Fracture



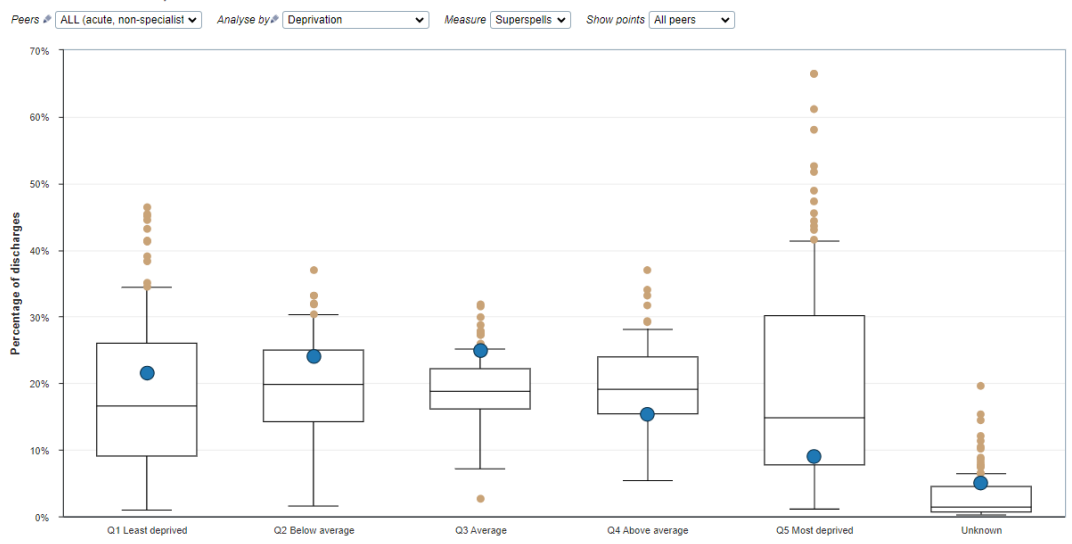
From Q4 2021 (Col) and Q1 2022 (Ips) the National Hip Fracture Database indicates that casemix adjusted mortality exceeded the national average.

- Colchester Orthogeriatrics advises that 2022 saw the highest ever admission volume, with 632 patients.
 - Over 2021 and 2022 there was an increased number of palliative cancer patients and also patients who were newly suspected (and diagnosed) as having a new malignancy following their admission.
 - Post Covid, many of the patients displayed deconditioning, reporting their pre Covid CFS as 3-4 (managing well/very mildly frail) and post Covid 5-6 (mild to moderate frailty). deaths and deaths within 30 days of discharge have not highlighted any concerning themes but do demonstrate the frailty of the patients.
 - More work needs to be done on fragility fractures at the Colchester site which is a negative outlier for bone protection, but issues include: patient unsuitability for oral bisphosphonates, non-compliance with prescribed course, no community osteoporosis support and lack of hospital capacity to administer annual follow-up IV infusions of IV zoledronic acid. There will be a cross-site meeting a cross site meeting to address.
- Ipswich Orthogeriatrics submitted 531 cases:
 - The difference between crude and adjusted mortality reflect the high levels of frailty seen in Ipswich. The adjusted rates remain within the lower control levels which is satisfactory. There was a 20% increase in hip fracture patients in the last year with no change capacity; a significant increase nationally in hip fractures, possibly as a result of significant deconditioning from the pandemic.
 - There remains a robust process of consultant reviews of every inpatient hip fracture death, discussion and local multidisciplinary team meetings, at orthopaedic audit meetings and themes raised at Learning from Deaths. As a result of these reviews changes have been made to local policy, training, induction and support for junior doctors, some issues remain outside the remit of the orthogeriatric team. The NHFD report 30 day mortality and we do not have insight into what happens for those patients who die after discharge (average LoS is approximately 12 days).

Age at Death in Hospital - Deprivation



Diagnoses | Mortality (in-hospital) | Apr 2022 - Mar 2023 | ALL (acute, non-specialist) by Deprivation



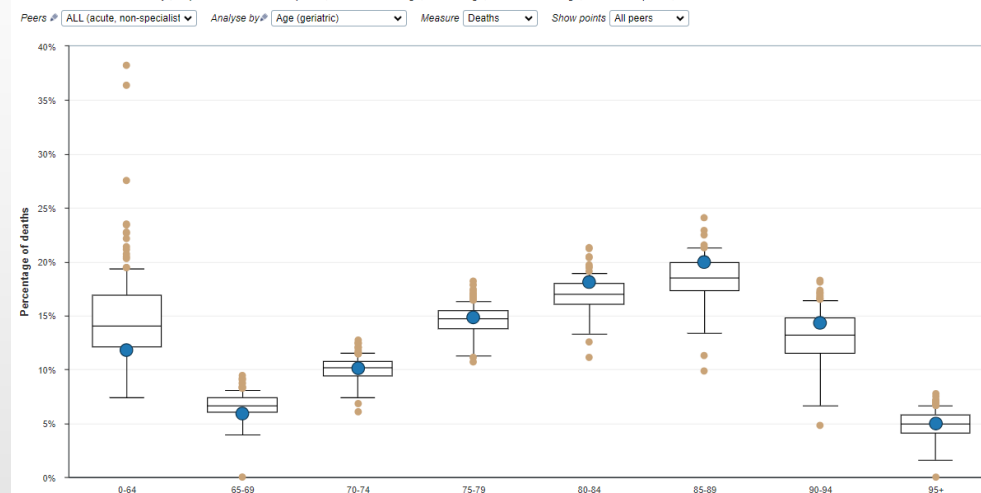
Ordinary admissions, all diagnoses, % of deaths all socioeconomic groups ➤

Although the Trust serves areas identified in national studies as being particularly deprived, the percentage of admitted patients coming from the most deprived neighbourhoods is much smaller than average.

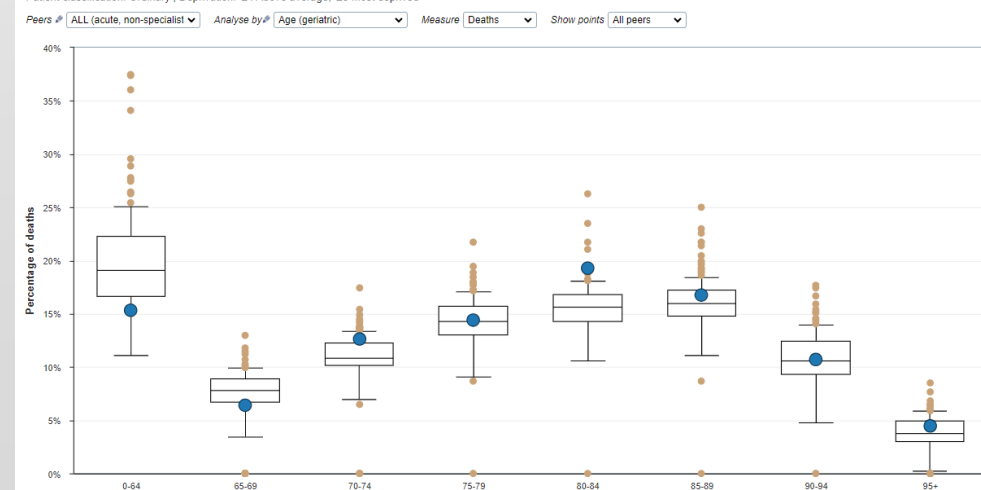
For all socioeconomic groups, the percentage of patients dying within each age group is below average/average until the age of 80. For deprived groups, the Trust is a statistical outlier for age 80-84 years with around 19% deaths being in this group compared to 16% nationally. A smaller percentage of deaths than national occurs in patients younger than 70, with 22% of deaths in this category coming from deprived areas compared to 29% nationally.

According to SHMI and Dr Foster data, around 5% of spells cannot be attributed to a deprivation quintile (possibly data quality ?postcode)

Diagnoses | Mortality (in-hospital) | Apr 2022 - Mar 2023 | ALL (acute, non-specialist) by Age (geriatric)



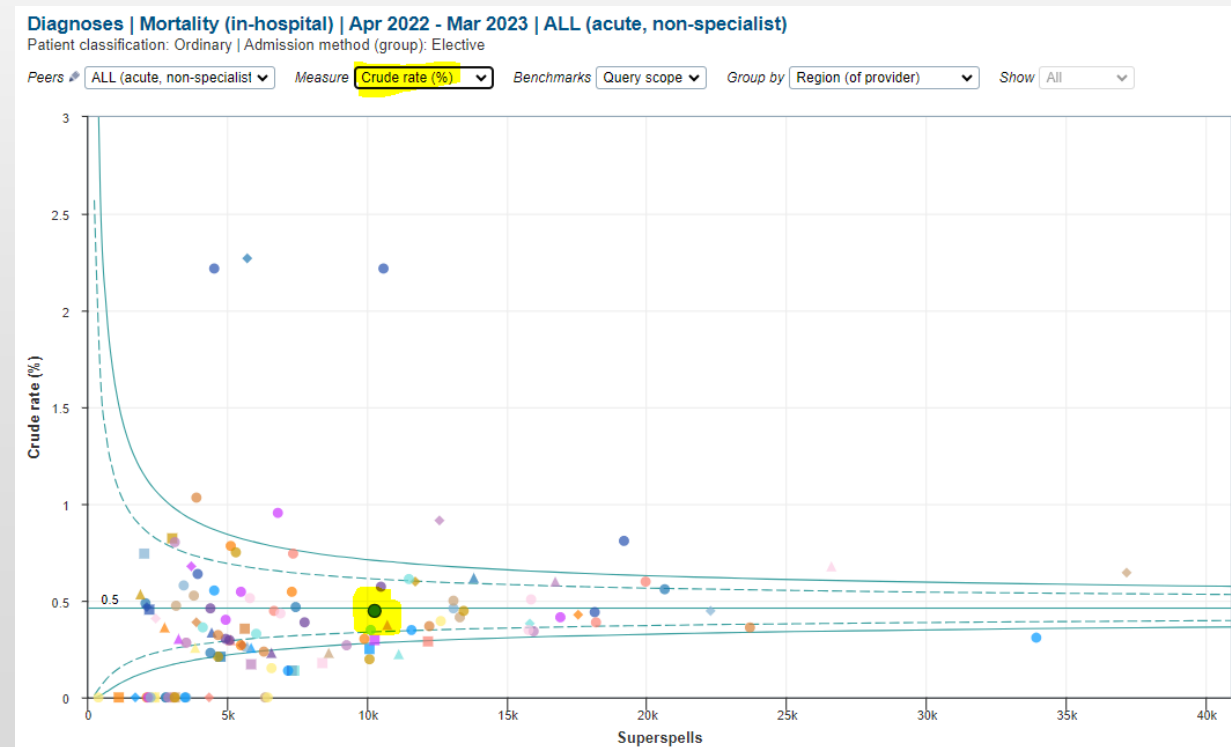
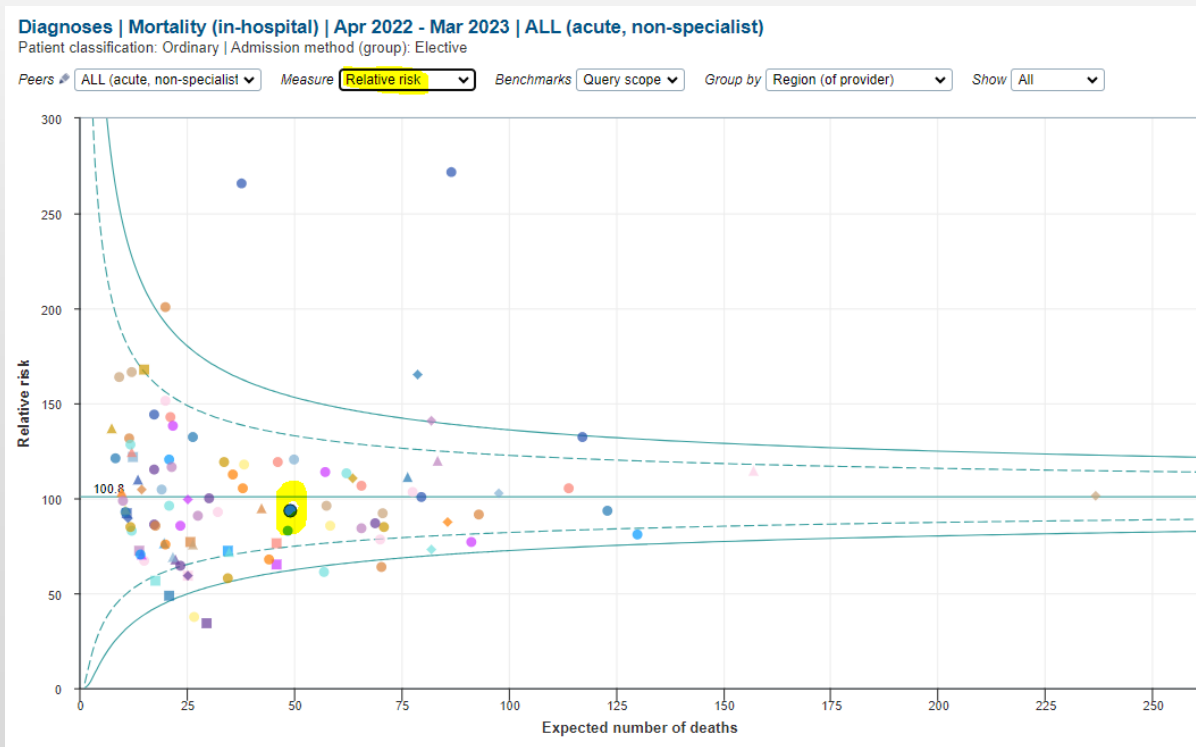
Diagnoses | Mortality (in-hospital) | Apr 2022 - Mar 2023 | ALL (acute, non-specialist) by Age (geriatric)



Ordinary admissions, all diagnoses, % of deaths for deprived areas ➤

Elective Mortality

- Elective mortality was 'as expected' with an overall SMR of 93.6 (46 deaths with 49 expected).
- Crude elective mortality for ordinary admissions was 0.4% - national average 0.5%, maximum 2.3%



Elective Mortality

- There were 46 elective deaths in 2022/3, of which, 21 were cancers.
- An increasing number of patients are being admitted from clinic owing to being identified as extremely unwell – this is counted as an elective admission.
- There are a number of ‘hospice’ beds in North Essex where the community matron can refer/book a patient for (palliative) symptom control.
- Sometimes surgery is undertaken for a patient in the last days/weeks of life to provide pain relief e.g. fracture NoF.

Location (at discharge)	Department (at discharge)	Total
CLACTON AND DISTRICT HOSPITAL	General Internal Medicine	1
CLACTON AND DISTRICT HOSPITAL Total		1
COLCHESTER GENERAL HOSPITAL	CLINICAL HAEMATOLOGY	1
	Clinical Oncology	4
	GASTROENTEROLOGY	5
	GENERAL SURGERY	2
	Interventional Radiology	1
	Respiratory Medicine	1
	Trauma and Orthopaedics	1
	UROLOGY	1
	VASCULAR SURGERY	1
COLCHESTER GENERAL HOSPITAL Total		17
IPSWICH HOSPITAL	BREAST SURGERY	1
	CLINICAL HAEMATOLOGY	3
	Clinical Oncology	6
	Colorectal Surgery	1
	Ear Nose and Throat	1
	GASTROENTEROLOGY	4
	Gynaecological Oncology	1
	Renal Medicine	1
	Respiratory Medicine	2
	UPPER GI SURGERY	1
	UROLOGY	1
IPSWICH HOSPITAL Total		22
THE FRYATT HOSPITAL AND MAYFLOWER MEDICAL CENTRE	Palliative Medicine	6
THE FRYATT HOSPITAL AND MAYFLOWER MEDICAL CENTRE Total		6
Grand Total		46

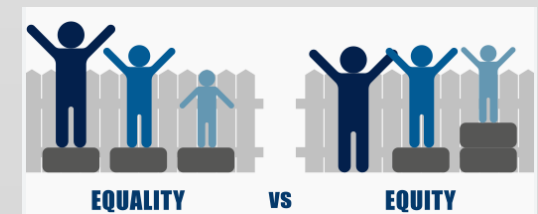
Ongoing Projects and QI

INCLUDING NEXT STEPS

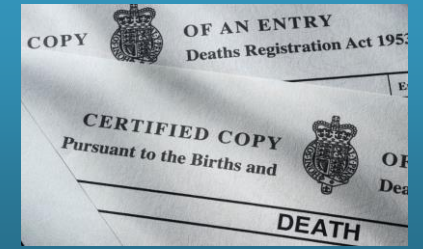
Health Inequalities & Work in the Wider Community

Increasing pressure on acute care during periods of high demand have moved the focus more towards health promotion and equity of access/treatment in recent years. Making the best use of available resources by empowering people to 'live well' is a key driver. The Trust has appointed a Health Inequalities lead and the strategy has been approved. Here are some of projects run in 2022/3:

- **MECC – Making Every Contact Count** is fundamentally about prevention. It focuses on helping people live healthier, longer lives by utilising every contact to reduce the impact of long-term conditions that can result from lifestyle habits and behaviours. MECC is about simply raising the issue with people and exploring how they respond in order to help them make a choice. Examples include sign-posting to community services for weight management, financial support, asthma advice, substance misuse help etc. Referrals have increased to the point where additional support is needed to maintain momentum.
- **Nourish** - a healthy eating project aimed at children and young people. In addition, a national audit has identified that obesity is overrepresented in paediatric surgery – outpatient staff are gathering data. Patients at risk will be identified and referred to the Essex Healthy Living Service.
- **Work with GPs on an asthma project** supporting children and young people living in deprived areas. Work will include liaising with inequality leads in councils on subjects such as air quality and mould in housing.
- **DNA pilot** – removing some of the barriers to clinic attendance in deprived areas by arranging later appointments, local clinics, running shuttle buses and working with park-and-ride. Funding for the Hoppa has now ceased but is being looked into.
- **Opening of the next phase of the Clacton Community Diagnostic Centre** which means that MRIs, x-rays and ultrasounds are now available in Tendring, saving a journey to Colchester. Removing a barrier to screening and increasing the number of available appointments could result in earlier identification and treatment.
- **Services are increasing the number of appointments in Clacton clinics.**
- **Improving smoking cessation referrals in the Tobacco Treatment Project**, particularly for people living in deprived areas.
- **Work done around alcohol service development with submission of bid for IES Alliance funding.**
- **Next steps include further public engagement sessions to find out what matters to the people served by the Trust.**



Medical Examiners



- The ME Service has been actively engaging with trust/department induction programmes for new/junior doctors. The MEs are also proactive in supporting the junior doctors with completion of the MCCD and Cause of Death.
- Every in-hospital death is scrutinised and referred for mortality review if concerns are identified by the ME or the family.
- The team is working with staff to underline the importance of closing the pathway for a patient who passes away and how important it is to the bereaved families to ensure that the MCCD is completed in a timely manner.
- A key role is the support of families in providing insight into care, allaying fears and worries and escalating concerns. One of the most valuable roles of the Medical Examiner is to be a voice for the bereaved; the team is impartial, speaking to 100% of our bereaved and where necessary, raise concerns. They can liaise with local teams and signpost if necessary.
- The team is working hard on gaining engagement with our GP partners to carry the service over to the community. This has included working closely with stakeholders such as the coroner and registration service.
- There will be two face to face seminars in Sept and Oct of this year, where the Registrars, Coroners, ICB and the Regional ME will be present.

Divisional Projects/Actions

MSK

- Focussed work on Treatment Escalation Plans
- Delivery of bespoke ward-based training sessions in response to identified issues.
- Staff supported to complete Palliative & End of Life Care learning.
- Learning from Deaths - more robust governance process over the last year – mortality reviews discussed in the monthly hip fracture meeting and presented at the T&O audit afternoon. Learning is discussed at ward level with the MDT.
- Team is working on acknowledging good practice - publically acknowledged and followed up with email for e-portfolio.
- Good practice includes open referrals to ortho-geriatrics to allow early review and management, an improvement in use of EOL ICP, some very good communication with families by junior doctors and ACPs and good support from other teams especially renal and palliative care.
- Room for improvement: audits and mortality reviews by the consultant ortho-geriatrician identified inadequate IV fluids, failure to identify consistently AKI (induction updated to emphasise this, will be included in new teaching programme).
- Pilot undertaken using National Hip Fracture REDUCE toolkit whereby hip fracture patients were prioritized for physio – early results indicate shorter LoS and reduction in social care input.
- Work is ongoing to improve communication to prevent delays to theatre, ensuring that the patient knows if they are for surgery by lunchtime so they do not miss meals, and that if the patient is delayed, the haemoglobin is re-checked before surgery owing to bleeding in the fracture site.

Cancer & Diagnostics

- Teams run a pre-diagnosis cancer service to encourage engagement by neuro-diverse patients; actions include use of reasonable adjustments, pre-visit tours, with appointments chosen at 'less busy' clinic times. Staff are investigating the reasons for missing appointments and removing barriers to prevent pathway delays.
- Trust staff are aware of the importance of patient 'ownership' without a diagnosis to reduce the risk of patients 'getting lost' in the screening process.
- Staff are recording patient frailty status for people aged 70+ on the Somerset Cancer Register to inform clinical decision-making.
- The bowel screening programme has been extended to people aged 56-59, with a view to inclusion to age 50 over 4 years. Cancer has been detected and treated in this age group in 7 patients which proves the value of extending the screened cohort. Compliance with Standard 6, a clinic appointment within 14 days of a positive (FIT) test dropped during the pandemic, but for 2022/23, returned to 100%. The team has noted on the risk register that there are insufficient screening accredited Colonoscopists to provide adequate numbers of BCSP colonoscopy lists.
- The team is working with Beacon House, a charity which supports people with no fixed abode, to ensure that health screening is available, using the facilities as a 'GP surgery'.
- The Trust is one of 6 centres in the UK to use microwave ablation, delivering pin-point accuracy treatment to destroy tumours completely.

Divisional Projects/Actions



Surgery, Gastro and Anaesthetics

- The Five Rivers AAA (abdominal aortic aneurysm) screening programme screens patients in north east Essex and east Suffolk in local clinics across the catchment, using non-invasive ultrasound. The risk of death from rupture is around 90% and from surgery is <3%, so screening attendance is essential in reducing mortality risks for men aged 65+. The uptake for initial screening 22/23 remained high at 87.2% compared to a national average of 80.2%. This is similar to the 21/22 figure of 88% which put the programme in the top 3 providers nationally. The team met the 15 standards with the exception of 2 which related to surgical review within 2 weeks of an abnormal ultrasound and surgery within 8 weeks.
- One of the greatest achievements for the Division in terms of improving patient safety and outcomes is the implementation of the OOH GI bleed rota for Colchester. This is in relation to the sad death of a patient who was admitted to Colchester Hospital and required OGD (gastroscopy). This was delayed as there was no out of hours Gastroenterologist on call for Colchester at this time (PSR 132998). It was recognised that this outcome for this patient may have been different had the OGD been carried out sooner and that this was a risk for the safety of future patients. Both the Ipswich and Colchester teams (rota system already in place at Ipswich) have worked together to implement the rota and ensure both sites have out of hours cover.

Divisional Projects/Actions

Medicine

- Ipswich Emergency Department focus has been on Ambulatory Care and how to improve monitoring. The team is increasingly seeing more sick patients who 'walk in' rather than being brought in by Ambulance. This increased activity, more so in the evenings and out of hours, leads to delay in triaging and definitive care. The following three actions are helping improve safety:
 - An HCA is stationed in Ambulatory care to do observations on patients even before Triage.
 - All patients who are being sent to UTC are being triaged in main ED and have observations done (if needed) and analgesia prescribed.
 - Patients in Ambulatory Care waiting for beds on the wards (sitting outside XR) have regular observations done now according to the Trust NEWS2 policy. There are reminders on the white board for that and a red tray holds all the observation charts.
- A review of patients cared for in the corridor during the winter identified 2 cases where outcome may have been affected. These patients were discussed at the specialty M&M and will be presented at the Learning from Deaths group.
- The team has worked with Resuscitation Officers to undertake a thematic review of dissected aorta – learning has been shared.
- Additional focus was given by staff in both EDs around an increase in diabetes-related incidents (blood glucose monitoring, medication and diagnosis at the start of an emergency admission) which resulted in a number of changes being implemented in ED and emergency assessment areas:
 - Diabetes specialist training for ED
 - Recognition of potential DKA, diabetic emergencies.
 - Triage detail, plans and outcomes need to be visible to staff.
 - All interdepartmental transfers must be handed over

Divisional Projects/Actions



Older People's Medicine

- Focus on improvements around EoL care in community hospitals with palliative champions and dedicated weekly advance care planning sessions – good feedback from staff. This will be expanded to the acute site.
- The wards are working hard to keep families informed and offer keepsakes including blankets to the bereaved. The staff have found reading 'letters from loved-ones' a very emotional experience and brings huge benefits to the patient
- The Division has worked hard to improve governance around learning from deaths.
- Often deterioration and approaching EOL is recognised on acute sites and anticipatory medications prescribed however ICPLDL is not always commenced – work is ongoing to ensure this is embedded into clinical practice.

Frailty - Ipswich

- **Introduction of "front door" frailty in-reach into A&E** - access to a consultant and frailty interface team working in A&E delivering timely assessment of patients to ensure tailored plans of management are enacted to avoid prolonged length of stay and associated high mortality and hospital acquired functional decline.
- **Development of our frailty assessment base** to increase capacity to ensure patients have a tailored plan to combat the frailty syndromes before an unplanned, emergency admission takes place.
- **Development of the virtual frailty ward in the community** to deliver a holistic therapy and medical input in the patient's own home preventing further decline and risks associated with hospital admission.
- **Training and education in the use of the clinical frailty score** in the ED and beyond to target those patients requiring acute frailty input by specialists, therefore enhancing patient experience and ensuring further deterioration is prevented with associated mortality and morbidity risk.
- **Focus on recognition of dying and end of life and encouraging early discussions** in those with a very high/ terminal level of frailty to ensure death occurs in their preferred place of care rather than the hospital setting.

QI (Quality Improvement)

SMART Aim - To increase the proportion of patients readmitted to ESNEFT Acute Hospitals, Ipswich and Colchester from ESNEFT Community Hospitals, Blue Bird Lodge and Harwich Hospital with clearly documented escalation and sepsis screening documentation from 0% (new document) to 30% by 28th February 2023 to optimise deteriorating patient's care and treatment and enable better long-term management of these pathways.

Outcome - Deteriorating patients are now being transferred from community hospitals to our acute hospitals more safely thanks to new paperwork which improves handovers from one hospital team to another. Once complete, the form travels back to the acute site with the patient, in turn making it easier for staff at either Ipswich or Colchester hospitals to access all of the information they need before treatment begins. The new form was introduced as part of a quality improvement (QI) project, which aimed to increase the number of patients who are readmitted from a community hospital with clear escalation and sepsis screening documentation in place.



Camilla Eyley-Scott, clinical nurse specialist for the deteriorating patient, led the QI project alongside foundation year one doctors Zhi Ying Tan and Rachel Tan Si Jing.

Deteriorating Patient Group Actions/Next Steps

Deteriorating Patient Group [The Deteriorating Patient Home \(sharepoint.com\)](#)

- Escalation-lite added to Sentinel e-obs April 2023 to prompt staff to act on a triggering NEWS2 – work needs to be done on matching Sentinel to TEPs to prevent spurious alerts for patients with bespoke escalation plans – and avoid ‘alarm fatigue’.
- Training was delivered through the year to ED staff around the recognition of sepsis and deterioration. There has been a significant improvement in compliance with screening, monitoring and timely treatment; however, it is clear that there is slippage in performance at times of high departmental pressure, especially when there is loss of flow leading to crowding and loss of patient visibility/corridor care.
- During last year and at the beginning of this year, the team created new education and awareness videos for AKI, sepsis, NEWS2 and escalation. Sepsis champions (areas that do very well in the audit) are publicised every month and there is a rolling communication widget - the newsletter is also linked to the DP page.
- Patient information leaflets are being given to low-risk discharging patients.
- The team is working on adding a sepsis training compliance tracker for accessibility and visibility.
- Continuing to audit compliance with monitoring and escalating patients at risk of deterioration and sepsis; celebrating good practice.



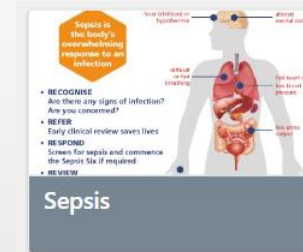
Deteriorating Patient Group Actions/Next Steps

Deteriorating Patient Group

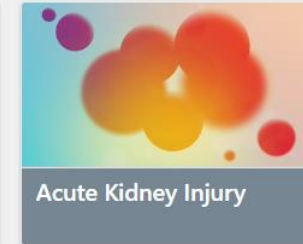
- Teaching was delivered in community hospitals with regard to recognition and escalation of the deteriorating patient as well as acute kidney injury (a common reason for patients to be returned to acute care). A community SBAR tool was rolled out to support communication.
- Training was delivered by the lead AOS nurse to staff in ED regarding neutropenic sepsis (febrile neutropenia).
- A DPCNS (deteriorating patient clinical nurse specialist) has worked with staff in the Ipswich Diaverum unit to reduce the risk of deterioration during dialysis following the discussion of incidents at the Deteriorating Patient group. Work included the safe transfer, handover and monitoring of patients during treatment.

Next steps include:

- A community ALERT (acute life-threatening events) course which includes sim-training.
- New community AKI tool to be developed
- Roll-out of alert cards for cancer patients (pre-prescribed antibiotics in the event of the patient developing neutropenic sepsis).
- New maternal sepsis screening tool to be implemented across all areas; training to be given to all maternity staff and nurses/doctors working on adult inpatient wards pregnant woman may attend as an emergency admission.



Sepsis



Acute Kidney Injury



NEWS (National Early Warning Score) Policy



SBAR Communication Tool



Maternal and Paediatric Sepsis



Deteriorating Patients in the Community

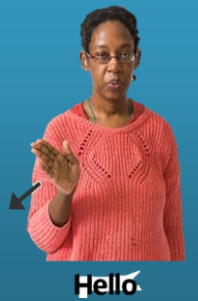


ALERT Course



Treatment Escalation Plan (TEP) Policy

Learning Disability & Autism (LD&A)



The Trust serves an area with a large number of residential care settings for people with learning disabilities and autism (LD&A). This group of people is more likely to die younger than national averages and sometimes from preventable conditions. The Trust has a strong focus in improving both care and accessibility, particularly for this patient group.

- ESNEFT had 35 (LD&A) deaths in 22/23.
- There were a number of complex cases which required a full MDT approach to review. LD&A nurses are now offering debriefs on ward to staff following complex cases for future learning. DNACPR completion requires improvement but the implementation of ReSPECT will help ensure that there are supportive discussions involving the patient and those close to them in decisions about care.
- Aspiration Pneumonia was identified as common cause of death. There has been collaboration with the community to look at risks and ESNEFT will be actively supporting a forthcoming Aspiration Pneumonia Prevention event.
- LeDeR feedback has highlighted the availability of LD&A specialist nurses on wards. Metrics in 22/23 show a marked increase in workload for LDNs compared to 21/22. They have also highlighted some issues with palliative care, this has been presented at the Learning from Deaths meeting and the learning from particular cases cascaded to all medics.
- LD&A nurses attend LeDeR panel meetings for ongoing learning.
- ESNEFT has amongst the highest LD training rates 91% vs national average of 77% of staff trained in LD.
- NHSI benchmarking project 2020/21 (latest report) - the patient survey identified better than average scores for: staff explanation, communication, listening to PWLD&A, explaining treatment choices, accessible information and F&F recommendation. However, the score for 'feeling safe'* in hospital was average (but improved from the previous year) and there were slightly more complaints than the national average. (*May have been COVID-related)

Last year ESNEFT completed a number of improvement projects including:

- Automatic prioritization for outpatient appointments of people with learning disabilities, one of the few trusts surveyed by LeDeR which undertook this.
- Automatic generation of easy read appointment letters.
- As a result of LeDer feedback we now have a complex health meeting with specific LeDeR action plan in place.
- Improved compliance for reasonable adjustment tool compared to 21/22
- 'No barriers here' person-centred end of life/advance care planning training given to the palliative care team.
- New role of LD&A Advanced clinical practitioner has started in Suffolk with a post to fill in Essex.
- In 23/24 a QI project is underway to ensure all patient contacts with ESNEFT have constipation input from a medic owing to constipation and bowel-related concerns continuing to be a preventable cause of death.

Learning from Deaths meetings – summary actions

- Post-partum haemorrhage monitoring, MEWS to be recorded in recovery, new roles allocated for massive haemorrhage incidents, regular drills.
- Following the death of a pre-term lifeless baby brought to ED following delivery at home:
 - Guidance reviewed as to best assessment area in the event of an emergency community transfer (ED/CDS) and unexpected community stillbirth certification.
 - Reminder that death should be verified using a stethoscope and to use SBAR format when escalating concerns (situation, background, assessment, recommendation)
 - EEAST (joint working) - urgent update on pre-term resuscitation guidance and designated telephone for ambulance crews seeking maternity advice – all C1 calls (threat to life) must be escalated to an emergency obstetric care clinician with the deployment of 2 resources.
- Significant changes made to paediatric inpatient areas following the sad death of a child awaiting a tier 4 bed – staff template improved to support 1:1 care, medical staff re-rostered, staff training delivered and improved communication with mental health partners.
- N Essex Community hospitals staff have undertaken further training to improve end of life care. Nurses have been trained in enhanced communication skills to facilitate advance care planning.
- Following the death of a patient who lost continuity of care as a result of multiple ward moves, a report is now used which flags patients experiencing multiple relocations. Policy also developed to ensure risk assessment so that patients are located in the best specialty for their illness, taking into account COVID and susceptibility to infection.
- Vascular actions – dedicated AAA lists, ring-fenced surgical HDU beds and continuing surgical site infection audits
- A Colchester pilot escalation pathway for oncology outpatients experiencing a sudden deterioration during an appointment was successful and will be rolled out at Ipswich.
- Greater visibility of DNA (missed appointments) – failure to attend screening/clinic has meant that growth restriction and reduced fetal movement has not been identified.

Next Steps

- **ReSPECT** – (Recommended Summary Plan for Emergency Care and Treatment) – form to be trialled in OPS and Cancer Services – training to be delivered on working with patients to agree advance care planning in the event of deterioration. This will facilitate patients being supported to make decisions about their care in the event of deterioration and to increase the likelihood of being treated in their preferred place of care.
- The launch of **TEP2** (treatment escalation plan) following staff feedback and changes in guidance from the RCP. This will support consultants in documenting bespoke monitoring and escalation plans, tailored to the individual needs of the patient, particularly where the admission is acute-on-chronic and aggregated scores for physiological measures may not identify deterioration. It includes advice and guidance in the event of further deterioration for patients being transferred to community hospitals.
- The launch of the **new mortality review tool** (SJR) which will include prompts to identify learning at each point in the patient's pathway for sharing with specialty teams as well as questions around NHSE/locally identified themes with a view to providing data around healthcare issues which contribute to death, e.g. multiple ward moves.
- New role created for Needham and Martlesham wards (MSK) – **Harm Free Care Support Worker**. Following training and competency assessment, staff will make sure that assessments are completed and updated, equipment ordered and in place promptly. This will include making sure that nutrition and continence assessments are completed and updated.
- **Constipation project** - constipation can lead to death, particularly for neuro-diverse patients. The Learning Disability & Autism Nurse Specialists will be working with the Deputy AMD for Patient Safety on a project to raise awareness both in hospital and in the community.

Next Steps

- ESNEFT is part of a ground-breaking pilot to improve early diagnosis for people at risk of lung cancer in Clacton. The **Targeted Lung Health Check** programme sees ESNEFT colleagues working with primary care groups to invite people for a free lung health check, followed by a low-dose CT scan if they are at high risk of the disease. Since the launch of the project in April this year, the checks have resulted in 458 CT scans being carried out, with **12 people** found to be in the early stages of lung cancer. Early diagnosis of lung cancer can make it more treatable and improve survival rates.
- An **ambulance project** is being trialled whereby calls are screened by a community hub made up of paramedics, nurses and GPs to determine the best response – e.g. a patient may just need a course of antibiotics or an urgent GP visit. The result is that ambulance waiting times are reduced for the most urgent cases and ED transfer numbers are reduced.
- New **Welch Allyn Connex vital signs monitoring devices** have been purchased for a trial in Ipswich ED/UTC. These will increase visibility in the department of recent NEWScores and provide a seamless observations history if the patient is admitted.

