Hywel Dda University Health Board

Mortality Rates

Draft Internal Audit Report

March 2020

Private and Confidential

NHS Wales Shared Services Partnership

Audit and Assurance Services

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Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

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NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

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1. Introduction and Background

The review of mortality rates was completed in line with the 2019/20 Internal Audit Plan. The relevant lead Executive Director for the review was the Medical Director & Director of Clinical Strategy.

In July 2013, the Welsh Government published *'Delivering Safe Care, Compassionate Care.'* The publication mandated all acute hospitals to have established a consistent, standardised system for reviewing all in-hospital deaths. The purpose of the reviews is to generate learning about the quality of care and treatment and to identify and act on any concerns in the post-Francis era of candour.

Case note mortality reviews are a two-stage process. The first stage is a universal mortality review, which is an initial screening of all deaths. Where any concerns are identified, that individual's case is subject to the second stage review which can, where necessary, coordinate with the Putting Things Right process.

2. Scope and Objectives

The overall objective of this review was to evaluate and determine the adequacy of the systems and controls in place within the Health Board for the completion of mortality reviews, in order to provide assurance to the Health Board's Audit Committee that risks to the achievement of the system's objectives are managed appropriately.

The purpose of the audit was to establish if the appropriate level of mortality reviews were being completed for all deaths within the Health Board. The areas that the audit sought to provide assurance on are:

- The UHB has an appropriate process in place for the completion of mortality reviews in line with Welsh Government requirements and this is effectively communicated to relevant staff;
- Stage one mortality reviews are appropriately completed for all deaths within the UHB's hospitals;
- There is a process in place for the appropriate identification of stage two mortality reviews;
- All completed stage one reviews are accurately recorded within a central database;
- Effective processes are in place for monitoring and reporting the level of compliance with required mortality reviews, both within the UHB and to Welsh Government;
- A robust review process is in place to assure the accuracy and quality of completed mortality reviews; and

- Outcomes from the mortality review process are effectively reviewed, analysed and reported at a Directorate, Mortality Scrutiny Group and Health Board level and actions are taken to address any issues identified.

3. Associated Risks

The potential risks considered in this review were as follows:

- Non-compliance with Welsh Government requirements; and
- Potential Threats to patient safety / opportunities to improve mortality rates not identified or addressed/ implemented.

OPINION AND KEY FINDINGS

4. Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with Mortality Rates is **Reasonable** assurance.

RATING	INDICATOR	DEFINITION
Reasonable Assurance		The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with **low to moderate impact on residual risk** exposure until resolved.

The audit highlighted that positive progress has been made since the instigation of the current Universal Mortality Review process in 2018, which has significantly improved the timeliness of reviews. The average monthly percentage of completed

mortality reviews has increased and is close to reaching the mandated target of 95% of Stage 1 reviews being completed within 28 days of an inpatient death.

Mortality information is regularly reported at Directorate and Health Board level and monthly returns are provided to the Welsh Government. The Mortality Scrutiny Group closely monitors the performance of each Directorate, with any variations analysed and remedial actions taken to make improvements.

However, one high priority finding was identified in regard of the lack of reviewing the quality of mortality reviews in the Stage 2 process and subsequent sharing of lessons learned and outcomes with the Mortality Scrutiny Group. We also noted the following medium priority findings:

- Instances where the Stage 1 form had not been fully completed and not triggered a Stage 2 review; and
- Lack of documented minutes available for the Mortality Scrutiny Group.

The findings identified within this report has resulted in a Reasonable Assurance rating been awarded.

5. Assurance Summary

The summary of assurance given against the individual objectives is described in the table below:

		Assurance Summary*			
Audit Objective					
1	The UHB has an appropriate process in place for the completion of mortality reviews in line with Welsh Government requirements and this is effectively communicated to relevant staff.				✓
2	Level 1 mortality reviews are appropriately completed for all deaths within the UHB's hospitals.				✓
3	There is a process in place for the appropriate			✓	

		Assurance Summary*			
Audit Objective					
	identification of Level 2 mortality reviews.				
4	All completed Level 1 reviews are accurately recorded within a central database.				✓
5	Effective processes are in place for monitoring and reporting the level of compliance with required mortality reviews, both within the UHB and to Welsh Government.			✓	
6	A robust review process is in place to assure the accuracy and quality of completed mortality reviews.		✓		
7	Outcomes from the mortality review process are effectively reviewed, analysed and reported at a Directorate, Mortality Scrutiny Group and Health Board level and actions are taken to address any issues identified.		✓		

** The above ratings are not necessarily given equal weighting when generating the audit opinion.*

Design of Systems/Controls

The findings from the review have highlighted **one** issue that is classified as a weakness in the system control/design for Mortality Rates. This is identified in the Management Action Plan as (D).

Operation of System/Controls

The findings from the review have highlighted **four** issues that are classified as weaknesses in the operation of the designed system/control for Mortality Rates. These are identified in the Management Action Plan as (O).

6. Summary of Audit Findings

The key findings are reported in the Management Action Plan at Appendix A.

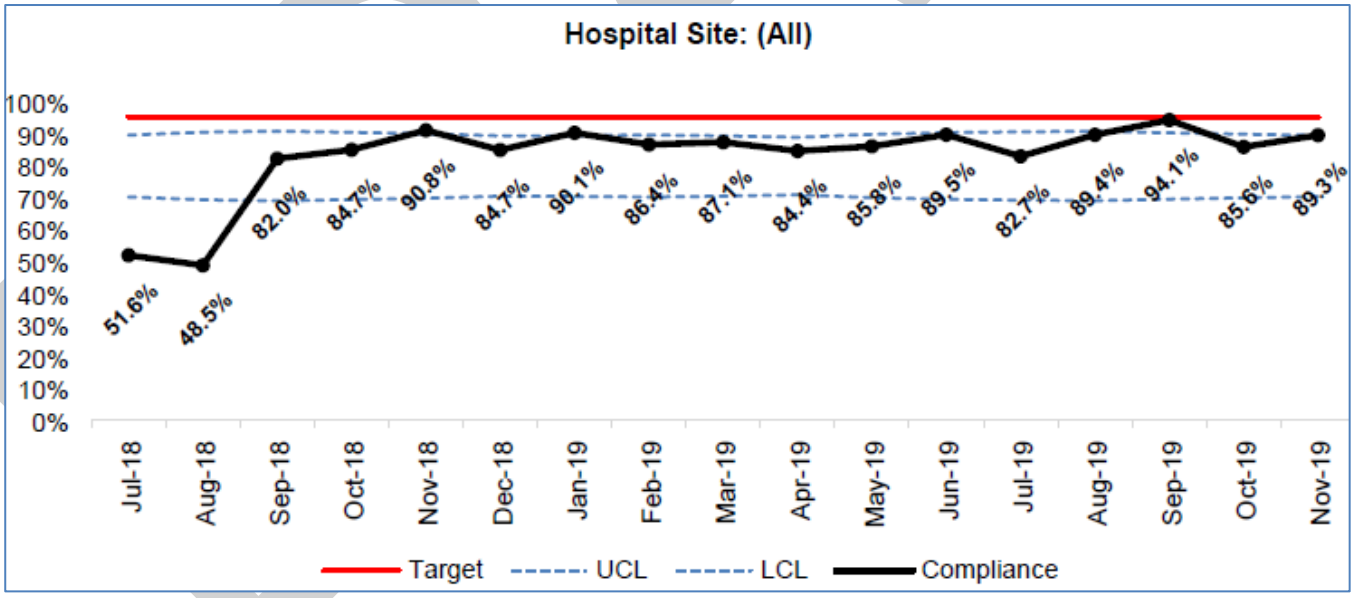
OBJECTIVE 1: HDUHB has an appropriate process in place for the completion of mortality reviews in line with Welsh Government requirements and this is effectively communicated to relevant staff.

The Health Board has in place procedural flowcharts for each Hospital Directorate to enable the completion of mortality reviews and a Universal Mortality Review (UMR) form to capture all inpatient deaths in line with Welsh Government (WG) requirements.

No matters arising.

OBJECTIVE 2: Stage 1 mortality reviews are appropriately completed for all deaths within the HDUHB's hospitals.

All UMR forms (Stage 1) must be completed by a junior doctor and forwarded to the Clinical Audit Department for collation and recording onto the Mortality Review database. The information received by Clinical Audit is submitted to WG on a monthly basis. WG mandates mortality reviews are completed for all inpatient deaths within 28 days.



Mortality Performance Report – QSEAC (February 2020)

We noted significant improvement has been made since August 2018 in the case notes being reviewed within 28 days, actions were being taken to address performance issues at Directorate level in order to achieve the 95% compliance target.

No matters arising.

OBJECTIVE 3: There is a process in place for the appropriate identification of Stage 2 mortality reviews.

In April 2019, the UMR form was update to include automatic trigger prompts for Stage 2 review concluding the Stage 1 completion. We carried out testing of 166 Stage 1 review forms (November 2019 dataset) across the four acute hospital sites. We noted that the old form was still available to staff on the Health Board intranet. However, we noted that all forms tested were the old UMR version.

Of the 166 Stage 1 review forms tested, we noted the following:

- Three occasions where a Stage 2 review should have been triggered, as an answer of 'Yes' was given to one of the trigger questions.
- 15 occasions where the reviewer is required to confirm whether a Stage 2 review is needed was not answered.

See Finding 2 at Appendix A.

OBJECTIVE 4: All completed Stage 1 reviews are accurately recorded within a central database.

We can confirm that all completed Stage 1 reviews were collated by the Clinical Audit Team and recorded within a central database. We chose a sample of 166 inpatient deaths from November 2019 dataset and were able to reconcile each UMR form to the central database.

No matters arising.

OBJECTIVE 5: Effective processes are in place for monitoring and reporting the level of compliance with required mortality reviews, both within the UHB and to Welsh Government.

Mortality reviews are monitored and analysed by the Mortality Scrutiny Group (MSG), which was established as a sub-group of the Effective Clinical Practice Sub-Committee (ECPSC). The ECPSC reports to the Quality, Safety and Experience Assurance Committee (QSEAC).

The MSG had only one set of approved minutes available, dated October 2019, despite being constituted from March 2019 to meet on a bi-monthly basis. However, a review of the ECPSC minutes confirm that the MSG has regularly reported mortality related data whilst members of the MSG have attended ECPSC meetings.

We reviewed a sample of group and committee minutes for the period July to December 2019 and can confirm that mortality compliance rates are reported regularly and actions identified to address performance issues.

The Clinical Audit Department submit monthly mortality returns on behalf of the Health Board to the WG in line with requirements. This was evident following a review of the period November 2019 to January 2020.

The mortality rates submission to WG for November 2019 identified a minor discrepancy in the figures reported to QSEAC in February 2020 for Withybush and Bronglais General Hospitals. Whilst the total number of deaths was accurately reported there was a slight variance in the number of deaths reviewed within 28 days.

	TOTAL NO. OF DEATHS (& NO. REVIEWED WITHIN 28 DAYS) – NOVEMBER 2019				
	GGH	WGH	BGH	PPH	TOTAL
WG Return	57 (48)	49 (45)	24 (21)	29 (29)	159 (143)
QSEAC Paper	57 (48)	50 (45)	23 (20)	29 (29)	159 (142)

See Findings 3 & 4 at Appendix A.

OBJECTIVE 6: A robust review process is in place to assure the accuracy and quality of completed mortality reviews.

A review of minutes and papers submitted to the MSG, ECPSC and QSEAC noted the regular reporting of mortality information and performance for Stage 1. Whilst Stage 1 is mandated by WG, the Stage 2 element of the process based on the accuracy and quality of mortality review is not currently required to be reported.

A review of Whole Hospital Audit Meetings for each acute hospital site for the period November 2018 to February 2020 was undertaken and identified only two instances where a mortality paper had been submitted – GGH (December 2019) and PPH (February 2020). However, the submitted papers did not review or discuss the accuracy or quality of completed Stage 2 mortality reviews.

See Finding 1 at Appendix A.

OBJECTIVE 7: Outcomes from the mortality review process are effectively reviewed, analysed and reported at a Directorate, Mortality Scrutiny Group and Health Board level and actions are taken to address any issues identified.

We note further work is required to develop the Stage 2 process, as the Health Board does not currently have a system in place to centrally monitor and report the

completion of all triggered Stage 2 reviews. Effective mechanisms are required to review the quality of outcomes and lessons learned from the reviews and to share these to the wider Health Board.

See Finding 1 at Appendix A.

7. Summary of Recommendations

The audit findings and recommendations are detailed in Appendix A together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

Priority	H	M	L	Total
Number of recommendations	**1**	**2**	**1**	**4**

Finding 1 – Stage 2 Process (D)	Risk
The Health Board does not currently have a central system in place to monitor and report the accuracy or quality of completed Stage 2 reviews as it does for Stage 1 reviews. This has resulted in the lack of scrutiny of outcomes and lessons learned not being identified and shared within the organisation.	Potential threats to patient safety / opportunities to improve mortality rates not identified or addressed / implemented
Recommendation 1	**Priority level**
Management should introduce a mechanism of central oversight and implement processes that collate, monitor and report the accuracy and quality of completed Stage 2 reviews, ensuring lessons learned and outcomes are reported to the Mortality Scrutiny Group.	**HIGH**
Management Response	**Responsible Officer/ Deadline**

Finding 2 - Compliance Figures (O)	Risk
We carried out testing of 166 Stage 1 review forms (November 2019 dataset) across the four acute hospital sites. We noted that the old form was still available to staff on the Health Board intranet. Of the 166 Stage 1 review forms tested, we noted the following : • Three occasions where a Stage 2 review should have been triggered as an answer of 'yes' was given to one of the trigger questions. • 15 occasions where the last question on the form was not answered, which requires the reviewer to confirm whether a Stage 2 review is needed.	Potential threats to patient safety / opportunities to improve mortality rates not identified or addressed / implemented.
Recommendation 2	**Priority level**
Management should ensure that the information recorded on the new mortality review form is complete and a Stage 2 review is undertaken when triggered for all inpatient deaths.	**MEDIUM**
Management Response	**Responsible Officer/ Deadline**

Finding 3 - Official Minutes of Mortality Scrutiny Group (O)	Risk
The MSG had only one set of approved minutes available, dated October 2019, despite being constituted from March 2019 to meet on a bi-monthly basis.	Non-compliance with Welsh Government requirements.
Recommendation 3	**Priority level**
Management should ensure that all future Mortality Scrutiny Group meetings are minuted and retained on file.	**MEDIUM**
Management Response	**Responsible Officer/ Deadline**

Finding 4 – Compliance Figures (O)	Risk
A review of the mortality rates submission to the Welsh Government for November 2019 identified a minor discrepancy in the figures reported to QSEAC in February 2020 for Withybush and Bronglais General Hospitals.	Non-compliance with Welsh Government requirements.
Recommendation 4	**Priority level**
Management should ensure that the mortality compliance figures reported to the Health Board are consistent with the figures reported to the Welsh Government.	**LOW**
Management Response	**Responsible Officer/ Deadline**

Appendix B - Assurance Opinion and Action Plan Risk Rating

2019/20 Audit Assurance Ratings

 **Substantial Assurance** - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

 **Reasonable Assurance** - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with **low to moderate impact on residual risk** exposure until resolved.

 **Limited Assurance -** The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

 **No Assurance** - The Board has **no assurance** arrangements in place to secure governance, risk management and internal control, within those areas under review, which are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

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