

MEETING	Quality Committee	
PAPER/REPORT TITLE:	Mortality Report 2018/19 Quarter 3	
DATE OF MEETING:	Monday, 18 February 2019	
ACTION REQUIRED	For Assurance	
EXECUTIVE DIRECTOR:	Andrew Loughney, Medical Director	
AUTHOR(S):	Devender Roberts, Associate Medical Director of Governance Amanda Cringle, Quality Improvement Lead	
STRATEGIC OBJECTIVES:	<p>Which Objective(s)?</p> <p>1. To develop a well led, capable, motivated and entrepreneurial <i>workforce</i> <input checked="" type="checkbox"/></p> <p>2. To be ambitious and <i>efficient</i> and make the best use of available resource <input type="checkbox"/></p> <p>3. To deliver <i>safe</i> services <input checked="" type="checkbox"/></p> <p>4. To participate in high quality research and to deliver the most <i>effective</i> Outcomes <input type="checkbox"/></p> <p>5. To deliver the best possible <i>experience</i> for patients and staff <input checked="" type="checkbox"/></p>	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p>Which condition(s)?</p> <p>1. Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust..... <input type="checkbox"/></p> <p>2. Potential risk of harm to patients and damage to Trust's reputation as a result of failure to have sufficient numbers of junior medical staff with the capability and capacity to deliver the best care. <input checked="" type="checkbox"/></p> <p>3. The Trust is not financially sustainable beyond the current financial year..... <input type="checkbox"/></p> <p>4. Failure to deliver the annual financial plan <input type="checkbox"/></p> <p>5. Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input type="checkbox"/></p> <p>6. Ineffective understanding and learning following significant events..... <input type="checkbox"/></p> <p>7. Inability to achieve and maintain regulatory compliance, performance and assurance..... <input checked="" type="checkbox"/></p> <p>8. Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) <input type="checkbox"/></p> <p>9. Inability to deliver the best clinical outcomes for patients..... <input checked="" type="checkbox"/></p> <p>10. Potential for poorly delivered positive experience for those engaging with our services.. <input checked="" type="checkbox"/></p>	
CQC DOMAIN	<p>Which Domain?</p> <p>SAFE- People are protected from abuse and harm <input type="checkbox"/></p> <p>EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input type="checkbox"/></p> <p>CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input type="checkbox"/></p> <p>RESPONSIVE – the services meet people's needs. <input type="checkbox"/></p>	

	WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture. <input checked="" type="checkbox"/>	
	ALL DOMAINS <input type="checkbox"/>	
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution <input checked="" type="checkbox"/> 2. Operational Plan <input checked="" type="checkbox"/> 3. NHS Compliance <input checked="" type="checkbox"/>	4. NHS Constitution <input type="checkbox"/> 5. Equality and Diversity <input checked="" type="checkbox"/> 6. Other: Click here to enter text.
FREEDOM OF INFORMATION (FOIA):	2. This report will not be published under the Trust's Publication Scheme due to exemptions under S21 of the Freedom of Information Act 2000, because the information contained is reasonably accessible by other means	
RECOMMENDATION: (eg: The Board/Committee is asked to:-....)	Committee is asked to take assurance that there is adequate progress being made against the requirements laid out by the National Quality Board	
PREVIOUSLY CONSIDERED BY:	Committee name	Not Applicable Or type here if not on list: Click here to enter text.
	Date of meeting	Click here to enter a date.

Executive Summary

This report updates the Board regarding the Trust systems and processes to review and learn from deaths of patients under their care. This is in accordance with recommendations by the National Quality Board and the Care Quality Commission. It outlines the work taking place operationally and being overseen by Effectiveness Senate and Quality Committee.

Adult Mortality Highlights:

- Meet with Birmingham Women's Hospital if LWH can improve upon our processes and lessons learnt regarding expected gynaecological deaths and maternal out of hospital deaths.
- Consultant forum benchmarking group to consider morbidity data.
- Adult Mortality Strategy revised, with mortality audit tool amended to use Subject Judgement Review (SJR) methodologies.

Perinatal Key findings:

- The stillbirth rate for 2018/19 to date is 4.00 (3.59/1000 births excluding fetal abnormality)
- Perinatal Mortality Review Tool (PMRT) has been used for all stillbirths in Q1 & Q2

Adult Mortality Quarterly Report

18/19 Quarter 3 – (Oct, Nov & Dec)

- Adult Mortality Q2, 2018 - 2019 report prepared by A. Cringle
- Clinical Author: D. Roberts

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1. Mortality Dashboard

Table 1: Obstetric Mortality

This includes all obstetric activity across all the clinics and wards.

501 - OBS	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	TOTAL
Total Mortality	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	1712	1900	2005	2006	1886	1905	1970	1845	1864	-	-	-	17092
Rate per 1000 Discharges	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-	-	-	0.0

Table 2: Gynaecology Mortality (non-oncology)

502 - GYNAE	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	TOTAL
Total Mortality	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	883	955	905	908	897	895	950	1006	750	-	-	-	81500
Rate per 1000 Discharges	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-	-	-	0.0

Table 3: Gynaecology Oncology

503 - GYNAE ONC	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	TOTAL
Total Mortality	1	1	0	2	1	0	0	0	0	0	0	0	5
Discharges	63	69	73	78	54	71	69	75	55	-	-	-	607
Rate per 1000 Discharges	15.9	14.5	0.0	25.6	18.5	0.0	0.0	0.0	0.0	-	-	-	8.2

2. Out of hospital deaths 2017-18 Quarters 3

There were no reported out of hospital deaths for quarter 3.

3. Mortality reviews and Key Themes

Number of reviews		
	Maternity	Gynaecology
No of Adult Deaths	0	0
No of Mortality Reviews completed	0	0
No of deaths requiring RCA's	0	0
No of deaths due to deficiencies in care	0	0
Mortality Themes	N/A	N/A
Progress v Smart Plans	N/A	N/A
Mortality Outcomes	N/A	N/A
Measures for ongoing scrutiny	N/A	N/A

4. Progress / Learning from Deaths / Benchmarking

- a) There have been no adult deaths in quarter 3 at LWH or any reported out of hospital deaths for the same period.
- b) Meeting with Birmingham Women’s Hospital to ascertain benchmarking and lessons learnt methods and share any identified best practices.
- c) Subject Judgement Reviews will be introduced to be in-line with National Quality Board adult mortality reporting. Training is being arranged for senior consultants and thereafter the training will be cascaded when required.

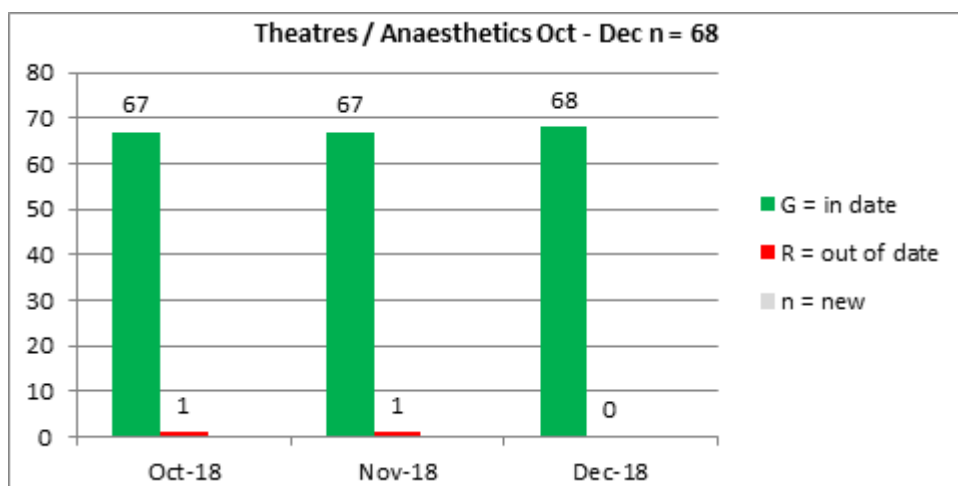
5. Prevention – What does Liverpool Women’s do to Mortality

The Trust guidelines and SOPs (Standard Operating Procedures) have undergone scrutiny, merging and updating as they have migrated onto a new on-line easy access intranet for clinical staff to access 24/7.

This section reports on the status of mortality related guidelines and SOPs (this includes critical care and anaesthetics).

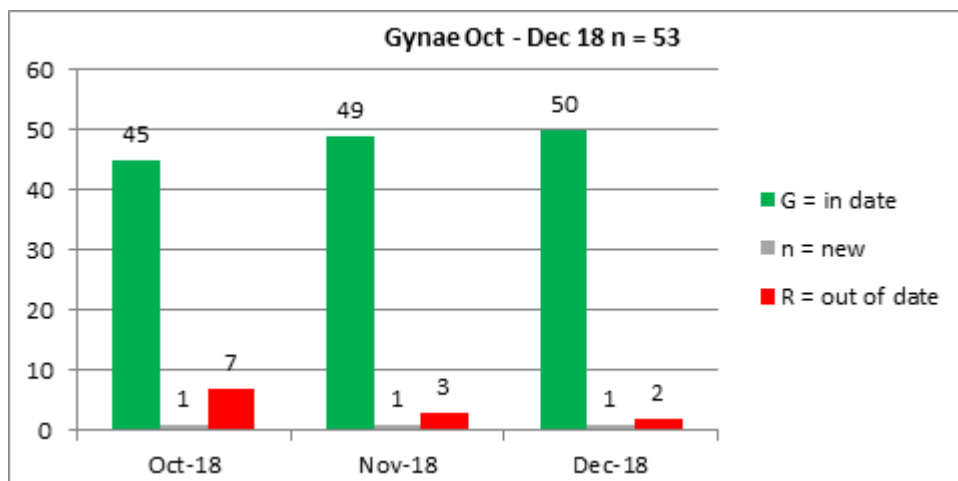
Anaesthetics / Theatres

The chart below shows the number of Anaesthetics mortality related policies or guidelines for each month of quarter 3 (**NB: for all data charts, status as reported at end of Q3, please note these figures will fluctuate as completion is a constant process**)



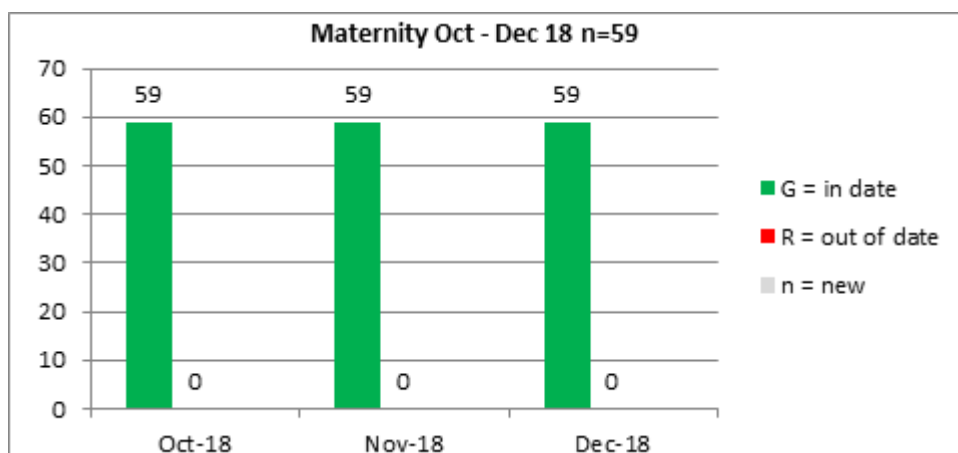
Gynaecology

The chart below shows the number of Gynaecology mortality related policies or guidelines for each month of quarter 3 (Oct-Dec). (NB: for all data charts, status as reported at end of Q3, please note these figures will fluctuate as completion is a constant process)



Maternity

The chart below shows the number of Maternity mortality related policies or guidelines for each month of quarter 3. (NB: for all data charts, status as reported at end of Q3, please note these figures will fluctuate as completion is a constant process)



6. Audit

From April 2017 the Trust has committed to the principle that it must include work of relevance to the highest risk areas for adult mortality in the Clinical Audit Forward plans - including:

- Haemorrhage
- Sepsis
- Venous thromboembolism
- Cardiac
- Neurological

➤ Psychiatric

The below table is The Annual Audit Programme for 2018 – 2019.

Adult Mortality – Clinical Audit Q3

Topic	Clinical Audit Title/s	Progress
Haemorrhage	Use of O Negative blood	2017-18 Audit complete
	Bedside transfusion (including consent)	2017-18 Audit complete
	National Comparative audit of blood transfusion programme – Audit of Massive Haemorrhage Autumn 2018	National Audit registered. Report and action plan due Jun-19.
Psychiatric disease	Antenatal Perinatal mental health management and outcome at Liverpool Women’s Hospital	Audit registered. Awaiting report and action plan.
	Trust wide Mental Health compliance with standards	Audit planned for submission Qtr 4. Report ready 2019/20
Venous thromboembolism	Assess LWH Gynaecology admissions against NICE QS 03 – VTE in Adults; reducing the risk re-audit	2017-18 Audit complete

Neurological Disease	An audit of outcomes in women who attend the Joint Obstetrics/Neurology clinic (Management of pregnant women with epilepsy)	Audit in progress Report due June 2019
Cardiac Disease	No audit planned for this audit cycle. Proposed for 2019/20.	

7. Horizon Scanning

Horizon Scanning Summary for guidance, reports and publications

Subject(s): Adult mortality (Maternity/ Gynaecology)

Period: Q3 Oct 2018 – December 2018.

Sources: CQC, NCEPOD, NHS Digital, NHS Resolution, Public Health England, RCOG.

CQC – No updates on these subjects for the period covered.

NCEPOD – No updates on these subjects for the period covered.

NHS Digital - No updates on these subjects for the period covered.

NHS Resolution – No updates on these subjects for the period covered.

Public Health England – No updates on these subjects for the period covered.

RCOG – No updates on these subjects for the period covered.

8. Recommendations

It is recommended that the Board:

- a. Take assurance that there is adequate progress against the requirements laid out by the National Quality Board
- b. Confirm that the Board are confident that there are effective processes in place to assure the board regarding governance arrangements in place to drive quality and learning from the deaths of patients in receipt of care at the Trust