

MEETING	Quality Committee	
PAPER/REPORT TITLE:	Adult Mortality Report Quarter 1 2019/20	
DATE OF MEETING:	Monday, 23 September 2019	
ACTION REQUIRED	Assurance	
EXECUTIVE DIRECTOR:	Devender Roberts, Acting Medical Director	
AUTHOR(S):	Christopher Lube, Head of Governance and Quality	
STRATEGIC OBJECTIVES:	<p><b>Which Objective(s)?</b></p> <p>1. To develop a well led, capable, motivated and entrepreneurial <b>workforce</b> <input checked="" type="checkbox"/></p> <p>2. To be ambitious and <b>efficient</b> and make the best use of available resource <input checked="" type="checkbox"/></p> <p>3. To deliver <b>safe</b> services <input checked="" type="checkbox"/></p> <p>4. To participate in high quality research and to deliver the most <b>effective</b> Outcomes <input checked="" type="checkbox"/></p> <p>5. To deliver the best possible <b>experience</b> for patients and staff <input checked="" type="checkbox"/></p>	
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	<p><b>Which condition(s)?</b></p> <p>1. Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust..... <input checked="" 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 clinical 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 checked="" type="checkbox"/></p> <p>6. Ineffective understanding and learning following significant events..... <input checked="" 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 checked="" type="checkbox"/></p>	
CQC DOMAIN	<p><b>Which Domain?</b></p> <p><b>SAFE</b>- People are protected from abuse and harm <input checked="" type="checkbox"/></p> <p><b>EFFECTIVE</b> - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. <input checked="" type="checkbox"/></p> <p><b>CARING</b> - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input checked="" type="checkbox"/></p> <p><b>RESPONSIVE</b> – the services meet people's needs. <input checked="" type="checkbox"/></p> <p><b>WELL-LED</b> - 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"/></p> <p><b>ALL DOMAINS</b> <input type="checkbox"/></p>	

<b>LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT</b>	1. Trust Constitution <input checked="" type="checkbox"/>	4. NHS Constitution <input checked="" type="checkbox"/>
	2. Operational Plan <input checked="" type="checkbox"/>	5. Equality and Diversity <input checked="" type="checkbox"/>
	3. NHS Compliance <input checked="" type="checkbox"/>	6. Other: <a href="#">Click here to enter text.</a>
<b>FREEDOM OF INFORMATION (FOIA):</b>	1. This report will be published in line with the Trust's Publication Scheme, subject to redactions approved by the Board, within 3 weeks of the meeting	
<b>RECOMMENDATION :</b> <i>(eg: The Board/Committee is asked to:-....)</i>	The Committee members are asked to review the contents of the paper and Take assurance that there is adequate progress against the requirements laid out by the National Quality Board	
<b>PREVIOUSLY CONSIDERED BY:</b>	<b>Committee name</b>	Not Applicable
	<b>Date of meeting</b>	

**Executive Summary**

The following information is the Adult Mortality report covering the Quarter 1 period of 2019/20. The report is part of the regular reporting schedule of the Trust to ensure that there is oversight and assurance monitoring of the mortality rates related to the clinical activity of the Trust.

The data contained in this report is pure data and is not standardised mortality data such as SHMI, due to the low level of mortality numbers encountered and the complexity of the patients cared for by the Trust.

The use of pure data and not standardised mortality rates has been previously agreed with the CCG as the Trusts approach to monitoring mortality rates.

# **Adult Mortality Quarterly Report 2019/20**

## **Quarter 1**

Adult Mortality Q1, 2019 - 2020 report prepared by Christopher Lube  
Clinical Author: D. Roberts

## 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.

Key findings:

- All deaths have had a mortality review conducted.
- No actions required following reviews.
- Further encourage use of Mortality Review Tool in Ulysses

## Mortality Dashboard

Due to the small number of in-hospital deaths, it has been agreed with the Head of Governance and Associate Medical Director, that the following table showing the total mortality and the rate of death per 1000 discharges will be used as the mortality dashboard.

**Table 1: Obstetric Mortality**

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

501 - OBS	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	TOTAL
Total Mortality	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	1819	1747	1857	2095	0	0	0	0	0	0	0	0	7518
Rate per 1000 Discharges	0.0	0.0	0.0	0.0									0.0

**Table 2: Gynaecology Mortality (non-oncology)**

502 - GYNAE	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	TOTAL
Total Mortality	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	875	857	828	933	0	0	0	0	0	0	0	0	3493
Rate per 1000 Discharges	0.0	0.0	0.0	0.0									0.0

**Table 3: Gynaecology Oncology**

503 - GYNAE ONC	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	TOTAL
Total Mortality	2	1	1	0	0	0	0	0	0	0	0	0	4
Discharges	66	60	67	62	0	0	0	0	0	0	0	0	255
Rate per 1000 Discharges	30.3	16.7	14.9	0.0									30.3

### Out of hospital deaths 2019-20 Quarters 1

There were no reported out of hospital deaths for quarter 1.

## Mortality reviews and Key Themes

Since 2017 each in-hospital gynaecology death has a mortality review using the adult mortality review tool on Ulysses which assesses standards of care and identifies any potential for improvements in care. To date all expected deaths have shown good quality of care including end of life.

**Unexpected adult gynaecology deaths** trigger a serious incident investigation and are recorded on Ulysses (Trust risk management and incident recording system). No unexpected deaths were recorded in this quarter.

All **direct maternal deaths** trigger serious incident investigation. No maternal deaths were recorded in this quarter.

<b>Mortality reviews in Q1</b>		
	<b>Maternity</b>	<b>Gynaecology</b>
No of Adult Deaths	0	4
No of Mortality Reviews completed	0	4
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

## **Progress / Learning from Deaths**

No specific themes were identified from the four expected deaths in Q1.

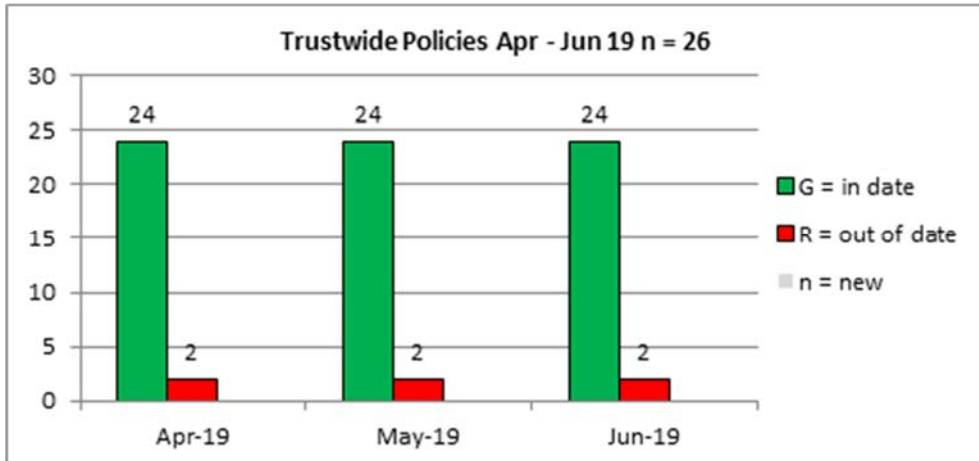
## **Prevention – What does Liverpool Women’s do to Mortality**

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.

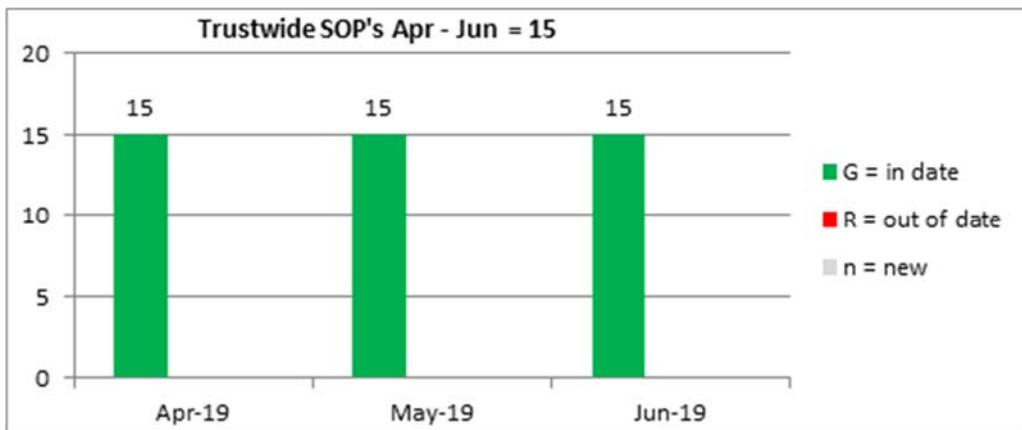
This section reports on the status of mortality related guidelines and SOPs (this includes critical care and anaesthetics).

### **Trust Wide**

Although there are 2 policies showing as out of date for each month, these policies are still relevant and continue to maintain patient safety.

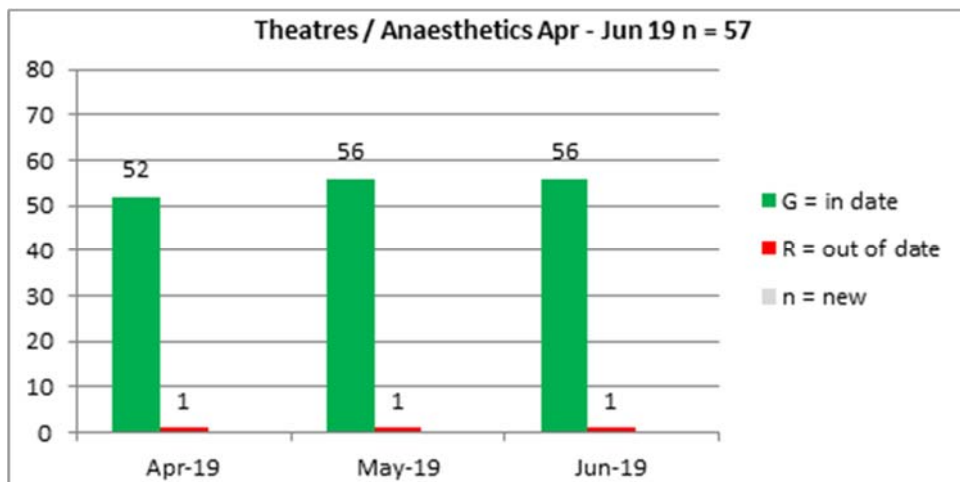


As can be seen there are no SOP which are identified as being out of date for this quarter.



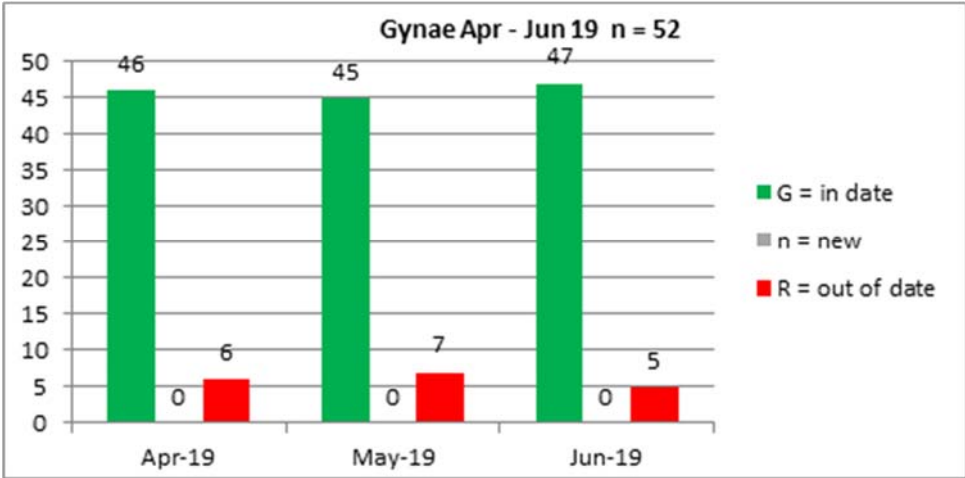
### Anaesthetics / Theatres

The chart below shows the number of Anaesthetics mortality related policies or guidelines for each month of quarter 1. (NB: for all data charts, status as reported at end of Q1, please note these figures will fluctuate as completion is a constant process)



### Gynaecology

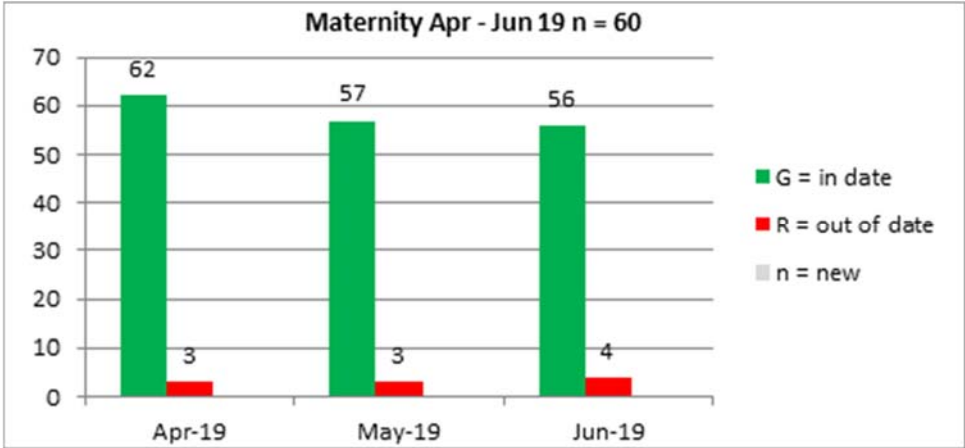
The chart below shows the number of Gynaecology mortality related policies or guidelines for each month of quarter 1. **(NB: for all data charts, status as reported at end of Q1, please note these figures will fluctuate as completion is a constant process)**



As can be seen the number of out of date polices have increased and decreased in the Q1 period. Initial review does not show any risk to mortality from these policies not having the most up to date versions uploaded i.e. only minor amendments required.

**Maternity**

The chart below shows the number of Maternity mortality related policies or guidelines for each month of quarter 1. **(NB: for all data charts, status as reported at end of Q1, please note these figures will fluctuate as completion is a constant process)**



The polices which are showing as out of date are currently in the final stages of ratification within the family Health Division. Although there are 3-4 policies showing as out of date for each month, these polices are still relevant and continue to maintain patient safety.

**Audit**

From April 2017 the Trust 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 2019-20 and includes action progress updates from 2018-19.

### Adult Mortality – Clinical Audit Q1

Topic	Clinical Audit Title/s	Progress
<b>Haemorrhage</b>	Use of O Negative blood	2018-19 Re-audit report and action plan received.  Results presented at GREAT Day.  Awaiting evidence of final action implementation due Nov-19.
	Bedside transfusion (including consent)	2018-19 Re-audit report and action plan due Dec-19.
	National Comparative audit of blood transfusion programme – Audit of Massive Haemorrhage Autumn 2018	Awaiting National report which has been delayed. Interim report received Aug-19. Local report and action plan will be provided following receipt of final National report.
<b>Venous thromboembolism</b>	Assess LWH Gynaecology admissions against NICE QS 03 – VTE in Adults; reducing the risk re-audit	2018-19 Re-audit report and action plan received.  Awaiting evidence of final action implementation.  Re-audit planned for 2020-21.
<b>Cardiac Disease</b>	Clinical standards for cardiac disease in pregnancy audit	Audit registered.  Report and action plan due Sep-19.
<b>Neurological Disease</b>	An audit of outcomes in women who attend the Joint Obstetrics/Neurology	2018-19 Audit registered and carried over to 2019-20.



	clinic (Management of pregnant women with epilepsy)	Awaiting report and action plan.
<b>Psychiatric disease</b>	Antenatal Perinatal mental health management and outcome at Liverpool Women's Hospital	2018-19 Audit registered and carried over to 2019-20.  Awaiting report and action plan.
	Trust wide Mental Health	Audit planned for 2019-20.

## 1. Horizon Scanning

### Horizon Scanning Summary for guidance, reports and publications

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

**Period:** April 2019 – June 2019.

- **Sources:** CQC, NCEPOD, NHS Digital, NHS Resolution, Public Health England, RCOG.
- **CQC** – No specific updates on adult mortality (maternity / gynaecology) 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.