MEETING	Board of Directors
PAPER/REPORT TITLE:	**Mortality Quarter 2 Report**
DATE OF MEETING:	Friday, 03 November 2017
ACTION REQUIRED	**For Assurance**
EXECUTIVE DIRECTOR:	Andrew Loughney, Medical Director
AUTHOR(S):	Devender Roberts, Associate Medical Director Amanda Cringle Quality Lead

STRATEGIC OBJECTIVES:	*Which Objective(s)?*	
	1. To develop a well led, capable, motivated and entrepreneurial *workforce*	☐
	2. To be ambitious and *efficient* and make the best use of available resource	☐
	3. To deliver *safe* services	☒
	4. To participate in high quality research and to deliver the most *effective* Outcomes	☒
	5. To deliver the best possible *experience* for patients and staff	☐
LINK TO BOARD ASSURANCE FRAMEWORK (BAF):	*Which condition(s)?*	
	1. Staff are not engaged, motivated or effective in delivering the vision, values and aims of the Trust	☐
	2. The Trust is not financially sustainable beyond the current financial year	☐
	3. Failure to deliver the annual financial plan	☐
	4. Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision	☐
	5. Ineffective understanding and learning following significant events	☒
	6. Inability to achieve and maintain regulatory compliance, performance and assurance	☒
	7. Inability to deliver the best clinical outcomes for patients	☒
	8. Poorly delivered positive experience for those engaging with our services	☐
CQC DOMAIN	*Which Domain?*	
	SAFE- People are protected from abuse and harm	☐
	EFFECTIVE - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.	☐
	CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect.	☐
	RESPONSIVE – the services meet people's needs.	☐
	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.	☒
	ALL DOMAINS	☐

LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	1. Trust Constitution ☐ 2. Operational Plan ☒ 3. NHS Compliance ☒	4. NHS Constitution ☒ 5. Equality and Diversity ☐ 6. Other: *Click here to enter text.*
FREEDOM OF INFORMATION (FOIA):	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	
RECOMMENDATION: *(eg: The Board/Committee is asked to:-….)*	**The Board is asked to:** 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 there are effective governance arrangements in place to drive quality and learning from the deaths of patients in receipt of care at this trust	
PREVIOUSLY CONSIDERED BY:	Committee name	Not Applicable
	Date of meeting	

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Executive Summary

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The Board have previously been informed that both the National Quality Board and the Care Quality Commission have made clear that trusts should be developing systems and processes to review and learn from the deaths of patients under their care. It is expected that the Board of Directors oversee this work and receive quarterly reports on progress.

This report details how the trust is meeting the requirements laid down externally and provides details of mortality within the Trust during Quarter 2 of 2017-18. It concludes that there is currently evidence available that adequate progress is being made and that mortality rates are within expected ranges. The report outlines the work taking place operationally and being overseen by Effectiveness Senate and GACA.

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Report

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1. Introduction

Around 500 000 people die in the UK every year and of these, nearly half die in an NHS hospital. While many of these deaths represent the expected end point of a known disease process, the CQC have recently highlighted the need for NHS Trusts to review the care they provide so that they can learn from their experiences, fulfil their duty of candour and make themselves accountable for any deficiencies or failures that they might have.

This overview outlines the most recent trust figures and headline findings in regards to mortality. It provides details to the Board of their own accountabilities while setting out the responsibilities of the Governance and Clinical Assurance Committee and Effectiveness Senate to monitor progress regularly and escalate as required; this includes escalation of exceptions from any audit work related to the risk of adult mortality, stillbirth and neonatal death.

Liverpool Women's NHS Foundation Trust recognises that although most of the adult death it encounters is the expected end point of a known disease process, the principles described above are equally valid to its own services. In the Trust's Risk Management Strategy, commitment is given to minimise risk through the systematic embedding

of relevant, efficient and effective risk management processes. Since the Trust's core purpose is to provide clinical care, its foremost risks are those that are clinically based and the ultimate clinical risk is that of death.

2. Prevention

a) There are currently 267 Trust wide Policies / SOP's / Guidelines and Strategies, the below charts identify the current status of each type of document.
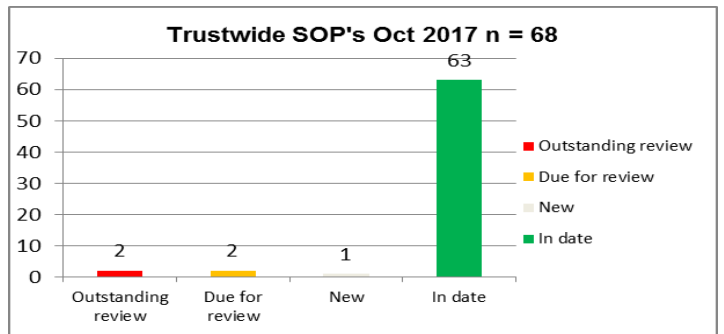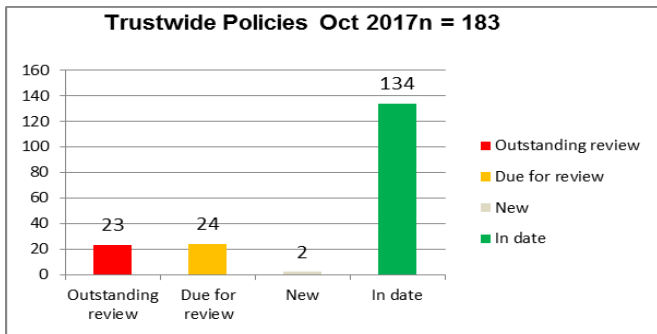

b) There are currently 28 Trust wide Policies, SOP's, Guidelines and Strategies out of date.
Out of the 28 documents 23 are policies; of which 2 are awaiting assurance amendments before final upload and 9 policies are awaiting assurance within the policy group. The residual documents are in process of being reviewed. The remaining 5 out of date documents consist of 2 Guidelines, 2 SOP's, and 1 strategy; 2 of which are awaiting ratification, 2 are being reviewed and a paper is going to the Board regarding one.
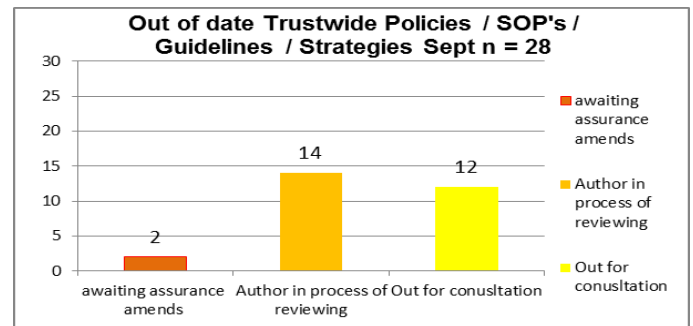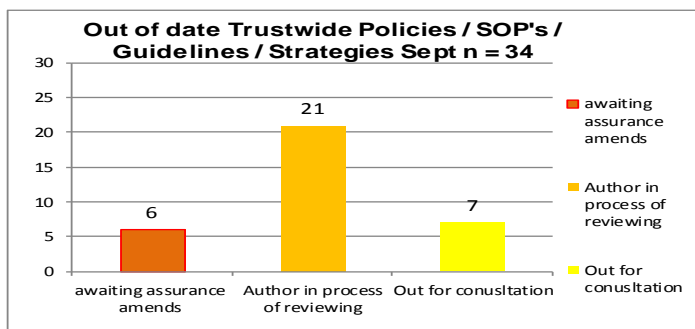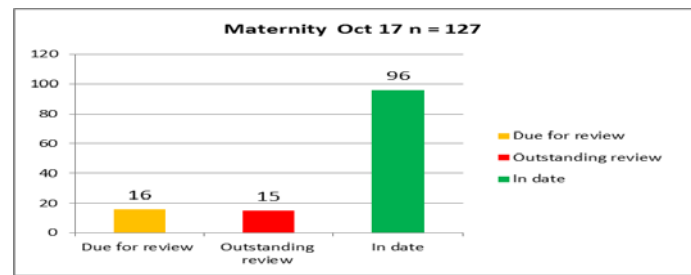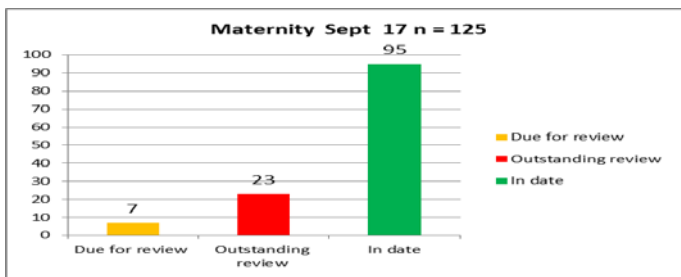

Gynaecology

c) Policies / guidelines are currently being monitored via Gynaecology Clinical meeting; there are 11 outstanding reviews, of which 7 are awaiting ratification.
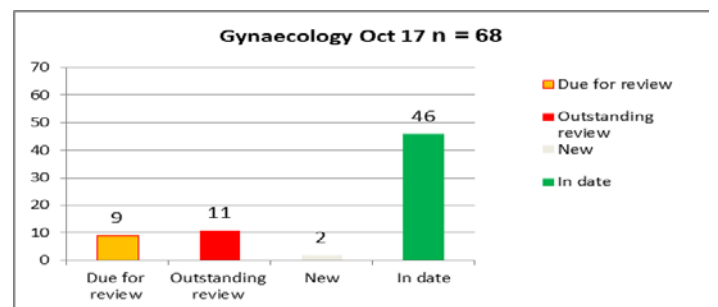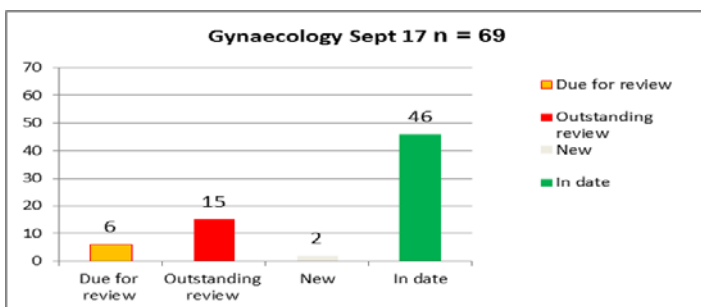
Maternity

    d) There are currently 15 outstanding documents for Maternity which have all been allocated for review

3. Analysis

Adult Mortality Incidents 2017-18 Quarter 2

A review of incident data for the period 01/07/2017 to 30/09/2017 shows no recorded Death incidents, either unrelated to or as a result of a Patient Safety Incident (PSI).

No. of Adult Deaths in Period	0
No. with Completed Mortality Audit Form	N/A
No. Needing Root Cause Analysis	N/A

Outcomes from Review of Mortality Audit Forms

Deficiencies in Care	• None identified
Themes from Audit sheets and RCA investigation	• No deaths in period, therefore no themes identified.

Actions Identified from Review of Incidents

No actions determined in this quarter.

Closed Actions – Evidence of Effectiveness

No actions relating to Adult Mortality incidents were closed nor were assessed for effectiveness in this period.

4. Audit

A clinical audit programme should be developed so that specialities are focused on improving performance against standards in a systematic way. The responsibility for agreeing which clinical audit will take place within specific services rests ultimately with Clinical Audit Leads and Clinical Directors (with input from wider clinical colleagues and stakeholders) and should be informed by quality and performance as well as local priorities.

The Annual Audit Programme for 2017 – 18 had been informed by intelligence from a number of different sources including:-

- national audits
- mandatory requirements
- incidents, particularly Serious Untoward Incidents (SUI's)
- themes within claims and complaints
- audits that could not be completed by the end of the previous year
- key quality themes
- Aspects of care which we are keen to re-audit following previous audit activity and improvement work.

The content of the Clinical Audit Forward Plan is flexible from April 2017 the Trust commits to the principle that it must include work of relevance to the highest risk areas for adult mortality including:

➢ Haemorrhage
➢ Psychiatric disease
➢ Sepsis
➢ Neurological disease
➢ Venous thromboembolism
➢ Cardiac Disease

Adult Mortality – Clinical Audit progress October 2017

Topic	Clinical Audit Title/s	Progress
Haemorrhage	• i. Use of O Negative blood	• i. Data collection in progress – report and action plan expected Dec-17.
	• ii. Bedside transfusion (including consent)	• ii. Data collection in progress – report and action plan expected Dec-17.
	• iii. SHOT NCA of TACO prevention	• iii. Data submitted. Awaiting National report.
Psychiatric disease	• Antenatal Perinatal mental health management and outcome at Liverpool Women's Hospital	• Audit due to commence Oct-17 but no proposal received to date.
Sepsis	• i. Audit of the management of pregnant women with asymptomatic bacteraemia at booking visit (Previously titled: "Maternal and Congenital sepsis")	• i. Audit not started.
	• ii. SEPSIS bundle – Maternity	• ii. Data being captured via NUMIS – therefore, no

|		Clinical Audit planned.
	• iii. Audit of the management of patients with sepsis/compliance to the 1 hour Sepsis Bundle – Gynaecology • Please include the recently concluded audit of caesarean section associated infections (aka Surgical site infection at CS audit) under Sepsis box: All infections related to CS (including sepsis) were examined by the audit	• iii. NUMIS set up for data entry and reporting but currently issues with system overloading and data extraction – once this is rectified the planned Clinical Audit can be abandoned – Debi Rice & Russell Cowell are liaising to rectify this.
Neurological disease	• Antenatal Perinatal mental health management and outcome at Liverpool Women's Hospital	• Audit due to commence Oct-17 but no proposal received to date.
Venous thromboembolism	• Assess LWH Gynaecology admissions against NICE QS 03 – VTE in Adults; reducing the risk	• Additional audit to be approved at Effectiveness Senate 20.10.17 – audit has taken place prior to registration. Report received but requires quality checking once audit is registered.
Cardiac disease	• EFM prospective re-audit (re-audit)	• Audit postponed until 2018-19 due to an audit only recently being completed; however the re-audit was currently on the forward plan to be undertaken this year. Bode Williams felt that it was too soon to undertake the re-audit and requested this could be postponed until next year, i.e. 2018-19. This was approved by Effectiveness Senate 16th June 2017.

5. **Mortality Dashboard**

Currently in development awaiting clinical confirmation for what is needed to be compliant with national guidance 'Learning from Deaths' the LeDeR (Learning Disabilities) framework and the trust Mortality Strategies. Completion by end of November 2017.

6. Benchmarking

The data chart below excludes Bedford and Hewitt patients to bring more in line with other Trusts. LWH, represented by the blue dot, lies on the mean line of adult mortality.
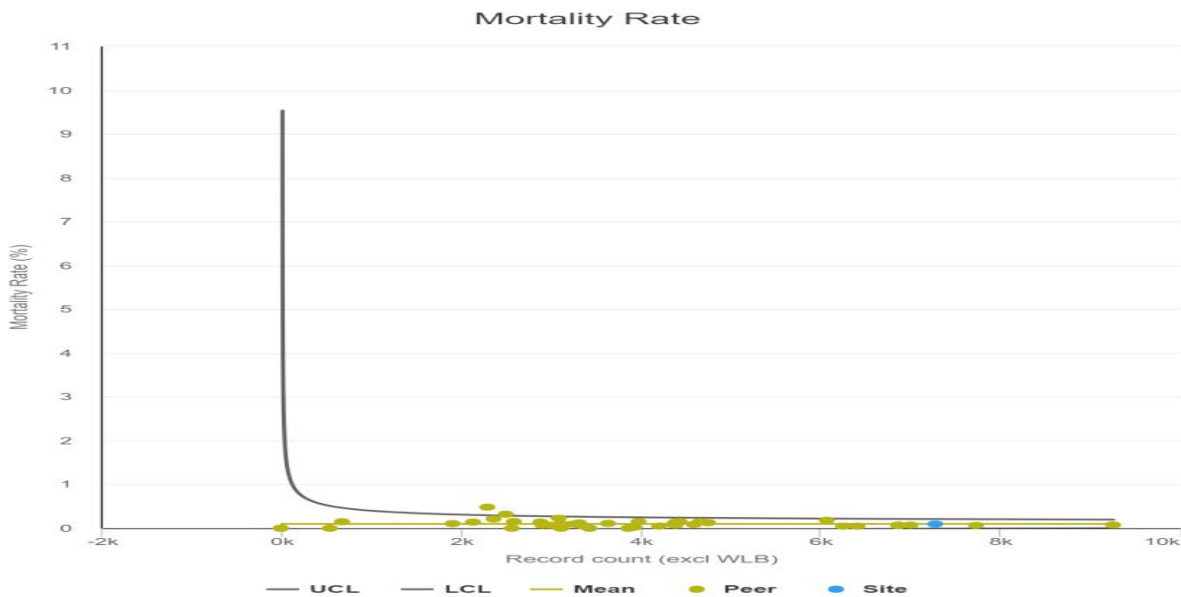
The data source is from CHSK national database covering date range available from Aug 16 – Jul 17 to ensure peer data currently available.
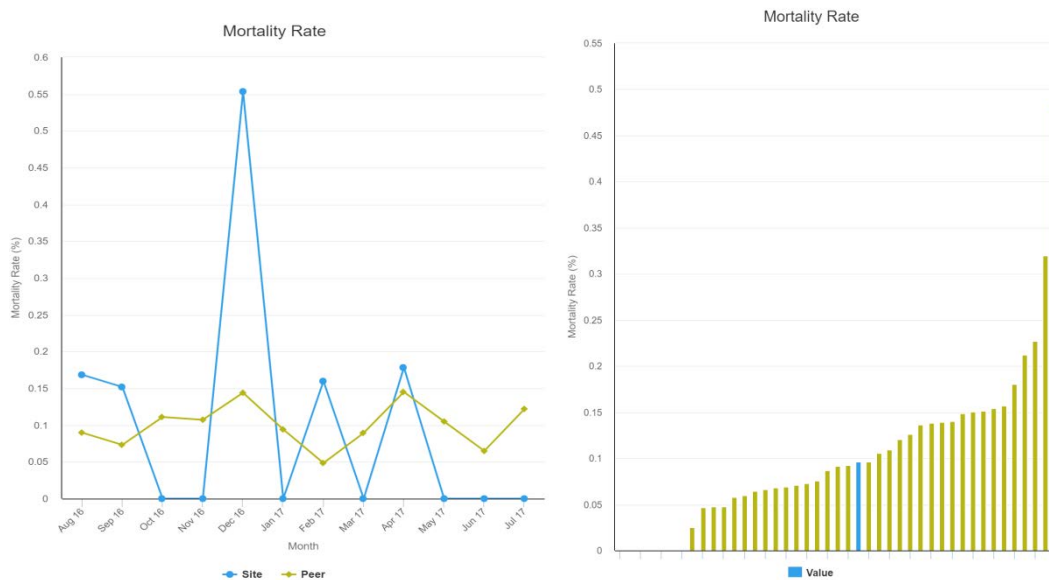
For the charts above, peers are based on Gynaecology units of a similar size and type to that of Liverpool Women's Trust. The adult mortality figures for LWH are historically low as the majority of deaths that occur are 'expected' deaths within gynaecology and oncology units. There were three expected oncology deaths in December 2016 and one in February and one in April 2017; there have been none to date. Each death will have a mortality audit review conducted, this is currently under development to be included on the Ulysses system,

this avoids losing any paper documents (current system) and allows for searching, monitoring and auditing of an electronic system.

7. Key Themes

<table>
<tr><td colspan="3">Adult Mortality Quarter 2</td></tr>
<tr><td></td><td>Maternity</td><td>Gyneacology</td></tr>
<tr><td>No of Adult Deaths</td><td>0</td><td>0</td></tr>
<tr><td>No of Mortality Reviews completed</td><td>0</td><td>0</td></tr>
<tr><td>No of deaths requiring RCA's</td><td>0</td><td>0</td></tr>
<tr><td>No of deaths due to deficiencies in care</td><td>0</td><td>0</td></tr>
<tr><td>Mortality Themes</td><td>N/A</td><td>N/A</td></tr>
<tr><td>Progress v Smart Plans</td><td>N/A</td><td>N/A</td></tr>
<tr><td>Mortality Outcomes</td><td>N/A</td><td>N/A</td></tr>
<tr><td>Measures for ongoing scrutiny</td><td>N/A</td><td>N/A</td></tr>
</table>

There are no deaths either within gynaecology or maternity, therefore we cannot provide any mortality themes for analysis.

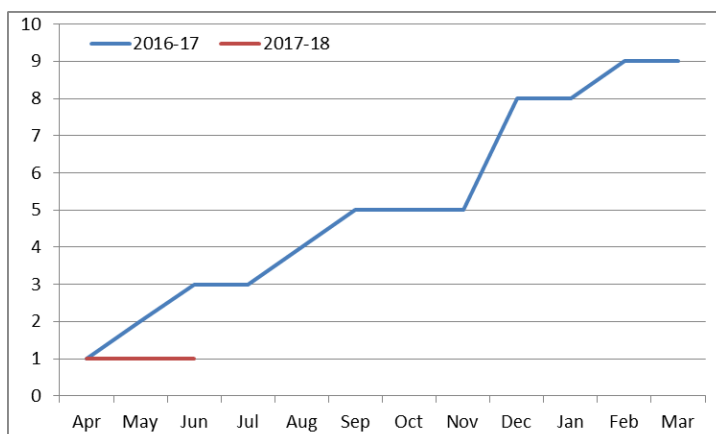**Adult Gynaecological Deaths – Quarter 1**

Figure 1: Cumulative Adult Gynaecology Deaths: Apr 2016-Jun 2017

- There was one death in April; out of 93 discharges this represents a rate of 10.8 per 1000 discharges.

- There was one adult gynaecology death in Quarter 1 of 2017-18. This compares to 3 in Quarter 1 of 2016-17.
- There were 12 adult gynaecology deaths in 2016-17, a reduction on the 14 in 2015-16
- The Quarter 1 death was assessed as an expected death.
- All adult gynaecology deaths are discussed at the gynaecology Morbidity & Mortality meeting. As part of this process an adult mortality sheet is completed indicating any potential for improvement in care. Unexpected adult gynaecology deaths trigger a serious incident investigation.

Adult Gynaecological Deaths – Quarter 2
There have been no gynaecological deaths for this period, therefore performance death have produced no chart to depict the zero rate.

8. Horizon Scanning

NICE Guidance:

Nice guidance updates and new guides are presented and assigned owners to review at the monthly Effectiveness Senate, this is then monitored, reviewed and audited through the senate.

A review for the past quarter of NICE guidance and updates has yielding no results in any outstanding or updates to guides in relation to Adult Mortality.

Other Professional Organisations:

Library services provide monthly horizon scanning of any new clinical reports, documents, guidance, and research across a wide range of clinical subject matter for review at the monthly Effectiveness Senate, this is then monitored, reviewed and audited through the senate.

Horizon Scanning Summary for guidance, reports and publications

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

Period: August – October 2017

Sources: CQC; NCPOD ; NHS Digital, NHS Resolution, Public Health England, RCOG,

CQC – no updates found for the period covered

NCPOD – no updates found for the period covered

NHS Digital:

Summary Hospital-level Mortality Indicator (SHMI) - Deaths associated with hospitalisation, England, April 2016 - March 2017

This publication of the Summary Hospital-level Mortality Indicator (SHMI) relates to discharges in the reporting period April 2016 to March 2017.

NHS Resolution – no updates found for the period covered

Public Health England – no updates found for the period covered

RCOG – no updates found for the period covered

9. Progress / Learning from Deaths

The causes of adult mortality (and as a surrogate, severe morbidity) are similar between gynaecology and obstetrics. In gynaecological practice, for example, the most common reasons for transferring a patient to an intensive care unit after surgery are:

- ➢ Recovery from haemorrhage
- ➢ Treatment of sepsis
- ➢ Management of pre-existing cardiovascular disease
- ➢ Recovery from a procedure-related injury
- ➢ Treatment of thrombo-embolism

Currently there have been no deaths to comment on in which to provide specific learning from death outcomes.

10. Conclusion

There have been no gynaecological or LeDer (Learning disability) deaths within quarter 2 reporting period. Work against the Adult Mortality Strategy is progressing steadily.

11. Recommendations

Mortality dashboard will be completed by the end of November, after there have been further clinical discussions made to finalise the agreed data to be collected, monitored and audited.
The mortality audit toolkit will be available electronically via the Ulysses risk management database, this will allow for the toolkit to be monitored and audited providing additional reassurances for the trust.

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 there are effective governance arrangements in place to drive quality and learning from the deaths of patients in receipt of care at this trust