Liverpool Women's
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Agenda Item	19/20/173 a

MEETING	**Quality Committee**
PAPER/REPORT TITLE:	**Adult Mortality Report Quarter 3; 2019/20**
DATE OF MEETING:	Monday, 24 February 2020
ACTION REQUIRED	**Assurance**
EXECUTIVE DIRECTOR:	Andrew Loughney, Medical Director
AUTHOR(S):	Allan Hawksey, Risk and Patient Safety Manager, Devender Roberts, Deputy Medical Director
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.*** *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.* .... ☒ ***3.*** *The Trust is not financially sustainable beyond the current financial year*.......... ☐ ***4.*** *Failure to deliver the annual financial plan* .... ☐ ***5.*** *Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision* .... ☒ ***6.*** *Ineffective understanding and learning following significant events*.......... ☒ ***7.*** *Inability to achieve and maintain regulatory compliance, performance and assurance*.......... ☒ ***8.*** *Failure to deliver an integrated EPR against agreed Board plan (Dec 2016)* .... ☒
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.* ☒

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	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 Committee members are asked to review the contents of the paper and Take assurance that there is adequate processes and progress against the requirements laid out by the National Quality Board	
PREVIOUSLY CONSIDERED BY:	**Committee name**	Not Applicable
	Date of meeting	

Executive Summary

The following information is the Adult and Perinatal Mortality report covering the Quarter 3 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.

The following report is broken down into three sections: Section One relates to Adult Mortality and Section Two relates to Perinatal Mortality and Section Three relates to Neonatal Mortality.

Key findings in this report:

- **Adult mortality rates are very low and reviews have not identified any deficiencies in care**
- **Learning identified in this Quarter centres around communication and pathways for resuscitation in the event of a cardiac arrest which again is a rare occurrence at the Trust. The full Divisional action plan with regards to this is awaited and will be reported in the next quarter**
- **The Safety and Effectiveness Senates have clear overview of and show evidence of responsiveness to potential areas of risk to adult and neonatal mortality.**

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Recommendations:

It is recommended that the Quality Committee:

a. The Committee members are asked to review the contents of the paper and take assurance that there is adequate processes and progress against the requirements laid out by the National Quality Board
b. Take assurance 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 adults in receipt of care at the Trust
c. Take assurance from the progress on Saving Babies' Lives care bundle action plan as part of the CNST maternity safety incentive scheme requirements

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Adult Mortality Quarterly Report 2019/20

Quarter 3

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BACKGROUND - ADULT MORTALITY Q3 Report

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.

Table 1: Obstetric Mortality
This includes all obstetric activity in-hospital.

Obstetrics	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	TOTAL
Total Mortality	0	0	0	0	0	0	0	0	0	0
Discharges	1820	1946	1857	2095	2070	1944	1993	1834	1967	17526

Table 2: Gynaecology Mortality (non-oncology)

Gynaecology (non oncology)	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	TOTAL
Total Mortality	0	0	0	0	0	0	0	0	0	0
Discharges	873	857	828	937	917	867	967	984	118	7973

Table 3: Gynaecology Oncology

Gynaecology Oncology	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	TOTAL
Total Mortality	1	3	1	0	0	1	0	0	1	7
Discharges	68	60	67	62	73	70	67	56	57	580

Out of hospital deaths 2019-20 Quarter 3

Out of hospital deaths in Maternity are considered as Community deaths and not allocated to the Trust. The Trust does however, review care provided in all these cases to determine any thematic points for learning.
There were no reported out of hospital maternal deaths related to women who died within 12 months of delivering a baby at LWH in Q3. However, the Trust has received notification of three ladies who

died from suicide – two in 2019 and one with an unknown date of death. These are being reviewed by the Division in relation to the care provided during their pregnancy and connection with LWNHSFT. There were no out of hospital Gynaecological deaths in Q3.

Mortality reviews and Key Themes

Mortality reviews in Q3		
	Maternity (Direct)	**Gynaecology**
No of Adult Deaths	0	1
No of Mortality Reviews completed	0	1
No of deaths requiring RCA's	0	1
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

Unexpected adult gynaecology deaths trigger a 72- hour report and are recorded on Ulysses (Trust risk management and incident recording system). A 72-hour review was performed on the single case in Q3. It showed that the death was not due to deficiencies in care and therefore local review was sufficient for this case. This has been completed.

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

Learning from Deaths

Crash call was not sent out in accordance with Trust policy. This did not lead to any delays however the learning is that an update re: cardiac arrest notification is required on the wards. The full review of this aspect of the incident remains ongoing and full actions will be reported in the next quarter.

Risk Assurances in relation to Mortality

As part of the Trusts assurances processes the Safety and Effectiveness Senates work to gain assurance as to actions taken in relation to Serious Incident reviews, Lessons Learnt, external Alerts and National guidance on Quality and Safety. The Effectiveness Senate also has oversight and scrutinises clinical and effectiveness audits and service evaluations.

During Quarter 3 the main issues which were discussed which contribute to safety were:

Safety Senate (last meeting 13 December 2019)

1. Transfusion

Issue that blood analyser for group and save are not supported after March 2020.

RESOLVED: Support for the blood analyser has since been extended.

2. Infection Prevention and Control Quarterly Report – Q2 19/20

There were no MRSA bacteraemia cases in adults and 3 babies with S.aureus bacteraemias. The Trust is slightly over for the E.coli rate in comparison to this time last year, but there were no identified lapses in care. Due to the small denominator in the Trust, the rate of E.coli appears artificially higher than other units in the Region. The Safety Senate were assured that this issues does not require further investigation

3. Incident Report incorporating Serious Incident and Action Plan monitoring, Never Events, NRLA Update – October & November 2019

There were three serious incidents reported in relation to mortality in this quarter.

4. LocSSIPs Progress Update

LocSSIP daily compliance monitoring through Power BI has been launched. The compliance is showing 60-80%, due to the information not being recorded correctly. There is an action plan to improve the compliance rate which is under the remit of the LocSSIP implementation group.

CCG have done a compliance visit and have received the Trust MIAA report on LocSSIPs. The Trust has had official confirmation from the Commissioner that they are assured adequate progress is being made on delivering LocSSIPs.

We are aiming for 100% compliance in Wave 1 (theatres) by the end of January 2020. Any area that is doing an invasive procedure will be fast followers in Wave 2.

Effectiveness Senate (last meeting 15 November 2019)

1. New NICE Guidance and NICE Maternity & Neonatal Impact Report.

22 pieces of NICE guidance were released in September 2019 of which 10 were deemed applicable to the Trust and 16 released in October 2019 of which 3 were deemed applicable. The NICE Maternity & Neonatal Impact Report focused on the national uptake rates of 3 new and 5 updated NICE guidelines published since May 2018 including Smoking Cessation, Perinatal Mental Health & Breastfeeding.

2. Quality Improvement/Service Evaluations

'Admission hypothermia in preterm babies-quality improvement project' was approved as a Service Evaluation project. 'Management of Extreme Preterm Infants at Liverpool Women's Hospital' was submitted as a Service Evaluation but was reassigned as a Clinical Audit. The service was asked to submit an audit proposal for this.

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3. **Unfiled Laboratory Results In Gynaecology**

There is evidence that all the unfiled laboratory results were seen by clinical staff. There was also evidence that action was taken in all seven abnormal results. There was no evidence that any action was taken in relation to the two borderlines lab results. However, these were marginally deviated from the lower reference range for each result and were unlikely cause for harm.

4. **Policy Monitoring Exception Report**

Performance has improved since the last Effectiveness Senate. However issues with the corporate policies still need to be addressed. The Effectiveness Senate will keep these under review.

Audit planning updates

Topic	Clinical Audit Title/s	Progress
Haemorrhage	Use of O Negative blood	Received 2018-19 report and evidence of action implementation. 2019-20 re-audit registered.
	Bedside transfusion (including consent)	Awaiting final approval of 2018-19 report and action plan. 2019-20 re-audit planned and will be carried over to 2020-21.
	National Comparative audit of blood transfusion programme – Audit of Massive Haemorrhage Autumn 2018	Interim National report received. Awaiting final National report prior to provision of local report and action plan.
Venous thromboembolism	Assess LWH Gynaecology admissions against NICE QS 03 – VTE in Adults; reducing the risk re-audit	Received 2018-19 report and evidence of action implementation. Re-audit planned for 2020-21.
Cardiac Disease	Clinical standards for cardiac disease in pregnancy audit	Report & Action plan in the process of being quality checked.
Neurological Disease	An audit of outcomes in women who attend the Joint Obstetrics/Neurology clinic (Management of pregnant women with epilepsy)	Report & Action plan in the process of being quality checked.

Psychiatric disease	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. Discussions in progress to establish whether or not this audit is required or if current Safeguarding audit is sufficient.

Horizon Scanning

Horizon Scanning Summary for guidance, reports and publications:

Subject(s): Adult mortality (Maternity/ Gynaecology)
Period: October to December 2019
Sources: CQC, NCEPOD, NHS Digital, NHS Resolution, Public Health England, RCOG.

There was no further updated guidance, reports or publications for this period, not already referred to within this report

Overall Recommendations

a. The Committee members are asked to review the contents of the paper and take assurance that there is adequate process and progress against the requirements laid out by the National Quality Board
b. Take assurance 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 adults in receipt of care at the Trust