

MEETING	Quality Committee		
PAPER/REPORT TITLE:	Adult Mortality Report Quarter 4 / End of Year 2019/20		
DATE OF MEETING:	Monday, 18 May 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 <input checked="" type="checkbox"/> 2. To be ambitious and efficient and make the best use of available resource <input checked="" type="checkbox"/> 3. To deliver safe services <input checked="" type="checkbox"/> 4. To participate in high quality research and to deliver the most effective Outcomes <input checked="" type="checkbox"/> 5. To deliver the best possible experience for patients and staff <input checked="" type="checkbox"/>		
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..... <input checked="" type="checkbox"/> 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"/> 3. The Trust is not financially sustainable beyond the current financial year..... <input type="checkbox"/> 4. Failure to deliver the annual financial plan <input type="checkbox"/> 5. Location, size, layout and accessibility of current services do not provide for sustainable integrated care or quality service provision <input checked="" type="checkbox"/> 6. Ineffective understanding and learning following significant events..... <input checked="" type="checkbox"/> 7. Inability to achieve and maintain regulatory compliance, performance and assurance..... <input checked="" type="checkbox"/> 8. Failure to deliver an integrated EPR against agreed Board plan (Dec 2016) <input checked="" type="checkbox"/>		
CQC DOMAIN	Which Domain? SAFE - People are protected from abuse and harm <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> CARING - the service(s) involves and treats people with compassion, kindness, dignity and respect. <input checked="" type="checkbox"/> RESPONSIVE – the services meet people’s needs. <input checked="" type="checkbox"/> WELL-LED - the leadership, management and governance of the organisation assures the delivery of high-quality and person-centred care. <input checked="" type="checkbox"/>		

	supports learning and innovation, and promotes an open and fair culture.	
	ALL DOMAINS <input type="checkbox"/>	
LINK TO TRUST STRATEGY, PLAN AND EXTERNAL REQUIREMENT	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: 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

This is the Quarter 4 2019/20 Adult Mortality report. 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.

Key findings in this report:

- Adult mortality rates are very low and reviews have not identified any deficiencies in care
- The Safety and Effectiveness Senates have clear overview of and show evidence of responsiveness to potential areas of risk to adult and neonatal mortality.
- Preparation for the COVID-19 pandemic has led to significant improvement in engagement for simulation training to improve patient and workforce safety

Recommendations:

- 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

Adult Mortality Quarterly Report 2019/20

Quarter 4 / End of Year

BACKGROUND - ADULT MORTALITY Q4 / End of Year 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	Jan-20	Feb-20	Mar-20	TOTAL
Total Mortality	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	1820	1946	1857	2094	2071	1944	1993	1834	1967	1766	1733	1562	22587

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	Jan-20	Feb-20	Mar-20	TOTAL
Total Mortality	0	0	0	0	0	0	0	0	0	0	0	0	0
Discharges	873	857	828	938	917	867	967	984	743	885	700	568	10127

Table 3: Gynaecology Oncology

Gynaecology Oncology	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	1	0	0	1	1	0	0	7
Discharges	68	60	67	62	73	70	67	56	57	50	53	54	737

Out of hospital deaths 2019-20 Quarter 4

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 Q4. There were no out of hospital Gynaecological deaths in Q4.

The two maternal deaths due to suicide reported in the Q3 report have been reviewed. The CCG queried as they were only aware of one death due to maternal suicide. The second death was an out of area case outside the jurisdiction of Liverpool CCG.

Mortality reviews and Key Themes

Mortality reviews in Q4		
	Maternity (Direct)	Gynaecology
No of Adult Deaths	0	1
No of Mortality Reviews completed	0	1
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

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. Since this incident and the COVID-19 pandemic, cardiac arrest simulations have taken place on the wards. It is expected that this will have improved performance during the rare event of a cardiac arrest at LWH. It is also expected that the learning from simulations during the COVID-19 pandemic will be retained.

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 4 the main issues which were discussed which contribute to safety were:

Safety Senate (last meeting 03 April 2020)

- **HDU & Sepsis Group**

Provision of HDU care is an area of focus for LWNHSFT given the stand-alone nature of the site. There are more people with expertise in management of HDU care in the Trust than 12 months ago and a plan to improve this provision further.

- **Incident Report Inc. Serious Incident and Action Plan monitoring, Never Events, NRLA Update – February and March 2020**

No SIs reported in the period. 2 incidents reviewed by CCG SI panel and both have been closed off.

- **Locssips progress updated**

The Deputy Medical director has implemented Trust wide oversight on the LOCSSIPs compliance. Wave 2 had been delayed due to Covid-19 but is due to be recommenced mid-June 2020

2 visits from the CCG have confirmed positive feedback and they are reassured regarding the LocSSIP compliance monitoring process.

Effectiveness Senate (last meeting 20 March 2020)

The Senate has submitted the Clinical Audit forward plan for 2020/21. It has also agreed a process for introducing Quality Improvement as an integral part of audit action plans in order to inform service development to embed practice prior to re-audit. The Trust Quality Improvement strategy is under development currently and will include the methodology for delivering QI which is based on PDSA.

Horizon Scanning

Horizon Scanning Summary for guidance, reports and publications:

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

Period: January to March 2019

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 – with the National Cancer Registration and Analysis Service:

Ovarian cancer audit feasibility Pilot. A summary of the report, plus the pdf for the full report and supporting tables can be accessed [here](#)

RCOG – No updates on these subjects for the period covered

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