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WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>Quality and Safety Committee</b> 25 <sup>th</sup> August 2020	<b>Agenda Item</b>	<b>4.3</b>
<b>Report Title</b>	<b>Update on Mortality Review Process</b>		
<b>Report Author</b>	Aidan Byrne		
<b>Report Sponsor</b>	Richard Evans		
<b>Presented by</b>	Richard Evans		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To outline the current position on mortality reviews in the Health Board.		
<b>Key Issues</b>	<ul style="list-style-type: none"> <li>• Changes to processes last year have almost removed the problem of 'historical' uncompleted cases and improved completion rates to &gt;95%.</li> <li>• Disruption due to COVID-19 has resulted in delays to reviews in the last 3 months.</li> <li>• Upcoming implementation of the new Medical Examiner role will introduce a new process.</li> <li>• Implementation of an equivalent process in primary care is planned.</li> </ul>		
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>NOTE THE REPORT</b></li> </ul>		

## **Review of Mortality Review Process**

### **1. INTRODUCTION**

Within hospitals all deaths are subject to a standard review process with all information logged via the eMRA electronic system, with three stages:

1. Completed by doctor involved with case. No further action if no issues are identified.
2. Completed by a more senior doctor if any issues raised at Stage 1
3. Thematic review by Unit Medical Directors. There is no equivalent system of mortality review in Primary Care as most practices are independent of the Health Board. However, we are aware that a national policy is under development led by the Dr Alastair Reeves and the lead.

### **2. BACKGROUND**

In June 2019 progress was reviewed and this showed that there were 93 'historic' cases dating back to 2014 which had not been reviewed and an ongoing Stage 2 completion rate of around 40%.

In order to remediate this situation engagement with clinicians was increased to improve the rate and timeliness of completion, the format in which completion of data is presented was reviewed and historical cases were reviewed centrally.

### **3. GOVERNANCE AND RISK ISSUES**

In March 2020 the number of historic cases had reduced from 93 to 29 and completion rates has increased to 100% for stage 1 and 93% for stage 2. There has been a significant incremental improvement since 2018 (Appendix 1)

Since March, the disruption in practice due to COVID-19 has both made it more challenging for clinicians to complete the reviews and for the audit department to monitor completion. This was recognised by Welsh Government during the peak of the pandemic between March and August. Health Boards received a letter from the Deputy Chief Medical Officer in late August 2020 asking that mortality reviews be reinstated following the decline in the number of COVID cases.

### **4. FINANCIAL IMPLICATIONS**

No implications.

### **5. RECOMMENDATION**

The changes to our practice made last year have significantly improved our performance and our ability to monitor progress.

While COVID-19 has had some impact, it is expected that within the next 2 months all historic cases will have been completed and the mortality review process will function correctly.

In the near future it is expected that the introduction of the Medical Examiner post will present new challenges, but it is difficult to predict what these effects will be.

SBUHB should await the new national policy and processes being devised by Dr Roeves and the lead medical examiner for Wales to incorporate primary care issues are incorporated into SBUHB processes.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> (please choose)	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
The process is working as intended and identifying any concerns for review at department and unit level.		
<b>Financial Implications</b>		
None		
<b>Legal Implications (including equality and diversity assessment)</b>		
None		
<b>Staffing Implications</b>		
None		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
<input type="radio"/> No specific implications		
<b>Report History</b>		
<b>Appendices</b>	Appendix 1: Summary reports 2017-2020	