

13 September 2022

Guidance on Morbidity and Mortality

I wish to request the following:

Guidance on Morbidity and Mortality (M&M) meetings, including:

- **Guidance on the purpose of meetings**
- **If they are a statutory requirement**
- **How often they are held**
- **Who attends**
- **Criteria for patients to be discussed at such meetings**
- **Guidance on record-keeping of such meetings**

The response to this FOI request is based on the information contained in the Belfast Health and Social Care Trust policy "Guidance for the Regional Mortality and Morbidity (M&M) process: recording, reviewing, monitoring and analysing hospital deaths at Specialty Mortality Review and Patient Safety meetings (SMR&PSm)"

It should be noted that M&M meetings are termed Patient Safety & Clinical Governance (PSCG) meetings within Belfast Trust.

Guidance on the purpose of meetings

Mortality & Morbidity Meetings (M&Ms) are a routine forum for the open examination of adverse events, complications and errors, which have led to illness or death of a patient, and which are reviewed in order to learn from these events, to improve the management and quality of care. They are a systematic activity designed to enable clinicians and managers at any level (preferably multi-disciplinary) in the Trust to understand and learn from the underlying conditions that lead or contribute to death or harm to patients. There is review and discussion of clinical cases, outcome data (clinician and patient reported) and related information (e.g. complaints, complications, misadventures, SAI or other benchmarking data).

Learning from M&M meetings is vital, as the whole purpose of meetings is to learn from incidents and events in order to avoid the unnecessary repetition of mistakes and improve patient care in the future.

If they are a statutory requirement

There is no statutory requirement to hold M&M meetings and Belfast Trust work to the regionally agreed guidance on how M&M meetings should be established, structured, managed and assured across all hospitals within Northern Ireland.

13 September 2022

How often they are held

An important guiding principle is for cases to be discussed within 6-8 weeks of death / incident. In order to achieve this, it is recommended that M&M meetings occur regularly on a monthly basis.

Who attends?

While each M&M team has a 'core membership' of permanent medical staff, the agreed regional view is that all of these teams are to evolve into multi-disciplinary M&M teams. In addition to this, specific attendee roles will include, but are not limited to:

- Consultants
- Specialty Doctors (SAS Grades)
- Trainee Doctors
- Locum Doctors
- Nursing Staff
- Administration Staff
- Other professionals - M&M Leads should decide on the appropriate frequency at which to invite other professionals, such as Pharmacists, governance team members, Allied Health Professionals, Microbiologists, laboratory staff etc. as this will vary across specialties. It may be appropriate to invite some professionals to attend for the full duration of meetings, or for an identified time slot. Some professional groups may rotate around the various specialty meetings, while others may choose to send a representative to each meeting.

Roles of other professionals include but are not limited to:

- Governance Leads
- Pharmacists
- Resuscitation Officers
- Microbiologists / Infection Prevention and Control Team
- Others including, but not limited to, Allied Health Professionals, laboratory staff, Haemovigilance teams, blood transfusion services, specialist liaison services etc.

Criteria for patients to be discussed at such meetings

All deaths should be offered for discussion to at least one M&M meeting but, in certain specialties, it may be appropriate and permissible, in certain individual cases, to limit the discussion and thus discuss some cases in greater detail than others. This may not be allowed in some specialties and in some categories of cases, e.g. where an incident has occurred or a death is unexpected.

The use of 'trigger lists' can be helpful to set the rules to identify cases that may require more detailed discussion, including morbidity cases.

13 September 2022

A suggested template 'trigger list' is detailed below, although each specialty may need to adapt this to include additional relevant triggers.

Triggers for a Detailed Review of Death.	
1.	Unexpected death, e.g. following a fall in hospital or a pulmonary embolism.
2.	<p>Following Complications / Misadventure / Incident. The following are examples:</p> <ul style="list-style-type: none"> • Due to treatment / procedure / operation • Associated with transfer, e.g. between ED & CT scanner, intra-hospital. • Cardiac arrest / crash calls • Medicine related incident, e.g. <ul style="list-style-type: none"> ○ Prescription error ○ Over coagulation related to warfarin prescription • Surgical, e.g. <ul style="list-style-type: none"> ○ Unplanned return to theatre ○ Change in planned procedure ○ Unplanned removal / Injury/ repair of organ. • Infection, e.g. <ul style="list-style-type: none"> ○ MRSA bacteraemia ○ C. difficile ○ VRE (vancomycin-resistant enterococcus) ○ Wound infection, deep surgical sepsis ○ Nosocomial pneumonia. • Readmission to Intensive Care or High Dependency Care • Unplanned transfer to Intensive Care or High Dependency Care • Readmission within 30 days of previous hospitalisation.
3.	Unexpected deaths following elective admission – except cancer / haematology.
4.	<p>All deaths in low risk HRGs, i.e. unexpected. For example:</p> <ul style="list-style-type: none"> • Minor ENT procedure • Tonsillectomy • Hernia Repair • Arthroscopy • Minor skin procedures • Vasectomy • Varicose vein surgery
5.	All paediatric deaths (18 years or less), all neonatal deaths and all obstetric deaths
6.	Cases referred to the Coroner's Office*
7.	Complaints received, which are M&M related*

* Note that these cases should be revisited once the outcomes of investigations are known.

13 September 2022

Guidance on record keeping of such meetings

To facilitate the standardisation of meetings across all M&M teams, a SMR&PS meeting Agenda / Record of Meeting Template has been developed and agreed by all Health and Social Care Trust Medical Directors.

The SMR&PS meeting Agenda / Record of Meeting Template will be used by every M&M Lead / Chair to determine the areas of discussion at each SMR&PS meeting. Some of the topics to be covered during the meeting will include:

1. Review of last meeting
 - a. Verification of M&M meeting report
 - b. Outstanding actions from last M&M meeting
2. Mortality & Morbidity (M&M) review of deceased patients
3. Review of Safety Graphs
 - a. Crash Call Review
 - b. Safety graphs
4. Shared learning from Complaints / Serious Adverse Incidents / other M&M meeting / any other source.
5. Shared learning from Litigation / Coroner Cases
6. Safety Alerts – DoH, HSCB, PHA, Trust
7. Medication issues
8. NCEPOD / National / Specialty
 - a. Consultant Outcome data.
 - b. While the SMR&PS meeting is functionally made up of 2 segments, it is acknowledged that each specialty may have slightly different issues to discuss at meetings, especially of the patient safety segment. Time spent on each agenda section may vary considerably between specialties, depending on clinical caseloads, and so these headings can be adapted as necessary.
 - c. It is suggested that each SMR&PS meeting should last for 2-3 hours in total, with a recommendation that each segment, i.e. mortality review and patient safety discussion being afforded equal time. Some teams may elect to hold the 2 segments on different days and may also elect to have different leads for each segment.
 - d. If M&M meetings are organized in a way, which departs significantly from the suggested agenda template, this should be reviewed by the Mortality Review Group / Outcome Review Group in the Trust. As every specialty will be using the same agenda / record of meeting template, the following naming convention should be used: M&M Team Name - Venue - Date of Meeting





13 September 2022

It will be the responsibility of the M&M Lead / Chair (or their alternate) to set a date for each meeting and therefore establish the agenda for each meeting.

All relevant documentation for discussion should be appended to the agenda / record of meeting template and / or signposted by hyperlinks by the relevant lead (i.e. Governance, Litigation, Pharmacy, and Safety Alert).

A copy of the suggested SMR&PS meeting Agenda/Record of Meeting Template is detailed below.

Specialty Mortality Review & Patient Safety meeting
 Agenda / Record of meeting

M&M team	Date	Time	Estimated time
Venue			
1. Welcome, Attendance, Apologies Received by Chair Note: <input type="text"/>			
2. Review of last SMR&PS meeting - Outstanding Issues Note: <input type="text"/> Action(s): <input type="text"/>			
3. Mortality & Morbidity Review – RM&MRs on NIECR. a. Verification of last meeting report Note: <input type="text"/>			
4. Safety Graphs a. Crash Call Review b. Safety Improvement graphs: e.g. HCAIs, Falls, VTE review, avoidable pressure ulcers  Note: <input type="text"/> Action(s): <input type="text"/>			
5. Local incident themes : Ward, Unit issues  Note: <input type="text"/> Action(s): <input type="text"/>			
6. Pharmacy issues, incidents and medicine/safety alerts a. <i>Insert list of documents discussed</i> Note: <input type="text"/> Action(s): <input type="text"/>			
7. Shared learning from Complaints / SAIs / other M&M meeting / any other source. a. <i>Insert list of documents discussed</i>  Note: <input type="text"/> Action(s): <input type="text"/>			
8. Shared learning from Litigation / Coroner Cases a. <i>Insert list of documents discussed</i>  Note: <input type="text"/> Action(s): <input type="text"/>			
9. Safety Alerts and Circulars– NICE, NCEPOD, DHSS, HSC (SGSD), HSCB, PHA, BHSCT. a. <i>Insert list of documents discussed</i> Note: <input type="text"/> Action(s): <input type="text"/>			
10. Local Audit reports (Specialty Specific) a. <i>Insert list of documents discussed</i> Note: <input type="text"/> Action(s): <input type="text"/>			
11. Consultant Outcome data - NCEPOD / National / Specialty Note: <input type="text"/> Action(s): <input type="text"/>			
12. A.O.B. Note: <input type="text"/> Action(s): <input type="text"/>			
13. Date of Next Meeting <input type="text"/>			

The note of the M&M discussion is to be kept on the RM&MRs, i.e. on NIECR, as evidence of case discussion and learning outcomes.

13 September 2022

Taking a note and therefore making a record of the meeting is a vital element of the process of reviewing a patient death. Without that note, there is no record that the discussion took place, the issues were aired or that learning was identified and action(s) taken. It is not a requirement that there is a verbatim minute of the meeting; it is however necessary that there is a factual and objective note, which focuses on the issues, learning and actions identified, not on personalities or the actions of individuals.

The note of the meeting will provide a mechanism to monitor the effectiveness of meetings in terms of patient safety driven change. It also ensures that mortality review and patient safety discussions are open and transparent. Remember that some of these details could be discoverable. There are various models available for making a record or note of the meeting. Teams may choose to:

- Type them live at the meeting, which ensures everybody is content with the record immediately, although verification will be required at the next meeting.
- Take notes and type them up afterwards; these will need verified at the next meeting.
- Arrange administrative support from within each specialty rotating this role; again to either type the record live or at a later date.

It is advised that each team and Trust review the various methods, remembering that each M&M Lead needs to review the record for accuracy and completeness, prior to distribution, with full verification occurring at the next M&M meeting. The SMR&PS Agenda / Record of Meeting template has been designed to allow for a note to be recorded against each agenda item. By incorporating the agenda items into one document, this makes all the accompanying documents for the meeting available for review.