The Royal Wolverhampton NHS Trust

Learning from Deaths update
4 February 2020

Agenda Item No: 7.1

The Royal Wolverhampton NHS
NHS Trust

Trust Board Report

Meeting Date:	February 4th 2020
Title:	Learning from Deaths
Executive Summary:	The paper presents the Trust's most recent mortality data and the work being undertaken to scrutinise and act upon the potential causes for the outlier status of the SHMI indicator. The Trust crude mortality shows a decreasing trend. The national SHMI dataset shows the most recent score for RWT of 1.097, September 2018 to August 2019. This is a further improvement and for the second month this represents a score within the expected range. Clinical Teams have presented reviews of clinical care, both that provided in individual cases and compliance against pathways of care. The Trust has received a request from CQC to provide an analysis of the higher than expected mortality rate in chronic renal failure. The rate of SJR completion continues to be timely.
Action Requested:	Receive and note
For the attention of the Board	To note the SHMI which is showing an improved position of 1.097 this month
Assure	The Board has previously been reassured through data analysis and SJR's/Clinical Reviews that the increased SHMI is not an indicator of avoidable mortality or quality of care. However, work continues to review and, where possible, enhance quality of care provision across admission pathways with elevated SMR's. Work also continues to address coding & data capture with respect to accuracy and completeness prior to submission of data.

Advise	Raised SMR's can impact on a Trust's reputation. RWT's elevated SHMI is a focus of external scrutiny with assurance being requested and provided regarding the work undertaken, as described above and in this report.
Alert	Diagnostic groups with elevated SMRs remain : Chronic renal failure Coma, stupor and brain damage Chronic obstructive pulmonary disease and bronchiectasis Other groups with high excess deaths: Senility and organic mental disorders Respiratory Distress Syndrome Acute cerebrovascular disease Pneumonia Septicaemia

	Reviews have previously been conducted, reported internally and where requested to CQC. However Coma and stupor will be reviewed again so as to provide analysis on more recent data. MRG have also requested further analysis be conducted in the clinical areas of Liver and Acute Myocardial Infarction
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Links to Trust Strategic Objectives	1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 6. Be in the top 25% of all key performance indicators
Resource Implications:	Revenue: Capital: Workforce: Funding Source: N/A
CQC Domains	**Safe:** patients, staff and the public are protected from abuse and avoidable harm. **Effective:** care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence. **Caring:** staff involve and treat everyone with compassion, kindness, dignity and respect. **Responsive:** services are organised so that they meet people's needs. **Well-led:** the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.
Equality and Diversity Impact	N/A
Risks: BAF/ TRR	BAF SR 12
Risk: Appetite	
Public or Private:	Public
Other formal bodies involved:	Mortality Review Group/Compliance Oversight Group/Quality Standards Improvement Group/Quality Governance Assurance Committee/Trust Management Committee
References	
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Royal Wolverhampton NHS Trust:

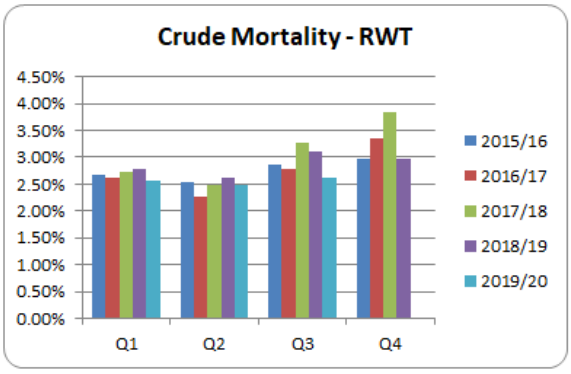
Learning from Deaths Update of monthly activity Jan 2020

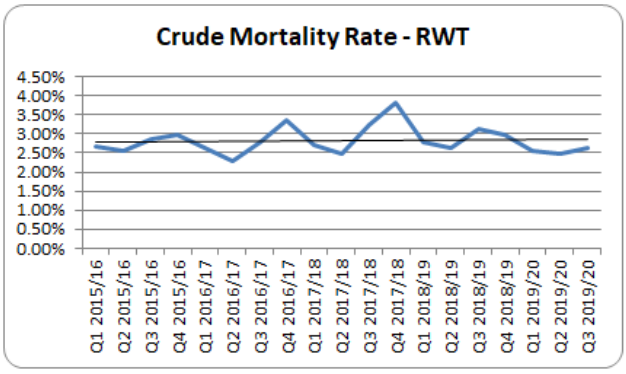
1. Update on Standardised Mortality Rates (SMRs) and inpatient data relevant to these calculations

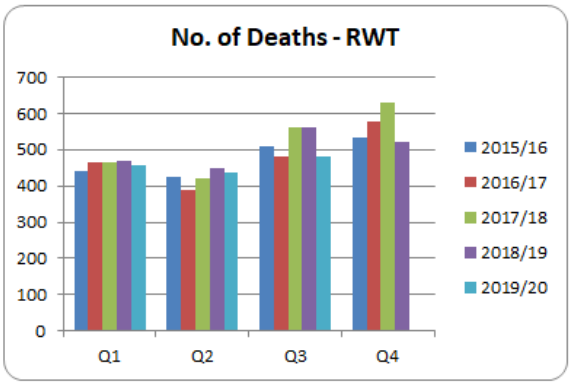
1.1 Crude mortality*

The number of deaths in Q1 and Q2 and Q3 2019/20 is reduced in comparison to same time 2018/19.

Crude Mortality Q3 was 2.62% and year to date (April to Dec 2019) the crude mortality is 2.56%







Period	No. of Ordinary Discharges	No. of Inpatient Deaths	Crude Mortality
2015/16	68888	1908	2.77%
2016/17	69538	1914	2.75%
2017/18	67758	2078	3.07%
2018/19	69558	2004	2.88%
2019/20	53818	1376	2.56%

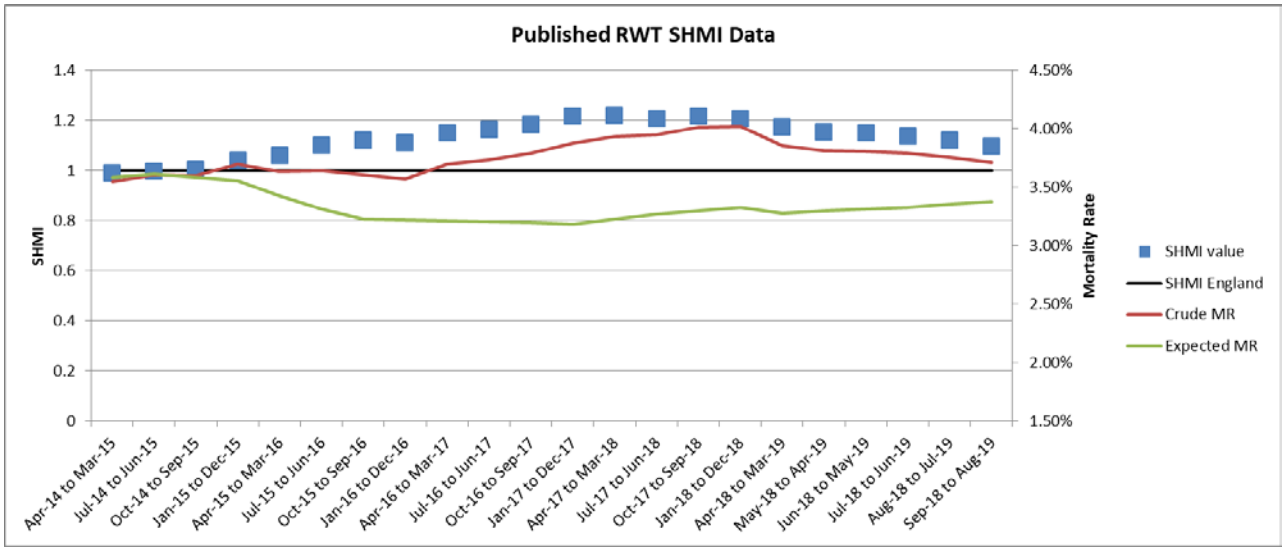
*The number of deaths and crude mortality represent inpatient mortality only (ordinary admissions including still births) extracted from internal data.

1.2 SHMI (Inpatient deaths plus 30 days post discharge)

The most recent published SHMI value, (16th Jan 2020) for the period September 2018 – August 2019 is 1.097.

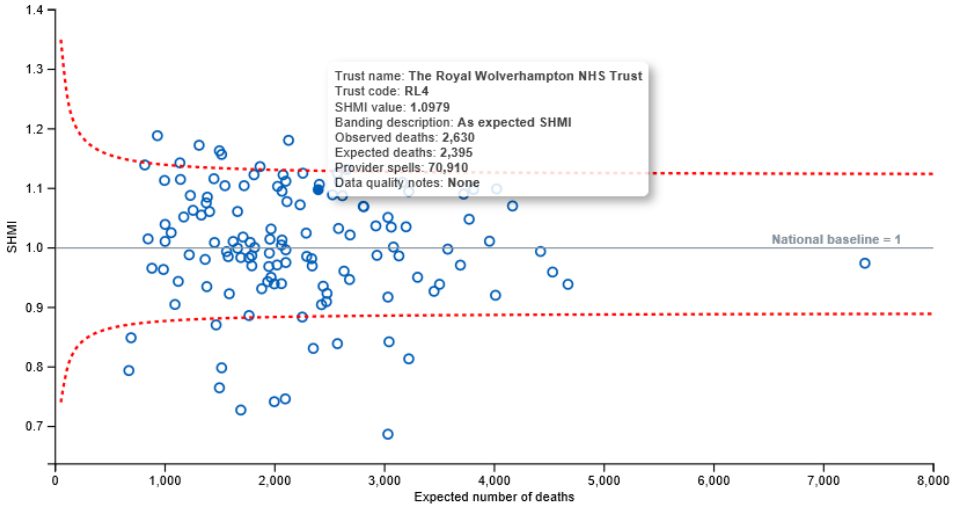
Time period	SHMI Value *	SHMI Crude Mortality %
Jan 2018-Dec 2018	1.21	4.02
Feb 2018 –Jan 2019	1.21	3.99
March 2018 –Feb 2019	1.19	3.94
April 2018 –March 2019	1.17	3.85
May 2018- April 2019	1.15	3.81
June 2018 – May 2019	1.15	3.80
July 2018- June 2019	1.14	3.78
Aug 2018- July 2019	1.12	3.76
Sept 2018- Aug 2019	1.097	3.71

*NHS DIGITAL Jan 16th 2020



This report has previously demonstrated that the change in SHMI is as a result of both an increase in expected deaths and a decrease in the observed.

The Trust is ranked 104 of 130 Trusts across the country and is within the expected range.



1.3 SHMI in comparison with neighbouring Trusts

Trust	Sept 2018-Aug 2019 (published Jan 16th 2020)
The Royal Wolverhampton NHS Trust	1.097
The Dudley Group NHS Foundation Trust	1.112
Walsall Healthcare NHS Trust	1.085
Shrewsbury and Telford Hospitals NHS Trust	1.022
University Hospitals North Midlands	0.994
Sandwell and West Birmingham NHS Trust	1.039

1.4 RWT Diagnostic Groups with higher than expected SHMI*

In the table below, those in red are outliers; those in amber are not outlying but lie just below.

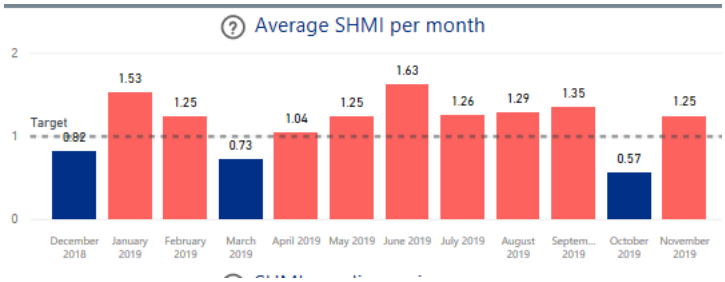
Diagnostic Group (CCS)	SHMI	Expected number of deaths	Number of patients discharged who died in hospital or within 30 days	Number of mortalities occurring in the hospital	Number of total discharges	Percentage of mortalities occurring in hospital
158 - Chronic renal failure	408.4	6	25	19	104	76%
85 - Coma; stupor; and brain damage	231.35	10	22	21	41	95%
127 - Chronic obstructive pulmonary disease and bronchiectasis	154.67	43	67	50	720	75%
122 - Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	117.18	317	372	293	1844	79%
68 - Senility and organic mental disorders	137.89	60	83	57	547	69%
100 - Acute myocardial infarction	128.49	79	102	88	1437	86%
2 - Septicemia (except in labor)	113.84	204	232	192	1124	83%
109 - Acute cerebrovascular disease	112.79	183	206	178	1102	86%

* Sept 2018 –Aug 2019

2. Diagnostic Groups –Review of Clinical Care

2.1 Updates from the following diagnostic groups have been provided:

Pneumonia



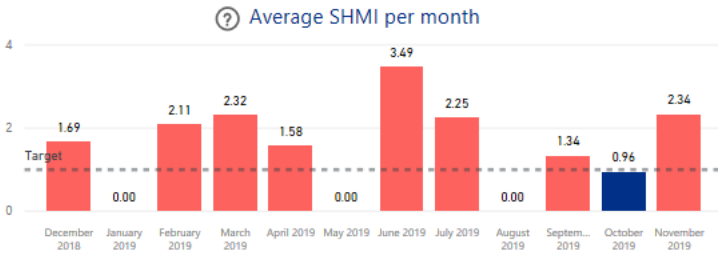
Dr Ejifor, the clinical lead for Pneumonia provided assurance that services are available to support management of the pneumonia pathway. These include 7 day Respiratory Consultant and in reach service, Monday to Friday dedicated pleural list, case finding on AMU. Revision of the community acquired pneumonia guidance has been issued, alongside a Trust wide poster campaign. Improvement in sepsis identification and treatment will have a positive knock on effect on pneumonia treatment in ED.

A further QI project in ED has started. Within 6 months the objectives are to meet the following targets:

- 100% of patients presenting with suspected pneumonia to receive a chest x-ray within 2 hours of attendance
- 80% of patients with suspected pneumonia or abnormal chest x-ray to have CURB65 calculated and recorded in their notes
- 100% of patients to have oxygen saturation levels recorded
- 80% target saturations defined, as appropriate
- 80% of oxygen prescriptions to be fully documented
- Achieve 90% antibiotic administration within 4 hour of triage assessment, where appropriate (within 1 hour when chest sepsis is suspected)

The project progress will be presented to the Mortality team over the next quarter.

Nephritis, nephrosis, renal sclerosis, chronic kidney disease:

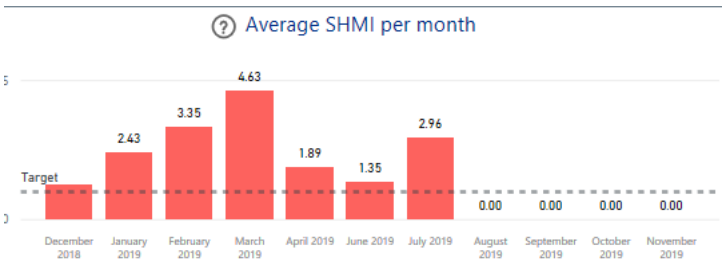


The outcome of case note review of deceased patients with this primary diagnostic group was reported in the Trust Board report November 2019. None of the deaths were avoidable in this cohort of patients given the case-mix of predominantly elderly frail patient with multiple co-morbidities. Except for one case (sepsis) the care received by all patients has been good to excellent.

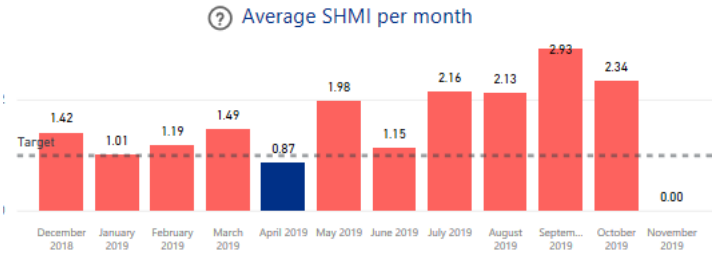
The CQC has issued a request for further information on the deaths of patients with CCS code 158 which makes up part of this SHMI group. The Trust will submit its response during February 2020

2.2 Reviews of coding accuracy and clinical care have been instigated in the following SHMI groups:

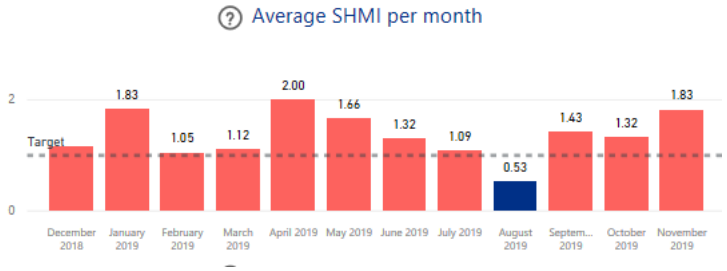
- 85 – Coma; stupor and brain damage: last review 2015



- Liver disease (alcohol related): this will be the first time that a review has been undertaken in this group



- Acute Myocardial Infarction



The results of these reviews will be presented by the directorates to MRG within the next 3months

2.3 Nursing Care Quality Audit Report

MRG heard the progress of the ongoing nursing quality audit, commenced one year ago. The last audit was October 2019 and this showed an overall increase in compliance, however there are some areas which are poorly documented around fluid balances, MUST scoring and patients being weighed. An action plan has been developed to improve and regular meetings are held with the two Deputy Chief Nursing Officers, Heads of Nursing and other departments.

3. Review of Deaths:

The following tables provides information on the number of deaths reviewed (by Medical Examiner) and those scrutinised via the SJR process

Scrutiny of Deaths	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Total SJR 1 Identified	35	37	36	33	24	24	27	35	36
Total SJR1 Reviewed	35	37	35	30	22	21	24	26	3
Additional SJR1 reviewed	21	12	10	7	6	8	8	5	0
Total ME Reviewed	100	107	103	98	79	85	101	108	98

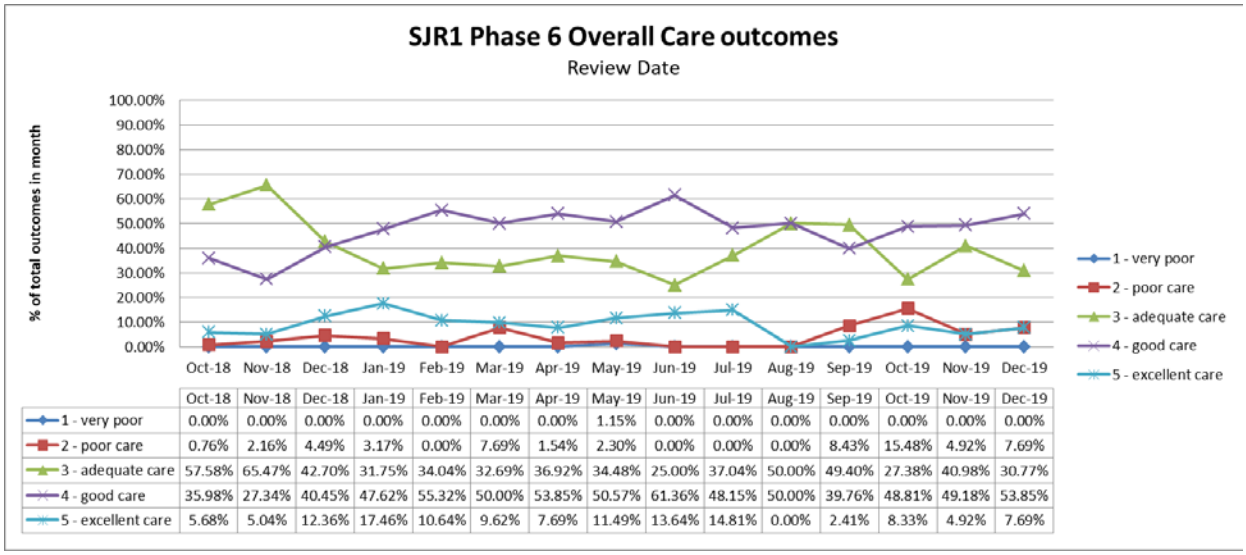
Data at 10th Jan 2020

The percentage of deaths reviewed by the Medical Examiner (ME) remains at between 55 and 60% of total inpatient and ED deaths. Additional ME time will be allocated in January 2020 so we would expect this number to increase. In addition the lead ME has begun to meet with directorates to encourage junior doctor to use the ME appointment system.

At 31st December, the Medical Examiners' data demonstrated that 83% of assessments resulted in discussions with families. The comments are largely positive. In terms of the outcome following assessments, 4% resulted in referral to PALS.

SJR backlog has reduced to just 17 cases and the most recent SJRs are now being conducted in a timely fashion.

The overall outcome of SJR1s conducted is described in the table/graph below. During the period November 1st to December 31st 2019, 5 cases were poor care was identified were reported, these relate to deaths between July and November 2019. Directorates have been made aware of the outcome. These results will be included in the thematic review which is conducted 6 monthly.



	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
1 - very poor	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	1.15%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
2 - poor care	0.76%	2.16%	4.49%	3.17%	0.00%	7.69%	1.54%	2.30%	0.00%	0.00%	0.00%	8.43%	15.48%	4.92%	7.69%
3 - adequate care	57.58%	65.47%	42.70%	31.75%	34.04%	32.69%	36.92%	34.48%	25.00%	37.04%	50.00%	49.40%	27.38%	40.98%	30.77%
4 - good care	35.98%	27.34%	40.45%	47.62%	55.32%	50.00%	53.85%	50.57%	61.36%	48.15%	50.00%	39.76%	48.81%	49.18%	53.85%
5 - excellent care	5.68%	5.04%	12.36%	17.46%	10.64%	9.62%	7.69%	11.49%	13.64%	14.81%	0.00%	2.41%	8.33%	4.92%	7.69%

LEARNING FROM DEATH PROGRAMME PLAN

VERSION 26 20/01/2020

Grant Thornton recommendation

Stan Silverman recommendation

BENEFITS

1. The Trust is assured that the programmes of care are driving up quality of care provision

2. The programme is supporting the Trust to deliver it mission statement and objectives

	Objective		Activity	Output	Outcome	Updates 27/11/2019	Start Date	End Date	Owner	Exec Director Sponsor	Status Date of Update 02/12/19
A1		**Programme Management (PM) including Governance**									
	1		Develop a Trust Mortality Strategy	A programme of work including an action plan	We have a methodology for assuring the Trust that resources and systems are in place to deliver and monitor the Mortality agenda		01/09/2018	03/11/2018	A Viswanath	J Odum	
	2		Set up a Governance system for reporting, advising on and monitoring the Mortality agenda	Monthly review of Action Plan			01/06/2018	30/07/2018	A Viswanath	J Odum	
		2a	Revise TOR for Mortality Review Group	Monthly quorate meetings			01/06/2018	30/07/2018	A Viswanath	J Odum	
		2b	Quality Improvement Board -Mortality to be developed	Monthly quorate meetings	Trust staff understand the Mortality programme and are able to influence the agenda We triangulate learning from a variety of sources		01/10/2018	15/10/2018	J Odum	J Odum	
		2c	Develop a directorate and divisional system for participation and involvement that links mortality to other aspects of the Div Governance agenda	Governance Structure which includes links with the Mortality Review Group		Div/Dir rep at MRG. Requires further evidence that learning is acknowledged and acted upon at Div level.	01/04/2019	30/03/2020	M Arthur	J Odum	
		2d	Develop a dashboard for Directorate use	Monthly report of metrics		Dashboard developed and available for use. Updated version released w/c 20/01/20	01/07/2018	15/10/2018	S Rowles	J Odum	
		2e	Directorate Mortality and Morbidity meetings have a defined membership and agenda which is consistent across the Trust	TOR		TOR previously issued but Directorates requested fexibility. Requires a review of best practice	01/04/2019	30/03/2020	M Arthur	J Odum	
	3		City wide programme developed to work to one strategy (Acute, Comm, PH, Compton)	City wide meeting with TOR	Cross city work is coherent and cogent		01/06/2018	30/07/2018	S Roberts	CCG Chair	
	4		Assurance								
		4a	Report Progress to Trust Board and Quality Committees ensuring that papers meet the mandated national guidance	Monthly paper that is signed off at MRG	We have a methodology for assuring the Trust that resources and systems are in place to deliver and monitor the Mortality agenda	Trust papers are now routinely shared at the public Board session. Problems in Care likely to have contributed to death now reported to MRG.	01/07/2019	31/10/2019	J McKiernan	J Odum	
		4b	Provide Trust Board mortality briefings monthly to include status of top 5 diagnostic groups	Monthly paper that is signed off at MRG			01/07/2018	30/06/2019	J McKiernan	J Odum	
		4c	Board Assurance Framework Risk submission	4 monthly review of risk			01/08/2018	01/12/2018	K Wilshere	J Odum	
		4d	Appoint and receive advice from external analytic expertise	Report following system review			04/10/2018	01/02/2019	S Mahmud	J Odum	
		4e	Appoint and receive advise on external medical expert	Report following system review			17/09/2018	16/09/2019	J Odum	J Odum	
	5		Review Governance feedback mechanisms across the Trust, including simplification of messages and dissemination	Learning Platform which records Divisional governance data	Themes from results of mortality reviews are compiled and triangulated with lessons learned from clinical audits, mortality reviews and coroners' reports. Trust staff understand the Mortality programme and are able to influence the agenda	Learning Framework and Platform has beeen demonstrated at MRG. Development ongoing	01/04/2019	31/03/2020	M Arthur	J Odum	
		5a	Ensure staff receive feedback after incidents are reported			Process available that outlines how this should happen. Further cultural changes required	01/04/2019	30/03/2020	M Arthur	J Odum	
		5b	Develop a centralised learning log and develop processes to monitor and review progress of the implemented actions against the identified learning. Individuals to be assigned actions	Learning Log			01/08/2019	31/03/2020	M Arthur	J Odum	
A2		**City wide programme for End of Life Care**									
	1		City wide programme developed to work to EOL strategy through the ICA (Acute, Comm, PH, Compton)	City wide strategy	Cross city work is coherent and cogent	City wide EOL group set up and meet. Timelines etc will need to reflect ICA wide action plan	30/10/2018		ICA Project	S Roberts	
	2		Re-establish RWT End of Life Group, ToR and Action Plan	Trust Strategy reviewed and monitored			31/08/2018	30/11/2018	V Whatley	AM Cannaby	
	3		EOL identification and care provision								
		3a	Review data and consider new care pathways for planned reduction in admissions from Nursing Homes	Reduction in NH admissions		This is part of a city wide project and timelines etc will need to reflect ICA wide action plan			ICA project	S Roberts	
		3b	Pathways of EoL Care in hospital reviewed and revised	Pathways agreed and redesigned	We have the capability to support patients to die in	CQI project launched and PDSA cycles underway	01/06/2019	30/03/2020	V Whatley	AM Cannaby	

		3c	Inreach to care/nursing homes by C/E and RITS teams	Appropriate service model	place of choice	Serevice available. Will be reviewed in line with business case and ICA	01/09/2018	31/12/2018	Head of Nursing Div 3	AM Cannaby	
	4		City wide Business case aimed at enabling more people to die in their preferred place of death	EOL Care Coordination Centre Rapid Response Team Compassionate communities , EOL website		This is part of a city wide project and timelines etc will need to reflect ICA wide action plan			V Whatley	J Odum	
A3	**Policy and Process**										
		Mortality Reviews that are timely and identify learning from deaths									
	1		Improve quality of death certificate completion	> 90% MCCD completed with ME		Education for junior docs provided, system to monitor change now required	01/08/2018	31/03/2020	M Norell	J Odum	
	2		Revise process for identifying those deaths requiring review	Policy Revision		Policy available on line for staff	01/08/2018	30/11/2018	A Viswanath	J Odum	
	3		Implement standardised methodolgy for reviewing deaths	Trust Policy		Policy completed and implemented March 2019, however version 2 now required in order to meet new developments (MR/PC)	01/09/2019	31/02/2020	A Viswanath	J Odum	
		3a	Implement Medical Examiner Model that covers 5 days	> 90% cases scrutinised by MEs	We have the capability to scrutinise all deaths We have the capability to identify and review those deaths where there is potential concern	MEs recruited and model in place. Vacancies mean that 5 days not covered. Increase in capacity from Jan 2020 and recruitment process in place	01/07/2018	31/03/2020	M Norell	J Odum	
		3b	Implement Mortality Reviewer Model	Trained MR in post			01/08/2018	30/11/2018	A Viswanath	J Odum	
		3c	Include trained nurses/AHPs to support completion of SJR 1 and 2	Nursing colleagues conducting SJR's			01/10/2018	15/12/2018	M Morris	AM Cannaby	
		3d	Develop standardised best practice pathways for major diagnosis for use by MRs	Standards available for Mortality Reviewers		Stroke, palliative care, COPD, pneumonia and sepsis pathways available	01/01/2019	01/12/2019	A Viswanath	J Odum	
		3e	Develop Mortality Reviewer assurance model	Regular report of SJR completeness and timeliness		System agreed and outputs awaited	01/08/2019	31/12/2019	A Viswanath	J Odum	
	4		RWT/Primary Care/CCG to establish process for reviewing deaths within 30 days after hospital discharge								
		4a	Conduct audit to understand resource required	Number of PC deaths requiring review			01/08/2018	31/12/2018	A Viswanath	J Odum	
		4b	Develop process of joint PC and RWT review of OOH deaths including reporting mechanisms	Process agreed by GPs and RWT		Process for PC colleagues under discussion. RWT will pilot system with VI practices	01/01/2019	31/03/2019	S Roberts	J Odum	
	5		Processes for including families/relatives in the mortality reviews		We have the capability to listen to relatives and carers following death						
		5a	Appoint a Bereavement Nurse	BN in post			01/12/2018	30/07/2019	M Morris	AM Cannaby	
		5b	Action Plan designed to meet National LFD Working with Bereaved families developed	Action plan monitored		Action Plan agreed	01/04/2019	30/12/2019	J Shears/J Jones	AM Cannaby	
		5c	Evidence of learning from families	ME/BN contact with families, feedback from concerns/complaints collated		Some learning available and ongoing work to embed	01/04/2019	30/12/2019	J Jones	AM Cannaby	
	6		Results of SJRs are reviewed and acted upon by Divisions and Directortaes		Themes from results of mortality reviews are complied and triangulated with lessons learned from clinical audits, mortality reviews and coroners' reports.						
		6a	Thematic review of SJR results presented to include clinical involvement in process	6 monthly thematic reviews presented at MRG		Governance dept uses nurse to support thematic development. MR identified to become involved	01/07/2019	31/10/2019	S Hickman	J Odum	
		6b	Share SJR results with Directorates	Monthly email with SJR results			01/04/2019	31/07/2019	S Hickman	J Odum	
	7		Provide an IT platform that describes required inputs, data capture and feedback on themes of Mortality reviews	Project Plan	Repository of results from scrutiny, review, and investigation that provides a mechanism for sharing learning from deaths	Weekly meetings	01/10/2018	30/03/2020	S Parton	K Stringer	
		7a	Develop the software	Functioning IT platform		Phase 1 due Dec 2019, delayed by Trust Network upgrade	01/01/2019	30/03/2020	S Parton	K Stringer	
		7b	Implement the programme	Functioning IT platform			01/10/2019	30/03/2020	S Parton	K Stringer	
		Coding Data is Accurate									
	8		Reduce the number of short term FCEs at 'front door'	Increase in average hours for FCE	Coding reflects full diagnosis of population of admitted patients including definitive co-morbidities, primary and secondary diagnoses.		01/01/2018	31/05/2018	J Cotterell	K Stringer	
	9		Educational package for coding to be delivered to Medical teams	Increase in average CCI Reduced anamolies in PD seen at case note reviews			01/01/2018	01/12/2018	J Cotterell	J Odum	
	10		Documentation at portals of entry reflects diagnosis and CCs by improvement in proforma and CQI project			Proforma introduced 2018. Improvement in CCI. Further work required to improve PD	01/01/2018	30/04/2020	H Ward	J Odum	
	11		Coding policy developed which allows for retrospective review of case notes				01/10/2018	31/12/2018	J Cotterell	K Stringer	

		11a	Retrospective ongoing review of clinical documentation accuracy				01/04/2019	30/03/2020	J Cotterell	K Stringer	
		11b	Coders and AMU Consultants to meet to review documentation and impact on coding				30/03/2020	30/03/2020	J Cotterell	K Stringer	
A4		**Clinical Pathways deliver high quality care**									
	1		A Quality Improvement strategy and agenda is rolled out across the Trust with emphasis on embedding concept into daily activity	Directorates report QI inititatives			01/04/2019	31/03/2020	Si Evans	M Sharon	
	2		Implement care pathway audit against best practice standards to inform CQI programmes. Concentrate on clinical groups were SHMI is high	CQI programmes produced by leads for high excess deaths groups	We have evidence of the standard of care provided for our patients	All high SHMI diagnostic groups have been reviewed, improvement plans have been developed and CQI commenced in majority of areas	01/07/2018	01/06/2019	Mortality Leads	J Odum	
		2a	Develop rolling reviews of audits across directorates led by Divisions	Evidence of action following audits		Rolling review of change impact is part of the CQI process	01/07/2018	01/03/2020	DMDs	J Odum	
		2b	Undertake nursing care audits	Realtime audits of sepsis and pneumonia,			10/09/2018	30/11/2018	M Morris /V Whatley	AM Cannaby	
	3		Community in reach project to be audited via a PDSA methodolgy				01/09/2018	01/03/2019	AM Cannaby	AM Cannaby	
	4		Best practice sepsis care, including working with CEO UK Sepsis Trust, Action plan inc CQI programme of work	Sepsis six monitored across organisation		CEO has visited and part of edcation week. CQI programme of work commenced. Action plan developed inc CQI prog of work	01/03/2019	01/09/2019	Dr Gulati/Saibal Ganguly	J Odum	
		4a	Implement NEWS2 track and trigger system and protocol for sepsis .				01/01/2018		Gulati/Saibal Ganguly	J Odum	
	5		Develop a process of undertaking harm reviews 104 day+ Cancer waits	Harm reviews reported monthly			01/09/2018	31/10/2018	Cancer lead	G Nuttall	
	6		Adhere to national 7 day service agenda	90% compliance against Standards 2,5,6,8			01/04/2018	31/03/2020	J McKiernan	J Odum	
A5		**Education**									
	1		Develop a Programme of leadership training for medical staff including MDT, HF, unwarranted variation, chairing of meetings, inflencing and negotiation	Medical staff completing the course		Leadership programme launched including induction sessons for new Consultants. Then modules available for Cons and other medical staff inc internal and external courses	01/03/2019	30/03/2020	L Nickell	J Odum	
	2	2a	Leadership training for doctors should be included in PDPs		Trust staff understand the Mortality programme and are able to influence the agenda		01/07/2019	30/03/2020	B McKaig	J Odum	
		2b	Assurance of impact of leadership training				01/07/2019	31/12/2020	B McKaig	J Odum	
	3		Training for junior doctors on completion of Medical Certificate	Training at induction			01/01/2019	01/08/2019	M Norell	J Odum	
	4		Provide oportunities for Medical Examiners to meet and share experience	Bi monthly meetings			01/01/2019	01/08/2019	M Norell	J Odum	
A6		**Workforce**									
	1		Implement Trust recruitment strategy for nursing	Vacancy rate/clinical output	We have safe nursing levels		01/01/2018	01/12/2018	R Baker	AM Cannaby	
	2		Further expand deteriorating patient 'out reach team'	Nurses in post/clinical output	We have the capability to support the deteriorating patient 24/7		10/10/2018	31/03/2019	Head of Nursing Div 1	AM Cannaby	
	3		Recruit senior nurses to sepsis programme	Additional nurses in post/clinical output	We have the capability of identifying and treating patients at risk of sepsis		01/09/2018	31/01/2019	V Whatley	AM Cannaby	
	4		Expand Palliative care team	Additional nursing and Consultants in post	We have the capability to support patients to die in place of choice		10/10/2018	31/03/20198	D Black	AM Cannaby	
A7		**Communication Plan**									
		1	Senior Managers' Briefing	Presentation at SMB and ongoing	Trust staff understand the Mortality programme and are able to influence the agenda		01/09/2018	01/04/2019	J Odum	J Odum	
		2	Trust Communication	Updates in Trust newsletters		Communication via TB/TMC reports and directorate meetings	30/11/2018	01/12/2019	J McKiernan	J Odum	
		3	Directorate Engagement	Meetings with Directorates		Restart meetings from 1/04/2020	01/06/2019	30/03/2020	A Viswanath	J Odum	