

Learning from Deaths update

3 March 2020

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Agenda Item No: 6.1

Trust Board Report

Meeting Date:	March 3 rd 2020
Title:	Learning from Deaths
Executive Summary:	<p>The paper presents the Trust's most recent mortality data and the work being undertaken to scrutinise and continually improve.</p> <p>The national SHMI dataset shows the most recent score for RWT of 1.097, October 2018 – September 2019. The Trust has been within expected range for a third consecutive month.</p> <p>The response to the CQC outlier alert regarding Chronic Renal Failure was submitted on the 4th of February 2020.</p> <p>Focus remains on identifying diagnostic groups that have a higher than expected SHMI and where appropriate reviewing cases and pathways within these groups.</p> <p>Case note reviews have been conducted in Chronic Renal Failure. Action plans from other case note reviews (COPD, CVD) have been reviewed and recorded as closed.</p> <p>The rate of SJR completion continues to be timely.</p> <p>Determination of Mortality that is due to problem(s) in healthcare has been presented to MRG and detailed in the report.</p>
Action Requested:	Receive and note
For the attention of the Board	To note the SHMI of 1.097. This is within the expected range for a third consecutive month.
Assure	The Board has previously been reassured through data analysis that the previously 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 previously elevated SHMI remains a focus of external scrutiny with assurance being requested and provided regarding the work undertaken, as described above and in this report.
Alert	<p>Diagnostic groups with elevated SMRs remain :</p> <ul style="list-style-type: none"> Chronic renal failure Coma, stupor and brain damage Pneumonia <p>Other groups with high excess deaths:</p> <ul style="list-style-type: none"> Chronic obstructive pulmonary disease and bronchiectasis Senility and organic mental disorders Acute cerebrovascular disease

	<p>Septicaemia</p> <p>Reviews have previously been conducted, reported internally and where requested to CQC. Coma and stupor has been reviewed again and 57% of a recent case note review required amendment following coding scrutiny. As a result, re-education of the coding team has been completed and reviewing cases proactively before data submission.</p>
Author + Contact Details:	<p>Lauren Tracey L.Tracey1@nhs.net on behalf of Dr Jonathan Odum – Medical Director 01902 695958 E-mail: jonathan.odum@nhs.net</p>
Links to Trust Strategic Objectives	<ol style="list-style-type: none"> 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:	<p>Revenue: Capital: Workforce: Funding Source: N/A</p>
CQC Domains	<p>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.</p>
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:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • 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:

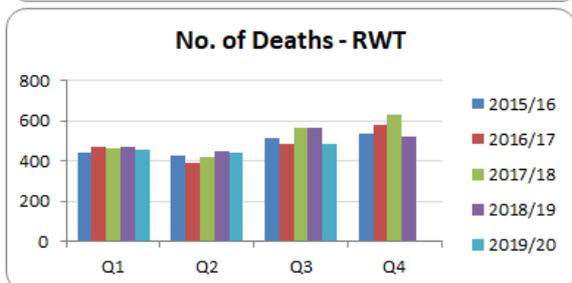
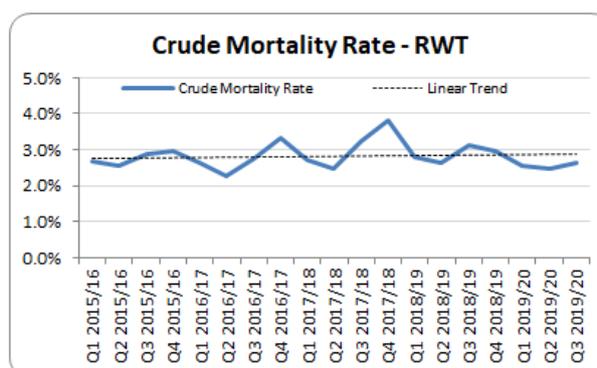
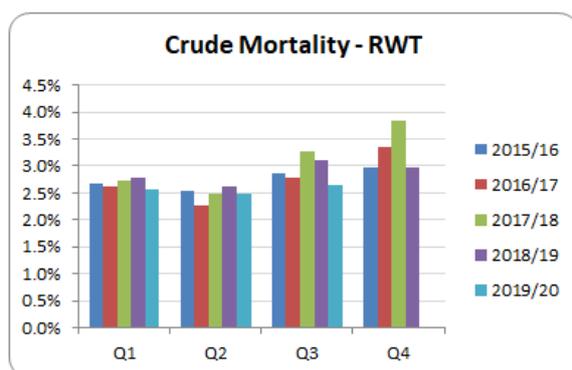
Learning from Deaths Update of monthly activity Feb 2020

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.

The crude mortality rate was 2.65% in Q3; The year to date crude mortality rate (April to Jan 2020) is 2.61%.



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	59910	1564	2.61%

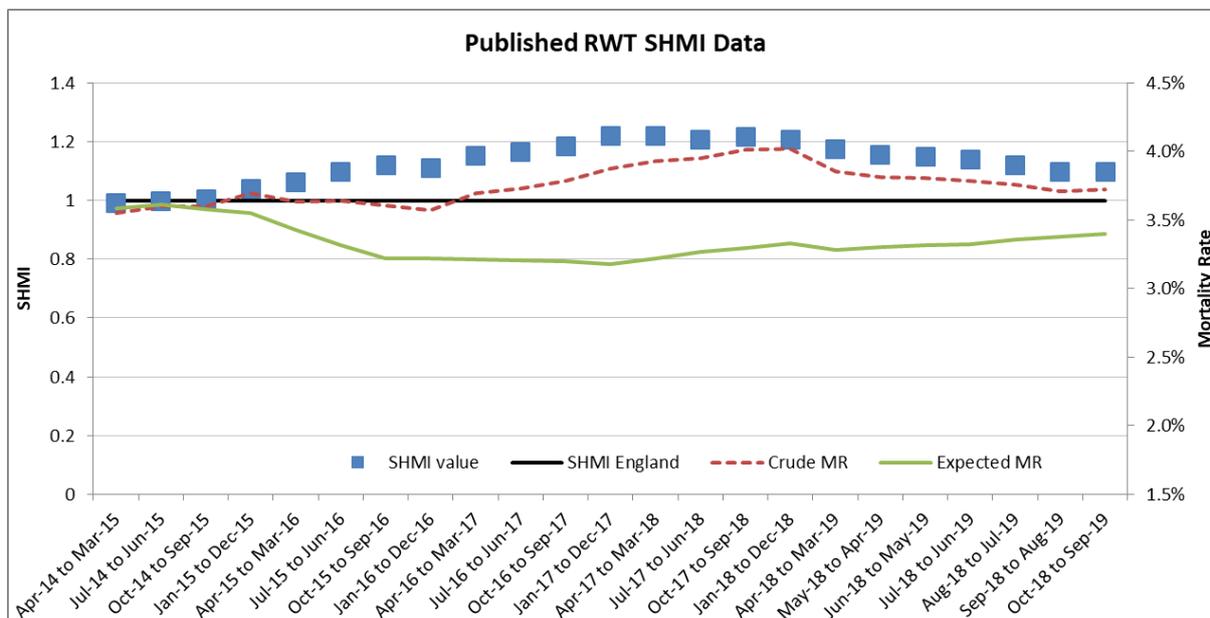
*The number of deaths and crude mortality represent inpatient mortality only (ordinary admissions including still births) extracted from internal data.

1.2 SHMI (Inpatient deaths plus 30 days post discharge)

The most recent published SHMI value, (13th Feb 2020) for the period October 2018 – September 2019 is 1.097.

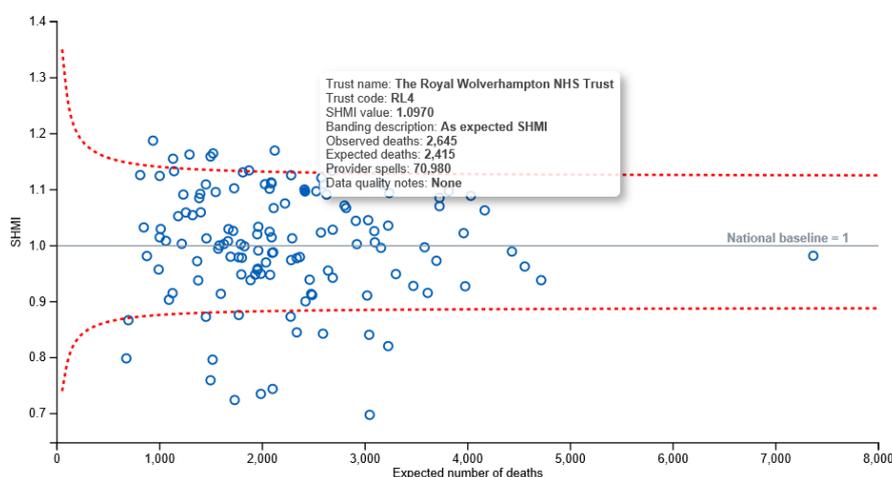
Time period	SHMI Value *	SHMI Crude Mortality %
Jan 2018-Dec 2018	1.21	4.02
Feb 2018 –Jan 2019	1.21	3.99
March 2018 –Feb 2019	1.19	3.94
April 2018 –March 2019	1.17	3.85
May 2018- April 2019	1.15	3.81
June 2018 – May 2019	1.15	3.80
July 2018- June 2019	1.14	3.78
Aug 2018- July 2019	1.12	3.76
Sept 2018- Aug 2019	1.097	3.71
Oct 2018 – Sept 2019	1.097	3.72

*NHS DIGITAL Feb 13th 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 129 Trusts across the country and is within the expected range for the third consecutive month.



1.3 SHMI in comparison with neighbouring Trusts

Trust	Oct 2018 – Sept 2019 (published Feb 13 th 2020)
The Royal Wolverhampton NHS Trust	1.097
The Dudley Group NHS Foundation Trust	1.111
Walsall Healthcare NHS Trust	1.093
Shrewsbury and Telford Hospitals NHS Trust	1.029
University Hospitals North Midlands	0.989
Sandwell and West Birmingham NHS Trust	1.034

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	319.6	6	19	14	100	74%
85 - Coma; stupor; and brain damage	219.9	10	22	21	42	95%
122 - Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	118.4	330	390	310	1890	79%
127 - Chronic obstructive pulmonary disease and bronchiectasis	144.6	44	63	47	729	75%
2 - Septicemia (except in labor)	115.7	204	236	194	1128	82%
68 - Senility and organic mental disorders	131.0	62	81	54	562	67%
109 - Acute cerebrovascular disease	113.1	180	204	175	1081	86%

* Oct 2018 –Sept 2019

2. Diagnostic Groups –Review of Clinical Care

2.1 CQC Action Plan

The plan detailing actions following previous CQC Mortality Outlier Alerts covering Pneumonia, Chronic Obstructive Pulmonary Disease and Bronchiectasis and Septicaemia has been reviewed at MRG.

Key themes from the CQC recommendations were:

1. Accurate recording of the correct primary diagnosis and co-morbidities
2. Reduce delayed transfers of care/long length of stay
3. End of Life Care – improve RWT recognition/use of SWAN bundle
4. End of Life Care – improve palliative care and reduce admissions from nursing homes (i.e. health economy)

There are separate monitoring groups and forums where these actions are continually discussed therefore agreement to close on the Mortality CQC Action Log.

2.2 Updates from the following diagnostic groups have been provided

Chronic Renal Failure:

The response to the CQC outlier alert was submitted on the 4th of February 2020. The outcomes have previously been reported to the Trust, see January 2020 report.

The action plan focuses on improvement in conservative and end of life care pathways which include the establishment of a chronic renal failure specialist nursing role, establishing conservative renal management clinics and follow up of patients through virtual clinics and increasing frequency of renal palliative care MDTs. Progress will be monitored via updates to MRG.

Sepsis:

The sepsis team presented the outcomes of the work carried out across the Trust to improve identification and treatment of sepsis during 2019. There have been positive signs of improvement with Q2 and Q3 19/20 showing 90% screening and over 80% antibiotic delivery within 1 hour on audit. Further CQI work is ongoing to identify the constraints with the aim of further improvements. The detail of this is covered in other governance reports via the Deteriorating Patient Group.

Stroke:

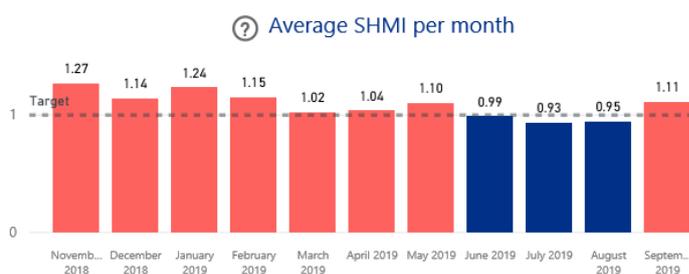
The Trust has received notification from Sentinel Stroke National Audit Programme (SSNAP) informing of a close to threshold mortality position for stroke. This information is not new to the stroke directorate and case note reviews have previously been undertaken and reported. These historical case note reviews did not highlight concern of care in individual cases. However, the Trust has commissioned further review of clinical cases in order to provide an external opinion.

The team continue to work to improve service delivery with the help of the CQI team. This includes increasing stroke nurse presence in ED and overnight on call which has meant an improvement in median times for initial review and median time to see stroke consultant. We expect this to contribute to an improved SNNAP performance in the next quarter.

Liver disease (alcohol related):

The team are carrying out a case note review and are working with the CQI team on a project involving hepatology and AMU to improve the liver care pathway at admission. The team are scheduled to present at the next Clinical Pathway meeting on April 2nd 2020.

Coma; stupor and brain damage:



Clinical coding/data quality audits have been conducted to review the primary diagnosis recorded for all in and out of hospital deaths from September 2018 – June 2019 due to higher than expected mortality rates for the above diagnostic group.

Out of 21 cases audited, 12 cases (57%) required amendment following coding review. For example 8 of these cases should have been coded as out of hospital cardiac arrests. As a result of this re-education of the coding team has been completed and the team are implementing a system of validation, reviewing these cases proactively before data submission.

3. Learning from Deaths IT Platform:

The new IT Platform is on track to 'go live' on 31st March 2020.

The new platform will capture the entire workflow of the current mortality process by the bereavement Centre, medical Examiners and mortality reviewers. This platform will replace the current system of sharePoint and will also be used for reporting. A transition plan is currently being developed to ensure that all staff are trained and processes are in place to support 'go live'.

4. Review of Deaths:

There has been no activity update of medical examiner (ME) and structured judgement review (SJR) outcomes since the last report at Trust Board, 4th February. The information below is correct as of 13th January 2020.

The following table provides information on the number of deaths reviewed by the 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 13th Jan 2020

The percentage of deaths reviewed by MEs remains at between 55 and 60% of total inpatient and ED deaths. Additional ME time has been allocated in January 2020 so we expect this number to increase. In addition to this, the Medical Examiner team has also recruited 4 posts in January to cover maternity leave and provide extra resource to consistently cover the service Monday-Friday. Recruited posts are expected to be in place March-April 2020.

The lead ME has begun to meet with directorates to encourage junior doctor to use the ME appointment system.

SJR backlog has reduced to just 17 cases and the most recent SJRs are now being conducted in a timely fashion. SJR outcomes for Q3 were reported at Trust Board 4th February 2020.

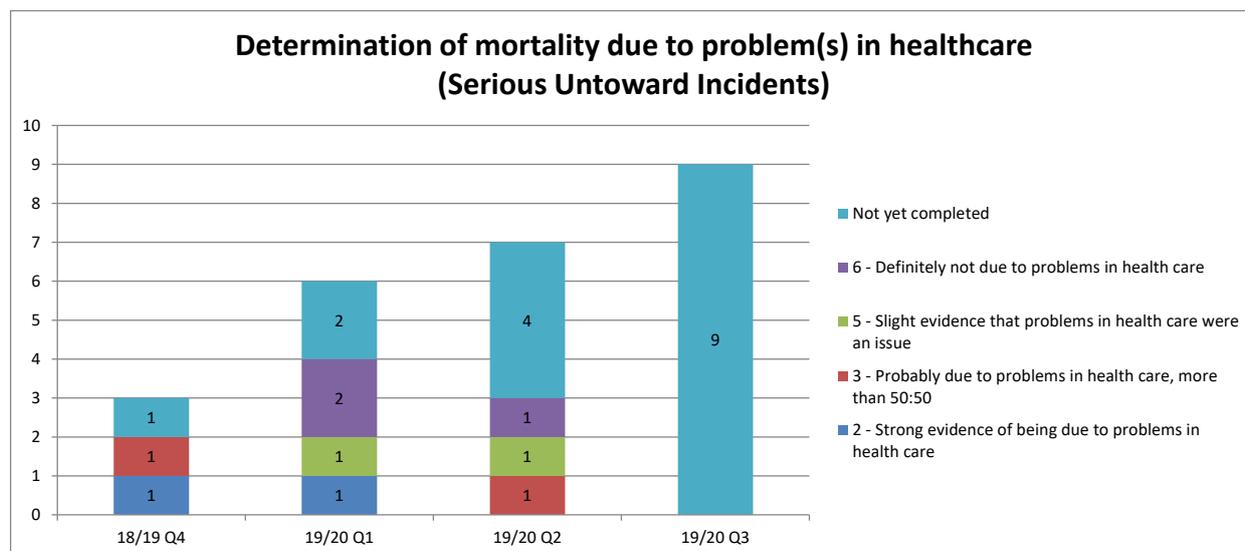
4.1 Out of Hospital Deaths

A piece of work has been initiated defining a process to review out of hospital deaths working with primary care teams. The CCG is involved in this group and the process will be piloted within the Trusts GP practices.

4.2 Determination of Mortality that is due to problem(s) in healthcare:

As part of the serious untoward incident (SUI) process, when a patient has died the RCA lead will complete a 'determination of mortality due to problems in care assessment'. This assessment is reviewed alongside an executive team for confirmation and agreement of action plan.

Following RCAs that have been completed for the period of Q4 18/19 to Q2 19/20, 4 cases were identified where there was either strong evidence of mortality due to problems in health care or probably due to problems in health care (more than 50:50). Please see graph below.



A further RCA in Q4 18/19 has been completed and the score surrounding ‘determination of mortality due to problems in care assessment’ is awaited. The governance team is reviewing this case to bring to completion.

Action plans from all RCAs are monitored via the divisional governance process to closure. A thematic review is currently underway on RCA and SJR outcomes and will be presented at the Mortality Review Group in March 2020.

A brief overview of the learning identified from the 4 cases above is outlined below (and will be picked up in the ongoing thematic analysis):

Learning from Case 1 – Inadequate communication via documentation and verbalisation

Learning from Case 2 – Lack of recognition and response to a deteriorating patient

Learning from Case 3 – Failure to complete Trust’s falls risk assessment

Learning from Case 4 – Requirement for risk assessment to ensure patients comply with safety requirements relating to provision of oxygen at home

LEARNING FROM DEATH PROGRAMME PLAN

VERSION 27 11/02/2020

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 its mission statement and objectives

Objective	Activity	Output	Outcome	Updates 10/02/2020	Start Date	End Date	Owner	Exec Director Sponsor	Status Date of Update 11/02/2020
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	Trust staff understand the Mortality programme and are able to influence the agenda We triangulate learning from a variety of sources		01/06/2018	30/07/2018	A Viswanath	J Odum	
2b	Quality Improvement Board -Mortality to be developed	Monthly quorate meetings			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			01/04/2019	30/03/2020	M Arthur	J Odum	
2d	Develop a dashboard for Directorate use	Monthly report of metrics			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		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		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		01/04/2019	31/03/2020	M Arthur	J Odum	
5a	Ensure staff receive feedback after incidents are reported				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		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					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		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	Service 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. Discussions with specialities to increase ME scrutiny e.g. ED, TNO. Recruitment for additional ME resource with expected start dates March-April 20.	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 methodology 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 - expected start dates March-April 20	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	31/03/2020	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. Dr Mona Sidhu involved in piloting within VI and next meeting planned March 20.	01/01/2019	30/09/2020	S Roberts	J Odum		
		5	Processes for including families/relatives in the mortality reviews									
		5a	Appoint a Bereavement Nurse	BN in post	We have the capability to listen to relatives and carers following death		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 Directorates									
		6a	Thematic review of SJR results presented to include clinical involvement in process	6 monthly thematic reviews presented at MRG	Themes from results of mortality reviews are compiled and triangulated with lessons learned from clinical audits, mortality reviews and coroners' reports.	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		Weekly meetings	01/10/2018	31/03/2020	S Parton	K Stringer		

	7a	Develop the software	Functioning IT platform	Repository of results from scrutiny, review, and investigation that provides a mechanism for sharing learning from deaths	Phase 1 due Dec 2019, delayed by Trust Network upgrade. IT Platform on track to Go Live 31st March. Both IT and Business Transition Plan being developed.	01/01/2019	31/03/2020	S Parton	K Stringer	
	7b	Implement the programme	Functioning IT platform		IT Platform on track to Go Live 31st March. Both IT and Business Transition Plan being developed.	01/10/2019	31/03/2020	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				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	Increase in average CCI Reduced anomalies in PD seen at case note reviews		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 initiatives			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 where 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 methodology				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 education 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 90% compliance against Standards 2,5,6,8			01/09/2018	31/10/2018	Cancer lead	G Nuttall	
	6	Adhere to national 7 day service agenda			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, influencing and negotiation	Medical staff completing the course	Trust staff understand the Mortality programme and are able to influence the agenda	Leadership programme launched including induction sessions 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	
	2a	Leadership training for doctors should be included in PDPs				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 opportunities 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	31/03/2019	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	