

**NLG(18)052**

DATE OF MEETING	27 February 2018
REPORT FOR	Trust Board of Directors – Public
REPORT FROM	Dr Kate Wood, Acting Medical Director
CONTACT OFFICER	Jeremy Daws, Head of Quality Assurance Jan Lowry, Improvement Delivery Manager
SUBJECT	Mortality Improvement Plan
BACKGROUND DOCUMENT (IF ANY)	Monthly Mortality Report
PURPOSE OF THE PAPER:	For Assurance
EXECUTIVE SUMMARY (PLEASE INCLUDE A BRIEF SUMMARY OF THE PAPER, KEY POINTS & ANY RISK ISSUES AND MITIGATING ACTIONS WHERE APPROPRIATE)	<p>The paper outlines the Trust's current mortality improvement plan and the priorities that are included, these are:</p> <ul style="list-style-type: none"> <li>• Reinforce the use of safety huddles (Tara Filby)</li> <li>• Deteriorating patient and sepsis (to also include Acute Kidney Injury, Critical Care Outreach) (Jenn Orton)</li> <li>• Hydration (Tara Filby)</li> <li>• Medical assessment (including board rounds, specialty in-reach) (Dr Baugh, Dr Ali, Dr Mysore)</li> <li>• Multi-disciplinary Team learning from mortality – Structured Judgement Reviews (Dr Kamath)</li> <li>• Consultant of the week model (Dr Baugh, Dr Ali, Dr Mysore)</li> <li>• Engagement, awareness and understanding (Dr Kate Wood)</li> <li>• <i>Patient flow (a critical element – but covered by other workstreams under Improving Together)</i></li> </ul> <p>The Improvement Team PMO will provide project management oversight to the Mortality Improvement Plan – including all of the above workstreams.</p> <p>Project delivery support will be provided by the Quality Assurance Team, in the Directorate of Governance &amp; Assurance.</p> <p>The improvement plan [noting this is a work in progress still to scope out specific actions, underway] is included as appendix 1.</p> <p>The document also outlines an update on the development of a revised mortality oversight group.</p>
HAVE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	NOT APPLICABLE
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	NOT APPLICABLE
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	NO
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	NOT APPLICABLE
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS	NO

PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	<b>NOT APPLICABLE</b>
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO SUSTAINABILITY IMPLICATIONS (QUALITY & FINANCIAL) & CLIMATE CHANGE?	<b>NOT APPLICABLE</b>
THE PROPOSALS OR ARRANGEMNTS OUTLINED IN THIS PAPER SUPPORT THE ACHIEVEMENT OF THE TRUST OBJECTIVE(S)	<b>YES – LINKS TO QUALITY &amp; SAFETY</b>
THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER ENSURE COMPLIANCE WITH THE REGULATORY OR GOVERNANCE REQUIREMENTS LISTED	<b>NOT APPLICABLE</b>
THE PROPOSALS OR ARRAGEMENTS OUTLINED IN THIS PAPER TAKE ACCOUNT OF REQUIREMENTS IN RESPECT OF EQUALITY & DIVERSITY	<b>NOT APPLICABLE</b>
ACTION REQUIRED BY THE BOARD	<b>The Board is asked to note the contents for assurance purposes.</b>

## Mortality Improvement Plan: Update

### Key points to update on:

1. Mortality Improvement Project Plan
2. Mortality Meeting Oversight Structure
3. Appendix 1 – Mortality Improvement Project Plan

### 1. Mortality Improvement Project Plan

The priorities within the improvement plan have been agreed, and are as follows:

- Reinforce the use of safety huddles (Tara Filby)
- Deteriorating patient and sepsis (to also include Acute Kidney Injury and Critical Care Outreach) (Jenn Orton)
- Hydration (Tara Filby)
- Medical assessment (including board rounds, specialty in-reach) (Dr Baugh, Dr Ali, Dr Mysore)
- Multi-disciplinary Team learning from mortality – Structured Judgement Reviews (Dr Kamath)
- Consultant of the week model (Dr Baugh, Dr Ali, Dr Mysore)
- Engagement, awareness and understanding (Dr Kate Wood)
- *Patient flow (a critical element – but covered by other workstreams under Improving Together)*

The above priorities have been collated together within the Improving Together style project workbook, see appendix 1.

### Support to the Project Management and Project Delivery:

The Improvement Team PMO are in the process of supporting the scoping of these individual priorities, and due to the scale of the work, have advised that each of these, whilst sitting beneath the Mortality Improvement Project 'umbrella' need to have their own project workbook. The Improvement Team will support the scoping and project management now underway.

Support will be offered to the project in terms of supporting the delivery of the plan from the Directorate of Governance & Assurance, specifically from the Quality Assurance team. This support will consist of data analytics (through the recruitment of an analyst post – underway) both of the data collected by clinicians undertaking case note review work, to support learning from mortality work, and of existing data systems (i.e. DATIX incident reports) and audit resource to help provide greater understanding of the data and provide assurance. This support is being provided now, focussed at present on the 'Multi-disciplinary team learning from mortality – Structured Judgement Reviews' in support of Dr Kamath, the mortality clinical lead.

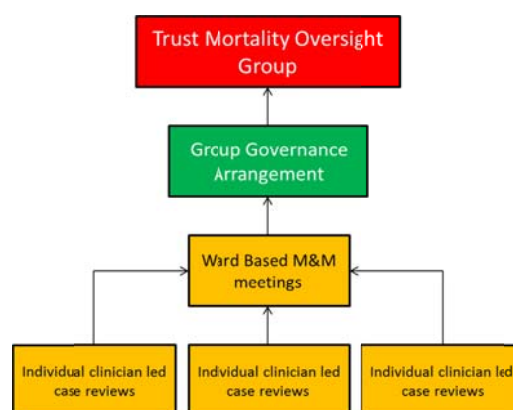
## 2. Mortality Meeting Oversight Structure: New 'Mortality Improvement Group'

A new group, reporting into the newly formed executive led Quality Governance Group has been established. The Mortality Improvement Group's stated purpose is to oversee the development and implementation of clinically led improvement plans to tackle concerns raised in connection with clinical and non-clinical systems and processes that affect patient care and outcomes.

Building on the progress achieved within MACIC in connection with effective working relationships with community and CCG partners, CCG representation will be included within this group along with the Trust's support of CCG led mortality focussed meetings i.e. the NELCCG Unexpected Mortality Group Meeting.

Key points of the new mortality meeting oversight structure are as follows:

- First meeting was to be held on the 15 February 2018, however, due to OPEL 4 pressures, this was cancelled
- Work is underway now to reschedule this as soon as possible with the intention it will then meet fortnightly thereafter, for 1 hour, over lunchtime.
- The Mortality Improvement Group will be a clinician/health care professional led group, with the involvement of other Trust staff to support delivery of the group's purpose.
- The terms of reference have been drafted (awaiting approval), and reviewed against other Trusts (i.e. East Lancashire, HEY) are to be agreed at this first meeting, but likely attendees will be:
  - Dr Kate Wood (acting MD) – chair
  - Associate Medical Directors (AMDs)
  - Dr Menon/Dr Kamath
  - Jenn Orton (DP & Sepsis lead)
  - Tara Filby (and other lead roles from Chief Nurse i.e. Hydration lead QM)
  - Jan Lowry (Improving Together Project Management support)
  - Jeremy Daws (Audit & Project delivery support)
  - Deborah Turner will be invited from NHSI
- Future meetings will continue to with elements of the above agenda, but will be more focussed on updates from specific clinical leads, and the following agenda items will be included:
  - Care prior to the death (i.e. Deteriorating patient)
  - Learning following death (i.e. Coding, review work)
- The governance structure and reporting arrangements will be defined by this group, but will use the following flowchart model as best practice:



# Appendix 1: In draft work in progress to scope out further – Mortality Improvement Plan

## Workstream Project Plan

Status Key			
✓ Complete	● On track	✗ Delayed	■ Requires Attention

No. overdue Milestones	0
No. Milestones that require attention	7
No. overdue Actions (Tasks)	0
No. Actions that require attention	60
No. overdue Actions (Log)	0
No. open Risks	0
No. open Issues	0

Auto Status Do no edit	Phase	Project plan ID	Workstream, milestone or action?	Source	Critical Milestone	Milestone/ action description	Owner	Status	Start (w/e)	Finish (w/e)	Duration (weeks)	Comments
■	1	1	Milestone	Planning Meeting - 18 Dec 17	C	Reinforce use of Safety Huddles	Tara Filby				0	To discuss with leads details needed for action plan
■	1	1.1	Action			Does this include hydration and escalation of unwell patients?					0	
■	1	1.2	Action			Does this include a reminder re. think sepsis?					0	
■	1	1.3	Action			How do we evaluate effectiveness/embedding of arrangements?					0	
■	1	1.4	Action								0	
■	1	1.5	Action								0	
■	1	1.6	Action								0	
■	1	1.7	Action								0	
■	1	1.8	Action								0	
■	1	1.9	Action								0	
■	2	2	Milestone	Planning Meeting - 18 Dec 17	C	Deteriorating Patient & Sepsis [currently a separate workstream, and good evidence of progress, to merge into the overarching mortality plan ]	Jenn Orton				0	To add in Jenn's existing milestones and action tracker within overarching mortality plan
■	2	2.1	Action			Does Jen's current plan include critical care outreach model??					0	
●	2	2.2	Action			Obtain NEWS information at ward level, outlining the % of NEWS observations recorded on time by ward, and break this down further to indicate compliance by NEWS score banding [0, 1-4, 5-6, >7]	Jeremy Daws / Robin Howes	On Track	29/12/2017	30/01/2018	5	
●	2	2.3	Action			From the NEWS observations data, mock up ward level dashboards designed to be shared with wards on a monthly basis	Jeremy Daws	On Track	26/01/2018	09/02/2018	2	
●	2	2.4	Action			Scope out the inclusion within the ward dashboard crude measures of antibiotic usage per month [number delivered to ward / number of beds]	Jeremy Daws / Andy Karvot	On Track	26/01/2018	09/02/2018	2	
●	2	2.5	Action			Scope out the inclusion of the number of deaths when a DNACPR order is present and additional detail such as when DNACPR order put in place vs. date of death, completion of DNACPR forms	Jeremy Daws / Bereavement Offices	On Track	26/01/2018	09/02/2018	2	



■	5	5.3	Action			Review learning from mortality policy and strengthen arrangements to ensure process is identifying and reviewing specific cohorts of patients [non-'random' cases]						0	
●	5	5.4	Action			Agree as a Trust approach to be taken for ongoing collation of deaths considered to be potentially avoidable and how this is published	Kate Wood	On Track	22/01/2018	28/02/2018		5	
	5	5.5	Action									0	
	5	5.6	Action									0	
	5	5.7	Action									0	
	5	5.8	Action									0	
	5	5.9	Action									0	
●	6	6	Milestone	Planning Meeting - 18 Dec 17	C	<b>Mortality reduction and transformation group</b>	Kate Wood	On Track	01/01/2018	31/03/2018		13	
✓	6	6.1	Action			Establish date for first meeting [15 February 2018] and draft agenda	Kate Wood	Complete	01/01/2018	31/01/2018		4	
●	6	6.2	Action			Draft Terms of Reference for meeting, comparing with other Trusts	Jeremy Daws	On Track	22/01/2018	07/02/2018		2	
●	6	6.3	Action			Discuss and approve Terms of Reference including key clinical attendees and the structure for the oversight meeting, reporting lines and governance arrangements	Kate Wood	On Track	07/02/2018	15/02/2018		1	
	6	6.4	Action									0	
	6	6.5	Action									0	
	6	6.6	Action									0	
	6	6.7	Action									0	
	6	6.8	Action									0	
	6	6.9	Action									0	
■	7	7	Milestone	Planning Meeting - 18 Dec 17	C	<b>Consultant of the week model</b>	Stuart Baugh					0	To discuss with leads details needed for action plan
■	7	7.1	Action			Scope out locations where consultant of the week model can be rolled out to immediately						0	
■	7	7.2	Action			Where not immediately possible understand and document the challenges per care location						0	
	7	7.3	Action									0	
	7	7.4	Action									0	
	7	7.5	Action									0	
	7	7.6	Action									0	
	7	7.7	Action									0	
	7	7.8	Action									0	
	7	7.9	Action									0	
■	8	8	Milestone	Medical Director		<b>Engagement, Awareness and Understanding</b>	Kate Wood					0	To discuss with leads details needed for action plan
✓	8	8.1	Action			Discuss with junior doctors the Trust's mortality position and stress the importance of hydration, sepsis 6 and escalation	Kate Wood	Complete	29/12/2017	05/01/2018		1	

8	8.2	Action		Scope out a programme of continued education, awareness and feedback to front line staff, both medics and nurses	Kate Wood / Tara Filby					0
8	8.3	Action		Engage with consultant body to understand the barriers to different styles of working and seek their input into what changes are needed to support increased frequency of consultant led ward rounds	Kate Wood / Stuart Baugh	On Track	29/12/2017	30/01/2018		5
8	8.4	Action								0
8	8.5	Action								0
8	8.6	Action								0
8	8.7	Action								0
8	8.8	Action								0
8	8.9	Action								0

### More detailed: Sepsis & Deteriorating Patient – workstream plan

Auto Status (Do no edit)	Phase	Project plan ID	Workstream, milestone or action?	Source	Critical Milestone	Milestone/ action description	Owner	Status	Start (w/e)	Finish (w/e)	Duration (weeks)	Comments
Complete	1	1	Milestone			<b>Business case for devices</b>		Complete		26/06/2017	6130	
Complete	1	1.1	Action			Rebmit business case for approval of the additional handheld devices	Viv Duncanson	Complete	01/06/2017	26/06/2017	4	Action completed, business case was not needed as funding indentified
Complete	1	1.2	Action			Establish number of devices required	Viv Duncanson	Complete		31/05/2017		
Complete	1	1.3	Action			Workshop meeting held to understand how devices work in practice - Maternity and Potering services	Jen Orton	Complete		12/06/2017	6128	Dicussion took place at project team meeting 07.06.17
Complete	1	1.4	Action			Establish and agree how many additional devices are required	Viv Duncanson	Complete		19/06/2017	6129	650 devices in total
Complete	2	2	Milestone			<b>Hand held devices are configured for NEWs, PEWs and OEWs</b>		Complete		06/11/2017	6149	Update 13.10.17 - only wards left to go live DPOW - Laurel/Amythis/B1 (and Paeds) SGH - 18,23, stroke, 27 (and Paeds) Goole - Devices delivered, need to install cabinets
Requires Attention	2	2.1	Action			Action plan to be developed	Matt Bovingdon/Viv Duncanson	On Track		31/12/2017	6157	PEWs outstanding - currently being trialled on paper 6-12 months need to get embedded. Update 13.10.17 - 10 dates to go live - DPOW 30th October - SGH - 06.11.17
Requires Attention	2	2.2	Action			Agree plan	Matt Bovingdon/Viv Duncanson				0	Reprographics - safety huddles 62 nurses and 27 drs

**Status Key**  
 ✓ Complete   ● On track   ✗ Delayed   ■ Requires Attention

No. overdue Milestones	0
No. Milestones that require attention	1
No. overdue Actions (Tasks)	1
No. Actions that require attention	35
No. overdue Actions (Log)	10
No. open Risks	1
No. open Issues	0



●	3	3	Milestone		All prioritised in -patient areas effectively utilise hand-held devices to record vital signs and respond in a timely manner		On Track	30/04/2018	6174	
■	3	3.1	Action		A business case is re-submitted and approved for additional hand-held devices				0	
■	3	3.2	Action		Hand-held devices are configured for NEWS, PEWS and OEWS				0	All devices configured to OEWS and NEWS. 12/11/17
■	3	3.3	Action		Secure docking stations are available on all inpatient areas				0	
■	3	3.4	Action		Prioritised areas for deployment of hand-held devices are agreed				0	
■	3	3.5	Action		All relevant staff are trained to use the hand-held devices				0	
■	3	3.6	Action		All hand-held devices are rolled out to priority in patient				0	
■	3	3.7	Action		There is a roll out plan for all other areas subject to agreement to purchase remaining devices				0	
■	3	3.8	Action		The effectiveness and ease of use of hand-held devices is reviewed and any adjustments required are identified and delivered				0	review by matrons some areas require further training ** formal review of the policy**
			Action		Matrons to deliver to DP workstream areas of concern and what actions	All Matrons				forum to discuss concerns and what actions going to take
✓	4	4	Milestone		There is an agreed core competency framework and process in place for the deteriorating patient		Complete	31/10/2017	6148	
■	4	4.1	Action		The content of the deteriorating patient framework is developed	Nick Harrison			0	feb 2018 roll commence roll out for adult acute
					There is agreement and a policy developed around the HR implications of the competency framework					
					Staff have been fully engaged and understand the expectations of them					
					Develop a structure for funding alert 4					
●	4	4.2	Action		There is a reporting dashboard that supports the Trust in understanding the improvements in deteriorating patients		On Track	31/04/18	#VALUE!	
	4	4.3	Action						0	
	4	4.4	Action						0	
	4	4.5	Action							
✓	5	5	Milestone		There is a plan in place to improve areas that are not prioritised in the first wave of handheld devices		Complete	06/11/2017	6149	
■	5	5.1	Action		Plan agreed				0	
✓	6	6	Milestone		There is a plan in place to ensure that PEWS is used consistently throughout the Trust		Complete	31/12/2017	6157	roll out will commence 20th Nov PEWS
■	6	6.1	Action		Robust PEWS process in place				0	
✓	7	7	Milestone		Need to develop milestones for escalation		Complete	22/01/2018	6160	
■	7	7.1	Action		Audit 50 patients to give us bespoke escalate for the trust				0	
	7	7.2	Action		Escalation process and team work up	NickHarrison/Jerry Thomas/Sue				may be delayed due to notes audit update on
✓	8	8	Milestone		Consideration of the introduction of CAR scores		Complete	01/12/2017	6153	
		8.1	Action		Feed back after Professor Mohammed visit	Robin Howes/Viv Duncanson				
		8.2	Action		identification of clinical areas for CARs to commence	Robin Howes/Viv Duncanson				
		8.3	Action		Once commenced timely audit who have received CARs to be reviewed	Robin Howes/Viv Duncanson				

✓	9	9	Milestone		Busines case for outreach formulated and taken forward		Complete		22/01/2018	6160	
✂			Action							0	
●	10	10	Milestone		Sepsis 6		On Track		31/04/18	#VALUE!	
✗			Action		Develop NLAG Train the trainer sessions with support from Professor Allen Hutchinson and Improvement Academy	Kate Wood/Jeremy Daws	Delayed	01/08/2017	31/10/2017	13	1.08.16 Training group has been identified and training to hospital staff due to start October time. 10/10/16: Train the trainer programme run by the Improvement Academy during October, for NLAG medical, nursing and AHP HCPs. Plan is now to develop a wider delivery plan and identify key areas of focus as part of the plans going forward.
✓			Action		Dr Thomas to have discussions with clinical lead for Anaesthetics to ensure time is available as part of job plan to undertake leadership role for sepsis work	Dr Thomas / Dr Krishnan	Complete	12/07/2016	12/07/2016	0	Ongoing Dr Thomas to discuss with Dr Krishnan. 12.07.16 Dr Krishnan advises Dr Thomas taken up 0.5 pa for sepsis lead and has given up ITU lead. Dr Thomas advises will be taken up soon as part of the job planning discussions
✓			Action		Ensure staff have access to training on sepsis management. Medical focussed action. At present medics do not have access to routine/mandatory training.	Adele Lloyd	Complete			0	Ongoing Dr Kate Wood discussing with Harriet Stephens options/next steps. Raised at ET. Nick outlining for Dr Wood what mandatory training would be needed to advise next steps. Adele to discuss with Mel Sharp the benefits of a blended training approach (action from MPAC). 20/06/16: Group felt that training for sepsis and general deterioration, patient instability was lacking for non-training/specialty doctors but were unsure if an E-learning package would be useful. Agreed for Dr Thomas (not at meeting) to be consulted and then further discussion with Harriet Stephens. 29/06/16: Dr Thomas has agreed there is a need for mandatory training. Team to recommend what training package is best for this purpose. 11/07/16: The plan is to develop an e learning package at the earliest for all doctors and allied staff 20/09/16: Dr Thomas has made contact with UK Sepsis Trust to determine if there is some 'on the shelf' e-learning available for the Trust to make use of. 10/10/16: Dr Thomas unavailable at meeting, update needed. **11/11/16: NEED UPDATE AT NEXT SEPSIS M&M**
✓			Action		Nurse educator to be recruited to support provision of training going forward	Nick Harrison	Complete		31/01/2017	6109	Ongoing. Advertised a number of times already but no applicants. Nick to discuss within Critical Care Outreach team and discuss with operational matrons. 20/06/16: 2-3 candidates, interviews being held on 22/06. 11/07/16: Shortlisting to commence and interviews planned for mid/end of July August : successful appointment of Nurse Educators one on each site
✓			Action		Develop Web V system to help identify and act as an aide memoir to staff in order to screen in-patients, already in hospital, for their risk of sepsis (links with the National CQUIN for Sepsis, inpatient element)	Adele Lloyd	Complete		02/01/2017	6105	20/09/16: Challenge for the CQUIN is to be compliant with the in-hospital indicator. Work underway with Web V team to include as a screening tool that is triggered by a specific NEWS score for the consideration/completion by the caring team. 10/10/16: Adele has developed a revised sepsis screening tool, with Dr Brown (A&E), based on the new NICE guidance, and has developed this into the Web V system. Working with developers, this has been designed to remind staff of the need to consider completing a sepsis screening tool for inpatients with a NEWS score of 5 or more. The Web V system automatically flags this on a score of 5 or more being recorded. This is to be piloted on the Surgical Wards at DPoW to evaluate using a PDSA approach to test effectiveness. 11/11/16: To seek update as to progress with pilot during November to date and also regarding the use of sepsis boxes being piloted on the same locations during November. **NEED UPDATE AT NEXT SEPSIS M&M

■		Action		SOP to be developed for A/E and ECC incorporating all the sepsis 6 elements.	Adele Lloyd				0	
■		Action		SOP to be developed for all acute inpatient areas incorporating all the sepsis 6 elements.					0	
■		Action		Revised audit methodology for first hour red flag pts.					0	
■		Action		Three hour amber markers to be incorporated in the SOPs developed.					0	
■		Action		Revised audit methodology for first three hour amber pts.					0	
■		Action		Revised communications for red and amber sepsis pts					0	
■		Action		Education for working diagnosis paperwork	Jerry Thomas				0	
■		Action		<b>Antibiotics prescribed and reviewed appropriately</b>					0	
■										
■		Action		Engagment from all divisions - ???what	Jerry Thomas/Adele Lloyd				0	
■				Deteriorating patients and Sepsis dashboard for each clinical area	Jerry Thomas/Adele Lloyd					
■		Action		Training for locums in daily handovers and huddles to be embedded					0	
■		Action		Safety huddles to discuss sepsis at every huddle ?? Identify wards					0	
■		Action							0	
■		Action							0	
■		Milestone		Implementing NEWS 2					0	new national guidlines NEWS 2 will be rolled ou as part of escalation precess and policy - needs comms campaign to ensure that all is on board

