

DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST

ACTION PLAN developed from
NHSI Mortality Governance Review

Inspection Date

13th – 20th March 2019

Reference Key				
	DOMAIN	CORE SERVICES		
MD = Must Do	S = Safe	Med = Medicine	U&E = Urgent and	CYP = Children
SD = Should Do	C = Caring	Inc. Older People	Emergency	and Young People
	E = Effective	MAT = Maternity	SUR = Surgery	OPD = Outpatients
Reg - Regulation	R = Responsive	GYN = Gynaecology	CC = Critical Care	DIAG = Diagnostics
	WL = Well-led	TW = Trustwide	EOL = End of Life	
DD – Divisional Director				
CD – Care Group Clinical Director				
RAG Key				
Recommendation	Green = Recommendation action complete	Amber = Recommendation action in progress	Red = Recommendation action not fully development	
Assurance	Green = Full assurance met	Amber = Partial assurance met	Red = No collated assurance met	

TRUST-WIDE

No.	Our Ref	Recommendation	Domain/Reg	Action required to meet recommendation	Target Completion Date	Lead Manager / Exec Lead	Evidence	Assurance
1		<p>Corporate expectation on mortality review</p> <p>DCHFT should be clear how it expects improvements in mortality to be managed and reported at corporate & divisional level. This should be detailed in Trust policies and procedures.</p>	Safe Effective Well-led	<p>Learning from Deaths policy to be updated and amended. Cross reference with other policies as appropriate.</p> <p>The revised policy will incorporate the role of the newly appointed Medical Examiners and stipulate:</p> <ul style="list-style-type: none"> • SJR targets • Frequency and best practice in conduct of Morbidity & mortality Meetings • Reporting structures and dissemination of findings within Care Groups, Divisions and to Executive team • Provision of Dr Foster data to Care Group and departmental level 	31 st July 2019	Alastair Hutchison	Policy approval at Execs Meeting, Quality Committee and Trust Board	Feedback from Execs and Board

Current status:

In Progress:

1.

Complete: 1.								
2		Board reporting on Learning from Deaths Future reports should contain more detail on learning from SJRs. Report should contain performance measures detailed in the Trust policy on Learning from Deaths. Board to track and monitor mortality robustly. Language used should reflect the lay reader.	Safe Caring Effective Responsive Well led	Future Board reports to incorporate appropriate narrative and metrics, suitable for the lay reader for publication on DCH internet site Presentation to Quality Committee and Board every quarter, then publication.	Next Board report 31st July 2019	Alastair Hutchison	On-line publication every quarter, with readability feedback sought from Trust Governors and specific Trust staff groups.	Identification of themes and production of QI projects to address these
Current status: In Progress: 1. Complete: 1.								
3		Learning from Deaths policy The policy should be updated to reflect the incoming Medical Examiner requirements.	Safe Effective	Learning from Deaths policy to be updated and amended	31st July 2019	Alastair Hutchison	Policy approval at Execs Meeting, Quality Committee and Trust Board	Revised "Learning from Deaths" policy approved by Board
Current status: In Progress: 1. Complete: 1.								
4		Hospital Mortality Group Each meeting would benefit from a tabled sub-set of QI information relating to mortality. This will	Safe Effective Well led	Future HMG agendas to follow template provided in Appendix A, including a tabled subset of	30th June 2019	Alastair Hutchison	Publication of agenda in suggested format	Agenda regularly includes links to QI projects, and CEIG Committee agendas

		draw together all the strands of work that relate to mortality. Appendix A - potential agenda for the HMG that meets this requirement.		QI information relating to mortality.			Divisional Directors and Managers to draw together QI projects related to mortality	include links to mortality/learning from deaths
<p>Current status: In Progress: 1. Template adopted March 2019, QI information awaited Complete: 1.</p>								
5		<p>Coordination of Quality Improvement Activity</p> <p>QI as a whole was not as visible as expected. There appears to be a lack of coordination of QI activity. Consider appointing a clinical lead for QI and developing a 'hub' to coordinate activity. All QI activity (not just mortality-related) would be clearly visible and accessible to clinical teams. Doctors in training could undertake QI projects as part of their training that align with the trust's QI strategy and priorities.</p>	Effective Responsive Well led	<p>QI Training to be redeveloped</p> <p>QI Lead to be appointed</p> <p>QI reporting to be incorporated in Clinical Effectiveness +Information Governance Committee (CEIG)</p>	<p>31st Aug 2019</p> <p>31st Aug 2019</p> <p>31st Aug 2019</p>	<p>Alastair Hutchison</p> <p>Julie Doherty</p>	<p>Appointment of QI Lead</p> <p>CEIG Committee to advertise and appoint</p>	<p>Report from QI Lead to Board</p> <p>Number/grade of staff actively involved in QI projects.</p>
<p>Current status: In Progress: 1. Change of Trust 'Audit Lead' to QI Lead already discussed at CEIG Nov 2018 Complete: 1.</p>								
6		<p>Divisional/Care Group/Specialty Governance</p> <p>Trust should ensure that mortality is robustly discussed at specialty/care group/divisional governance meetings.</p>	Safe Well led	Learning from Deaths to be incorporated into Governance agendas at all Specialty/Care Group/Divisional meetings	31st July 2019	Div. Directors	Minutes of meetings from departments and Care Groups reviewed by Divisions.	Minutes to include attendance record and anonymised outline of discussions

		Trust should mandate that M&M meetings are held in each relevant specialty. Corporate mortality team should provide templates for M&M meetings that follow relevant Royal College guidance and include how the outputs from these meetings are progressed through the mortality governance structure. Should be a clear expectation on dissemination of learning throughout the specialty, including staff who were not present. Specific, relevant mortality information to be supplied to each meeting, including specialty position regarding SHMI and HSMR and learning from SJRs.		<p>Divisional Directors to ensure that M&M meetings are taking place in each relevant specialty, with brief minutes produced and learning documented, reporting to Care Group</p> <p>Each Care Group Clinical Director to ensure that learning is disseminated to all appropriate staff and that QI projects are implemented where required</p> <p>Divisional Quality Leads/Clinical Leads to be provided with appropriate mortality data from IT/Dr Foster</p>	31st July 2019	<p>Clinical Directors</p> <p>Dr. Foster Clinical Leads</p>	<p>Template for M&M meetings produced and circulated as standard</p> <p>Newsletters and other learning events recorded by Divisions</p> <p>Minutes of specialty meetings recorded by Care Groups</p>	<p>Minutes to included specific learning points</p> <p>Audit of staff recollection of newsletters</p> <p>Minutes of specialty meetings recorded by Care Groups</p>
<p>Current status:</p> <p>In Progress:</p> <p>1. Royal College of Surgeons template circulated to Divisional and Care Group leads February 2019</p> <p>Complete:</p> <p>1.</p>								
7		Assuring the quality of SJRs The trust should consider its approach to assuring the quality of SJRs. One suggestion is that a group of those staff involved in undertaking SJRs could be convened to discuss specific cases, to ensure that all reviewers concur on the findings.	Safe Effective	<p>Hospital Mortality Group to discuss and develop a method of Quality Assurance for SJRs.</p> <p>To involve DCH Internal Audit team and report at Year End</p>	<p>27th Nov 2019</p> <p>31st Mar 2020</p>	Alastair Hutchison	Method agreed by HMG	Report to Board on quality assurance

<p>Current status: In Progress: 1. Complete: 1.</p>								
8		<p>Clinical coding Trust needs to deliver on its investment in terms of number of coders, team development and integration with specialty teams.</p>	Well led	Progress with Clinical Coding Action Plan to be reviewed at each Hospital Mortality Group meeting	31 st Oct 2019	Sue Eve-Jones	Coding team fully staffed	Audit of coding accuracy
<p>Current status: In Progress: 1. Recruitment to these posts already underway with 2 appointments made May 2019 Complete: 1.</p>								
9		<p>Clinical quality measures NHSI uses a number of clinical quality measures to assess the effectiveness the quality of care at trusts. The measures closely related to mortality are sepsis, VTE, AKI, deteriorating patient (NEWS2), DNACPR planning and four-hour wait performance in the Emergency Department. These metrics should be available at each HMG meeting and cascaded to the relevant Divisional/Care Group/Specialty meetings to ensure that this subset of information is reviewed through the lens of patient care quality concerns and mortality improvement.</p>	Safe Effective Well led	<p>Metrics as described will be routinely reported at each Hospital Mortality Group meeting. Also to include ICNARC data every 3 months, and other relevant national audit data.</p> <p>Data to be cascaded to Divisions for discussion and distribution</p>	<p>17th July 2019</p> <p>17th July 2019</p>	<p>Alastair Hutchison</p> <p>Alastair Hutchison</p>	<p>HMG minutes</p> <p>Divisional, Care Group and Departmental clinical effectiveness meeting minutes</p>	<p>HMG minutes 17/7/19</p> <p>Divisional, Care Group and Departmental clinical effectiveness meeting minutes</p>

Current status:

In Progress:

1. Some of this data is already incorporated as of 1st April 2019

Complete:

- 1.

10		Internal Audit Due to the risks associated with having reported higher than expected mortality, the trust should consider engaging internal audit to review its specialty to Board processes in 2019/20. This should be in the latter half of the financial year to allow the recommendations of this report to be implemented.	Safe	Audit of mortality to be discussed at future Execs meeting – either Internal or PWC.	31st May 2019	Patricia Miller		
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Current status:

In Progress:

- 1.

Complete:

- 1.