![NHS Norfolk and Suffolk NHS Foundation Trust]

Grant Thornton - Norfolk and Suffolk Foundation Trust's mortality recording and reporting (May 2023) Improvement Plan.

DATA					
Number	**Recommendation**	**Priority**	**Management Responsibility**	**Proposed Actions**	**Timescales**
1	Improve the mortality data pathway to automate and digitise the production of mortality reporting, removing manual processes for transferring and transforming the data, and introducing an audit trail where user interaction is required. The data pathway covers data entry by clinical and service staff, clinical system configuration for capturing and codifying data, export process from clinical systems, data management within data warehouse (or through manual intervention), rules and categorisations applied to support reporting, the presentation of reporting outputs, and the process for validating these outputs.	**High**	**Executive Lead** Chief Finance Officer **Lead for Delivery** Chief Digital Officer	1. Seagry consultancy and NSFT to review the technology, solutions and processes used to capture, collate and report mortality data. Interoperability, system upgrade requirement as and when required should be included as part of this review. 2. Seagry Consultancy will produce a list of actions with assigned owners to support improvement, processes and tools to assist NSFT in mortality reporting. 3. A single overarching Standard Operating Procedure (SOP) will be implemented following this work. This will include the formal change management process required when reporting requirements change. The SOP will include inputting of data, extracting of data, validating of data and reporting of data within a given timeframe. 4. An audit trail will be incorporated into the process as described in action 1.	3 months –August 2023

		 			
2	Develop standard operating procedures (SOPs) for each stage of the data recording process, and ensure these are kept up to date	**Medium**	**Executive Lead** Chief Nursing Officer **Lead for Delivery** Director of Nursing, Patient Safety and Safeguarding and Medical Director for Quality	1. An overarching SOP will be developed which will detail each stage of the mortality data pathway. 2. The SOP will include roles and responsibilities within the process. 3. The SOP will describe the formal change management process when mortality reporting requirements change. 4. The Learning from Deaths policy will incorporate the requirements of the SOPs.	6 months –November 2023
3	Develop reporting tools or method of measuring incomplete data fields to feed back into the organisation, and support training.	**Medium**	**Executive Lead** Chief Finance Officer **Lead for Delivery** Chief Digital Officer	1. Reporting tool to be developed to measure the data fields missing on clinical record system, such as demographics. All Data fields must be made as mandatory as much as technically possible to eliminate missing data and avoid human errors. 2. To be reported and included in the Care Group Quality and Performance metrics and scrutinised in the Trust's Quality and Performance meeting.	6 months –November 2023
4.	Use the Spine as the definitive reference source of identifying deaths, and update this information on a weekly basis.	**High**	**Executive Lead** Chief Nursing Officer **Lead for Delivery** Chief Digital Officer and Director of Nursing, Patient Safety and Safeguarding.	1. Develop a system that utilises NHS Spine's automatic update to Lorenzo to reduce the need for manual downloads. 2. This action is included as part of recommendation 1. 3. A weekly report will be generated to validate any reporting of Death to Trust against the Spine. This assurance check will be included as part of SOP.	3 months –August 2023

REPORTING

Number	Recommendation	Priority	Management Responsibility	Proposed Actions	Timescales
5	Agree a standardised reporting structure for board reports, to include thematic analysis and consistent presentations of figures, axis and scales. Clearly define the Trust's methodology for mortality recording and reporting within Board reports . Any changes should be clearly documented and the impact upon historically reported figures should be described to provide continuity.	**High**	**Executive Lead** Chief Nursing Officer **Lead for Delivery** Director of Nursing, Patient Safety and Safeguarding and Medical Director for Quality	1. The proposed standardised reporting structure for mortality will be presented through the Committee structure and agreed by the Board. 2. The Learning from Deaths quarterly Board report will include thematic analysis of key metrics such as age, diagnosis, cause of death and deprivation indices.	3 months –August 2023
6	Align the internal dashboard with external reporting to ensure that volumes on the internal dashboard clearly reconcile to numbers within Board reports.	**High**	**Executive Lead** Chief Finance Officer **Leads for Delivery** Chief Digital Officer, Director of Nursing, Patient Safety and Safeguarding and	1. The Trust are working with Seagry Consultancy to agree the Mortality data pathway. Part of this work will include further development of Mortality Dashboard. 2. This will be underpinned by the work completed as part of recommendations 1 and 5. 3. The ability for Care Groups to drill down within the dashboard will be enhanced so they are able to interrogate their and other Care Groups data.	3 months –August 2023

#	Action	Rating	Lead	Progress/Detail	Timescale
			Medical Director for Quality	4. The improved dashboard will be supported by the Patient Safety Team and Mortality Team attending Care Group Governance meetings. 5. The newly developed dashboard will be available on the Trust's intranet.	
7.	Work with public health and, when in post, medical examiner to identify key themes in the data and identify and implement timely targeted interventions	**Medium**	**Executive Lead** Chief Medical Officer **Lead for Delivery** Director of Operations (Medical Directorate) and Medical Director of Quality	1. The Norfolk and Waveney ICB have implemented a bi-monthly Learning from Deaths forum. This includes Public Health and Medical Examiners. NSFT are a member of this forum with data shared as part of this meeting. 2. Learning and themes from NSFT Mortality reviews will be shared with the ICB so wider system learning can be considered. 3. Development of Care Group reports and attendance of Mortality Team and Patient Safety Team to local governance meetings to share learning and implement targeted interventions. 4. Within the Learning from Deaths committee, the Mortality team will share local, regional and national data and learning to guide where improvements need to focus. 4. Ensure that NSFT are part of the membership of the Learning from Deaths forum in Suffolk and North East Essex ICB when commenced. 5. NSFT will continue to attend regional and national forums. 6. NSFT to be members of the Norfolk and Waveney ICB LeDeR forum.	6 months –November 2023
8	Use clinical input to update the cause of death groupings which are presented as part of the dashboard, and used in Board reports, so that it is clear where the Trust is	**High**	**Executive Lead** Chief Finance Officer and Chief Medical Officer **Leads for Delivery**	1. Review the data collected in the Trust Mortality dashboard to include all patient demographics, cause of death, diagnosis, medication etc.. to enable the drilling down both locally and strategically of key metrics. This will include 2	3 months –August 2023

				3. Proposed Actions	
	awaiting data (pending), or the Trust feels this data will not be accessible, or will remain unknown.	<td style="background:red"></td>	Chief Digital Officer Director of Nursing, Patient Safety and Safeguarding	'unknown' cause of death categorisations 'awaiting cause of death' and cause of death not available'. 2. The Mortality process, criteria and screening will describe this requirement as part of the overarching SOP (Recommendation 2).	

CLINICAL ENGAGEMENT

Number	Recommendation	Priority	Management Responsibility	3. Proposed Actions	Timescales
9	Establish a process of validation and use of mortality reporting and analysis at service level, aligned to corporate reporting	**High** (red)	**Executive Lead** Chief Finance Officer **Leads for Delivery** Chief Digital Officer and Director of Nursing, Patient Safety and Safeguarding and Medical Director of Quality	1. New Mortality Data Pathway as outlined in Recommendations 1, 3, 5 and 6 will detail the process for capturing, collating, validating and reporting mortality data. 2. Care Groups and Trust committees will be able to utilise the revised Mortality dashboard to drill down into individual Care Groups as well as maintain oversight from a Trust perspective. 3. The mortality data will be centrally produced, therefore the data will be consistent from 'Ward to Board'. 4. The dashboard will be available without patient details on the Trust intranet for all staff to review.	3 months –August 2023
10	Review the process of retaining patients on caseloads, and subsequent discharge from caseloads, to ensure it results in consistent data across the services	**Low** (green)	**Executive Lead** Chief Finance Officer and Chief Operating Officer **Lead for Delivery**	1. The guidance which details the process for administration staff to follow describing the steps to be taken when discharging a patient from the service will be shared with all Business Managers to action.	9 months -February 2024

			Chief Digital Officer and Deputy Chief Operating Officer	2. Further guidance will be developed for administration staff as to the process to follow when a person on the team's caseload is found to be deceased. 3. Caseload Reviews should be carried at a minimum 6 monthly with the involvement of Medical, Nursing, Therapies and Local Manager input and should be embedded in local teams standard practice.	
11.	Create supporting training programme for all staff who input data into systems that have an impact upon mortality data. Ensure that the implications and impacts of incorrect or incomplete data entry are understood by staff.	**Medium**	**Executive Lead** Chief Finance Officer **Leads for Delivery** Chief Digital Officer, Deputy Chief Operating Officer, Medical Director of Quality	1. Implement training programmes focusing on the importance of mortality reporting dependent on the role the member of staff fulfils. 2. To be supported by learning bulletins which highlight the importance of accurate mortality data reporting and how this can assist in improving clinical care.	6 months – November 2023

	PARTNERSHIP WORKING				
Number	**Recommendation**	**Priority**	**Management Responsibility**	**Proposed Actions**	**Timescales**
12	Establish links with primary care networks to explore opportunities to improve the completes of the Trust's mortality data (including cause of death), supported and enabled by the ICB	**Medium**	**Executive Lead** Director of Strategy and Partnerships **Lead for Delivery** Director of Nursing, Patient Safety and Safeguarding, Medical Director of Quality and Director of Operations- (Medical Directorate)	1. In order to inform the ICB where their assistance can be best be focused, the Trust will complete an audit of the available cause of death data. 2. NSFT will develop a standardised process led by the Mortality Team for contacting GPs, Coroners, Medical Examiners and clinical data systems to obtain the cause of death wherever possible. 3. This recommendation will be shared with the ICBs through the dissemination of this report and to be added as an agenda items on ICB Learning from Deaths Forums where/when in place.	6 months –November 2023
13	Explore opportunities for formal data sharing agreements between the Trust and primary and secondary care in the region	**Medium**	**Executive Lead** Chief Finance Officer **Lead for Delivery** Chief Digital Officer	1. Establish formal data sharing agreements between the Trust, Primary and Secondary care within the region.	6 months –November 2023
	GOVERNANCE				

Number	Recommendation	Priority	Management Responsibility	Proposed Actions	Timescales
14	Update the Trust's Learning from Deaths policy to ensure the Trust's governance addresses the issues in this report and explicitly reference community deaths. Ensure the governance in relation to all mortality is clearly understood by clinical and corporate staff involved in the production and reporting of mortality information.	**High**	**Executive Lead** Chief Nursing Officer and Chief Medical Officer **Lead for Delivery** Director of Nursing, Patient Safety and Safeguarding, Medical Director for Quality and Director of Operations – (Medical Directorate).	1. Following confirmation of the revised mortality data pathway, the Learning from Deaths policy will be reviewed and updated to include the SOP referenced in Recommendation 2. This will include the nationally defined focus of mortality being both community and inpatient deaths. 2. The Learning from Deaths policy will be supported by a 'policy on a page' which will be available to all staff. 3. The circulation of information and learning bulletins 'Learning from Deaths Matters' will be published and disseminated throughout the Trust. 4. This will be supported by learning events.	3 months –August 2023
15	Establish a clear improvement plan to address the issues identified in this report, and report progress to a board committee	**High**	**Executive Lead** Chief Nursing Officer and Chief Medical Officer. **Lead for Delivery** Director of Nursing, Patient Safety and Safeguarding, Director of Operations- (Medical Directorate) and	1. The improvement plan will be monitored through the Learning from Deaths and Incidents committee and reported quarterly to the Quality Committee.	3 months –August 2023

16	Introduce a process of assurance over mortality reporting: Introduce a clear audit trail and series of checks to ensure adherence with SOPs, and report outcomes to executive leads on a regular basis Introduce or commission patient level data reviews to provide assurance over the accuracy of data recording. Link to the clinical validation process established under recommendation 9	High	**Executive Lead** Chief Finance Officer **Lead for Delivery** Chief Digital Officer	1. An audit process will be developed and implemented every 6 months. The audit will test the comprehensiveness of the mortality data pathway with the findings reported to the Learning from Deaths and Incidents Committee. 2. External verification will be sought by an external consultancy team who are experienced in data within the NHS.	3 months –August 2023

(above row, preceding cell) Medical Director of Quality