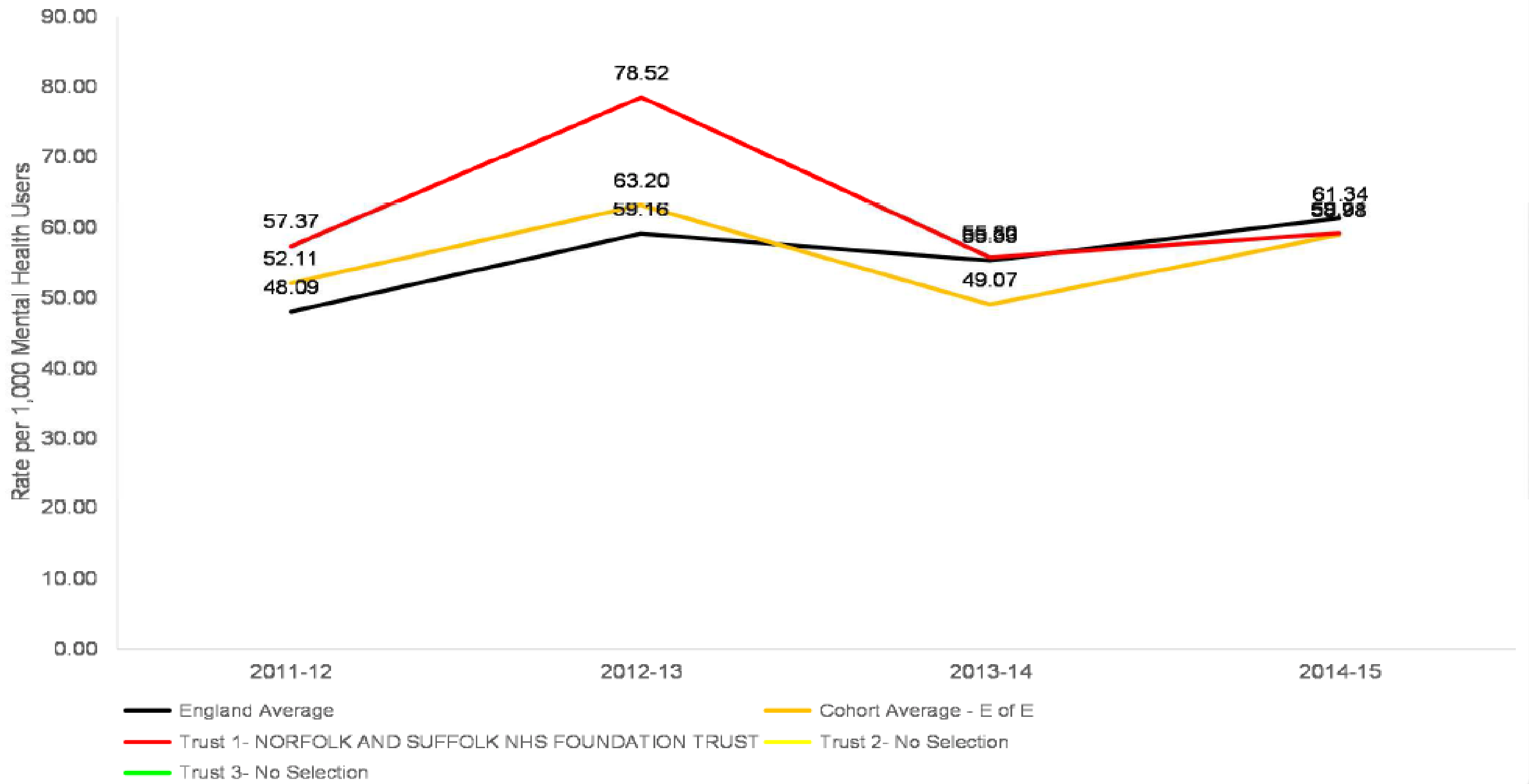
DEVELOPING MORTALITY ASSURANCE
DRAFT FEEDBACK
NORFOLK AND SUFFOLK

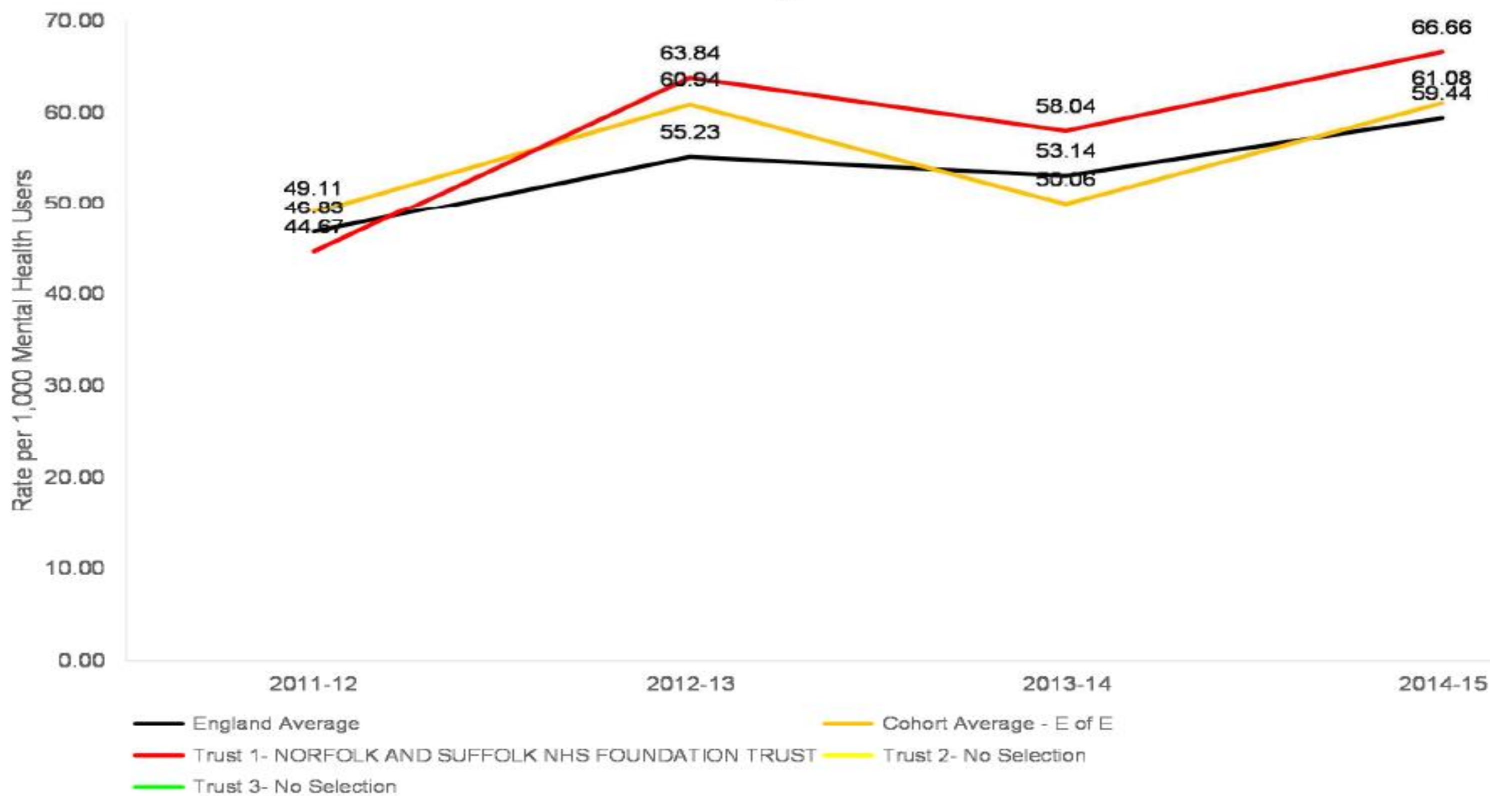
Board of Directors
25th May 2017

Dr. Kapil Bakshi



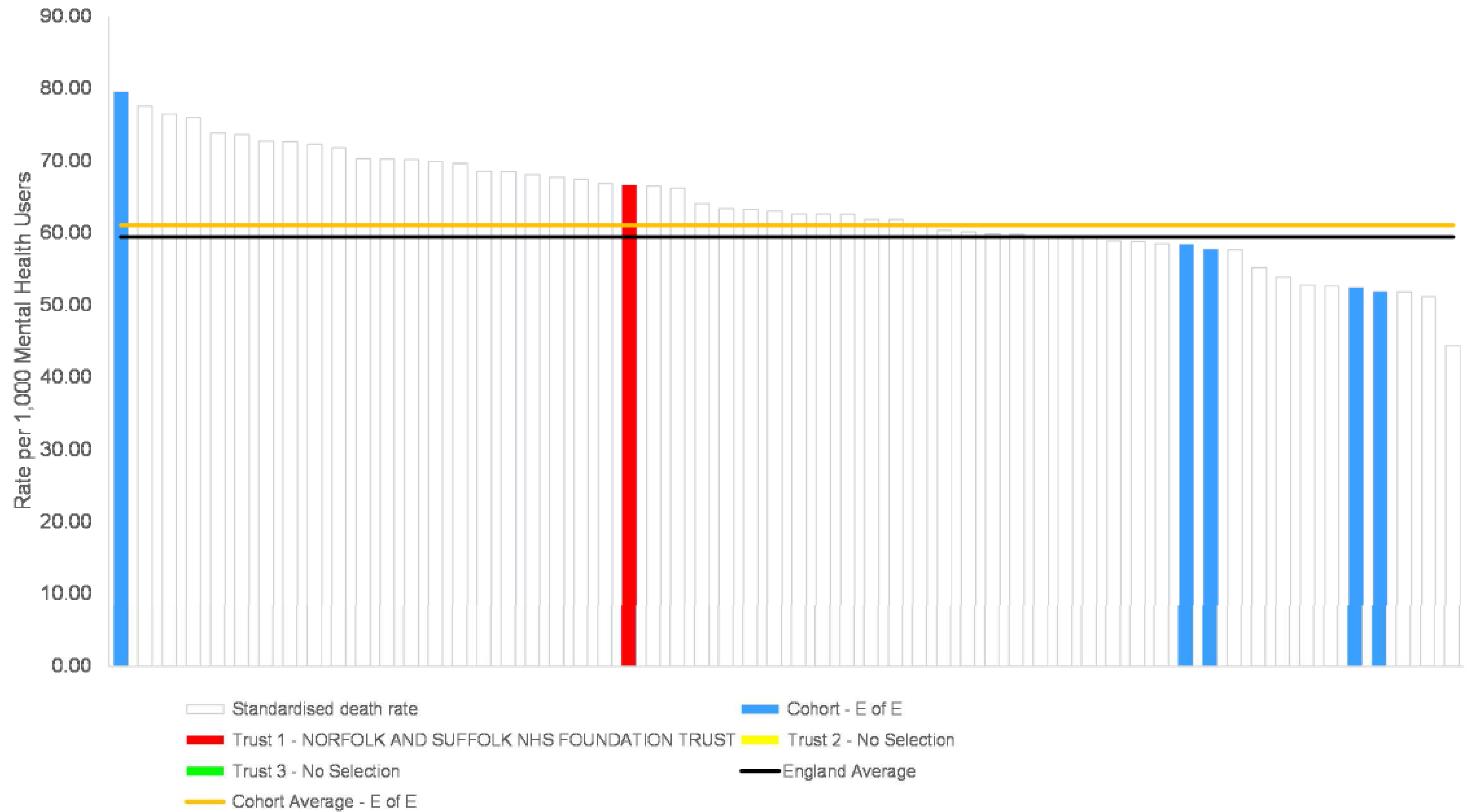
The crude death rate for mental health service users is below the England average

Crude Death rate higher in Suffolk than Norfolk in 2014 /15 but has declined in both counties since 2012/13. Norfolk below England and regional average



After standardising for age, the death rate amongst service users is above average and has increased since 2011/12

Higher than average rate for Suffolk when standardised for age. Raised death rates in Suffolk for Neoplasms, Disease of the Nervous system and of the Circulatory systems



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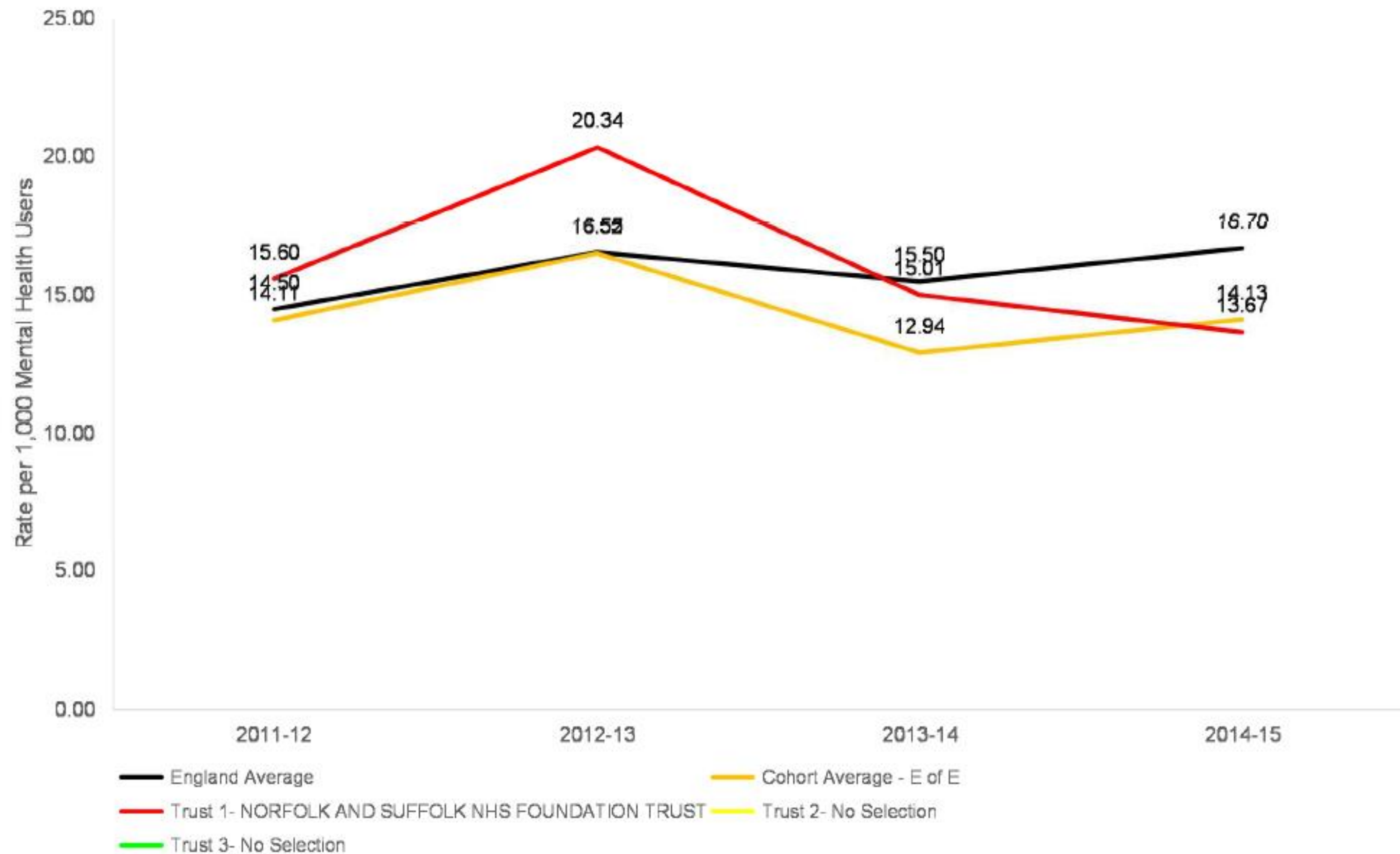
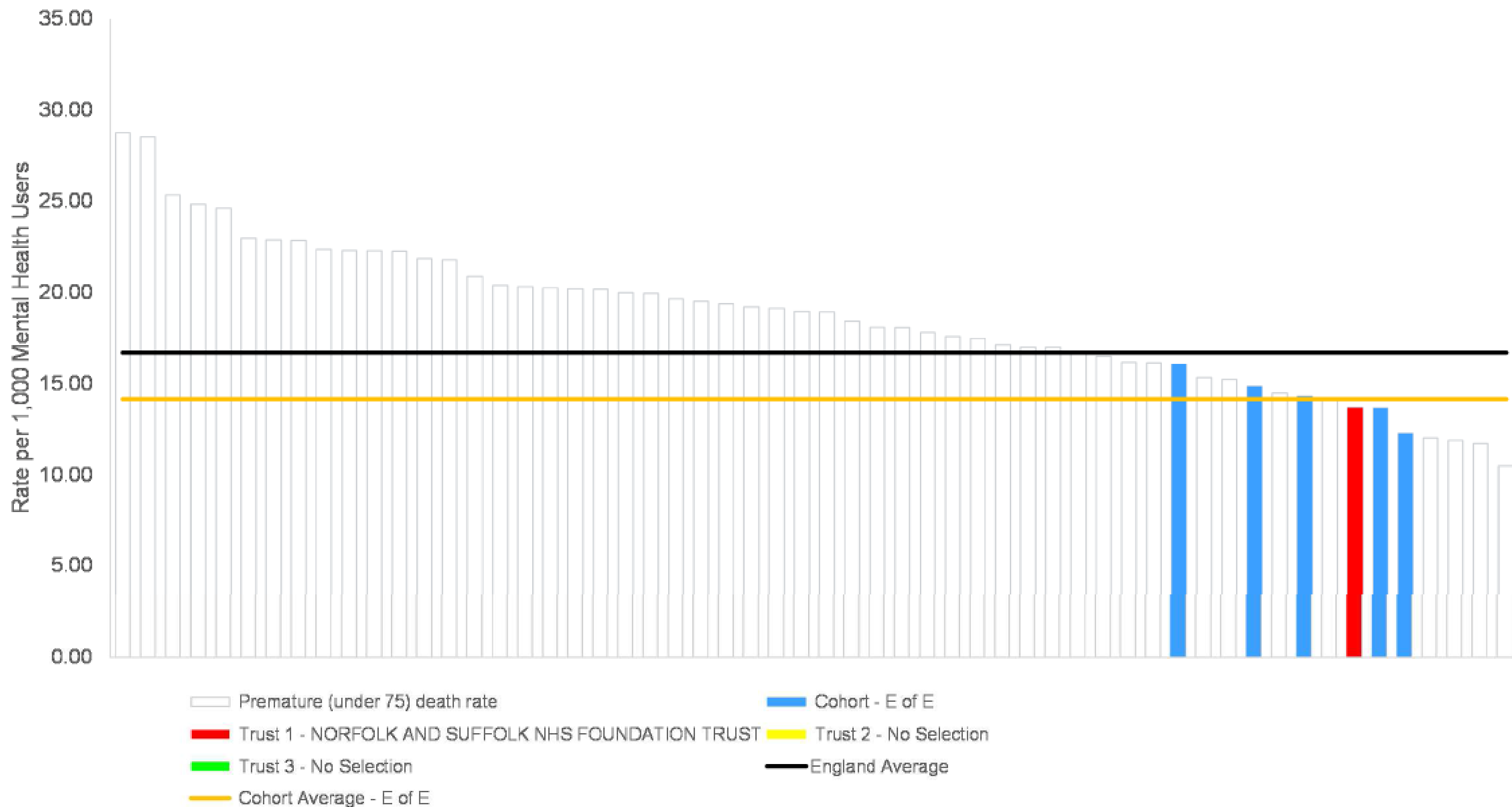


The death rate of service users under 75 is the seventh lowest amongst mental health trusts nationally

Average rate of deaths in service users under 75 in Suffolk, below average in Norfolk



Trust	A	B	C	RMY	D	E
Number of Deaths	380	290	270	**500**	425	170

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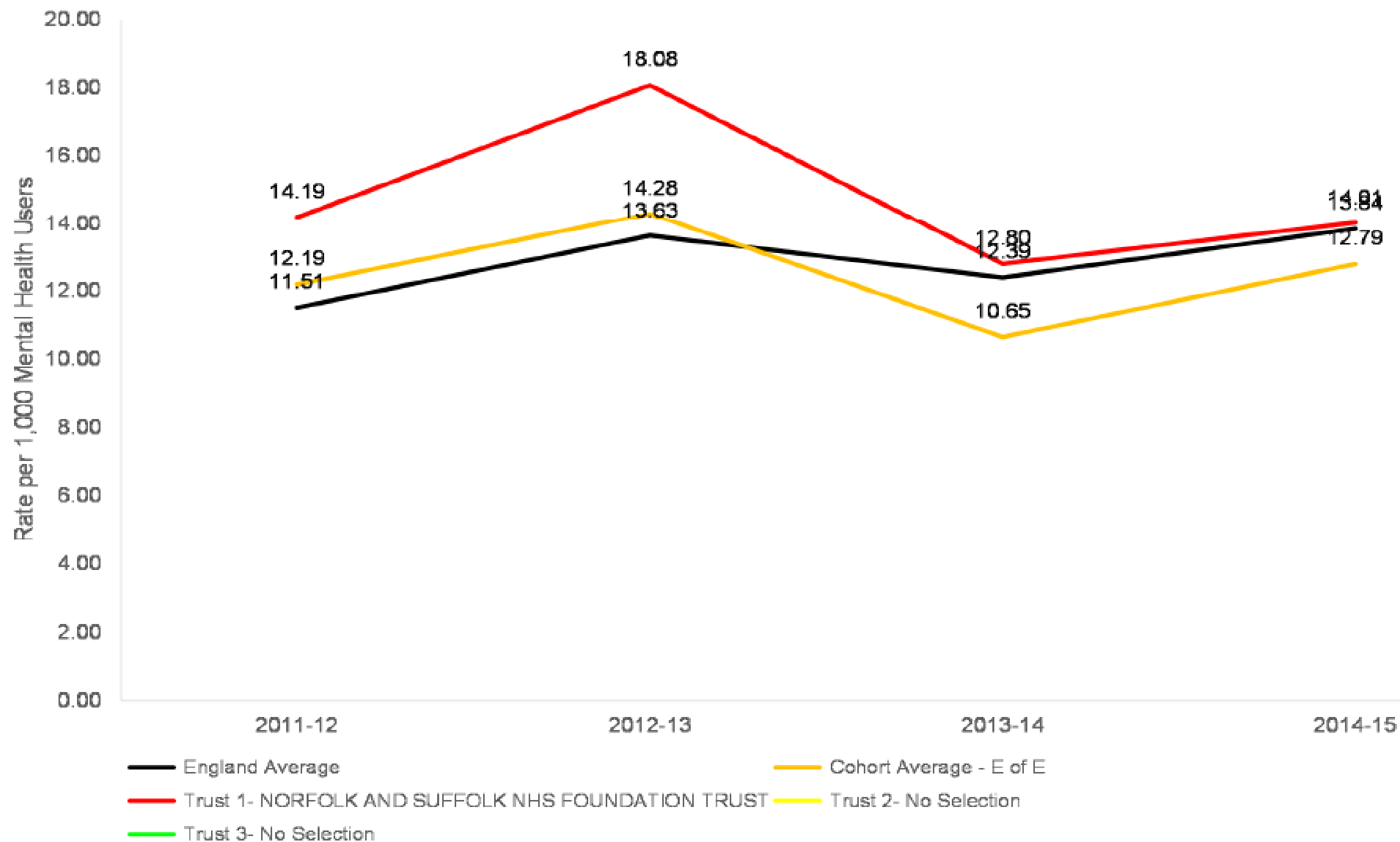
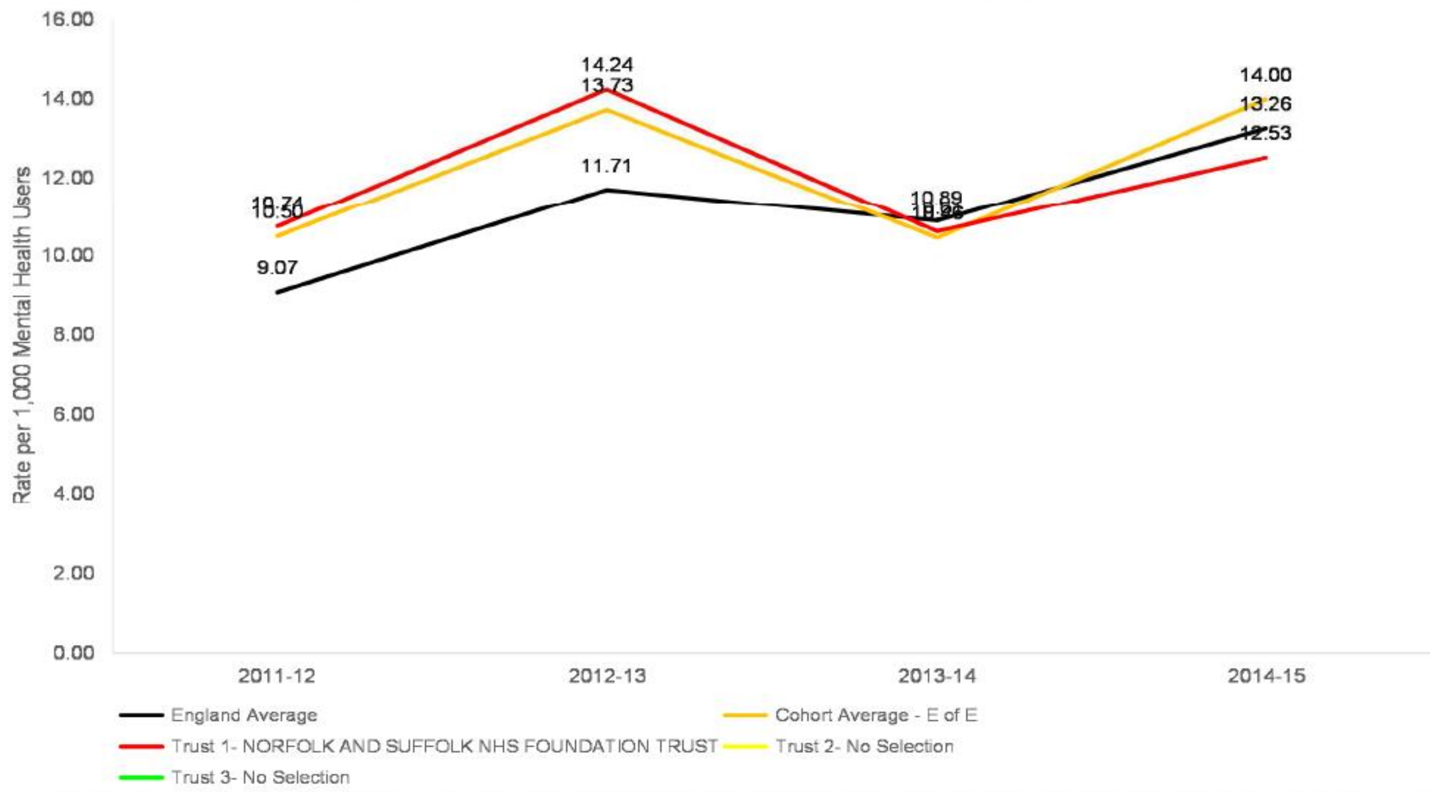


"Unexpected deaths" relates to deaths associated with a range of diagnoses used by CIPOLD and sourced from the End of Life Care Intelligence network


Average Chapter V (mental and behavioural disorders) death rate: rate per 1,000 Mental Health service users by year
Rate per 1,000 Mental Health Users
16.00
14.00
12.00
10.00
8.00
6.00
4.00
2.00
0.00
2011-12
2012-13
2013-14
2014-15
14.24
13.73
11.71
9.07
14.00
13.26
12.53
England Average
Cohort Average - E of E
Trust 1- NORFOLK AND SUFFOLK NHS FOUNDATION TRUST
Trust 2- No Selection
Trust 3- No Selection

MORTALITY ASSURANCE REVIEW – REPORTING OF DEATHS

Key Findings:

- Strong administrative focus
- Committed staff group
- Focus on the deaths reported on to Datix
- Focus on Serious Incidents

Improvement areas:

- Need to clarify internally what gets reported on to Datix
- Stronger clinical focus on the decision around whether to investigate (or Structured Judgement Review)
- Some systemic issues e.g. links to spine for NPR and IAPT PA Systems
- Staff time for reflection and learning

MORTALITY ASSURANCE REVIEW – INVESTIGATION OF "DEATH INCIDENTS"

- The standard of reports has improved noticeably since the 2016 Verita review

- Family involvement: There were a number of examples of family members contributing to the terms of reference or having their questions included in the investigation. However, questions submitted by families were not necessarily answered

Suggested improvement focus:

- Family engagement
- Greater clarity about what is "in scope" and the numbers of deaths
- Improved analysis
- Enhance clinical involvement
- Capacity
- Meeting the challenges around Guidance

Recommendation :

The Trust and Mortality Review Group needs to make better use of this data by developing a framework for further analysis that seeks answers to issues and hypotheses raised

Discussion points:

- How should we make decisions on what we review / investigate?
- What would trigger a need to involve another agency?

To create a "Learning Organisation"

"Tell me and I forget. Teach me and I remember. Involve me and I learn." Benjamin Franklin