

Mortality Improvement Journey

Sherwood Forest Hospitals

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Dedicated to Outstanding care

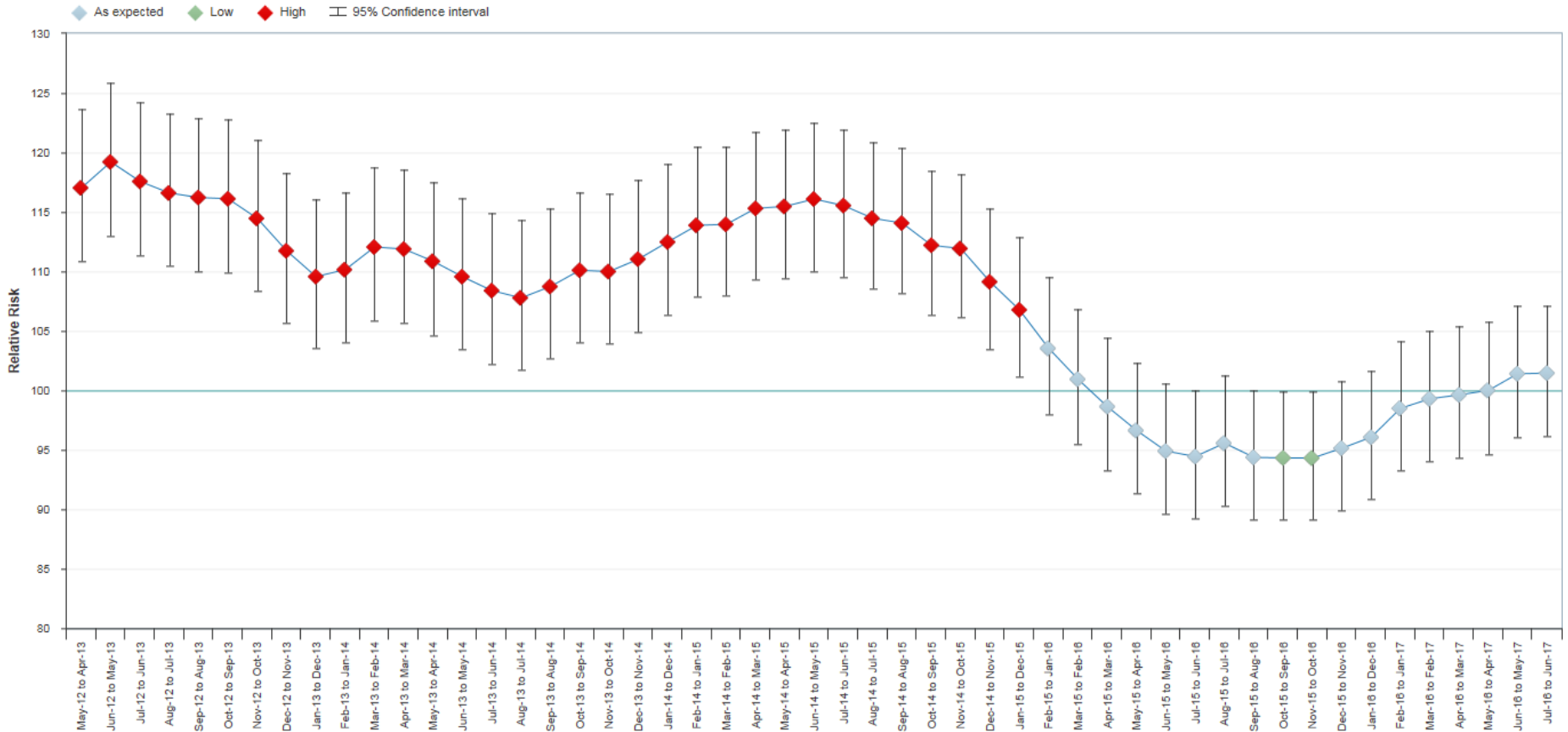
Sherwood Forest Mortality Story



Sherwood Forest Hospitals
NHS Foundation Trust

Diagnoses - HSMR | Mortality (in-hospital) | Apr-13 to Jun-17 | Trend (rolling 12 months)

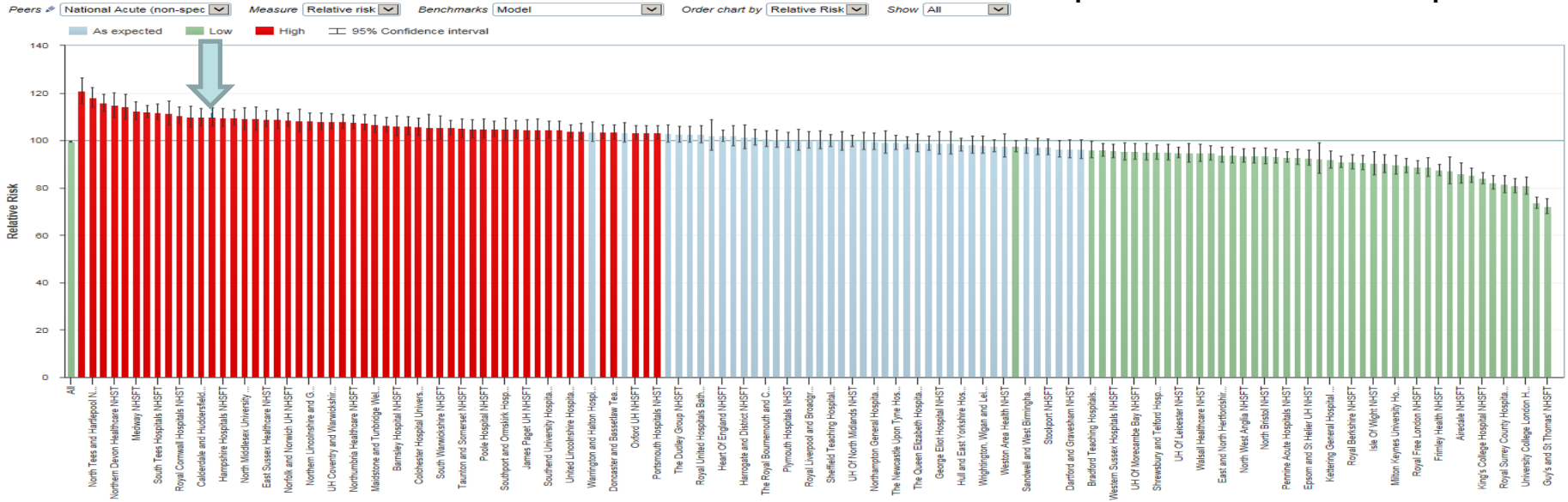
Period



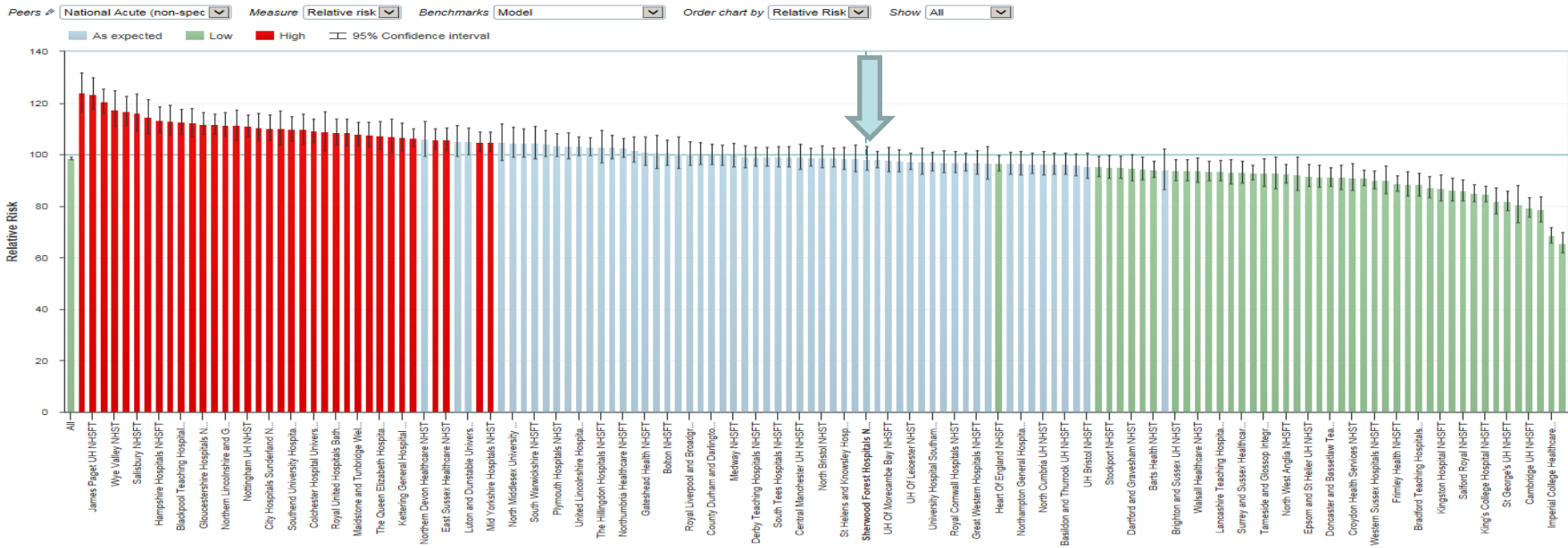
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Diagnoses - HSMR | Mortality (in-hospital) | Apr-13 to Dec-15 | National Acute (non-specialist)

HSMR comparison to all acute providers



Diagnoses - HSMR | Mortality (in-hospital) | Jan-16 to most recent | National Acute (non-specialist)



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Drivers for Change & Improvement



NHSE
Mortality
Governance
Guide
2015

Trust Mortality Surveillance Group (MSG)
established – Chaired by Executive Medical
Director

CQC Report
November
2015

CCQ Inspection 2015 deteriorating to **Inadequate**
rating. Mortality Action Plans embedded within the
Trust Quality Improvement Programme

Mortality
Action Plan
June 2015

Signed off with the CCG

Understanding
the problem
April 2014

Working with Dr Foster to get under
the data

Keogh
Reviews
June 2013

Significantly higher than expected HSMR –
performing amongst the worst nationally

Drivers for Change & Improvement



Sherwood Forest Hospitals
NHS Foundation Trust



Sherwood Forest Hospitals NHSFT 2017

Adopted & Implemented the Royal College of Physician's **Structured Judgement Review** Methodology for reviewing mortality

National Quality Board 2017

Launched the National Guidance on **Learning from Deaths; A Framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and learning from deaths in care**

CQC 2016

Published **Learning, Candour and Accountability; A Review of the way NHS Trusts review and investigate deaths of patients in England**

CQC Report November 2016

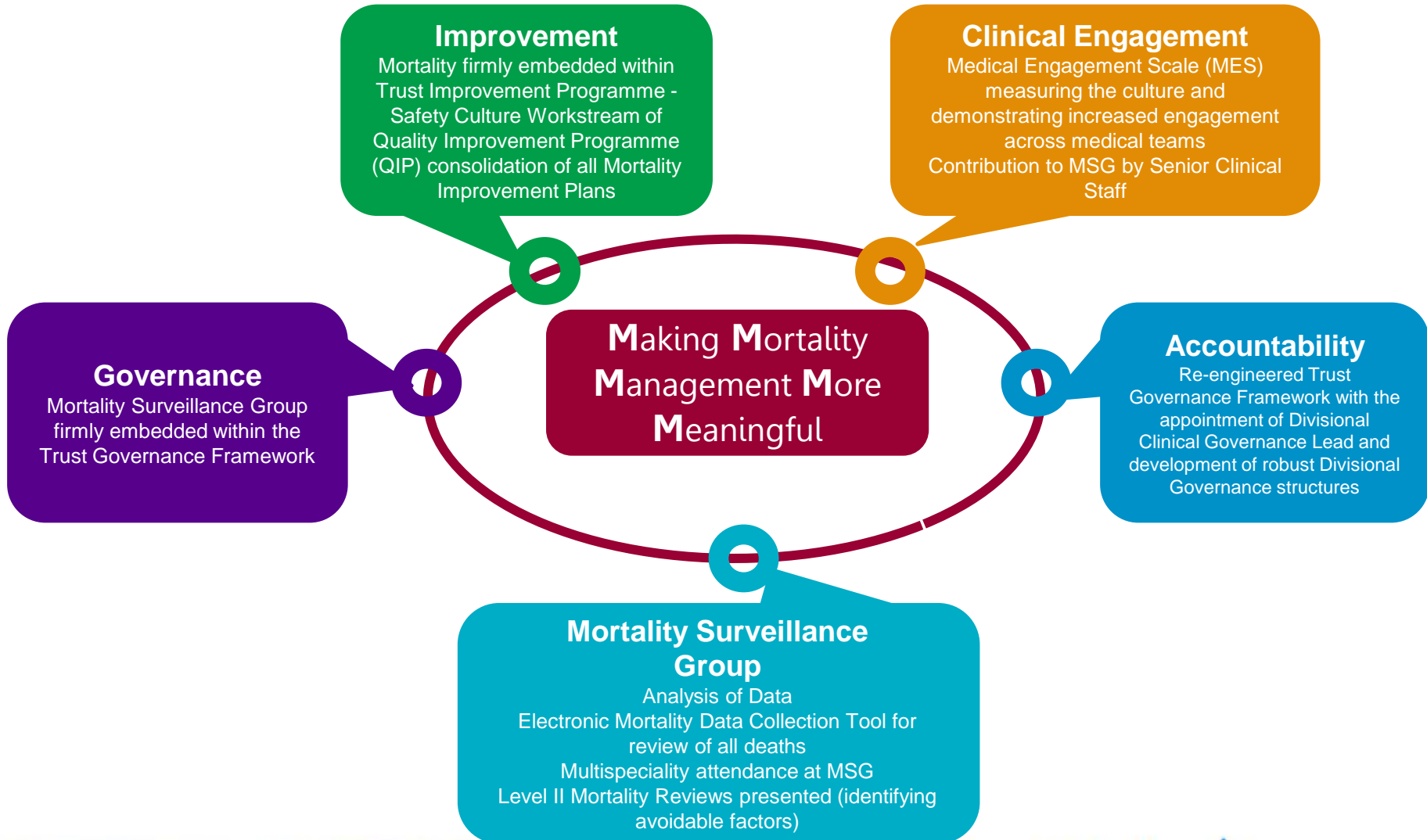
Special Measures lifted
Rating amended to Requires Improvement
Sepsis Mortality – Section 31 lifted
Sustained improvement in HSMR delivered

Initial Improvements 2015

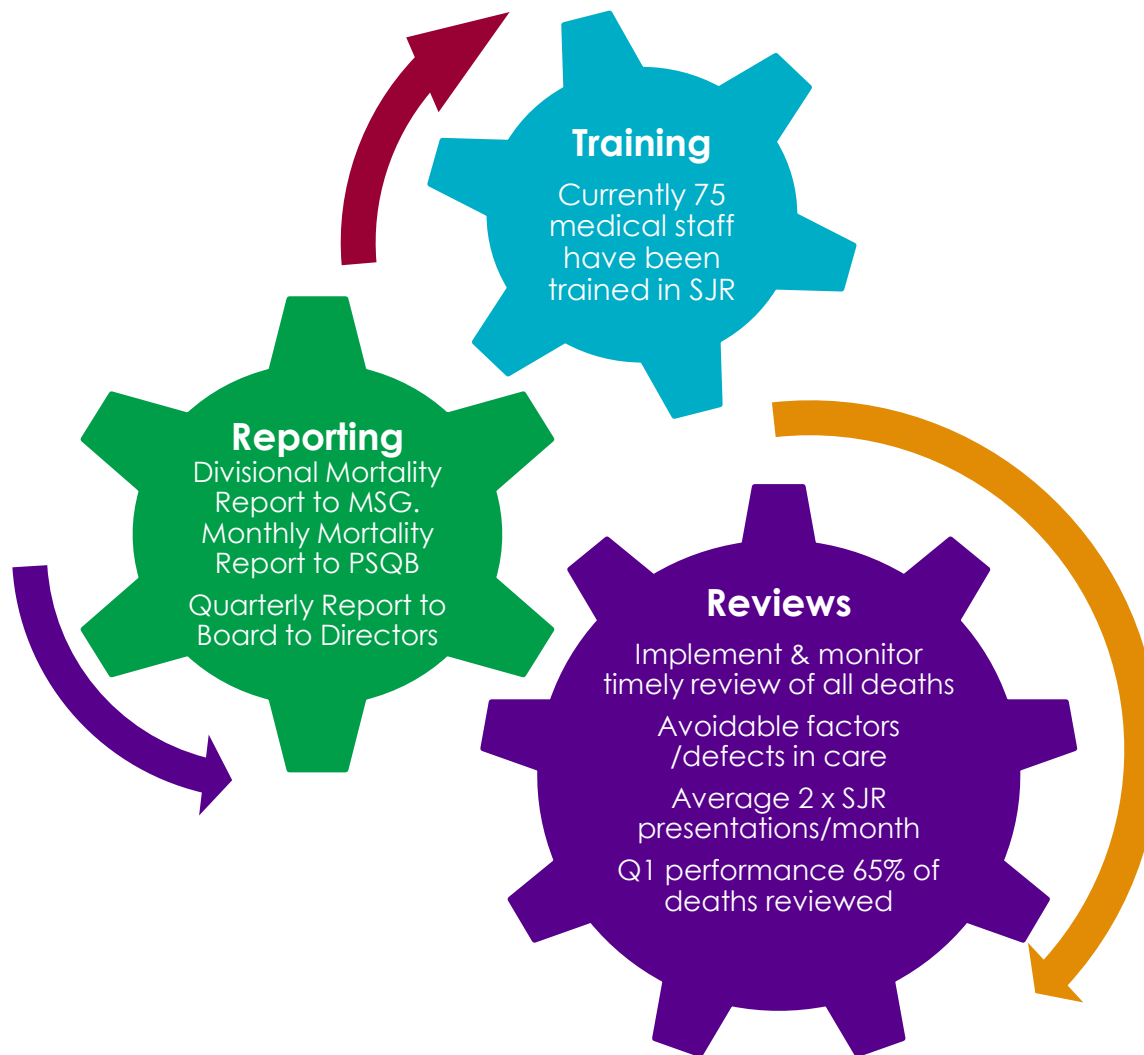
Decreased crude mortality by improving pathways (Sepsis, AKI, Stroke, Pneumonia, GI bleed etc). Increased expected by improving co-morbidity coding. Recognition of and improvement to Co-morbidity Coding Level 2 Mortality Reviews presented. Electronic reporting tool created

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Culture Change



Embed & Sustain



Lessons Learnt - Organisational



Lessons Learnt - Specialty



Any questions?



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