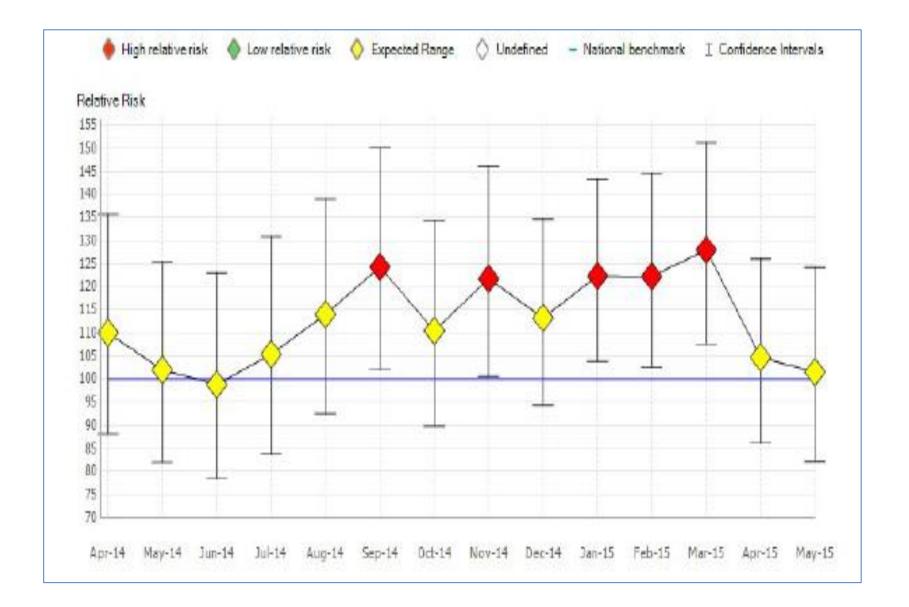
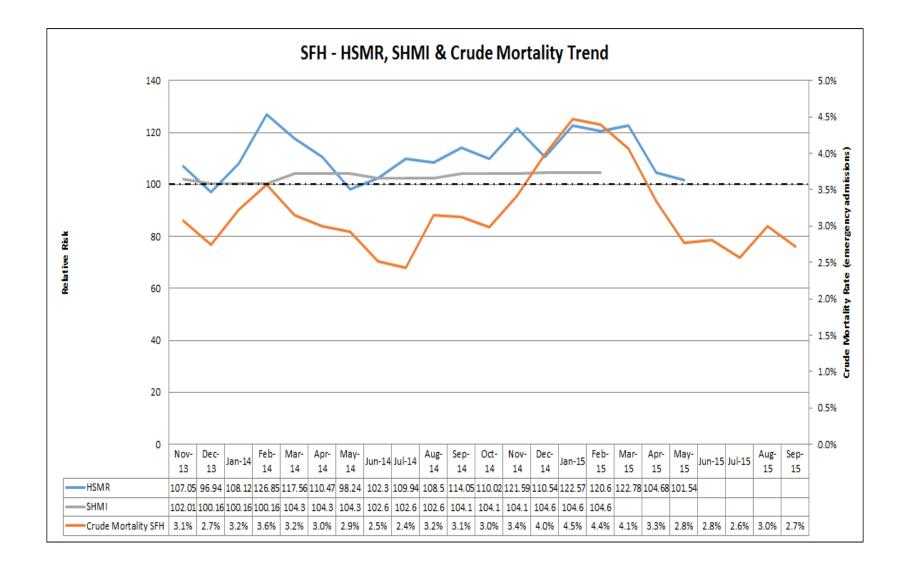
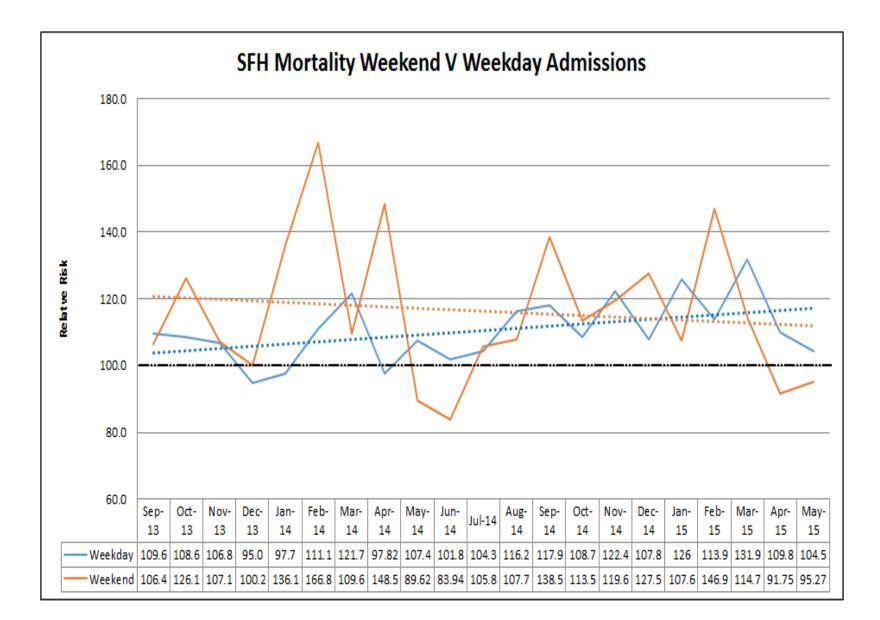
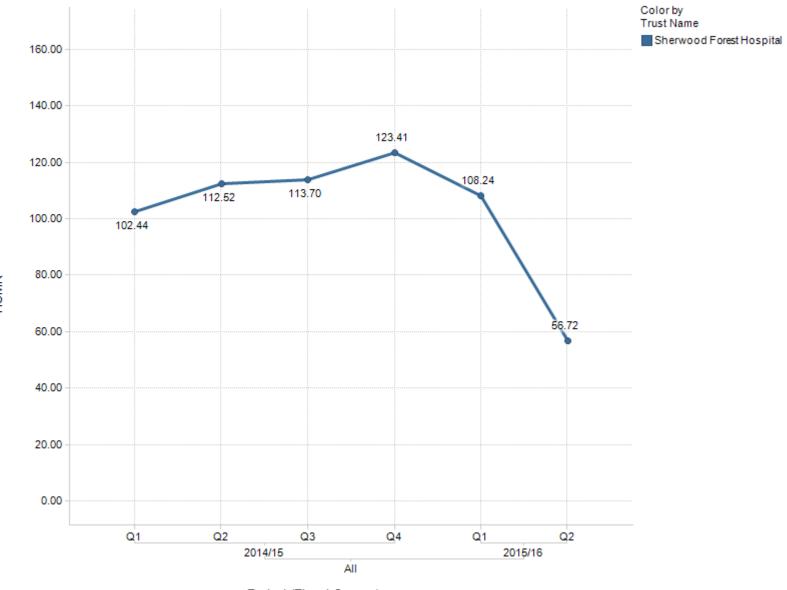
DEATH RATES WHERE ARE WE CURRENTLY ?



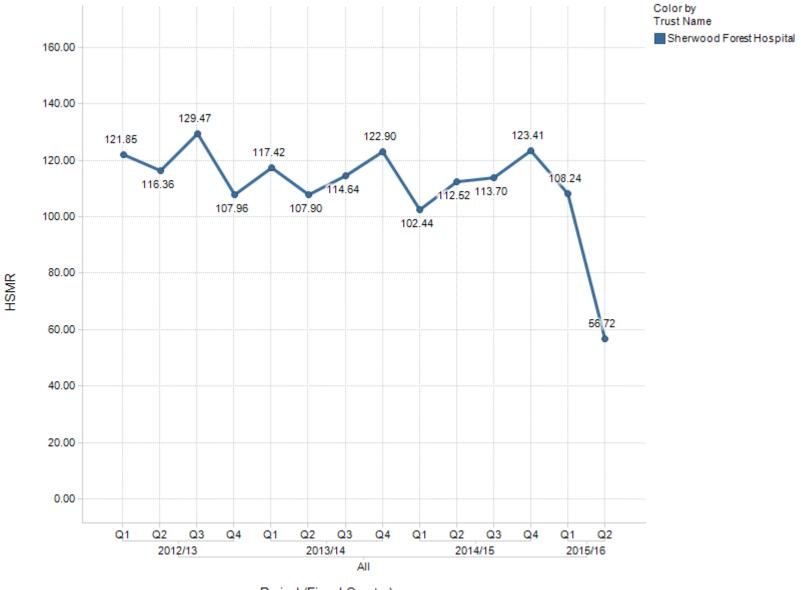




160 140 120 112 -110-105 102 -101-100 -98 92 80 60 40 20 0 Nottingham University Hospitals NHS Trust East _Sherwood Forest Hospitals NHS Foundation Trust Midlands United Lincolnshire Hospitals NHS Trust Derby Teaching Hospitals NHS Foundation Trust Northampton General Hospital NHS Trust East _ Chesterfield Royal Hospital NHS Foundation Trust Midlands University Hospitals of Leicester NHS Trust Kettering General Hospital NHS Foundation Trust East Midlands East East Midlands East Midlands East East Midlands

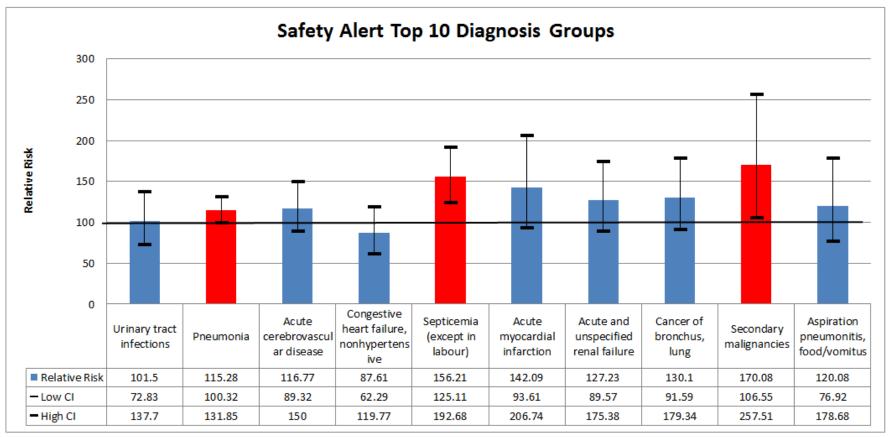


Period (Fiscal Quarter)



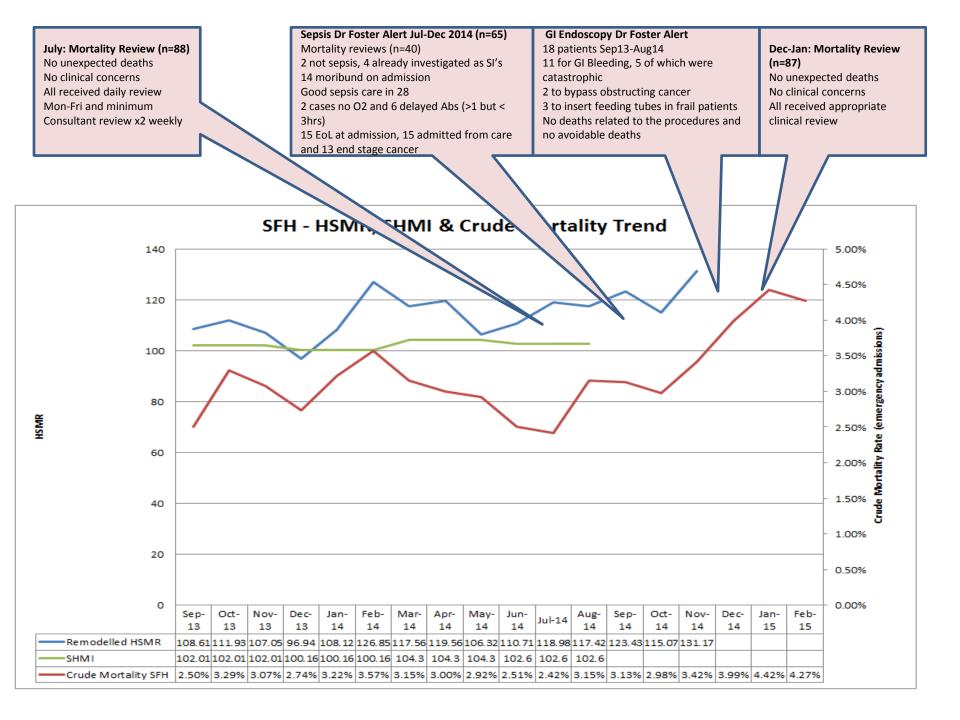
Period (Fiscal Quarter)

DEATH RATES WHERE HAVE WE BEEN ?

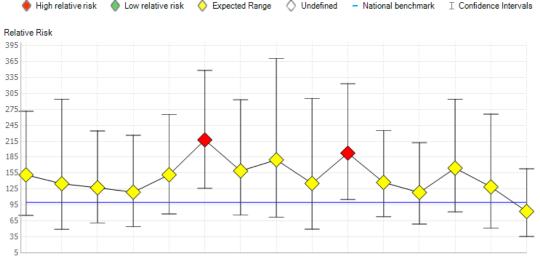


Data from Dr Foster Quality Investigator

Increased Observed Deaths (may be avoidable) Reduced Expected Deaths Comorbidity coding Palliative Care coding Inaccurate primary diagnosis Excess uncoded episodes HSMR



SEPSIS



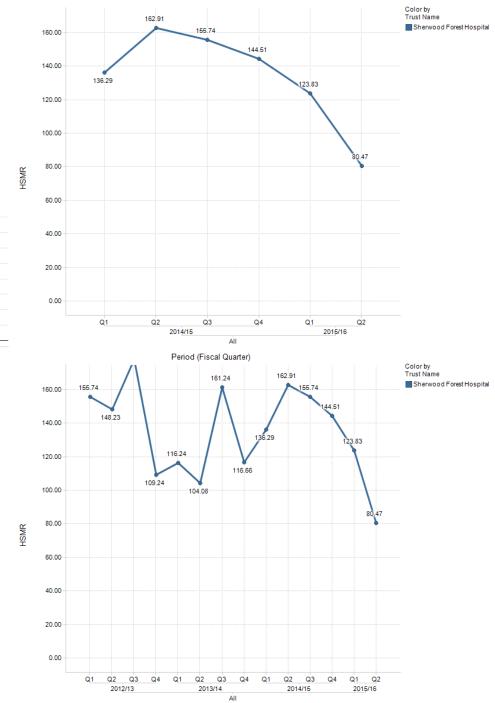
Apr-14 May-14 Jun-14 Jul-14 Aug-14 Sep-14 Oct-14 Nov-14 Dec-14 Jan-15 Feb-15 Mar-15 Apr-15 May-15 Jun-15

Over 2014, there were 96 sepsis deaths against an expected of 63 and in the first quarter of 2015, 38 against 28 expected. The number of deaths per month is therefore less than 10 which makes for wide statistical variation. However, the number of deaths increased in the Autumn of 2014 and was significantly elevated in September. We have performed case note reviews from April 2014 to March 2015 (the latest Dr Foster data available).

Findings:

- The average age of patients was 80yrs with 23% 90+, 60% 80+ and only 6% less than 60
- In these patients 72% received the Sepsis Six bundle which means just under a third of cases did not
- There were 3 cases where suboptimal care contributed to a potentially avoidable death. These were all between April and September 2014 and since that date there has only been 1 case. These cases had already been investigated as Serious Incidents
- Some 60% of cases were considered at the end of life due to additional problems such as dementia, cancer or multiple medical problems

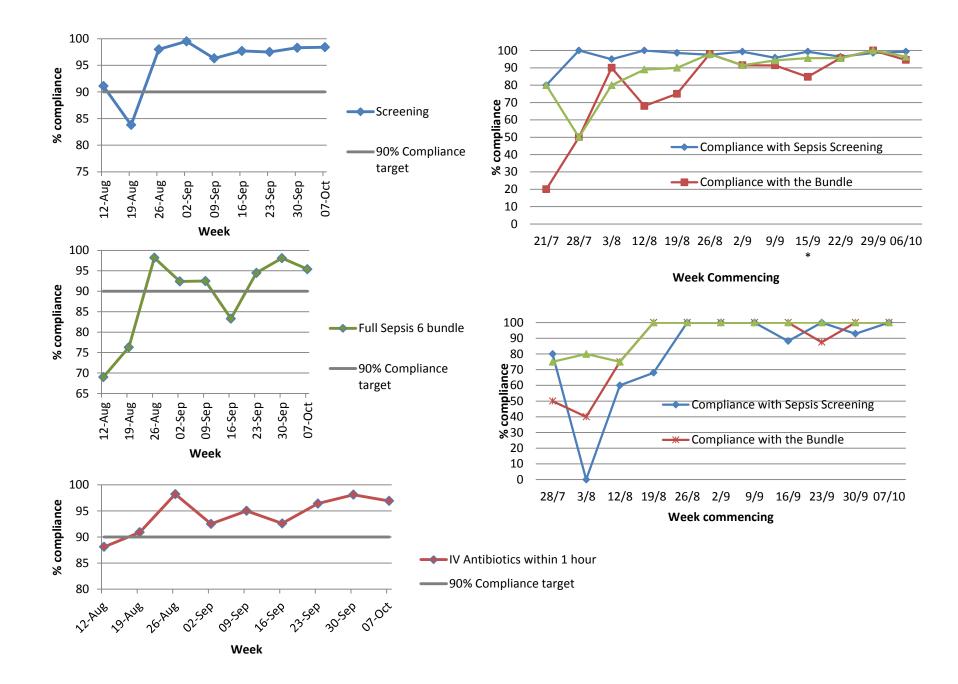
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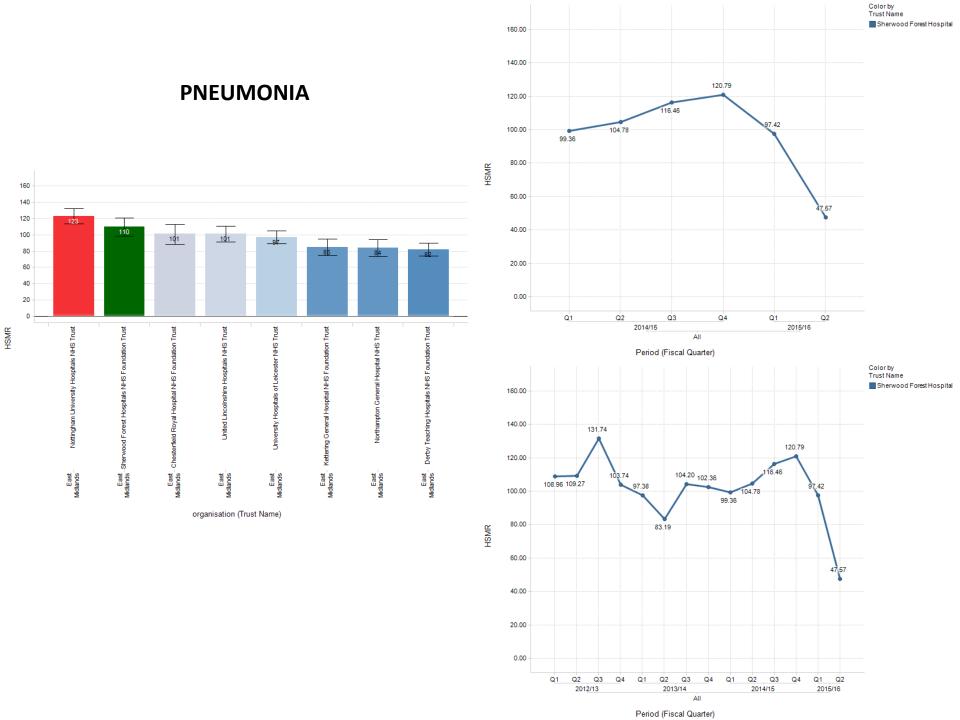
SEPSIS

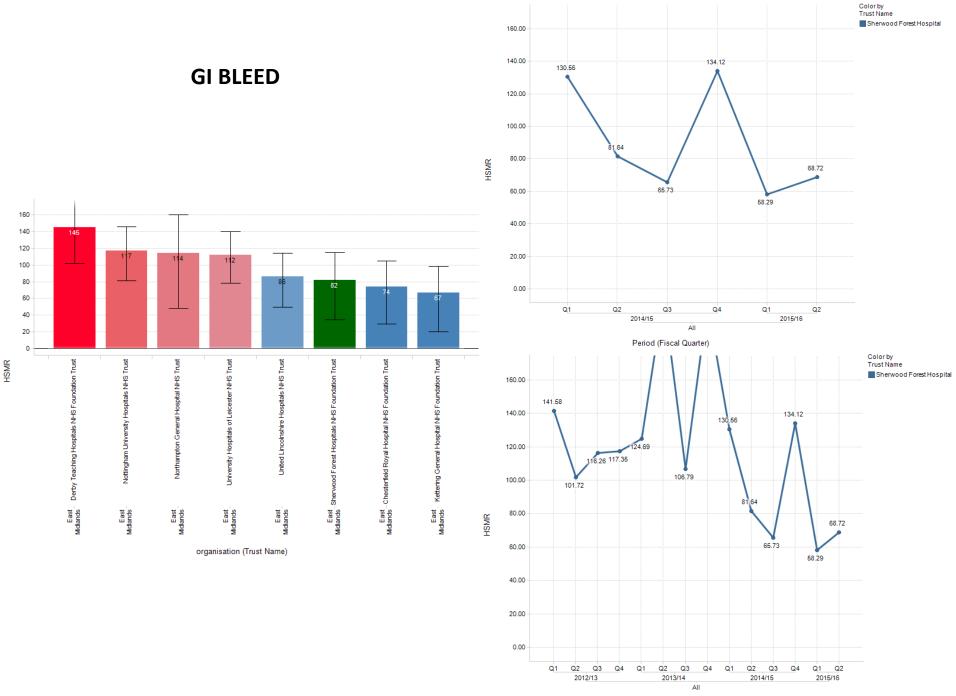
HSMR

Period (Fiscal Quarter)

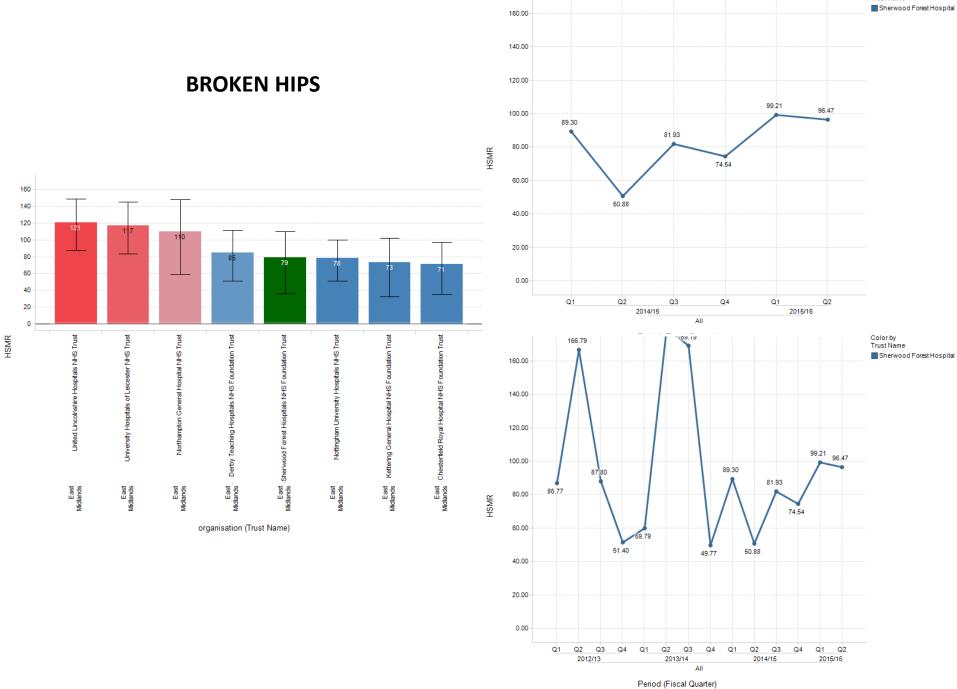


PATHWAYS





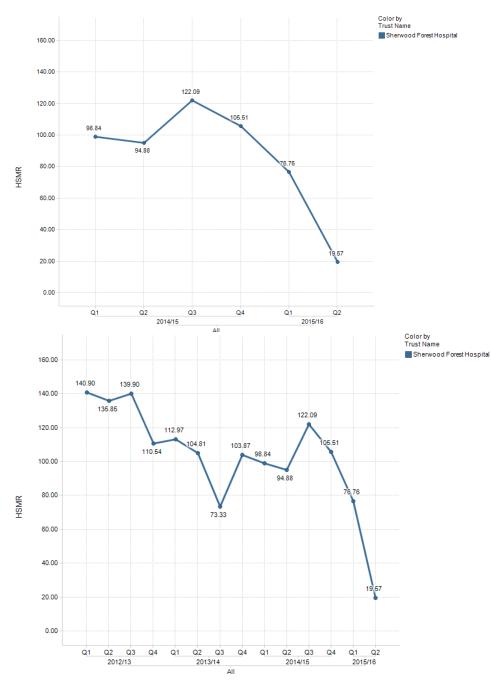
Period (Fiscal Quarter)



Color by Trust Name Sherwood Fore

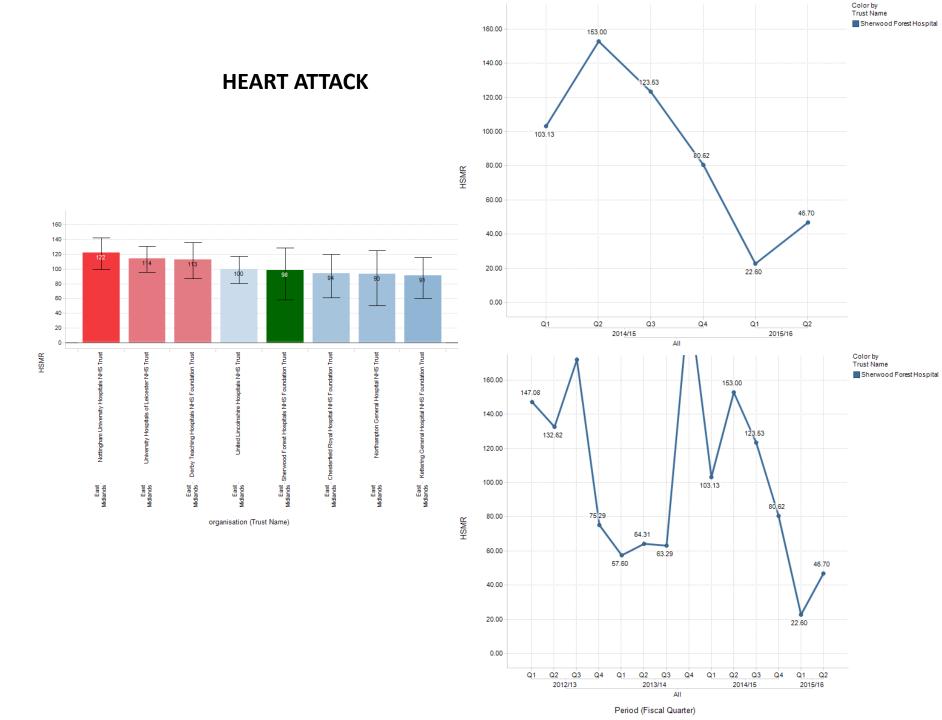
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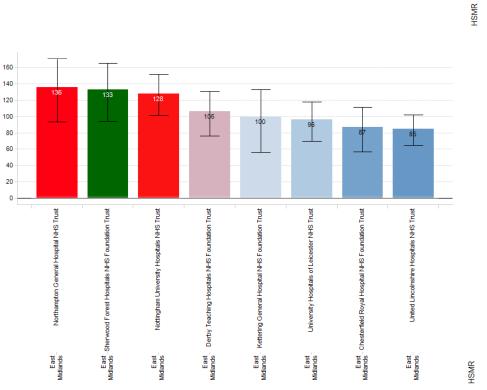
organisation (Trust Name)



STROKE

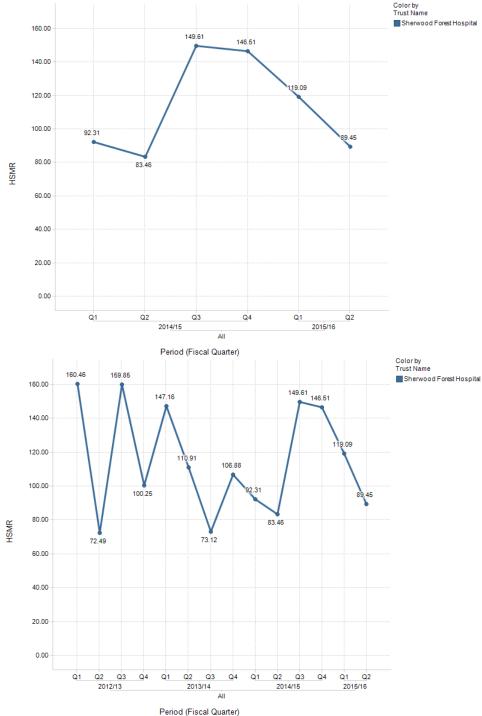




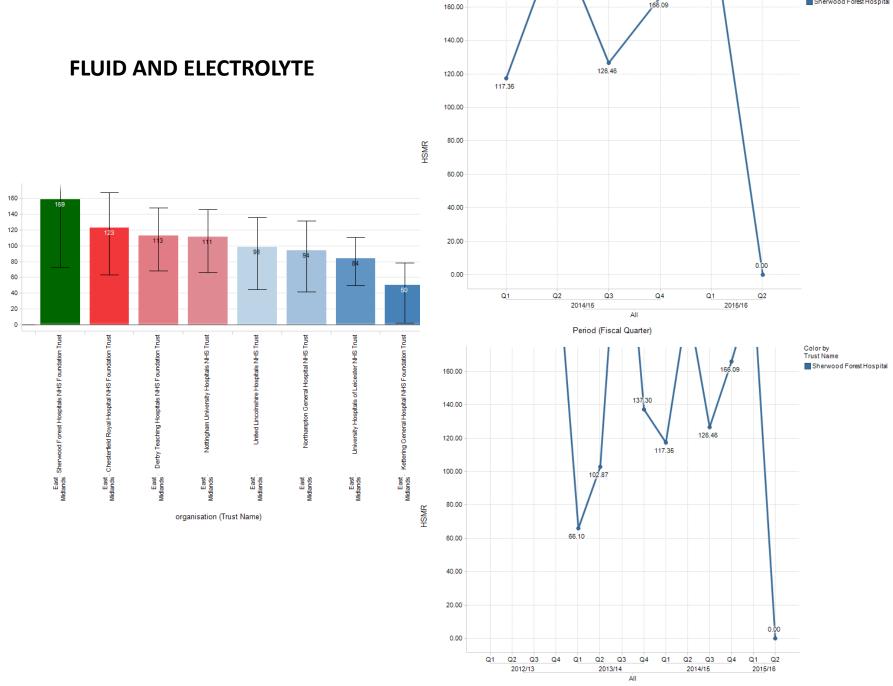


HSMR

organisation (Trust Name)

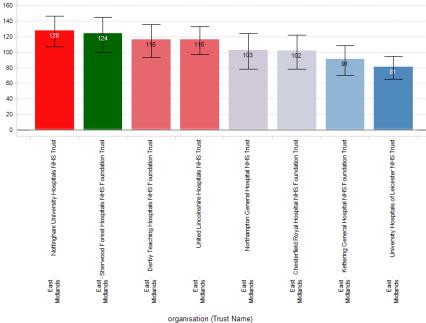


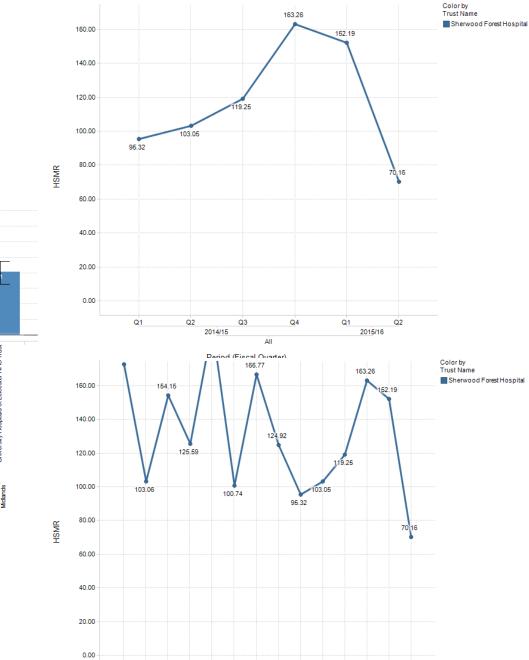
ACUTE KIDNEY INJURY



Period (Fiscal Quarter)

Color by Trust Name Sherwood Forest Hospital





Q1

Q3 Q4

ÂII

2013/14

Period (Fiscal Quarter)

Q2 Q3

2014/15

Q4

Q1 Q2

2015/16

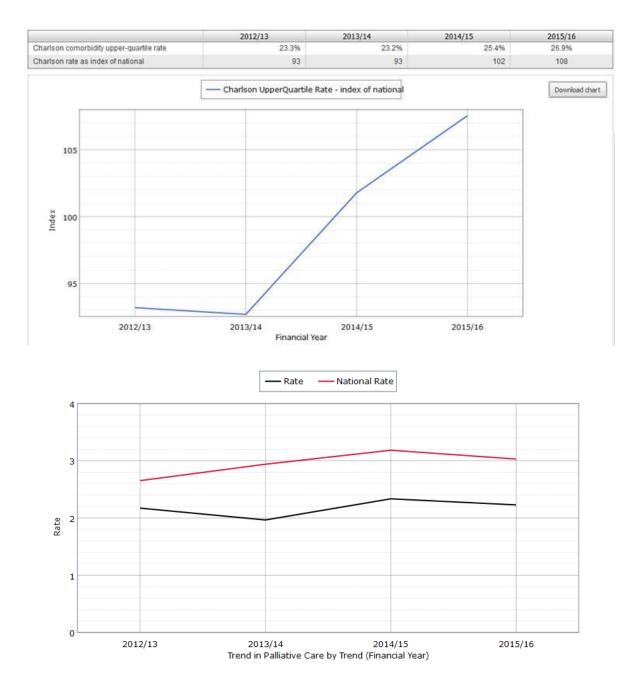
Q1 Q2 Q3 Q4 Q1 Q2

2012/13

URINARY TRACT INFECTION

CODING

	SFH	Тор 10%	Тор 25%	Bottom 25%	Bottom 10%
HSMR	118	111	106	93	88
Crude Mortality	4.7	4.56	4.04	3.43	2.63
Expected Mortality	4.27	4.73	4.26	3.43	3.03
% Spells >10 comorbidity	18.3%	19.6%	17.9%	14%	12.30%
% Emergency spells >10 comorbidity	28.90%	34.20%	31.90%	28%	26.30%
% Emergency spells >75 yrs	41.20%	46.20%	44.50%	38%	35.30%
	41.20%	40.20%	44.50%	50/0	33.3070
% Emergency HSMR in signs & Symptoms	14.80%	15.40%	13.10%	11%	9.20%
% Emergency spells Palliative	2.60%	4.90%	4.40%	3%	2.10%

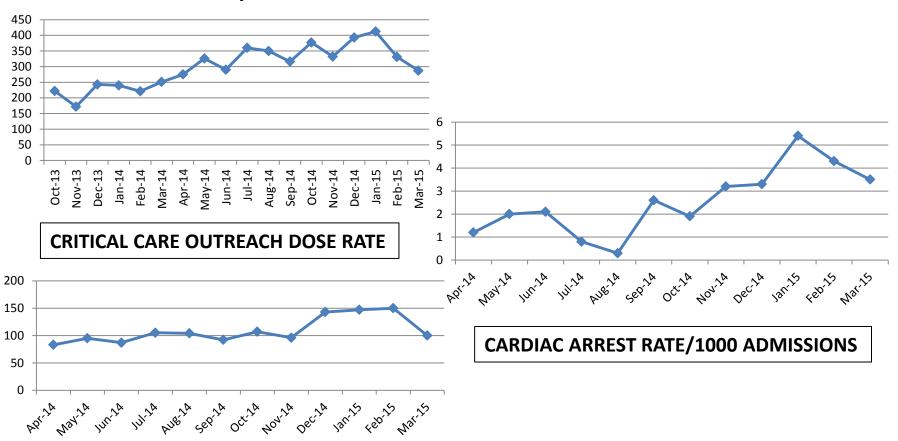


HIGH CO MORBIDITY SCORE

PALLIATIVE CARE CODING

SO WHAT ELSE DO WE LOOK AT?

Segment Name	Indicator ?	Period 2	Trust	Peer ?	Score	Performance	Trend	Summary
Clinical Quality	Hospital Standardised Mortality Ratio (HSMR)	July 2014 - June 2015	112.46	99.75	0.93	•	*******	<u>Summary</u>
Clinical Quality	Mortality Cumulative Summary (HSMR)	June 2015	0	0.48	0		*******	Summary
Clinical Quality	Mortality Relative Risk (HRG4)	July 2014 - June 2015	111.29	99.73	0.77	•	********	<u>Summary</u>
Clinical Quality	Summary Hospital-Level Mortality Indicator (Quarterly SHMI)	October 2013 - September 2014	104.09	100.15	0.36	•	*******	<u>Summary</u>
Clinical Quality	PE 90 day post discharge mortality per 1,000 spells	April 2014 - March 2015	0.24	0.21	0.2	•	A sales	Summary
Clinical Quality	Mortality Relative Risk for Diabetes Ketoacidosis (DKA)	April 2008 - March 2013	128.35	100.88	0.43	•	•	Summary
Clinical Quality	Mortality Relative Risk for Colorectal Cancer	April 2007 - March 2012	59.95	100.71	-0.98		•	Summary
Clinical Quality	Mortality Relative Risk for Fracture Neck of Femur	July 2014 - June 2015	74.01	99.14	-0.95		\$	Summary
Clinical Quality	Mortality Relative Risk for Stroke	July 2014 - June 2015	100.28	99.14	0.02	¢.	******	Summary
Clinical Quality	Summary Hospital-Level Mortality Indicator (Monthly SHMI)	June 2014 - May 2015	103.14	102.04	0.31		*****	Summary
Clinical Quality	Weekend Mortality (Monthly SHMI)	June 2014 - May 2015	102.54	107.48	0.29	•	**********	Summary
Clinical Quality	Weekend Mortality (HSMR)	July 2014 - June 2015	113.4	104.23	1.01	•	******	Summary
Patient Safety	Mortality Relative Risk for surgical inpatients	2014/15	43.67	99.92	-2.26			Summary
Patient Safety	Death in low-mortality CCS groups	2014/15	0.03	0.06	-1.51		•	Summary



Calls to CCOT per month

ESCALATION TO CRITICAL CARE OUTREACH

Q1. April-June '14	Q2. July-Sept '14	Q3. Oct –Dec '14	Q4. Jan-Mar '15
86%	78%	90%	88%

WE ARE ABSOLUTELY COMMITTED TO REDUCING AND SUSTAINING OUR MORTALITY RATES BELOW 100



- 1. Concerning picture for sustained period
- 2. Joint Mortality Review Group
- 3. Analysing right actions
- 4. Implementations clear commitment from Medical Director
- 5. Improving picture
- 6. Sustainability