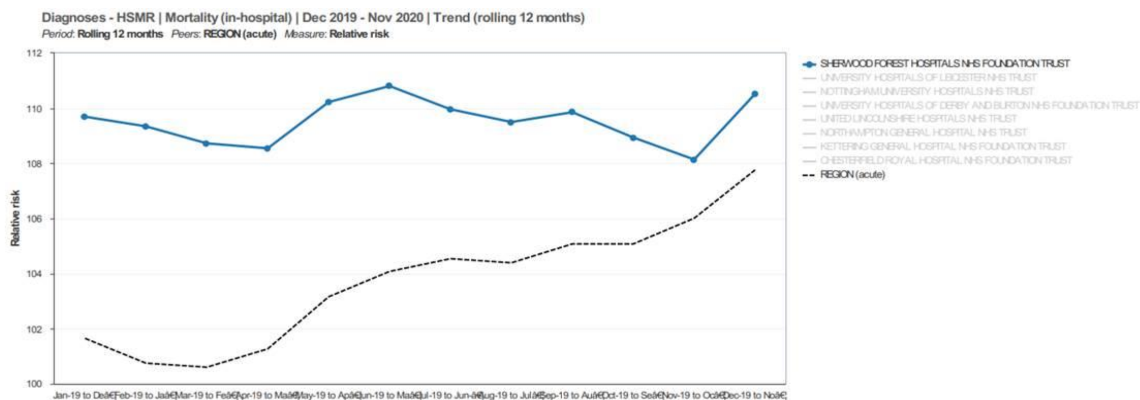
Sherwood Forest Hospitals Mortality Update- Learning from Deaths Progress Report (April 2021)

Summary:

- Data continues to show SFH HSMR as high (statistically significant) and the Trust as an outlier. Review and analysis thus far has failed to show a specific reason as to why the Trust saw an initial upward trend leading to this and its continued elevated position.
- The general pattern, to March 2021 (Nov 20 data) had been that of a steady picture which has continued despite a general increase in HSMR for other regional peer group members.
- SHMI has consistently remained "as expected".
- Although no one-thing is thought to be a cause for the elevated HSMR there are several areas (highlighted) felt to be significant contributors.
- We continue to work closely with Dr Foster and are trying to use the data to support review of low volume outlier groups, as identified, and aid work into highlighted themes.

HSMR Position (Raw Data- Peer comparison):



- Issues previously highlighted by our team with regard to residual codes were, once again, apparent for December data (March 2021). As a result, Dr Foster was unable to produce a report last month and therefore the latest confirmed is February 2021 (Nov 2020 data). We have been assured by Dr Foster this should be rectified for April 2021 reporting although confirmation of accuracy is awaited before using this in our internal analysis and discussion.

HSMR Project Areas:

Key factors affecting data analysis have included:

- **External**
    - **COVID**- data skew has created challenges in determining the performance against other coding within HSMR activity.
- **Organisational:**
    - **Low activity**- variable impact on different HSMR basket areas making analysis increasingly difficult.
- **Data Analytics:**
    - **Postcode issues-** missing postcodes from a proportion of our data impacted deprivation coding. Refreshed data was submitted and an internal investigation recommended.
    - **Residual codes-** up to 50% of activity had not been assigned to one of the HSMR group sub-sets on two separate reporting months over the past year. Consequently, Dr Foster was unable to provide a definitive monthly report and unable to perform meaningful analysis.

<u>Clinical Outlier areas:</u>

Palliative coding-

- The Trust continues to be one of the lowest for coding nationally- Dr Foster indicates that, if we were at the national or regional average, our HSMR would potentially be as expected (sub-100). Palliative Care Board (PCB) is looking at Specialist Palliative Care (SCP) provision to ensure improved capture of coding and activity, including non-cancer palliative care.

GI Haemorrhage

- Specialty review was completed and reported "coding issues" to be impacting the group HSMR. Further coding review was undertaken (Feb 2021) which highlighted clinical notes entry and early decision making (including rationale and documentation) to require improvement – this was fed into the LfD group and front door pathways work. There has been a delay in actions due to clinical availability as a result of the global pandemic.

Alcohol Liver Disease

- Specialty review was completed (Oct-Nov 2020) alongside further focused discussion. Use of care bundles in early phases of admission, alongside a clearer approach to early and senior decision making were found to be areas for improvement. Further actions, including walk-through, have been delayed due to COVID pressures

Fracture Neck of Femur (#NOF)

- No longer an HSMR outlier but historical (thought to be, in part, a result of April 2019 spike).
- Independent (internal) focused review (Dec 20) highlighted areas for improvement including collaborative decision making and documentation / rationale for assessing suitability for surgical intervention or alternative management. Actions from this, including SJR panel review, pathway walk-through and facilitated session are still in development.
- We are in the process of developing reciprocal support and review with an external Trust; QEKL.

<u>Other Areas:</u>

SJR Panel

- Mobilisation (April 2021) was postponed after establishing SJR methodology was not being followed consistently by divisions / specialties and organisational processes were not in place for capturing and monitoring SJCR activity. SJR Training commenced April 2021 and capture of ALL SJCRs is now undertaken via DATIX (Module) with GSU oversight.

Data intelligence / Dr Foster

- Work is being undertaken to ensure any HSMR tool-kit is being used to full effect; this has included how to improve our access and functionality using Dr Foster but also discussion around potential alternative provision (Dr Foster contract renewal - Aug 21).
- One alternative provider, CHKS, has been considered with contact being made with other Trusts who have made the switch from Dr Foster. Initial feedback highlights greater functionality, improved organisational control, bespoke analytics and reduced cost- a further demonstration of CHKS and its functionality has been arranged

External Peer Support and Collaborative working

- It is thought our elevated HSMR position is influenced by:
    - Low activity
    - Palliative care coding
    - Sub-optimal first contact / early decision-making and pathways implementation.
- Themes appear to be similar to Queen Elizabeth Hospital (Kings Lynn) NHS Trust. We have made contact with regard to establishing supportive links, sharing of intelligence, HSMR action plans and reciprocal external peer review of SJCRs (specifically SFHT Fracture Neck of

Femur (#NOF)). It is hoped this will provide assurance through external scrutiny in addition to vital feedback regarding improvements.

Summary of Project Area Timelines:

Below is a diagrammatical representation of work-stream areas and the current progress against indicative timescales**:**

RAG Rating | To be completed by the Project Advisor

Implementation Plan

The expectation is that a high level milestone and action plan to deliver the scheme by the identified 'go live' date is included at PID stage. Approvals required in advance of 'go live' should be reflected in the milestones. More detailed mobilisation plans may be confirmed as the scheme develops.

Please Note: Entering the start and end date automatically plots the Gantt chart for you. Any revised end date will change the Gantt chart from **BLUE** to **RED**.

RAG Key
- Significantly behind plan
- Slightly behind plan
- On plan
- Completed

Gantt Chart Key
- When start and end dates are completed, the Gantt chart automatically plots dates
- When revised end date is completed, the Gantt Chart automatically plots dates

Milestone and Action Description	Lead Initials	Support Initials	Start date	End date	Revised end date If delayed	RAG	Progress Comments Include any dependencies	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
HSMR Thematic Issues																										
Low Activity																										
Front Door / First Diagnosis Themes																										
Palliative Care Coding																										
HSMR Factors																										
External- COVID activity			01/10/2020	30/06/2021																						
Organisation- Low Activity restoration			01/01/2021	30/09/2021																						
Data - Postcode Issue (April 2020- Sept 20 report)			01/12/2020	31/01/2021																						
Data - Residual Codes (1) (Sept 20 - Dec 20 report)			01/12/2020	31/01/2021																						
Data - Residual Codes (2) (Dec 20 - March 21 report)			01/03/2021	30/04/2021	31/05/2021																					
Project 1- Palliative Coding																										
Recognition of low coding against national / peers			01/10/2020	31/10/2020																						
Highlighting to Palliative Care Board (PCB) via LfD			01/01/2021	31/01/2021																						
Presentation to PCB of data and impact on HSMR			01/04/2021	20/04/2021																						
Feedback from PCB with Action Plan			20/04/2021	30/06/2021																						
Project 2- GI Haemorrhage																										
Speciality review undertaken and presented to LFD			01/10/2020	10/11/2020																						
Coding review undertaken			01/12/2020	31/12/2020	31/01/2021																					
Front door MDT walkthrough and action plan			01/02/2021	28/02/2021	31/05/2021																					
Mobilisation of identified changes - pathways / bundles			01/03/2021	31/05/2021	31/08/2021																					
Review of impact			01/06/2021	30/06/2021	30/09/2021																					
Project 3 - Alcohol Liver Disease (ALD)																										
Specialty review undertaken and presented to LfD			01/10/2020	10/11/2020																						
Deep dive review of report with suggested actions			01/12/2020	31/12/2020																						
Initial MDT meeting to discuss actions			01/01/2021	31/01/2021																						
Front door MDT walkthrough and action plan			01/02/2021	28/02/2021	31/05/2021																					
Mobilisation of identified changes - pathways / bundles			01/03/2021	31/05/2021	31/08/2021																					
Review of impact			01/06/2021	30/06/2021	30/09/2021																					
Project 4- Fractured Neck of Femur (#NOF) - Internal																										
Specialty review undertaken and presented to LfD			01/12/2020	31/12/2020																						
Folow up discussion with MDT colleagues- suggested actions			01/01/2021	31/01/2021																						
MDT pathway session to identify issues			01/02/2021	28/02/2021	31/05/2021																					
Mobilisation of changes			01/03/2021	31/05/2021	31/07/2021																					
Review of impact			01/06/2021	30/06/2021	30/09/2021																					
SJR Panel																										
SJCR Training- Panel members			01/01/2021	28/02/2021	31/05/2021																					
SJCR Training- Clinical Leads / Identified clinicians			01/04/2021	31/05/2021																						
Formal SJR Panel meeting			01/04/2021	30/04/2021	31/05/2021																					
Data Analytics / Intelligence																										
Initial analytic provider scoping			01/03/2021	30/04/2021																						
Presentation of options / alternative analytic providers			01/05/2021	30/06/2021																						
Contractual extension / alternative provider discussion			01/07/2021	30/07/2021																						
Contract renewal / Procurement			01/08/2021	30/10/2021																						
Peer Support / Collaborative working- QEHKL																										
Communication with peer Trust for supportive SJCR review			01/04/2021	30/04/2021																						
Initial discussion and agreement of potential support / actions			01/05/2021	31/05/2021																						
Mobilisation of supportive SJCR review (20-30 cases)			01/06/2021	31/07/2021																						
Summary findings / highlighted actions			01/08/2021	31/08/2021																						
Implementation of suggested / agreed changes			01/09/2021	30/11/2021																						