

INFORMATION NOTE



Blackpool Teaching Hospitals Mortality Governance Report February 2016

It is understood that death rates from many conditions are higher than average in Blackpool, Fylde and Wyre, including those for coronary heart disease, stroke, diabetes and smoking & alcohol related diseases.

Attention to all aspects of Mortality Governance remains a top priority focus for the Blackpool Teaching Hospitals NHS Foundation Trust (BTH NHS FT).

The Trust holds regular bi-monthly Mortality Committee meetings. The agenda for these meetings closely reflects that recommended in recent NHSE guidelines on Mortality Governance. All specialities are represented at the Mortality Committee through Divisional Directors, Heads of Department and designated speciality mortality reduction leads. The Committee is chaired by the Trust's Chief Executive and includes the Medical Director, the Director of Nursing services and the Trust mortality reduction lead. Representation is also welcomed from Non-Executive Directors and also from Blackpool Clinical Commissioning Group (CCG) and Fylde & Wyre CCG.

The Mortality Committee is currently reviewing its terms of reference with a view to extending membership to include clinical and administrative representation from primary care in addition to CCG's.

All the major specialities in the Acute Trust conduct regular mortality review meetings comprising retrospective case record reviews (RCRR's). Lessons learned from these reviews are disseminated at both speciality and trust wide levels. Although the ultimate aim of RCRR's is to minimise potentially avoidable deaths the process also consistently reveals learning points relevant to the overall quality of care for all patients.

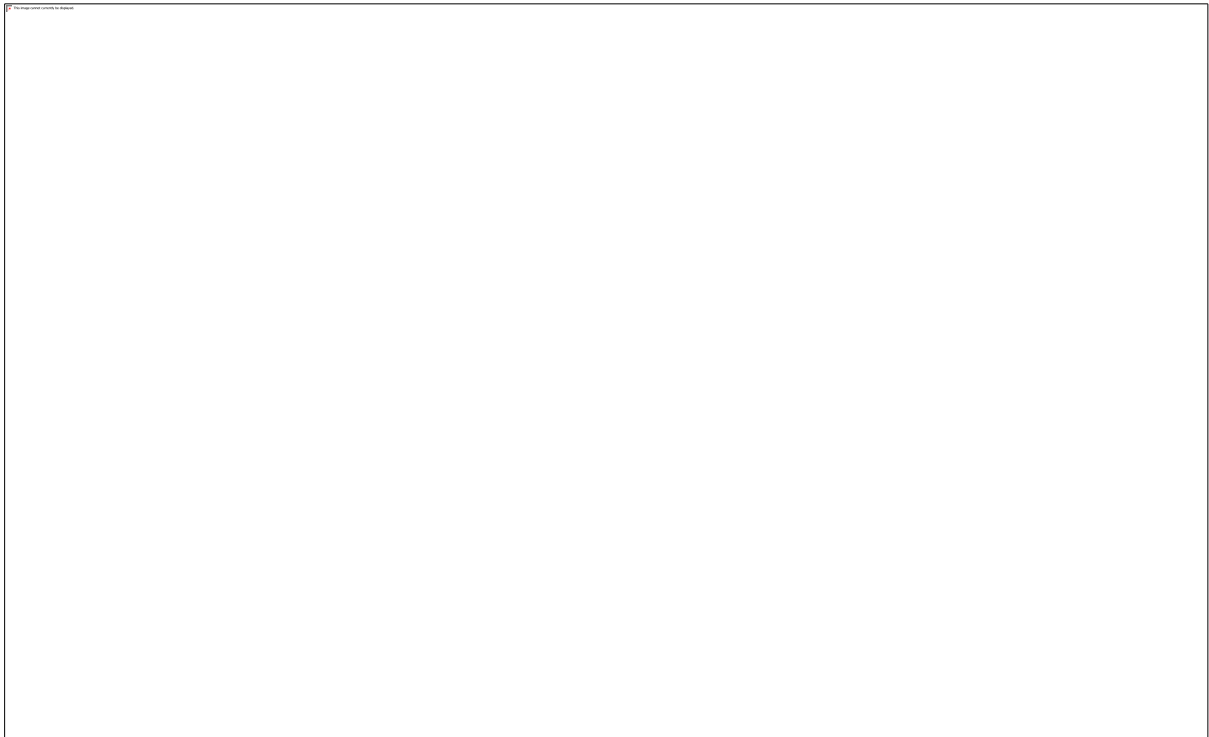
Blackpool and Fylde & Wyre CCG's have recently commissioned a comparator review through AQUA (the Northwest's Advancing Quality Academy) with a view to identifying practical steps taken by other comparable trusts to minimise avoidable mortality and maintain it at that minimal level. This report from AQUA, in conjunction with recent guidance from NHS England, will form the basis of this year's mortality governance action plan for the acute trust and also to some extent for primary care in areas of linked service provision.

There is an increase in general acceptance that Mortality Governance is a matter for the whole health economy and not just for the Acute Trust. Both CCG's have underwritten a current cooperative project between primary and secondary care looking at 'end to end' care provided for a cohort of stroke patients.

National data confirm a common group of conditions requiring mortality governance focus for the majority of trusts. This group of conditions includes pneumonia, stroke, sepsis, heart failure and acute myocardial infarction. The Trust has designed and implemented clinical pathways for the optimal management of each of these conditions over the past two years and continues to refine these pathways in terms of their effectiveness and of the compliance of staff in the delivery of key steps in treating each specific diagnosis.

Whilst there remain important areas of mortality governance for the Trust, requiring continued focus and periodic refreshment of action plans, we are nevertheless able to report a steady fall in Summary

Hospital Mortality Index (SHMI), one of the national indicators considered to reflect potentially avoidable mortality. The current SHMI graphic for the BTH NHS FT, shown below, includes both nationally derived data and internally generated data to bring the graph up to date.



The national average SHMI for all conditions treated is represented by the 100.00 horizontal. Whilst currently still showing an above average SHMI the Trust is approaching the short term target of 110.00 with a view to continuing on an appropriate trajectory in relation to potentially avoidable mortality for the foreseeable future.

Fylde Council can be assured that the BTH NHS FT maintains a continuing focus on driving down the number of potentially avoidable deaths across the trust and, in the process of doing so, maximising the benefits resulting from the dissemination of learning points gleaned during the retrospective case record review process as they relate to overall quality of care.

It is anticipated that the Acute Trust's growing cooperative partnership with primary care, against a background of the common appreciation that mortality governance is a whole health economy issue, will result in a significant improvement in terms of longevity for the Blackpool, Fylde & Wyre patient population.

FURTHER INFORMATION AVAILABLE FROM

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