

The Shrewsbury and Telford Hospital NHS Trust

Trust Board – May 2011

Mortality Update

Executive Lead	Dr Ashley Fraser MD
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Corporate Objective	C4. Deliver services that offer safe, evidence-based practice
Goal	
Executive Summary	<p>Reducing mortality is one of the top priorities for the Trust. Our progress is being measured by using:</p> <ul style="list-style-type: none"> • The Crude Rate of Deaths, which measure all deaths in our Hospitals • The National standard HSMR measure, which measures deaths across a basket of 56 diagnosis and represents approx 80% of our deaths <p>Progress to date for Month 1 (April 2011) is:</p> <p>Crude rate reduction : Achieved 4 less deaths</p> <p>HSMR HSMR Last 12 months – 105.1 (re-based 115) In month – 101.4 (estimated re-based 111.4)</p> <p>Key points to note:</p> <ul style="list-style-type: none"> • The trend in HSMR continues downwards at a faster rate than the National index resulting in an improved re-based figure of 115 for the last 12 months • The best progress is at RSH, especially Surgery, where the re-based HSMR is 90.4 for the last 12 months which is well below the National index • Consultant Physicians at PRH are engaged and are reviewing Patient deaths for Jan to identify clinical opportunities • The focus on reducing crude rates of death will need to be through LIPS improvements and ensuring Patients die in their place of choice
Recommendations	Trust Board are asked to NOTE current trends and actions being taken.

Mortality Update

Contribution to Inspection, Registration, Performance and Delivery

Risks and Assurance	Not Applicable
Contribution to Key Performance Indicators	This report directly relates to the Integrated Performance Report - Mortality
Compliance with Clinical and other Governance Requirements	Not Applicable

Impact Assessment

Quality	To reduce the crude rate of deaths by 350 by May 2013
Financial	Not Applicable
Workforce	Not Applicable
Legislation and Policy	Not Applicable
Equality and Diversity	Not Applicable
Communication and Marketing	Not Applicable

Engagement and Decision-Making Process

A cut down version of the report for the public domain has been submitted to the Quality & Safety Committee on 19th May

Update on Mortality – May 2011

Introduction

Reducing mortality has been given a top priority for the Trust. We will monitor our progress against this through 2 key measures:

HSMR – A standard national measure gives a risk based on comparing actual deaths with expected deaths for 56 of the main diagnosis. It takes into account case mix and includes deaths in community hospitals if the Patient is directly transferred from SaTH.

Crude rate of Deaths – This is the total in-hospital deaths

The baseline to review progress is the latest full year as reported in April 2011.

Current Status and Progress to date

The current status for this financial year is:

Crude Rate of Deaths

There were 4 less deaths in the last month than the same month in the previous year

Key Points:

- Reducing crude deaths can only be achieved through clinical improvements (LIPS) and ensuring Patients die at the place of their choice.
- As well as LIPS, a review of deaths for Jan 11 at PRH is being undertaken by the Consultant Physicians starting 20 May to identify clinical opportunities. Outputs will be fed into the Quality & Safety Committee for appropriate action

HSMR

Current reported measure for the Trust is 105.1 for the last 12 months and 101.4 for this month.

Key Points:

- The Trust SMR is reducing at a faster rate than the National index
- The trend continues downwards and for the last 3 months has been around the National index of 100 (see graph below)
- Improvements to coding practices implemented in the second half of last year are now having a positive effect
- In the last 2 months the number of expected deaths and the number of actual deaths were the same indicating that the improvements are starting to show consistency
- A peer review has been completed with the support of the Dr Foster Team against 6 other hospitals. (3 local and 3 of the best County Town DGH Hospitals in the UK). This was done to identify differences for our top 10 key HSMR diagnosis. The outcomes of this will be discussed in the Mortality Group meeting and fed into the Quality and Safety committee for appropriate action

Graph – HSMR Monthly Trend - SaTH

