Item No 4b

Warwickshire Health & Well-being Board

22 May 2011

MORTALITY UPDATE – GEORGE ELIOT HOSPITAL

1.0 INTRODUCTION

1.1 As a direct and immediate response to the increase in mortality rates, both HSMR and SHMI in the autumn of last year, the Trust has put an action plan in place to undertake a wholesale review of systems and processes in place. An overview of initial actions were reported to the January meeting of Health & Wellbeing Board.

2.0 PROGRESS

2.1 The Mott Macdonald external review recommendations were confirmed as:

2.2 Support and encourage staff to work together to ensure delivery of high quality care

2.3 Issues identified under this heading relate to the movements of inpatients around the hospital (to and from different wards) and changes to which consultant is responsible for an individual patient's care. Combined, these two issues may have a detrimental impact on the continuity of care provided to patients.

2.4 Actions being taken to improve continuity and therefore the quality of care we provide include:

- Ending multiple handovers of care
- Increasing autonomy of nurse and allied health professionals, for example, to enable nurse-led discharge
- Eliminating any 'silo' working, improve communication and embed standard processes between teams within the hospital
- Improve timely access to medical records

3.0 Improve patient flow within Trust and to/from community

3.1 Key findings in under this heading are, availability of senior staff at weekends, clinical pathways between primary and secondary care and other services such as substance misuse, mental health, care of the elderly and end of life

care provision within the community. Also highlighted was poor health awareness amongst our local population, leading to a wide range of health-related issues, including high rates of late presentation for cancer.

3.2 A number of the issues require the support and input from other partners and agencies. Key actions being taken include:

- Ensure patients are admitted to the appropriate ward and stay there
- Implement '7 day working' to ensure appropriate senior medical cover every day and improved access to diagnostics
- Work with the wider health community to manage appropriate care out of hospital and prevent avoidable admissions
- Work with the health community to manage discharge effectively and minimise delayed transfers of care (discharges)

4.0 Improve information to inform effective decision making

4.1 The review identified frustrations of clinical and managerial staff towards the Trust's information management systems, compounded further by low levels of understanding of the importance of information capture and use to improve clinical and management decision-making. Additional concerns include the off-site storage of medical records.

4.2 Actions to address this key finding include:

- Creating an information management strategy that incorporates strategic, operational and clinical/quality of care aspects.
- Implementing a modern clinical information system which will support access to summary patient information at the point of care
- Improving integration between key information systems (PAS, medical records, coding)
- Ensuring vital information systems are always up to date, including a 'key performance indicator dashboard'
- Improving clinical coding practices as a matter of priority
- Ensuring GEH medical records meet General Medical Council good practice record-keeping standards

5.0 Improve integration, cooperation and alignment with the wider health community

5.1 This key finding focuses on wider health community issues that are thought to be impacting on the Trust's high mortality ratings. Specifically, these include the identification that significantly more people in the Nuneaton and Bedworth population die in hospital or at home, and significantly fewer people die in care/nursing homes and hospices, than the national average. The findings

recognise that almost no inpatient hospice provision exists locally and there is limited ability of care/nursing homes to deal with palliative/end of life care. This lack of care provision leads to a tendency to transfer end of life patients to GEH. Statistical modelling suggests that by increasing palliative care provision in the community could reduce GEH's HSMR by a number of percentage points.

5.2 Socio-economic factors, coupled with health indicators such as high rates of obesity, alcohol-related mortality, high rates of smoking and cardio-vascular mortality lead to a significantly reduced life expectancy for the local area.

5.3 Key actions for this finding include:

- Working with commissioners and primary care to improve end-of-life care pathways, including support and capability provided within nursing homes and specialist care in GEH
- Review and align GEH and community services and capacity to the needs of the local population
- Commissioner and local authority initiation of public health work to address key issues impacting on the local health community (obesity, healthy living, alcohol consumption, sexual health, teenage pregnancy)
- Agree the protocols for the appropriateness of patients to be treated on GEH site

5.4 A detailed action and implementation plan is in place in response to findings from the above and amalgamated with other actions underway. This plan is reviewed and updated monthly with Directors, the Trust Board and the PCT.

5.5 We have very recently received a positive outcome of the service review undertaken by the Royal College of Surgeons of England of colorectal services at the George Eliot Hospital.

5.6 The report concludes that there were no significant immediate causes for concern with regard to the clinical outcomes of the colorectal surgical service at the George Eliot Hospital.

6.0 CURRENT MORTALITY RATES

6.1 The current HSMR (benchmark year 2010/11) was 114.3. December's HSMR was 94.8 and January's HSMR was 98.8. The monthly trend chart shows that the HSMR was above the benchmark of 100 but is on a linear downward trend.

6.2 The most recent SHMI figure has increased from 1.21 to 1.23; however these figures represent performance for the period September 2010 – September 2011.

6.3 The implementation of the action plan has started to impact positively on the HSMR figures which in turn will impact on the next of set of SHMI returns which will include returns from October to December 2011.

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