ENC No 5

Walsall Healthcare NHS
NHS Trust

Meeting	Trust Board
Date	7th June 2012
Title of Paper	Hospital Mortality: Update and Action Plan
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PURPOSE OF THE PAPER

The paper provides an update for the Trust Board on hospital mortality and presents the Trust's Mortality Action Plan for approval.

SUMMARY OF THE KEY POINTS

- Improving hospital mortality is one of the Trust's key priorities as set out in the Quality & Safety Strategy. It links directly to our promise to patients that they will feel "in safe hands"
- The average monthly number of deaths in the hospital has reduced from 101 in 2010/11 to 98 in 2011/12. The Trust's Standardised Hospital Mortality Index (SHMI) at 109 and Standardised Hospital Mortality Rate (HSMR) at 108 are both above 100 and indicate scope for further improvement.
- The Trust has already taken action to improve care and increase senior medical cover. Further action is planned for 2012/13 to ensure improvements continue to be delivered.

RECOMMENDATIONS

1. NOTE the Trust's current hospital mortality rate;
2. APPROVE the Trust's Mortality Action Plan;
3. REQUEST detailed progress reports to the Risk Assurance & Quality Committee and continued reporting to the board through the Performance & Quality Report and the Quarterly Quality & Safety Stocktakes.

LINKS	
• Strategic Objectives	Safe, High Quality Care *(Patient Promise: In Safe Hands)*
• Annual objectives	To reduce hospital mortality rates
• Monitor / CQC / Regulatory Requirements	Mortality rates are reviewed by both CQC and Monitor
IMPACT	
• Patient Experience	
• Quality & Safety	Hospital mortality rate is a key measure of quality and safety of care
• Financial	Resources have been invested in additional consultant and palliative care support
• Workforce	A medical workforce review has been undertaken as part of this plan
• Equality & Diversity	
• Estates	
• IM&T	
• Communications / Engagement	Effective communication will be key to the success of the plan

RISKS

- Failure to deliver continued improvements in hospital mortality risks damaging the reputation of the Trust with its stakeholders
- Failure to deliver improvements may present a risk to the continued progress of the Trust's Foundation Trust application

PREVIOUS CONSIDERATION

- Risk, Assurance & Quality Committee, 22nd May 2012

Walsall Healthcare NHS
NHS Trust

REPORT TO THE TRUST BOARD
7TH JUNE 2012

HOSPITAL MORTALITY: UPDATE AND ACTION PLAN

EXECUTIVE SUMMARY

- Hospital mortality is an important measure of the quality of care provided by the Trust and one of the key priorities for the Trust's Quality & Safety Strategy. An improving mortality rate will contribute to the successful delivery of the Trust's recently launched promise to our patients that they will feel "in safe hands".

- The Trust monitors hospital mortality monthly through three main measures.

    - Standardised Hospital Mortality Rate (SHMI) – produced quarterly by the Department of Health covering a rolling 12 month period and including deaths in hospital and within 30 days of discharge.
    - Hospital Standardised Mortality Rate (HSMR) – produced monthly by Dr Foster and covering deaths in hospital.
    - Numbers of deaths and the crude mortality rate.

  NB. Both SHMI and HSMR are calculated as indices with 100 being the calculated expected level of deaths for a Trust based on its activity and case-mix.

- The Trust's current performance on each of these measures is set out below.

    - SHMI: 109 categorised "as expected" (October 2010 to September 2011).

    - HSMR: 108 and within the expected range (2011/12 to February 2012) This is, however, higher than at many other trusts and the Trust can expect this to rise in the annual Dr Foster re-basing of their index.

    - There was an average of 98 deaths a month in hospital in 2011/12. This compares to 101 in the previous 12 months. In total this equates to 39 fewer deaths in 2011/12 compared to 2010/11

    - More detailed review suggests that the measures for the Trust are particularly affected by mortality rates for serious respiratory conditions. Higher than average rates of chronic respiratory conditions in the local population may be a factor in this.

- The Trust's HSMR and SHMI are driven by a range of factors including the age, gender and underlying medical condition of the patients admitted to hospital. The Trust's work on mortality has identified two sets of issues.

    - Poor underlying levels of health in many parts of the borough and a greater reliance on the hospital to provide end of life care than in other parts of the country. For example the SHMI analysis shows 81% of deaths in Walsall occur in hospital and 19% in patients' own homes and nursing homes compared to a range between 19% and 30% nationally. Variance in this area reflects the provision of palliative care, hospice and support for patients within the care home setting.

    - Areas where the trust can improve further the quality and organisation of care to improve outcomes for our patients – especially in the care we provide to patients with serious respiratory conditions.

- The Trust has already taken a number of actions to ensure that patients receive the best possible care including:

    - Organising a review of every death that occurs within the hospital by a senior consultant to identify issues and learn lessons; the results of which reassure that there was no single factor or omission resulting in death but a series of suggestions on how to optimise both pathways and care delivery of care to promote the best outcomes

    - Introducing senior medical input for wards six days a week with increased senior input on Sunday as well alongside commitment to extend this over a seven day period.

    - Introducing specialist respiratory consultant into the Acute Medical Unit (assessment unit) three times a week;

    - Launching a standard "care bundle" for patients with serious respiratory conditions;

    - Introducing nursing rounds every two hours including checks of pain relief, pressure care and hydration;

    - Improving palliative and end of life care by providing specialist support to the hospital seven days a week rather than five and appointing two new consultants in palliative medicine. Further investment is also planned in end of life care support for the hospital.

- The Trust is planning further action including:

    - Commissioning expert advice from a British Thoracic Society senior clinician to ensure our respiratory services are based on best practice;

    - Proceeding with a major review of our medical consultant workforce to increase further consultant cover especially at evenings and weekends;

- Planning the launch of further “care bundles” including for sepsis and urinary tract infection;

- Work on areas identified from case reviews including improving fluid balance and improved transfer and handover of patients.

- Taken together these actions are designed to ensure that the Trust continues to improve the quality of care we provide to our patients. Progress with the Trust’s action plan will be reported monthly to Risk, Assurance & Quality Committee and to the Trust Board through the Performance & Quality Report and the Quarterly Quality & Safety Stocktakes.

1. INTRODUCTION

Our vision states that we will provide first class integrated services in the right place at the right time. This is supported by key objectives to improve experience and provide safe high quality services which we have crystallised through our promises to ensure people feel they are 'in safe hands'.

The rate in which people die within our hospital services measured through the hospital mortality is an important indicator of the quality of care we provide and improvement would demonstrate real quality improvements in line with the priorities for in Trust recently approved Quality & Safety Strategy

This paper provides an assessment of our current performance together with the actions undertaken already taken and those planned within the Mortality Action Plan.

2. BACKGROUND

In considering hospital mortality rates it is helpful to set them in the context of the wider health of the population served by the Trust.

Life expectancy within Walsall for males is 74.6 yrs & 80.1 yrs for females. Nationally life expectancy is 76 years for males and 80.6 years for females demonstrating a marked disparity in the Walsall population. Healthy life expectancy, giving a value of years of health shows that the Walsall population have 2.5 years less than the national average of life years with good health showing independent and freedom from chronic disease symptoms. The main causes of death in Walsall are cancer, coronary heart disease and pulmonary disease. Pulmonary disease accounts for just over 4,000 emergency hospital admissions per year representing the highest overall admission group and accounting for 1 in 8 acute admissions

A high prevalence of Chronic Obstructive Pulmonary Disease (COPD) in the local community contributes to admission numbers. In Walsall 5,548 people suffer from COPD. This is 20% higher than the England average for this condition. The majority of patients with COPD are managed successfully by primary care and the Trust's community respiratory team. If the condition deteriorates however this can result in hospital admissions for Acute Bronchitis, Chest Infection & Pneumonia especially during the winter months and reducing the mortality rate by optimising care has been a priority for the Trust.

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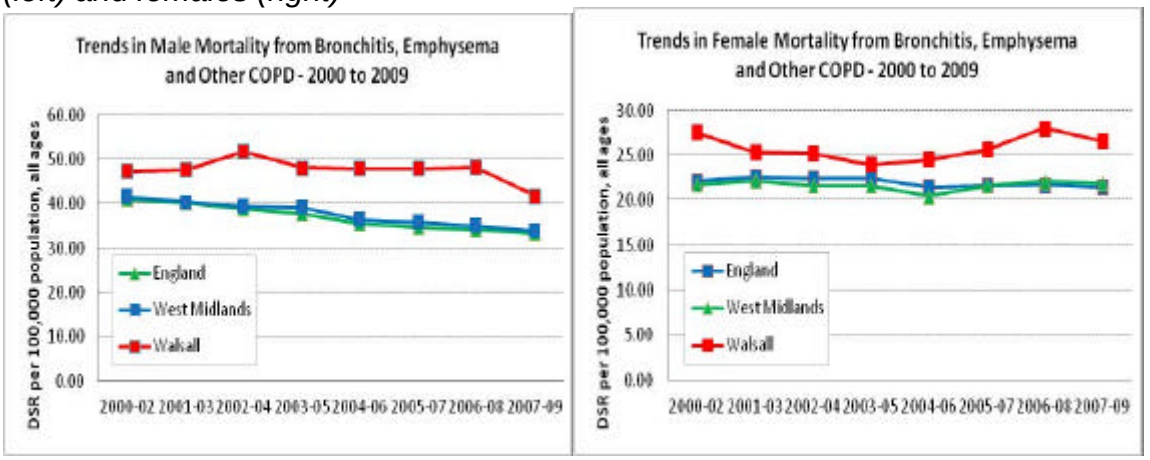
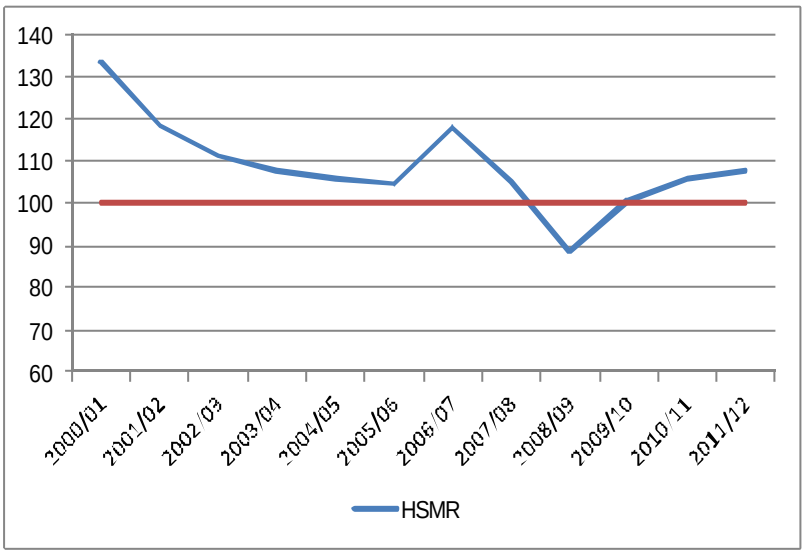
Trends in mortality from bronchitis, emphysema and other COPD, 2000-09 – Males (left) and females (right)



The recently presented palliative care audit identified the dominance of respiratory needs across all palliative care requirements and noted 270 patients admitted to hospital within 2011 who could have been managed at home or in their nursing or residential care home.

The long-term trend for Hospital Standardised Mortality Rates (HSMR) within the Manor Hospital is set out in the table below. which began at with the publication of Mortality rate statistics in 2000/2001.



3. CURRENT PERFORMANCE

3.1. Deaths in Hospital

The monthly number of deaths in hospital is set out in the table below.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2012/13	90											
2011/12	97	97	98	87	76	88	115	81	97	121	114	103
2010/11	102	99	98	93	90	82	88	83	124	143	95	116

There were an average of 98 deaths a month in hospital in 2011/12. This compares to 101 in the previous 12 months. Actual numbers of deaths have therefore fallen over the last 12 months. In total this equates to 39 fewer deaths in 2011/12 compared to 2010/11

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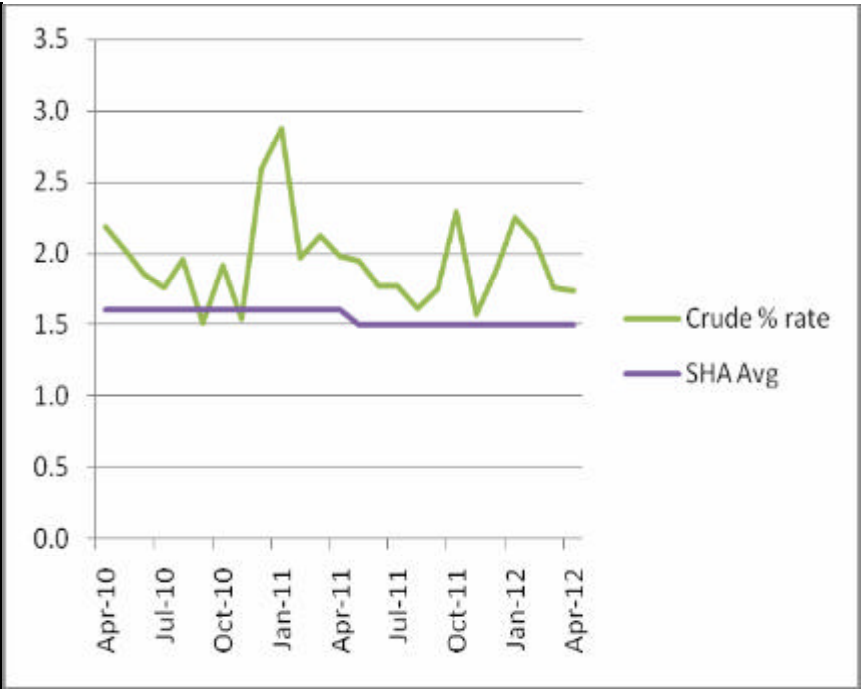
3.2 Crude Mortality Rate

The crude mortality rate is total deaths as a percentage of hospital activity (spells). From 2010-12 the West Midlands Region has shown a range between 1.5-1.6. The Trust's crude rate has been above this level in 2011 but has begun to show a decreased rate in 2012 (1.7% April 12)

Trend (Month)	Crude % rate
Apr-10	2.2
May-10	2.0
Jun-10	1.9
Jul-10	1.8
Aug-10	2.0
Sep-10	1.5
Oct-10	1.9
Nov-10	1.5
Dec-10	2.6
Jan-11	2.9
Feb-11	2.0
Mar-11	2.1
Apr-11	2.0
May-11	2.0
Jun-11	1.8
Jul-11	1.8
Aug-11	1.6
Sep-11	1.8
Oct-11	2.3
Nov-11	1.6
Dec-11	1.9
Jan-12	2.3
Feb-12	2.1
Mar-12	1.8
Apr-12	1.7

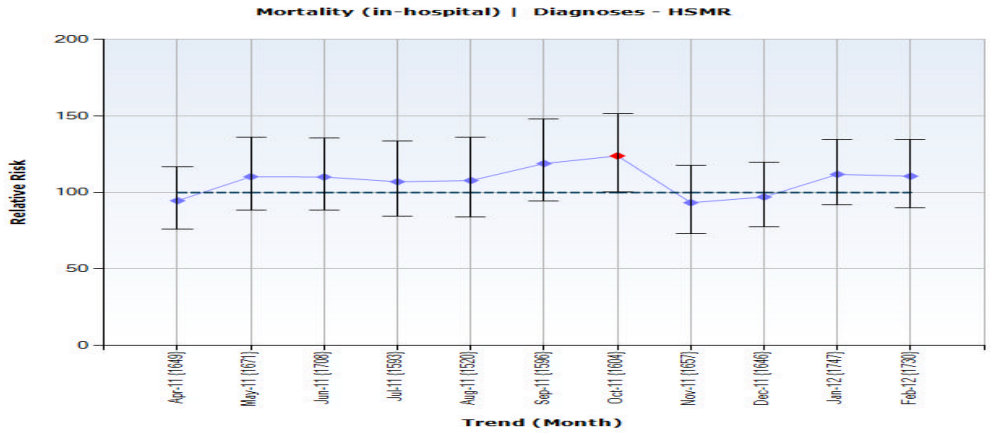


3.3 Hospital Standardised Mortality Rate (HSMR)

Hospital Standardised Mortality Rates (HSMR) are produced monthly by Dr Foster and cover deaths in hospital. The table below sets out the Trust's monthly HSMR.

HSMR	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2011/12	94.6	111	111	110	111	120	128	92.6	96.8	109	110	
2010/11	100.3	106	105	106	104	82.5	91.8	90.5	121	134	99.3	121

HSMR Trend Apr11-Feb12



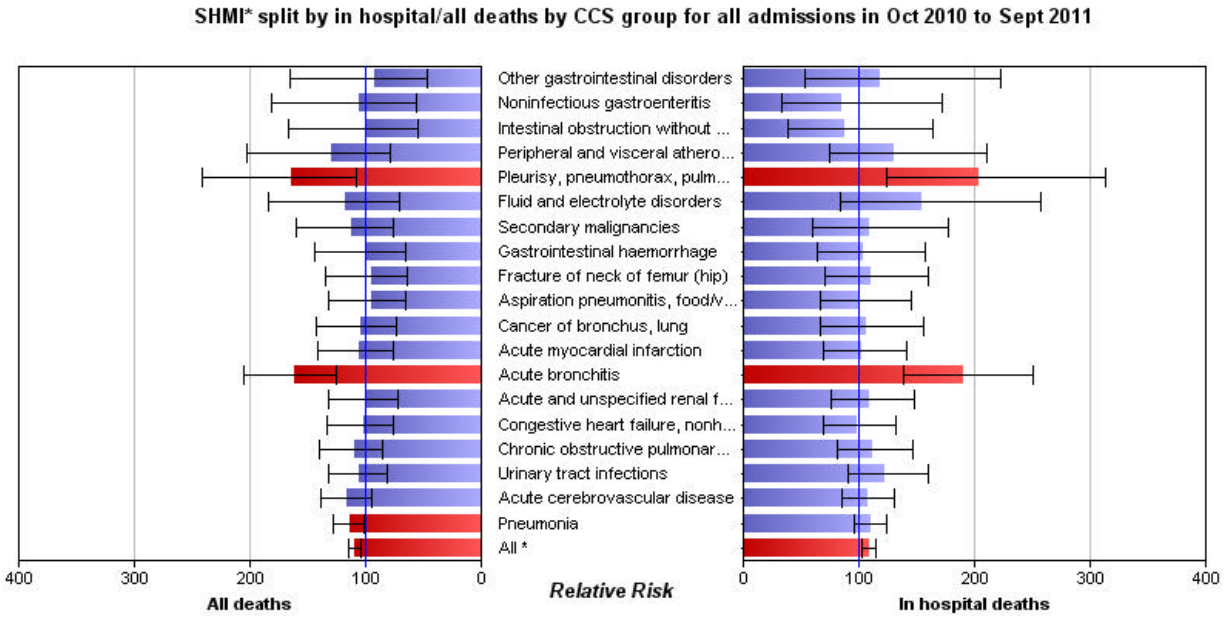
The largest category of deaths included in the calculation of the HMSR in February stem from respiratory and pneumonia related causes.

The Trust year to date HSMR, covering all 56 monitored diagnosis for 2011/12 as at February 108 which is within the expected range. This is however higher than many other trusts and is therefore likely to rise when Dr Foster undertake their annual re-basing exercise. Dr Foster estimate this could result in a re-based HSMR of 117 which could put the Trust outside the expected range.

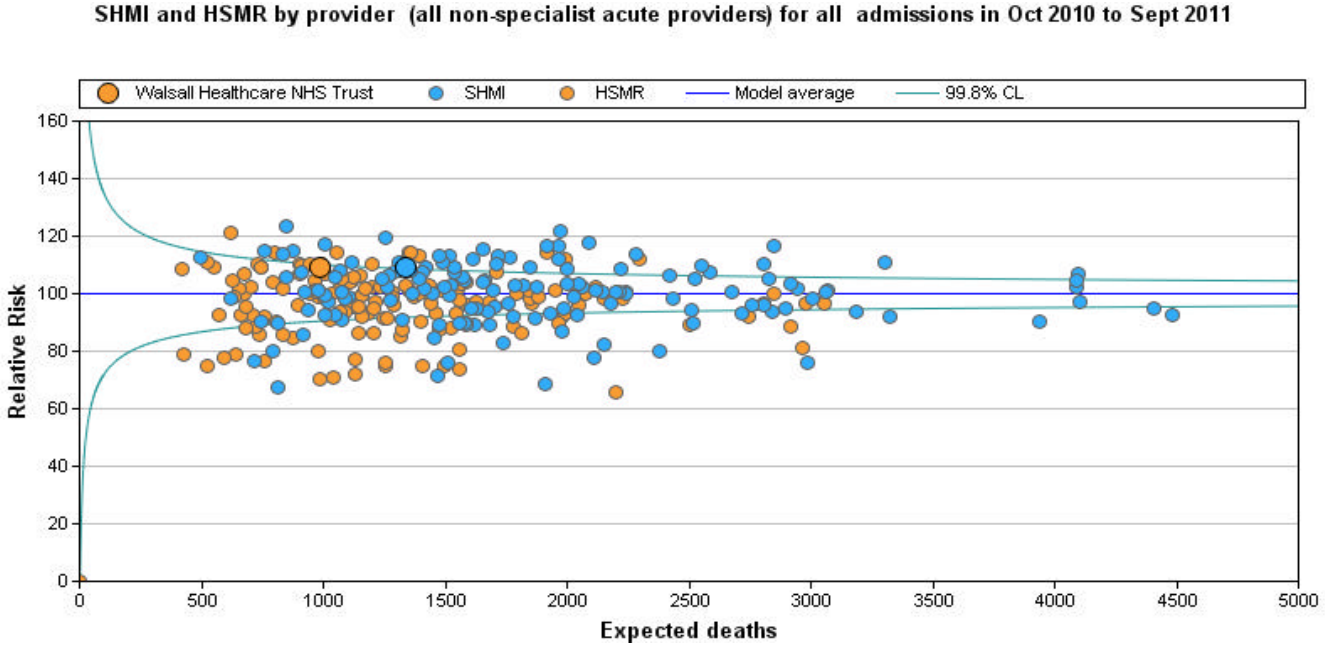
3.4 Standardised Hospital Mortality Index (SHMI)

The Standardised Hospital Mortality Index (SHMI) is produced quarterly by the Department of Health covering a rolling 12 month period. The latest 12 month SHMI published by the Dept of Health covering the period Oct 2010 to September 2011 is 109 and is described by the NHS information centre as “as expected”.

Analysis of the preview data within the NHS Information System supports conclusion on serious respiratory conditions as a focus for mortality reduction (see below)



A national comparison of both SHMI & HSMR is presented in the following funnel plot. The larger circles represent Walsall Healthcare NHS Trust. This shows that the Trusts HSMR and SHMI are at similar levels and that both are close to the top of the expected range for Trusts nationally.



4. OUTCOME OF REVIEW OF OUR PERFORMANCE

In considering the factors which are affecting our current performance we have undertaken a number of specific actions. Clinical leadership has been key throughout and this work, led by our Medical Director has engaged a wide variety of

medical and nursing staff to identify what opportunities for change and improvement could be taken. Actions have included

- Creation of a monthly Mortality and Quality of Care Group with representation from all the clinical specialties across the Trust together with the Heads of Nursing. This group monitors the analysis work done to date and oversees the delivery of actions. Although chaired by the Medical Director, the Chief Executive attends.

- Undertaking a case review for all deaths which occur within the Trust. These reviews are being undertaken by a senior surgeon and physician and identify the lessons which are presented to the Mortality and Quality of Care Group for incorporation into the Action Plan as appropriate.

- Review of the primary diagnosis coding and co morbidities for all deaths which occur, undertaken jointly between the Medical Director and the Head of Clinical Coding.

- Working closely with Dr Foster Intelligence to ensure that the scoring adequately reflects our levels of risk so that we can use it effectively in our improvement plans.

- Review of our routine surveillance systems including the Global trigger Tool and early warning systems

This work has identified a number of issues which we need to address in terms of improvements to services.

- The case review has not identified any single significant errors which have led directly to patient deaths.

- Review findings have identified a number of areas in which we can improve the quality and organisation of our care to improve outcomes for patients. These include: ensuring appropriate medical handover to deliver consistent timely care, regular, senior medical review and accuracy in intravenous fluid prescription.

- This review has reinforced our earlier conclusion that we can improve the care we provide to patients at the end of their life including properly identifying patients approaching the end of their life and using a recognised end of life care pathway supported by the specialist palliative care team. We have also identified a group of patients admitted to the hospital at the very final stages of their life and we need to work with partners in primary care and the nursing and residential care home sectors to provide alternatives to hospital admission for this group of patients where clinically appropriate.

- Higher than expected mortality rates for patients with serious respiratory conditions are a significant factor in the Trust's overall high mortality rates. We have also identified a number of patients with respiratory conditions who are

admitted to our general medical wards rather than to the Trust's specialist respiratory ward.

These areas have therefore formed the basis of our action planning to improve outcomes.

5. ACTION PLAN

This analysis identifies four key areas for us to focus upon

a. Improved surveillance and review
b. Optimise care delivery to improve outcomes – especially for respiratory patients
c. Improved accuracy of record keeping
d. Effective leadership and communication across professional groups

The Trust's Mortality Action Plan is included as an appendix to this report and the actions are grouped under these areas. These are summarised below

We have already taken a number of significant actions to ensure improved hospital mortality rates including:

- Introducing senior medical review for patients six days a week with increased senior input on Sunday as well. This will deliver improved clinical assessment at an earlier point in a patients' admission;

- Introducing specialist respiratory consultant into the Acute Medical Unit (assessment unit) three times a week; We plan that this will increase furtherwith the appointment of an additional respiratory consultant in the next few months;

- Increasing the number of accident and emergency consultant posts to ensure senior input on patient presentation over 7 days a week and till 10.00pm each day;

- Launching a standard "care bundle" for patients with serious respiratory conditions;

- Introducing nursing rounds every two hours including checks of pain relief, pressure care and hydration;

- Improving palliative and end of life care by providing specialist support to the hospital seven days a week rather than five and appointing two new consultants in palliative medicine. Further investment is also planned in end of life care support for the hospital. This work is part of a economy wide whole systems approach where we are working closely with the Clinical Commissioning Group and Local Authority to work with primary care and Nursing Homes to address the issues of end of life care management in the community.

Further action is also planned including:

- Organising an external expert review of the care provided to patients with serious respiratory condition to ensure that services we provide are in line with best practices;

- Proceeding with a major review of our medical consultant workforce to increase further consultant cover especially at evenings and weekends, and including the development of elderly care physicians providing support to community and primary care services to support people in their own homes;

- Planning the launch of further "care bundles" including for sepsis and urinary tract infection;

- Continued active involvement in the West Midlands Mortality Group where best practice is shared and outcomes debated;

- Accuracy in intravenous fluid prescription is being addressed by the delivery of a Trust wide fluid prescription protocol and additional ward based training;

- Delivery of the actions to improve our community COPD service arising from the recent Appreciative Enquiry review undertaken by NHS Walsall and the Clinical Commissioning Group;

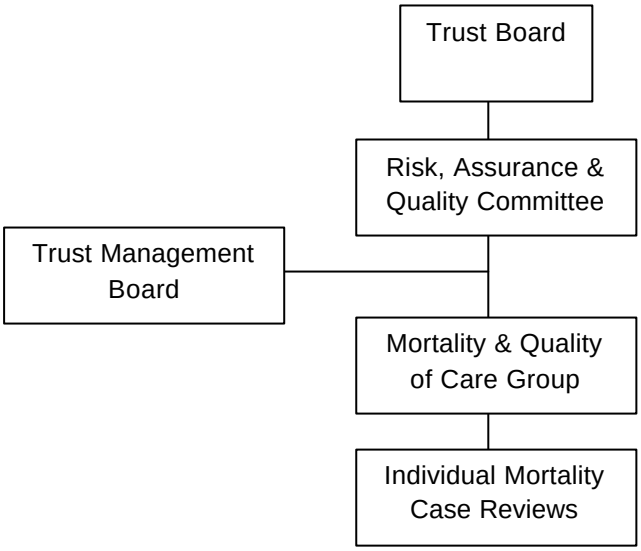
- Development of a organisation wide Communication Plan in line with the launch of the 'In Safe Hands' promise will provide information on this issue and the workforce how they can support improvement;

- The model of case review is being developed during the summer of 2012 to move to specialty teams considering more of this information. This forms part of the 2012-17 Quality and Safety Strategy to further support the priorities of safe effective care and will ensure those delivering care are closer to considering quality and learning from feedback.

We have shared this action plan with our commissioners at NHS Walsall, the Walsall Clinical Commissioning Group, the Black Country PCT Cluster and the Midlands and East Strategic Health Authority.

6. GOVERNANCE

It is key that we succeed in this area. The following Governance structure is in place to ensure that the Trust develops and delivers a successful mortality action plan.



The Trust's Mortality & Quality of Care Group is chaired by the Medical Director and attended by the Director of Nursing and the Chief Executive. All hospital deaths are the subject of an individual review by a senior consultant to ensure that we learn lessons and identify any areas for improvement.

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7. CONCLUSION AND RECOMMENDATIONS

This paper has set out our current performance on mortality rates, the main issues that we have identified from our work in this area and the action that we have already taken and are intending to continue to take to deliver improvements for our patients so that they can be assured that they are "in safe hands".

The Trust Board is recommended to:

1. NOTE the Trust's current hospital mortality rate;

2. APPROVE the Trust's Mortality Action Plan;

3. REQUEST detailed progress reports to the Risk Assurance & Quality Committee and continued reporting to the board through the Performance & Quality Report and the Quarterly Quality & Safety Stocktakes.

Mr Amir Khan
Medical Director