

**BRIEFING FOR THE HEALTH OVERVIEW AND SCRUTINY COMMITTEE
13TH JANUARY 2012**

HOSPITAL MORTALITY AT WALSALL HEALTHCARE NHS TRUST

INTRODUCTION

Following discussions with the Health Overview & Scrutiny Committee earlier in 2011/12, this paper provides a further briefing on hospital mortality rates at Walsall Healthcare and the work that the trust is undertaking to continue to deliver improvements.

MEASURING HOSPITAL MORTALITY

The trust board tracks performance on mortality and quality of care in five main ways:

- number of deaths in the hospital reviewed monthly;
- Hospital Standardised Mortality Rate (HSMR) produced monthly by Dr Foster for all trusts as an index in which 100 is the “expected” rate for the trust based on the type of patients treated;
- Standardised Hospital Mortality Index (SHMI) produced quarterly by the NHS Information Centre, also works as an index but has been developed alongside HSMR as the standard national measurement;
- performance on a range of other measures of the quality of care provided by the trust including infection control (MRSA and clostridium difficile), pressure sores, falls, medication errors and serious incidents).

CURRENT PERFORMANCE

The trust’s current performance on this range of measures is as follows.

- The number of deaths in the hospital remains stable this year compared with last year. The average number of deaths in the hospital each month this year (2011/12 to December) is 93 compared with 97 for the same period last year (2010/11 to December).

- Our HSMR for this year (2011/12 to December) is 112. This compares with 106 for the last year (2010/11). Although above 100 and higher than we are aiming for, these rates are within the 95% confidence intervals set by Dr Foster.
- The most recent published SHMI is for 2010/11 and was 106. Again although above 100, this was categorised “as expected”. An updated SHMI (up to June 2011) will be published before the end of January.
- December’s performance on many of the other routine quality indicators showed an improved position. We continued our long run without a case of MRSA in hospital or community services, we had the lowest number of clostridium difficile in the hospital so far this year and fewer grade 3 and 4 pressure sores than in November.

ACTION PLAN

The Trust is taking the increase in hospital mortality rates (as measured through HSMR) very seriously and our January board meeting agreed our action plan. This is designed to tackle four priority issues. This section provides a summary of the most important actions we are taking in each area (although it does not include all of the detail of the plan).

1. Ensuring consistency of care for patients admitted with respiratory conditions
 - We are undertaking more detailed review of all deaths following a respiratory diagnosis.
 - We have agreed a respiratory “care bundle” setting out the standards of care for all patients with respiratory conditions and are rolling this out across all wards.
 - We are ensuring that all patients who need to be admitted to the specialist respiratory ward receive care from that team.
 - We will identify the next steps in the development of an integrated respiratory service across hospital and community services.
2. Ensuring regular senior medical and nursing review especially at evenings and weekends.
 - We are introducing a system to ensure that there are daily consultant reviews on all wards 6 days a week plus review of the most poorly patients on Sunday.
 - We are ensuring that our system of “early warning scores” for patients on our inpatients wards is operating effectively.
 - We are developing plans to introduce “interventional rounds” by nursing staff at regular intervals.

3. Improving the quality of care for patients at the end of their life by improving access to specialist palliative care.
 - We are agreeing a plan to improve access to specialist care support and advice for patients in the final stages of their life to ensure they receive the best possible care.
 - We are accelerating existing work to bring hospital and community based palliative care services together to improve the overall service that we offer.
4. Ensuring we continue to accurately report what is happening.
 - We are continuing to review all deaths to identify any lessons that need to be learnt.
 - We are seeking input from other organisations who have undertaken work in this field to ensure that we are following best practice.
 - We are continuing to review the coding of patients to ensure that we are properly describing the nature of their condition and co-morbidities.

Progress with our action plan will be reviewed by the Mortality & Quality of Care Group chaired by the Medical Director and reported to the Risk, Assurance & Quality Committee and Trust Board monthly.

CONCLUSION

This paper has provided a briefing for the Overview & Scrutiny Committee on the work being undertaken to improve hospital mortality rates at Walsall Manor Hospital. The Trust would be happy to share further information and/or continue to update the Committee on progress at regular intervals.

Richard Kirby
Chief Executive

13th January 2012