

Agenda Item 9

TRUST BOARD MEETING	Wednesday 29 April 2009
TITLE	Mid Staffordshire Healthcare Commission Report
PURPOSE	Assure Board that Quality Concerns of similar nature are occurring within UH Bristol
FORMAT	For discussion.
THE BOARD IS ASKED TO:	To note assurance

Introduction

The purpose of this paper is to provide the Board with appropriate assurance that the issues identified in the Healthcare Commission investigation into Mid Staffordshire NHS Foundation Trust are not happening within UH Bristol NHS Foundation Trust. The Healthcare Commission carried out this investigation into apparently high mortality rates in patients admitted as emergencies to Mid Staffordshire NHS Foundation Trust since April 2005, and assessed the care provided to these patients. It also considered the trust's arrangements for monitoring mortality rates and its systems for ensuring that patients were cared for safely. A particular focus was on emergency admissions. The Commission looked at the pathway of care for patients admitted as emergencies: the accident and emergency (A&E) department, the emergency assessment unit, and the surgical and medical elements of emergency admissions.

Key Issues

Mortality

In the 2007 Dr Foster Hospital Guide, Mid Staffordshire NHS Foundation Trust was classified as having high mortality, with a one-year (2005/06) HSMR of 127 and a three year (2003-2006) HSMR of 125. The initial concerns about mortality rates at the trust arose out of the Healthcare Commission's work to follow up high mortality rates as described above. Over the period July 2007 to March 2008, the Dr Foster Research Unit generated four mortality outlier alerts for the trust and a further three were generated through the mortality outlier surveillance at the Healthcare Commission. Comparative Data for University Hospitals Bristol Demonstrates a one-year (2005/06) HSMR of 93.90 and a three year (2003-2006) HSMR of 91.93.

Currently the Board receives the most recent monthly HSMR in the performance report of the Board with a trend graph. Comparative data shows that the HSMR has progressively fallen since 2004 from 100 to current levels of 82. (appendix 1 and 2)

Patient Satisfaction

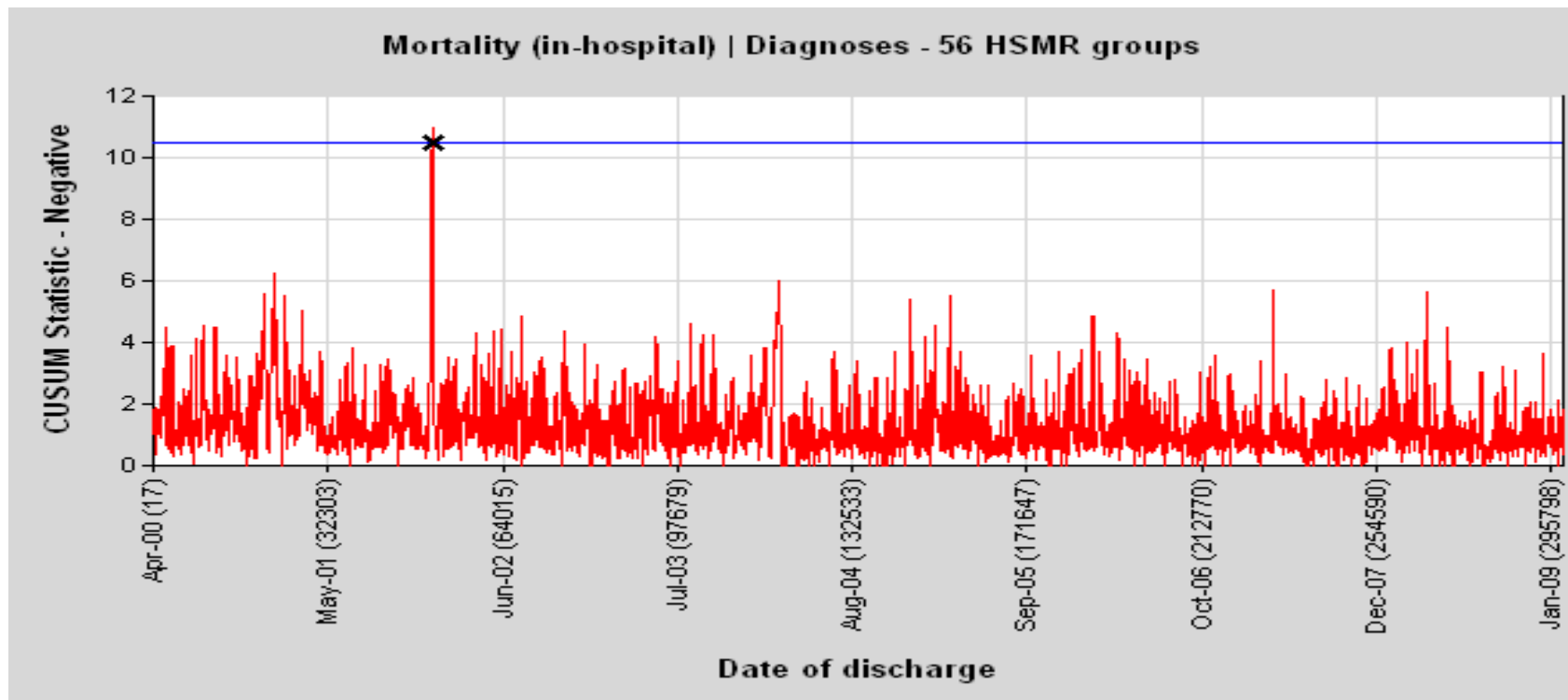
In January 2009, the Healthcare Commission published the results of the national survey of emergency care. This national survey of emergency care was based on the views of patients who visited A&E departments in England between January and March 2008. In Mid Staffordshire it was in the intermediate 60% of all trusts for 22 questions and in the worst 20% for 11 questions. It was not in the best 20% for any of the questions and was in the worst group for how care was rated overall. The trust was rated among the worst 20% of trusts for the four questions relating to waiting times and for the questions relating to the cleanliness of the department as a whole, the relief of pain, and confidence in the doctors and nurses. By comparison the same survey of University Hospital Bristol NHS Foundation Trust showed 2 questions in the worst 20% of all Trusts, 14 questions in the intermediate 60% and 17 questions in the best 20%. The two questions rated in the worse 20% were: 'Was it possible to find a convenient place to park in the Hospital Car Park?' and 'Did the ambulance crew explain your care and treatment in a way you could understand?' University Hospitals Bristol NHS Foundation Trust was in the top 20% Trusts for all questions relating to overall care received in the department. The Trust also scored highly in all questions relating to Doctors and Nurses, Care and treatment and pain relief.

Conclusion

The criterion used for initiating the investigation was high mortality demonstrated by Dr Foster HSMR calculation which was brought to the attention of the Mid Staffordshire Trust by the Healthcare Commission. No such detrimental indicator exists for UH Bristol. Furthermore patient satisfaction surveys and staff surveys confirm the lack of evidence of poor outcome. The Primary Care Trust wishes to seek re-assurance that the results in Bristol do not follow the poor outcomes as seen in the Midlands and will arrange a spot check of facilities and staff in the Emergency department shortly. The evidence used to reveal problems in Mid Staffordshire are not currently issues within University Hospitals Bristol Foundation Trust. However, the recommendations in the Healthcare Commission Report is for all Boards to have comparative outcome data on outcomes for patients including mortality, publish the mortality in a meaningful way and to be focussed on this issue at all times. Mortality is reported in the monthly Performance report and as the quality strategy develops more detailed reports will be provided. The Board can be assured Trust staff are not complacent and the trend of continuous improvement in mortality seen in the Trust will continue to be monitored and acted on if there are any adverse trends.

Dr Jonathan Sheffield
Medical Director

**UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
REAL TIME MONITORING MORTALITY, APRIL 2000 – JANUARY 2009 IN HOSPITAL HSMR BENCHMARKED
AGAINST (2000/2001)**



Basket: **Diagnoses - 56 HSMR groups** | Outcome: **Mortality (in-hospital)** | Benchmarks: **2000/01**

Chapter: **All** | Diagnosis: **All** | Department: **All** | Team: **All**

First / Last: **Apr-00 / Jan-09** | Admission type: **All** | Sex: **All** | Deprivation: **All** | Age Range: **All**

Spells: **298937** | Superspells: **298117** (170623/127494) | Deaths: **9998** (3.4%) | Expected: **12279.5** (4.1%) |

Relative Risk: **81.4** (79.8–83) | C-Statistic: **0.84 (High)** | LoS: **9.8/9.2**

APPENDIX 2

RELATIVE FALL IN MORTALITY AT UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST
2000/1 – 2006/7 (Comparator Equivalent Hospitals)

