

HEALTH AND WELLBEING SCRUTINY COMMITTEE 12 JANUARY 2012

DR FOSTER HOSPITAL GUIDE

The Dr Foster Hospital Guide was published in November 2011 and its contents are set out below:

- Hospitals with the highest and lowest mortality rates
- Reducing mortality at nights and weekends
- Hospital networks save lives
- Follow best practice and treat patients promptly
- Avoid hospitals that only perform operations occasionally
- Introduce new and better treatments quickly
- Treatment for hip and knee replacement
- Patient safety
- What patients think of our hospitals
- Who are our trusts of the year?

A link to the Dr Foster report is below:

http://drfosterintelligence.co.uk/wp-content/uploads/2011/11/Hospital_Guide_2011.pdf

The information in the Dr Foster report suggests that Mid Cheshire Hospitals NHS Foundation Trust has higher than average mortality rates, including at weekends.

The Chief Executive of MCHFT, Tracy Bullock, has provided the information below in response to the findings in the Dr Foster report:

Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) would like to take this opportunity to reassure you that patient safety and quality of care has always been, and will remain, the Trust Board's main priority.

In relation to the mortality figures published in the recent Dr Foster Hospital Guide, MCHFT has been working continuously over a number of years to make sustainable improvements in our mortality rates. The Trust has been involved in national (Leading Improvements in Patient Safety), regional (North West Reducing Mortality Collaborative) and local (Reducing Inappropriate Admissions to Hospital) projects, all of which have proved to be very successful, as evidenced by the 16 point reduction in our Risk Adjusted Mortality Index (RAMI) in 2010-11. This exceeded the 10 point reduction set by the North West Reducing Mortality Collaborative.

As a result of our involvement in these projects, the Trust is now supporting a second regional mortality reduction programme by sharing our learning with other Trusts. Furthermore, the local project focusing on inappropriate admissions to hospital won a national award from the *Health Service Journal* in November 2011.

However, in recognising the importance of ongoing improvement in our mortality rates, the work in this area continues unabated. For example, the Trust continues to update its clinical care pathways based on evidence-based practice, and it is work like this that has seen our mortality rates continue to fall this year.

The figures in November's Dr Foster Hospital Guide covered the period of April 2010 to March 2011, and gave the Trust a Hospital Standardised Mortality Ratio (HSMR) of 114. Since this date, the Trust's HSMR has reduced to 103 in the 12 months to September 2011. This is now categorised by Dr Foster as being "as expected".

To address the reported high weekend mortality rates, the Trust has already made significant investment to increase our Consultant numbers. This investment in Consultants will continue, along with additional investment in Specialist Nurses, to ensure that patients are seen in a timely manner by the most appropriately qualified healthcare professional. With regards to nursing levels on the wards, the Trust uses a nationally recognised acuity tool published by the Chief Nursing Officer for England. This tool looks at the patient dependency on a ward, and uses this data to ensure that the appropriate number of nursing staff are then matched to the patient dependency. Dr Foster provides information on an average number of nurses per 100 beds with no sensitivity around actual patient needs, whilst our acuity tool shows that the nursing numbers on our wards are as expected for the needs of our patients.

While the Trust is rated as having 'higher than expected' mortality figures in the Dr Foster Hospital Guide for HSMR and HSMR for emergency weekend admissions, the report focuses on over 30 different indicators of patient care. Examples of the mortality indicators where the Trust is rated as being 'as expected' include HSMR for elective and emergency admissions on a weekday, deaths after surgery, deaths following acute myocardial infarction (heart attack), and deaths in both low-risk and high-risk conditions. More details on these indicators can be found on the Dr Foster website but in conclusion, MCHFT exceeds or is in the expected range for 27 out of the 30 indicators.