

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY
REPORT TO THE TRUST HEALTHCARE GOVERNANCE COMMITTEE**HELD ON 25 FEBRUARY 2013**

Subject:	Dr Foster Hospital Guide 2012 – ‘Fit for the Future?’
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Status¹	N

PURPOSE OF THE REPORT:

To provide a brief synopsis of the recently published Dr Foster Hospital Guide highlighting key national findings and issues relating to local performance.

KEY POINTS:

The Dr Foster Hospital Guide 2012 entitled ‘Fit for the Future’ was issued on 2 December 2012 and for the first time compares hospitals’ efficient use of clinical resources with indicators of quality of care. Dr Foster has looked at the relationship between clinical efficiency and quality by comparing mortality ratios with an index of 13 indicators of inefficient practice.

Mortality Analysis

4 measures of mortality examined. Sheffield Teaching Hospitals are reported as “lower than expected” in 1 out of 4 (the SHMI = 92) and “within expected range” for 3 out of 4. These are HSMR (98), deaths in low risk conditions (0.85) and deaths after surgery (1.01).

STH is reported to have an overall 3 year HSMR “lower than expected” at 94.02.

Efficiency Analysis

13 indicators of efficiency were measured. STH are reported as

“better than expected” in 3/13 (score +3)

“within expected range” in 4/13 and

“worse than expected” in 6/13 (score -6)

This gives an overall efficiency score of -3 (i.e. -6+3) and did not register as an outlier.

The Trust of Year was awarded to Cambridge University Hospitals with Frimley Park Hospital and Airedale as runners up – all have high efficiency and low mortality scores.

IMPLICATIONS

	Aim of the STHFT Corporate Strategy 2012-2017	Tick as Appropriate
1	Deliver the best clinical outcomes	√
2	Provide Patient Centred Care	√
3	Employ Caring and Cared for Staff	
4	Spend Public Money Wisely	
5	Deliver Excellent Research, Education & Innovation	
	CQC Outcome	

RECOMMENDATION(S):

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APPROVAL PROCESS

Meeting	Presented by	Approved	Date
HCGC	Sandi Carman, Head of Patient and Healthcare Governance		25/02/13

Dr Foster Good Hospital Guide 2012

FIT FOR THE FUTURE?

Introduction

The Good Hospital Guide for 2012 (drfosterhealth.co.uk) was issued on 2 December 2012 and for the first time compares hospitals' efficient use of clinical resources with indicators of quality of care. This report provides a brief synopsis of the Guide, though the data website allows navigation of the data at myhospitalguide.drfosterhealth.co.uk. The Guide can also be downloaded from this address as a PDF. There are 5 sections in the guide;

Hospitals under Pressure

1. The first section examines levels of hospital bed occupancy during 2011/12 and avoidable admissions.
 - 1.1. For 48 weeks a year most Trusts are more than 90% occupied. Peak occupancy for NHS beds is 92%. The average mid-week bed occupancy 88% (research suggests that rates above 85% can start to affect the quality of care¹).
 - 1.2. A lack of integration with social care and community services is contributing to the pressure on NHS hospitals
 - 1.3. Holidays create a dip in bed usage
 - 1.4. Occupancy is highest Tuesdays and Wednesdays nationally and falls during weekends
 - 1.5. 29% of hospital beds are taken by patients whose admission might have been avoided if their care were better managed i.e. day cases, conditions treatable in the community and readmissions within one week.
 - 1.6. 50% of avoidable bed days are occupied by patients over 75 years old.

Mortality Analysis

2. Four measures of mortality are included in this year's guide and STH did well on 1 out of 4 and as expected on 3 out of 4.
 - 2.1. The measures of mortality analysed were;

SHMI	-	STH 0.92, "lower than expected"
HSMR	-	STH 0.98, "within expected range"
Deaths in low risk conditions	-	STH 0.85 "within expected range"
Deaths after surgery	-	STH 1.01 "within expected range"

 - 2.1.1. Five Trusts did well ("lower than expected") on 3 out of the 4 measures
 - 2.1.2. Twelve Trusts did poorly ("higher than expected") on 2 out of the 4 measures
 - 2.2. STH also did well on the overall 3 year HSMR - 94.02 "lower than expected"
 - 2.3. Low levels of senior doctors continue to be linked to higher mortality rates at weekends
 - 2.3.1. Hospitals are still understaffed at weekends.

- 2.3.2. Five Trusts have an emergency HSMR that is either lower than or within expected range during the week and higher than expected at the weekend (Buckinghamshire Hospitals NHS Trust, Mid-Yorkshire Hospitals NHS Trust, Oxford University Hospitals NHS Trust, Royal Cornwall Hospitals NHS Trust, Royal Bournemouth & Christchurch Hospitals).

Efficient hospitals can deliver good quality care

3. Dr Foster has looked at the relationship between clinical efficiency and quality.
 - 3.1. A range of 13 indicators of inefficient practice were compared with HSMR values and the outliers (beyond +3 and less than -3 net positive scores) were identified.
 - 3.2. Hospitals scored across a range of +6 (most efficient) to -7 (least efficient).
 - 3.3. STH's efficiency score across the 13 measures was -3 and hence with an HSMR "within expected range" did not register as an outlier.
 - 3.4. Although there is no strong relationship between the measures of outcome Dr Foster have used and clinical efficiency, some hospitals with the best mortality ratios in the country also perform well on measure of efficient use of resources.
 - 3.5. Very few hospitals stand out in the Guide as delivering efficient and high quality care.
 - 3.6. Four Trusts have high efficiency and low mortality (Airedale, Cambridge University Hospitals.
 - 3.7. ,Frimley Park Hospital and Hinchingsbrooke Health Care NHS Trust)
 - 3.8. Seven Trusts have low efficiency and low mortality (Aintree University Hospitals, Barts and the London NHS Trust, Guy's and St Thomas', Imperial College Healthcare NHS Trust, Leeds Teaching Hospitals, NW London and Royal Free London).
 - 3.9. Two Trusts were identified as having low efficiency and high mortality (The Princess Alexandra Hospital NHS Trust and University Hospitals Birmingham)
 - 3.10. Three Trusts were identified as having high efficiency and high mortality (Buckinghamshire Healthcare NHS Trust, North Cumbria University Hospitals NHS Trust, Royal Devon and Exeter).

Efficiency Analysis – opportunities for efficiencies

4. NHS trusts are currently facing a financial environment that is forcing them to become more efficient.
 - 4.1. No trust has a highly efficient result in every indicator, meaning every trust has areas in which it can improve.
 - 4.2. The drive to be efficient and address the financial deficit should not be at the expense of quality. The drive should be for the improvement in quality and consistency of care between trusts at the same time.
 - 4.3. 13 measures of efficiency are analysed in the Guide;

- 4.3.1. Emergency readmissions within seven days include many that are avoidable if managed better. The Trust rate for readmissions within a week is 3.2 “within expected range” and the national range is between 2.2 and 4.5.
- 4.3.2. The Guide reports that 31% readmissions within 28 days of hospital discharge are for patients over 75 years old. The Trust rate for readmissions (all ages) within 28 days is “higher than expected”.
- 4.3.3. The Trust rate for short stay admission without a diagnosis is “better than expected”
- 4.3.4. STH is one of the five trusts with the lowest rates for scheduled operations that were not performed (joint second at 1.7% - “better than expected”). The highest rate is attributed to Harrogate and District at 5.7% and the lowest UCL at 1.3%.
- 4.3.5. The trust rate for use of day case surgery is “within expected range”
- 4.3.6. The lowest excess bed day rate is 4.1% and the highest is 23.0%. The value for STH is “higher than expected” at 14.8%. Excess bed days looks at the number of patients who stayed in hospital greater than a predicted number of days.
- 4.3.7. Trust rates for long stay elderly patients and long stay surgical patients are both “higher than expected”
- 4.3.8. Outpatient rates of follow up and attendance for STH are both “as expected”.
- 4.3.9. The Trust rate for operations not performed at weekends was “higher than expected” and the rate for availability of scans at weekends was lower than the national average.
- 4.3.10. Only 57% trust confirmed in the Dr Foster survey that they had an enhanced recovery programme following hip and knee replacements (which helps with early discharge).

Fair access to treatment

- 5. Over treatment of older patients can be as much of a problem as under treatment. In many areas of health care there is limited agreement on appropriate levels of care.
 - 5.1. There is variation in treatment levels within trusts according to age for heart attack patients. The highest rates for Primary Percutaneous Coronary Intervention (pPCI) for over 75s is 65%; the lowest rate is zero and the national rate is 17%.
 - 5.2. Nationally only 1 in 34 women over the age of 75 has a breast reconstruction following mastectomy compared with 2 in 3 for under 75s.
 - 5.3. The level of disability for patients receiving hip replacement surgery varies greatly by hospital. Women more frequently have severe needs when operated on than men.

References

- 1. Bagust (1999). Dynamics of bed use in accommodating emergency admissions: stochastic simulation model. www.bmj.com/content/319/7203/155