

CLASSIFICATION: please select

Board Assurance Framework – Strategic Priorities

Safety and Effectiveness of Services at the Weekend

Background

Over the period August 2018 to May 2019 the Hospital Standardised Mortality rate for patients admitted at the weekend has been steadily rising, and for the most recently available twelve month period, ending May 2019 is 127 and significantly higher than expected. The HSMR for patients admitted on a weekday is showing a slow decline and is in the expected range. The SHMI is 101.4 and within the expected range. About 8.2 % of all patients admitted as an emergency at the weekend die compared to 5.9% of those admitted during the week. Compared to other local Trusts we have the second highest weekend mortality and the widest gap between weekend and weekday HSMR.

REGION (acute)	weekday HSMR	Weekend HSMR
All	98.2	107.7
NORTH BRISTOL NHS TRUST	85.9	97.5
GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	98.4	97.6
UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST	115.2	125.7
ROYAL CORNWALL HOSPITALS NHS TRUST	88.3	94.3
GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	93.3	117.0
ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST	100.1	110.1
ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	107.9	113.0
UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST	100.6	91.2
TAUNTON AND SOMERSET NHS FOUNDATION TRUST	101.7	110.5
THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST	91.3	113.1
POOLE HOSPITAL NHS FOUNDATION TRUST	101.7	113.3
TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST		
	115.5	111.5
NORTHERN DEVON HEALTHCARE NHS TRUST	120.0	139.9
WESTON AREA HEALTH NHS TRUST	82.8	96.1

With the help of Dr Foster we have undertaken an in-depth analysis to look at the reasons for this and also carried out a case note review of 78 patients who were admitted at the weekend and subsequently died. The factors we have identified as potential causes for the high HSMR can be summarised as:

- Patients nearing the end of their life being admitted to the acute site in extremis particularly on a Sunday afternoon, including those with secondary malignancy as an admitting diagnosis
 - Lack of availability of alternatives to admission e.g. community palliative care for new referrals, intermediate care beds
 - Patients with community Treatment Escalation Plans saying not for admission being admitted anyway
 - Patients known to be near the end of their life not having a community treatment escalation plan
 - Care homes lacking confidence and capability in managing dying patients, or pressure from families to admit. Nationally about a third of patients who are acutely admitted from care homes die in hospital

Action Plan



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