

## Trust Board Report

<b>Meeting Date:</b>	
<b>Title:</b>	CQC Response to Mortality Outlier Review
<b>Executive Summary:</b>	<p>The attached letter is the response received from the Care Quality Commission (CQC) after reviewing the Trust's assessment of raised Standardised Mortality Rates (SMR) for a group of Elderly Care HRGs.</p> <p>The review covered complex elderly patients, and included the following HRGs:</p> <ul style="list-style-type: none"> <li>• HRG A99- Complex Elderly with a Nervous System Primary Diagnosis</li> <li>• HRG E99- Complex Elderly with a Cardiac Primary Diagnosis</li> <li>• HRG L99- Complex Elderly with a Urinary Tract or Male Reproductive System Primary Diagnosis</li> <li>• HRG D99- Complex Elderly with a Respiratory Diagnosis.</li> </ul>
<b>Action Requested:</b>	To Note
<b>Report of:</b>	Dr Jonathan Odum, Medical Director
<b>Author: Contact Details:</b>	Care Quality Commission (CQC)
<b>Resource Implications:</b>	None identified
<b>Public or Private: (with reasons if private)</b>	Public Session
<b>References: (eg from/to other committees)</b>	
<b>Appendices/ References/ Background Reading</b>	
<b>NHS Constitution: (How it impacts on any decision-making)</b>	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> <li>✚ Equality of treatment and access to services</li> <li>✚ High standards of excellence and professionalism</li> <li>✚ Service user preferences</li> <li>✚ Cross community working</li> <li>✚ Best Value</li> <li>✚ Accountability through local influence and scrutiny</li> </ul>



**David Loughton, Chief Executive**  
The Royal Wolverhampton Hospitals NHS Trust  
New Cross Hospital  
Wednesfield Road  
Wolverhampton  
WV10 0QP

4 November 2011

Our reference: A444/A472/A483/A484/BM

Dear Mr Loughton

**Re: Care Quality Commission mortality outlier alerts for emergency admissions recorded with various 'complex elderly' HRG codes at The Royal Wolverhampton Hospitals NHS Trust**

Thank you for your letters dated 10 June and 21 September 2011.

As you are aware, analysis undertaken by the Care Quality Commission has indicated significantly high mortality rates at your trust, for patients recorded with the following 'complex elderly' Healthcare Resource Groups (HRG version 3.5) on admission to hospital:

- Complex Elderly with a Nervous System Primary Diagnosis (HRG A99)
- Complex Elderly with a Respiratory System Primary Diagnosis (HRG D99)
- Complex Elderly with a Cardiac Primary Diagnosis (HRG E99)
- Complex Elderly with a Urinary Tract or Male Reproductive System Primary Diagnosis (HRG L99)

We wanted to be certain that the high mortality rates in these areas had been recognised, explanations explored and appropriate actions taken by the trust in a timely manner to ensure the future safety of patients.

---

We have reviewed the information you have provided, considered it against our own findings and do not feel that we need to undertake additional enquiries at this time. However, our regional team will follow up on your progress with implementing the action plans. Should you become aware of any further issues relating to this alert, we would ask you to let us know.

Your response to these mortality outlier alerts was both thorough and extensive, and the findings were presented in a clear and comprehensive manner.

We note that you have conducted detailed case note reviews encompassing patients recorded with each of the three complex elderly HRGs A99, E99 and L99, as we requested, and that it was concluded that these case note reviews did not reveal any systemic clinical issues, with all cases being classified as unavoidable deaths. Although it was judged that the care provided to complex elderly patients was appropriate, issues were identified as requiring further discussion and this has resulted in the commencement of a number of improvement projects and the development of an action plan.

We also acknowledge from your findings that the trust serves as a tertiary centre for several of the specialties associated with these alerts, and that the trust has seen an increase in patients admitted from neighbouring health economies, both of which are likely to have an impact on the trust's casemix.

There were some aspects of your response which we felt were worth highlighting. In particular:

- Your review of palliative care documentation and the level of adherence to the Liverpool Care Pathway
- The plan to implement seven day working across medical specialties
- The development of a sub-specialty in-reach service in the emergency assessment unit to improve treatment and reduce readmission rates
- Your intention to create the posts of Community Consultant Geriatrician and Community Respiratory Consultant, each with a remit to enhance elderly medicine in the community, to reduce inappropriate admission, and facilitate timely discharge. We would be very interested to know how this initiative progresses and to see what impact it has on patient outcomes

As mentioned above, our regional team will follow up with you regarding your progress with both of your action plans. We would also be interested to see the findings of any future re-audits you carry out in relation to these patient groups and would be grateful if you would share this information with us.

This letter and information regarding these mortality rates have been shared with your Care Quality Commission regional contacts, the PCT cluster and SHA cluster for their information.

---

If you would like to discuss the content of this letter in more detail, please do not hesitate to contact me.

Yours sincerely

*pp Melina Willicious*

**Mr Chris Sherlaw-Johnson**  
Surveillance Manager  
020 7448 4547  
outliers@cqc.org.uk

cc: Sultan Mahmud – Associate Director – The Royal Wolverhampton Hospitals NHS Trust  
Deb Holland – Compliance Manager – Care Quality Commission  
Andrea Gordon – Regional Director – Care Quality Commission  
Robert Bacon – Chief Executive – Black Country PCT Cluster  
Ruth May - Director of Nursing – NHS Midlands and East  
Trisha Curran – Associate Director of Quality – NHS Midlands and East  
Manjeet Garcha – Head of Patient Safety – NHS Midlands and East