Evaluation of a National Surveillance System for Mortality Alerts

Information sheet for NHS trust participants

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1. Why are you inviting me to take part?

Your trust has agreed to take part in this study and we are inviting members of staff to participate who have been involved in dealing with mortality alerts, or in improving care to reduce mortality. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish.

Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

2. What is the background and purpose of the research?

Since 2007, the Dr Foster Unit at Imperial College (DFU) has generated monthly mortality alerts using routinely collected hospital administrative data for all English acute NHS hospital trusts. A mortality alert is sent to a trust at no charge (irrespective of whether the trust has a commercial relationship with Dr Foster Intelligence) and a copy is sent to the Care Quality Commission (CQC). The CQC also run a mortality

alerting system. When an alert is sent out from either system, the CQC writes to the trust and asks for a response, which is then logged. This joint mortality surveillance system was pivotal in alerting the then Healthcare Commission (HCC) to problems at Mid Staffordshire NHS Foundation Trust. The resulting Public Inquiry recommended that trusts should have systems that provide real-time information on mortality, patient safety and quality of care.

We are now conducting an evaluation of the system for mortality alerts with the aim of improving our understanding of how the alerts are received and dealt with by Trusts and to find out about their impact as an intervention to reduce avoidable mortality.

3. Who is funding the research?

The research is being funded by the National Institute for Health Research (NIHR).

4. How will I be involved in the project?

Taking part in the research will mean being interviewed using a set of agreed research questions about your organisation, about how it responded to the mortality alerts, and about the work done to improve care following the alerts.

The interview will take place at a time and location of your choosing. The interview will take up to one hour. We would like to record the interview so we have an accurate record of what you tell us. The recordings will be transcribed, and anonymised. The voice recordings will be deleted after transcription. The written (transcribed) data will then be analysed by the research team. With your permission, anonymised data (data which does not identify any one who has taken part) will be archived for up to ten years after the end of the research.

Before the interview begins we will ask you to sign a consent form agreeing to take part in the interview.

Please note that you do not have to participate. If you do not wish to take part in this research we would be grateful if you would just let us know by replying to the email with this information sheet attached.

5. What are the research methods?

The first part of the research is desk based where we are looking to see if there is a relationship between mortality alerts and other routine data available for trusts. In this part of the research we are also looking at the data to assess the impact of the alerts on reducing avoidable mortality. The second part of the research is looking at the actual impact of the alerts on trusts, what they do with them; how they respond; whether there are any particular local factors that affect the response; and what actions are most effective. Here we are focussing on two conditions as set out below.

6. How will the research benefit my trust and the NHS?

We will be able to provide your trust with feedback and insight into your response to mortality alerts in comparison to other participating organisations. However the main benefit from the research will be a better understanding of the use of administrative data for monitoring mortality at a local and national level together with recommendations for improving the surveillance systems for the quality of care in the NHS as a whole. A further benefit will be the guidance we will produce for trusts on best practice in responding to alerts.

From our findings about how trusts respond to alerts we will be able to contribute to national quality improvement initiatives for the conditions being studied.

7. Is the research independent of the CQC?

Yes, the research is being conducted independently from the CQC. The CQC are involved in the project as a stakeholder since they issue mortality alerts and are keen to know the outcome of the research to inform the future of their alerting system.

We will be using information about the alerting trusts that is in the public domain on the CQC website.

8. Who are the research team and what is their track record?

The project is led by Paul Aylin, Professor of Epidemiology and Public Health and co-director of the Dr Foster Unit at Imperial College (DFU). He is experienced in

developing indicators based on routinely collected data and led the development of Imperial College's national mortality alerting system. He is theme lead at the NIHR-funded Imperial Patient Safety Translational Research Centre (PSTRRU).

Dr Jonathan Benn is a psychologist and Lecturer in Quality Improvement at CPSSQ, experienced mixed methods research lead, including the UK Safer Patients Initiative (multi-site qualitative work and longitudinal survey study).

Susan Burnett is an experienced NHS manager having occupied roles including director of national programmes at the National Patient Safety Agency and deputy chief executive of a university teaching hospital. She was a member of the national taskforce on preventing never events and is a member of the Royal Society of Medicine's patient safety section council. She brings Health Service management expertise to the project.

Dr Paul Dawson finished his PhD in medical sociology in 2012 at the University of Sheffield and has since held teaching and research appointments at the University of Sheffield and the British Dental Association. He was appointed to the role of Research Associate for this project in June 2014. He brings knowledge of medical sociology and, in particular, institutional theory to the project.

9. Who is sponsoring this study?

The study is being sponsored by Christine Buicke, Joint Research Compliance Office, Imperial College London and Imperial College Healthcare NHS Trust

10. Why focus on Acute Myocardial Infarction (AMI) and Septicaemia?

DFU currently issues alerts covering 122 diagnoses and procedures and we have chosen to focus on two conditions in the research. The two conditions chosen are those most commonly attributed to mortality alerts - acute myocardial infarction and septicaemia – and the two that potentially require a hospital wide response.

11. What will this involve in my trust?

We want to interview the key people involved in receiving and responding to mortality alerts in the trust and in particular those involved in responding to alerts for AMI and Septicaemia. We envisage that this might be up to 12 people. The interviews

will be either by phone or face to face and will last up to an hour at most. They will be anonymised so the individuals cannot be identified.

We will also want to review documentary data including minutes of relevant meetings, action plans addressing the alerts and so on.

The results from the research in the trusts will feed into a national survey to find out how all trusts view and respond to mortality alerts.

12. Are there any risks in taking part? Will my name be kept confidential?

The names of the participating trusts and individual interviewees will be kept confidential in our research. All research data and field notes will be given a code to ensure anonymity and stored in a locked filing cabinet or on a password protected computer secured against unauthorised access.

We will not name the trusts or any individual in any publications or presentations arising from the research. However it must be noted that we will be using data that is already in the public domain about which trusts have received mortality alerts for these conditions, for example on the CQC web site.

13. What happens if a researcher identifies a serious concern?

We will identify a lead person from your trust who can be contacted if someone tells us something during an interview that indicates there is a risk of harm in the trust. We will tell the interviewee that the information will be disclosed to the person identified for normal trust procedures to then be followed.

14. Has this study been reviewed by an ethics committee?

This study has been reviewed by the Imperial College Ethics Committee and since no patients are involved and we are only interviewing NHS staff, the research does not need ethics approval but will need local R&D approval at each site, which we will arrange.

15. What will happen to the results of the research study?

We will be drawing up case studies of each organisation and then conducting an analysis across the hospitals involved in the research. Each case study will be

anonymised so the trusts cannot be identified. We will provide each participating trust with a report of our findings and our recommendations.

The results of the project may be used to inform future policy, be published in academic journals and/or presented at professional and academic conferences. Anonymised extracts from the interviews may be used in publications arising from this research. Reports or papers resulting from the research will not identify any one who has taken part.

16. If I agree to participate what happens next?

Once you agree to participate we will set up an interview with you at your convenience.

17. Further information

For further information please contact XXXX