

## Reduced Mortality & Improved Outcomes Summary (QALYS)

### Revised Baseline Data for QALY Calculations

Category	BR ID	Benefit	3Ts Change	No. Patients	Peer Group	Expected Improvement	Conclusion	Total QALYs PA
Reduced Mortality	C2	Reduced mortality rates for 3Ts specialties	- Radiated Benefit of new facility, e.g. Improved reputation, calibre of staff across all BSUH sites - Modern facilities	-12 Month Period - June 13 to May 14 -13,098 patients	Custom Peers	3Ts specialties to meet the average mortality data of peers unless performing lower	55 fewer deaths per year if 3Ts specialties have the same crude mortality rate as peers.	55
	C1	Reduced mortality rates for existing major trauma	- Shorter travel times due to helipad at RSCH - Radiated Benefit of new facility, e.g. Improved reputation, calibre of staff - 3Ts enabled and continues to ensure major trauma centre status - Modern facilities	- TARN data 13/14 (12 months) - 196 patients over ISS 16	NA	A 20% improvement on mortality of current BSUH major trauma patients	4 fewer deaths if current major trauma patients mortality improves by 20%.	4
	C1	Reduced mortality rates for repatriated major trauma	- Shorter travel times due to helipad at RSCH - Radiated Benefit of new facility, e.g. Improved reputation, calibre of staff - 3Ts enabled and continues to ensure major trauma centre status - Modern facilities	-3Ts repatriation for major trauma is currently predicted at 80 patients	BSUH / Kings College London	A 20% improvement on mortality of the patients currently going to Kings	1 fewer death per year if major trauma repatriated patient mortality improves by 20%	1
	C2	Reduced mortality for non 3Ts specialties	- Radiated Benefit of new facility, e.g. Improved reputation, calibre of staff across all BSUH sites - Modern facilities	-12 Month Period - June 13 to May 14 -22,905 patients	All Acute Provider Trusts - England	3Ts specialties to meet the average mortality data of peers unless performing lower	50 fewer deaths per year if non 3Ts specialties have the same crude mortality rate as peers.	50
Improved Outcomes	C2	Improved outcomes for stroke patients	- Co-location of Stroke with Nuero at RSCH- Radiated Benefit of new facility, e.g. Improved reputation, calibre of staff across all BSUH sites - Modern facilities	-12 month period 2013 14 - 620 Stroke Patients	NA	A 10% improvement on outcomes for current BSUH stroke patients	10% improved outcomes for BSUH stroke patients.	62
	C1	Improved outcomes for major trauma patients (over iss 16)	- Shorter travel times due to helipad at RSCH - Radiated Benefit of new facility, e.g. Improved reputation, calibre of staff - 3Ts enabled and continues to ensure major trauma centre status - Modern facilities	- TARN data 13/14 (12 months) - 196 patients over ISS 16 (13 deaths) - 80 repatriated patients (5 deaths) -258 total	NA	A 20% improvement on outcomes for current BSUH major trauma patients	20% improved outcomes for BSUH major trauma patients.	52
	C1	Improved outcomes for A&E out of hours patients requiring assessment	- 3Ts enabled and continues to ensure major trauma centre status - 24 Hour consultant cover in A&E - CT scanner in A&E at RSCH - Radiated Benefit of new facility, e.g. Improved reputation, calibre of staff - Modern facilities	- Symphony data Oct 13 to March 14 -1675 (4.5) patients a day admitted to an assessment ward at RSCH out of core hours	NA	A 2.5% improvement on outcomes for current BSUH emergency admissions to assessment wards out of core hours	2.5% improved outcomes for BSUH emergency admissions to assessment ward out of core hours.	42

Notes:  
Crude mortality rate has been used as this a benchmarking/ peer review. HSMR is not appropriate as it is already a standardised number.

Custom Peers:  
Norfolk and Norwich University Hospitals NHS Foundation Trust  
Southampton University Hospitals NHS Trust  
St George's Healthcare NHS Trust  
King's College Hospital NHS Foundation Trust  
Guy's and St Thomas' NHS Foundation Trust