The Royal Wolverhampton NHS
NHS Trust

Mortality

Agenda Item No: 8.1

The Royal Wolverhampton NHS Trust	

Trust Board Report

Meeting Date:	25 November 2013
Title:	Mortality
Executive Summary:	The HSMR for the basket of 56 diagnosis groups for September 2012 – August 2013 is 102, within expected limits (following England benchmark rebase). The observed death rate is 3.9% and the expected death rate is 3.8%, suggesting potential variation in coding (and hence a loss of risk reduction) for in-patients. Actions are being implemented across the organisation to understand this variation and to address (and correct) potential issues. Investigations into mortality alerts and potential alerts are on-going and summary results for the completed ones are presented in the report.
Action Requested:	Report for information and reassurance
Report of:	Medical Director
Author: **Contact Details:**	Medical Director Tel 01902 695958 Email: Jonathan.Odum@nhs.net
Resource Implications:	Nil
Public or Private: (with reasons if private)	Public Session
References: (eg from/to other committees)	
Appendices/ References/ Background Reading	
NHS Constitution: (How it impacts on any decision-making)	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: - Equality of treatment and access to services - High standards of excellence and professionalism - Service user preferences - Cross community working - Best Value - Accountability through local influence and scrutiny

Royal Wolverhampton Trust (RWH) – HSMR September 2012 – August 2013 (source Dr Foster Intelligence)

The latest data indicate the HSMR for the region has slightly improved compared to the previous financial year. Four other Trusts have now better than expected HSMR in the region. To note, whilst RWH has the 3rd lowest crude observed mortality in the region, the expected death rate continues to be lower than that for similar hospitals in the region and this is likely to be due to differences in coding.

Table 1: HSMR September 2012 – August 2013

Peer (WM Acute)	Spells	Deaths	Observed Crude rate	Expected	Expected Crude rate	RR	Low	High
Wye Valley NHS Trust	11371	656	5.80%	575.8	5.10%	113.9	105	123
George Eliot Hospital NHS Trust	11117	749	6.70%	661.5	6.00%	113.2	105	122
Burton Hospitals NHS Foundation Trust	20677	933	4.50%	828.2	4.00%	112.7	106	120
Heart Of England NHS Foundation Trust	71195	2832	4.00%	2609.7	3.70%	108.5	105	113
Worcestershire Acute Hospitals NHS Trust	42611	1797	4.20%	1720.9	4.00%	104.4	99.6	109
University Hospitals Birmingham NHS Foundation Trust	35653	1494	4.20%	1452.5	4.10%	102.9	97.7	108
The Royal Wolverhampton NHS Trust	37027	1435	3.90%	1404.5	3.80%	102.2	97	108
University Hospitals Coventry and Warwickshire NHS Trust	45050	1591	3.50%	1619.7	3.60%	98.2	93.5	103
The Dudley Group NHS Foundation Trust	33266	1431	4.30%	1462.4	4.40%	97.9	92.8	103
University Hospital Of North Staffordshire	52832	2252	4.30%	2350.3	4.40%	95.8	91.9	99.9
Walsall Healthcare NHS Trust	21632	1011	4.70%	1078.8	5.00%	93.7	88	99.7
Shrewsbury and Telford Hospital NHS Trust	41018	1531	3.70%	1635	4.00%	93.6	89	98.5
Sandwell and West Birmingham Hospitals	38612	1431	3.70%	1534.9	4.00%	93.2	88.5	98.2
WM Acute Trusts			**4.10%**		**4.10%**	**101.1**		
RWT			**3.88%**		**3.79%**	**102.2**		

Data Period: September 12 - August 13

Legend: Red - significantly worse than expected performance; Black/Blue - as expected performance, in line with national rates; Green - significantly better than expected performance

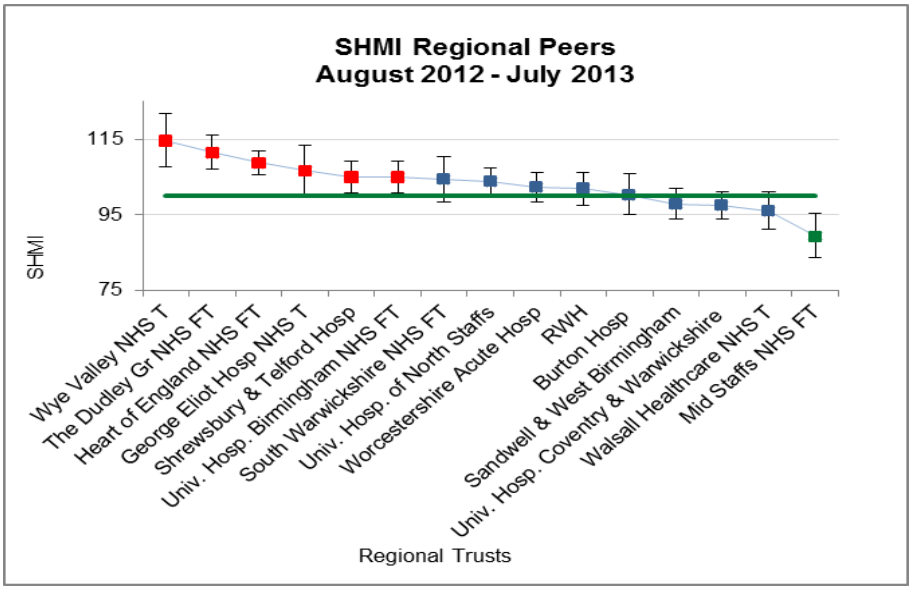
*RR – Relative Risk - The ratio of the observed number of negative outcomes to the expected number of negative outcomes. The benchmark figure (usually the England average) is always 100; values greater than 100 represent performance worse than the benchmark, and values less than 100 represent performance better than the benchmark. This ratio should always be interpreted in the light of the accompanying confidence limits. All HSMR analyses use 95 % confidence limits.

The RWH SHMI August 2012 – July 2013 (source HED)

The SHMI for the period is 102 for RWH, within expected range and is in line with the HSMR. There is some discrepancy between SHMI and HSMR for some Trusts in the region. This may be due to the fact that SHMI includes deaths 30 days post discharge and doesn't account for Palliative Care within the risk model.

RWH has the second highest proportion of patients dying in-hospital in the region at 76%, after George Elliott, whilst other Trusts have proportions of over 30% of deaths out-of-hospital.

Chart 1: SHMI West Midlands Peers Comparison (source HED)



Work on mortality outliers

All alerts and elevated RR are monitored and investigated through the mortality committees. An internal alert system is well established enabling the Trust to investigate potential issues before reaching trigger points.

1. Two audits have been completed for elevated HSMR for the diagnosis groups Viral Infection and Appendicectomy. No suboptimal care was identified in any of the 5 reviewed cases. Coding issues have been identified in the Viral Infection group and these are being followed up with the coding department.

2. An investigation has been completed to report on the elevated SHMI for deaths under Neonatology. In seven cases some level of suboptimal care was identified. In six cases it was expected that a different management would not have made difference to the outcome whilst in one case it was possible that a different management might have influenced the outcome. The issues identified were not considered to be significant. All deaths within the perinatal and neonatal service are subject to detailed case note review with peer review on a regular basis.

3. An investigation was conducted into elevated HSMR for the diagnosis group Acute Cerebrovascular Disease for 2012-13. The audit of 51 deaths (32% of all coded deaths) did not find significant evidence of suboptimal care. In three cases the reviewer identified some level of suboptimal care of which only one at this Trust. The case has been discussed in detail within the department and measures were put in place to prevent further occurrences. The audit found evidence of erroneous death certification and coding that can have an impact on the standardized mortality rate. The HSMR for this financial year for this diagnosis group is well within expected range and the SHMI for 2012-13 is also within expected range. It is likely that RWH's standardized mortality rates for this diagnosis group are affected by the fact that the most serious cases from Stafford area are also treated here.

4. RWH shows elevated mortality for emergency admissions at the week-end compared to admissions on weekdays. A piece of work is underway to investigate this, to include more detailed analysis of mortality data and clinical review of cases.

5. A piece of work is being undertaken to determine the source of admissions for deceased patients with a view of determining any particular trends that might explain the elevated mortality for weekend admissions and the high proportion of in-hospital mortalities for RWH when compared to other Trusts in the region.

6. Further alerts and investigations are in progress and the MRC and MoRAG are updated on a monthly basis on progress. The results will be presented when concluded.

Dr Foster Good Hospital Guide 2013

The guide is due for publication early December 2013 and will contain some new information such as a range of commissioning indicators and some public health indicators, focused specifically on drugs and alcohol. It has been indicated that RWH's performance on the published indicators is overall within expected limits and the Trust is not expected to be named in the guide as an outlier. Data are currently under embargo and further details will be reported post-publication.