

Trust Board

Meeting Date:	23 September 2013
Title:	Mortality
Executive Summary:	<p>The HSMR for the basket of 56 diagnosis groups for the financial year April 2012 – March 2013 is 103, within expected limits (following England benchmark rebase).</p> <p>The observed death rate is 3.9% (2012/13) and the expected death rate is 3.8% (for 2012/13), suggesting potential variation in coding (and hence a loss of risk reduction) for in-patients.</p> <p>For July 2012 to June 2013 the crude death rate is 3.9% and the expected death rate is 3.8%.</p> <p>Actions are being implemented across the organisation to understand this variation and to address (and correct) potential issues.</p> <p>Further case notes reviews are conducted for the outlying diagnosis and procedure groups such as Senility, Intracranial injury, Coma, Asthma, Appendicectomy and External Resuscitation.</p> <p>A coding audit has been undertaken addressing particularly the alerting diagnosis and procedure groups and the diagnosis groups with high standardised mortality.</p>
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)	

<p>Appendices/ References/ Background Reading</p>	
<p>NHS Constitution: (How it impacts on any decision-making)</p>	<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"> ✚ 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 – HSMR (source Dr Foster Intelligence)

The HSMR for the basket of 56 diagnosis groups for the financial year April 2012 – March 2013 is 103, within expected limits (following the yearly England benchmark rebase). Six Trusts within West Midlands have higher than expected mortality and only one Trust is considered to have lower than expected mortality.

Table 1: HSMR April 2012-March 2013 (rebased values)

Peer (WM Acute)	Spells	Deaths	%	Expected	%	RR	Low	High
ALL	460212	19311	4.2%	18746.4	4.1%	103	101.6	104.5
George Eliot Hospital NHS Trust	10722	743	6.9%	620.4	5.8%	119.8	111.3	128.7
Burton Hospitals NHS FT	20552	948	4.6%	818.7	4.0%	115.8	108.5	123.4
Wye Valley NHS Trust	11605	637	5.5%	565.2	4.9%	112.7	104.1	121.8
Univ. Hospitals Birmingham NHS FT	34347	1531	4.5%	1376	4.0%	111.3	105.8	117
Heart Of England NHS FT	71062	2915	4.1%	2709.2	3.8%	107.6	103.7	111.6
Worcestershire Acute Hosp. NHS Trust	41806	1826	4.4%	1742.7	4.2%	104.8	100	109.7
The Royal Wolverhampton NHS Trust	36764	1429	3.9%	1387	3.8%	103	97.8	108.5
The Dudley Group NHS FT	34099	1457	4.3%	1444.5	4.2%	100.9	95.8	106.2
Univ. Hosp. of North Staffs NHS Trust	52757	2249	4.3%	2260.7	4.3%	99.5	95.4	103.7
University Hospitals Coventry & Warwickshire NHS Trust	44768	1601	3.6%	1625.2	3.6%	98.5	93.7	103.5
Shrewsbury & Telford Hosp. NHS Trust	41544	1557	3.7%	1616.8	3.9%	96.3	91.6	101.2
Walsall Healthcare NHS Trust	20803	980	4.7%	1039.5	5.0%	94.3	88.5	100.4
Sandwell & West Birmingham Hospitals NHS Trust	39383	1438	3.7%	1540.6	3.9%	93.3	88.6	98.3

The HSMR for the basket of 56 diagnosis groups for the latest 12 months (July 2012 – June 2013) is 102.8, within expected limits (Table 2). RWT continues to have one of the lowest expected crude mortality rate when compared with similar Trusts in the Region.

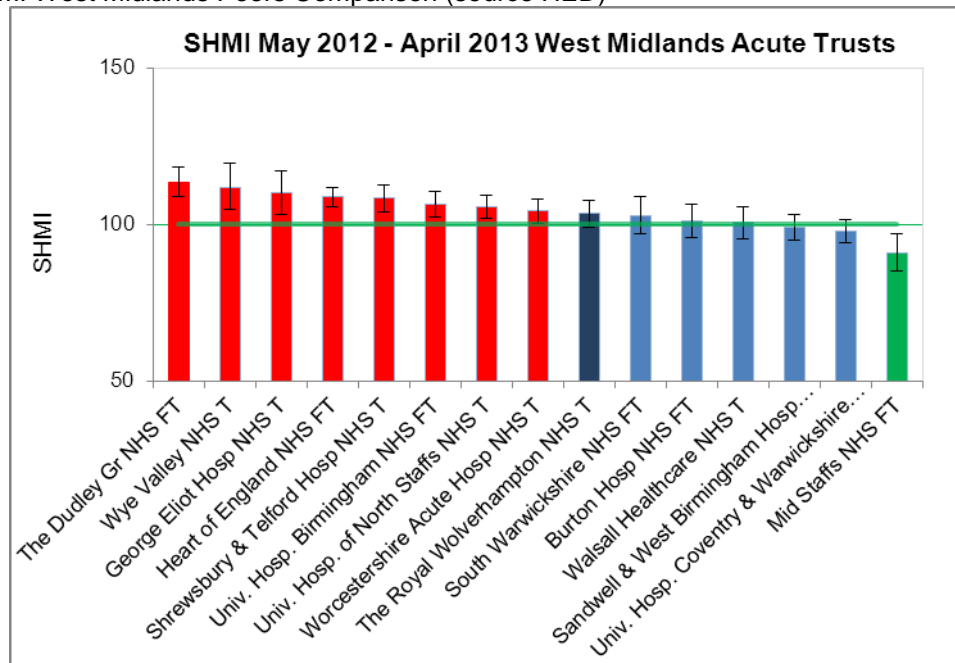
Table 2: HSMR July 2012 – June 2013

Peer (WM Acute)	Spells	Deaths	%	Expected	%	RR	Low	High
ALL	461448	19271	4.2%	18952.2	4.1%	101.7	100.3	103.1
Burton Hospitals NHS FT	20537	955	4.7%	814.7	4.0%	117.2	109.9	124.9
George Eliot Hospital NHS Trust	10907	756	6.9%	655	6.0%	115.4	107.3	123.9
Wye Valley NHS Trust	11350	645	5.7%	575.7	5.1%	112	103.6	121
Heart Of England NHS FT	71148	2868	4.0%	2643.7	3.7%	108.5	104.6	112.5
Univ. Hospitals Birmingham NHS FT	35387	1542	4.4%	1442.4	4.1%	106.9	101.6	112.4
Worcestershire Acute Hosp. NHS Trust	42313	1785	4.2%	1721.5	4.1%	103.7	98.9	108.6
The Royal Wolverhampton NHS Trust	37067	1441	3.9%	1401.7	3.8%	102.8	97.6	108.3
The Dudley Group NHS FT	33557	1447	4.3%	1449.5	4.3%	99.8	94.8	105.1
University Hospitals Coventry and Warwickshire NHS Trust	44935	1603	3.6%	1651.7	3.7%	97	92.4	101.9
Univ. Hosp. of North Staffs NHS Trust	52806	2271	4.3%	2346.1	4.4%	96.8	92.9	100.9
Walsall Healthcare NHS Trust	21338	1006	4.7%	1068.5	5.0%	94.1	88.4	100.2
Shrewsbury & Telford Hosp. NHS Trust	41190	1528	3.7%	1635	4.0%	93.5	88.8	98.3
Sandwell and West Birmingham Hospitals NHS Trust	38913	1424	3.7%	1546.6	4.0%	92.1	87.4	97

The RWT SHMI May 2012 – April 2013 (source HED)

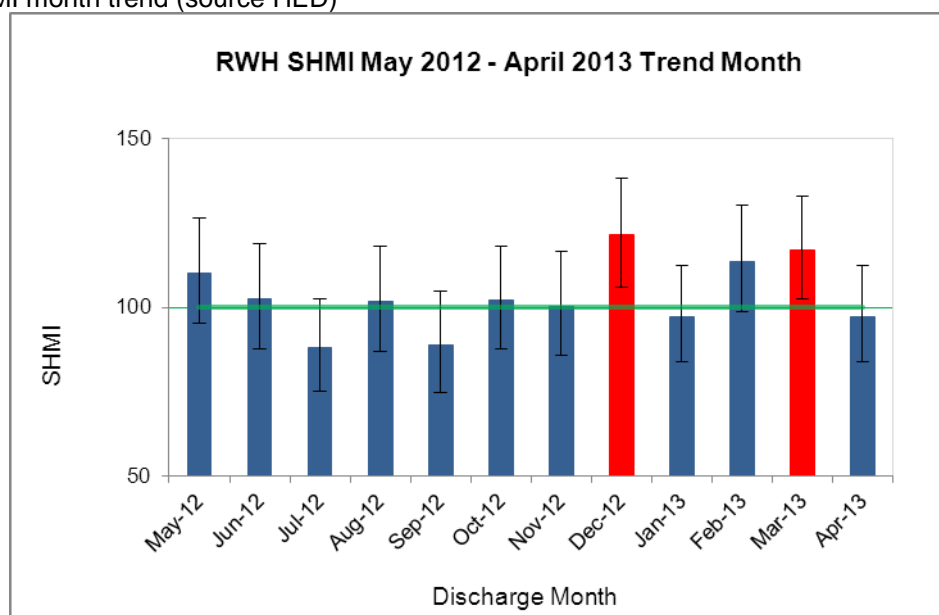
The SHMI value for RWT is 103.45, deemed within expected range using 95% confidence limits (CL). There were 2,225 deaths observed at the Trust for this period with 2151 expected. This represents an increase when compared to the value of 102.31 published for January to December 2012 by the NHS Information Centre. Within the West Midlands context, RWT has the 7th lowest SHMI. Eight Trusts in the region have an elevated SHMI deemed significantly higher than expected using 95% CL.

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

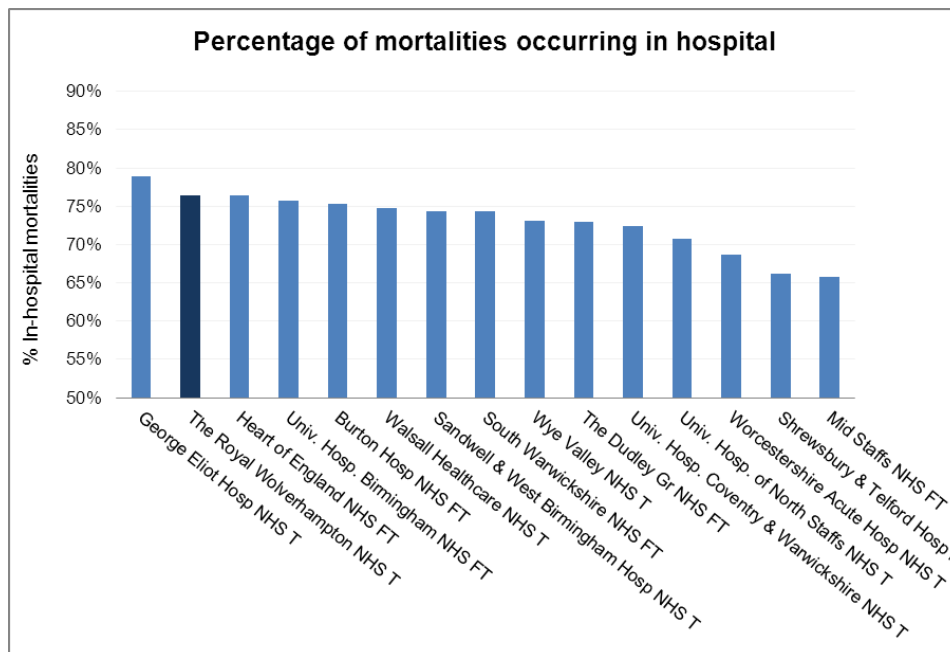


Looking at the monthly trend, elevated SHMI was observed in December 2012, February and March 2013 with December and March being significantly higher than expected and February close to being significantly high. This banding is given by the 95% CL and not by the statistical model published by the NHS IC and should be interpreted with caution.

Chart 2: SHMI month trend (source HED)



Looking at the in-hospital and out of hospital deaths included in SHMI, RWT has the 2nd highest proportion of deaths occurring in hospital compared to the regional trusts at 76.4% and 3.2% higher than the national average.



Work on mortality outliers

All alerts and elevated RR are monitored and investigated through the mortality committees. Several diagnosis groups that were deemed to be significantly high in 2012/13 are no longer alerting post rebase, following the coding audit amendments. Clinical audits have been completed for the following diagnoses groups: Other Psychoses, Pneumonia, Acute Cerebrovascular Disease and the findings are to be presented to MoRAG.

There is one new internal alert for the diagnosis group Acute Cerebrovascular Disease (March 2013), following the benchmark rebase. The diagnosis groups Pneumonia and Viral Infection show significantly more deaths than expected for the rolling 12 months period. A clinical audit has been completed for Pneumonia and the Medical Director will review the 3 deaths under Viral Infection diagnosis group.