Board of Directors

Date:	30 January 2019	**Attachment item:**	**9(iv)**
Title of Report:	**Mortality Scorecard to December 2018**		
Purpose of the report and the key issues for consideration/decision:	To outline currently available mortality data and provide assurance that the Trust remains within the acceptable range in line with national requirements. ▪ During December 2018 there were 59 deaths, 11 of which occurred within 'Day One' of admission. ▪ Peer benchmarking is current to October 2018. ▪ Details of HSMR now correspond with the SHMI for the period July 2017 to June 2018 with relative risk 'as expected.' The Mortality Scorecard containing the detail is attached.		
Prepared by:	Ms Caroline Booton; Clinical Quality Analyst		
Presented by:	Mr Karl Mainprize; Medical Director		

Strategic Objective(s) supported by this paper:

Financial Sustainability		**Empower & Engage Staff**	
Quality of Care	X		

Is this on the Trust's risk register:

No	X	**Yes**		**If Yes, Score**	

Which CQC Standards apply to this report: Effective domain

Have all implications related to this report been considered: (please X)

Finance Revenue & Capital		**Equality & Diversity**	
National Policy/Legislation		**Patient Experience**	X
Human Resources		**Terms of Authorisation**	
Governance & Risk Management (BAF)		**Other:**	

Action Required: (please X)

Approve		**Discuss**		**Receive for information**	X	**Decision**	

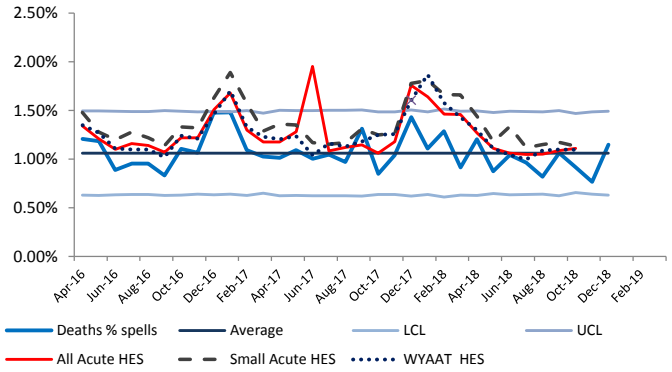
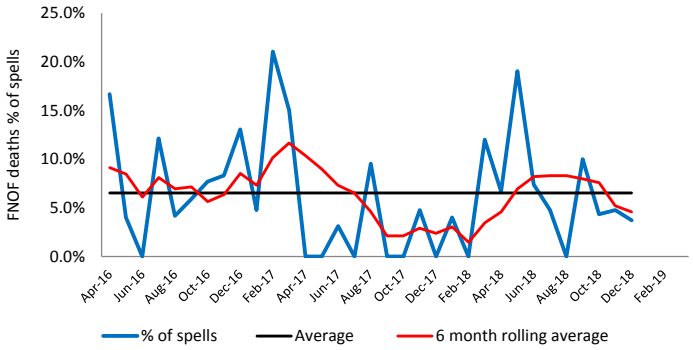
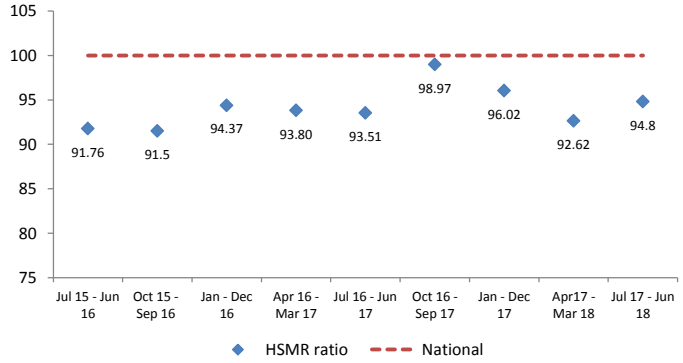
Previously Considered By:

Quality and Safety Committee	**Date:**	23/01/2019

Recommendations: To receive and note.

Mortality Scorecard: to December 2018

NHS Airedale NHS Foundation Trust

	Description	Aggregate Position	Trend/ Special Process Control	Variation
Crude Mortality	Crude mortality rate shows the number of deaths per 100 hospital episodes of care from admission to discharge (spell).	Crude mortality is consistently below the national rate for all providers. Peer benchmarking - **England, Small Acute & WYAAT -** is two months in arrears. In the UK there is a long-term downward trend in crude mortality; winter mortality was higher than usual in early 2017 and 2018. Latest monthly rate is **1.15%** of all episodes of care. The rate is within control limits based on the local average for the period. Source: CHKS icompare		**December 2018:** Overall number of deaths: **59** > Planned admissions: **0** > Maternal death: **0** > Paediatric death: **0** > Clinical Coding Software [CCS] Group fracture neck of femur [FNOF]: **1** [see below for long- term trend]
Crude Mortality - CCS FNOF	The chart opposite shows the number of deaths per 100 hospital episodes of care from admission to discharge (spell) and is based on the clinical coding software (CCS) diagnosis group for FNOF. In order to assess trends with a comparatively small number of events, a rolling average can be clearer (denoted by the red line). Each point on the following graph represents the average rate for the six months that precede the month on the 'x'-axis.			Between April 2017 the rolling average demonstrates six consecutive downward points and a shift below the dataset average which was maintained until May 2018.
Hospital Standardised Mortality Ratio - HSMR	The ratio of the actual number of patients who die following hospitalisation at a trust with the number that would be expected to die on the basis of average England figures for 56 diagnosis groups and given the characteristics of patients treated. It is estimated that around 80% of all deaths occur in these diagnosis groups.	The HSMR ratio from **Jul 17 to Jun 2018** shows an "as expected" relative risk when compared to other organisations nationally (denoted by the red dash line) . Source: Dr Foster Intelligence		HSMR = **94.8** [Within expected range] Total deaths = **587** Emergency weekday HSMR = **91.11** [Within expected range] Deaths following acute admission = **407** Emergency weekend HSMR = **102.62** [Within expected range] Deaths following acute admission = **144** Mortality in low risk groups = **0.42** [Within expected range]. National: **0.49** Deaths in this group = **9**

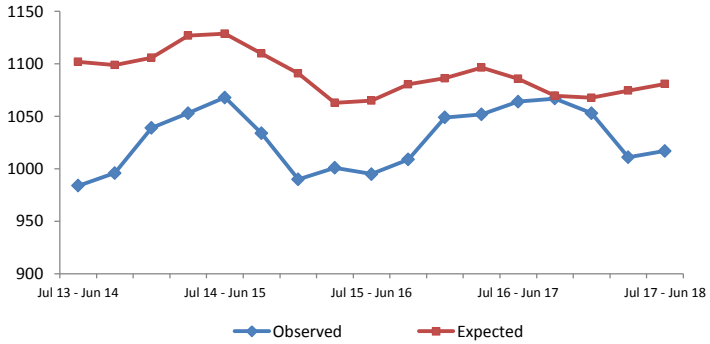
Description	Aggregate Position	Trend/ Special Process Control	Variation

Summary Hospital level Mortality Indicator - SHMI

The ratio of actual deaths and the number expected to die within 30 days of discharge from hospital on the basis of average England figures, given the characteristics of the patients treated. The indicator is updated quarterly and based on a rolling one year and released six months in arrears.

The SHMI ratio for **Jul 2017 to Jun 2018** is **0.94 and is banded 2 or as expected.** Values below one suggest a lower than expected number of deaths. A method of banding or control limit is used to help decide if a SHMI ratio exceeds expected limits.

Source: NHS Digital

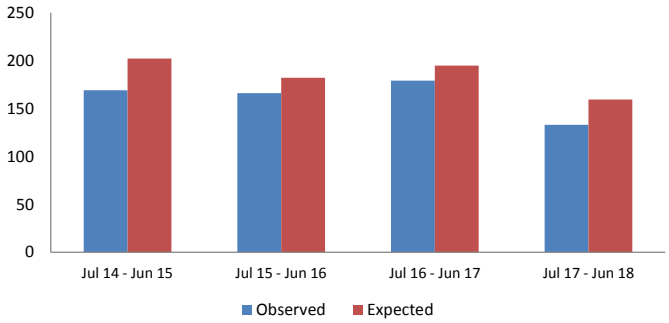


NHS Digital Health generate charts for some of the individual SHMI diagnosis groups to provide information on variation within a diagnosis group over times. Triggers are generated when a run of patient outcomes trend outside of the expected level. **In this period there were fewer deaths than expected for the following diagnoses: myocardial infarction & pneumonia.** Alerts should not be immediately interpreted as indicating good or poor performance, only that further investigation is warranted.

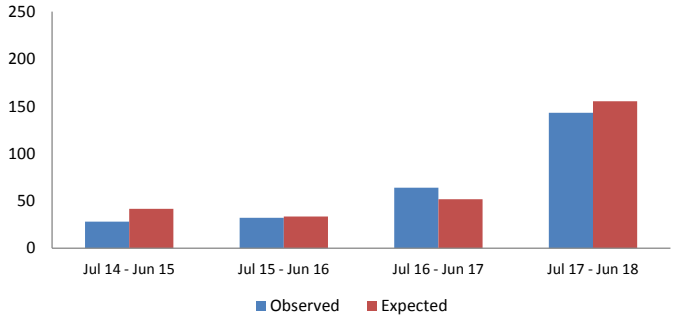
SHMI: diagnoses groups with highest number of deaths July 2017 to June 2018

The following diagnosis groups account for around 41% of the 1017 deaths that occurred in the above period. Where deaths are greater than expected, it should be noted that this does not necessarily mean that these are avoidable deaths. As illustrated below, the expected is re-calibrated and the risk model for doing this should be factored into any appraisal.

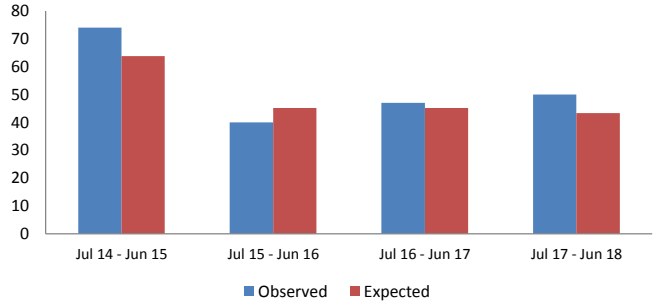
1. Pneumonia



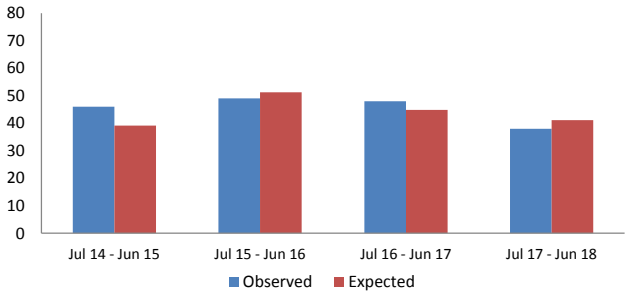
2. Septicaemia



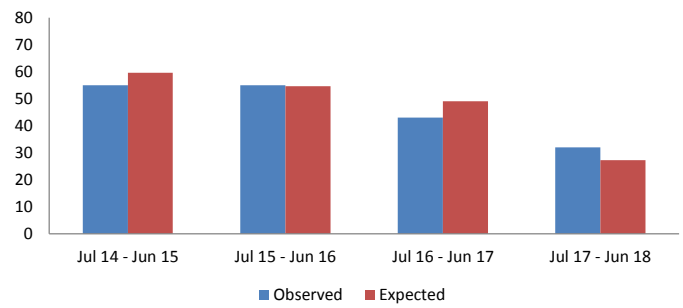
3. Acute cerebrovascular



4. Congestive heart failure



5. Urinary tract infection



6. Fracture neck of femur [FNOF]