



Northern, Eastern and Western Devon
Clinical Commissioning Group

Analysis of hospital mortality rates - October 2015

1. Introduction

- 1.1 The purpose of this report is to provide a summary of the mortality rates in hospitals across the Devon area. This will focus primarily on Summary Hospital-level Mortality Indicator (SHMI) but will not look at the wider mortality data that is normally reported via the Public Health Teams. An additional indicator around potential years of life lost (PYLL) from causes considered amenable to healthcare has been included as a CCG wide measure.
- 1.2 The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there. It includes deaths which occur in hospital and deaths which occur outside of hospital within 30 days (inclusive) of discharge.
- 1.3 A higher than expected SHMI should not immediately be interpreted as indicating good or bad performance and instead should be viewed as a smoke alarm which requires further investigation by the trust. The SHMI is not a direct measure of quality of care.
- 1.4 The SHMI can be used by trusts to compare their mortality outcomes to the national baseline. However, it should not be used to directly compare mortality outcomes between trusts and it is inappropriate to rank trusts according to their SHMI.

2. Summary Hospital-level Mortality Indicator (SHMI)

- 2.1 The table below shows the SHMI for the last three years for each of the four main acute trusts in the Devon area.

Table 1: SMHI for providers in Devon

Hospital	2012	2013	2014
Plymouth Hospitals NHS Trust	0.963	0.962	0.979
Royal Devon & Exeter	0.911	0.906	0.918
Northern Devon Healthcare NHS Trust	0.935	0.910	0.933
South Devon Healthcare NHS Foundation Trust	0.960	0.927	0.979
National average	1.000	1.000	1.000

- 2.2 All trusts have consistently reported a SHMI that is better than the national average over the last three years. The SHMI data for each trust has also been very stable over the last three years and there is no evidence that the rates have changed significantly.
- 2.3 Thus at a high level there are no immediate concerns around the mortality rate in any of the four trusts in Devon.

3. Contextual indicators

- 3.1 It should be noted that there are a number of factors that can influence the reported SHMI that may not be linked to the overall quality of care provided, including:-
- Type of admission
 - Deprivation level
 - Palliative care levels/ casemix
 - Quality of care outside hospital
- 3.2 It is important that these contextual indicators are also used to understand whether there are any additional factors that need to be considered when looking to understand the hospital mortality data.

Table 2: Mortality by admission method

Hospital	Elective admissions	Non-elective admissions
Plymouth Hospitals NHS Trust	0.9	3.8
Royal Devon & Exeter	0.9	3.5
Northern Devon Healthcare NHS Trust	0.6	4.8
South Devon Healthcare NHS Foundation Trust	0.9	4.7
National average	0.57	3.64

- 3.3 It is clear from the table above that the mortality rate from non-elective admissions is much greater than for elective (planned) admissions. This is generally to be expected as a large number of the elective admissions will be for low level routine operations. It should also be noted that

Table 3: % mortality inside/ outside of hospital

Hospital	Inside hospital rate	Outside hospital rate
Plymouth Hospitals NHS Trust	69.5	30.5
Royal Devon & Exeter	67.9	32.1
Northern Devon Healthcare NHS Trust	71.6	28.4
South Devon Healthcare NHS Foundation Trust	65.7	34.3
National average	71.3	28.7

- 3.4 All acute trusts in Devon except for Northern Devon have a higher than average level of deaths outside of hospital compared to the national average and Northern Devon is similar to average. The larger number of community beds included in Northern Devon is likely to be impacting on the figures as these community beds are more likely to be occupied by older people.

- 3.5 A number of the patients that died that are reported as part of the SHMI may not be unexpected. The table below shows how the level of palliative care coding varies across the 4 acute trusts.

Table 4: Palliative care coding

Hospital	% of deaths with a palliative care coding	% of provider spells with palliative care coding
Plymouth Hospitals NHS Trust	17.2%	0.9%
Royal Devon & Exeter	18.6%	0.9%
Northern Devon Healthcare NHS Trust	16.5%	1.0%
South Devon Healthcare NHS Foundation Trust	18.7%	1.3%
National average	25.9%	1.3%

- 3.6 All 4 trusts report the percentage of hospital spells provided for patients with a palliative care coding that is similar/ below the national average. Thus most hospitals are undertaking a higher level of activity for patients that are not coded / recorded as being palliative care. The relatively low percentage of deaths for patients with a palliative care coding could be a contributory factor behind the relatively low overall SHMI that is reported.
- 3.7 Analysis of the SHMI by diagnosis grouping is available. It should be noted that the relatively small number of deaths in some diagnosis groups can be misleading. However, the diagnosis level data is not showing any significant anomalies

4. CCG level

- 4.1 Whilst the previous sections have focused on hospital level mortality data it is also worth noting CCG performance on a related indicator. The CCG outcomes framework includes a measure on the potential years of life lost (PYLL) from causes considered amenable to healthcare. The table below shows the latest data from 2014. This indicators measures number of years of life lost by every 100,000 adults aged 20 and over dying from conditions which are usually treatable.

Table 5: Potential years of life lost amenable to healthcare (2014)

	Directly standardised rate	Lower Confidence Limit	Upper Confidence Limit
NEW Devon CCG	1812.6	1666.5	1960.4
South Devon & Torbay CCG	1882.6	1629.2	2140.7
National average	2064.5	2044.4	2084.6

- 4.2 The above table shows that both NEW Devon CCG and South Devon & Torbay CCG have a lower number of years of life lost from causes considered amenable to healthcare. The results for NEW Devon CCG are statistically better than the national average but they are not so for South Devon & Torbay CCG. The main reason for this is the smaller population and as a consequence wider confidence limits. The above results also indicate that

there are no significant issues around mortality linked to healthcare interventions.

5. Summary

- 5.1 All four acute trusts in the Devon area are reporting mortality rates better than the national average. A deeper analysis into the diagnosis groups is also backing up the position that there are no causes for concern across all providers.
- 5.2 This is further reflected in the CCG indicator on the potential years of life lost (PYLL) from causes considered amenable to healthcare which is showing outcomes that are better than the national average.