

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

15 DECEMBER 2011

MEMBER'S ITEM: MORTALITY FIGURES – MEDWAY MARITIME HOSPITAL

Report from: Dr Peter Green, Shadow Accountable Officer,

Medway Clinical Commissioning Group/

Dr Smith-Laing, Medical Director, Medway NHS

Foundation Trust

Report author: Rosie Gunstone, Democratic Services Officer

Summary

This report is in response to a request from Councillor Shaw and provides information on the recently published mortality figures.

1. Budget and Policy Framework

1.1 Under Medway's Constitution, Overview and Scrutiny rules (Chapter 4, Part 5, Paragraph 9.1) Councillor Shaw has asked that an item on this issue is included on the agenda for this meeting.

2. Member's Item request

2.1 Councillor Shaw's request is:

"That the Committee considers the recently published mortality rates of hospitals in England which highlighted that Medway NHS Foundation Trust was one of fourteen hospital trusts that had been identified as among the top 14 poorest performers in the first official hospital-wide mortality ratings and seeks a response from the relevant NHS trusts in Medway".

3. Background

- 3.1. The NHS Information Centre on 27 October 2011 published the summary hospital-level mortality indicator (SHMI) for all non-specialist acute trusts after the measure was agreed by a Department of Health review.
- 3.2. The report suggested that the 14 trusts that had been given the lowest banding score of one, after statistical adjustments had been applied, were likely to face attention from the national and local media.
- 3.3. Several of the 14 have been poorly rated previously by similar indicators, such as the Dr Foster (Dr Foster is a provider of healthcare information in the UK, monitoring the performance of the NHS and providing information to the public) hospital standardised mortality ratio, or have had quality problems highlighted by regulators.
- 3.4. A further 22 trusts received the lowest banding score under a different Department of Health sanctioned method results of which have also been published.
 - The figures will be published each quarter.
- 3.7. The 14 trusts, ordered from highest ratio of deaths to expected deaths to the lowest, are:
 - George Eliot Hospital NHS Trust
 - Isle of Wight NHS Primary care Trust
 - East and North Hertfordshire NHS Trust
 - Blackpool Teaching Hospitals NHS Foundation Trust
 - Tameside Hospital NHS Foundation Trust
 - Medway NHS Foundation Trust
 - York Teaching Hospital NHS Foundation Trust
 - Northern Lincolnshire and Goole Hospitals NHS Foundation Trust
 - Basildon and Thurrock University Hospitals NHS Foundation Trust
 - Hull and East Yorkshire Hospitals NHS Trust
 - Northampton General Hospital NHS Trust
 - East Lancashire Hospitals NHS Trust
 - University Hospitals of Morecambe Bay NHS Foundation Trust
 - Western Sussex Hospitals NHS Trust
- 3.8. Fourteen trusts were also given the highest banding score of three, awarded for the lowest ratio of observed deaths to actual deaths. From the lowest ratio to the highest, they are:
 - The Whittington Hospital NHS Trust
 - Barts and the London NHS Trust
 - University College London Hospitals NHS Foundation Trust
 - Imperial College Healthcare NHS Trust

- Royal Free Hampstead NHS Trust
- St George's Healthcare NHS Trust
- Chelsea and Westminster Hospital NHS Foundation Trust
- Cambridge University Hospitals NHS Foundation Trust
- Newham University Hospital NHS Trust
- North West London Hospitals NHS Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- Kingston Hospital NHS Trust
- James Paget University Hospitals NHS Foundation Trust
- Ealing Hospital NHS Trust
- 3.9. Dr Peter Green, Shadow Accountable Officer from Medway Clinical Commissioning Group and Dr Smith-Laing from Medway NHS Foundation Trust will be present at the meeting.
- 4. Initial response from Medway Clinical Commissioning Group/Medway NHS Foundation Trust
- 4.1 See attached letter from Mark Devlin, Chief Executive of Medway NHS Foundation Trust.
- 5. Risk Management
- 5.1. There are no specific risks to the Council arising from this initial report
- 6. Financial and Legal Implications
- 6.1 There are no specific financial and legal implications relative to the Council in this report.

7. Recommendation

7.1 The Committee is asked to consider the Member Item and response from Medway Clinical Commissioning Group/Medway NHS Foundation Trust.

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Background papers: Report from the NHS Information Centre published on 27 October 2011



CHIEF EXECUTIVE'S OFFICE

NHS Foundation Trust

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Our ref: MD/MJ

2 December 2011

Medway Maritime
Hospital
Windmill Road
Gillingham
Kent
ME7 5NY

John Avey Chair of Medway HOSC

Sent via email

Dear John

Publication of Dr Foster Hospital Guide on Monday 29 November

I am writing to provide you with a briefing of results the Dr Foster Guide regarding mortality in preparation for the HASC meeting on 15 December 2011.

You will remember that in October, the Department of Health published the Summary Hospital-level Mortality Indicator (SHMI) and you will be aware that the Trust's data showed a higher than expected figure. The Hospital Standardised Mortality Ratio (HSMR) information published on Monday the 29 November by Dr Foster was based on the same data, covering the same period (April 2010 and March 2011) therefore these are not new statistics. The primary difference is the methodologies used by the Department of Health and Dr Foster to calculate the indicator and the ratio.

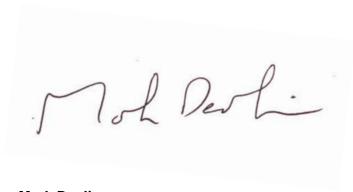
Although the Trust's mortality ratio, as measured by the HSMR, remained in line with the national average for the majority of last year (and is currently below national average figures), it became unusually high between June 2010 and August 2010, increasing the HSMR for the whole of that year.

The Trust monitors its mortality ratio closely throughout the year and investigated the rise in the Trust's HSMR which was caused by a number of factors relating to changes in coding practices. There was no evidence of any deficiency in the quality of the medical and nursing care received by patients. Since September 2010 the ratio has remained within the normal range. The Trust will continue to monitor both the HSMR (available monthly) and SHMI (available every three months) to ensure that the quality of care received by patients remains high. The current year figures are comfortably better than standard.

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Continued				

I propose to ask our Medical Director, Dr Gray Smith-Laing to give a more detailed presentation on the issue at the HASC meeting. We are aware that there has also been some concerns about the Darent Valley Hospital figures and we have agreed with their Medical Director to present a brief overview of the underlying issues in their case.

Yours sincerely



Mark Devlin Chief Executive

<u>cc</u> Rosie Gunstone, Democratic Services Officer, Medway Council
 Helen Buckinhgam, Director of Whole System Commissioning/Deputy CEO, NHS Kent & Medway
 Dr Gray Smith-Laing, Medical Director, Medway NHS Foundation Trust

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