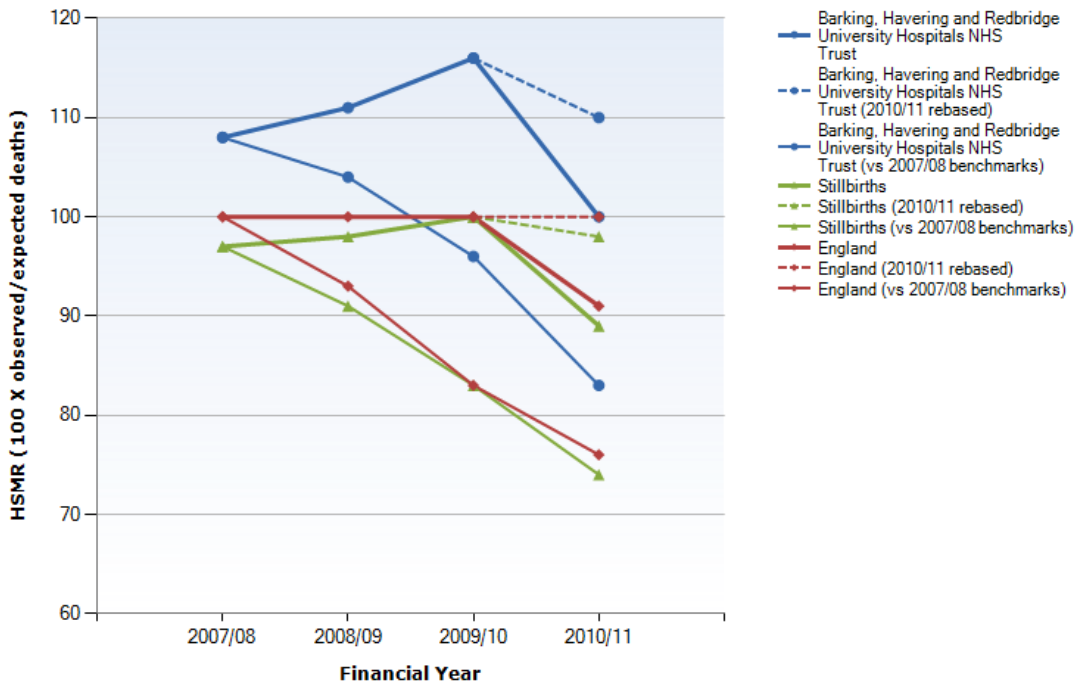
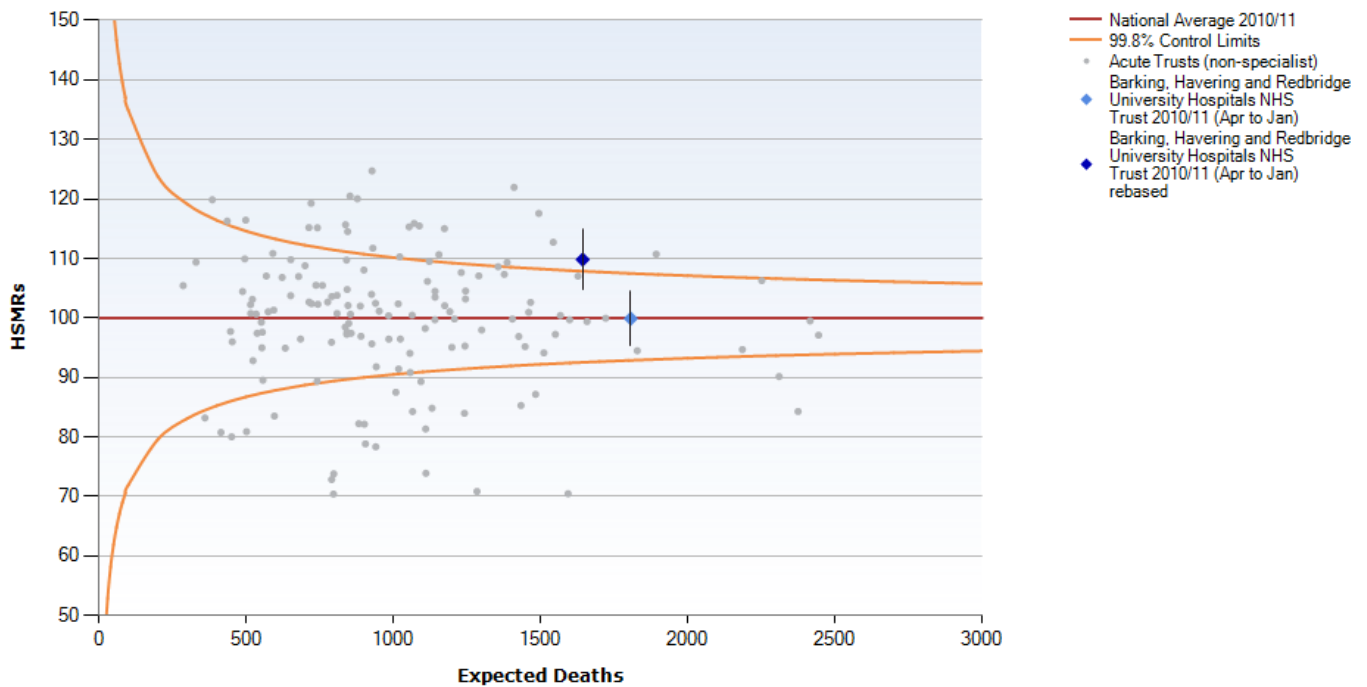


HSMR Trend

Trend in HSMR by Financial Year



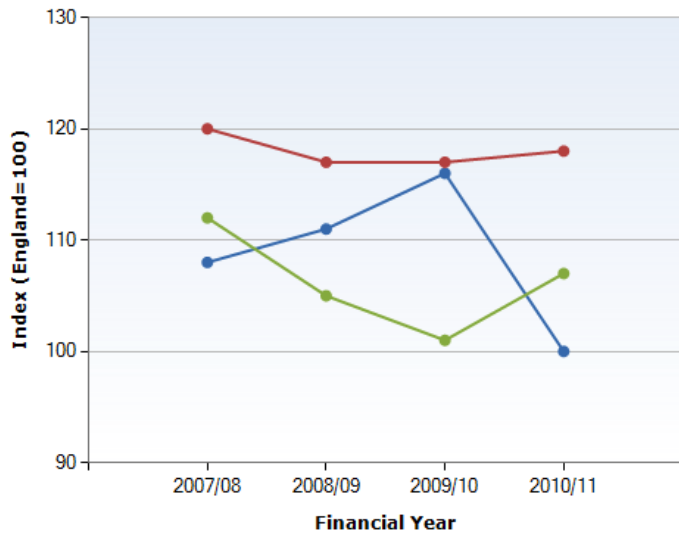
Acute Trust HSMRs 2010/11 (Apr to Jan)



HSMR	2007/08	2008/09	2009/10	2010/11 (Apr to Jan)		
				Low	High	
<b>Barking, Havering and Redbridge University Hospitals NHS Trust HSMR</b>	<b>108</b>	<b>111</b>	<b>116</b>	<b>100</b>	<b>95</b>	<b>105</b>
2010/11 rebased	-	-	-	110	105	115
vs 2007/08 benchmarks	108	104	96	83	79	87
<b>Stillbirths HSMR</b>	<b>97</b>	<b>98</b>	<b>100</b>	<b>89</b>	<b>87</b>	<b>91</b>
2010/11 rebased	-	-	-	98	96	100
vs 2007/08 benchmarks	97	91	83	74	73	76
<b>England HSMR</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>91</b>	<b>91</b>	<b>91</b>
2010/11 rebased	-	-	-	100	100	101
vs 2007/08 benchmarks	100	93	83	76	75	76

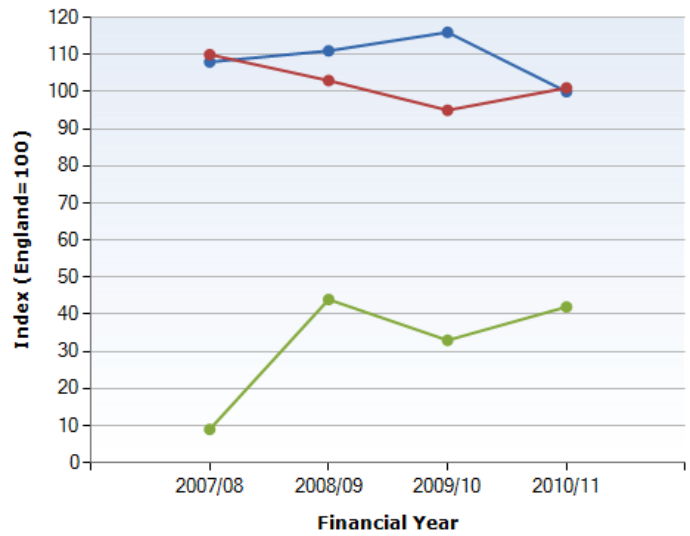
HSMR Components

Trends in Mortality



— Barking, Havering and Redbridge University Hospitals NHS Trust HSMR  
 — Observed Mortality Rate - index of national  
 — Expected Mortality Rate - index of national

Trends in Coding



— Barking, Havering and Redbridge University Hospitals NHS Trust HSMR  
 — Charlson Upper-Quartile Rate - index of national  
 — Palliative Care Coding Rate - index of national

Indicator	2007/08	2008/09	2009/10	2010/11 (Apr to Jan)
<b>Barking, Havering and Redbridge University Hospitals NHS Trust</b>	<b>108</b>	<b>111</b>	<b>116</b>	<b>100</b>
<b>Observed deaths</b>	<b>2,456</b>	<b>2,488</b>	<b>2,275</b>	<b>1,805</b>
Observed mortality rate*	8.7%	8.2%	7.7%	7.4%
Observed mortality rate as index of national rate	120	117	117	118
<b>Expected deaths</b>	<b>2,277</b>	<b>2,237</b>	<b>1,966</b>	<b>1,807</b>
Expected mortality rate*	8.1%	7.4%	6.7%	7.4%
Expected mortality as index of national rate	112	105	101	107
<b>Charlson comorbidity upper-quartile rate</b>	<b>27.4%</b>	<b>25.9%</b>	<b>23.8%</b>	<b>25.3%</b>
Charlson rate as index of national	110	103	95	101
<b>Palliative care coding rate</b>	<b>0.1%</b>	<b>0.6%</b>	<b>0.6%</b>	<b>0.9%</b>
Palliative care rate as index of national	9	44	33	42

\* The observed and expected mortality rates exclude day cases (unless the patient died) as these have no impact on HSMR. This differs from the rest of RTM where we have included all day cases in mortality rates so that volumes are consistent with other tools.