

Metric	June 21 to May 22
HSMR	HSMR: 119.4 statistically significantly higher than expected (116.6 excluding COVID)
HSMR position vs. peers	One of four 'above expected' organisations within the peer group of eight with a crude rate of 4.0% vs 3.1%.
All Diagnosis SMR	SMR: 123.2 statistically significantly high (118.5 excluding COVID)
Significant Diagnosis Groups	11 groups (6 new): <ul style="list-style-type: none"> Chronic obstructive pulmonary disease and bronchiectasis (Within HSMR basket) Viral infection (COVID-19 primary diagnosis) Deficiency and other anaemia (Within HSMR basket) Intestinal infection Other connective tissue disease Abdominal Hernia (new alert) Epilepsy, convulsions (new alert) Pleurisy, pneumothorax, pulmonary collapse (new alert) (Within HSMR basket) Other liver diseases (new alert) (Within HSMR basket) Fracture of neck of Femur (new alert) (Within HSMR basket) Aspiration pneumonia, food/vomitus (new alert) (Within HSMR basket)
CUSUM breaches	There are currently 17 diagnosis groups breaching the 99% Threshold over the 12 month period to May 22 with 3 in-month breaches. There are 3 diagnosis groups breaching at 99.9% <ul style="list-style-type: none"> Congestive heart failure, nonhypertensive Epilepsy, convulsions Other liver disease
Coding Influencers	Palliative Care: The Trust continues to see a low rate with both the HSMR and across all activity. This will continue to impact on the Dr Foster model (HSMR) but will not impact the SHMI. Comorbidity rates (Non-elective HSMR): The Trust has a similar distribution of scores as regional peers. Signs & Symptoms: The Trust now has a higher rate of signs & symptoms vs peers both regionally and nationally
SHMI position	The SHMI for the 12 months to March 22 is 99.17 (as expected).

Data from ME Office – Acute Adult Deaths

Q1 Data from ME Office – Acute Adult Deaths

Apr 22 - 157
 May 22 - 168
 June 22 - 138 Total = 443

100% of all deaths were scrutinised & within the following timeframes –

Day of death or 1st Day after death - 286
 2nd Day after death - 79
 3rd Day after death - 62
 4th Day after death - 11 (4th & 5th These relate to deaths on Friday nights, next working day being Monday which is already 3rd day after death and also bank holiday weekends)
 5th Day after death - 5
 Over 5 days - Nil

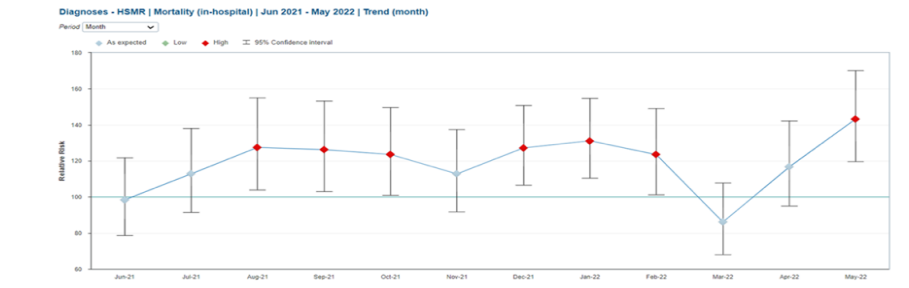
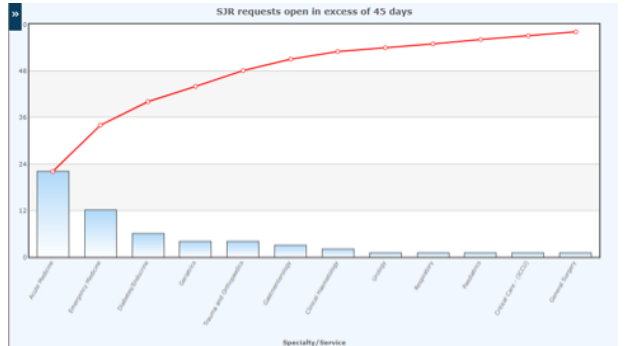
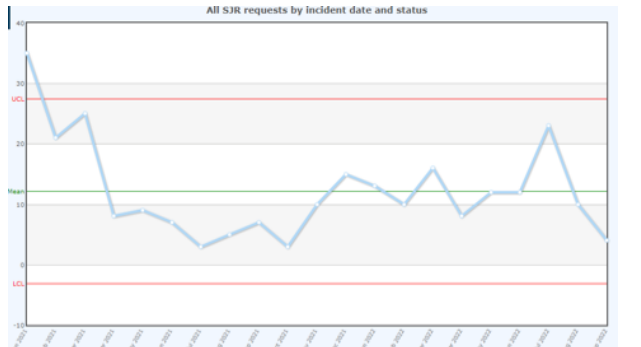
MCCD's issued within 3 x calendar days of death (Excluding referrals to Coroner) = 97.4%

Q1 Data from ME Office – Acute Child Deaths

We had none reportable in Q1

Q1 – Data from ME Office – Community Deaths.

39 x community deaths were scrutinised during Q1



- Coronial feedback on the 2 governance reports produced after the “rapid” review meeting approach has been positive on both. I have also had positive feedback from staff. For me it is sensible to get all the experts together early to discuss once the factual chronology has been established, rather than leaving one or two people slaving away alone for weeks/months, and then the great and the good blowing up their efforts at signoff. The challenge remains getting a coherent but suitably concise report together promptly and efficiently after said meeting. Also giving in depth thought to credible actions.

Issues raised by the bereaved

- Apr –
- W53 were excellent
 - W44 – Excellent care given to both John & his family – Thank you
 - W23 – Compliments to the Trust for care provided
 - W44 – Compliments on the care provided
 - W44 – Very good care, respect, dignity & support
 - ITU – Compliments to all the team on ITU, family said they could not have wished for better care, not only for Trevor but for their family too. His last hours were with his family around him
 - W36 – Happy with care provided
 - ITU – Outstanding

- May –
- A&E/E&U & W52 – Impressed with all 3 x ward areas – dignity & comfort provided
 - ICU – Fantastic care by the ITU team, very respectful and understanding. Thank you for the handprints & wooden hearts
 - E&U – Very attentive staff, very impressed with the hospital and Jill herself was pleased with her care & treatment.
 - ME Service thank you, you have been very efficient and made things easier.
 - W21 – Family felt they were looked after as well as Mum
 - W14 – Dr Patel and the nursing team were blooming fantastic. Very compassionate, friendly, caring, understanding. We could not have asked for better.
 - ME Service thank you. You have been very helpful with the process.
 - E&U – Thank you
 - W52 – Family complimentary to Dr Rutter & his team
 - W41 – Thank you
 - W42 – Superb from start to finish. All staff on duty were excellent
 - W51 – Thank you for care
 - W41 – Thank you to all involved.
 - ITU – Excellent care
- June –
- W32 – Medical staff were all lovely, good communication & friendly
 - W42 – Excellent care from everyone
 - W31 – Cannot thank KMH / the wards & the ME service enough. We have felt supported every step of the way.
 - W24 – Excellent care
 - W51 – Excellent care, kept very informed.

Learning from inquests

- Patient sent back to ED hours immediately after discharge from T&O as raised temperature and nauseous. Seen in ED by T&O junior who suspected UTI and requested MSU and discharged back to care home. MSU negative (on electronic count), but result not seen. Accepted this was a lost opportunity to consider an alternative cause for deterioration and possible admit. To update coroner with any changes to practice by 30 September.
- Same patient – final ED discharge observations temperature had increased (37.6 to 38.7), but not escalated to trained staff as EWS only 2. Feeling was that escalation protocol may be too rigid, especially where patient is not staying under observation. To update coroner with any changes to practice by 30 September.
- Patient on warfarin sustained head injury and attended ED. CT small bleed. No consideration of whether to reverse warfarin as well as withhold. Coroner found investigation report thorough and helpful. Requested sight of new HI guideline once moved from draft to implemented.
- Patient attended after head injury. On reversible DOAC but no consideration given to reversing – although evidence was if it had risks from reversal may have been higher.
- Response to variceal bleed in hospital suboptimal – T&O could have usefully been signposted to the GI bleed bundle
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Macro: Comparators and crude rate

- Definitions- case selection

- Diagnoses all in hospital deaths
- Diagnoses (HSMR) deaths in HSMR basket of diagnoses
- SHMI deaths in SHMI basket of diagnoses

- Definitions- data handling

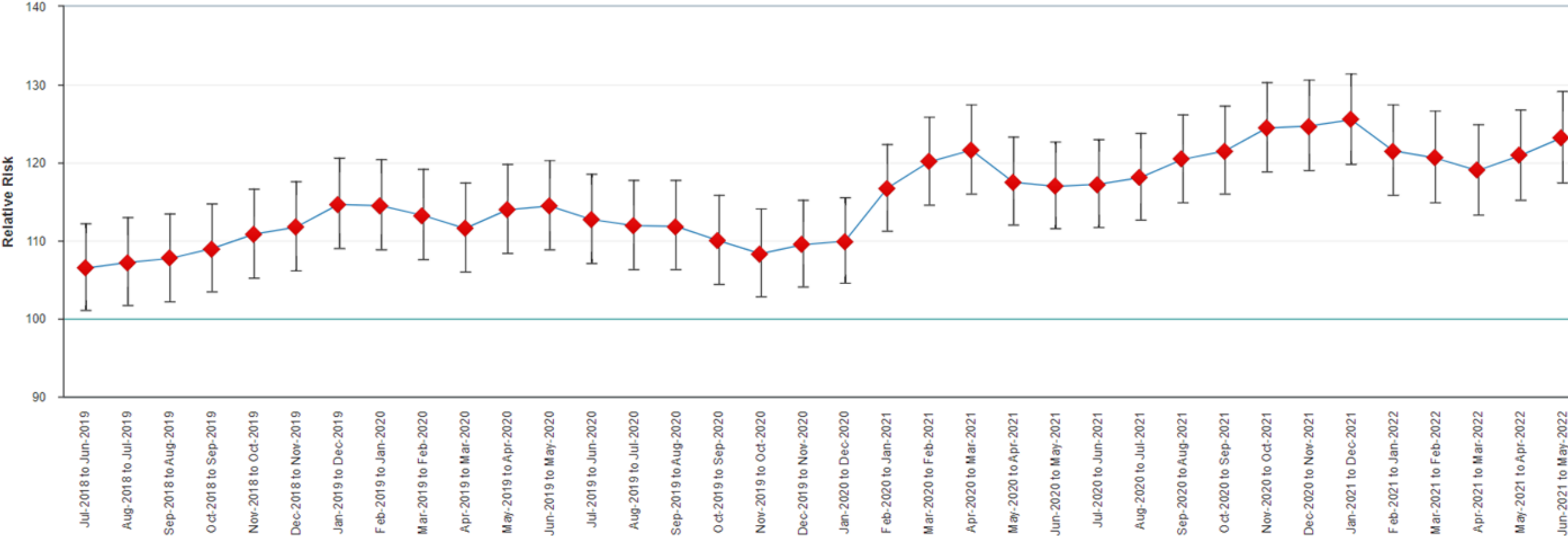
- Relative risk observed vs expected ratio

- This figure in HSMR basket is what is commonly known as “HSMR” and is typically shown as a 12month rolling average

Diagnoses | Mortality (in-hospital) | Jun-19 to most recent | Trend (rolling 12 months)

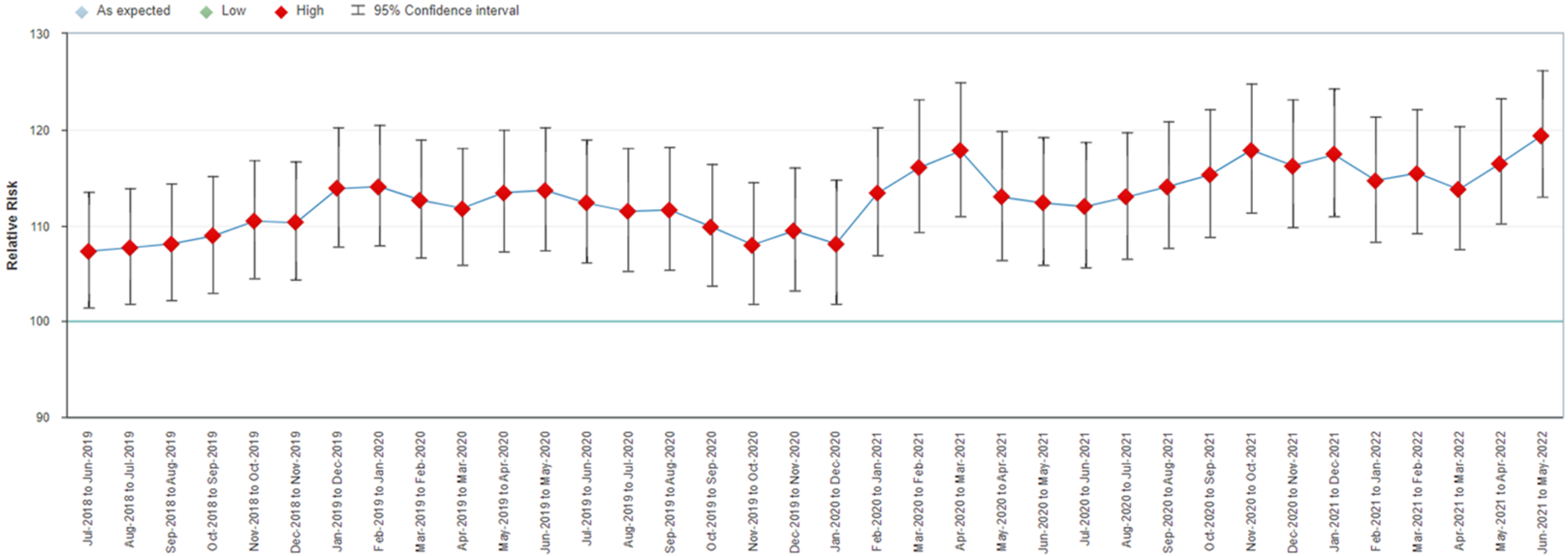
Period Rolling 12 months

◆ As expected ◆ Low ◆ High ▬ 95% Confidence interval

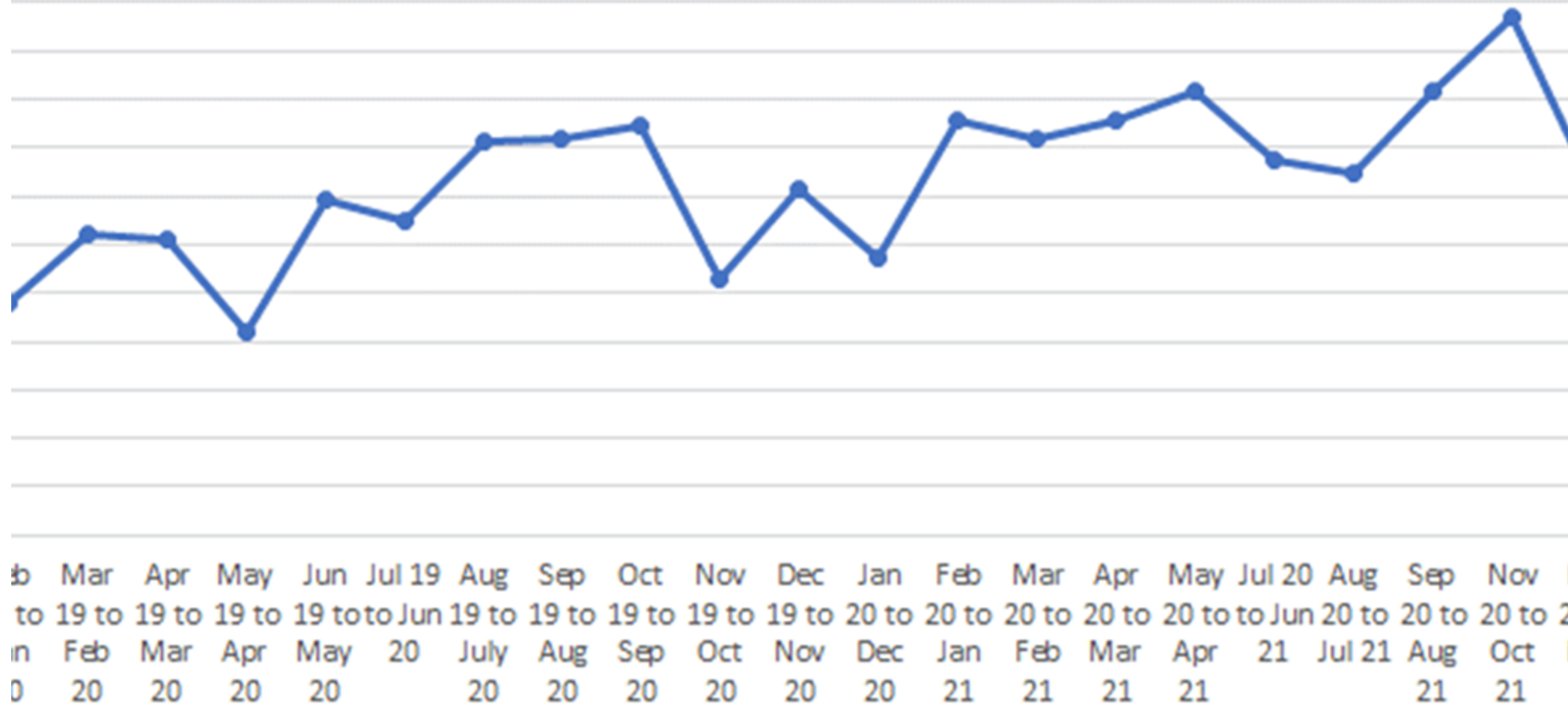


Diagnoses - HSMR | Mortality (in-hospital) | Jun-19 to most recent | Trend (rolling 12 months)

Period

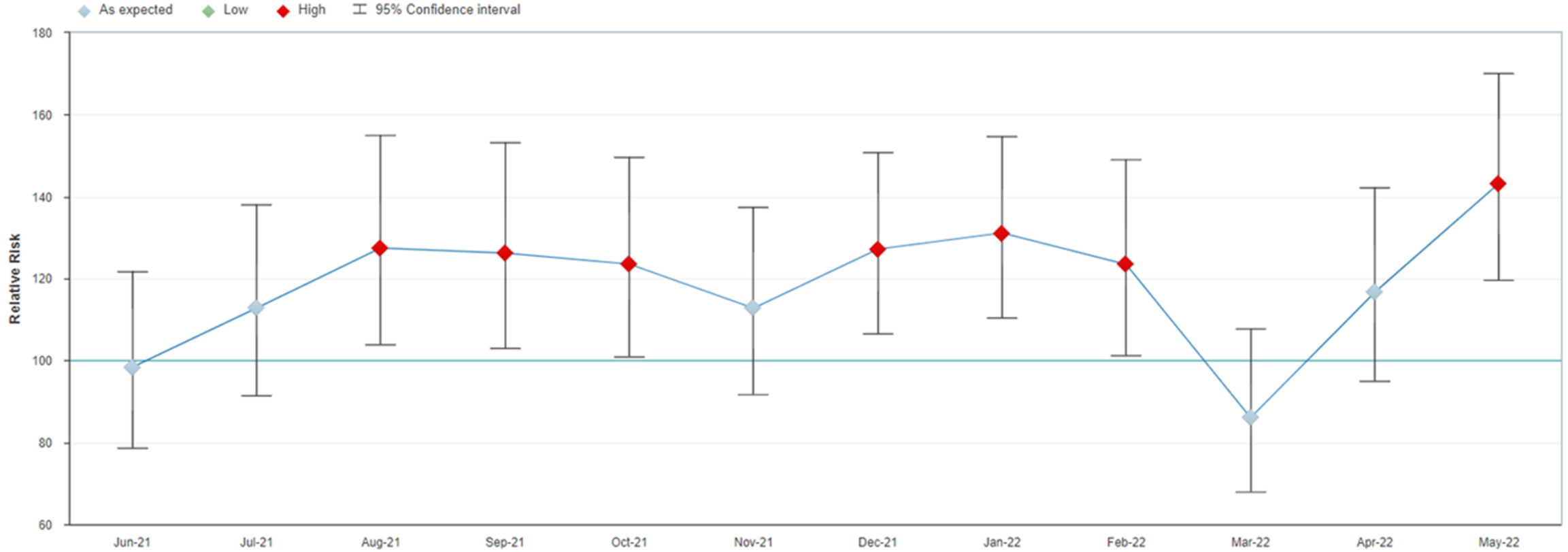


SHMI rolling 12 month trend



Diagnoses - HSMR | Mortality (in-hospital) | Jun 2021 - May 2022 | Trend (month)

Period



Meso: Scrutiny and SJR

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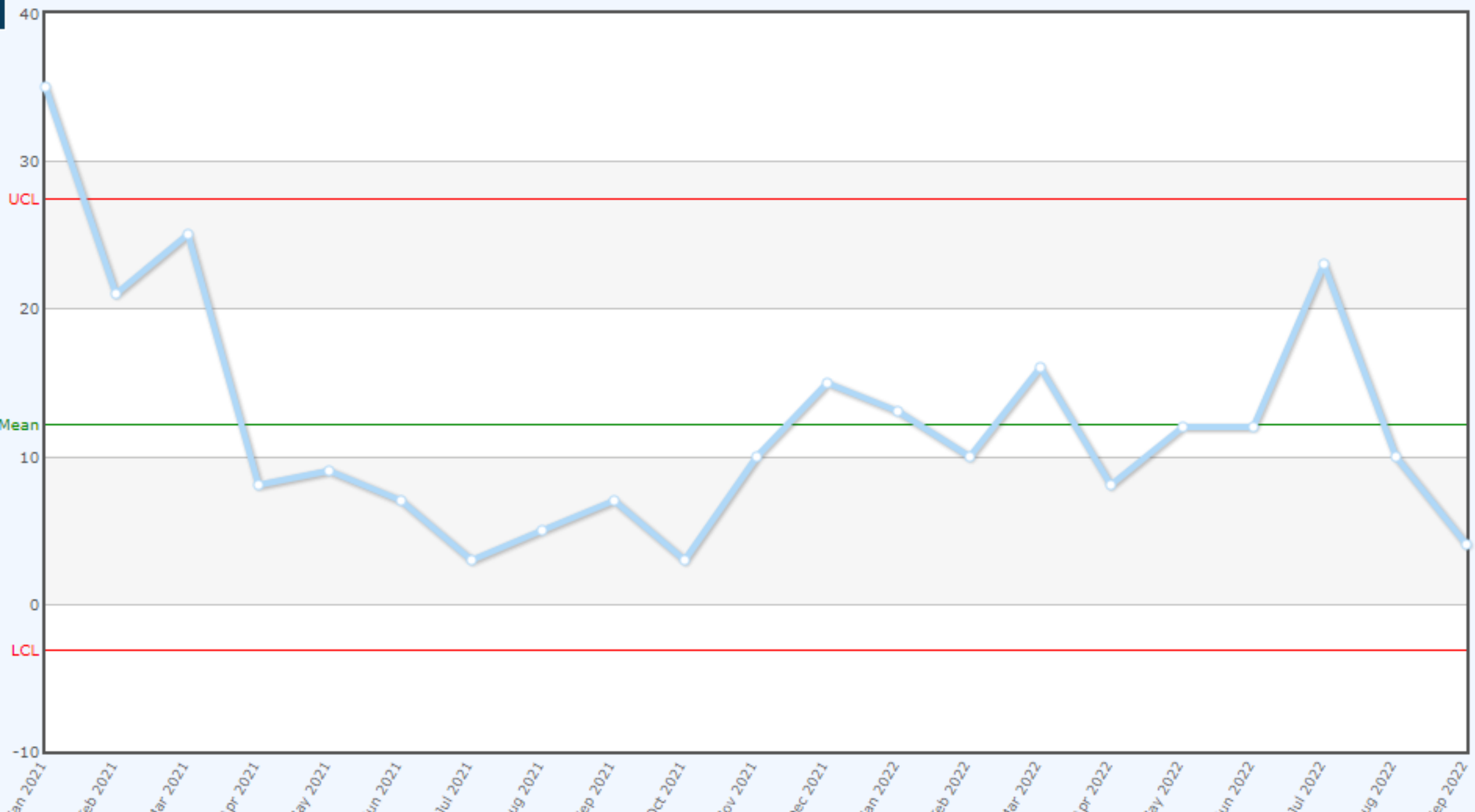
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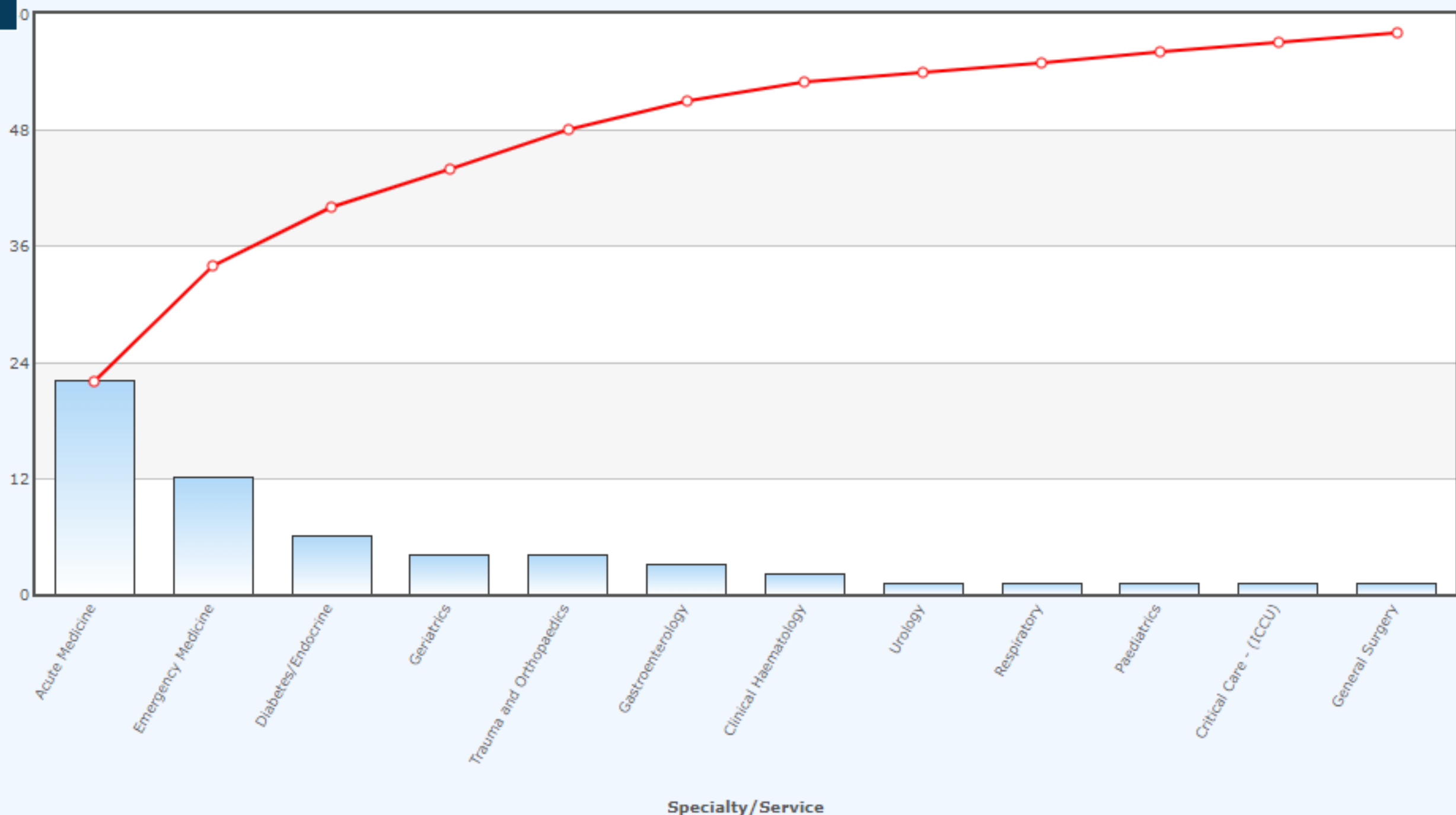
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All SJR requests by incident date and status



SJR requests open in excess of 45 days



Micro: Individual Output

Good Practice and Learning points

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Deaths which have met SI criteria
(avoidable deaths)