

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

Crude Mortality

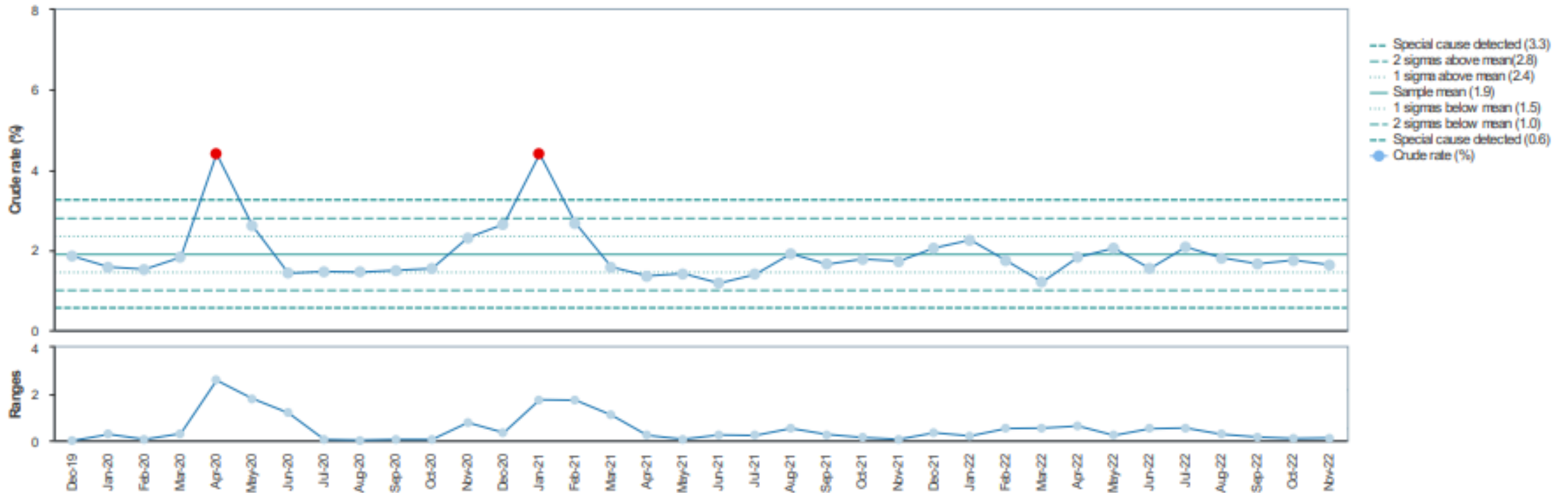
Basket: **Diagnoses** Metric: **Mortality (in-hospital)** Time period: **Last available 36 months**

Patients: **127,916** Superspells: **275,850 (215.6)** First / Last: **Dec 2019 / Nov 2022** Deaths: **5,105 (1.9%)** LOS: **3.8**

Expected: **4184.3 (1.5%)** O-E: **920.7 (0.3%)** Relative Risk: **122.0 (118.7% C⁹⁵ 125.4)** Model: **Month: Aug 2022** C-Statistic: **Multiple**

Diagnoses | Mortality (in-hospital) | Dec 2019 - Nov 2022 | Trend (month)

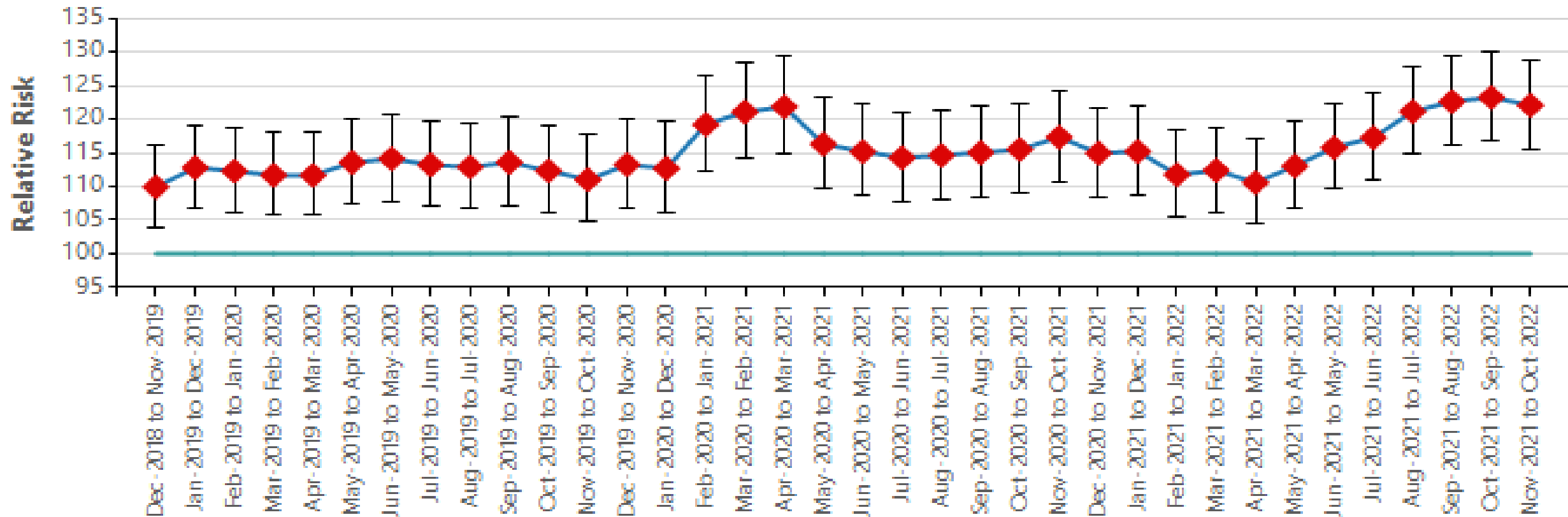
Period: **Month** Measure: **Crude rate (%)** Additional measure: **No additional measure**



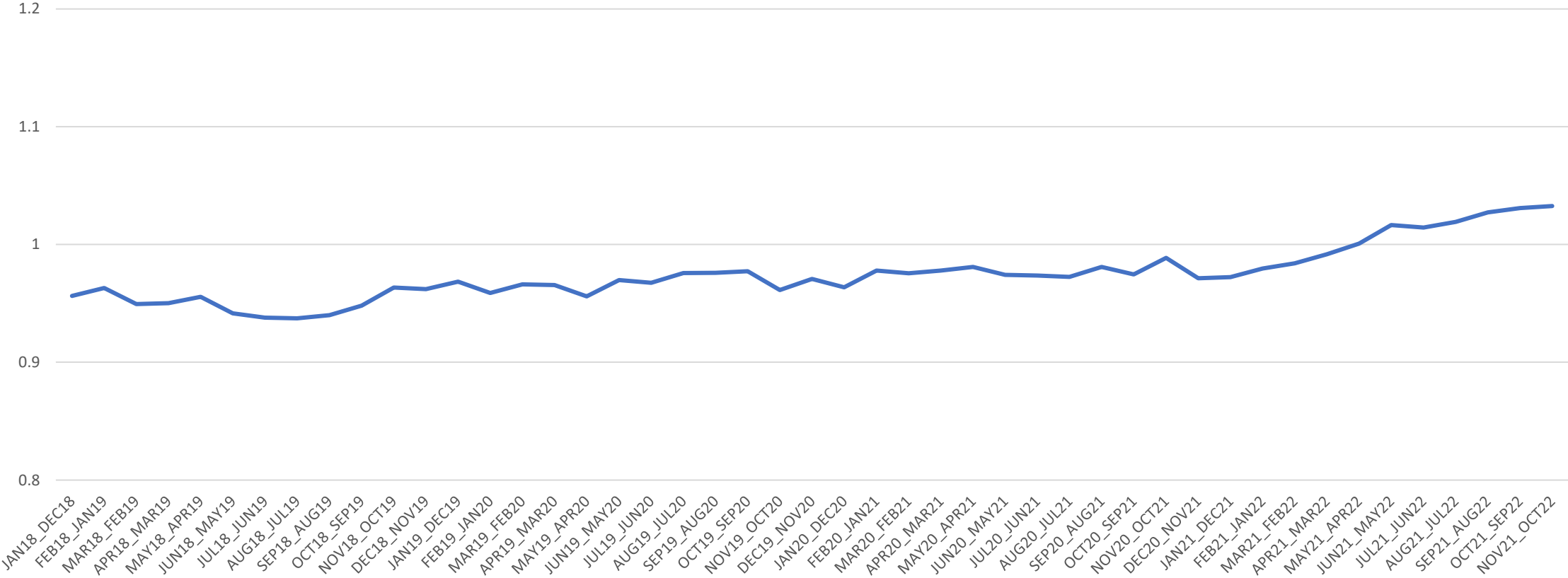
HSMR

Diagnoses - HSMR | Mortality (in-hospital) | Nov 2019 - Oct 2022 | Trend (rolling 12 months)

— 95% Confidence Interval ● Relative Risk — National



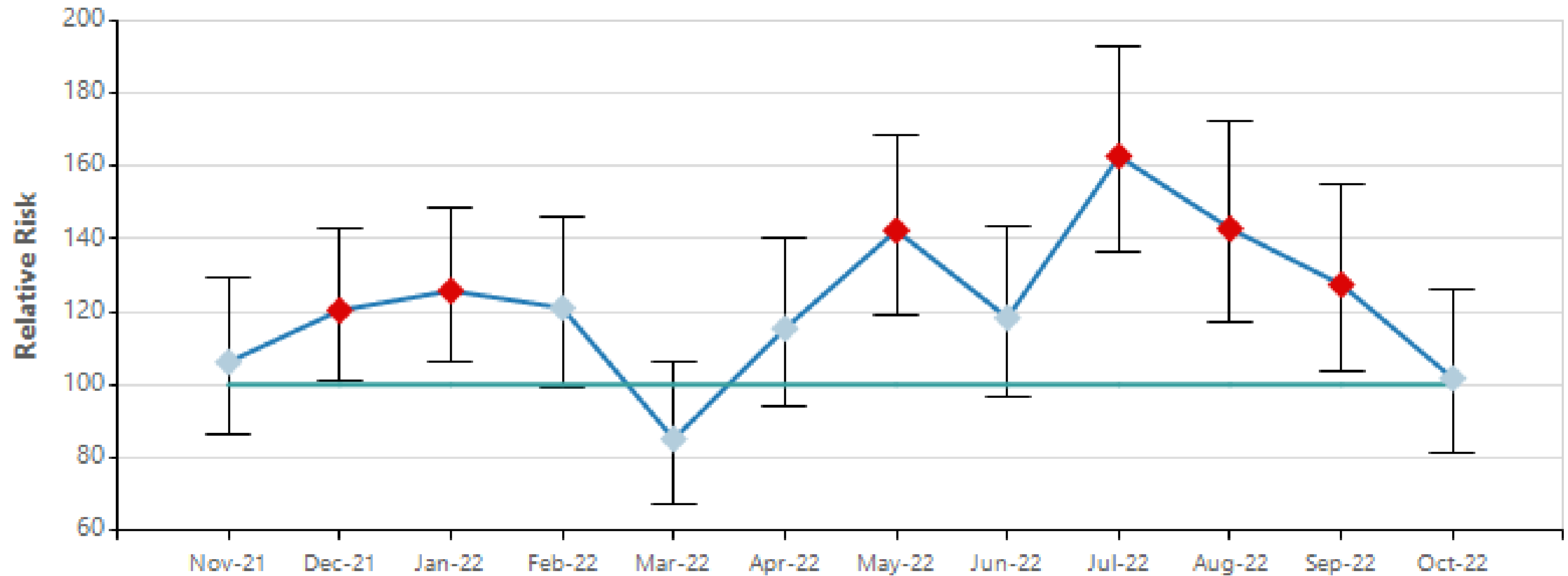
SHMI



HSMR (Monthly)

Diagnoses - HSMR | Mortality (in-hospital) | Nov 2021 - Oct 2022 | Trend (month)

— 95% Confidence Interval ◆ Relative Risk — National



Meso: Scrutiny and SJR

Metric	Result		
HSMR	124.5 (higher-than-expected) (118.0 – 131.2)	Coding Influencers	Signs & Symptoms. Improvement as a result of residual codes issue resolving.
HSMR (exc. COVID)	119.6 (higher-than-expected)		Comorbidities. Little to no change.
HSMR position vs. peers	<p>Regional acute peer group = 8 trusts:</p> <ul style="list-style-type: none"> 3 higher-than-expected 3 within expected 2 lower-than-expected <p>Overall peer group = 103.6 (higher-than-expected) (101.9 – 105.3)</p>		Palliative care. Improvement on last month but remain lower than peers.
All Diagnosis SMR	128.4 (higher-than-expected)	SHMI position	(Oct-21 to Sep-22) 103.09 (as expected)
SMR (exc. COVID)	122.8 (higher-than-expected)	Significant Diagnosis Groups <i>(Superspells Last 12 Months; Observed Deaths)</i> <i>(* new in BOLD)</i>	<p>HSMR Basket</p> <ul style="list-style-type: none"> Congestive heart failure (689 superspells; 83 deaths) Leukaemias (738 superspells; 8 deaths) Liver disease, alcohol-related (254 superspells; 31 deaths) Other gastrointestinal disorders (2456 superspells; 18 deaths) Other liver diseases (324 superspells; 19 deaths) Other lower respiratory disease (481 superspells; 19 deaths) Pleurisy, pneumothorax, pulmonary collapse (287 superspells; 14 deaths) Pneumonia (1629 superspells; 248 deaths) Skin and subcutaneous tissue infections (1026 superspells; 19 deaths) Urinary tract infections (1183 superspells; 28 deaths) <p>Outside HSMR Basket</p> <ul style="list-style-type: none"> Complications of surgical procedures or medical care (403 superspells; 8 deaths) Fluid and electrolyte disorders (374 superspells; 20 deaths) Fracture of upper limb (620 superspells; 8 deaths) Genitourinary symptoms and ill-defined conditions (1639 superspells; 5 deaths) Intestinal infection (944 superspells; 24 deaths) Open wounds of head, neck and trunk (187 superspells; 8 deaths) Other connective tissue disease (1833 superspells; 21 deaths) Other endocrine disorders (197 superspells; 8 deaths) Other infections, including parasitic (202 superspells; 23 deaths) Other non-traumatic joint disorders (395 superspells; 7 deaths) Other skin disorders (1242 superspells; 2 deaths) Superficial injury, contusion (445 superspells; 14 deaths) Viral infection (1565 superspells; 119 deaths)
	•		
CUSUM breaches	<p>There are currently 24 CUSUM alerts breaching the 99% threshold in the period Dec-21 to Nov-22; and 6 at the 99.9% threshold:</p> <ul style="list-style-type: none"> Deficiency and other anaemia Intestinal infection Liver disease, alcohol-related Other lower respiratory disease Pleurisy, pneumothorax, pulmonary collapse Viral infection <p>There are 3 CUSUM alerts at the 99% threshold for Nov-22:</p> <ul style="list-style-type: none"> Liver disease, alcohol-related Nutritional deficiencies 		

• Data from ME Office – Acute Adult Deaths

Oct 22 -	156
Nov 22 -	160
Dec 22 -	230 = 546 Acute Deaths

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

Day of death or 1 st Day after death -	288
2 nd Day after death -	122
3 rd Day after death -	88
4 th Day after death -	25
5 th Day after death -	14
Over 5 days -	5
Ambulance Deaths -	4

MCCD's issued within 3 x calendar days of death (Excluding referrals to Coroner) = 89.87% - Slightly down on previous quarter due to back to back Bank Holidays - Xmas & New Year. } 4th, 5th & Over - relate to deaths on Friday as next working day being Monday is already 3rd day after death plus the double bank holiday periods

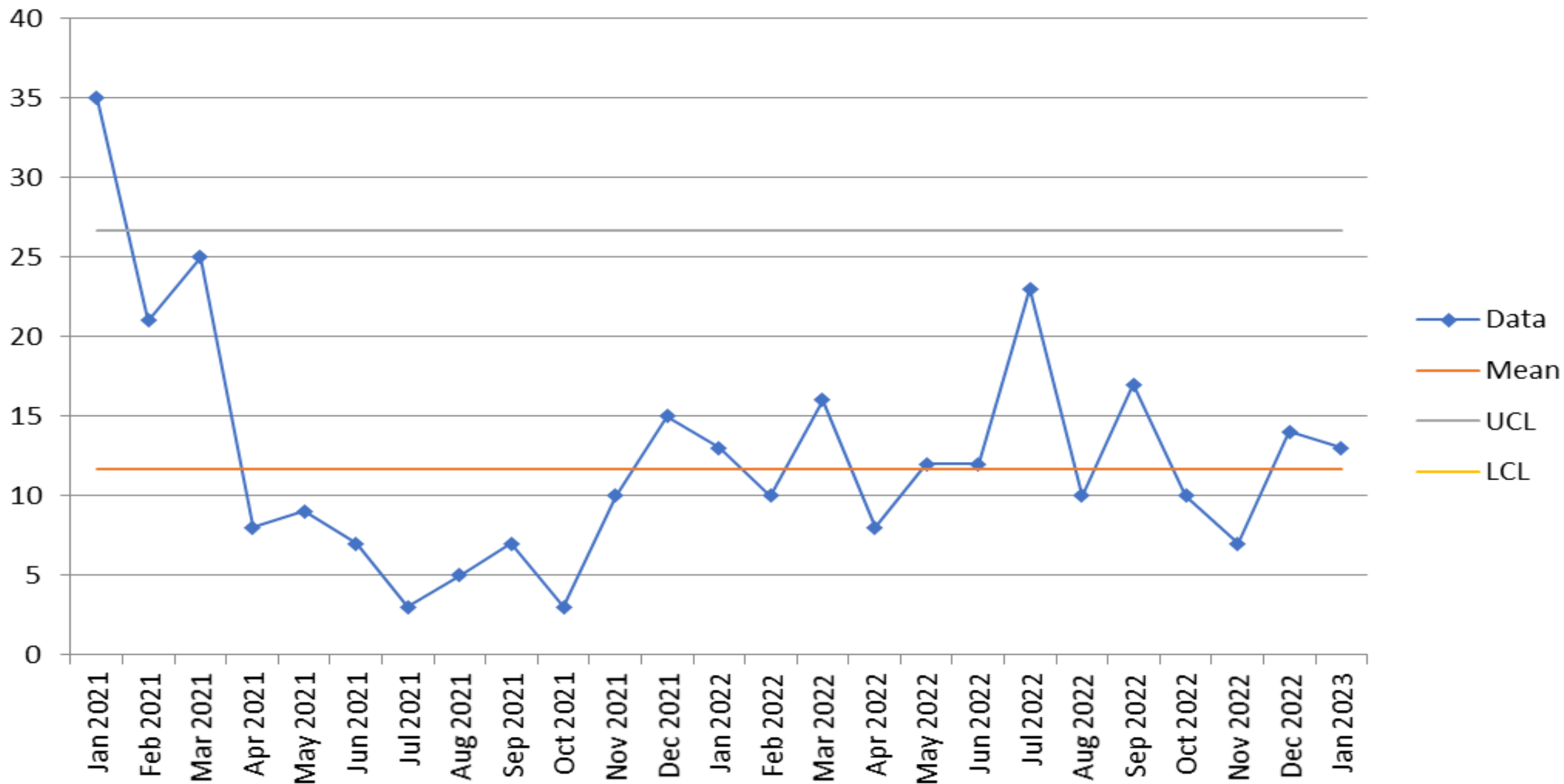
Q3 Data from ME Office – Acute Child Deaths

We had 5 x child deaths reported in Q3

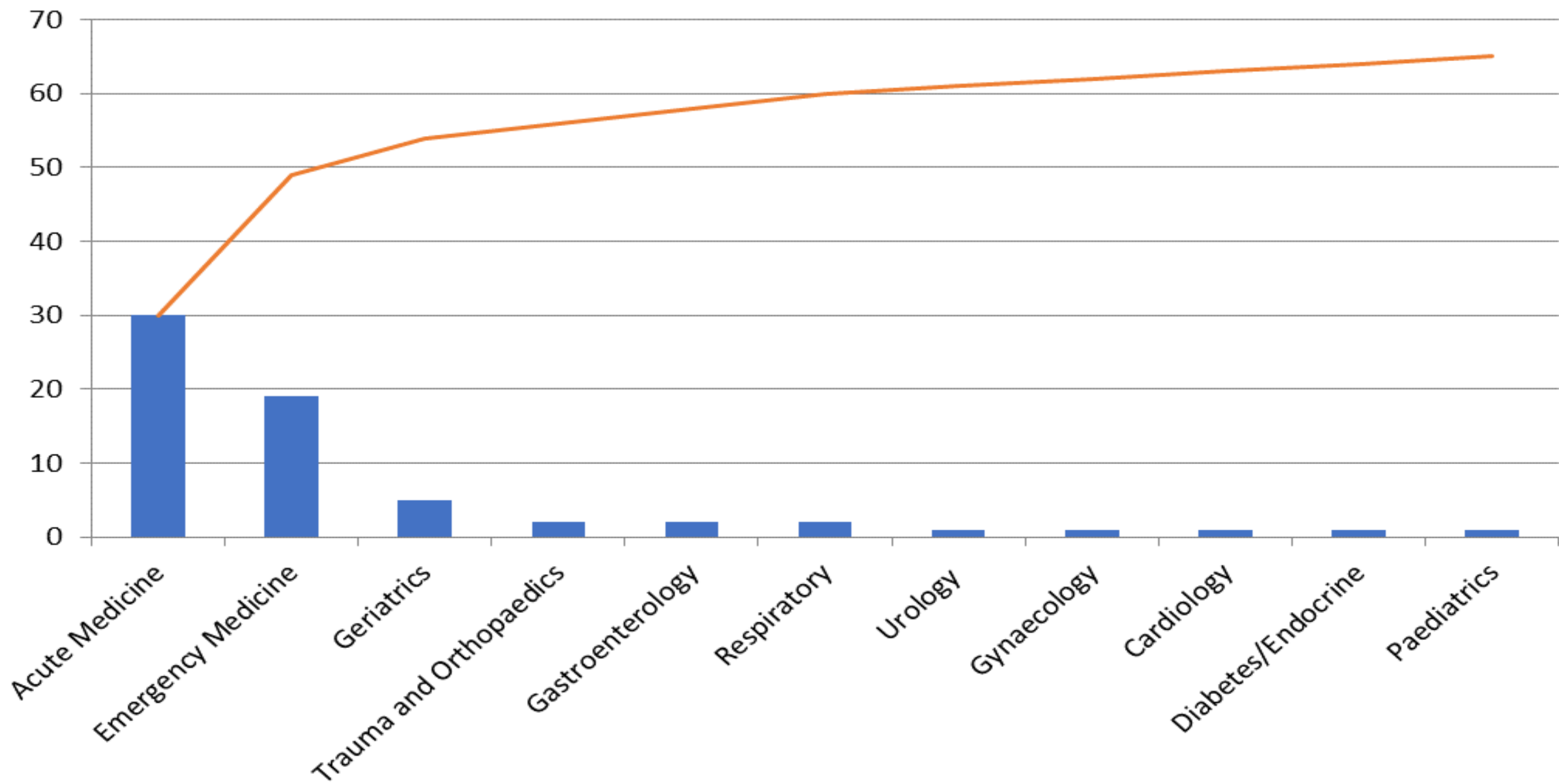
Q3 – Data from ME Office – Community Deaths.

65 x community deaths were scrutinised during Q3

All SJR requests by incident date and status



SJR requests open in excess of 45 days



Micro: Individual Output

Positive feedback for the Bereavement Centre and ME service staff from families

- Family was unaware such a service existed and were very grateful for the calls and guidance provided from the teams. Well done everyone
- Thank you to the Medical Examiner Service Team (which includes the Bereavement Centre) for the service that you provide. You make a difficult time like this, very much more bearable.

Issues raised by the bereaved

- Our late father's dementia resulted in him displaying challenging behaviours. The carers on Ward 21 were fabulous in managing his needs. The hospital security staff were also excellent in their management of dad's sometimes aggressive/agitated outbursts.
- The Ward 44 and Ward 41 Teams were fantastic in their care of us, the family, as well as our relative (the patient). Communication with us was really good. Thank you.
- We were well informed, and the staff nursed him very well on Ward 34, they never left the family out of discussions/decisions
- We are very grateful for the care given by the Short Stay Unit. So much love and kindness were shown to us all by all the amazing hospital staff that we encountered.
 - Cold drinks were bought to us in a jug and food was provided to our mother. Our mother was invited to stay on the ward to provide comfort to her son and she was very grateful for this. Him having a learning disability meant that he needed that extra support and company in his last days of life.
 - We were very touched that the staff and residents he lived with were able to visit and say their goodbyes.
 - The kit to take handprints provided by the Chaplaincy Team meant that we were able to take a memory away of him that will be cherished by us always. This has really helped the family in the grieving process.
- The care provided to mum and us, her daughters, was unquestionably excellent. The caring teams on Ward 51 were respectful, kind, honest, caring, responsive and levelled the care delivered perfectly. The teams made a huge difference in mum's last days.
- The Medical and Nursing Teams on the Short Stay Unit were phenomenal, superb. We could not have asked for more. The use of anticipatory medications was very professional, and a lot of compassion was shown to the family

Learning from inquests

Learning from inquests & Deaths which have met SI criteria

- No new Regulation 28s (prevention of future deaths)
- SI related to hospital acquired infections (COVID) demonstrate good overall compliance with infection control processes