Learning from Deaths Report Q3 2023/24

1. Report Details			
Meeting Title:	Board of Directors		
Date of Meeting:	27 March 2024		
Document Title:	Learning from Deaths Q3 2023/24		
Responsible Director:	Prof Alastair Hutchison	Date of Executive Approval	
Author:	Dr Julie Doherty / Prof Alastair Hutchison		
Confidentiality:	No		
Publishable under FOI?	Yes		
Predetermined Report Format?	No. However formatted in line with SW Regional guidance. Breadth of data presented is recognised as an exemplar within SW Region.		

2. Prior Discussion		
Job Title or Meeting Title	**Date**	**Recommendations/Comments**
Hospital Mortality Group	February 2024	
Quality Committee	February 2024	

3. Purpose of the Paper	To inform the Quality Committee of the learning occurring from deaths being reported, investigated and appropriate findings disseminated throughout the Trust. To also outline additional measures put in place to assure the Trust that unnecessary deaths are not occurring at DCH despite a previously elevated SHMI. Presentation of the Learning from Deaths report at Quality Committee and Trust Board is a mandatory obligation for all Trusts.						
	Note (✓)		*Discuss (✓)*		*Recommend*	*Approve (✓)*	
4. Key Issues	The latest published SHMI data (5 months in arrears) for DCH was within the 'Expected Range' for the rolling 12 months to September 2023 (see page 7). No other local or national indicators suggest excess unexpected deaths are occurring at DCH, but the SW Region Chief Medical Officer visited DCH on 06/Dec/2023 to review our latest data and to discuss our processes with a wide cross-section of staff involved in Mortality Review. He was assured that we understand our data and have appropriate triangulation of local, regional and national data in place. We do have re-emerging concerns that our SHMI will be adversely affected by the lack of resources within the clinical coding dept which is resulting in a significant backlog.						
5. Action recommended	The Quality Committee is recommended to: 1. **DISCUSS and NOTE** the findings of the report 2. **DISCUSS** the additional scrutiny occurring 3. **APPROVE** the report and escalate to Trust Board						

6. Governance and Compliance Obligations			
Legal / Regulatory Link	**Yes**		Learning from the care provided to patients who die is a key part of clinical governance and quality improvement work (CQC 2016). Publication on a quarterly basis is a regulatory requirement.
Impact on CQC Standards	**Yes**		An elevated SHMI will raise concerns with NHS E&I and the CQC. The previous reduction in SHMI and improvements in coding are acknowledged, and the overall trend in DCH's SHMI is favourable.
Risk Link	**Yes**		• Reputational risk due to higher than expected SHMI • Poor data quality can result in poor engagement from clinicians, impairing the Trust's ability to undertake quality improvement • **Clinical coding data quality is essential to the Trust's ability to assess quality of care. There is currently a high level of uncoded activity relating to resources within the clinical coding dept** and a national preference from coders for remote working – negatively impacted by DCH's backlog in scanned

				medical records. **This is likely to adversely impact future SHMI stats.** • Clinical safety issues may be under-reported or unnoticed if data quality is poor Other mortality data sources (primarily from national audits) are regularly checked for any evidence of unexpected deaths.
Impact on Social Value			**No**	If yes, please summarise how your report contributes to the Trust's Social Value Pledge
Trust Strategy Link		**How does this report link to the Trust's Strategic Objectives?**		
Strategic Objectives	People	N/A		
	Place	Health inequalities related to 'Place' are well known to impact life expectancy and will be referenced in future reports.		
	Partnership	N/A		
Dorset Integrated Care System (ICS) goals		**Which Dorset ICS goal does this report link to / support?** Understanding and reducing health inequalities		
Improving population health and healthcare			**No**	
Tackling unequal outcomes and access		**Yes**		Health inequalities related to 'Place' are well known to impact life expectancy and will be referenced in future reports.
Enhancing productivity and value for money			**No**	
Helping the NHS to support broader social and economic development			**No**	
Assessments		**Have these assessments been completed?** *If yes, please include the assessment in the appendix to the report..* *If no, please state the reason in the comment box below.* *(Please delete as appropriate)*		
Equality Impact Assessment (EIA)			**No**	Not applicable
Quality Impact Assessment (QIA)			**No**	Not applicable

CONTENTS

1.0 DIVISIONAL LEARNING FROM DEATHS REPORTS

Each Division is asked to submit a quarterly report outlining the number of in-patient deaths, the number subjected to SJR, and the outcomes in terms of assessment and learning.

1.1 Family Services and Surgical Division Report - Quarter 3 2023/24 Report

Structured Judgement Review Results:

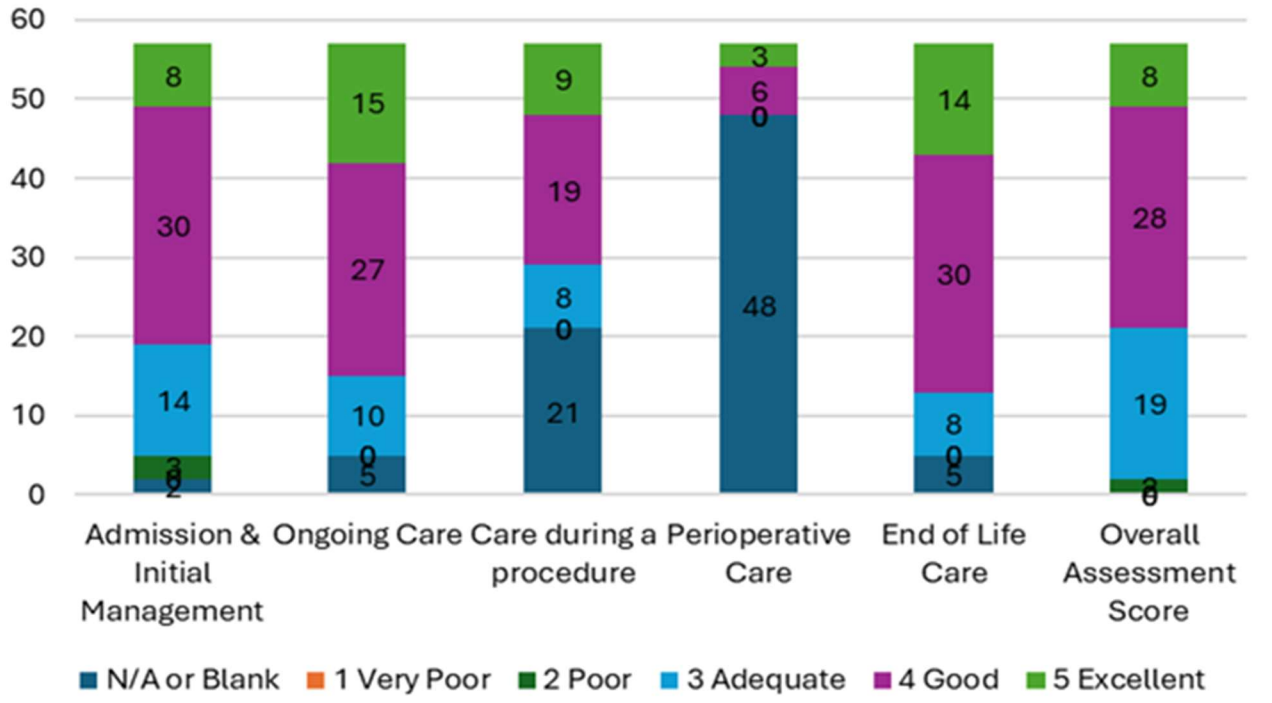
The Family Services & Surgery Division had 45 deaths in quarter 3, of which 40 that require SJR's to be completed. Within quarter 3 57 SJR's have been completed from this quarter and previous months.

Outstanding SJR's:

The Division have completed a number of SJR's from previous quarters. The backlog of outstanding SJR's (over 2 months) for the Division as at 31/01/2024 is 15:

Feedback from SJR's Completed in Quarter 3:

Phase Score	Admission & Initial Management	Ongoing Care	Care during a procedure	Perioperative Care	End of Life Care	Overall Assessment Score
N/A or Blank	2	5	21	48	5	0
1 Very Poor	0	0	0	0	0	0
2 Poor	3	0	0	0	0	2
3 Adequate	14	10	8	0	8	19
4 Good	30	27	19	6	30	28
5 Excellent	8	15	9	3	14	8



Overall Quality of Patient Record:

Blank	Score 1 Very poor	Score 2 Poor	Score 3 Adequate	Score 4 Good	Score 5 Excellent
0	0	3	17	30	7

- Admission clerking poor but excellent documentation of initial discussion with family.

- Excellent record keeping but no LocSSIP for Bronchoscopy.
- Findings on examination absent from record in initial clerking. However, documented in previous ED clerking by Consultant who organised abdo CT scan.
- Generally good patient record but some legibility issues.
- Notes all loose and in wrong order. Difficult to navigate.
- Notes on DPR, all one folder of 108 pages. Some entries illegible due to poor handwriting.
- Very good including dictated communication with family.
- Need Patient Sticker or handwritten details as well as date and signature and name of clinician writing – included in newsletter for feedback & learning.

Quality Manager continues to monitor when the Mortuary/Clinical Coding have released the records to obtain them before they go to the scanning team to try and mitigate being scanned to DPR before the SJR has been completed.

Avoidability of Death Judgement Score:

Score 1 Definitely avoidable	Score 2 Strong evidence of avoidability	Score 3 Probably avoidable (more than 50:50)	Score 4 Possibly avoidable but not very likely (less than 50:50)	Score 5 Slight evidence of avoidability	Score 6 Definitely not avoidable
0	0	0	0	11	46

1.2 Division of Urgent & Integrated Care – Quarter 3 Report 2023/24

In quarter 3 there were 153 deaths, 38 SJR's were requested from these deaths, and 35 SJR's were completed during this period (completed SJR's not necessarily from this quarter).

	Q3			Q4			Q1			Q2			Q3			
	Oct	Nov	Dec	Jan-23	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total YTD
Deaths	57	62	73	71	61	69	61	60	57	65	58	60	49	41	63	907
Deaths requiring SJR'S from Month	10	10	8	7	9	11	10	10	14	15	14	18	11	14	13	174
*Completed SJR'S	3	10	5	1	8	14	5	12	16	2	14	17	20	12	3	142

* Completed SJR'S not necessarily from that month's deaths

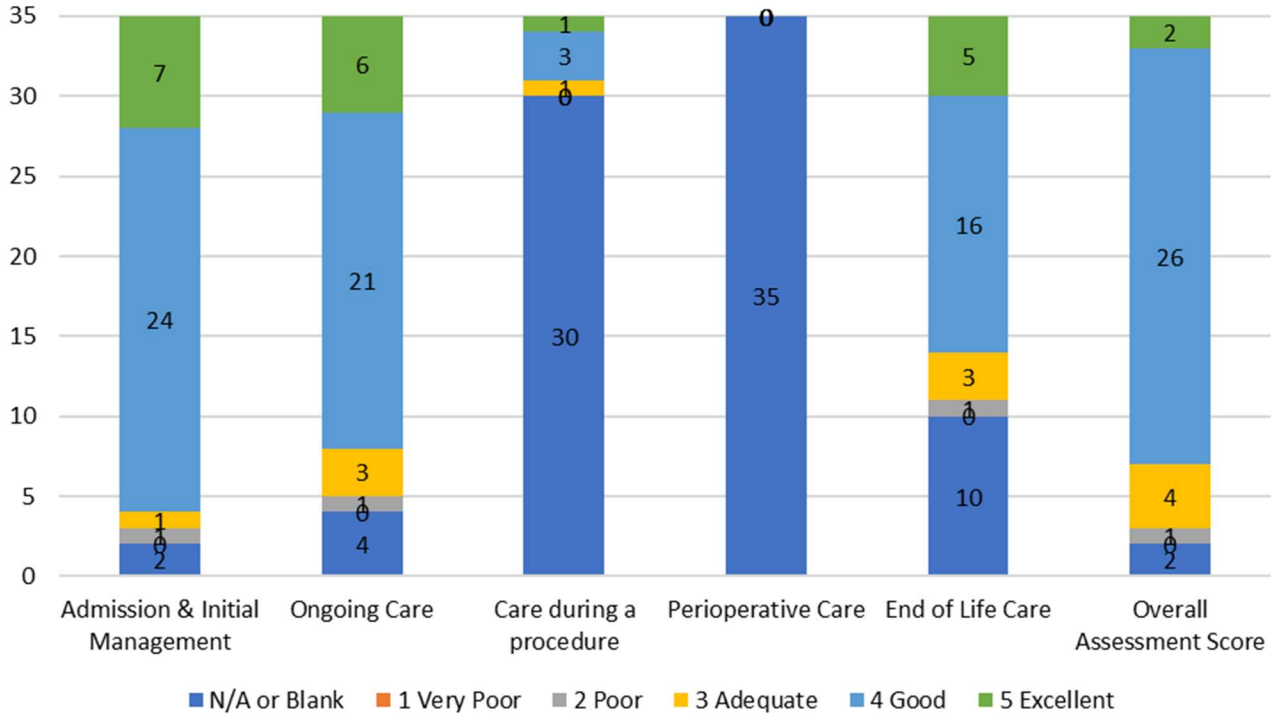
Outstanding SJRs for the Division as at 09/02/2024 is 43 including outstanding nosocomial reviews:

July	August	September	October	November
3	5	15	11	14

Quarter 3 Results

Phase score from 35 completed SJR's in Quarter 3:

Phase Score	Admission & Initial Management	Ongoing Care	Care during a procedure	Perioperative Care	End of Life Care	Overall Assessment Score
N/A or Blank	2	4	30	35	10	2
1 Very Poor	0	0	0	0	0	0
2 Poor	1	1	0	0	1	1
3 Adequate	1	3	1	0	3	4
4 Good	24	21	3	0	16	26
5 Excellent	7	6	1	0	5	2



Overall Quality of Patient Record:

Blank	Score 1 Very poor	Score 2 Poor	Score 3 Adequate	Score 4 Good	Score 5 Excellent
2	0	4	6	16	7

- Good documentation and joint record for all health staff.
- Clear and regular documentation.
- 1. AAND form signed by SHO, not consultant, 2. TEP signed by same SHO, 3. No documentation (that I can see) of discussion re TEP and AAND, 4. Handwriting in places hard to read and not consistent use of bleep numbers (surgical reg entry is not signed).
- Good notes especially good documentation by med reg.
- Notes on DPR, one folder of 212 pages, not necessarily in chronological order.
- Notes on DPR. Only documents cardiac arrest form and ambulance record.
- Notes were available both electronically and paper, although difficult to locate the inpatient daily reviews.
- Very good daily notes. Clear plans and discussions.

Avoidability of Death Judgement Score:

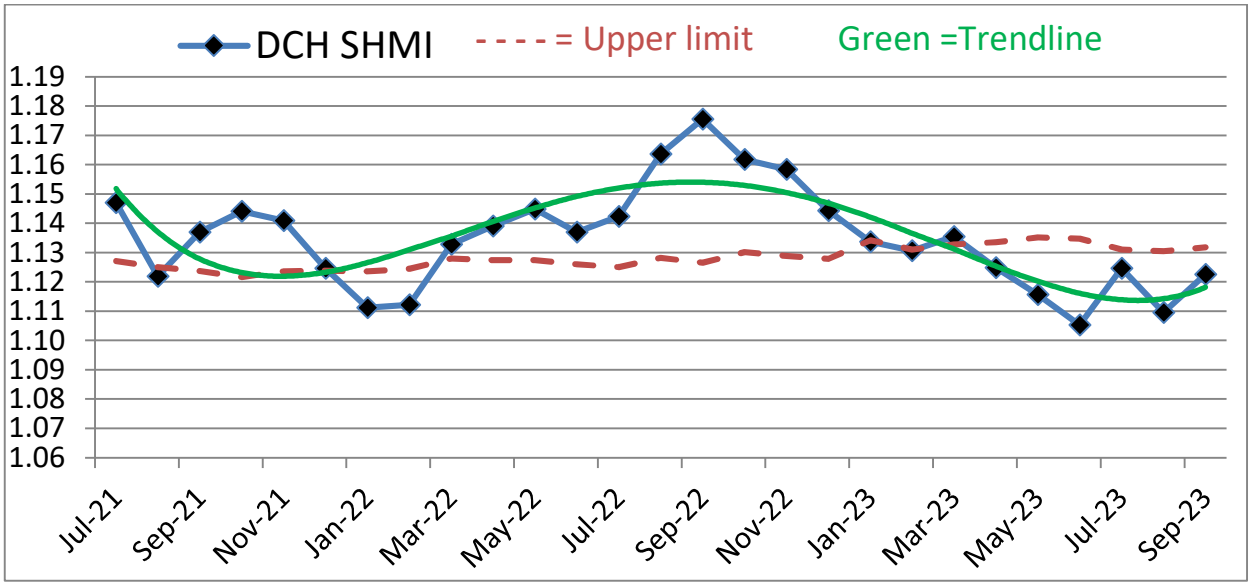
Score 1 Definitely avoidable	Score 2 Strong evidence of avoidability	Score 3 Probably avoidable (more than 50:50)	Score 4 Possibly avoidable but not very likely (less than 50:50)	Score 5 Slight evidence of avoidability	Score 6 Definitely not avoidable
0	0	0	1	2	32

2.0 NATIONAL MORTALITY METRICS AND CODING ISSUES

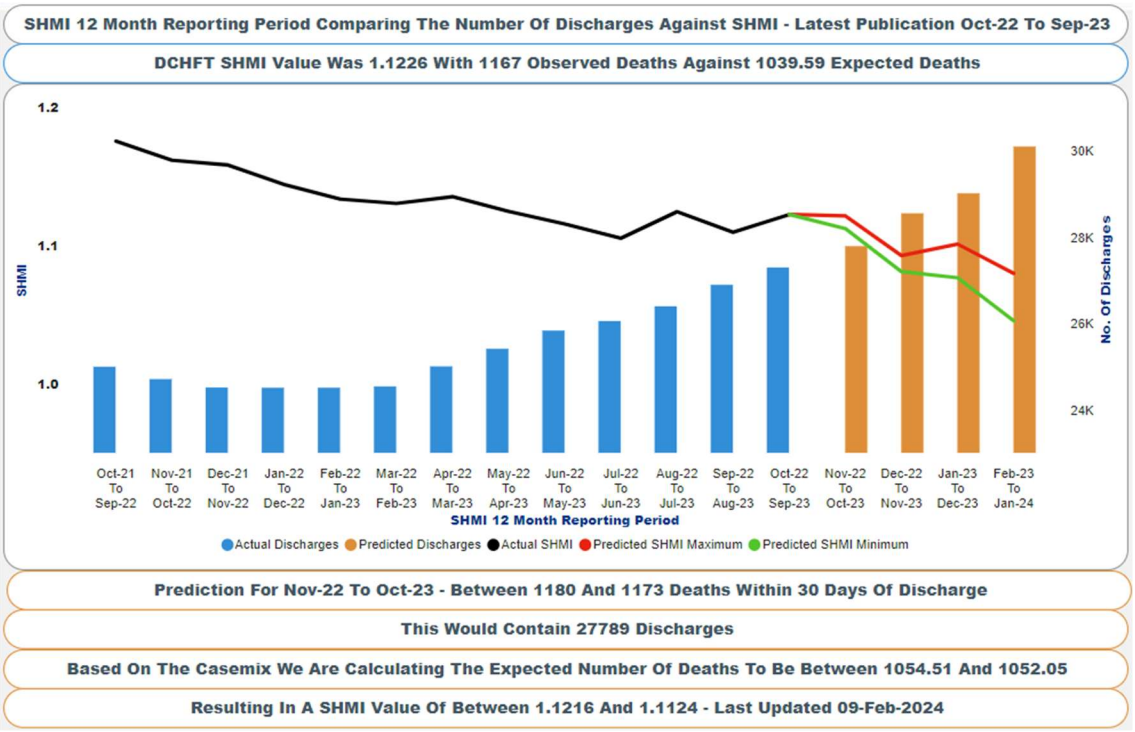
2.1 Summary Hospital-level Mortality Indicator (SHMI)

SHMI is published by NHS Digital for a 12-month rolling period, and 5 months in arrears. It takes into account all diagnostic groups, in-hospital deaths, and deaths occurring within 30 days of discharge. It is calculated by comparing the number of observed (actual) deaths in a rolling 12-month period to the expected deaths (predicted from coding of all admissions).

The latest SHMI publication from NHS England is for the period October 2022 to September 2023. The Trust's figure is 1.1226, which is within the expected range using NHS England's control limits. The DCH internal prediction is that SHMI will remain at around this level next month and then fall gradually over the following three months to around 1.0700, however this depends on the coding department being able to submit the annual HES return on time. We are aware that our data continues to be adversely influenced by short staffing/difficulty recruiting to two posts in the Coding Department, and a possible under-reporting of 'sepsis' in the written medical record.

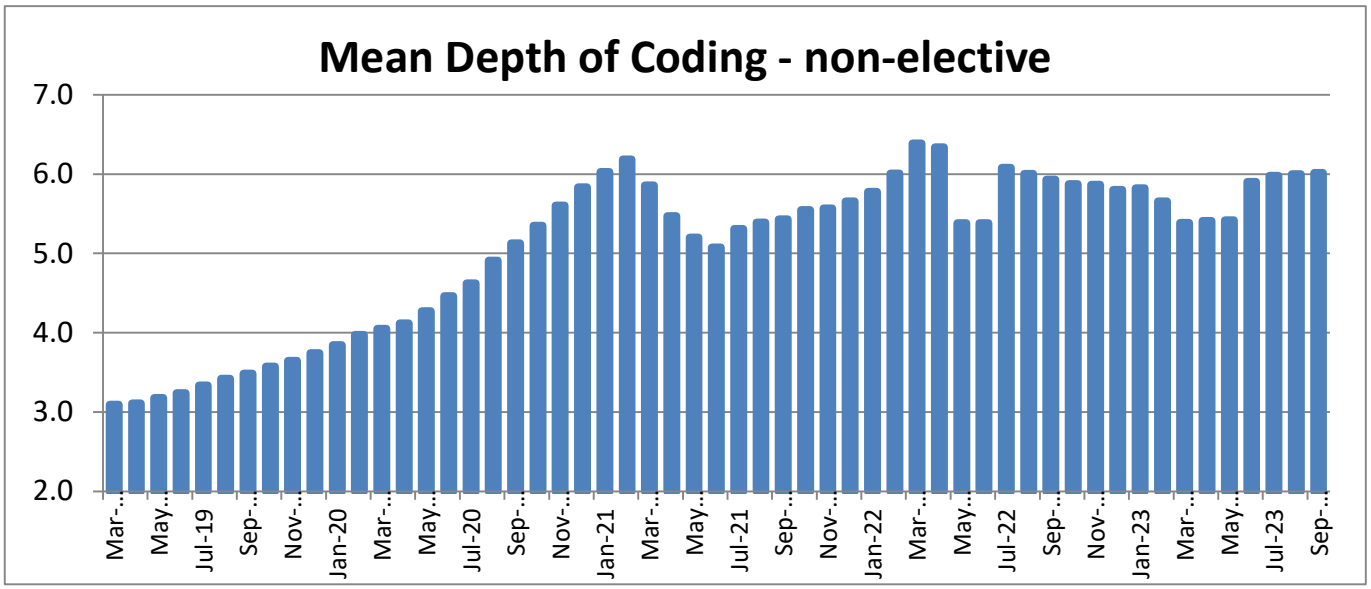


The graph below shows the expected trend in SHMI for the coming 4 months:



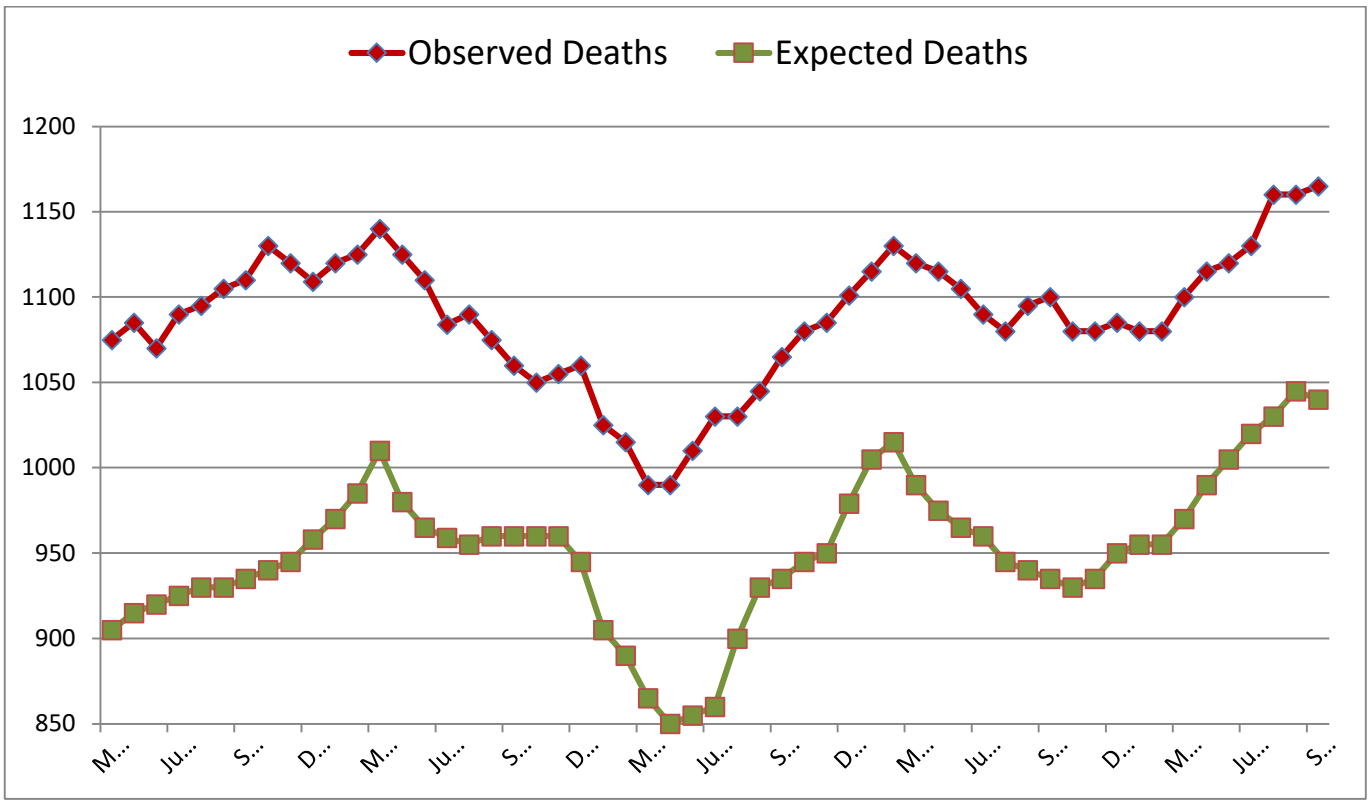
2.2 Depth of coding: NHS Digital states "*As well as information on the main condition the patient is in hospital for (the primary diagnosis), the SHMI data contain up to 19 secondary diagnosis codes for other conditions the patient is suffering from. This information is used to calculate the expected number of deaths. A higher mean depth of coding may indicate a higher proportion of patients with multiple conditions and/or comorbidities but may also be due to differences in coding practices between trusts*."

DCH's depth of coding had been improving steadily up to March 2022 (see graph below), but subsequent months showed a tendency to decrease. The latest figures show excellent performance but at the cost of an increasing backlog. However Dorset Healthcare have been able to provide an additional 20 hours/week of coding time which will help significantly.



2.3 Expected Deaths (based on diagnoses across all admissions (except covid) per rolling 12 months):

The chart below shows observed (actual) and expected (calculated by NHS Digital) deaths over the past 4+ years (rolling years from March 18 to March 23), the numbers of which are directly influenced by the number of in-patients, particularly during and immediately after the covid-19 pandemic. Whilst both observed and expected deaths tended to decrease over the 7 months to October 22 (as the total number of in-patients has tended to decrease), the expected deaths have recently increased back to their average of around 950 per 12 months.



3.0 OTHER NATIONAL AUDITS/INDICATORS OF CARE

The DCH Learning from Deaths Mortality Group continues to meet on a monthly basis to examine any other data which might indicate changes in standards of care. The following sections report data available from various national bodies which report on Trusts' individual performance.

For other metrics of care including complaints responses, sepsis data, AKI, patient deterioration and DNACPR data and VTE assessment data please see the Quality Report presented on a monthly basis to Quality Committee by the Chief Nursing Officer.

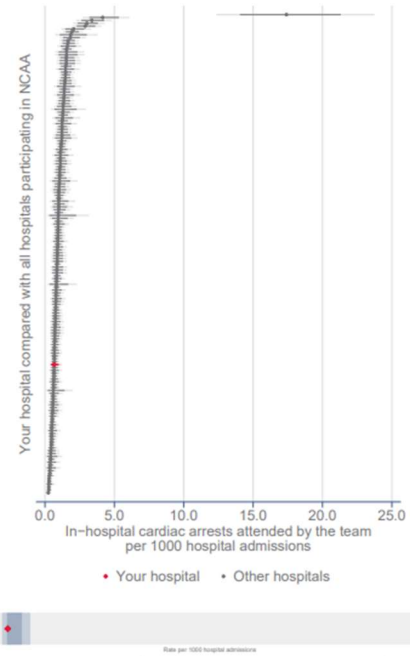
In light of various issues related to maternity units and excess deaths of both children and mothers, NHS Digital has now published the first iterations of a "National Maternity Dashboard". This data is also contained within the monthly Quality report.

3.1 NCAA Cardiac Arrest data

The national Cardiac Arrest audit for DCH including data from April 2023 to Sept 2023 (quarters 1+ 2) was published on 17/01/24. Frequent cardiac arrest calls suggest unanticipated deteriorations in a patient's condition, whereas fewer calls suggest higher standards of ward care, although this is unproven.

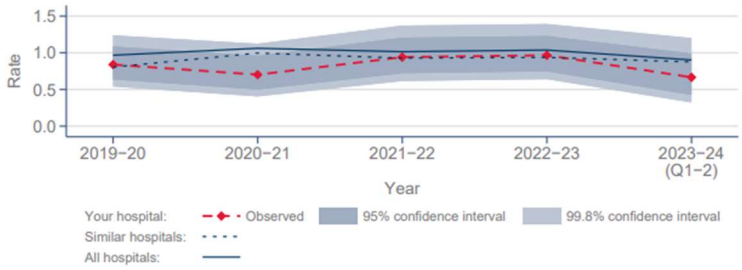
The graph below (left) represents the number of in-hospital cardiac arrest calls attended by the team per 1,000 admissions for all adult, acute care hospitals in the NCA Audit. DCH is indicated in red, and lower on the chart is better. The table to the right gives more detail by quarter year, and the graph below the table summarises the past 5 years.

Rate of cardiac arrests per 1000 hospital admissions



Shading indicates 25th-75th percentiles (dark blue) and 10th-90th percentiles (light blue) across all hospitals participating in NCAA

	Hospital admissions	Eligible team visits	Rate per 1000 hospital admissions	95% confidence interval	99.8% confidence interval
Quarter 1	17988	12	0.67	(0.34, 1.17)	(0.22, 1.50)
Quarter 2	18100	12	0.66	(0.34, 1.16)	(0.22, 1.49)
Quarter 3					
Quarter 4					
Year to date	36088	24	0.67	(0.43, 0.99)	(0.32, 1.20)



Definition

- Hospital admissions: Total includes elective, non-elective, day cases, babies born in your hospital and neonates
- Eligible team visits: All reported in-hospital cardiac arrests attended by the team
- Observed rate: The total number of cardiac arrests attended by the team divided by the total number of admissions to your hospital multiplied by 1000 to give a rate per 1000 hospital admissions
- Confidence interval: Reflects the degree of uncertainty surrounding your observed rate, given the total number of admissions to your hospital

Dorset County Hospital
NCAA Report: 1 April 2023 to 30 September 2023

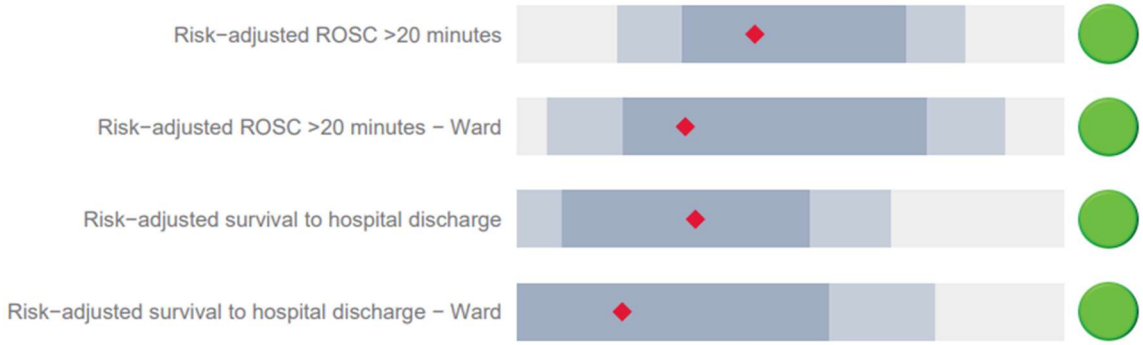
4

Date of report: 15/01/2024
©Resuscitation Council (UK) & ICNARC

The dashboard below shows two important risk-adjusted outcome measures arising from a cardiac arrest:

a) Time to 'Return of Spontaneous Circulation' (a measure of resuscitation effectiveness) and
b) Survival to Discharge.
These and all other measures in the report get a 'green' indicator for the most recently reported Quarter 2 (published 17/01/24).

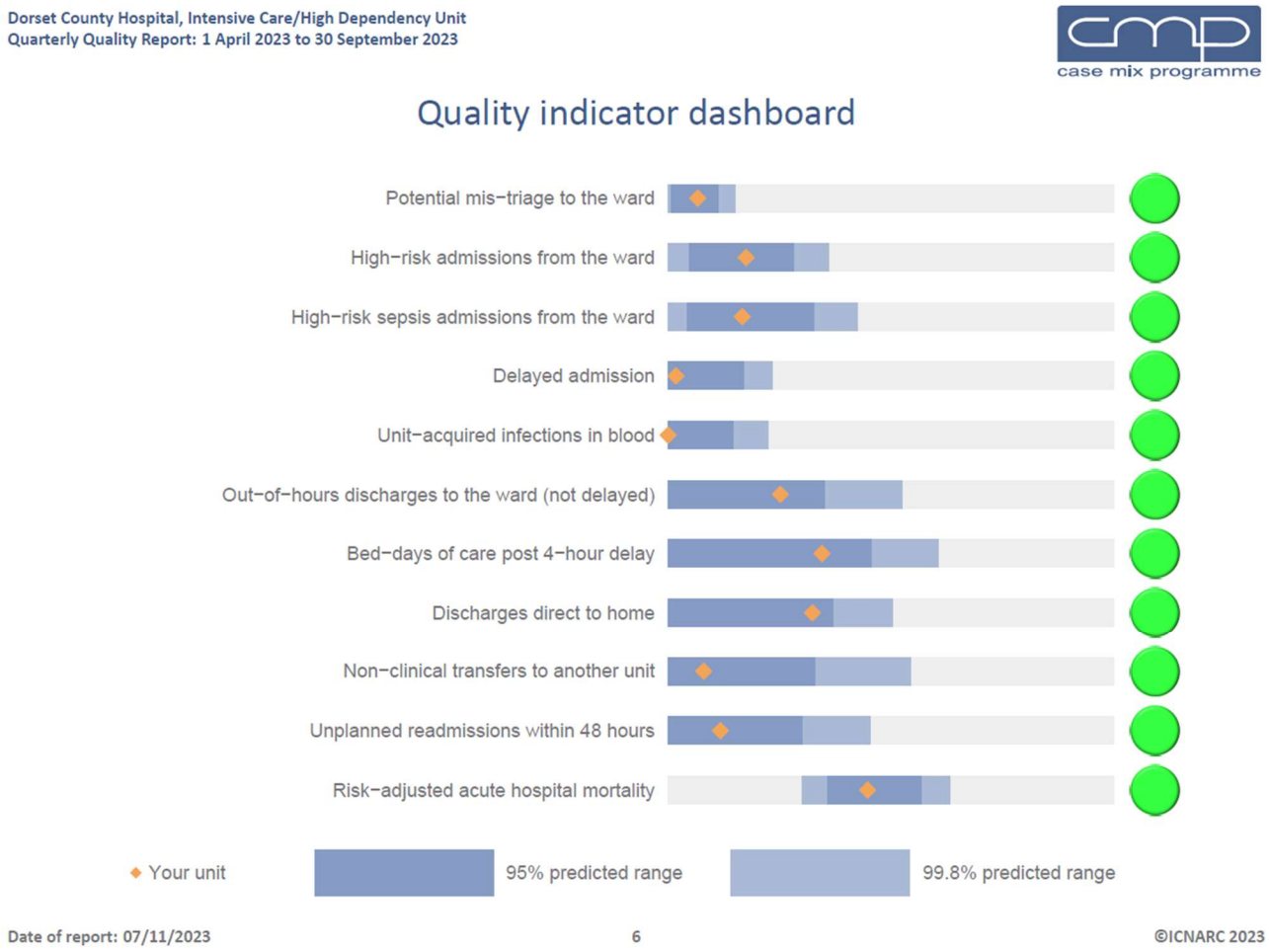
Risk-adjusted outcomes: Dashboard



3.2 National Adult Community Acquired Pneumonia Audit latest data – last published Nov 2019 (see below), and not undertaken for either 2019/20 or 2020/21. Data collection restarted in Spring 2022 but it is unclear whether this has completed.

3.3 ICNARC Intensive Care survival data for financial year 2023/24 Q1+2; published 07/11/23; n = 313 patients.

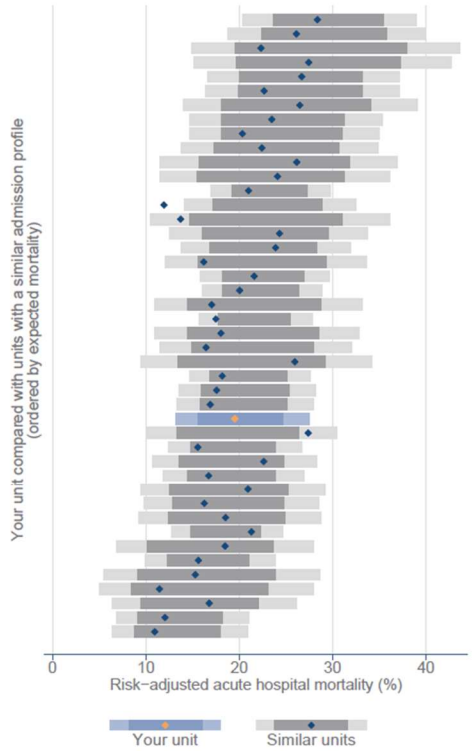
There are no amber or red indicators in this quarter's chart where previously there were delays in being able to discharge patients from ICU, with some delays being long enough that the patient was discharged direct to home. This is a welcome improvement. A Q3 update to this data is expected to be published within the next 2 weeks.



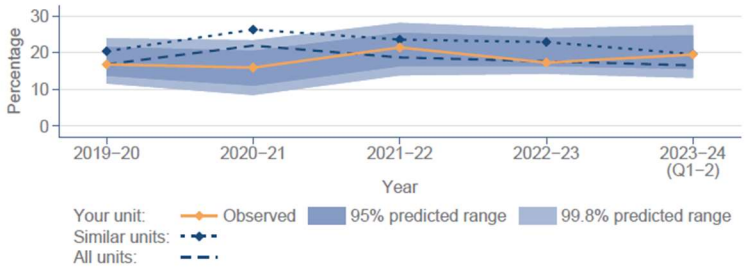
The charts below show the "risk-adjusted acute hospital mortality" following admission to the DCH Critical Care Unit in Q1+2 2023/24. They compare observed and expected death rates in a similar fashion to SHMI, with expected deaths of 60 but actual deaths of 58 for the half year.

case mix programme

Risk-adjusted acute hospital mortality



	Eligible n	Complete n (%)		Observed n (%)	Expected %	95% predicted range	99.8% predicted range	
Quarter 1	148	147 (99.3)	●	29 (19.7)	22.0	(15.1, 28.5)	(11.7, 32.7)	●
Quarter 2	153	150 (98.0)	●	29 (19.3)	18.5	(12.1, 24.6)	(9.0, 28.5)	●
Quarter 3								
Quarter 4								
Year to date	301	297 (98.7)	●	58 (19.5)	20.2	(15.6, 24.7)	(13.2, 27.5)	●



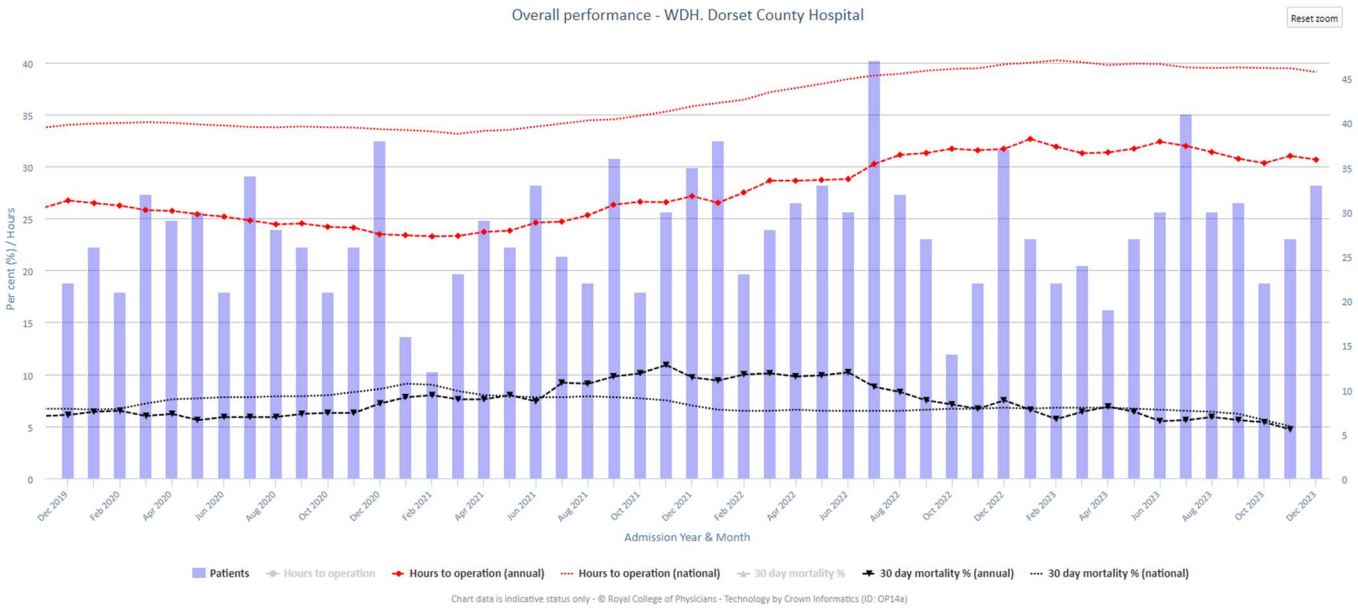
Definition

- Eligible: All critical care unit admissions, excluding readmissions, patients dead on admission and those admitted to facilitate organ donation
- Complete: The number and percentage of eligible admissions with sufficient data to calculate an ICNARC$_{H-2023}$ model risk prediction and complete status at discharge from acute hospital
- Observed percentage: The number and percentage of complete eligible admissions that died before ultimate discharge from acute hospital
- Expected percentage: The expected percentage of acute hospital deaths, calculated as the mean predicted risk of death from the ICNARC$_{H-2023}$ model, among complete eligible admissions to your unit
- Predicted range: We expect a unit's observed percentage to lie within the 95% predicted range 19 times out of 20 and within the 99.8% predicted range 998 times out of 1000

These results are well within the expected range.

3.4 National Hip Fracture database to Dec 2023

30 day mortality remains at or below the national average for 8 consecutive months.



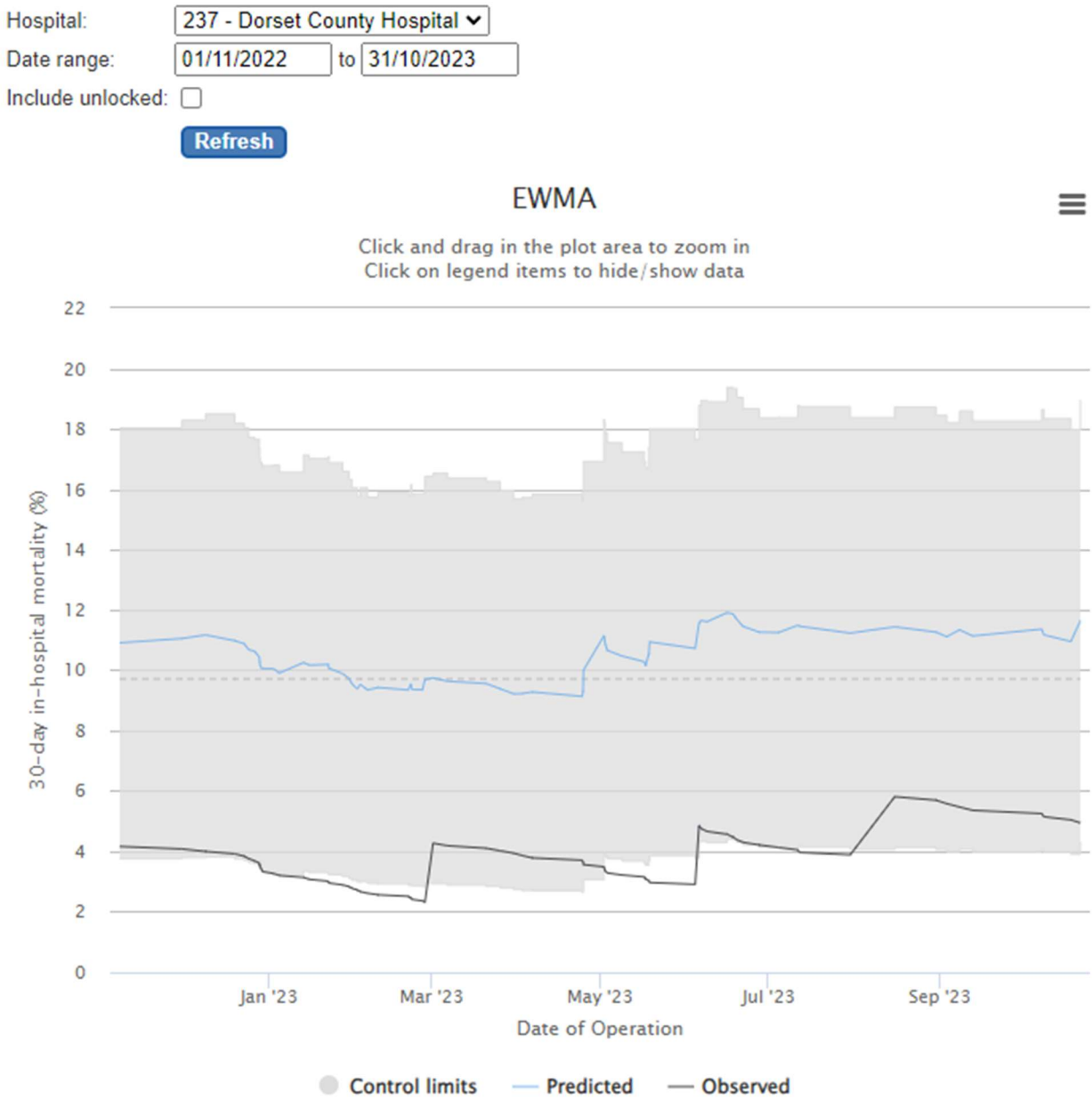
'Hours to operation' remains significantly better than the national average with mortality just below the national average.

3.5 National Emergency Laparotomy Audit

Patients admitted to hospital because of an acute abdominal problem will usually undergo an urgent abdominal CT scan in order to arrive at a diagnosis. They may then need a general anaesthetic and an 'emergency laparotomy' (open abdominal surgical exploration) to resolve the underlying problem. These are high risk procedures since time to optimise the patient's condition may not be available if deterioration is occurring.

A Exponentially Weighted Moving Average chart can be used to display near real-time in-hospital mortality within a single hospital . The chart below displays the expected range of mortality given the hospitals casemix, and the hospital's actual mortality. EWMAs can be used as a warning system for early detection of concerning changes in mortality rates. The light blue line is the 'expected mortality' percentage, the dotted line is the national average, the black line is the 'observed (actual DCH) mortality percentage, and the grey area denotes the upper and lower control limits.

The mortality percentage for DCH is approximately one third of the expected mortality and on occasions is below the lower control limit suggesting that DCH's results are 'statistically significantly' better than expected for this 12 month period.



3.6 Getting it Right First Time; reviews in Qtr 3

GIRFT are now responsible for, and primarily focusing on, recovery of waiting lists in 6 High Volume, Low Complexity (HVLC) specialties – ophthalmology, ENT, gynaecology, general surgery, urology and orthopaedics. However, this has no direct bearing on Learning from Deaths.

23.10.23 GIRFT HVLC Visit
09.11.23 ODN Surgery in Children Service Review
27.11.23 Diabetic Foot Peer Review.

Action plans for the above reviews are scheduled to be presented at the Clinical Effectiveness Committee

3.7 Trauma Audit and Research Network

DCH is a designated Major Trauma Unit (TU) providing care for most injured patients, and has an active, effective trauma Quality Improvement programme. It submits data on a regular basis to TARN which then enables comparison with other TUs. No new data has been published for the past 12 months as a result of a cyber attack and we are awaiting the recreation of the website.

3.8 Readmission to hospital within 30 days, latest available data (Dr Foster); lower is better

A readmission to hospital within 30 days suggests either inadequate initial treatment or a poorly planned discharge process. However, DCH's readmission rate continues to be significantly lower than the average of other acute Trusts.

In previous Learning from Deaths reports we have used data from Dr Foster but this is always several months in arrears. The latest Dr Foster data non-elective readmissions relates to the 12 months to July 2023 and shows a readmission rate of 13.1% which is below the national average of 14.0%. However internal DiiS Power BI data shows that for the 9 months to 31 December 2023 the non-elective readmission rate is 16.8% but we have no national comparator.

Original Discharge Date	Number of Discharges	Number of Emergency Re-Admissions within 30 Days	% of Emergency Re-Admissions within 30 Days of the Patient Original Discharge	Number of Emergency Re-admission within 7 Days	% of Emergency Re-admissions within 7 Days of the Patient Original Discharge
April - 2023	1731	268	15.48%	153	8.84%
May - 2023	1881	308	16.37%	169	8.98%
June - 2023	1810	303	16.74%	171	9.45%
July - 2023	1709	285	16.68%	160	9.36%
August - 2023	1840	319	17.34%	177	9.62%
September - 2023	1804	309	17.13%	177	9.81%
October - 2023	1851	285	15.40%	147	7.94%
November - 2023	1986	333	16.77%	168	8.46%
December - 2023	1922	368	19.15%	192	9.99%
Total	**16534**	**2778**	**16.80%**	**1514**	**9.16%**

3.9 National Child Mortality Database

The National Child Mortality Database (NCMD) was launched on 1 April 2019 and collates data collected by Child Death Overview Panels (CDOPs) in England from reviews of all children who die at any time after birth and before their 18th birthday.

NCMD have released data for 2023, which covers child deaths notified and reviewed up until 31 March 2023. Child death data release 2023 | National Child Mortality Database (ncmd.info)

MBRRACE data (latest report 2021) MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK | MBRRACE-UK | NPEU (ox.ac.uk)

No new data since Q2 LfD report.

3.10 National Perinatal Mortality Review tool

No cases for December 2023.

November 2023: There are no published reviews for Dorset County Hospital NHS Foundation Trust in the period from 30/5/2023 to 30/11/2023

There has been one case within the Maternity Incentive Scheme reporting period. All timescales were met. The case was reviewed at the DCH/UHD joint PMRT review panel and care graded as A and A – no care issues identified that affected the outcome.

4.0 QUALITY IMPROVEMENT ARISING FROM SJRs & HMG

The following themes have been identified from SJRs / discussions at HMG and are being translated into quality improvement projects:

a) An ED audit is being planned to review the quality of documentation of care within AGYLE in order to improve clerking & communication generated from the auto populated ED discharge letter.

5.0 MORBIDITY and MORTALITY MEETINGS

Morbidity and mortality meetings are continuing across the Trust, with minutes collated by Divisional Quality Managers. Dates of these meetings are reported to and reviewed by the Divisional Clinical Governance meetings. Following M&M meetings any learning and actions identified from the cases discussed are highlighted and information collated on an overview slide which is shared at their monthly Care Group meeting and the Divisional Business & Quality Governance meeting. Records of action plans and learning identified are available across departments.

Quality of clerking remains a recurring theme for improvement. Improving clerking, admission diagnosis and discharge summaries will also support clinical coding.

Examples of learning from M&M:

Anesthetics: Important reminder of drug checks and knowledge of alternative drugs when supply issues

Paediatrics: Difficult IV access pathway in progress; Reminder to check documentation of clerking / management plans if someone writes on your behalf.

6.0 LEARNING FROM CORONER'S INQUESTS Q3

DCH has been notified of 16 new Coroner's inquests being opened in the period 01 October 2023 – 31 December 2023.

11 inquests were held during Quarter 3. 7 inquests were heard as Documentary hearings, not requiring DCH attendance. 1 required the clinician to attend Court in person. 3 required attendance remotely from the DCH 'virtual courtroom' (in THQ) using Microsoft Teams. The Risk Team no longer have a dedicated Virtual Court Room, due to office re-configuration. 2 pre-Inquest review hearings were held.

We currently have 44 open Inquests. The Coroner has reviewed all outstanding cases to decide whether any can be heard as documentary hearings. No Regulation 28 (Preventive Future Death Notices) have been given during this quarter.

We continue to work with the Coroner's office, and will continue to support staff before, during and after these hearings. The coroner requested that from May 2022 witnesses should attend the court room at the Town Hall, Bournemouth in person. Authority is now required if we wish the clinician to attend remotely.

Learning Identified: Urology to discuss appropriateness of an early discharge. Wider learning around the need for clinicians to ensure that the family are aware that a DNAR (Do Not Attempt to Resuscitate) has been put in place. To encourage earlier discussions with family, to ensure they are aware of early signs of deterioration.
DCH has a task group working on making improvements to pathways for Treatment Escalation Plans (TEP) and DNAR recommendations.

7.0 LEARNING FROM CLAIMS Q3

Legal claims are facilitated by NHS Resolution, who also produce a scorecard of each Trust's claims pattern and costs. GIRFT is also requesting us to examine our pattern of claims for the past 5 years to see what learning can be gleaned – this process is currently under review. The GIRFT pack is due out shortly.

Claims pattern Quarter 3 FY 23/24.

New potential claims	11
Disclosed patient records	30 (15 claims, 15 disclosures to the coroner)
Formal claims	14 clinical negligence, 0 employee claim
Settled claims	3 clinical negligence, 0 employee claims
Closed - no damages	21 clinical negligence, 0 employee claims

8.0 SUMMARY

The latest SHMI publication from NHS England is for the period October 2022 to September 2023. The Trust's figure is 1.1226, which is within the expected range using NHS England's control limits.

The DCH internal prediction is that SHMI will remain at around this level next month and then fall gradually over the following three months to around 1.0700 - however this depends on the coding department being able to submit the annual HES return on time. We are aware that our data continues to be adversely influenced by resource challenges within the Coding Department and a possible under-reporting of 'sepsis' in the written medical record. An impact on SHMI is expected in due course. The clinical coding risk is rated as high on the risk register. The team are presenting an SBAR to the executive team with options for risk mitigation.

No other metrics of in-patient care suggest that excess mortality is occurring at DCH. Nevertheless, the Hospital Mortality Group remains vigilant and will continue to scrutinise and interrogate all available data to confirm or refute this statement on a month by month basis. At the same time internal processes around the completion and recording of SJRs, M&M meetings, Medical Examiners and Learning from Deaths are now well embedded and working effectively within the Divisional and Care Group Teams.