NHS
University Hospitals Sussex
NHS Foundation Trust

Mortality & Learning from Deaths Annual Report 2023/24

1st April 2023 - 31st March 2024

Contents

Learning from Death

Introduction

The purpose of reviews and investigations of deaths is to improve understanding and learning about problems and processes in healthcare associated with mortality, share best practice, identify themes, and address deficiencies in processes and patient care.

This report is presented as assurance of the efficacy of the Learning from Deaths (LfD) and Learning Disabilities Mortality Review (LeDeR) in adherence to the National Quality Board guidance on Learning from Deaths (2017).

Background

The National Quality Board's National Guidance on Learning from Deaths: A Framework for NHS Trusts and NHS Foundation Trusts on identifying, reporting, investigating, and learning from deaths in care (March 2017) set out key requirements to ensure organisations effectively respond to and learn from patient deaths.

Acute trusts in England were initially asked to set up Medical Examiner (ME) offices to focus on the certification and to provide scrutiny of all deaths that occur in their organisation on a non-statutory basis. In February 2022, the government published "Integration and Innovation: Working Together to Improve Health and Social Care for All", the white paper which includes provisions for medical examiners to be put on a statutory footing.

ME offices across UHSussex are now fully implemented to allow for the scrutiny of all in-hospital non-coronial deaths. The role of the ME is currently being extended to include all out-of-hospital non-coronial deaths. Implementation of this next phase will continue to take place incrementally, to allow time for capacity and processes to be put in place.

Highlights of 2023/24

Recruitment to the LfD Workstream

New posts were created to support future LfD programs:

- One full time (1 wte) Band 8b Portfolio Lead (LfD & Health Inequalities)
- One full time (1 wte) Band 8a - Mortality & LfD Manager
- One part time (0.6 wte) Band 6 - LfD Project Manager
- Two part time (1.4 wte) Band 4 - LfD Coordinators

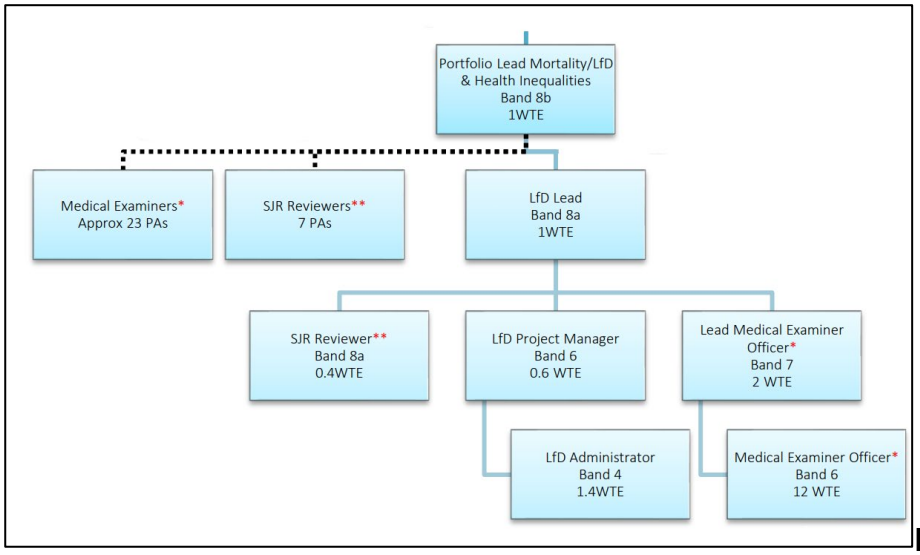


Diagram 1

Aligning the Mortality & Learning from Deaths Programs

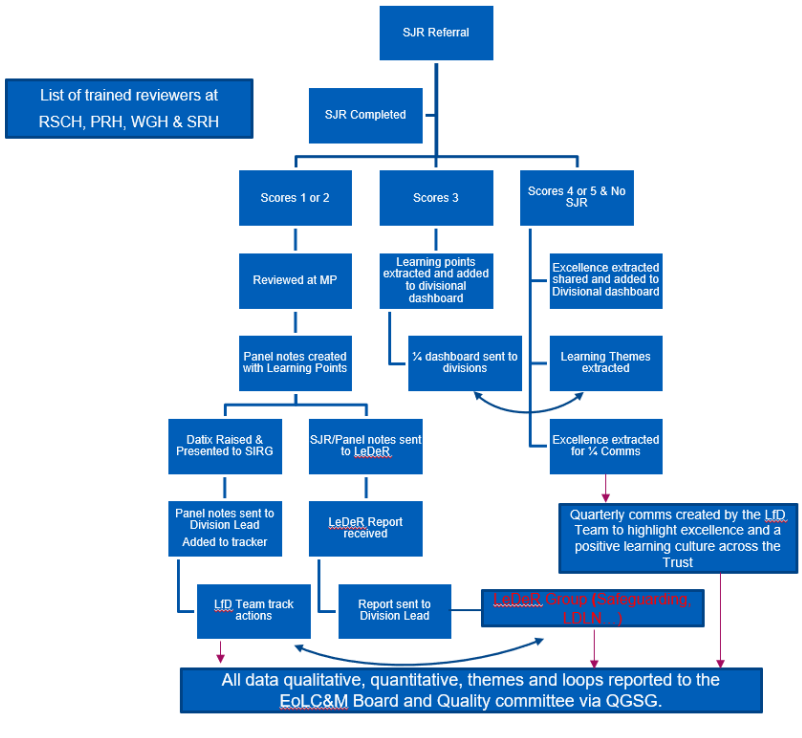
The focus during 2023/24 was the full alignment of the Mortality & Learning from Deaths programs across all UHSussex hospitals and preparation for the rollout of the statutory Medical Examiner service for all community and acute hospital deaths.

Phase one of aligning the LfD programs was completed in June 2023 with the implementation of a single IT platform that streamlined the Medical Examiner Service with the coroner and Learning from Deaths service on all sites. This enabled Medical Examiner scrutiny to be captured and referrals made to the LfD team by pre-populating key information into an SJR form. Once the SJR has been completed by a reviewer, it is then processed on the platform for escalation to the weekly mortality panel or for thematic review. The IT platform also captured outputs from SJRs and Mortality Panels ready for sharing with Divisions, M&Ms and Patient Safety through uploading to Datix.

Structured Judgement Reviews - The Aligned Process

Completion of phase one introduced a new pathway for referring and processing Structured Judgement Reviews (Diagram 2.)

Diagram 2



The process was piloted (excluding patients with a Learning Disability) at all UHSussex hospitals in June 2023 and was successfully embedded.

Three SJR reviewers were appointed and trained in SJR methodology at RSCH and PRH in quarter two.

Phase two involved recruitment of administration and Project Management staff to facilitate the planned projects.

- Engagement with Mortality and Morbidity Meeting leads to develop a standardised module on the Panda IT platform that feeds into the LfD module to provide a closed-loop feedback system. This system will enable M&M leads to access SJRs, Mortality Panel outputs, LeDeR Reviews, and recommendations for learning.
- Development of a monthly Learning Disabilities (LD) Mortality Panel to review all SJRs carried out for patients with LD.
- Quarterly thematic reviews will be conducted to support Trust wide learning and increase engagement with divisions.

Community Roll Out of the Medical Examiner (ME) Service

All UHSussex Medical Examiner Services are on target to achieve the statutory deadline of 9th September 2024[1].

All Medical Examiner posts are now filled and progress toward full community rollout continues with onboarding GPs and other community providers in preparation for the statutory mandate. As of 31st March 2024, there was one remaining GP to onboard.

In preparation for the statutory scrutiny of all community deaths, GP Medical Examiners were recruited at each Medical Examiner Office at UHSussex. Recruitment of 8 PAs of ME activity completed in September 2023, with three new MEOs successfully appointed in June 2023.

Phase one achieved a single point of access and collation of Mortality data between the Medical Examiner Service and the Learning from Deaths Service producing information that is starting to deliver robust meaningful outputs to support the Trust to embed learning from deaths.

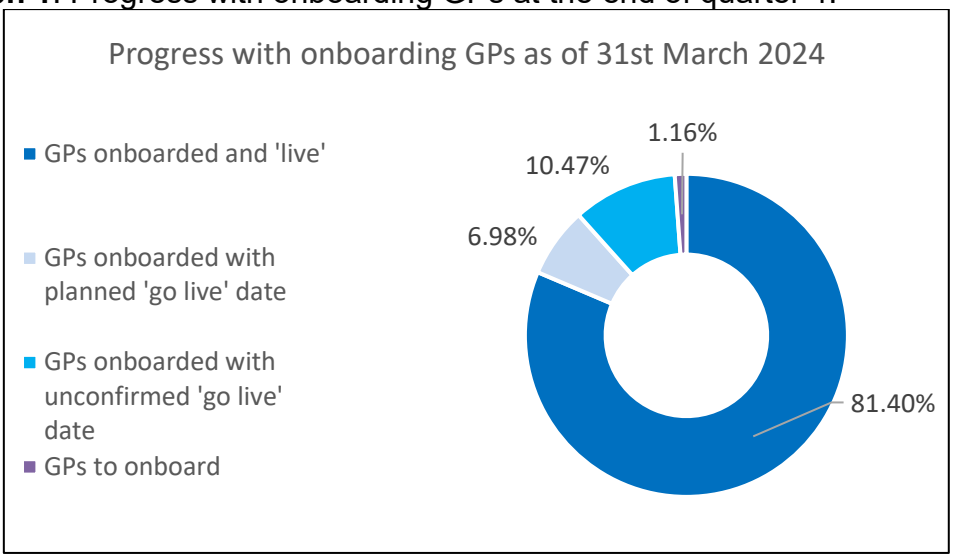
Table 1: Progress towards onboarding GPs during 2023/24.

Table 1	**East Brighton & Mid Sussex**	**West Sussex**	**Total**	**% all GPs**
No. GPs onboarded and 'live'	28	42	70	**81.40%**

[1] https://www.england.nhs.uk/patient-safety/patient-safety-insight/national-medical-examiner-system/

No. GPs onboarded with planned 'go live' date	4	2	6	**6.98%**
No. GPs onboarded with unconfirmed 'go live' date	7	2	9	**10.47%**
No. GPs to onboard	1	0	1	**1.16%**
Total	**40**	**46**	**86**	

Graph 1: Progress with onboarding GPs at the end of quarter 4.



Implementation of new SJR model

The Trust completed an average of 30 SJRs per month in quarters 1, 2, and 3. Since implementing the new SJR model in quarter 4, activity increased with four times as many SJRs were completed.

SJR backlogs occurred during a period of inactivity in 2022 when a significant vacancy rate existed within the Clinical Outcomes and Effectiveness Team.

The Backlog Project commenced with 374 outstanding SJRs.

Four cases were excluded from the project.

Table 2: Progress towards completing all outstanding SJRs at the end of quarter 4.

SJR Status as of 31st March 2024					
	Completed	Awaiting Panel	In Progress	Total	Outstanding
WGH	61	9	17	87	6
SRH	33	0	23	56	6
RSCH	4	1	7	12	169
PRH	0	1	1	2	32
Total	**98**	**11**	**48**	**157**	**213**

SJR Reviewer Recruitment commenced in June 2023. A Mortality Panel at RSCH and PRH to review all SJRs identifying poor or very poor care was established in October 2023.

The Backlog Project commenced with the successful recruitment of 24 trainee SJR reviewers. Six experienced SJR reviewers provide supervision to new reviewers. Following a recruitment drive in October 2023, new reviewers have continued to join the program using a rolling system. As one new reviewer completes supervision, a new reviewer is then onboarded with training and supervision. This approach streamlined the flow of training and manageable workloads for the supervisors and Learning from Deaths Team and will continue as business as usual.

Looking ahead to 2024/25

Phase two of aligning the Mortality & Learning from Deaths Programs will develop a streamlined, standardised process that supports feeding into M&Ms as well as providing a single point of qualitative and quantitative data for collation of thematic learning and audit.

Once the Mortality and LfD programs are fully integrated, the LfD team aim to ensure every death referred for a SJR is reviewed; learning extracted, fed back to the clinical team, reviewed at the relevant M&M and learning implemented within 90 days.

SJRs triggering a Serious Incident are subjected to further investigations and root cause analysis, therefore unlikely to achieve the 90-day aim and will be excluded from the 90-day target.

UHSussex Mortality Data & Metrics 2023/24 (1st April 2023 - 31st March 2024)

All Adult Deaths

1. Mortality Reviews

1.1. Total Deaths

Table 1: Number of adult inpatient deaths per hospital site during 2023/24 per month.

Table 1	SRH		WGH		RSCH		PRH		UHSx		
Month	Inpatient Deaths	ED Deaths	Inpatient Deaths	ED Deaths	Inpatient Deaths	ED Deaths	Inpatient Deaths	ED Deaths	Inpatient Deaths	ED Deaths	Total
Apr-23	2	46	5	120	14	90	1	26	22	282	304
May-23	3	85	3	104	9	95	2	20	17	304	321
Jun-23	1	78	4	95	9	98	2	24	16	295	311
Jul-23	4	79	3	88	12	87	3	21	22	275	297
Aug-23	2	100	4	98	9	96	1	24	16	318	334
Sep-23	4	109	4	90	13	95	2	30	23	324	347
Oct-23	5	97	7	98	9	101	2	38	23	334	357
Nov-23	5	105	9	98	17	92	5	32	36	327	363
Dec-23	4	130	10	138	25	118	2	26	41	412	453
Jan-24	13	129	9	134	21	119	3	26	46	408	454
Feb-24	6	93	8	119	15	86	1	28	30	326	356
Mar-24	6	97	5	106	21	90	1	24	33	317	350
Total 2023/24	**55**	**1148**	**71**	**1288**	**174**	**1167**	**25**	**319**	**325**	**3922**	**4247**

1.2. Deaths within 30 days of discharge of UHSx hospital sites during 2023/24

Table 2: Number of adult inpatients who died within 30 days of being discharged* during 2023/24, per month, per hospital site.

Table 2	SRH	WGH	RSCH	PRH	UHSx
Apr-23	29	28	32	11	100
May-23	24	42	21	14	101
Jun-23	45	49	27	23	144
Jul-23	33	35	31	17	116
Aug-23	43	38	33	8	122
Sep-23	51	35	23	17	126
Oct-23	35	36	26	16	113
Nov-23	35	33	34	19	121
Dec-23	40	29	29	22	120
Jan-24	#	#	#	#	#

Feb-24	#	#	#	#	#
Mar-24	#	#	#	#	#
Total 2023/24	**335**	**325**	**256**	**147**	**1063**

*Data Source SHMI Module HEDS and includes out of hospital deaths.
SHMI data from January-March 2024 will not be published until August 2024.

1.3. SHMI (12 Month Rolling)

Table 3: SHMI scores during 2023/24, per month, per hospital site.

Table 3	SRH	WGH	RSCH	PRH	UHSx
Apr-23	106.05	110.64	122.26	106.24	111.17
May-23	106.46	110.83	120.23	103.09	111.05
Jun-23	106.15	110.94	121.34	102.23	111.10
Jul-23	105.32	109.85	120.11	98.93	109.84
Aug-23	105.40	109.90	117.53	97.76	109.92
Sep-23	105.95	108.85	117.53	96.85	108.73
Oct-23	104.39	107.95	115.50	95.83	107.31
Nov-23	105.58	106.45	114.12	96.93	106.94
Dec-23	102.88	104.41	113.02	94.17	104.88
Jan-24	#	#	#	#	#
Feb-24	#	#	#	#	#
Mar-24	#	#	#	#	#
Total 2023/24	**105.35**	**108.87**	**117.96**	**99.11**	**107.82**

SHMI data from January-March 2024 will not be published until August 2024.

1.4. HSMR (12 Month Rolling)

Table 4: HSMR scores during 2023/24, per month, per hospital site.

Table 4	SRH	WGH	RSCH	PRH	UHSx
Apr-23	101.51	103.34	99.01	87.43	99.66
May-23	103.29	103.58	99.76	87.39	100.44
Jun-23	102.20	103.93	100.92	86.44	100.49
Jul-23	101.45	102.86	101.68	86.10	100.13
Aug-23	101.16	103.21	101.96	86.93	100.35
Sep-23	100.76	103.49	103.11	86.39	100.57
Oct-23	98.83	103.24	101.74	84.32	99.33
Nov-23	100.55	102.74	100.7	84.81	99.35
Dec-23	97.44	102.03	100.61	82.29	97.92
Jan-24	100.25	104.47	100.46	80.67	99.12
Feb-24	#	#	#	#	#
Mar-24	#	#	#	#	#

Total 2023/24	**100.74**	**103.29**	**101.00**	**85.28**	**97.58**

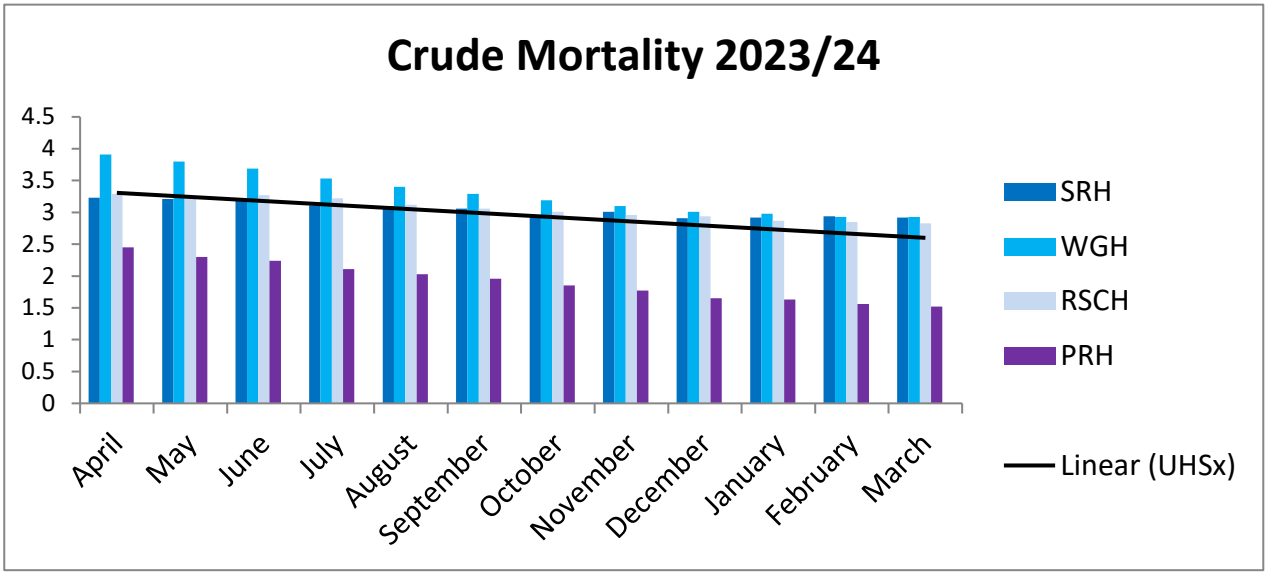
SHMI data from February-March 2024 will not be published until July 2024.

1.5. Crude Mortality

Table 5: Crude Mortality (12 Month Rolling) during 2023/24, per month, per hospital site.

Table 5	SRH	WGH	RSCH	PRH	UHSx
Apr-23	3.23	3.91	3.29	2.45	3.33
May-23	3.21	3.80	3.25	2.30	3.26
Jun-23	3.18	3.69	3.27	2.24	3.22
Jul-23	3.11	3.53	3.22	2.11	3.11
Aug-23	3.10	3.40	3.12	2.03	3.03
Sep-23	3.06	3.29	3.06	1.96	2.96
Oct-23	2.95	3.19	3.01	1.85	2.87
Nov-23	3.01	3.10	2.96	1.77	2.83
Dec-23	2.91	3.01	2.94	1.65	2.75
Jan-24	2.92	2.98	2.87	1.63	2.72
Feb-24	2.94	2.93	2.85	1.56	2.69
Mar-24	2.92	2.93	2.83	1.52	2.67
Total 2023/24	**3.04**	**3.31**	**3.06**	**1.92**	**2.83**

Graph 2: Crude Mortality for 2023/24.



2. Medical Examiner's Office

2.1. Medical Examiner scrutiny

Table 6: Percentage of deaths during 2023/24, per month, per hospital site that were scrutinised via Medical Examiner's Office.

Table 6	SRH	WGH	RSCH	PRH	UHSX
Apr-23	100.00%	97.60%	98.08%	92.59%	97.07%
May-23	100.00%	100.00%	100.00%	95.45%	98.86%
Jun-23	100.00%	100.00%	97.20%	100.00%	99.30%
Jul-23	100.00%	97.80%	91.92%	91.67%	95.35%
Aug-23	100.00%	100.00%	98.10%	100.00%	99.53%
Sep-23	100.00%	98.94%	98.15%	96.88%	98.49%
Oct-23	100.00%	100.00%	100.00%	100.00%	100.00%
Nov-23	100.00%	100.00%	99.08%	100.00%	99.77%
Dec-23	100.00%	100.00%	99.30%	96.43%	98.93%
Jan-24	100.00%	100.00%	97.86%	100.00%	99.47%
Feb-24	100.00%	100.00%	100.00%	100.00%	100.00%
Mar-24	100.00%	100.00%	100.00%	100.00%	100.00%
Total 2023/24	**100.00%**	**99.53%**	**98.31%**	**97.75%**	**98.90%**

Table 7: Percentage of MCCD NOT complete within 3 Days during 2023/24, per month, per hospital site.

Table 7	SRH	WGH	RSCH	PRH	UHSx
Apr-23	#	#	#	#	#
May-23	#	#	#	#	#
Jun-23	#	#	#	#	#
Jul-23	20.48%	12.09%	10.10%	16.67%	14.14%
Aug-23	25.49%	22.55%	19.05%	20.00%	22.16%
Sep-23	30.09%	22.34%	10.19%	15.63%	20.46%
Oct-23	32.35%	41.90%	21.82%	22.50%	30.81%
Nov-23	20.91%	27.10%	22.02%	18.92%	22.87%
Dec-23	21.64%	29.73%	20.98%	39.29%	25.17%
Jan-24	26.76%	25.87%	15.71%	27.59%	23.13%
Feb-24	31.31%	33.86%	9.90%	17.24%	25.00%
Mar-24	23.30%	20.72%	19.82%	24.00%	21.43%
Total 2023/24	**19.36%**	**19.68%**	**12.47%**	**16.82%**	**17.97%**

Moved to new digital form in May 2023. Data available from July 2023.

There was considerable strike action in 2023/24, during which Business Continuity Plans were implemented.

2.2. Referral to the Coroner

Table 8: Number of deaths during 2023/24, per month, per hospital site that were referred to the Coroner.

Table 8	SRH	WGH	RSCH	PRH	UHSx	%
Apr-23	13	17	42	6	78	25.97%
May-23	12	16	19	3	50	16.57%
Jun-23	17	13	30	3	63	20.34%
Jul-23	17	16	23	6	62	20.88%
Aug-23	26	21	23	2	72	21.56%
Sep-23	16	20	32	8	76	21.90%
Oct-23	21	25	38	11	95	26.61%
Nov-23	19	23	41	10	93	25.62%
Dec-23	26	20	45	4	95	20.97%
Jan-24	25	16	40	8	89	19.60%
Feb-24	15	22	38	6	81	22.75%
Mar-24	13	24	38	6	81	23.14%
Total 2023/24	**220**	**233**	**409**	**73**	**935**	**22.16%**
%Referred to Coroner	**19.15%**	**17.68%**	**30.88%**	**20.67%**	**22.16%**	

2.3. Investigated by the Coroner

Table 9: Number of deaths referred to the Coroner during 2023/24, per month, per hospital site that were investigated by the coroner's office.

Table 9	SRH	WGH	RSCH	PRH	UHSx	% Investigated by Coroner
Apr-23	7	12	20	5	44	**63.85%**
May-23	9	10	11	3	33	**73.85%**
Jun-23	9	6	25	3	43	**70.61%**
Jul-23	7	7	10	2	26	**41.94%**
Aug-23	8	12	9	2	31	**43.06%**
Sep-23	8	11	16	3	38	**50.00%**
Oct-23	5	12	26	7	50	**52.63%**
Nov-23	13	9	18	4	44	**47.31%**
Dec-23	8	8	21	0	37	**38.95%**
Jan-24	10	9	22	2	43	**48.31%**
Feb-24	6	9	20	3	38	**46.91%**
Mar-24	8	4	24	2	38	**46.91%**
Total 2023/24	**98**	**109**	**222**	**38**	**467**	**52.03%**

% Investigated by Coroner	48.01%	23.45%	30.64%	32.30%	52.03%

2.4. Deaths referred for Structured Judgement Review (SJR)

Table 10: Number of deaths during 2023/24, per month, per hospital site that were referred for SJR following ME scrutiny.

Table 10	SRH	WGH	RSCH	PRH	UHSx	% of all Deaths
Apr-23	7	17	10	3	37	12.17%
May-23	12	15	16	4	47	14.64%
Jun-23	10	16	10	0	36	11.58%
Jul-23	14	12	11	1	38	12.79%
Aug-23	10	25	14	1	50	14.97%
Sep-23	9	19	13	4	45	12.97%
Oct-23	9	24	18	3	54	15.13%
Nov-23	11	19	10	2	42	11.57%
Dec-23	3	21	25	3	52	11.48%
Jan-24	8	25	17	3	53	11.67%
Feb-24	5	25	19	2	51	14.33%
Mar-24	8	26	17	0	51	14.57%
Total 2023/24	**106**	**244**	**180**	**26**	**556**	**13.09%**
% of all Deaths	**8.81%**	**17.95%**	**13.42%**	**7.54%**	**13.09%**	

SJR Activity and Outcomes

3. Learning from deaths

Data includes backlog and BAU SJRs.

3.1. SJRs completed

Table 11: Number of SJRs undertaken during 2023/24, per month, per hospital site.

Table 11	SRH	WGH	RSCH	PRH	UHSx
Apr-23	5	7	1	1	14
May-23	3	7	2	0	12
Jun-23	2	7	1	0	10
Jul-23	4	13	1	0	18
Aug-23	9	14	2	1	26
Sep-23	11	5	1	0	17
Oct-23	7	9	0	0	16
Nov-23	2	2	1	0	5
Dec-23	2	4	1	0	7

Jan-24	13	20	1	0	34
Feb-24	14	30	3	0	47
Mar-24	9	34	7	1	51
Total 2023/24	**81**	**152**	**21**	**3**	**257**

Some of the SJRs were completed for patient deaths during previous quarters in 2022/23.

3.2. SJR outcome scores

Table 12: Details the overall outcome score of 1st SJR per site completed during 2023/24 (excludes 2nd SJRs.)

Outcome Score	SRH	WGH	RSCH	PRH	UHSx
5 - Excellent	2	11	0	0	13
4 - Good	24	27	2	0	53
3 - Adequate	20	34	3	2	59
2 - Poor	31	71	16	1	119
1 - Very Poor	4	9	0	0	13
Total 2023/24	81	152	21	3	257

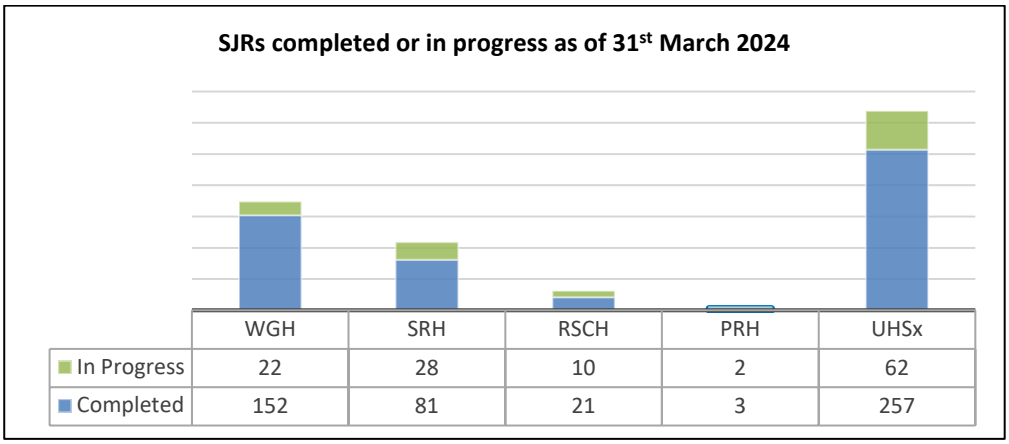
3.3. SJRs in progress

Table 13: SJRs in progress* at the end of quarter 4 2023/24.

Table 13	WGH	SRH	RSCH	PRH	UHSx
Mar-24 (Q4)	22	28	10	2	62

* In-progress SJRs are SJRs that are currently allocated to SJR reviewers.

Graph 6: SJRs completed or in progress at the end of quarter 4.



3.4. SJRs outstanding

Table 8: Number of SJRs outstanding (older than 90 days, not allocated or completed) during 2023/24, per month, per hospital site.

Table 8	SRH		WGH		RSCH		PRH		UHSx		
Month	BAU	Backlog	BAU	Backlog	BAU	Backlog	BAU	Backlog	BAU	Backlog	**Total**
Apr-23	111	0	160	0	180	0	37	0	488	0	**488**
May-23	123	0	174	0	197	0	43	0	537	0	**537**
Jun-23	133	0	192	0	205	0	43	0	573	0	**573**
Jul-23	147	0	204	0	219	0	44	0	614	0	**614**
Aug-23	62	0	95	0	181	0	36	0	374	0	**374**
Sep-23	0	62	0	95	0	181	0	36	0	374	**374**
Oct-23	0	55	0	85	0	181	0	35	0	356	**356**
Nov-23	0	53	0	84	0	180	0	35	0	352	**352**
Dec-23	27	51	46	84	62	180	5	35	140	350	**490**
Jan-24	36	42	76	68	78	179	8	35	198	324	**522**
Feb-24	44	31	103	42	93	177	10	35	250	285	**535**
Mar-24	**50**	**6**	**124**	**6**	**112**	**169**	**11**	**32**	**297**	**213**	**510**

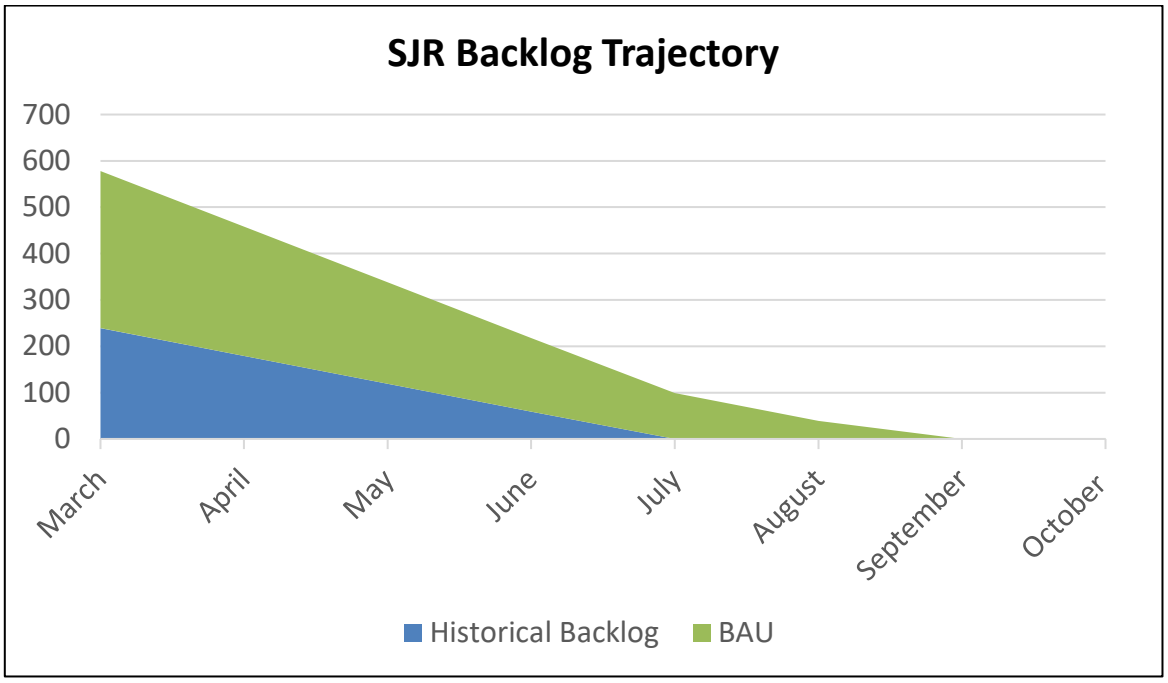
The backlog project commenced in September 2023.

BAU and Backlog Trajectory

Table 9: Projected BAU and Backlog SJR Trajectory (from the report dated February 2024).

Table 9	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Historical Backlog	239	179	119	59	0	0	0	0
BAU	339	279	219	159	99	39	0	0
Average 50 Referred	50	50	50	50	50	50	50	50
Total expected at end of each month	**628**	**508**	**388**	**268**	**149**	**89**	**50**	0

Graph 3: Projected BAU and Backlog SJR Trajectory (from the report dated February 2024).



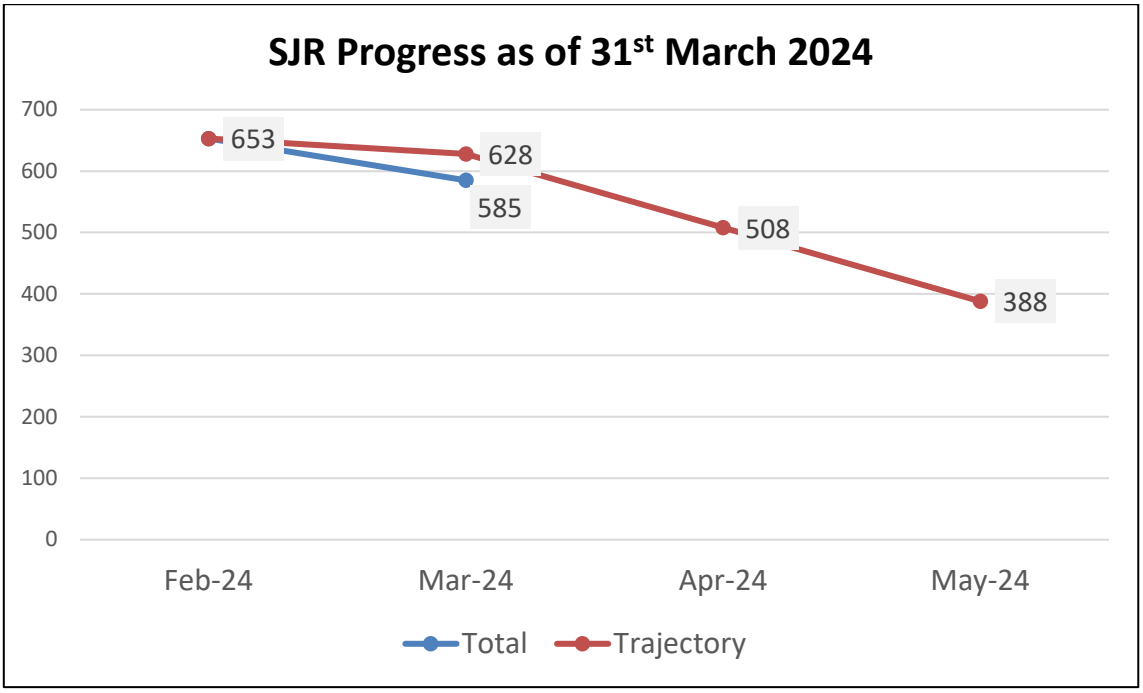
Clearing the SJR backlog and BAU SJR accumulation

The Trust are currently on track with the trajectory. Progress was slower in completing RSCH and PRH reviews due to insufficient resources within the LfD team to scan paper notes. All LfD team posts are now filled.

Table 10: Progress with SJR backlog against trajectory, as of 31st March 2024.

Table 10	Trajectory	Actual
Historical Backlog (277)	239	213
BAU (325)	339	322
Referred (51)	50	50
Total as of 31st March 2024	**628**	**585**

Graph 4: Progress with SJR backlog against trajectory, as of 31st March 2024.



Learning Disabilities and LeDeR

The Learning from Life and Death Reviews (LeDeR) was established in 2017 to review deaths to identify opportunities for learning and improvements as well as excellent care. Working in collaboration with other local services, information is used to improve services for people living with a learning disability and autistic people.

There were 26 SJR referrals in 2023/24 for patients with Learning Disabilities.

Table 14: Number of SJR referrals for patients with Learning Disabilities during 2023/24, per month, per hospital site.

Table 14	SRH	WGH	RSCH	PRH	UHSx	% of total referrals
Apr-23	2	0	1	0	3	8.11%
May-23	1	1	1	0	3	6.38%
Jun-23	1	0	1	0	2	5.56%
Jul-23	1	1	1	0	3	7.89%
Aug-23	0	0	1	0	1	2.00%
Sep-23	2	2	0	0	4	8.89%
Oct-23	1	0	1	0	2	3.70%
Nov-23	1	0	1	0	2	4.76%
Dec-23	0	2	0	0	2	3.85%
Jan-24	0	2	0	0	2	3.77%

Feb-24	0	1	0	0	1	1.96%
Mar-24	0	1	0	0	0	1.96%
Total 2023/24	**9**	**10**	**7**	**0**	**26**	**4.68%**
% of total referrals	**8.49%**	**4.10%**	**3.89%**	**0.00%**	**4.68%**	

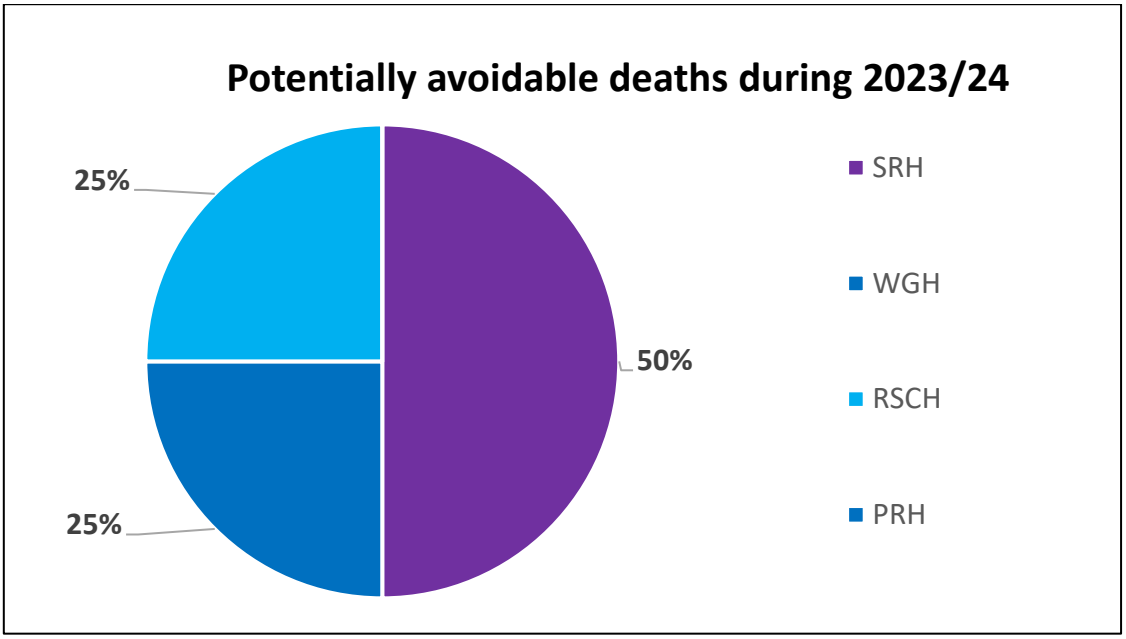
Avoidable Deaths

There were 8 potentially avoidance deaths in 2023/24 identified following SJRs.

Table 15: Number of potentially avoidable deaths per hospital site during 2023/24 per month.

Table 15	**SRH**	**WGH**	**RSCH**	**PRH**	**UHSx**
Apr-23	0	2	1	0	3
May-23	0	0	0	0	0
Jun-23	1	1	0	0	2
Jul-23	0	0	0	0	0
Aug-23	0	0	0	0	0
Sep-23	0	0	0	0	0
Oct-23	0	1	0	0	1
Nov-23	0	0	0	0	0
Dec-23	0	0	0	0	0
Jan-24	1	0	0	0	1
Feb-24	0	0	1	0	1
Mar-24	0	0	0	0	0
Total 2023/24	**2**	**4**	**2**	**0**	**8**

Graph 5: Percentage of all potentially avoidable deaths during 2023/24, per hospital site.



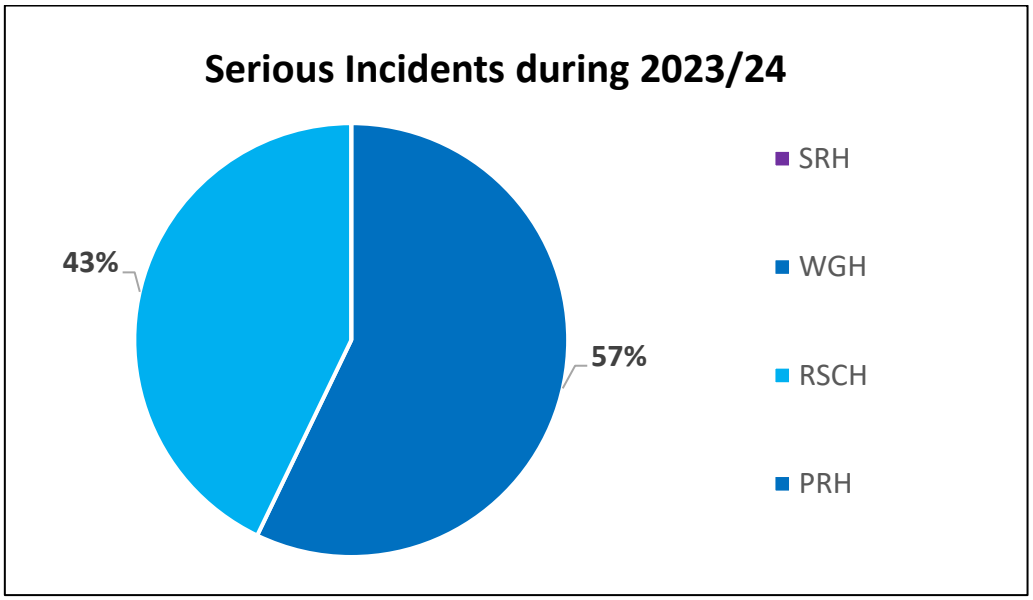
Serious Incidents

7 SJRs in 2023/24 resulted in Serious Incidents.

Table 16: Number of SJRs that resulted in Serious Incidents during 2023/24, per month, per hospital site.

Table 16	SRH	WGH	RSCH	PRH	UHSx
Apr-23	0	2	1	0	3
May-23	0	0	0	0	0
Jun-23	0	0	0	0	0
Jul-23	0	0	0	0	0
Aug-23	0	0	1	0	1
Sep-23	0	0	0	0	0
Oct-23	0	1	1	0	2
Nov-23	0	0	0	0	0
Dec-23	0	0	0	0	0
Jan-24	0	1	0	0	1
Feb-24	0	0	0	0	0
Mar-24	0	0	0	0	0
Total 2023/24	**0**	**4**	**3**	**0**	**7**

Graph 6: Percentage of SJRs that resulted in Serious Incidents during 2023/24, per hospital site.



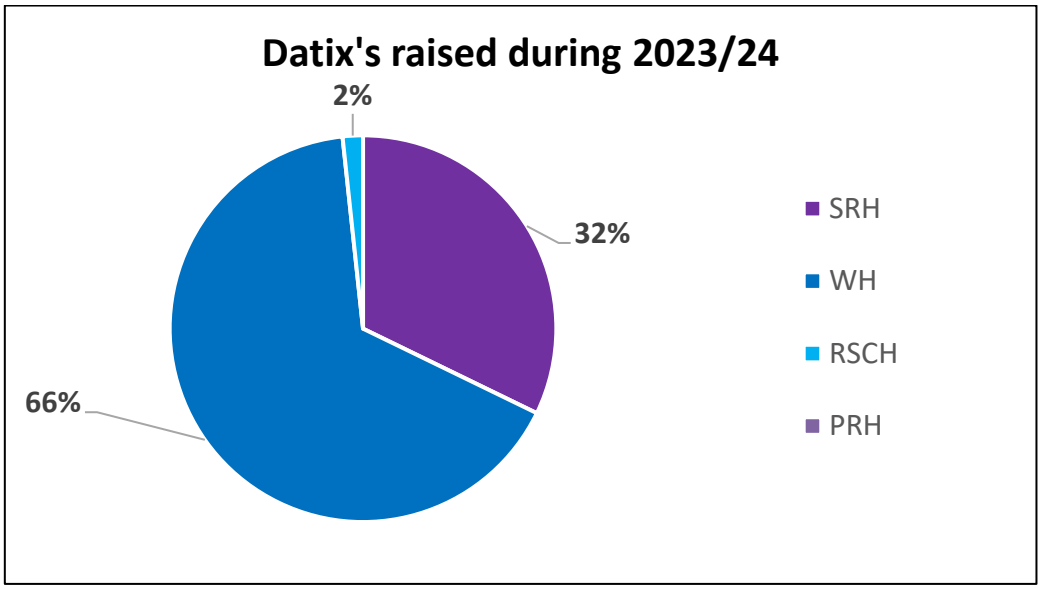
DATIX's Raised

There were 59 Datix's raised in 2023/24 following SJRs identifying harm.

Table 17: Number of SJRs identifying harm that resulted in DATIX's being raised during 2023/24, per month, per hospital site.

Table 17	SRH	WGH	RSCH	PRH	UHSx	% of completed SJRs raised as a Datix
Apr-23	0	1	0	0	1	7.14%
May-23	1	0	0	0	1	8.33%
Jun-23	3	3	0	0	6	60.00%
Jul-23	0	1	0	0	1	5.55%
Aug-23	1	4	0	0	5	19.23%
Sep-23	0	0	0	0	0	0.00%
Oct-23	3	1	0	0	4	25.00%
Nov-23	1	4	0	0	5	100.00%
Dec-23	0	0	0	0	0	0.00%
Jan-24	2	2	0	0	4	11.76%
Feb-24	6	7	1	0	14	29.79%
Mar-24	2	16	0	0	18	35.29%
Total 2023/24	**19**	**39**	**1**	**0**	**59**	**22.96%**
% of completed SJRs raised as a Datix	**23.46%**	**25.66%**	**4.76%**	**0%**	**22.96%**	

Graph 7: Percentage of SJRs that resulted in DATIX's raised during 2023/24, per hospital site.



SJR Learning Themes

Extracting learning themes from SJRs supports clinical teams by providing opportunities to learn from constructive feedback and where excellent care is identified. Below are learning themes that were identified in SJRs during 2023-2024.

Poor Care

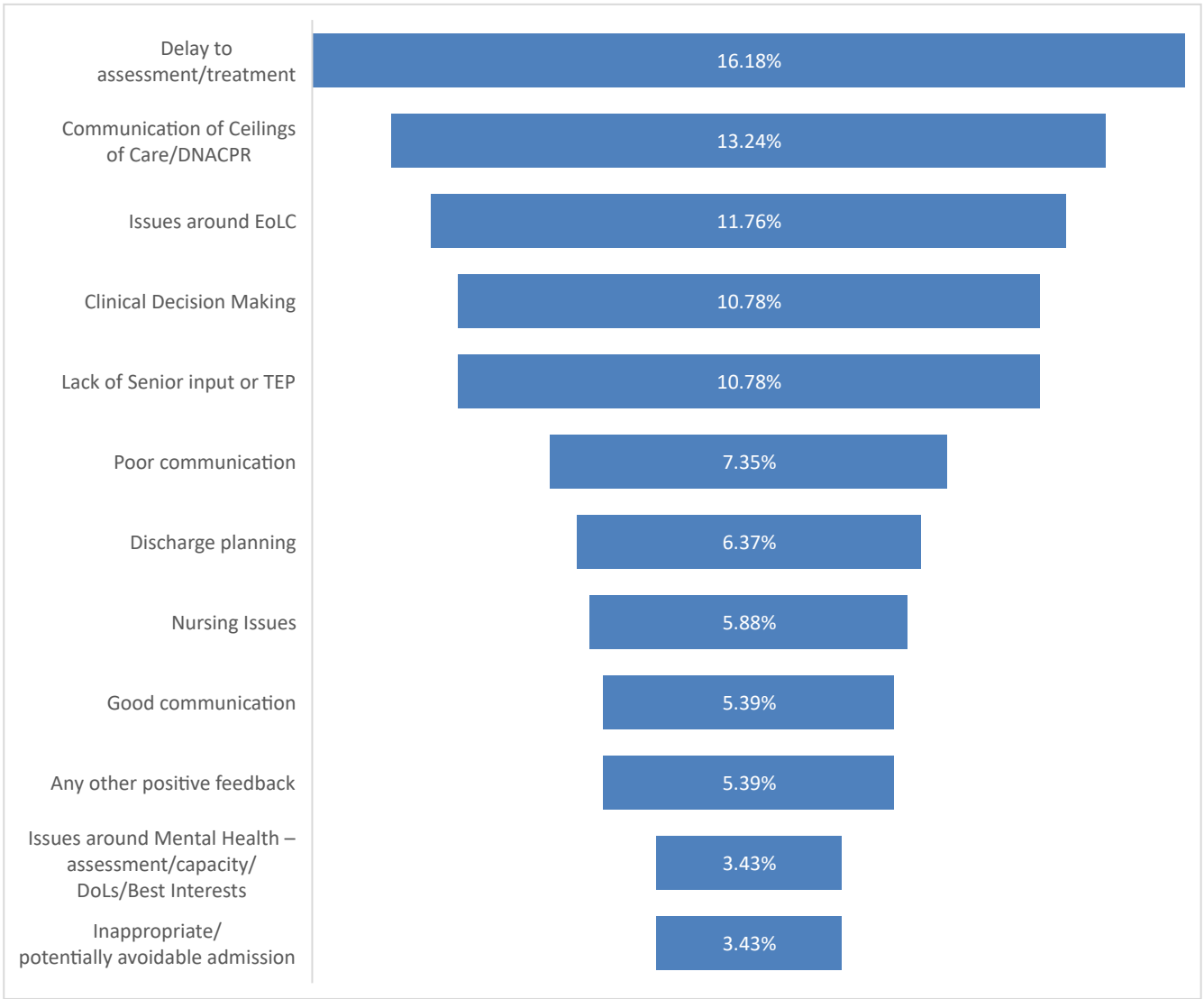
- Active treatment was given despite a poor prognosis
- Delay in administering antibiotics in A&E
- Delay in diagnosis and/or treatment
- Delay in recognition/escalation of deteriorating patient
- Delay in recognising End of Life Care
- Delayed/no ceiling of care (TEP) / DNACPR
- Delayed/no Speech and Language Therapy (SALT) referral
- Delayed/no Dietician referral
- Discharge planning
- Failed discharge, re-admission soon after.
- Inappropriate use of MET calls
- Lack of ACP in the community
- Lack of fluid balance monitoring
- Lack of/No Mental Capacity / DoLS / Best Interest Assessment
- Lack of senior input
- Medication issues
- Poor communication
- Poor pain management at the end of life

- ✗ Poor documentation
- ✗ Unnecessary investigations

Good / Excellent Care

- ✓ Good clerking/clear documentation
- ✓ Good decision-making regarding ceiling of treatment and level of observations.
- ✓ Good discussions with family
- ✓ Good management plans
- ✓ Good nursing care
- ✓ Good junior reviews
- ✓ Good senior doctor input
- ✓ Timely responses

Graph 9: Top learning themes identified during 2023/24.



The following additional themes were specifically raised in SJRs during 2023-2024 multiple times:

- Issues with the prescribing system in A&E

- Strike effect
- Poor documentation
- Systemic issues relating to the transfer of patients between hospital sites

Medical Examiner Feedback

Key concerns raised by families/ Next of Kin calls are referred for SJR and learning is identified through the SJR outputs.

Key concerns raised by families/ Next of Kin calls

- Delay in assessment and treatment
- Delay in diagnosis
- Discharge care from A&E
- Discharge planning
- Issues around End of Life Care
- Lack of/Poor communication
- No access to hearing aids or glasses
- Pain management
- Poor access to medical team
- Poor environment in A&E
- Queries over cause of death / MCCD

Positive feedback from families/Next of Kin calls

Quarter 1 2023/24

Quarter 2 2023/24

Quarter 3 2023/24

Quarter 4 2023/24